## **BARRIERS** to Integrated Behavioral Health

Achieving integration of behavioral health services can be a challenge for school-based health centers and primary care offices. They may have limited resources for this kind of care, including space and staffing of mental health providers. Primary care providers may be apprehensive about discussing patients' mental health issues. Communication and collaboration between primary care and mental health providers may be hampered by professional cultural differences, busy schedules with time-stretched appointments, billing and payment issues, and barriers to sharing medical records

## **STRATEGIES** for Integrated Behavioral Health

### Learn what truly integrated behavioral health looks like.

- For most clinics, practicing integrated behavioral health requires a long-term transformation over at least 6 months to several years.
- Assess your current level of collaboration with this standard framework, which presents six levels of collaboration[1] from coordination to co-location to integration. Integration assessment tools[2] can also help. All levels of collaboration have unique advantages and weaknesses, but this guide will focus on achieving level 6 integration.
- Multiple models for achieving integrated behavioral health have been used, most commonly the Collaborative Care Model and the Behavioral Health Consultant Model. Consider using these as a starting point, and assess your clinic's needs, strengths, and means to decide what fits best.

### Build your team and define their roles.

- Decide whether to retrain existing staff or hire new staff given professional cultures in your network.
- Behavioral health practitioners are often social workers, licensed therapists, psychiatric nurses, nurse practitioners, other Master's level mental health providers.
- Have professionals with experience in or train existing staff in rapid diagnostic assessment, efficient presentations, and evidence-based psychotherapies or brief interventions such as Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), trauma-focused CBT, interpersonal therapy for adolescents, Motivational Interviewing, Behavioral Activation, Problem Solving Therapy, stress management, relaxation training, and self-management groups.
- Recommended staffing ratio is at least 1 behavioral health provider for every 4 medical providers.
- Plan for behavioral health providers to spend 50-75% of their time on direct service and leave the other 25-50% for proactive follow-up phone calls, emails, or texts and talking to parents.
- Clearly define the job duties for both new and existing positions in the health center. See these sample job descriptions for a care manager[3] and a psychiatric consultant[4] from the Collaborative Care Model.
- Schedule adequate time for team building


 

## Create clinical workflows and plan for administrative needs.

- Map the clinical flow for referrals to behavioral health from identifying a behavioral health need through initiating treatment and communicating any changes.
- Include protocols for psychiatric emergencies (i.e. a suicide threat or attempt) and mandated reporting situations.
- Build questions about physical and mental health into intake forms for medical and behavioral health services so that every patient is asked about depression, their most recent well visit, and physical health concerns, and all providers are reminded to respond to both aspects of health.
- Find private space with computer and phone access for behavioral health providers to see patients, complete chart notes, make phone calls, and collaborate with medical providers.
- Research potential avenues for reimbursement for behavioral health services, keeping insurance limits on number or frequency of appointments in mind.
  - You may need to think about billing from the physician side or having a behavioral health provider who can do (and bill for) therapy.
  - For self-pay patients, charge the same sliding scale fee rate for behavioral and medical services and charge only one fee if seeing both providers within 48 hours.
- Plan for appointment scheduling, ideally in 15-30-minute slots and leaving at least half of slots open, alternating with scheduled slots or at peak times, for same-day access through walk-ins, warm handoffs, or curbside consultation.
- Schedule behavioral health and medical follow-up appointments on the same day when possible to reduce barriers to care.
- Create templates for behavioral health chart notes. See these examples of initial[5] and follow up[6] notes.

## Establish systems for communication and coordination of care between providers.

- Schedule daily structured consultation or reports among all providers and staff to ensure everyone involved in patients' care knows what they need to know about each patient coming in that day.
- Shared office space for medical and behavioral health providers afford more opportunities for communication.
- Providers can also communicate through the EMR. A consulting psychiatrist can write chart notes in the EMR with evidence-based recommendations, and behavioral health providers should write a chart note for each visit.
- Behavioral staff should be immediately available for warm hand-offs. These direct, personal introductions to behavioral staff by the medical provider confer trust and encourage patients to keep their behavioral health appointment.
- Behavioral health providers should discuss patients seen with the referring provider each day, either in person, by phone, or via email.
- Develop forms to communicate treatment plans, treatment progress, and outcome expectations among the medical and behavioral health providers and parents.
- Create a standardized protocol for adolescent patients and their parents to complete release of records forms so that information can be sent between primary care providers and mental health providers.


 

## Orient staff to integrated behavioral health

- Present integrated behavioral health as a population health effort. Reassure providers of its clinical benefit and financial viability.
- Share an investment decision analysis to show what the health center must invest and the expected returns, especially non-financial if your site will not be receiving reimbursement for behavioral health services.
- Make sure all staff, including front desk staff, have a clear understanding of what behavioral health services are and when they are appropriate to use as well as the roles of all staff and providers. Consider sharing a glossary of terms.
- If you will have a consulting psychiatrist, schedule time for them to come to clinic to meet providers and build trust before starting the program.
- Share new workflows for referrals to behavioral health from medical providers or other mental or behavioral health providers in the school or clinic.
- Provide language for staff to use when introducing new behavioral health services to patients. This script[7] can help primary care providers refer to behavioral health, and this script[8] can be used for the behavioral health provider to introduce themselves to the patient.

## Train new and existing staff in the skills they will need

- Key training for existing medical social workers or nurse care coordinators may include DSM diagnosis, evidence-based psychotherapies, SBIRT screening, motivational interviewing, and common medical issues like asthma, diabetes, and nutrition.
- Primary care providers can orient behavioral health providers to the primary care environment.
- Behavioral health providers can teach core mental health skills to medical providers.
- A consulting psychiatrist can conduct presentations on mental health topics like ADHD, trauma, and functional assessments.
- Primary care providers should be familiar with and willing to prescribe psychotropic medications.
- Conduct cross-training with the whole clinic team on both physical and mental health problems to empower staff to meet the needs of the whole adolescent patient. With the entire team together, practice collaborative care skills like integrated care planning.
- Try shared appointments or shadowing.
- Build time in the schedule for consultation with other providers.
- Enact a system for identifying needs for additional training and resources after integrated behavioral health is launched at your health center

## Increase the capacity of primary care providers to manage behavioral health conditions.

- Establish a relationship with a consulting psychiatrist who will be available for curbside consultations and caseload review either in person, by phone, or by video conference.
- Consulting on psychotropic medication initiation, changes, and side effects can enhance the primary care provider's understanding and use of these medications.
- The consulting psychiatrist can do case-based teaching with PCPs and empower them to manage less complex disorders and educate families so that they only refer complex or resistant cases to psychiatry.
- Adjust physician schedules to allow for longer appointments when providing mental health care.
- Identify billing codes to seek reimbursement for mental health services provided by PCPs.


 

## Maintain an updated list of specialty mental health referral resources for severe cases.

- Keep this list up to date; consider assigning this task to a student or intern.
- Establish guidelines for when to refer to specialty mental health.
- Consider telepsychiatry in more remote areas.

## Introduce new behavioral health services to the community.

- Talk about changes at your community advisory committee meeting and with your youth advisory council.
- Give brief presentations at school meetings with all staff, school counselors, and school mental health providers.
- Hand out fliers at school events.

## Educate patients on behavioral health services and set appropriate expectations.

- Behavioral health providers can do therapy or skill-building and work with adolescent patients on health behavior change like asthma action plans or healthy eating.
- Share mental health information and resources with youth and families through posters, brochures, fact sheets, and videos on that emphasize the importance of mental health.
- Update existing patient materials to tie in behavioral health services. Here is one example of a pamphlet[9] on behavioral health in primary care.
- Make sure patients understand that they will not receive traditional long-term therapy from behavioral health and that they may receive follow-up phone calls

## Reduce stigma.

- Use neutral terminology like coping skills, counseling, and stress rather than psychiatric problems and mental illness.
- Refer to behavioral health providers as counselors rather than psychologists or mental health specialists.

## Maximize patient participation and engagement.

- Provide written behavioral prescriptions for behavior changes or referrals.
- Schedule same-day initial behavioral health appointments and follow-up appointments within 2 weeks.
- Offer evening appointments and allow time for walk-ins.
- Make routine reminder calls prior to appointments and follow-up calls after missed appointments to address any concerns. Find multiple ways to reach adolescent patients.

## Use validated screening tools to track mental health issues over time.

- Use the PHQ-9[10] modified for teens to assess for depression, GAD[11] or SCARED[12] for anxiety disorders, MDQ[13] for bipolar disorder, SBIRT[14] or CAGE-AID[15] for substance use, and Vanderbilt[16] for ADHD.
- Use these disease-specific, patient-reported symptom rating scales to guide clinical decision making. Establish a system to make recent scales easily accessible during clinical encounters.
- Screen only for behavioral health issues your health center has the resources to address.


 

## Practice panel management.

- Schedule weekly time for systematic caseload review with on-site medical and behavioral health providers and your consulting psychiatrist to identify patients needing more attention and proactive management.
- Refer patients who do not stabilize over time, which may be as little as three behavioral health visits depending on the chosen model.

## Discuss confidentiality of mental health care for adolescents.

- Understand confidentiality and minor consent laws in your state related to mental health services.
- Because adolescents may change their minds at different times about disclosure of information to their parents, update consent forms regularly. Consider doing this at the same visit when risk assessment screenings are updated.

## Involve parents in mental health care for adolescents with appropriate patient consent.

- Add behavioral health services to your general release form using language like, “The adolescent may be seen by the Behavioral Health Consultant and receive available behavioral health services.”
- In school-based health centers, get a release of information for the school with every consent.
- Encourage adolescents to partner with their parents on their mental health care whenever feasible.


 

## Additional **RECOMMENDATIONS**

- Video[17] introduction to collaborative care
- Integrated care decision flow chart[18]
- Free implementation guide[19] from the University of Washington AIMS Center that walks through the whole implementation process in detail and includes resources you can use to assess organizational readiness,[20] consider administrative readiness,[21] plan clinical workflows,[22] and more
- Extensive, well-organized resources[23] to aid primary care providers in mental health diagnosis and screening
- Commonly prescribed psychotropic medications[24]
- Depression relapse prevention plan[25]
- University of Michigan School of Social Work web-based Certificate[26] in Integrated Behavioral Health and Primary Care
- Additional training opportunities: University of Washington AIMS Center [27] and University of Massachusetts Center for Integrated Primary Care.[28]

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[1] http://www.integration.samhsa.gov/integrated-care-models/CIHS_Framework_Final_charts.pdf
[2] http://www.integration.samhsa.gov/operations-administration/assessment-tools
[3] https://aims.uw.edu/resource-library/care-manager-role-and-job-description
[4] https://aims.uw.edu/resource-library/psychiatric-consultant-role-and-job-description
[5] http://www.mirecc.va.gov/cih-visn2/Documents/Clinical/CCC_Initial_Consult_Note_Template.pdf
[6] http://www.mirecc.va.gov/cih-visn2/Documents/Clinical/CCC_Follow-up_Appointment_Note_Template.pdf
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[15] http://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/CAGE%20Substance%20Screening%20Tool.pdf
[16] http://www.childrenshospital.vanderbilt.org/uploads/documents/DIAGNOSTIC_PARENT_RATING_SCALE(1).pdf
[17] http://aims.uw.edu/daniels-story-introduction-collaborative-care
[18] http://www.integration.samhsa.gov/integrated-care-models/CIHS_quickStart_decisiontree_with_links_as.pdf
[19] http://aims.uw.edu/collaborative-care/implementation-guide
[20] https://aims.uw.edu/sites/default/files/Organizational%20Readiness%20Worksheet.pdf
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[26] http://ssw.umich.edu/offices/continuing-education/certificate-courses/integrated-behavioral-health-and-primary-care
[27] https://aims.uw.edu/what-we-do/our-services
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