

The Building Blocks of Behavioral Health Integration

A framework developed by the Eugene S. Farley, Jr. Health Policy Center and Practice Innovation Program at the University of Colorado Anschutz Medical Campus in partnership with Well Being Trust

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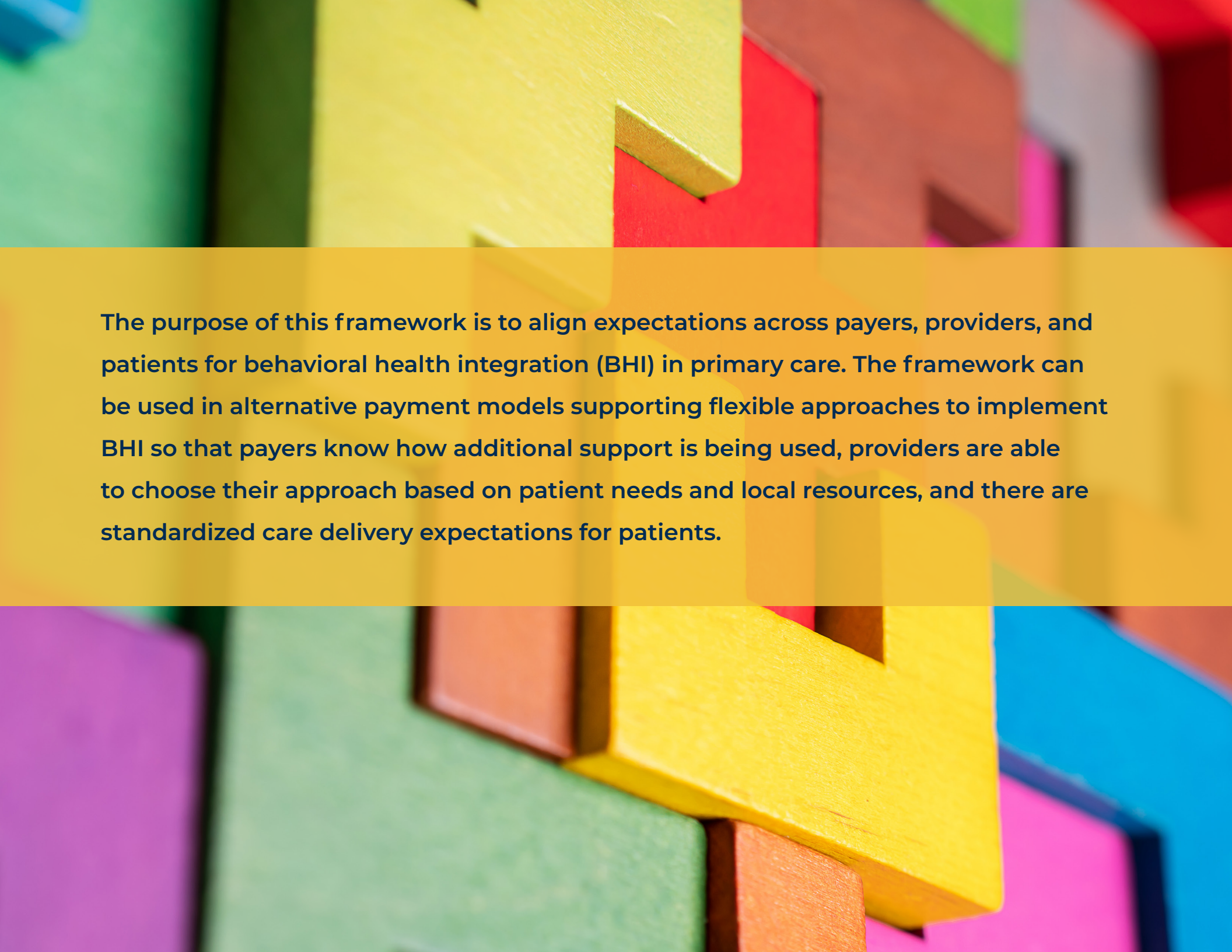


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The purpose of this framework is to align expectations across payers, providers, and patients for behavioral health integration (BHI) in primary care. The framework can be used in alternative payment models supporting flexible approaches to implement BHI so that payers know how additional support is being used, providers are able to choose their approach based on patient needs and local resources, and there are standardized care delivery expectations for patients.

How to Read the Building Blocks of Behavioral Health Integration

The care delivery expectations in this framework are organized by the building blocks of high performing primary care.¹ These building blocks are listed in the first column of the table.

The second column lists the **Foundational Care Delivery Expectations**. This list includes expectations for BHI that would be required of any participating practice.

The third column lists additional care delivery expectations by the components of BHI a practice chooses to implement. These components include:

- advanced coordination and care management;
- integrated behavioral health professional;
- psychiatry;
- advanced care of substance use disorders.

These components can be implemented independently or in concert with the others.



¹ Bodenheimer T, Ghorob A, Willard-Grace R, Grumbach K. The 10 building blocks of high-performing primary care. *Ann Fam Med*. 2014;12(2):166-171.

Key Definitions

Foundational Care Delivery Expectations: These are requirements for any practice integrating behavioral health. They include identifying patients who will benefit from services, providing and/or linking them to care, ensuring follow up, and monitoring measures at the practice level.

Advanced Coordination and Care Management: Practices develop shared expectations and exchange information with behavioral health providers, manage a registry of patients with target behavioral health condition(s), and screen for social needs and link patients and families to services.

Integrated Behavioral Health Professional (IBHP): An integrated behavioral health professional (which could be a psychologist, licensed clinical social worker or other licensed professional) works as part of the primary care team. They provide counseling, diagnostic support, crisis management, and behavior change support in partnership with the primary care provider. Services can be provided in person or via telehealth. For smaller, independent and/or rural practices, a behavioral health professional may be shared across practice sites.

Psychiatry: A psychiatrist supports complex diagnostic evaluation and medication management, providing consultation to the primary care provider. They may provide direct patient care either in person or via telehealth.

Advanced Care of Substance Use Disorders (ACSUD): The primary care provider prescribes medication for substance use disorders including tobacco use disorder, alcohol use disorder, and opioid use disorder. Counseling related to substance use disorders is provided in the practice or coordinated with resources outside of the practice.

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Building Block	Foundational Care Delivery Expectations <i>Recommended requirements for any practice integrating behavioral health</i>	Additional Care Expectations by Selected Components of BHI
Leadership	<ul style="list-style-type: none"> Practice has defined mission and vision related to meeting behavioral health needs and a defined behavioral health champion or team. Practice has budget with allocated resources for transformation and quality improvement work related to behavioral health, including behavioral health professional(s) if part of the care team, that incorporates planning for sustainability of services. 	<p><i>No component-specific expectations.</i></p>
Data Driven Quality Improvement	<ul style="list-style-type: none"> Practice, including any behavioral health professionals, meets regularly (minimum monthly) to review data and processes for quality improvement including those related to behavioral health efforts. Where available, practice reviews data disaggregated by subpopulations to identify and address disparities. Practice collects and reports on measures specific to behavioral health efforts and tracks performance relative to targets. This includes tracking reach (level 1—proportion of target population screened; level 2—proportion of positive screens that are addressed) and outcomes with validated measures such as the PHQ-9, GAD-7, and Edinburgh maternal depression scale. In practices caring for children, this includes developmental screening. 	<ul style="list-style-type: none"> Advanced Coordination and Care Management—Includes tracking rates of follow up after behavioral health related emergency department visits or hospitalizations. Integrated Behavioral Health Professional—Includes tracking adequate FTE and availability of appointments with behavioral health provider.

Continues.

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Building Block	Foundational Care Delivery Expectations <i>Recommended requirements for any practice integrating behavioral health</i>	Additional Care Expectations by Selected Components of BHI
Data Driven Quality Improvement <i>Continued.</i>	<ul style="list-style-type: none"> Practice collects and reports on holistic patient-reported measures of experience of care, access to care, and/or patient-reported functioning or quality of life. 	<ul style="list-style-type: none"> Psychiatry—Includes tracking adequate FTE and availability of consultation with psychiatrist. Advanced Care of Substance Use Disorders—Includes tracking of outcomes related to patient initiation and engagement in substance use disorder treatment and follow up after substance use disorder-related hospitalizations.
Team-Based Care	<ul style="list-style-type: none"> Practice has clearly defined roles, responsibilities, and workflows related to behavioral health services. Practice incorporates behavioral health training into onboarding and ongoing professional development efforts, including for primary care providers and all clinic staff. 	<ul style="list-style-type: none"> Advanced Coordination and Care Management—Includes roles, responsibilities, and workflows related to registry management, planned approach to communication and shared care plans.

Continues.

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Building Block	Foundational Care Delivery Expectations <i>Recommended requirements for any practice integrating behavioral health</i>	Additional Care Expectations by Selected Components of BHI
Team-Based Care <i>Continued.</i>		Integrated Behavioral Health Professional <ul style="list-style-type: none"> • In addition to defined roles and responsibilities, practice develops planned approach to communication and development of shared care plans. • The behavioral health provider shares integrated workspace within the practice if providing in-person services. • Schedules for behavioral health providers allow for warm handoffs and real-time consultations in addition to appointments. • Integrated behavioral health providers support and participate in educational efforts for primary care providers and clinic staff. • Psychiatry—In addition to defined roles and responsibilities, practice develops planned approach to communication (delineation of asynchronous vs real time communication) and shared care plans.

Continues.

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Building Block	Foundational Care Delivery Expectations <i>Recommended requirements for any practice integrating behavioral health</i>	Additional Care Expectations by Selected Components of BHI
Patient and Family Engagement	<ul style="list-style-type: none"> Practice educates patients and family members/ caregivers on availability of behavioral health services, including substance use disorder services. Practice obtains feedback from patients and/or caregivers/family members on behavioral health services. Feedback may be obtained through patient experience surveys, Patient and Family Advisory Councils (PFACs), or focus groups. If establishing a PFAC, practice takes steps to ensure those participating reflect the diversity of the practice population. Practice routinely provides self-management support (including caregiver/family support) and/or incorporates principles of shared decision making for patients with behavioral health issues as well as those without identified behavioral health issues to work towards goals that support wellness and prevention of illness. 	<p><i>No component-specific expectations.</i></p>

Continues.

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Building Block	Foundational Care Delivery Expectations <i>Recommended requirements for any practice integrating behavioral health</i>	Additional Care Expectations by Selected Components of BHI
Population Management	<ul style="list-style-type: none"> Practice identifies patients who need or would benefit from behavioral health services, including through universal screening for at least one priority mental health condition, one priority substance use condition, and one lifestyle behavior. Practice ensures positive screens are offered treatment within the practice or referred to appropriate services outside of the practice. Practice reassesses symptoms, side effects, complications, and treatment adherence at regular intervals and utilizes evidence-based stepped care guidelines in adjusting treatment plans if patients are not improving as expected. Practice considers individual patient barriers to treatment. 	Advanced Coordination and Care Management <ul style="list-style-type: none"> Practice maintains registry of patients with target behavioral health condition(s). Practice conducts proactive outreach to reassess symptoms and ensure follow-up for patients that are not improving. Practice risk-stratification processes incorporate behavioral health diagnoses and health-related social needs.

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Access	<ul style="list-style-type: none"> • The practice ensures physical spaces and services are accessible and responsive to patients' and families' disability status, sexual orientation and gender identity, racial and ethnic backgrounds, cultural health beliefs and practices, preferred languages, and health literacy. • Patients are able to receive behavioral health services by either audio-only or audio-visual telehealth and communicate asynchronously with providers. Video visits are not a requirement. 	<ul style="list-style-type: none"> • Integrated Behavioral Health Professional—Practice assesses access to behavioral health services for its patients through availability of appointments. Practice ensures availability of urgent (within 1 week) behavioral health appointments. • Psychiatry—If providing on-site or telepsychiatry direct patient services, practice assesses access to behavioral health services for its patients through availability of appointments. • Advanced Care of Substance Use Disorders—Practice assesses access to substance use treatment services through availability of appointments.

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Building Block	Foundational Care Delivery Expectations <i>Recommended requirements for any practice integrating behavioral health</i>	Additional Care Expectations by Selected Components of BHI
Comprehensiveness and Care Coordination	<ul style="list-style-type: none"> • The primary care provider diagnoses and offers medication management for mild to moderate behavioral health conditions and links patients to therapy and/or specialty mental health settings as indicated. • Practice has referral pathways for patients with behavioral health conditions including potential referral sources for populations with specific needs (e.g. LGBTQIA+ friendly). • Practice ensures primary referral sources have appointment availability and are accepting new patients. • Practice tracks proportion of behavioral health referrals where patients successfully complete an initial appointment. • Practice provides crisis resources and referrals as indicated. • In pediatric practices, the practice has developed protocols for care transitions to adult behavioral health services. 	Advanced Coordination and Care Management <ul style="list-style-type: none"> • Practice provides brief interventions (such as problem-solving treatment) in parallel with population health management. • Practice contacts patients within 3 business days of behavioral health-related emergency department visits or hospitalizations. • Practice has care compact or other collaborative agreement in place with at least one behavioral health group or practice which covers timely access, communication, and coordination of services. • Practice routinely assesses patients for social needs and links them (or offers links) to appropriate community resources, including those that support behavioral health and wellness.

Continues.

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Building Block	Foundational Care Delivery Expectations <i>Recommended requirements for any practice integrating behavioral health</i>	Additional Care Expectations by Selected Components of BHI
Comprehensiveness and Care Coordination <i>Continued.</i>		Advanced Coordination and Care Management <i>Continued.</i> <ul style="list-style-type: none"> Practice partners with at least one community organization or local agency (e.g. social services providers, schools, child welfare) to improve bidirectional communication regarding patient population needs. Behavioral health care management is documented in a shared EHR or other mechanism to share care plans and patient information.

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Building Block	Foundational Care Delivery Expectations <i>Recommended requirements for any practice integrating behavioral health</i>	Additional Care Expectations by Selected Components of BHI
Comprehensiveness and Care Coordination <i>Continued.</i>		Integrated Behavioral Health Professional <ul style="list-style-type: none"> Behavioral health providers deliver therapy, diagnostic support, crisis management, and behavioral change management support for any patient in the practice. This care may address mental health and substance use conditions, health behaviors, life stressors and crises, stress-related physical symptoms, developmental transitions, and ineffective patterns of health care utilization. Behavioral health and primary care providers use a shared EHR or other mechanism to document shared care plans and patient information. Care plans include patient goals, treatment plans, and relapse prevention plans, where relevant.

Continues.

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Building Block	Foundational Care Delivery Expectations <i>Recommended requirements for any practice integrating behavioral health</i>	Additional Care Expectations by Selected Components of BHI
Comprehensiveness and Care Coordination <i>Continued.</i>		<p>Psychiatry</p> <ul style="list-style-type: none"> Psychiatrists support complex medication management and diagnostic support. If implementing the Collaborative Care Model, the psychiatrist regularly reviews the behavioral health registry and provides recommendations. Behavioral health and primary care providers use a shared EHR or other mechanism to document shared care plans and patient information. Care plans include patient goals, treatment plans, and relapse prevention plans, where relevant. <p>Advanced Care of Substance Use Disorders</p> <ul style="list-style-type: none"> Practice provides medication management for tobacco use disorder, opioid use disorder, and alcohol use disorder, which may include outpatient management of alcohol withdrawal. Practice provides or refers patients to substance use disorder counseling. Practice provides resources on peer support groups.

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