Behavioral Health Integration
A Conversation with Primary Care

Gina R. Westcott
SW Hub Administrator, Division of Behavioral Health
Idaho Department of Health and Welfare

BH Integration

- Combines medical and behavioral health services
- Addresses the full spectrum of health concerns patients bring to primary medical care

- It is NOT a replacement for specialty mental health

Idaho BH Integration Survey

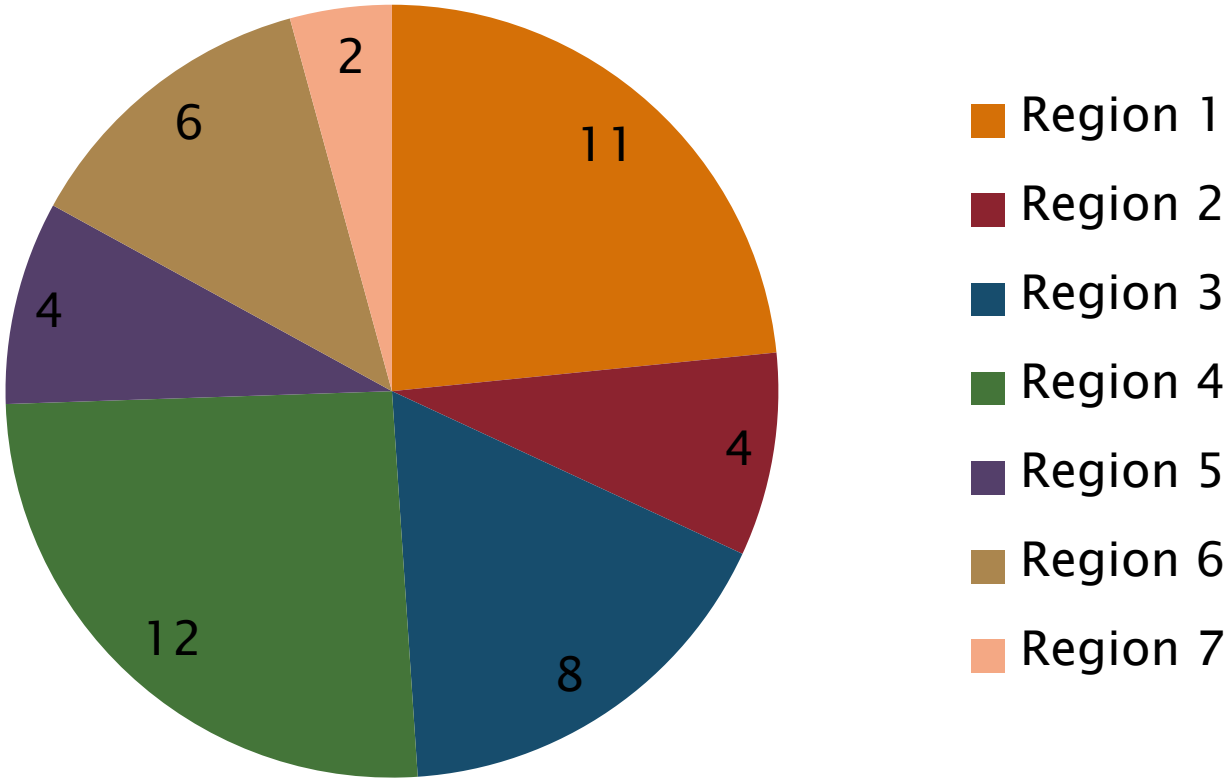
Assessed each provider's

- Level of BH Integration into Primary Care
- Referral Practices and Tracking
- Communication Practices
  - Internal/External
- Agreements with Specialty Services Providers
- Screening Tools/Frequency of Use
- Current Training for All Staff

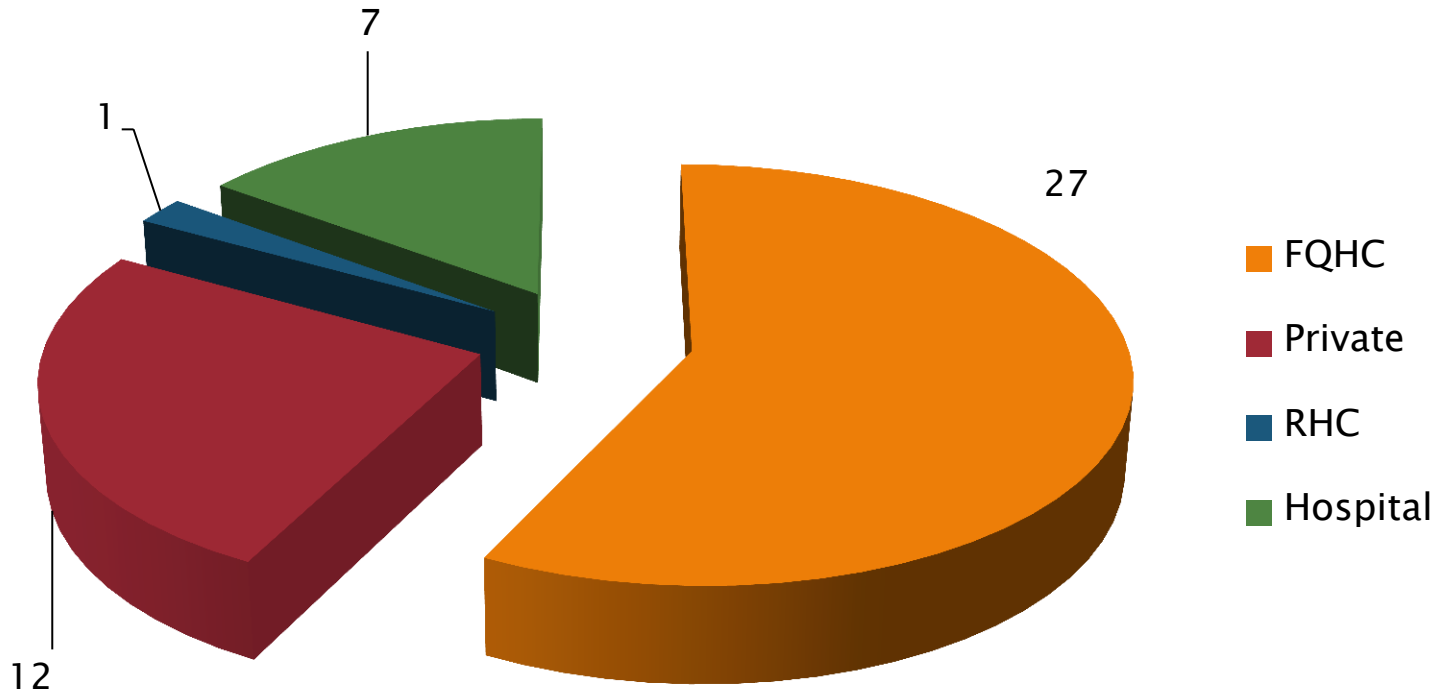
Survey Methods

- Onsite meetings encompassing 47 Health Home sites
- Integrated Practice Assessment Tool©
- Interview/Conversation on survey focus points

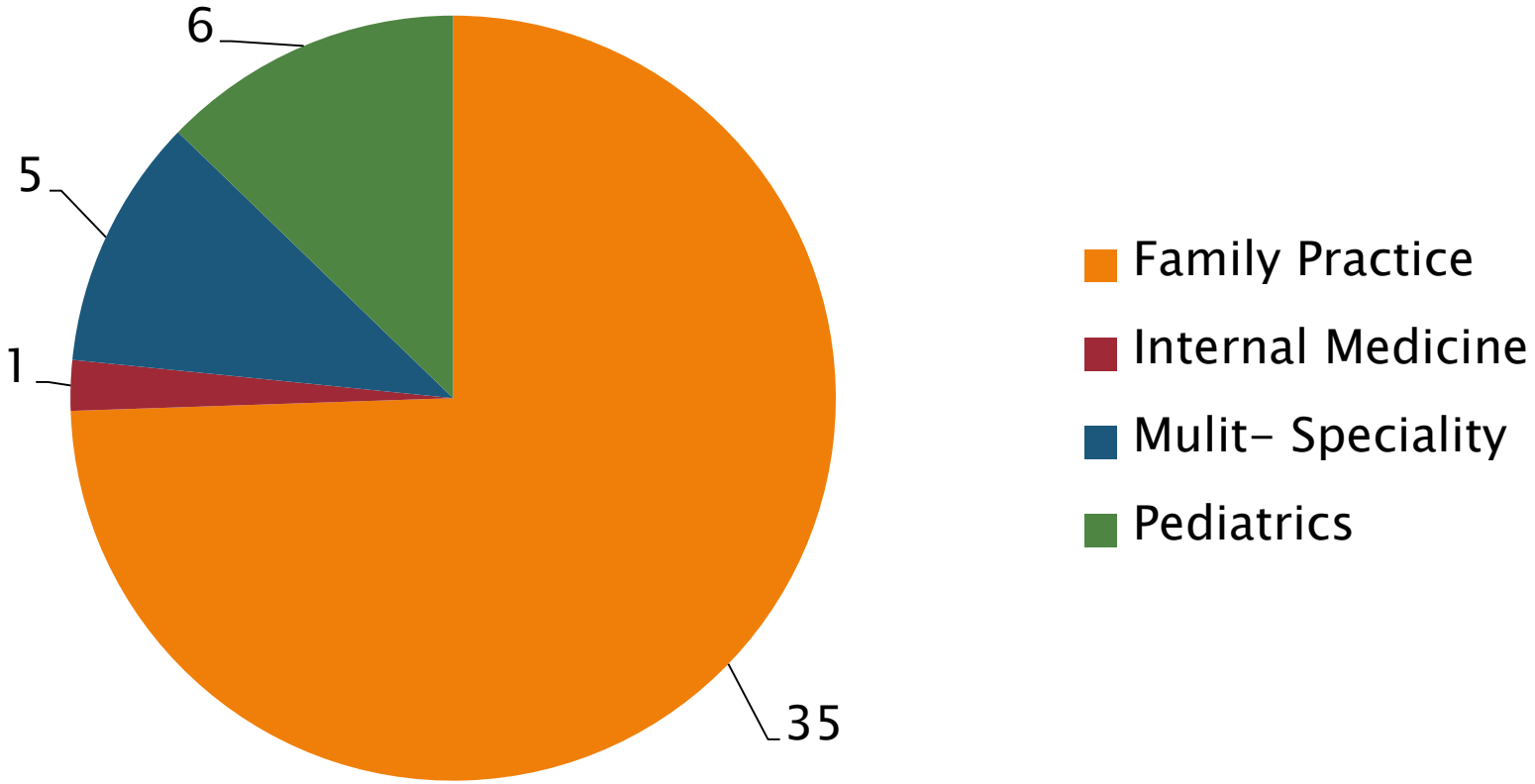
Idaho Medicaid Health Homes-47



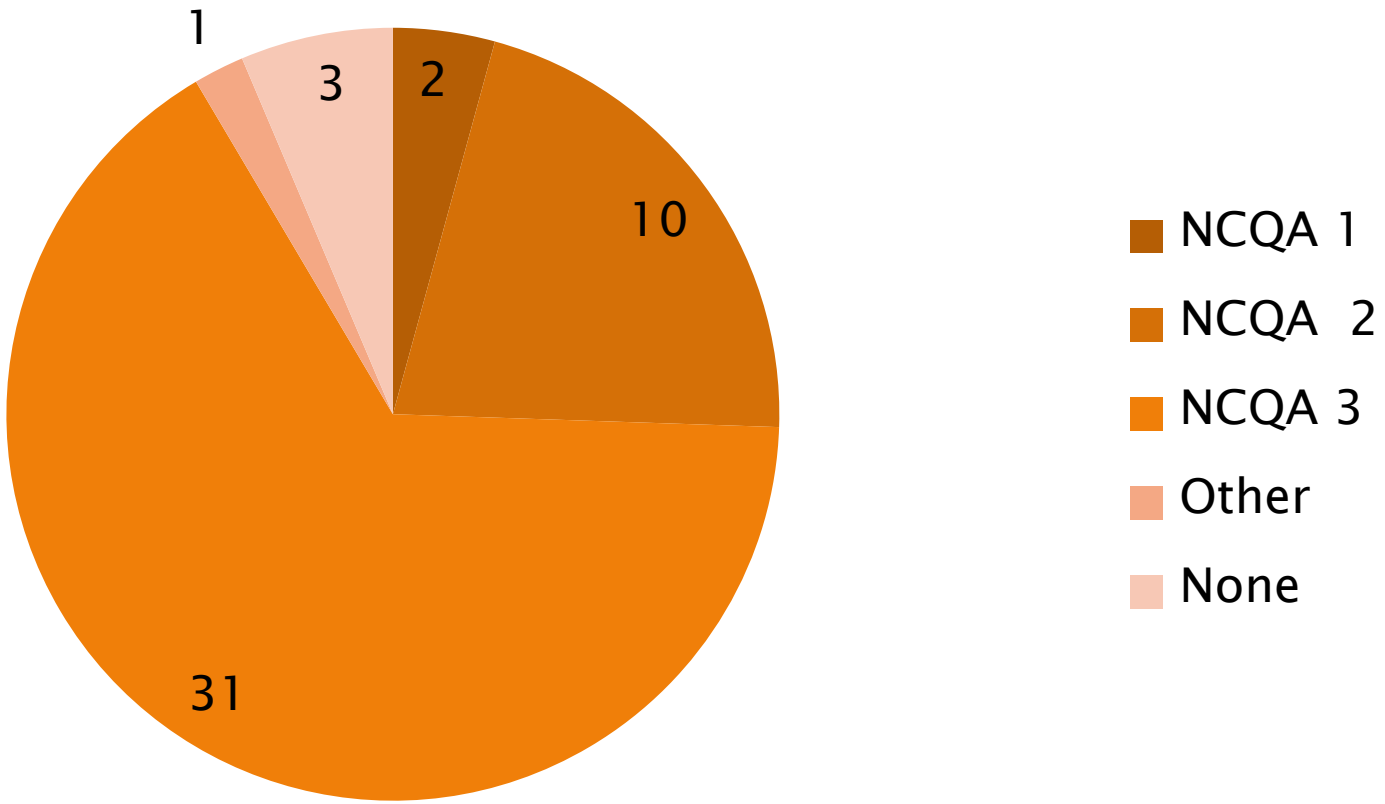
Clinic Type



Clinic Specialty



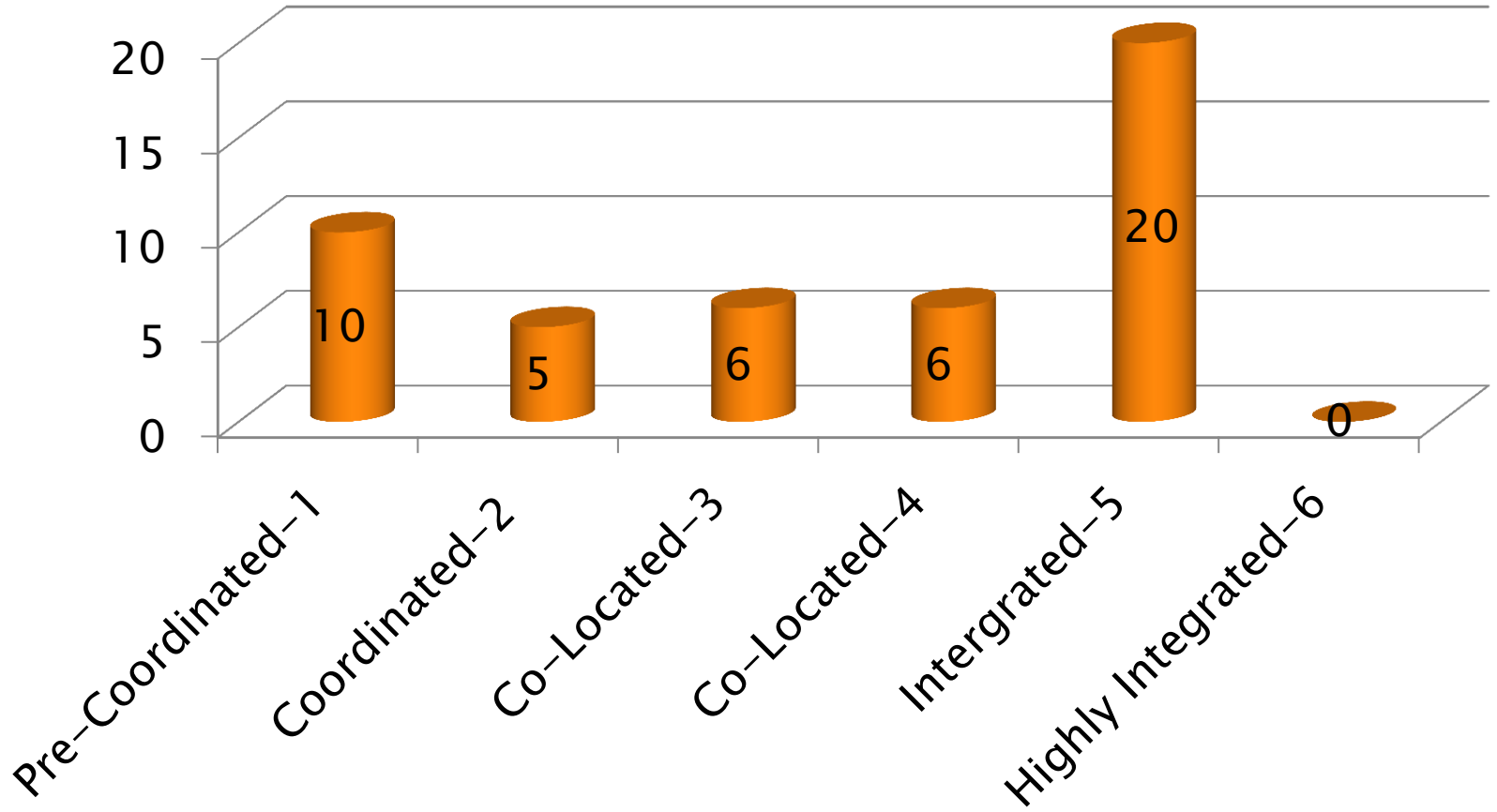
PCMH Certification



Integrated Practice Assessment Tool – IPAT©

- Based on SAMHSA Framework
- Assesses Six Levels of Integrated Healthcare
- Categorizes Provider Practices along Integration Continuum
- "Conversation Starter" for Integration

Findings – Idaho IPAT© Levels



Findings – Where is Idaho Now?

- Validation of Needs in Idaho
- Primary Care Physicians
  - Routinely treat mental health (mild/moderate)
  - Routinely refer out chemical dependency (SUDS)
- High PCMH certification (94%)
- CHC/RHC=higher integration due to enhanced funding
- Integration did not always correlate to collaboration
- Tight referral and follow up tracking for all patients

Where is Idaho Now?

- Sharing records and referral information is often one way communication-speciality BH providers will say the same thing about PC
- MOA's – low frequency
- Screening tools are used
  - Not consistently or routinely for all patients
- BH registries – low frequency or strategic use of information (depression, anxiety, addiction, psychosis)
- Training on BH topics rare in most clinics
- Very low utilization of Telehealth

Where is Idaho Now?

Among PCMH Certified Centers

- High
  - Rates of referral
  - Established/staffed tracking processes
  - Access to care coordination
  - Follow up for BH clients' missed appointments
  - Same day access for appointments for urgent care needs, including behavioral health services
  - Trend is towards more integration with higher level of certification (i.e, level 3)

  - *Not all patients understand they are part of a PCMH

Opportunities for Enhancement

- Technical Assistance
  - Mission Statements-Business Planning-Organizational Readiness-Policies and Procedures
  - Culture Shift-Nuts and Bolts of Integration
- Universal Screening and Use of Registries
- Improve Communications
  - MOA's with partners-Collaboration with Community Partners and Peer Clinics
- Training
  - SBIRT-Motivational Interviewing-MH First Aid
- Telehealth

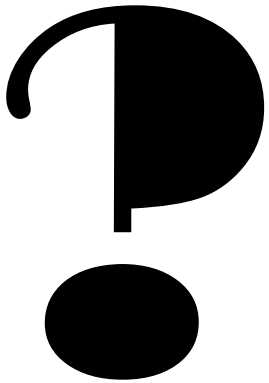
Potential Partners

- PCMH Contractor
- Regional Health Collaboratives
- BH Integration Sub-Committee
- Division of Behavioral Health
- Peer to Peer Clinics
- Regional Behavioral Health Boards
- Idaho Federation of Families
- NAMI
- Recover Support Centers
- Other Funders-SAMHSA, HRSA, CMMI

Next Steps

- Work with the PCMH contractor to develop specific BH curriculum topics for the Learning Collaborative
- Outline specific BH goals and task that the RC can achieve in PCMH coaching and mentoring
- Identify well integrated PCMH clinics who are willing to provide TA, consultation and training to other PCMH clinics

Next Steps

- Pursue a Behaviorist Peer to Peer Model that will support training, networking and advocacy
- Explore how RBHB can support the work of the PCMH clinics
- Look for additional grant funding that the DBH can secure to enhance co-location and integration to include reverse

Questions