

CPC+ FAQ Sheet

Name: Behavioral Health Integration (BHI)

Date: July 13, 2017

[Link to Recording](#)

What?

- Integrate behavioral health in the practice team
- Choose an approach that fits your practice
- Establish standardized screening tools to monitor patient progress
- Start a database of resources that can easily be referenced
- Focus on the core elements of integration
 - Screening tool for selected conditions
 - Support patient self-care management
 - Measure progress over time

Remember: Due to your practice location and resource availability you may not be able to have a psychiatrist or licensed clinical social worker(LCSW) on site. That's ok! Choose the option that fits your area.

How?

Choosing a model

- Care Management Model
 - Scarce behavioral health specialists for full integration (psychiatrist, LCSW, etc.)
 - Onsite care managers are trained to aid in self-care management for depression, anxiety, eating disorders and, with additional training, substance use disorder
 - Aligns with other chronic disease self-care management
 - Aids in referrals to a behavioral health professional for patients in need
 - Establish a relationship with behavioral health professional in the community
- Primary Behaviorist Model
 - Co-located in the primary care office
 - Same day access to brief therapy
 - Warm handoffs for patients
 - Ongoing self-care management with onsite behavioral health provider
 - No referral system except for very complex cases

When?

Schedule of BHI

1. What resources are accessible to the practice?
2. Which conditions are prevalent in the practice population?
3. Choose a BHI model
4. Select staff members to work on the project
5. Research workforce training programs
6. Measure outcomes over time

Small or rural practice tip:

Practice tip: You can create a collaborative care agreement with a psychiatrist or mental health provider to meet the collaborative care agreement requirement if you are using the care management model and referring out complex patients.

