

Introduction to Behavioral Health Integration

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65,000 voices



Objectives

- Define behavioral health integration
- Explore existing models of integration
- Describe behavioral health integration at SCF and where it is implemented in our system
- Explain brief intervention
- Explore the common clinical issues addressed, and the standard screening tools used

**What are your expectations
during this session?**





What is Behavioral Health Integration?

Where Do People Seek Behavioral Health Services?

General Health

Mental Health
Professional

Human Services
Organizations

Alternative
Options

Internet

No Services

Mental Health Disorders

Top Diagnoses

Major
Depressive
Disorder

PTSD

Alcohol
Dependence

Anxiety
Disorders

Personality
Disorders

Collaborative Care

Medical



Behavioral



Specialty



Shared goals and vision,
but no financial or operational infrastructure

Integrated Care

Operational

Clinical

Structural

Financial





Why Integrate Behavioral Health?

- Relationships
- Greater Awareness
- Physical-Behavioral Connection
- Increased Access

Behavioral Health Integration

Key Elements

- Flexible communication
- Recruiting and training
- Orientation and training of primary care providers
- Medical and behavioral charting
- Proximity
- Maintaining strong connection between behavioral and medical health
- Level of consultation and referral
- Operational

Levels of Integrated Care

Level	Collaboration
1	Minimal
2	At a distance
3	Basic – onsite
4	Close – onsite with some system integration
5	Close – approaching an integrated practice
6	Full – transformed/merged into integrated practice

**What is your organization's current
level of integrated care?**

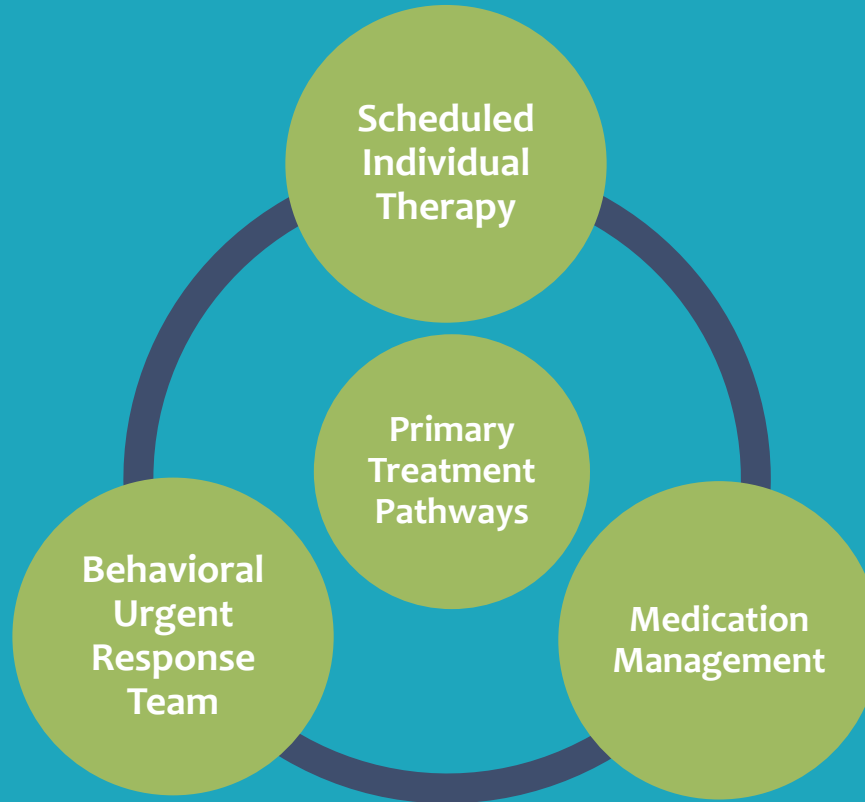
Models of Integration

- Diversification/Primary Care Behavioral Health
- Co-Location
- Referral
- Enhancement
- Chronic Care
- Reverse Integration

Behavioral Health Integration at Southcentral Foundation



Traditional Behavioral Health System



History of Behavioral Health Integration at SCF

■ Goal

- Meet the behavioral health needs of customer-owners

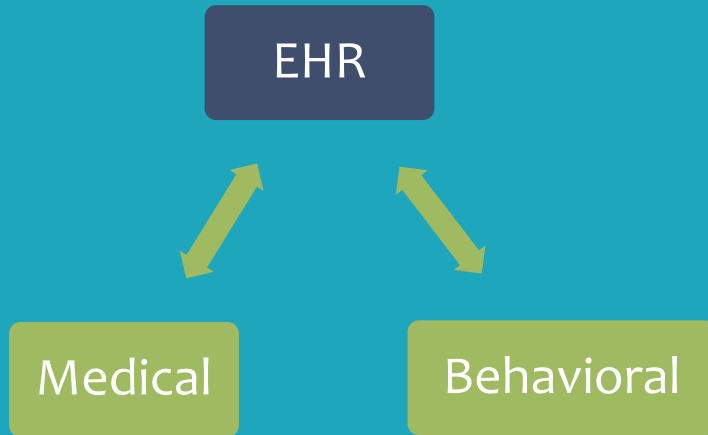
■ Actions

- Mental health clinicians hired as Behavioral Health Consultants and integrated into primary care clinics 13 years ago
- Started small with two Behavioral Health Consultants
- With success, demand increased
- Number of Behavioral Health Consultants increased to meet demand

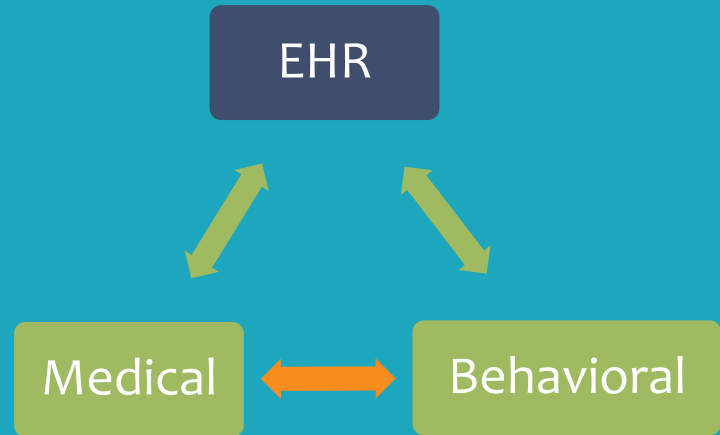
Integrated Care

A Framework

Early Integration



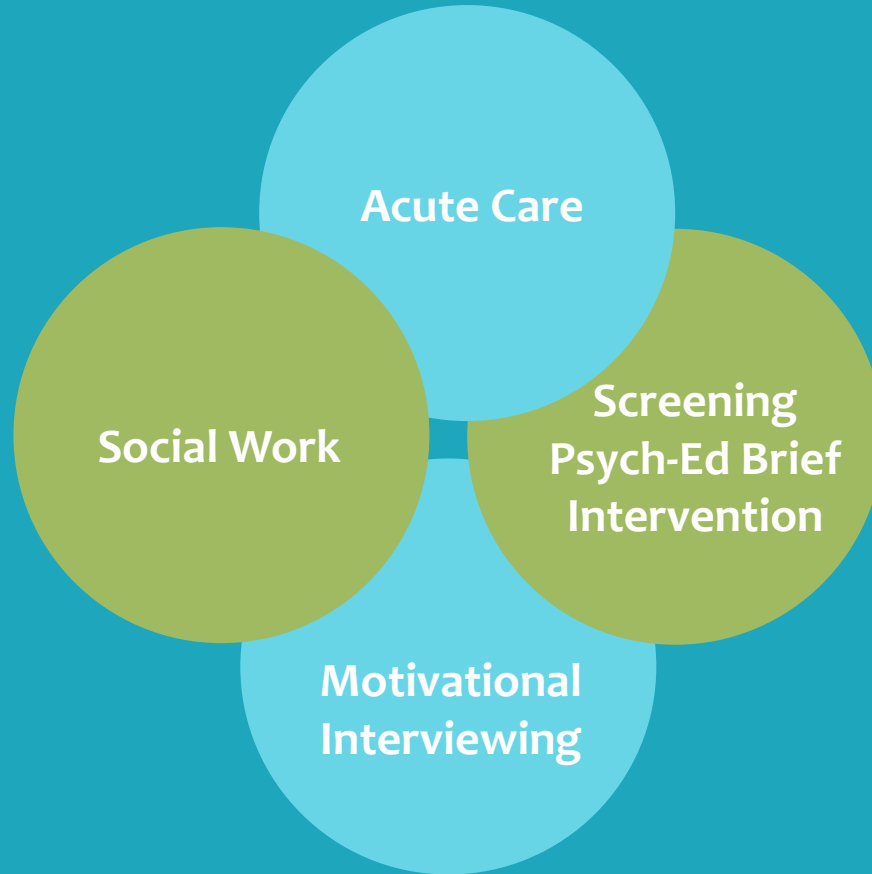
Present Integration



Integration Across SCF

Clinic	Number of Behavioral Health Consultants
Primary Care Clinics-Anchorage, AK	16
Primary Care Clinic-Mat-Su Valley - Wasilla	5
Primary Care Clinic-Pediatrics	5
Behavioral Health Clinics	4
Hospital	2
Rural Community Health Centers (CHC)	4

Behavioral Health Integration



Scope of Integration



Registered Nurse



Provider



Behavioral Health
Consultant



Registered Dietician

Primary Care Team



Medical Assistant



Case Manager

Clinical Levels of Integrated Care

Level 1

Consultation

Brief targeted interventions in primary care setting

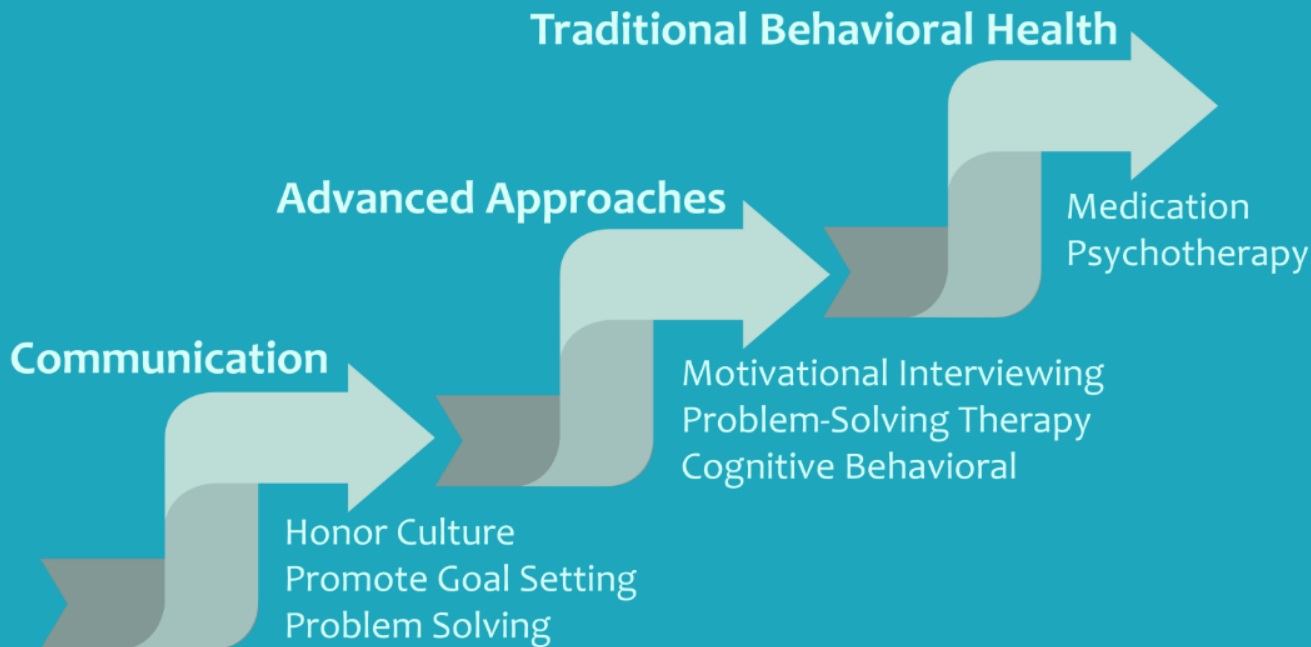
Level 2

Time-limited focused interventions in primary care

Level 3

Referral for longer-term therapeutic interventions in collaboration with primary care

Approach to Care



Two Approaches to Clinical Work

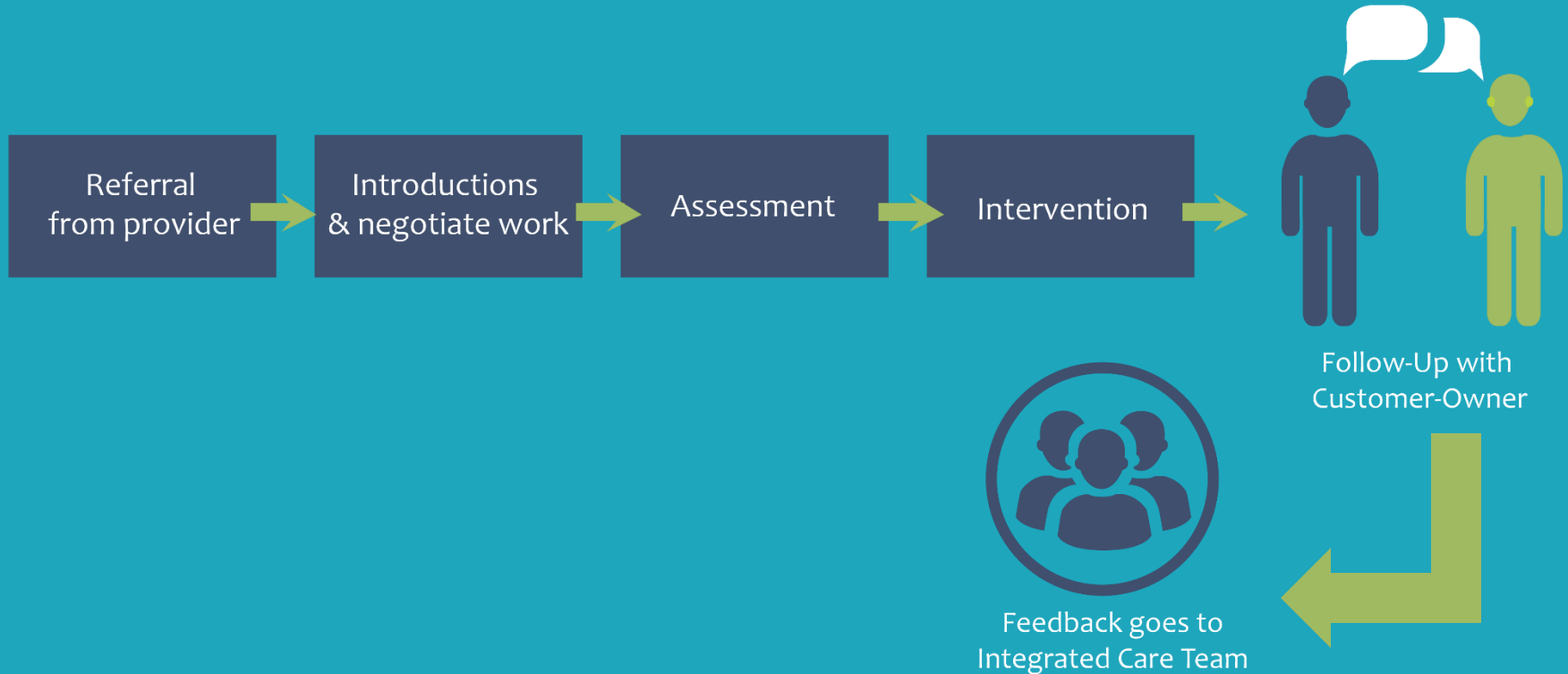
Not Targeted

- Customers present with a range of concerns
- Meet customers where they are at
- Help to improve customer's overall health
- Example: customer presents with chest pain, medical rule out, focus on stress, grief, situational stress, etc.

Targeted

- Work with specific subpopulations
- Targeted interventions for these populations
- Define treatment protocols and clinical guidelines
- Example: depression screening and follow-up

Phases of a Brief Intervention



Integrated Primary Care Setting Clinical Topics

- Depression
- Anxiety
- PTSD/Acute Stress
- Childhood Behavioral Concerns
- Parent Coaching
- Substance Abuse
- Grief
- Sleep Hygiene
- Traumatic Brain Injury
- Psychosocial Stressors
- Family and Relational Stress
- Specific Age or Gender Related Concerns
 - Women
 - Children
 - Elders

**What are the most common
issues in your organization?**

What We Assess

Depression

- PrimeMD

Substance Use

- AUDIT, CRAFFT

Cognition

- MMSE

Development

- ASQ, SE, M/CHAT, SDQ, Vanderbilt

Chronic Pain

- PPP, MBMD, SCL-90, P-3

Chronic Disease Management

- Motivation for lifestyle change
- Breaking down the goals into manageable steps
- Addressing co-occurring conditions such as anxiety, depression, or sleep disorders
- Providing support for providers
- Managing provider expectations regarding realities of behavior change

Advanced Behavioral Health Integration

Primary Care Clinics

- Pain consultant
- Structured behavioral health referral process
- Wellness care plans
- Primary care provider coaching
- Integrated psychiatry

Other Behavioral Health Consultant Frameworks at SCF

- Brief intervention in traditional behavioral health clinic
- Brief intervention in hospital clinics
- Brief Intervention and combination therapy/integrated substance abuse assessment in rural clinics



Questions?

Thank You!

Qa̕gaasakung

Aleut

Quyanaa

Alutiiq

Quyanaq

Inupiaq

Awa'ahdah

Eyak

Mahsi'

Gwich'in Athabascan

Igamsiqanaghalek

Siberian Yupik

Háw'aa

Haida

Quyana

Yup'ik

T'oyaxsm

Tsimshian

Gunalchéesh

Tlingit

Tsin'aen

Ahtna Athabascan

Chin'an

Dena'ina Athabascan