

Behavioral Health Integration Framework developed by the Farley Health Policy Center and Practice Innovation Program at the University of Colorado Anschutz Medical Campus in partnership with the Well Being Trust

How to read the framework: The care delivery expectations in this framework are organized by the 10 building blocks of high performing primary care (developed by Tom Bodenheimer and colleagues at UCSF). These building blocks are listed in the first column of the table. The second column (Foundational Care Delivery Expectations) lists foundational care delivery expectations for behavioral health integration (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 – advanced care management and coordination, integrated behavioral health professional, psychiatry, and advanced care of substance use disorders. These are color coded as noted in the top of the column. These components can each be implemented independently or in concert with the others.

Draft version date 10-14-21

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Building Block	Foundational Care Delivery Expectations	Additional 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. 	N/A
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 in addition to holistic patient-reported measures of experience of care, access to 	<ul style="list-style-type: none"> Includes tracking rates of follow up after behavioral health related emergency department visits or hospitalizations. Includes tracking: reach (level 1- proportion of target population screened, level 2- proportion of positive screens that are addressed); outcomes (validated measures such as PHQ-9, Edinburgh maternal depression scale, GAD-7); adequate FTE and availability of appointments with behavioral health provider. Includes tracking outcomes (validated measures such as PHQ-9, Edinburgh maternal depression

	<p>care, and patient-reported functioning or quality of life. In practices caring for children, this includes developmental screening.</p>	<p>scale, GAD-7); adequate FTE and availability of consultation with psychiatrist.</p> <ul style="list-style-type: none"> Includes tracking of outcomes related to patient engagement in care (lost to follow up, maintained in treatment or successfully completed treatment).
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"> Includes roles, responsibilities, and workflows related to registry management, planned approach to communication and shared care plans. 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. Schedules for behavioral health providers allow for warm handoffs and real-time consultations in addition to appointments. In addition to defined roles and responsibilities, practice develops planned approach to communication (delineation of asynchronous vs real time communication) and shared care plans.
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, if present. 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, 	N/A

	<p>practice takes steps to ensure those participating reflect the diversity of the practice population.</p> <ul style="list-style-type: none"> 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. 	
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 and one priority substance use condition. Practice ensures positive screens are linked to (or offered links to) behavioral health care. Practice reassesses symptoms and treatment adherence at regular intervals and utilizes evidence-based stepped care guidelines in adjusting treatment plans if patients are not improving as expected. 	<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.
Access	<ul style="list-style-type: none"> Interpretation services are available in patients' and families' preferred languages. 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"> Practice ensures primary referral sources have appointment availability and are accepting new patients. 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"> Practice representative with EHR access available 24 hours, 7 days per week that includes behavioral health information. 	<ul style="list-style-type: none"> 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. If providing on site or telepsychiatry direct patient services, practice assesses access to behavioral health services for its patients through availability of appointments. Practice assesses access to substance use treatment services through availability of appointments.
<p>Comprehensiveness and Care Coordination</p>	<ul style="list-style-type: none"> The primary care provider offers medication management for mild to moderate behavioral health conditions, including at least one substance use disorder, 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 tracks proportion of behavioral health referrals where patients successfully complete an initial appointment. Practice provides crisis resources and referrals as indicated. For care management, integrated behavioral health professionals, psychiatry, or advanced care of substance use disorders, unified care plans are documented in a shared EHR or other mechanism. 	<ul style="list-style-type: none"> Practice provides brief interventions (such as problem-solving treatment) in parallel with population health management. Practice contact 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 identifies data sources and technology needed for bi-directional data sharing with facilities responsible for the majority of their patients' behavioral health-related hospitalizations and ED visits. 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.

	<ul style="list-style-type: none">• In pediatric practices, the practice has developed protocols for care transitions of behavioral health services.	<ul style="list-style-type: none">• Behavioral health providers deliver therapy, diagnostic support, crisis management, and behavioral change management support. In practices caring for children, this includes support for developmental transitions.• 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.• Practice provides medication management for at least two substance use disorders (opioid use disorder, alcohol use disorder which may include outpatient management of alcohol withdrawal, tobacco use disorder).• Practice provides or refers patients to substance use disorder counseling. Practice provides resources on peer support groups
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