California Quality Collaborative

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Selecting a Behavioral Health Integration Model

A Call for Behavioral Health Integration into Primary Care

When a primary care provider sees a patient for a visit, three out of four appointments typically include a mental or behavioral health concern, such as depression, anxiety or substance use. However, many patients are unable to access the treatment they need due to barriers to care including provider shortages, fragmented care, high out-of-pocket costs and gaps in insurance coverage. Despite primary care physicians already managing overloaded schedules, they recognize the importance of improving how they address their patients' behavioral and mental health concerns to deliver patient-centered, whole-person care.

One solution is integrating behavioral health into primary care: evidence shows integration improves patient outcomes and quality of life while increasing access to mental health and substance use treatment services. Integration also may reduce health care costs, particularly for those living with co-occurring chronic conditions such as diabetes and hypertension. Today, purchasers and plans incentivize behavioral health integration by reimbursing for behavioral health screening and including mental health and substance use measures in pay-for-performance quality programs. By implementing behavioral health integration , providers are fortifying primary care — further spreading patient-centered, equitable advanced primary care.

Identifying the Need and Preparing for Behavioral Health Integration

A primary care practice that has integrated behavioral health demonstrates full collaboration between the behavioral health provider and the medical team. The behavioral health team member(s) are part of the primary care team, participating in regular huddles, communicating frequently regarding patient needs and working toward the same treatment goals. From a patient perspective, patients who receive care in an integrated setting perceive behavioral health services as part of their routine health care at their primary care providers.

While integration is not meant to replace traditional mental health, including specialty mental health services, it requires commitment and investment in time and resources. Teams should aim for cultural and organizational transformation requiring buy-in from providers.

Supporting Behavioral Health Integration in California's Delivery Systems: CalHIVE Behavioral Health Integration

Launched in July 2023, the CalHIVE Behavioral Health Integration improvement collaborative is a three-year program operated by the Purchaser Business Group on Health's California Quality Collaborative (CQC) with technical assistance partner Collaborative Family Healthcare Association that supports primary care practices as they integrate behavioral health services, including initiation or expansion of screening, treatment and referrals for patients with mild-to-moderate depression, substance use disorders and other conditions. Eight provider organizations located across California that provide care for over 700,000 patients are participating in the CalHIVE Behavioral Health Integration program.

Vision for integration

We want to build systems that enable PCPs to confidently care for those with behavioral health needs that impact their patients' overall wellbeing.

— Perlman Clinic

Selecting an Integration Model

One of the first focus areas for organizations new to integration is to select an integration model, a care delivery strategy that prescribes specific ways in which professionals will work together to provide health care services adhering to a set of principles, standards and best practices. Models are more complex than clinical pathways, which are algorithms used to guide care and ensure that patients with specific conditions receive monitored, timely care, such as Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Medication-Assisted Treatment (MAT).

Two Models of Care

The Collaborative Care Model (CoCM) and Primary Care Behavioral Health (PCBH) are the primary models of integrating behavioral and medical care. Both models:

- Require interdisciplinary team-based care
- Reduce stigma for patients to receive behavioral health treatment in community settings
- Offer dedicated reimbursement codes resulting in long-term cost savings
- Include evidence-based measures for treatment planning
- Demonstrate high provider satisfaction and reduce primary care provider "burnout"
- Allow real-time availability of behavioral health providers
- Employ brief interventions to address low- to moderate-acuity cases, preventing unnecessary referrals to overloaded community pathways

A more detailed description of the models is outlined in the table below:

	Collaborative Care Model (CoCM)	Primary Care Behavioral Health (PCBH)
Overview	A **protocol-driven** package of behavioral health services provided by a team, including a psychiatric consultant and behavioral health care manager, chiefly to support primary care providers in the **prescribing of psychotropic medications** for high-impact conditions.	This model is **population-based** and includes a licensed behavioral health professional who functions as a behavioral health consultant and is a **core member of the primary care team.**
Population	Treat-to-target model – focuses on **specific population (mild-to-moderate depression)** Focuses on defined patient populations tracked in a **registry, measurement-based practice and treatment-to-target.**	Applied **across the primary care population** for any behaviorally-influenced concern Behavioral health providers offer **health behavior, mental health and substance misuse interventions to identified patients.**
Treatment/ Interventions	**Average episode of care around six months** Initial assessment followed by brief visits, focus on symptom alleviation	No defined episode of care **Brief visits, focus on immediate concern of PCP or patient** Functional and/or contextual assessment
Care Team	Enhances primary care by adding two key services to the primary care team, particularly for patients with depression and anxiety whose conditions are not improving. A team of three individuals deliver CoCM services: the behavioral health care manager, the psychiatric consultant and the treating (billing) practitioner.	Mental health providers who treat a wide variety of mental health, psychosocial, motivational and medical concerns, including management of anxiety, depression, substance abuse, smoking cessation, sleep hygiene and diabetes, among others. Behavioral health consultant roles act as a consultant for PCP/Medical Assistants and other team members. “The care team is your first customer.”

For organizations interested in both models:

- CoCM and PCBH models are not mutually exclusive. They serve different, yet overlapping purposes and complement one another.
- Organizations new to integration are recommended to start implementation of one model as closely as possible to support model fidelity.

How to Select an Integration Model

In the CalHIVE Behavioral Health Integration improvement collaborative, each organization regularly participates in learning events and meets with an assigned improvement advisor or coach who guides teams to advance integration and complete assignments that support their implementation road map, including selecting an integration model. Organizations working independently should take the following steps to select an integration model:

1 Learn more about behavioral health integration:

- Review SAMSHA's Six Levels of Collaboration/Integration designed to help organizations implementing integration to evaluate their degree of integration across several levels and determine what next steps to take to enhance integration.
- Reference the pre-implementation checklist from CQC's Behavioral Health Integration Improvement Collaborative Curriculum to understand the steps needed to launch integration.

2 Research the two integration models:

- Watch the CQC Webinar Behavioral Health Integration: Fundamentals: Concepts and Models (June 13, 2023) that provides more detail about each integration model.
- Explore the Collaborative Care Model developed by the University of Washington's AIMS Center, including detailed information on how to implement the model, such as care team composition, treatment protocols and billing and reimbursement considerations.
- Read about the Primary Care Behavioral Health Model developed by the American Psychological Association, including key components of the model, such as the importance of communication and collaboration between primary care and behavioral health providers, use of brief interventions and assessment tools and development of a stepped care approach.
- Conduct an organizational needs assessment to understand strengths and opportunities around behavioral health integration implementation, such as the National Council's Integration Practice Assessment Tool.

3 Create a plan, with multi-disciplinary team feedback:

- Document which integration model best meets the needs of the organization.
- Complete CQC's Implementation Plan which includes specific questions to assist with model selection.

4 Connect with payers:

- Identify which codes will be reimbursed for each model.

5 Seek out additional technical assistance, if needed:

- Contact cqcinfo@pbgh.org to learn more.

Example Implementation Plan Questions

1. What are the needs of the site/patient population? Who are the stakeholders?
2. Which model seems most appropriate for the needs of patients and staff, and why?

Implementation Decision Points

CoCM

- Can we commit to a psychiatric consultant?
- Can we adhere to using a patient registry?

PCBH

- Can we hire a licensed behavioral health clinician?
- Can we provide physical space in the office to support collaboration?

Provider Spotlight:

How Pomona Valley Hospital Medical Center Selected a Behavioral Health Integration Model

Pomona Valley Hospital Medical Center (PVHMC), a CalHIVE Behavioral Health Integration program participant and non-profit hospital/health system with locations in San Bernadino and Los Angeles counties, made the decision to implement the Primary Care Behavioral Health (PCBH) model of integrated care. This strategic move is driven by several key factors:

- Ability to reach all patients – the goal for integrated care at the center is to target all patients with behaviorally-influenced conditions of care; the PCBH model targets the entire practice population.
- Behavioral health integration experience – the PCBH model requires behavioral health providers to provide brief, evidence-based interventions to patients who present for a primary care visit. Additionally, PCBH behavioral health providers frequently provide consultation to primary care providers. Behavioral health providers typically take some time to adapt to this new way of delivering care. Fortunately, the center has a behavioral health provider experienced in integration who can help lead implementation as well as training and onboarding for additional providers.
- Cross-organizational project support – the center regularly brings together leaders from clinic administration, behavioral health, operations and analytics. It is with this cross-disciplinary perspective that the decision to select the PCBH model was made and will be rolled out at the pilot clinic site.

What's next for PVHMC's integration efforts?

- Addressing capacity challenges – The team recognizes that the clinic demand may quickly overtake their capacity and plans to work with local graduate schools to identify partnerships for training behavioral health interns.

Next Steps for Behavioral Health Integration Implementation

Once an organization has selected an integration model, implementation planning should begin, ideally with a multi-disciplinary team that includes a clinical champion, operations, data, quality improvement, behavioral health (if already hired) and an executive sponsor.

- Dive into next step steps outlined in CQC's Behavioral Health Integration Improvement Collaborative Curriculum, a self-service virtual tool with curated resources and activities walking organizations through launching or expanding behavioral health integration.
- Reach out to CQC with technical assistance questions.
- Sign-up for the CQC newsletter to receive updates on CQC's behavioral health integration work and other programs, upcoming webinars and technical assistance opportunities directly to your inbox.
- Connect with CQC on social media via X and LinkedIn.

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pbgh.org/calhive-behavioral-health-integration

About the Purchaser Business Group on Health (PBGH)

Purchaser Business Group on Health (PBGH) is a nonprofit coalition representing nearly 40 private employers and public entities across the U.S. that collectively spend $350 billion annually purchasing health care services for more than 21 million Americans and their families. PBGH has a 30-year track record of incubating new, disruptive operational programs in partnership with large employers and other health care purchasers. Our initiatives are designed to test innovative methods and scale successful approaches that lower health care costs and increase quality across the U.S.

About the California Quality Collaborative (CQC)

California Quality Collaborative (CQC), a program of PBGH, is health care improvement program dedicated to helping care teams gain the expertise, infrastructure and tools they need to advance care quality, be patient-centered, improve efficiency and thrive in today's rapidly changing environment. The program is dedicated to advancing the quality and efficiency of the health care delivery system across all payers, and its multiple initiatives bring together providers, health plans, the state and purchasers to align goals and take action to improve the value of health care for Californians.