Core Competencies, Chapter 16

Integrated Behavioral Health

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Definition and Why Supporting Integrated Behavioral Health is Important to Integrated Complex Care

The Agency for Healthcare Research and Quality (AHRQ) defines Integrated Behavioral Health as: "The care a patient experiences as a result of a team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population."

In essence, it is the attempt to address the multiple social, psychological and physical health care needs of patients in a comprehensive and collaborative manner. It involves the treatment of mental health, substance abuse, and health behavior conditions (such as depression, obesity, smoking, anxiety, etc. and their contribution to and interaction with other chronic medical illnesses), while simultaneously considering the patient's life stressors and social contexts, the psychological effects of physical health symptoms, and the barriers to effectively utilizing the services made available to them.

The practical and typical definition of Integrated Behavioral Health (IBH) refers to a primary care organization hiring a significant number of licensed behavioral health clinicians, essentially, to begin a new service line, one that is embedded into medical care. Organizations deeply committed to integrated behavioral health have behavioral health directors, IBH in their strategic plans, and enough Behavioral Health Clinicians to meet all of their patients need (typically 1 Behavioral Health Clinician to every 2-3 Primary Care Practitioners.

Integrated complex care refers to a more circumscribed goal: to have Behavioral Health clinicians integrated within a complex care team, serving a very defined population- those patients who have some of the highest utilization of healthcare services due to the complexity of their health needs.

Integrated Complex Care is the defining difference between the traditional medical model-driven complex care, where the main focus is a patient's medical conditions, medical hospitalizations and medications, and where behavioral health is thought of as only a specialty referral. Because behavioral health refers to all health behaviors (including anything that contributes to stress, parenting practices, and social determinants of health), integrating behavioral health into complex care management ensures the healthcare team invites the whole person into care, not just their medical difficulties.

Licensed behavioral health clinicians are the expert providers of behavioral health treatment, due to their education and licensure to treat mental health and SUD disorders, and their training in behavior change modalities. However, integrated behavioral health, in the context of integrated complex care, necessitates that all healthcare team members engage with patients around their behavioral health, including explicitly inviting patients to share about their struggles with health behaviors, mental health or SUD difficulties, through skilled screening and assessment. In addition, the behavioral health clinician explicitly and regularly provides education and training for the team regarding the necessary skills to engage clients and *all* of their health behaviors. Ideally, the integrated complex care team develops clinical pathways and internal referral practices for those patients' whose behavioral health needs demand the services of a licensed behavioral health clinician.

Example

A day in the life of a behavioral health clinician working on an integrated complex care team

- Checks in briefly with the Integrated Complex Care (ICC) team and allows sufficient time to review registry for clients whose outcomes aren't improving, are not engaged, or have other concerns. Reviews both his/her scheduled clients and the day's schedule for providers for whom she is working with (i.e., assigned high risk

target populations for Dr X and Family Nurse Practitioner Y).

- Participates in a huddle for integrated complex care management ICCM with ICC team. Care Coordinator is feeling uncomfortable about rooming patient X whom she felt was aggressive. Behavioral Health Clinician(BHC) talks through with team and elicits from team their thoughts and how best to address. BHC models empathic and assertive communication. May offer to intervene with the client, or consult with the care coordinator might be sufficient. The team expresses frustration with a patient who has chronic addiction and personality disorder traits. The BHC provides professional and empathic education about the course of these diseases and the symptoms, to increase team understanding and empathy.
- Meets with scheduled clients throughout the morning, periodically doing 'hallway' consults with team members. Takes one phone call after a receptionist says the caller is 'suicidal'.
- At lunch time, BHC has arranged practicing her 'Motivational Interviewing' Training for 10 of her colleagues. Based on the input from two of primary care pod team including their behavioral health clinicians, together as a team, they are practicing the skills to address difficult patient/team member conversations with their complex care patients with diabetes, hypertension, depression, and substance use disorders.
- For the afternoon, she sees scheduled patients as well as receiving warm hand offs. Her first warm hand off, is from the Buprenorphine Program Nurse Care Manager. The patient has a known history of heroin addiction and relapsed in the past year when he discontinued buprenorphine. The patient also has been hospitalized for his poor diabetes management six months ago. While the BHC is not the regularly scheduled BH clinician for the MAT team, she checks with her ICC team and warmly welcomes and engages the patient. As she establishes rapport. The client is quite open, so she proceeds to assess the client for risk, current and last SUD use, history of addictions, mental health history. The BHC acknowledges and reflects back to the client her feelings of upset and ambivalence about re-starting Buprenorphine as suggested by his PCP. By the end of the interview the patient agrees to schedule an intake with the Buprenorphine Nurse, initial induction, and to complete a new lab for HbA1c. The second warm hand off comes from the ICC team medical assistant; she notices while taking the patients vitals that the PHQ-9 is 23, and uses skilled communication to ask the patients permission to bring in the BHC.
- For her third scheduled patient, she meets in a follow-up visit for 30-minutes with a patient who has recently struggled with chronic major depression and managing her diabetes. Together they reviewed the patient's progress since their last visit. Specifically, they discuss the patient's self-care plan including daily monitoring of blood pressure with her home cuff and testing and tracking glucose daily. She had previously rated at an 8 of 10 on level of "importance" and a 7 of 10 on confidence in meeting these goals. The BHC reflected back to patient, the patient's feeling and exact words of satisfaction, "I knew I could do this" in following through with these goals. As they talked, the BHC recognized the patient was struggling following through with her self-care plan to combine physical activity walking 5 times a-week for 30 minutes with her goal for scheduled pleasurable activity to complete at least 2 of those walks with her supportive friend. After some discussion with the BHC using the Motivational Interviewing skills of importance and confidence, the patient set a new self-management goal of walking 3 times a week for 30-minutes by herself, and setting a pleasurable activity goal of meeting her friend for coffee 2x a week and walking to the coffee shop one of those times to help meet her walking goal. The patient rated the importance of these activities at a 7/10 her confidence. Together, they set a time to follow-up in a month, and the BHC would call her in 2 weeks to see how it was going.
- For her fourth scheduled patient, she meets for 40-minutes in a follow-up visit with a 30-year-old male with Type I Diabetes, Obesity, poorly controlled hypertension, and Alcohol Use Disorder, in early recovery. The patient has made significant strides in better stabilizing his Diabetes through regular check-in with Endocrinologist, his PCP, diabetic educator, and self-monitoring, as well as his abstinence from alcohol. Their discussion focus is on what the patient wants to discuss, which is his ambivalence about AA, and subsequent declining attendance, as well as his continued panic disorder symptoms (related to ambivalence about AA

meetings). The clinician uses motivational interviewing skills to address patient's goals of staying sober, improving depression symptoms, the barriers, and his own self-selected goals towards this.

Narrative Description

Integrated Behavioral Health clinicians have a deep and broad range of skills, and engage in wide range of activities throughout their day. While providing treatment for mental health disorders is their core job duty, IBH use their clinical skill to engage clients about health-related behavior change. In terms of providing treatment, IBH clinicians who have the proper training may also provide treatment to patients with substance use disorders, as well as adjunct therapies for those with chronic pain and other chronic diseases.

Additionally, through formal and informal interactions, behavioral health clinicians disseminate helpful knowledge to their co-workers and influence the culture of an organization. More specifically, behavioral health clinicians expand their co-workers' understanding of behavioral health issues in the broader context of health.

Behavioral health clinicians provide added value to the team by addressing the factors that inform the assessment and treatment of depression, anxiety, addictive disorders, and chronic pain within the broader context of a biopsychosocial and contextual model ; they can help staff build greater compassion and specifics skills for effectively providing care for those with challenging personality disorders, trauma, and schizophrenia; they can even give information about effective parenting strategies. Behavioral health clinicians who have an understanding of their role realize it as a huge responsibility - they have the potential to do exponential good, above and beyond the services they provide to patients.

Within the BHICCI, the IBH clinician aspires to have the knowledge base, attitudes, and skills of any IBH working with a larger, possibly less at risk population in the aggregate; however the IBH clinician's target population is much more narrow and targets a specific population whose care is typically fragmented, includes multiple chronic conditions including behavioral health and substance use disorders, and utilizes high cost services such as the ED and hospitalization at unusually high rates.

Despite the more narrow target population focus of the BHICCI IBH Clinician, s/he still practices from the perspective that the relationships between healthcare team members are related to patient safety, clinical outcomes as well as staff/provider job satisfaction. For these reasons, developing quality relationships with other staff members is one of the most important tasks for a behavioral health clinician, and typically they spend purposeful time creating these trusting relationships, often providing support for the development and maintenance of the team's relational health.

Available Resources

The links below are useful resources:

1. BHICCI Site Self-Assessment (SSA)
   http://bhintegration.com/tools/
2. Core Competencies for Integrated Clinicians
   http://www.integration.samhsa.gov/workforce/Integration_Competencies_Final.pdf
3. Integrated Behavioral Health Partners for framework and tools
   http://www.ibhpartners.org
4. 10 things health centers can do to enhance behavioral health integration
   http://www.blueshieldcafoundation.org/sites/default/files/covers/Enhancing%20Behavioral%20Healthcare_10_Things_May2015FINAL.pdf
5. Integrated Behavioral Health Manual by Elizabeth Morrison, LCSW, MAC, on iTunes/IBooks
   https://itun.es/us/-TvU-.l

BHICCI Plan for Learning / Teaching / Coaching

1. Clinic leadership, medical directors, and program planners READ the materials on Integrated Behavioral Health.
2. Review and discuss the results of your organization's BHICCI Self-Assessment on Behavioral Health Integration and discuss with the practice coaches.
3. Clinic staff and clinicians ATTEND OR VIEW in person training / Webinar on basics of Integrated Behavioral Health.
4. Encourage two highly engaged clinical team members such as a nurse and behavioral health clinician to attend the next Motivational Interviewing Training.
5. Follow up Coaching (call, in person or materials sent) with JCC team based on unique Integrated Behavioral Health needs for the BHICCI Team.

How will Competence in this area be Measured?

Following completion/verification of the above learning/teaching/coaching plan, each clinician will have the opportunity to practice his/her new skills under supervision. Following this, the supervisor will rate the clinician's competency in each of the following by:

1. Case discussion of 3 or more complex care patients, or
2. Chart review of 5 or more patients, or
3. Direct observation of clinician interaction and conversation with patients/clients and other departments.
4. Direct observation of clinician facilitating team meetings and providing team trainings.

COMPETENCY AREA	EVIDENCED BY	SUPERVISOR'S RATING*
Clinicians will demonstrate ***empathic*** effective communication	Evidenced by: • Consistent attention to demonstrating empathy non-verbally with eye contact, mirroring expressions, leaning posture and others • Effective use of verbal empathy conveyance skills such as affirming, acknowledging, and normalizing with patients/clients • Reliance on open ended questions in interactions with patient/clients • Consistent use of reflective listening in interactions with patients/clients	1 2 3 4 5
Clinicians will demonstrate efficacy in Motivational Interviewing	• Acknowledges the perspectives of the patient/client during initial discussions, deciding on intervention strategies, and the development of the formal plan • Motivational interviewing strategies are used to help patient/client identify what has worked in the past. • Demonstrates the use of rolling with resistance in patient and staff interactions. • Provides two trainings to his/her team of 6-12 colleagues on the basics of empathy conveyance and motivational interviewing techniques through participant small group practice	1 2 3 4 5
Supervisors: Facilitates huddles, caseload consultation and meetings	• Is effective in facilitating team meetings. • Demonstrates knowledge and proficiency with case consultation model. • Ensures that all disciplines are heard in huddles, team	1 2 3 4 5

effectively.	meetings and case consultations.	
Clinicians will demonstrate excellent skills in provider and staff focused consultation	• Effectively educates the healthcare team about behavioral health conditions and symptoms, concepts and principles • Demonstrates a willingness and ability to provide informal 'curbside' consultation to staff and providers regarding patient's behavioral health issue, when asked • Demonstrates and understanding of provider/staff focused consultation, attending to the needs of the healthcare team member who sought consultation, as well as providing clinical consultation regarding the patient in question.	1 2 3 4 5

*1= Excellent results with no need for prompting or support.
3 = good results and/or required some prompting or support.
5 = required much support and/or was unable to complete necessary skills.