Models of Integrated Behavioral Health Care

Carlton D. Craig, Ph.D.
Vernon R. Wiehe Endowed Professor in Family Violence
University of Kentucky
College of Social Work
Carlton.craig@uky.edu
(859)-257-6657

Objectives

- Discuss definition of Integrated Behavioral Health Care
- Overview of Models of Integrated Behavioral Health Model
- Discussion of social work’s role for each model of Integrated Behavioral Health Care

What is Integrated Behavioral Health?

- Integrated Behavioral Health (IBH) is the systematic coordination of general and behavioral healthcare.
- There are several models of IBH and as the practice continues to expand, there will be many more.
- Integration requires coordination and changes across an organization’s workforce, administration and clinical operations.
- It involves changing policy and procedures, credentialing, and even changes in the structure and permissions of the medical record.
- Behavioral Health professionals and Primary care providers will need access to each other’s records to ensure continuity of care.

SAMHSA, 2015
SAMHSA IBH Competencies

- Interpersonal communication
- Collaboration and Team Work
- Screening and Assessment
- Care Planning and Care Coordination
- Intervention
- Cultural Competence and Adaptation
- Systems Oriented Practice
- Practice Based Learning & Quality Improvement
- Informatics

(SAMHSA, 2015)

Five A’s

Glasgow et al. (2002)

- Assess phase
  - Gathering information on physical symptoms, emotions, thoughts, behaviors, environmental variables
- Advise phase
  - Describing to patients their options for intervention based on information gathered in assessment phase
- Agree phase
  - Patients decide on their course of action on the basis of the options discussed
- Assist phase
  - Help patients learn new information, develop new skills, solve problems, and overcome barriers to change
- Arrange phase
  - Specifying when or if patients will follow up with the BHC, PCP, or with a specialty mental health provider

Five A’s Model

Glasgow et al. (2002)

Assess

Advise

Personal Action Plan
1. List goals in behavioral terms
2. List strategies to change health behaviors
3. Specify follow-up plan
4. Share the plan with health care team

Assist

Agree

Arrange

Personal Action Plan
1. List goals in behavioral terms
2. List strategies to change health behaviors
3. Specify follow-up plan
4. Share the plan with health care team
Social Workers may have different roles depending on the model of care. Social workers often provide clinical case management (also called care management) in which the social worker assists the client in connecting with resources and services to aid them in meeting their needs. Social workers also provide screenings and assessments to identify issues and concerns. Social workers may also provide brief therapeutic interventions to clients. Social workers also provide education and training to other health care providers on matters related to psychological issues.

Social Work Role

1. Collaborative model between separate providers.
2. Medical services provided within a Behavioral Health setting.
3. Co-location (this is common among our sites)
4. Disease Management (this is common among our sites)
5. Reverse Co-location
6. Unified primary care and behavioral health (Also known as the Cherokee model)
7. Primary Care Behavioral Health
8. Collaborative System of Care (SAMHSA, 2015)

Integrated Behavioral Health Models

1. Collaborative model between separate providers.
2. Medical services provided within a Behavioral Health setting.
3. Co-location (this is common among our sites)
4. Disease Management (this is common among our sites)
5. Reverse Co-location
6. Unified primary care and behavioral health (Also known as the Cherokee model)
7. Primary Care Behavioral Health
8. Collaborative System of Care (SAMHSA, 2015)

Collaborative model between separate providers

In this model, providers practice separately and have separate administrative structures and financing/reimbursement systems. This model requires the least amount of change to traditional practice, and, in many circumstances, it may be the only option available in the short run. This model is often used as the “first step” toward more integration opportunities.

Social Workers

Within this model typically provide case management to assist in coordinating health care for patients. The Social Worker may be employed by either the health provider or the behavioral health provider. Often this case management includes collaborating with the patient’s providers (both mental health and behavioral) as well as other resource agencies and sharing information with all providers involved in the patient’s care. (SAMHSA, 2015)
In this model only the medical providers are directly involved in service delivery. Consultation-liaison is used in which the medical provider delivers the behavioral health service while receiving consultative support from a behavioral health professional. (SAMHSA, 2015)

Social Workers
- consult with medical providers in this model.
- They may provide training and technical assistance to the medical providers and medical providers may refer patients who need more extensive behavioral health intervention to the Social Workers.

This model has both the primary care provider and mental health provider sharing space but functioning as separate services.
- This model uses specialty mental health clinicians who provide services at the same site as the primary care provider.
- This model is also an important step for many providers who are interested in moving toward a more integrated model, however, there is limited contact between primary care and behavioral health providers (SAMHSA, 2015).
- Social Workers
  - in this setting typically provide case management as well as more traditional outpatient psychotherapy.
  - However, patients in this setting typically already have contact with the physician so referring a patient for medication by the primary care doctor may be quicker than in a traditional outpatient setting.

In this model a care manager provides follow-up care monitoring of a patient’s response and adherence to treatment.
- The focus is on early identification in primary care populations that are at risk for chronic diseases and the provision of education and brief interventions.
- This model is similar to the Co-location model but the behavioral health services are more focused on working within a primary care setting, and referring significant and serious mentally ill patients to specialty mental health providers (SAMHSA, 2015).
- Social Workers
  - work as case managers and also provide brief therapeutic interventions.
  - Social workers may also provide screenings of identified patients.
In this model, the primary care provider is on-site in a psychiatric specialty setting to monitor the physical health of patients. The focus in this setting is to improve the overall health care for persons with severe and persistent mental illness. Patients with serious mental illnesses are at increased risk of medical co-morbid illnesses and in this setting a healthcare provider is typically available in the mental health specialty clinic to follow up on serious health concerns. This setting also allows increased collaboration between physical health providers and behavioral health providers. This is especially advantageous if a patient is able to have an appointment to see a primary care provider and a behavioral health provider on the same day in the same location (SAMHSA, 2015).

Social Workers in this setting provide fairly typical outpatient treatment along with case management, although there is increased opportunity to collaborate and engage with primary care providers and include them in treatment plans.

Psychiatric services are part of a larger primary care practice. The hallmark of the model is the integration of clinical services combined with the integration of administration and financing. In this model, all providers interact regularly and are able to provide “full-service primary care and full-service psychiatric care in one place. Very rarely do patients in this setting require an outside referral as most needs can be met onsite in an outpatient setting (SAMHSA, 2015).

Social workers in this model typically run team meetings with providers and are responsible overall for the case management. In addition, they may provide outpatient therapy services. They are part of the treatment team and interact with other providers, both behavioral medicine providers and primary care providers.

In this model, behavioral health is a routine part of the medical care provided. The behavioral health care provider is a part of the primary care team not part of specialty mental health. In this setting, any patient coming in for care is just as likely to see a behavioral health clinician as a nurse during a routine office visit. The patient’s primary care provider is the principal “provider,” and the behavioral health clinician may temporarily co-manage the patient with the primary care provider, until if/when a patient is referred to the clinician by the primary care provider (SAMHSA, 2015).

Social Workers in this model provide case management, consultation and traditional outpatient clinical services. They work closely with the primary care providers to insure collaboration of care.
This model is a hybrid model but is recognized by its use of an integrated model with a collaborative system of services. This model is similar to the Wrap around model. This model has been identified as being successful for patients with significant mental health needs who also require more specialized mental health services than typical primary care settings can provide. This model develops very specific and individualized plans of care for high-risk patients across multiple service agencies.

Social Worker
- is responsible for developing the care plans as part of extensive case management services.
- The Social Worker serves as a liaison between the patient and all of the patient’s service providers.

Collaborative System of Care

Screening (S)
- Universal annual screening - identified issue referral to IBH
- 75-85% will not need further assessment
- Primary goal is to identify unhealthy substance users early not necessarily those with substance abuse disorders

Brief Intervention (BI)
- Provides feedback about unhealthy substance abuse
- Focuses on education, increasing patient insight about risks related to unhealthy substance use
- Enhances motivation toward healthy behavioral change

Referral to Treatment (RT)
- Helps facilitate access to addiction assessment and treatment
- About 5% will be referred to more in-depth treatment (SAMHSA, 2015)

SBIRT

SAMHSA, 2015