Barriers to integrated behavioral health

Achieving integration of behavioral health services can be a challenge for school-based health centers. They may have limited resources for this kind of care, including space and staffing of mental health providers. Communication and collaboration between physical health and mental health providers may be hampered by professional cultural differences, busy schedules with time-stretched appointments, billing and payment issues, and barriers to sharing medical records.

Strategies for integrated behavioral health

Learn what integrated behavioral health looks like.

- Integrated Care is “the systematic coordination of general and behavioral healthcare.” (SAMHSA) With an integrated care approach, providers and health professionals simultaneously address the mental and physical health of a patient, treating the patient as a whole person.
- Multiple models for achieving integrated behavioral health in primary care exist, with each having slightly different components or focus areas. Investigate the options and think about which might be best for your clinical setting.
- Assess your current level of collaboration with this standard framework, which presents six levels of collaboration from coordination to co-location to integration. Other Integration assessment tools can also help to assess your current level of collaboration. This is an important first step in determining the key steps to take toward integration.
- Refer to this table to better understand the differences between specialty mental health and integrated behavioral health.
- For most clinics, practicing integrated behavioral health requires a long-term transformation over at least 6 months to several years. Knowing this from the beginning can help to prepare for the transition.

Build your team and define their roles.

- Behavioral health practitioners are often social workers, licensed therapists, psychiatric nurses, nurse practitioners, other Master’s level mental health providers.
- One recommended staffing ratio is at least 1 behavioral health provider for every 4 medical providers.
- Plan for behavioral health providers to spend 50-75% of their time on direct service and leave the other 25-50% for proactive follow-up phone calls, emails, or texts and talking to parents.
- Clearly define the job duties for both new and existing positions in the health center. See these sample job descriptions for a care manager and a psychiatric consultant from the Collaborative Care Model. Additional care manager descriptions can be found here.
- Ensure that the entire staff fully understands the role of the behavioral health specialist as a mental health counterpart to a primary care provider. Staff and providers should understand that complex mental health issues
will still need to be referred to psychiatry, but the behavioral health specialist can play an active role in coordinating and helping patients navigate those referrals.

- Schedule adequate time for team building, including staff retreats and activities during staff meetings, in order to build trust amongst all staff and providers to ease the transition into the new workflows and model of care.

**Orient staff to integrated behavioral health.**

- Present integrated behavioral health as a population health effort. Educate team on clinical benefit and financial viability.
- Make sure all staff have a clear understanding of what behavioral health services are and when they are appropriate to use as well as the roles of all staff and providers. Consider sharing a glossary of care delivery system terms, mental health related terms, and staff roles (pg. 27-28).
- Share new workflows (pg. 16-20) for referrals to behavioral health with medical providers and other mental or behavioral health providers in the school or clinic.

**Create clinical workflows and plan for administrative needs.**

- Create a schedule that allows for 15-30-minute appointment slots for the behavioral health provider while also leaving half of the slots open for same-day access through walk-ins, warm handoffs, or “curbside consultation” as needed by the physical health providers.
- Provide language for staff to use when introducing new behavioral health services to patients. This script can help primary care providers refer to behavioral health, and the behavioral health provider can use this script to introduce themselves to the patient.
- Create templates for behavioral health chart notes. See these examples of initial and follow up notes.
- Research potential avenues for reimbursement for behavioral health services, keeping insurance limits on number or frequency of appointments in mind.
  - Think about billing from the physician side or having a behavioral health provider who can do (and bill for) therapy.
  - See this resource for information on billing for integrated services. This resource is specifically for SBHC behavioral health coding.

**Create a culture that encourages all providers to screen for both mental and physical health.**

- Build questions about both physical and mental health into intake forms for medical and behavioral health services so that every patient is asked about depression, anxiety, their most recent well visit, immunizations, and physical health concerns. This ensures that all providers are reminded to consider both the physical and mental aspects of a patient’s health.
- Have patients complete a standardized risk screening tool confidentially. This is an evidence-based way to get honest answers from your patients about their health behaviors and helps providers to focus their counseling on topics that are relevant to that particular patient. The Rapid Assessment for Adolescent Preventive Services (RAAPS) is one example of a validated standardized risk screening tool.
- When a risk screening tool indicates a need for further screening, use the PHQ-9 modified for teens to assess for depression, GAD or SCARED for anxiety disorders, MDQ for bipolar disorder, SBIRT or CAGE-AID for substance use, and Vanderbilt for ADHD.
- Screen only for behavioral health issues your health center has the resources to address or refer out for.
- Primary care providers should be familiar with and willing to prescribe psychotropic medications.
Establish systems for communication and coordination of care between providers.

- Schedule daily structured consultations, huddles, or reports among all providers and staff to ensure everyone involved in patient care knows what they need to know about each patient coming in that day.
- Providers should also communicate through the EMR. Behavioral health providers should write a chart note for each visit. Behavioral staff should be available for warm hand-offs. These direct, personal introductions to behavioral staff by the medical provider confer trust and encourage patients to keep their behavioral health appointment. Sample warm hand-off scripts can be found here.
- Develop forms to communicate treatment plans, treatment progress, and outcome expectations among the medical and behavioral health providers and parents. If you already have after-visit forms built into your electronic health record, ensure that they capture plans and progress of both physical and mental health.
- Schedule weekly time for systematic caseload review with on-site medical and behavioral health providers, and if possible your consulting psychiatrist(s), to identify patients in need of more attention and proactive management.

Educate patients on behavioral health services and set expectations.

- Ensure that patients understand that behavioral health providers can do therapy or skill-building and also work with patients on health behavior change like stress management, medication adherence, or healthy eating.
- Share mental health information and resources with youth and families through posters, brochures, fact sheets, and videos that emphasize the importance of mental health. Update existing patient materials to tie in behavioral health services. Here is one example of a pamphlet on behavioral health in primary care.
- Provide written behavioral prescriptions for behavior changes or referrals.
- Ensure that patients understand that they will not receive traditional long-term therapy from behavioral health and that they may receive follow-up phone calls.

Maximize patient participation and engagement.

- Schedule same-day initial behavioral health appointments and follow-up appointments within 2 weeks.
- Offer evening appointments and allow time for walk-ins with the behavioral health provider.
- Send routine reminder texts prior to appointments and follow-up calls after missed appointments to address any concerns or barriers.

Discuss confidentiality of mental health care for adolescents.

- Understand confidentiality and minor consent laws in your state related to mental health services. An overview of Michigan consent laws can be found here.
- Because adolescents may change their minds about disclosure of information to their parents, update minor consent forms regularly. Many providers will review consent laws at every visit, updating any changes in the patient’s chart. For those that have an official signed document, consider updating at the same visit when risk assessment screenings are updated.

Involve parents in mental health care for adolescents with appropriate patient consent.

- Add behavioral health services to your general release form using language like, “The adolescent may be seen by the Behavioral Health Consultant and receive available behavioral health services.”
- Encourage adolescents to partner with their parents on their mental health care whenever feasible. Offer to help facilitate conversation between a patient and parent, if needed.
- Involve parents in their child’s mental health care with appropriate patient consent.
Reduce stigma of accessing behavioral health services.

- Ensure that all staff and providers use neutral terminology like “coping skills,” “counseling,” and “stress,” rather than “psychiatric problems” or “mental illness.”
- Refer to behavioral health providers as counselors rather than psychologists or mental health specialists.
- Instate campaigns throughout the school to bring awareness to mental health issues and the services available at the SBHC. This is also a great opportunity to have your Youth Advisory Council, or YAC, take the lead.

Introduce new behavioral health services to the community.

- Talk about changes within the health center regarding integrated care at your community advisory committee meeting and with your youth advisory council.
- Give brief presentations at school meetings with all staff, school counselors, and school mental health providers on your integration model to ensure that staff are aware of the services and approach to care provided by the SBHC.
- Hand out flyers at school events so that parents, community members, and stakeholders have a full understanding of the SBHC’s integrated approach to care.

Maintain an updated list of specialty mental health referral resources for severe cases.

- Keep specialty mental health referral lists up to date; consider assigning this task to a student or intern.
- Establish guidelines for when to refer to specialty mental health so that referrals are made in a standardized fashion.
- Consider telepsychiatry as a referral option in remote areas or areas with few mental health specialists. The Michigan Child Collaborative Care (MC3) program is one option that offers telepsychiatric support to providers in Michigan.

Additional Resources

- Review the slides from a presentation on SBHC Integrated care for a great overview of the real steps taken by one organization in Oregon.
- Understand the foundational principles of integrated behavioral health.
- View this video for a short introduction to collaborative care.
- Walk through this integrated care decision flow chart for behavioral health integration.
- Review the Evolving Models of Behavioral Health Integration in Primary Care report.
- Use this free implementation guide from the University of Washington AIMS Center that walks through the whole implementation process in detail and includes resources you can use to assess organizational readiness, consider administrative readiness, plan clinical workflows, and more.
- Consider using these sample interview questions for a behavioral health provider.
- Utilize these extensive, well-organized resources to aid primary care providers in mental health diagnosis and screening. Also, provide them with this information for commonly prescribed psychotropic medications.
- Consider having providers participate in the University of Michigan School of Social Work web-based Certificate in Integrated Behavioral Health and Primary Care.
- Explore these additional training opportunities: University of Washington AIMS Center, University of Massachusetts Center for Integrated Primary Care, and Cherokee Health.