

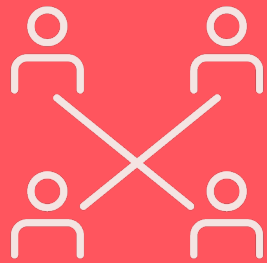
The background features a dark blue field with several interlocking gears of various sizes. Silhouettes of hands are shown holding and adjusting these gears, symbolizing teamwork and system integration. A red vertical bar is on the left, and a red circle is in the bottom right corner. The text 'INTEGRATED BEHAVIORAL HEALTH 101' is centered on the left side.

INTEGRATED BEHAVIORAL HEALTH *101*



What is IBH?

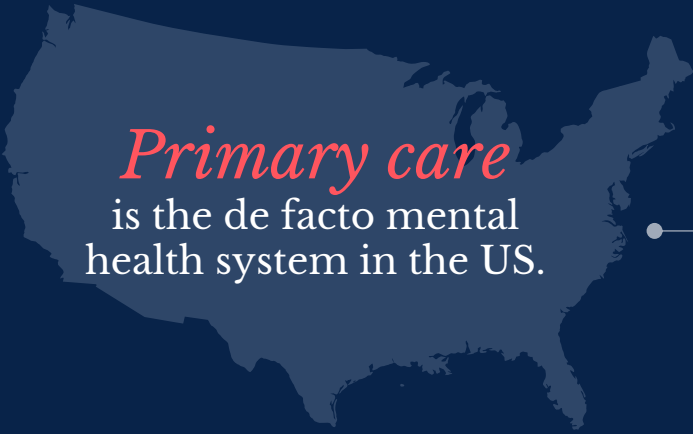
BH clinicians, case managers and psychiatrist are embedded within the medical setting. Patients can make their own appointments or can be referred by any staff or the medical provider.



Patients can get BH care on the same day as they see a medical provider, or at different times. BH and medical providers are on the same team, on the same EHR and communicate regularly about shared patients.

Why do it?





Primary care
is the de facto mental health system in the US.



PCPs prescribe
80%
of psychotropics

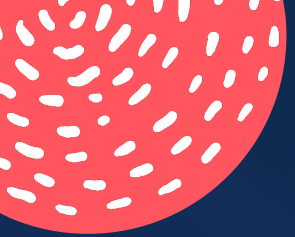
Most people with BH needs
never seek help
in a mental health setting.

People prefer to see a counselor at
their primary care site.

Health outcomes are better
when BH conditions are treated
concurrently with medical conditions.



Medical provider job satisfaction improves due to having support in helping people with behavioral health needs, knowing patients are getting the care they need and multidisciplinary comradery.



What do BH clinicians do?

BH clinicians have different experience and training, however most can *assess*, *diagnose* and *treat all mental health conditions*, as well as:



Adjustment
Disorders



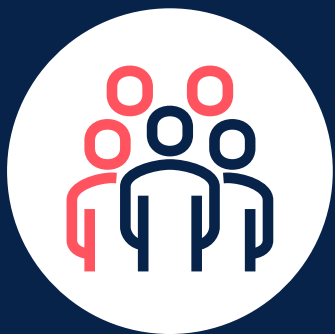
Stress & parenting
difficulties



Childhood
behavioral health
conditions



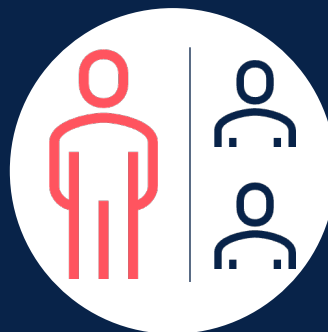
How many BH
clinicians should
we hire?



60%

of the Medicaid population have behavioral health needs.

This means at least
1 BH provider
to every *2 PCPs.*



Most primary care organizations take a *few years to get up to this ratio.* The staffing plan should include operational staff to support Behavioral Health Services.





Who do we hire?



Licensed Clinical
Social Workers
& Associate
Social Workers



Licensed Psychologists
& Licensed Marriage
and Family Therapists



BH Case Mangers &
Care Coordinators



Psychiatrists and
Psychiatric Nurse
Practitioners



How does it
get paid for?

Behavioral Health Integration is sustainable, and often profitable. Behavioral health providers bill public and commercial insurances in a fee for service model, or at FQHC's, they bill the same PPS rate as physicians.



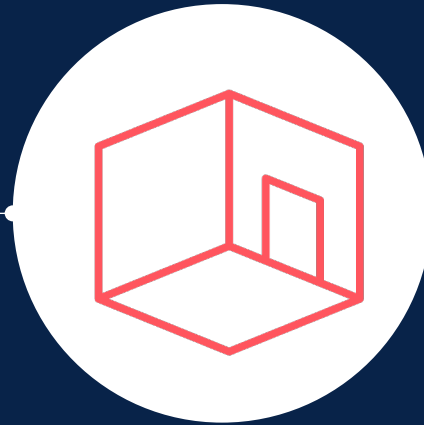


What about space?

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Behavioral Health Treatment Room

Behavioral Health treatment rooms are ideally located as *close as possible to the medical exam rooms.*



It is important to be purposeful about BH treatment rooms, as the environment effects health outcomes. *The behavioral health treatment rooms need to have couches or soft chairs, soft lighting, a desk, and children's toys.*

What is so
hard about it?





Medical systems and behavioral health systems are very different cultures. It takes very purposeful planning, implementation and maintenance to integrate two cultures, ensure mutual respect of strengths and differences, *and avoid BH being subsumed into medical culture.*

What are the most important things to be successful?



Hiring the right BH people- those who like doing something different, working at a faster pace, can work on a team, and are strong clinicians.



Hiring a *Chief Behavioral Officer*, not just clinicians who answer to a medical leader

Hiring enough BH clinicians to meet the need (not just a few).



Ensuring operational & administrative integration, not just clinical integration.

For more useful resources
please visit:



www.emorrisonconsulting.com