Collected Wisdom:

Insights and Experiences from Integrated Behavioral Health Leaders

When I started out in this field more than 14 years ago, the world of integrated behavioral health in the medical settings was young. With some notable exceptions, such as in hospice and HIV programs, there were very few medical organizations that had behavioral health integrated into their services. A handful of us behavioral health leaders who were working in FQHCs were trying to figure out how to change this. We were in contact with each other through a learning community and our meetings often had the feel of ex-pats in a foreign country. We were all either the only person, or one of two people, in behavioral health departments in large medical organizations. We were all trying to find a way through learning how to develop, implement and lead behavioral health services.

Since then, those original leaders have grown and evolved, as have the behavioral health departments they started. I've remained colleagues and friends with them and have been lucky enough to meet many other wonderful integrated behavioral health directors over the last decade. I've received so much from all of them: support, friendship, encouragement, and new strategies and ideas.

At the beginning of January 2019 I began an endeavor – to pick the brains of these colleagues and share their wisdom with others. I reached out to about a dozen of them – some who had been directors for over a decade, some who were brand new to their positions, and some who fell in-between.

They were all leaders who I had been able to work with in some way over the years and whose experience, insights, perspectives and ethics I deeply respected.

I asked them three questions:

1. If you could go back in time, what is one piece of advice you would have given to yourself when you were starting out as an IBH leader?
2. What did you think was the single most important factor in the success of behavioral health services in a medical setting?
3. What else would you like to share with others who are figuring out how to lead in the IBH field?

I received answers that fell nothing short of my expectations for these incredible people. They identified embracing the change process, finding allies in the medical leaders of organizations, and hiring the right behavioral health staff as being critical to success. Not surprisingly, the paramount importance of collaboration stood out, as well as the importance of having a good mentor, and collegial support from others in similar positions. Many colleagues mentioned the importance of not just making the business case for integration, but also being able to actually make it work in practice. Perhaps this last theme speaks to the evolution of integrated behavioral health in primary care settings - we have moved beyond finding leaders who can simply justify its importance and, instead, now look for leaders who can financially structure services in the most effective way possible.

I want to thank Holly Hughes, Michael Mabanglo, Sam Fernandez, Mimi Lind, Rosalba Serrano Rivera, Tanya Diaz, Mary Ellen Westerberg, Shaina Gonzales, Susanna Farina, Alfonso Apu, John Bachman, Alex Abarca, and Lizzie Horevitz for finding the time in the midst of their busy schedules to share such thoughtful responses. I am grateful to all of you!

I wanted to also share a message to the many highly skilled, effective and dynamic integrated behavioral health leaders who I don't know, didn't know how to find, or missed in an oversight: I wish I had your wisdom represented here! If you feel so compelled, please reach out to me to share your insights so that I can include them in a 2.0 version of this document!

- Elizabeth

The Conversation:

If you could go back in time, what is one piece of advice you would have given yourself when you first started as an integrated behavioral health leader?

Lizzie: "Change is slow! It takes time to build trust, mutual understanding, and a shared vision with medical and clinic leadership. Getting buy-in at all levels is critical to building a successful integrated model. Get close with your CEO, COO and CFO early! You don't have to fix everything at once! Set tangible goals for yourself personally, as a leader, and for your department. The best thing I did early on was create a 3-year timeline for my short and medium-term goals. It kept me focused and was a great way to ensure IBH goals aligned with agency goals, overall."

Holly: "*[Like Lizzie said]* be patient, but not too patient, because this is much bigger than it seems and the structures at play are complex. So keep moving, keep leading, but don't get discouraged when what you think is so straight forward and simple turns out to be a heavy lift. Instead, tip your hat to the larger context and trust your gut that you see what needs to change and advocate for that change. And when you get tired, rest. Don't forget to look up and around for examples of hard change happening in other contexts. Draw strength from those examples; create allies in other change agents."

Michael: "*[I would agree that]* I think my instinct around what was better care, best practices, and the direction of IBH was fairly good, although I would have strived more to be integrated and population driven more quickly. I backed off because I felt I didn't have enough CEO support. In reality, I think I could have just done more on my own vs. asking permission or support. I could have used my clout more wisely and with more courage."

Rosalba: "For behavioral health services to be successful, it is so important to have the back up of an administration who believes in behavioral health services and everything it entails. To know that behavioral health services are ever changing and having flexibility is important for the development of the program."

Michael: "I think the biggest advice I would give to my younger self as an IBH leader would have to do with my ability co-create stronger relationships across the organization and community. I would tell myself to be more attentive to which relationships needed nurturing and which were worth letting go, and not just those that were central to my success or the things that I wanted to accomplish. I would also encourage my younger self to scan the environment and relationships more closely. There were times I should have led more and times I wish I had followed more.

Lizzie: One more thing I wish I'd known: building the right team is EVERYTHING. Hire clinicians and support staff that are excited about the mission, open, flexible and willing to take risks. Remember, skills can be taught but personalities are fairly fixed!"

Mimi: "You have to remember that you are totally changing the way mental health is thought of it's not just providing therapy in a silo, next to the doctors. It's really including them, providing healthoriented programing (like diabetes and depression groups, integrating with health education, and dentistry) and not just having mental health staff know the doctors and talk to them more. You also need to hire the right people who are okay with seeing many patients in a day and are interested in health topics – not necessarily long term therapy. Make sure the staff is invested and competent in short term therapy. Train the staff to do quick assessments to triage – and also train them to elicit the patient's feeling/motivations for meeting the BH provider. Lastly, be innovative – think of ways to be totally available to patients for walk ins, crises, etc. – keep wait times low."

Shaina: "*[Personally]*, I would have advised myself on how challenging but rewarding the work would be. I would stress that it is normal to feel "lost" and that it is important early on to seek out support from other professionals. I would also give myself a heads up about the internal organizational stigma I would face when trying to integrate services. We often think about behavioral health stigma from a patient's perspective but feeling it in an organizational setting is really challenging."

Tanya: "*[I would have told myself to]* stay connected with associations focused on IBH (e.g., CFHA, AIMS Center, CCALAC, etc.), consult with other BH leaders, and come to your own conclusion about what works best at your particular site. In addition, knowing yourself, your strengths and areas of needed growth, is just as important as understanding your site. That selfawareness can get tricky when you don't see eye to eye with administrative leaders and frustration sets in. Take a step back when feeling overwhelmed and reach out to trusted colleagues outside your daily work setting for support and feedback."

Alex: "*[for me the advice would have been]* Trust yourself even when you shake. Trust that the anxieties that are felt are alerting you of the important matters that need "tending to." The challenges will bring you to face parts of yourself that could not have been faced before and hence the opportunity to improve the individuation process. Trust the emotional process with the goal of becoming a better version of yourself which will then help you in becoming a better leader."

Sam: "Frankly, I walked into an amazingly supportive and receptive IBH environment made possible both by my predecessor, who persevered when it was painful, and our CEO, who was new at the time, and whose conviction that behavioral health services should stand alongside medical services, and never as an afterthought, was visionary. *[One other]* piece of advice: Stay as attuned to direct patient care as you do to your team and the overall clinic's employees and patients health and wellbeing."

Alfonso: *[I would say]* be "present". I was fortunate to provide services in most of our centers therefore I was able to be present and understand the culture and environment of not only the center but also the neighborhood. I am fortunate that most staff see me as someone they can reach out to. I often hear staff verbalize that administration really cannot relate to line staff because they have not done the work.

Susanna: My advice to those who are embarking on this path as fearless leaders is to not be afraid to share your vulnerabilities. The challenges will be many but in this way the human rewards will make our efforts worthwhile. Do not be silent. Share your voice. Be yourself. And let your example create a culture that everyone will follow.

What do you think is the single most important factor in the success of behavioral health services in medical settings?

Shaina: "It is ABSOLUTELY essential that executive leadership is on board with your vision for integrating services. If the executive leadership vision and your own vision do not align, then integration simply will not be possible."

Holly: "*[With this there needs to be an]* organizational structure that includes behavioral health leadership at the same level as medical leadership."

Tanya: "Having a BH Director is essential when working towards integrated care. As others have mentioned, the BH Director, CMO, CFO, and other clinic leaders need to find common ground and work towards a shared vision in order for there to be IBH services and continued program development. Finding providers who believe in the organization's model or at least want to learn more about it, since it's not taught in our graduate programs, is also what makes an IBH program thrive."

Rosalba: I think behavioral health providers being part of the treating team is very important in having successful BH services. Working together *[with everyone from]* medical providers, to MA's, to health educators, to the front reception staff and those who make appointments, in treating the "whole" person is paramount.

Alex: "*[With this]*, building strong relationships with medical provider leaders and with all medical providers *[is so important].* A relationship based on trust, respect, and servitude (to the patients) has paved the way for successful integration efforts per my experience. This basic principle can enhance the various other practical factors that will be needed; e.g., mental health education highlighting the important of emotional health in healthcare (i.e., ala Felitti with ACEs scores or Dr. Gabor Mate's work), participation in medical team meetings, supervisory meeting integration, mental health advocacy at leadership levels, etc.

Sam: "*[I think]* deep collaborative partnerships between medical and behavioral health *[disciplines is the most important key to success]*. The CMO and BH Director job descriptions should reflect the expectation of coordination and the goal of full integration with all departments (including CFO, COO, QI, IT). This approach should be made explicit at the Board level and thus in the organizational strategy and ethos. Along these same lines, I agree with Holly, the BH Director needs to be a member of the CEO's executive committee and leadership counsels."

Mary Ellen: "*[I agree that]* the single most important thing in success of behavioral health services in medical settings is collaboration! You provide best when others know you are there and the ways in which you can be of service and accessed. Establishing connections allows for the sharing of vision and may not only strengthen service but help in managing expectations. This understanding makes it possible to set realistic, achievable goals. This in turn may enhance interest from others in the medical community and may lead to attracting more talented providers and more patients in general."

Susanna: *[Yes,]* there has to be a mission in what we do and in IBH I think it is being a bridge and being the collaboration. I always thought it funny that in theory we are supposed to meet medical half-way, but the reality of the integration is that the medical side may never have the time or the resources, or the ability, to do that. That was one of my first lessons and if I had allowed myself to be disappointed or give up, I wouldn't have had all those years of meaningful collaboration. Once we accept that we have to meet the medical side most of the way, which is something we are used to in our clinical work anyway so it should come naturally, this is the beginning of a promising relationship. In the efforts to meet the other where they are, we are able to join in collaboration, which is the core of our work. Collaboration is not an abstract concept, but something that has to be felt. Once you have a shared experience and foundation from which to know someone, the work takes on a very different flavor. There is joy in shared experiences that make even the most difficult tasks or situations tolerable or even blissful. This feeling of collaboration or shared experience is something that is missing for many human beings in this world, and medical providers are not exceptions. They can sometimes be so alone in their responsibility and sense of duty that they often forget their own needs. But when collaboration occurs, while providers revel in their shared experience, patients will undoubtedly pick up on this attitude of partnership, and be motivated to engage in something that feels worthwhile and powerful. And what can be a more honorable cause than our health?

Lizzie: "*[In thinking about this question, though, I think it is important to remember that]* "success" can mean different things to different "customers"— what a patient views as most valuable may be very different to what medical providers view as valuable, vs administrators view in terms of defining success of IBH services. Because of that, I think a clear shared vision is key. For example, getting clear on questions like "how do we define integrated care in this clinic?", and "what does our ideal vision of integrated care look like? How is it experienced by the patient? Providers?"

John: "I'd emphasize that *[behavioral health]* services MUST be both clinically and COST effective. Until recently (with the advent of value-based purchasing), behavioral health services were one of the few commodities bought and sold in the United States for which there was no reliable quality measure. (Why would you buy a Honda instead of a Chevy? Because of quality measures that compare automotive reliability!) Treatment outcome and patient satisfaction measures are finally becoming standardized and utilized. I have defined "Value" (of BH interventions) as equal to the outcome of an episode of care divided by the cost of that care; V=O/C. As one economist put it succinctly: the marketplace knows the cost of everything and the value of nothing!! Now and into the future, measurement-based care hopefully will provide the numerator in my Value equation."

Michael: "*[I would echo all of the above. Success involves]* **1)** Being a collaborative respectful, humble partner with a skillset that complements the healthcare leadership team. **2)** Focus on making a significant portion of the patient population's lives better and **3)** demonstrate, through evidence and metrics the value of the service and the financial sustainability.

Alfonso: "I believe what resonates the most for me regarding most important things in building a BH program and lessons learned is a concept which I stay firmly connected to even throughout all this recent growth - I like to call it "growing within". My experiences as an adolescent and growing up in a somewhat supportive neighborhood informs my vision for IBH services. This neighborhood had a central location which was a community center which was used as the center of most of the neighborhood's needs (basic needs, support, gathering and safety). In understanding the dynamics of a FQHC with 19 centers, I always want to simulate a neighborhood environment of having an approachable and safe place for people in a community just like that community center environment I grew up in. So 'growing within' really involves shifting culture, providing education, changing perceptions of staff to trying to find purpose in their job by serving their community or 'Barrio'. To do this I feel I need to be as present and involved in our center as much as possible, constantly sending this message and connecting to this sense of purpose for and with the staff. My main message is that all people deserve quality behavioral health services. I try to be consistent in imparting this concept to the staff I hire as I would like for them to "own" the center they work in and welcome people in the same manner."

What else do you feel is important to share with others who were figuring out how to lead in the integrated behavioral health field?

Tanya: "If the workflow feels uncomfortable as a new behavioral health provider, that's normal, most of us felt that way at first. Put trust in behavioral health providers and their learning process. Behavioral health providers eventually get more comfortable collaborating and interacting regularly with medical providers, we write briefer notes, learn more about psychopharmacology, get our "rhythm and groove" with brief sessions, etc. I also think the BH Director plays a big role with clinicians' morale and level of burnout. I was fortunate to have had a great mentor when I began working in IBH. I remember questioning whether brief sessions or limiting the number of sessions patients were seen was good practice. We read the research and discussed different components of IBH. Because clinicians don't have time to read a ton of articles and discuss them, I make it a point to put power points together and

present that research to staff. This is especially important for behavioral health providers since it will help them understand that brief or 30 minute sessions is not "watered down therapy" and people can benefit immensely from a limited number of sessions. Behavioral health providers may feel more motivated to find ways to make this model work for patients and themselves if they understand it better."

Rosalba: "BH in a medical setting is very rewarding as we see patients that normally would not be seen in our traditional mental health settings. For the first time, they have access to capable mental health professionals, in a healthcare team, treating the whole person, body and mind. In answering the questions, I have been reminded how blessed I am to have had an amazing supervisor/ mentor - this is where my IBH passion grew and the whole idea in treating the whole patient."

Mimi: "Old school therapists have a hard time with this model. And the younger generations are being trained in manualized evidence based treatments that are quite rigid. Having flexible staff and innovators – those open to new ways of doing things – working in a dynamic environment – is key. Also – try to figure out how to balance your work life so you aren't sucked in and working on Saturdays like I am! And – super important – meet with colleagues for lunch. When we are being supervised by doctors (CMO's) you don't have anyone above you who really understands what you do. It's important for directors to meet and brainstorm with other directors. Also as important – network and become friends with the directors of partner agencies where you refer your patients for other services."

Mary Ellen: "I think starting with a small diverse group of leaders at the organization, to establish a foundation and initiate process and program discussions is critical. The first meeting may not have all of the stakeholders present, but others can be added going forward.

Lizzie: "Because of the fee for service model of health care, it is especially critical that IBH leaders can make the business case for their services and partner with CEOs on the value-add of activities not typically valued in medical practice (e.g., time for consultation, case conference, clinical supervision, case mgmt., etc.). Behavioral health care only really gets integrated when BH makes it into the strategic plan. Being "at the table" where these conversations happen and get codified is critical, and sometimes also means being the only one coming from a behavioral health or strengths-based perspective. It is can be challenging to continually take on aspects of medical culture especially to how we understand human well-being, why BH can't see as many patients as medical providers, etc. It can be lonely at the top! It is so important to build a network of other trusted IBH leaders. We are all often struggling with similar dilemmas, and I've

often found some of my best solutions by asking for others' experiences, ideas, or input. There are many different models of IBH out there (collaborative care, PCBH, etc.). At first I spent a lot of time trying to identify what model made the most sense for my setting and struggling with the fact that collaborative care (most evidence based) wasn't billable... I've found that the best model is really one that is responsive to the unique needs of the patient population and the strengths of the clinicians on the team. Be willing to play around with components of various models and strategies and don't be afraid to make changes as you go!"

Alfonso: "I would have wished I was more versed on procedural and financial aspect of developing a BH department *[when starting out]*. I have learned some since I started however I am still impressed when hearing other BH directors talk about financial and more policy issues."

Holly: "During a HRSA site visit, I had time with one of the auditors and I was raising some questions about compliance guidelines and we got to a point where she couldn't answer my questions. So I said, if a medical question arises in an audit that you can't answer, what path do you take? And she said she takes it up the chain to the medical director or lead at HRSA. I asked her about dental *[too, and she gave me a similar answer]*. So then I just sat there... and she got it, that the infrastructure is behind the clinical practice. There needs to be more responsibility taken at higher levels to build the infrastructure to support true whole health practices. It's negligent to not have oversight and structure for BH, and it can't only be the BH Director's responsibility. *[With this]* I'd love to see the whole scale cultural shifts that integrating BH can bring: not seeing people as a collection of problems, and instead just looking at what people need, to accept that our work is just to accept that some people need more touches than others in their life, due to a myriad of factors. We rarely question the amount of money spent on pediatric cancer care, yet we continually question the amount of money spent on those who have traumatic histories, are isolated, and suffer from multiple chronic conditions. This is likely driven by implicit/unconscious bias.

Alex: "*[When I think "what else" I think]* It is time to engage in the next level of BH Integration efforts so that our youth can become more resilient to the negative aspects of our family, local community, and society. Prevention based MH approaches and protocols are what is needed so that we can break down stigma and enhance emotional health education so that mothers/fathers are best prepared in protecting (emotionally/physically) and also best prepared in soothing their children from the inevitability of trauma exposures. The necessary future of BH programs in healthcare clinics is to be more at the forefront in patient's lives; from pregnancy, post-partum, and childhood. Prevention based protocols and approaches that will strengthen the sacred family unit so that our children and our future, is best equipped to overcome the many threats to their health and wellbeing. Our patients need this the most, given the high rates of trauma exposures.

Shaina: "Behavioral Health Integration requires creativity and innovation. This movement is important and will impact our entire healthcare system for generations to come!"

Susanna: When we join with a good, shared purpose there is a tremendous amount of positive energy that we can channel!

Michael: "Oh….I look back on my sentences and am so grateful I got to do many of things with partners and models of inspiration, like all of you. I also feel a little more compassionate toward myself- I was just trying to do the best that I could."