EM Consulting

Integrated Behavioral Health Leadership

In 2004, The California Endowment (TCE) began a small initiative called The Integrated Behavioral Health Project (IBHP). They found eight safety-net primary care healthcare organizations in California that had existing integrated behavioral health service and gave them (very) small grants over the next 3 years to gather data and cultivate learnings from these sites in order to better disseminate and spread IBH practices throughout California. TCE called these eight organizations IBH "Vanguards" for their early trailblazing of the IBH field. All but one of these organizations continued to grow and develop to this day with IBH services, succeeding with long term sustainability while simultaneously deepening and broadening services.

In 2017, the California Health Care Foundation funded a gathering of the behavioral health leaders from these original eight organizations in order to better understand what factors had driven their success and sustainability, as well as what could be learned from the many other organizations in the field that had attempted to integrate behavioral health but only had limited success or outright failed.

What they found was that the number one driver of success was having a strong, effective, behavioral health leader, who had authority, responsibility and a leadership-focused title to match. Additionally, this behavioral health leader served on the executive leadership team, often with parity to the CMO.

Organizations that have had difficulty in sustaining or growing behavioral health services in the primary care setting have often made the mistake of recruiting and hiring a behavioral health clinician who, with little authority, is given the dual tasks of assuming a full case load of patients while also building an entire behavioral health department. Many times, this clinician is only allotted a few hours a week for the administrative and leadership duties required to establish and maintain the behavioral health program and getting little support along the way, as they often report to a middle manager with little decision-making authority.

Transforming the health delivery system to address whole-person health and improve population health remains out of reach if behavioral health leadership is not integrated at the executive level.

The following are important qualities or competencies for a behavioral health leader:

1. A deep understanding of the foundational importance of inviting in, acknowledging, and addressing the emotional and behavioral health needs of patients and families in primary care.
2. An ability to communicate this vision, in a way that compels others to join the movement.
3. An awareness of the deep importance of modeling behavioral health principles, such as relationship-based care, and the importance of empathy and acceptance in relationships.
4. An understanding of the somewhat rigid, hierarchical nature healthcare systems and an ability to work within this structure, while also actively working to enhance relationship-based, collaborative and cooperative structures.
5. A history of being able to influence others and make significant cultural changes within organizations.
6. An understanding of the larger goal of culture change within primary care, not only for patients and their families, but also for employees.
7. Bilingual: Ability to speak both behavioral health and medical languages; or an understanding that they are different and a willingness to learn.
8. A practicing, licensed clinician, with clinical expertise as a generalist, including working knowledge of the substance use disorder field and of the behavior change field (motivational interviewing, etc.).
9. Ability to tolerate and thrive in ambiguity, failures and setbacks.

The following are recommendations to ensure behavioral health leaders are effective. Often the best way to "test"' how behavioral health leaders are treated and thought of is to see if the same categorization would work for a CMO.

1. Recruit and interview the same way for a behavioral health leader as for a CMO. Getting the right person for this position is so incredibly important. It may be useful to use a recruitment firm.
2. The behavioral health leaders should be a licensed practicing behavioral health clinician, just as a CMO should be a licensed physician. It is difficult for clinical leaders to have credibility with their direct reports if they are not also practicing.
3. Ensure seeing patients is not their main role. Administrative time should be between 1-4 days a week, depending on number of direct reports, size of the department, leadership responsibilities and norm at the organization for other clinical leaders.
4. Consider other service lines that may belong best in the behavioral health department, including: Housing Assistance (and other social determinants of health work), Psychiatry, Substance use disorder programs, Health Education, Maternal Health, Complex Care Programs, HIV programs, etc.
5. Make the title match. "Director of Behavioral Health" or "Chief Behavioral Health Officer" is most effective. Avoid the term "Manager".
6. Ensure the behavioral health leader is on the senior leadership team. This is the most efficient and effective way to ensure the transformation of the health delivery system.
7. Avoid the use of the word "program" in the job title and in general when talking about behavioral health services. Core services are not a program.
8. Ensure the behavioral health leader is at the table when EHR decisions are made, as well as when there are new sites rented or built. Decisions made in the early stages of both have long term impacts on behavioral health services at the organization.