

MICHIGAN ACTION LEARNING NETWORK (ALN) PRIMARY & BEHAVIORAL HEALTH INTEGRATION FOR CHILDREN & FAMILIES

Practice Brief 4

January 2016

BEHAVIORAL HEALTH CONSULTANTS: THEIR VITAL ROLE IN INTEGRATION

Primary and behavioral care integration is a rapidly emerging avenue for improving healthcare quality. A key strategy for integration is the addition of behavioral health providers, often called Behavioral Health Consultants (BHCs), in primary care settings. Although care integration initiatives vary considerably in their approaches, many are placing BHCs directly into physician practices as a cost-effective approach to patient-centered care. This practice brief describes the role and responsibilities of BHCs and the value

this approach can bring to care integration initiatives.

This practice brief is the 4th in a series of briefs resulting from the work of the Michigan Action Learning Network (ALN). The ALN was formed in 2013 by a group of Community Mental Health Agency Children's Services Programs representing Kent, Kalamazoo, Saginaw, Wayne, and Clinton/Eaton/Ingham counties for the purpose of identifying strategic action around primary and behavioral health integration for children.

INTEGRATED CARE IN A SHARED SETTING

"More care for mental health, behavioral health, and substance abuse is provided in primary care than any other health care setting" (*Journal of the American Board of Family Medicine*; www.jabfm.org/content/2=/111.fullpdf+html). As we are learning in Michigan, embedding behavioral health care in the primary care setting supports the management of population health and wellness. In such practice settings, this level of integrated care includes a team of primary and behavioral health clinicians working together with families. Teams address health behaviors associated with conditions such as diabetes, asthma, obesity, stress-related physical symptoms, and life crisis, as well as ineffective health care utilization.

The goal of an integrated care intervention is to improve patient functioning in the context of routine medical care. Integrating behavioral health services into primary care can improve health and wellbeing by:

- identifying and responding to behavioral issues that affect health status, such as childhood trauma;
- educating and skill building for children, youth, and families around managing physical conditions; and

- consulting with medical providers on the impact and management of behavioral health issues.

"A key component to improving outcomes and reducing cost is through addressing behavioral health conditions. As we continue to expand health care beyond the medical provider, BHCs will have a growing role in care teams." *Rebecca Cienki, MPH, CAE, Chief Operating Officer, Michigan Primary Care Association*

BHC ROLE AND RESPONSIBILITIES

The role of BHCs differs significantly from that of traditional outpatient therapists or medical social workers. BHCs work in teams of primary care providers to identify behavioral health issues as well as quickly respond to health behavioral challenges. Such interactions typically last between 10 to 30 minutes. These brief interventions are offered in tandem with the primary care visit as well as in separate, onsite behavioral health appointments akin to brief outpatient treatment. (Read more about evolving models of integrated care at <http://www.milbank.org/uploads/documents/10430EvolvingCare/10430EvolvingCare.html>.)

BHC CORE COMPETENCIES

Several Michigan organizations have identified core competences, as well as education requirements, clinical licensure, credentialing, and training relevant to the population they serve, such as age or risk factor. The core competency categories needed by the workforce in integrated care have been described as follows:

Interpersonal communication, collaboration and teamwork, screening and assessment, care planning and coordination, intervention (brief, focused prevention, treatment, and recovery services, as well as longer-term treatment and support for those with persistent illnesses), and cultural competence and adaptation. (For details, see http://www.integration.samhsa.gov/workforce/integration_Competencies_Final.pdf.)

BHCs working in primary care also require strong connections to ongoing supervision, support, and training. Becoming a care team member in a patient-centered medical home is a significant change from the outpatient mental health setting. (For more information see <http://www.ibhp.org>.)

WHAT DOES INTEGRATION MEAN?

Integration is a concept that is focused on improved access, quality, and patient satisfaction for both primary and behavioral healthcare and can include:

- Embedding primary and behavioral care in one setting to achieve easier access to services and resources for families.
- More effective communication of information among professionals.
- Better coordination, alignment, linkages, and relationships among care providers.

For families, integrated care can mean receiving information about appropriate developmental stages and skill building in the context of health care. See ALN Practice Brief #1, http://cfs.cbcs.usf.edu/projects-research/_docs/LANbrief1.pdf

COMING SOON: PRACTICE BRIEF #5

Practice Brief #5 will highlight the perspectives of Michigan's pediatric community and ways to address behavioral health needs through partnerships between primary and behavioral health care. Please send comments to Matt Wojack at wojack@ciecmh.org.

ABOUT THIS BRIEF

This Practice Brief was developed by the Michigan Action Learning Network. The brief was supported with funds from Substance Abuse Mental Health Services Administration, Center for Mental Health Services through the Michigan Department of Health and Human Services and in collaboration with the Michigan Primary Care Association. ALN meetings were co-facilitated by Sharon Hodges (Department of Child and Family Studies, University of South Florida) and Suzanne Miel-Uken (Miel-Uken Associates). For more information, contact Matt Wojack at wojack@ciecmh.org.

Please share this brief and other ALN resources at <http://cfs.cbcs.usf.edu/projects-research/detail.cfm?id=491>.



Practice Brief 1



Practice Brief 2



Practice Brief 3



Analytics Guide

BHCs IN MICHIGAN

In Michigan, several ALN members are working with primary care partners to embed BHCs in primary care settings. The BHCs are behavioral health clinicians with master's degrees and specialized training geared toward the population they will be serving. BHCs are Child Mental Health Professionals as stipulated by the Michigan Department of Health and Human Services. In addition to recruiting credentialed individuals, ALN members provide on-going supervision and training to BHCs placed in a variety of pediatric settings. Examples include:

Clinton-Eaton-Ingham Community Mental Health Authority (CEI) has expanded integrated care among primary and behavioral health practitioners, strengthening screening for behavioral health issues and follow-up therapy in local pediatric clinics of Sparrow Health System, Michigan State University, and the Ingham County Health Department. CEI recruits, employs, and trains the BHCs and assures credentialing is commensurate with therapists delivering specialty mental health services.

"Having services in the office where our doctor is located has been very helpful. Teenagers need easily accessible help and before it was hard to find for my kids." Family using integrated care in Ingham County

Detroit Wayne Mental Health Authority has placed BHCs in multiple pediatric settings, including two locations within Starfish Family Services and federally qualified health centers partnership sites (Inkster and Taylor). The authority also created a partnership with Starfish and the University of Michigan (UofM) to meet a crucial need for psychiatric consultation within the clinics and increase access for patients to psychiatric services with the UofM MC3 program. BHCs provide support with screenings, functional assessment, psycho-education, resources and referrals, and behavioral health consultation for the care teams.

Kalamazoo Community Mental Health and Substance Abuse Services has placed a BHC in a local pediatric practice to serve as a liaison for curbside consultation between pediatricians and psychiatrists, coordinating referrals between the practice and public and private mental health services, and consulting with families, providing them with psycho-education, information, and referrals. The BHC is employed by the community mental health agency, which is an asset given their knowledge of behavioral health and the mental health system, particularly familiarity with eligibility criteria and with other community resources.

"Having a BHC in a pediatric setting has been a fabulous way to introduce behavioral health care to patients who are otherwise hesitant. Teens and parents talking with a BHC is a way to introduce the topic of therapy, making it not so scary." BHC, Kalamazoo County

Saginaw Community Mental Health Authority employs a part-time BHC in two pediatric practices comprised of five pediatricians and three nurse practitioners. This has increased social-emotional screening and streamlined the referral and feedback process between Early On and medical clinicians. The focus is on early childhood development and parenting practices, as well as brief and short-term therapy and making connections between parents and community resources. BHCs have provided training to pediatric partners on various behavioral and mental health challenges, including autism spectrum disorder, the use of developmental screens and assessments, and making connections to early childhood community resources.

KEY CHALLENGES IN THE USE OF BEHAVIORAL HEALTH CONSULTANTS

Shifts in practice: The transition to integrated primary and behavioral healthcare involves many changes in attitudes and practice on the part of physicians, nurses, and behavioral health providers. Among these, the team-based approach used when BHCs are embedded in primary care involves changes in patterns of communication and collaboration as well as a move toward family-centered care. This level of integration also promotes a shift in focus to prevention and early intervention for populations of children and families, requiring new skills and the increased use of community resources.

New partnerships: As noted in the Michigan examples above, effective use of BHCs can be enhanced through new partnerships between primary care providers, both private practices and federally qualified community health centers, and the local Community Mental Health Service Provider (CMH). Such partnerships can also help to assure that innovations in the transition to a community's primary behavioral health care approach do not jeopardize meeting the needs of those currently served by the specialty mental health system.

Policy alignment: Most current integration efforts are grant-funded demonstration efforts. To sustain advances in integration, policy must be aligned to support business models that are driven by value-based purchasing. Specifically, payment for clinical integration must be based on performance and health outcomes, rather than volume and procedures. Savings that result from integrating primary and behavioral health care, such as reducing avoidable Emergency Department visits and inpatient admissions, must be documented and shared by behavioral health providers and their primary care teams.