Behavioral Health Integration Standards

Version 5, 8/27/15

1. Identify patients with behavioral health needs[1]
    - Screening should be comprehensive and designed to identify broad range of behavioral health needs
    - Identify a screening tool that can be self-administered or administered by an individual who does not have a mental health degree
        - Advanced Networks and FQHCs can identify the screening tool they want to use as long as it meets the criteria of screening for a broad array of behavioral health needs
        - Ensure that there are support services to administer the screening tool for patients with barriers to filling out the screening tool on their own
        - The tool does not have to screen for a diagnosis, but screen for areas of concern for follow-up by a licensed behavioral health specialist
        - The individual who administers the tool or reviews the self-administered tool should be trained to be able to flag when follow-up screening/diagnosis is needed by a licensed clinician. The licensed clinician should have at a minimum a Masters level degree.
        - Patients aged 12 or older should complete the screening tool without the support of their parent's
    - The trained behavioral health specialist on staff (at least with masters level training) is expected to do a more targeted follow-up assessment (i.e.; specific to the need identified by the screening tool) with the patient when necessary
    - Determine the frequency with which the screening tool should be administered and a process to trigger a re-screening outside of the prescribed frequency when necessary.
    - The screening tool results should be captured in the EMR and made accessible to all relevant care team members [Define who these people are?]
2. Address behavioral health need
    - Identify whether or not the behavioral health need can be addressed in the primary care setting by a primary care provider
        - The practice should develop a standardized set of criteria that determines whether or not a patient should requires a referral or can be treated in the primary care setting.
            i. This criteria should consider:
                a. The diagnosis
                b. Severity of the need
                c. Comfort level of the primary care team to manage the patient's needs
                d. Complexity of the required medication management
                e. Age of the patient
                f. Patient's preference

[1] The screening is not intended to identify patients with severe and persistent mental illness

- If the patient can be treated in the primary care setting, it is expected that the patient be engaged to determine where they would prefer to receive care – from the primary care provider in the primary care setting, a behavioral health specialist in a behavioral health setting, or behavioral health specialist in primary care setting (if a possibility)
- If a patient is managed in the primary care setting there should be an individual on the care team trained to do psychiatric medication management
- If the patient's needs cannot be addressed in the primary care setting, engage the patient to inform and educate them on the diagnosis and why a referral/care from a behavioral health specialist is recommended. This can be done by a primary care provider or a licensed behavioral health provider

- Regardless of whether or not a referral is needed, the practice should establish an understanding of available behavioral health resources and educate the patient on what these resources are. These resources include
  - Community resources (e.g.; support groups, wellness centers, etc.)
  - Alternative therapies (e.g.; acupuncture)
  - Health promotion services (e.g.; women's consortium)
- If primary care providers will be providing behavioral health care, they should receive behavioral health training
  - Training should be focused on behavioral health promotion, detection, diagnosis, and referral for treatment. Consider the following training:
    i. Health Promotion: training on the availability and intention of resources outside the clinical space (e.g.; health promotion services, alternative therapies, etc.)
    ii. Detection & Diagnosis: requiring something similar to Continuing Medical Education (CME) type requirements for primary care providers who offer behavioral health care in the primary care setting.
      a. Similar to CME there should be requirements for the hours needed and type of training
      b. Training should focus on detection, diagnosis and treatment of behavioral health needs. Treatment training would likely include training on prescribing medication as well
- Develop processes and protocols to hand off patients to behavioral health provider that include agreed upon expectations/guidelines for documentation, communication, and coding and billing
  - If possible, conduct an assessment of needed behavioral health resources among the advanced network/FQHC network population and establish the necessary relationships to meet those needs
  - If behavioral health providers are not integrated into the advanced network or FQHC, if plausible execute an MOU/MOA between the primary care practices/network and at least one behavioral health practice provider
  - Develop processes and protocols for communication and referrals to behavioral health providers outside of network and with those for which there is not an MOU

i. This is recommended to ensure that a patient who chooses to seek care from a provider outside of the network or with whom there is no MOU is still assisted and supported in the referral process and does not feel pressured to receive care from a limited set of providers
ii. Additionally, behavioral health needs vary and it may not be realistic to have providers in the network or MOUs with the extent of providers that cover the breadth of behavioral health needs that may arise (e.g.; addiction treatment, depression, anxiety, etc.)

- The network should have a documented process for exchanging health information and coordinate care between the care settings (primary care practice and behavioral health practices)
    i. An agreement that allows providers to exchange information [BAA was recommended by Design Group 2]
    ii. The type of information that needs to be exchanged [what should this be?]
    iii. Timeframes for information exchange [within a week? Should there be a minimum recommendation?]
    iv. A plan for facilitating referrals
        a. Designate individual responsible for tracking and confirming the referral [suggest individual?]
        b. Technology to support auto-alerting primary care practice if referral has not occurred within X timeframe [define minimum standard or allow networks to define?]
        c. Designate a behavioral health integration care manager to facilitate/manage process [additional role for networks?]

3. If a referral is made, close communication loop with primary care
    - Process, protocol and technology solution identified for behavioral health provider to make assessment and care plan available to the primary care team [identify who this includes?]
        - Behavioral Health care plan developed by the behavioral health provider clearly outlines treatment goals, including when follow up is required and who is responsible for follow up (i.e.; can follow up/management be done in the primary care setting once a plan is in place?)
        - If patient is transferred back to the primary care setting, the behavioral health provider should be available for consultation as needed by the primary care physician (process for this should be outlined by MOU)
4. Track behavioral health outcomes/improvement for identified patients
    - Utilize patient tracking tool to assess patient progress at specified intervals
    - Develop processes and protocols for updating this tracking tool
        - Who is responsible for updating
        - Define intervals at which assessments are made
        - Plan for adjusting treatment when not effective
        - Technology solution: Disease registry?