

# Best Practices in Integrated Behavioral Health

## *Identifying and Implementing Core Components*

### EXECUTIVE SUMMARY

Integrated behavioral health (IBH) represents a paradigm shift in both primary care and specialty behavioral health settings. IBH entails more routine attention to behavioral health among primary care providers and other medically trained staff, as well as skillful attention to behavioral aspects of what are typically considered “physical” disorders, such as insomnia, diabetes, and obesity. Similarly, in specialty behavioral health (BH) settings that serve adults with serious mental illnesses, IBH has created a new understanding of the overall health of the people being served, offering the potential to extend health, wellness, and life expectancy.

Despite the promise of IBH and its vision of a holistic approach to care, a number of persistent challenges continue to create barriers to IBH implementation. Along with policymakers and payers, providers are not always certain about exactly which models or core components of IBH to adopt or implement. The report offers a guide for providers, funders, advocates, and policy makers interested in promoting IBH and working systematically toward achieving its promise. Much of the literature to date on IBH presents either broad conceptual frameworks or highly detailed descriptions of various aspects of IBH. In the report, the authors have drawn on a number of sources to propose seven crosscutting core components of IBH, as outlined in the table on the reverse of this page.

### THE CORE COMPONENTS OF IBH

The purpose of the report is to identify and describe these core components by identifying critical issues related to each and offering examples. When guided by current practice and research-based wisdom on what constitutes IBH, implementation of IBH models has a better chance of improving the quality and outcomes of care and ensuring a sensible approach to spending health care dollars. In describing these seven components, the authors drew on two particular authorities: The Center for Integrated Health Solutions’ (CIHS) IBH Integration Continuum, and the Agency for Healthcare Research and Quality’s (AHRQ) principles concerning how IBH should be provided and supported. In addition to these primary sources, the authors drew on several other publications and reports, as well as content experts in the field through key informant interviews.

In defining the seven core components, the authors have attempted to home in on the most important features of IBH that need to be in place in order for providers to achieve its objectives.

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## CORE IBH COMPONENTS

IBH COMPONENT	DEFINITIONAL OVERVIEW
<b>1. INTEGRATED ORGANIZATIONAL CULTURE</b>	<ul style="list-style-type: none"> <li>▶ IBH is highlighted in the organization’s vision and mission.</li> <li>▶ Leadership actively supports IBH by promoting it in all organizational functions.</li> <li>▶ IBH champions are identified and empowered.</li> </ul>
<b>2. POPULATION HEALTH MANAGEMENT</b>	<ul style="list-style-type: none"> <li>▶ IBH programs assess and differentiate their patients by their prevalent co-occurring conditions and utilization patterns.</li> <li>▶ Health information technologies are used to manage outcomes across populations to apply the right interventions at the right time, and to help ensure high quality care and optimal health and wellness outcomes.</li> </ul>
<b>3. STRUCTURED USE OF A TEAM APPROACH</b>	<ul style="list-style-type: none"> <li>▶ Both physical health (PH) and BH providers are to the fullest practical extent physically located in same space.</li> <li>▶ A team-based, shared workflow is present, through which continuous communication and collaboration occur to carry out mutually-reinforcing and coordinated physical health and behavioral health care.</li> </ul>
<b>4. IBH STAFF COMPETENCIES</b>	<ul style="list-style-type: none"> <li>▶ Providers who are part of an IBH team must be able to coordinate care with external specialty providers and social services, collaborate with colleagues, engage patients effectively, and conduct motivational interventions.</li> </ul>
<b>5. UNIVERSAL SCREENING FOR THE MOST PREVALENT PH AND BH CONDITIONS</b>	<ul style="list-style-type: none"> <li>▶ In primary care, regular and universally applied screening for common mental health and substance use conditions that are both prevalent and associated with the costliest co-occurring illnesses ensures that BH conditions are detected and incorporated into treatment plans.</li> <li>▶ IBH programs located in BH settings must incorporate screens for common and costly physical health conditions.</li> </ul>
<b>6. INTEGRATED, PERSON-CENTERED TREATMENT PLANNING</b>	<ul style="list-style-type: none"> <li>▶ Each person should have a single treatment plan that incorporates all PH and BH conditions, relevant treatment/recovery goals, and intervention plans.</li> <li>▶ The plan should be person-centered/directed, incorporating pertinent values, lifestyles and social contexts of the people who are obtaining health care.</li> </ul>
<b>7. SYSTEMATIC USE OF EVIDENCE-BASED CLINICAL MODELS</b>	<ul style="list-style-type: none"> <li>▶ Successful IBH programs use a systematic clinical approach that targets the specific conditions prioritized for care in that setting.</li> <li>▶ All providers use well-developed and shared clinical pathways for co-occurring conditions that are rooted in practice guidelines and evidence-based practice.</li> <li>▶ Evidence-based health/wellness programming is readily accessible to patients.</li> </ul>

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