Community of Practice (CoP) Expanding Expanding Behavioral Health Services Integration in Health Centers

Mental Health/Substance Use Disorder Integration Technical Assistance

December 17, 2025

Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People

Disclosure

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Session Five

A Systems Approach to Integrated Care and Mental Health (MH) and Substance Use Disorder (SUD) Service Expansion: Clinical Systems

Your CoP Facilitator

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Session Objectives

- **Participants of today's session will be able to:**

  - Understand how a systems approach supports sustainability and improved outcomes, especially for patients with chronic, comorbid conditions.

  - Identify clinical systems of integrated care in your setting.

  - Discuss strategies to enhance clinical systems of integrated care in your setting.

Today's Agenda

- Check-in and Attendance
- Reflections on Leveraging Internal and External Communication Strategies to Enhance Integrated Care
- How Clinical Systems Support Integrated Care and MH and SUD Service Expansion
- Interactive Discussion and Plan-Do-Study-Act (PDSA) Planning
- Session Wrap-Up, Questions, and Office Hours

HRSA Health Center Program

Previous CoP Session Check-in

- **In the chat, please enter:**
  - What, if anything, has stuck with you from the last CoP session(s)?
  - What, if anything, did you take from the last CoP session(s) that you've discussed or adopted in your health center?
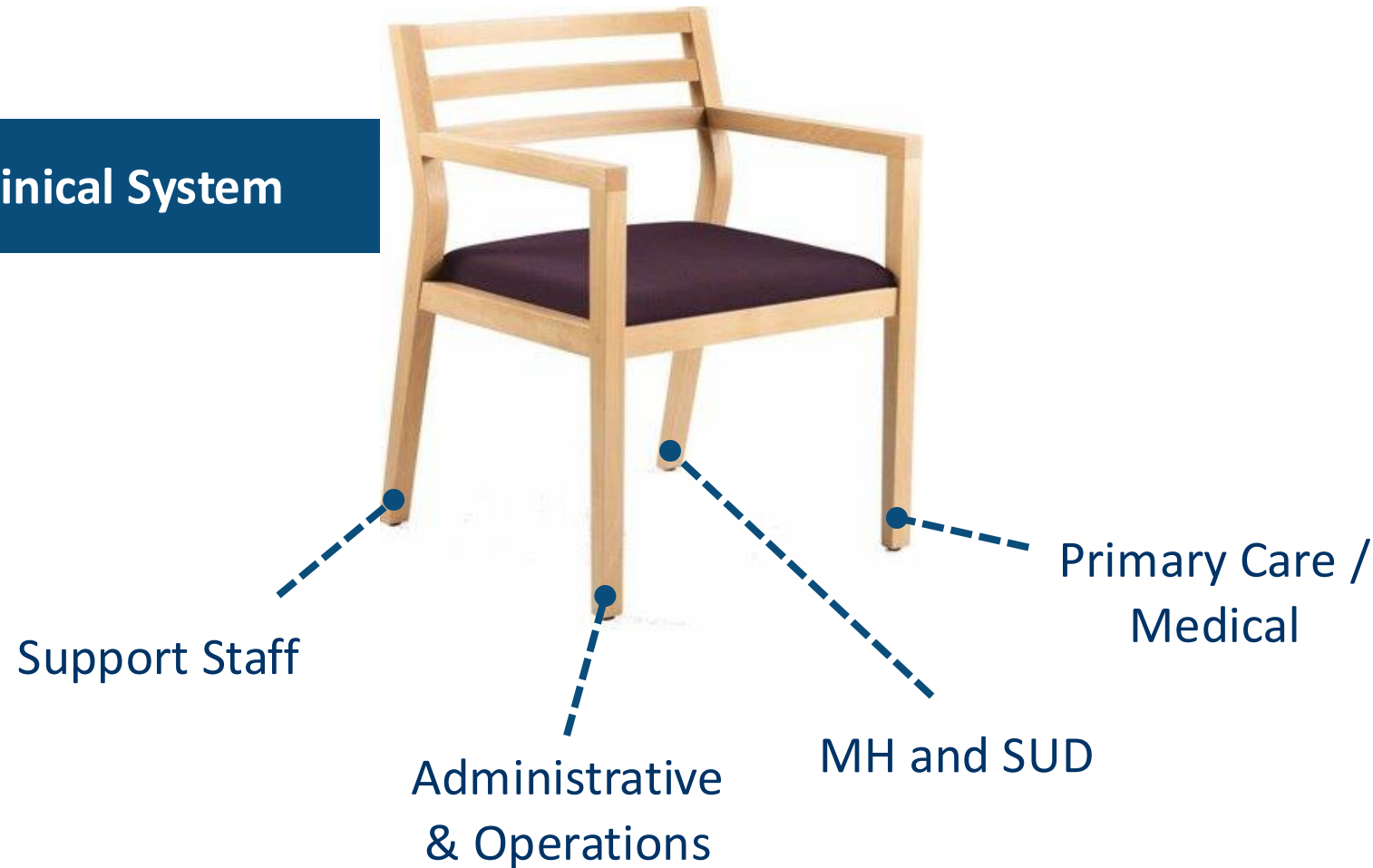
Foundations of Integrated Care and Service Expansion

Combined, these structures all support **integrated MH and SUD service expansion**.

- **1. Systems Approach**
- **2. Team-Based Care**
- **3. Focus on Function**
- **4. Language & Communication**
- **5. Ongoing Education**

HRSA
Health Center Program

The Clinical Care Team and Clinical Support Staff

Clinical System

Support Staff

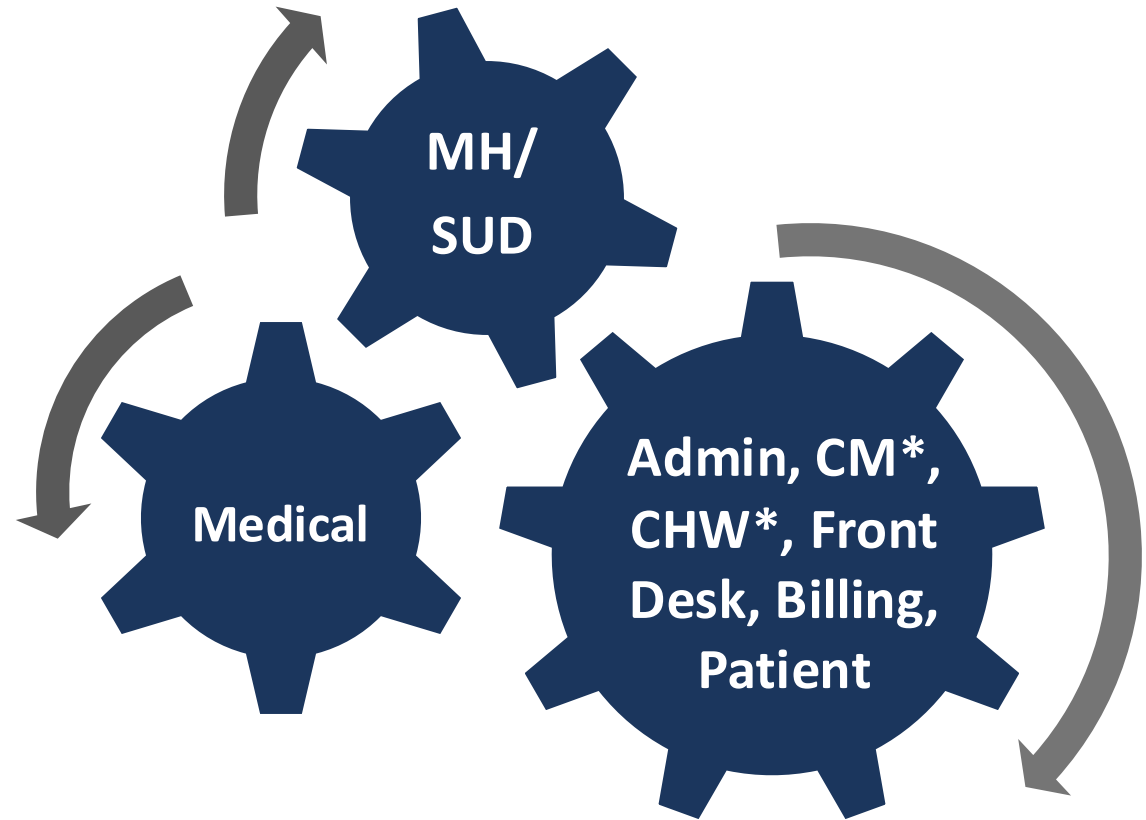Administrative & Operations

MH and SUD

Primary Care / Medical

"Every system is perfectly designed to get the results it gets."

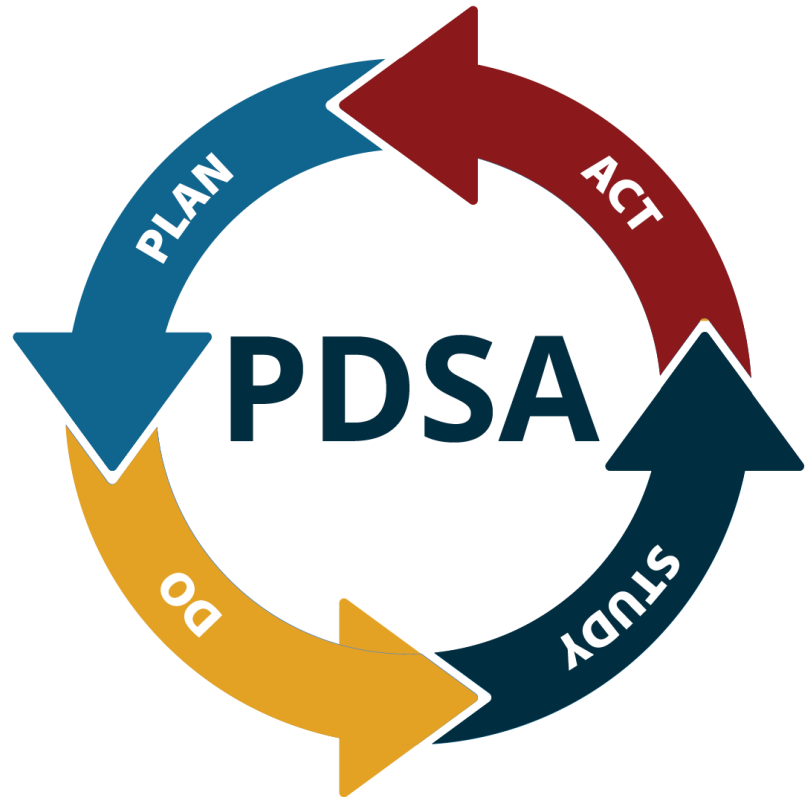- W. Edward Deming

What Are Integrated Clinical Systems?

Anyone who connects with the patient and/or their data take a shared responsibility for the patient and focuses on function over title.

Reflection: *Are clinical care staff at your agency more focused on function or role? Describe what behaviors would be demonstrated in a team focused on function.*

MH/SUD

Medical

Admin, CM*, CHW*, Front Desk, Billing, Patient

*CM = Case/Care Manager, CHW = Community Health Worker
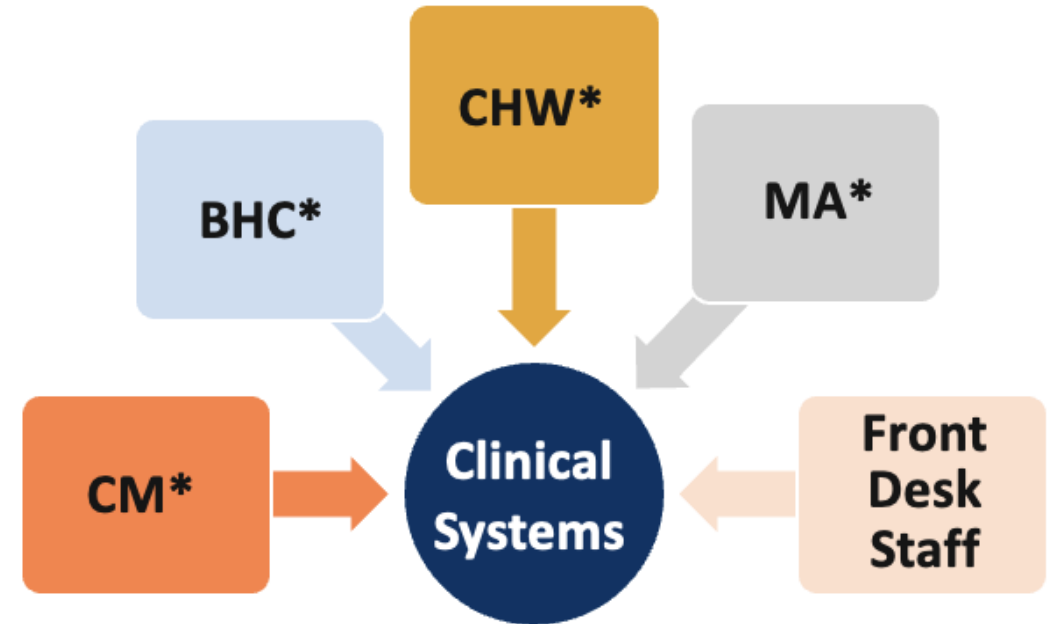
Integrated Clinical Systems Reflection and Assessment

- Thinking of the 'legs' of your clinical system:
  - Primary care/medical
  - MH and SUD
  - Other clinical specialties (e.g., dentists, optometrists, dieticians, etc.)
  - Clinical support (e.g., peers, care managers, patient navigators, CHWs)

- Which of your clinical systems 'legs' is the strongest? Why?

- Which one may need some support or reinforcement? Why?

Integrated Clinical Systems: Focus on Function

- Who on the team can be leveraged to support clinical systems?
  - Implement brief interventions—screening, connecting to resources, and making referrals
  - Conduct outreach to obtain results, reports, and/or updates from external agencies or enhance internal collaboration
  - Follow up on treatment plan goals and objectives
  - Monitor appointment adherence
  - Identify community resources and organizational supports

*CM = Case/Care Manager, BHC = Behavioral Health Consultant, CHW = Community Health Worker, MA = Medical Assistant

Strategies to Support the MH/SUD Clinical System

Strategies for Effective Integrated Care Language and Communication

Identify which patients would most benefit from MH/SUD services.

Engage patients in treatment and hand off to liaison / care team

Provide brief treatment / brief interventions

Monitor and adjust care to meet changing patient needs
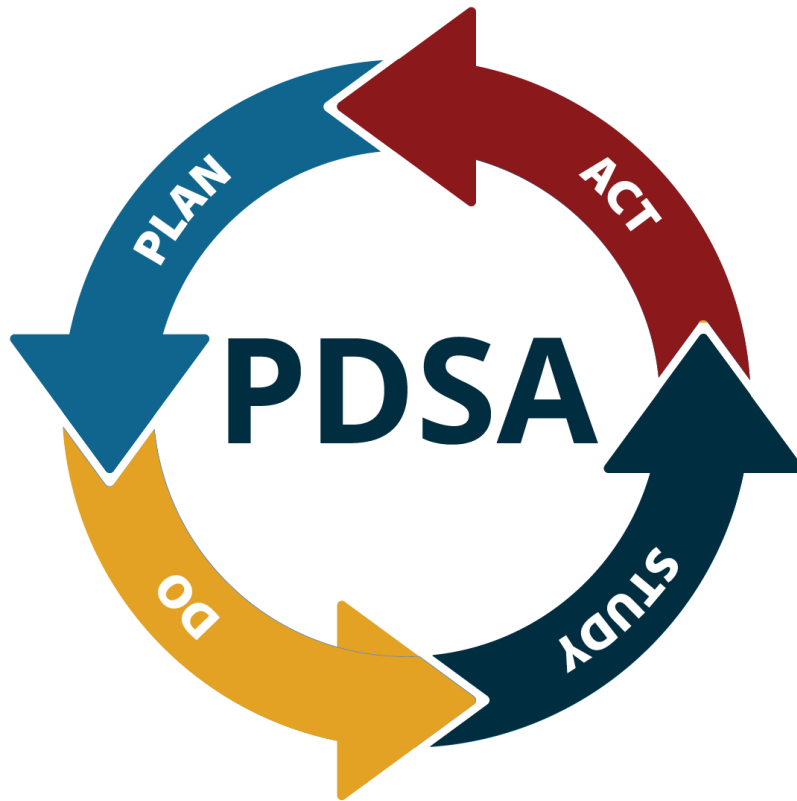
Document and communicate

Assess and revise scheduling / workflow to fit patient and provider needs

Clinical Workflow: Identifying Need

- Identify patients who would most benefit from MH/SUD support by reviewing the following:

  - Community health data
  - Screening tools and results
    - ✓ Medical
    - ✓ MH/SUD
  - Patient requests
  - Care team observations

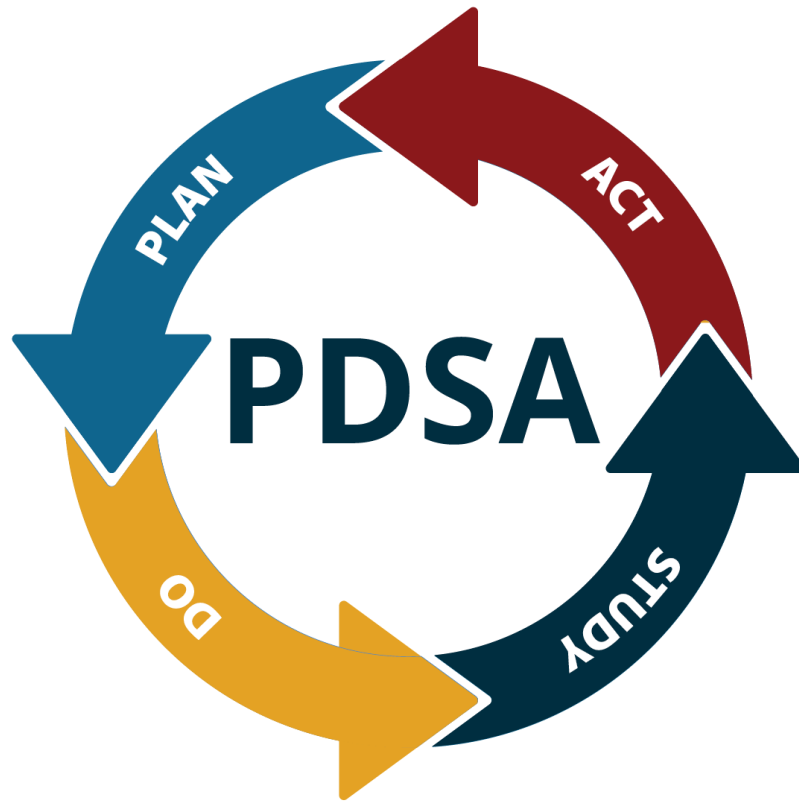# Clinical Systems Workflow Reflection and Assessment

- From whose perspective is the clinical workflow designed?
  - Patient perspective
  - Provider perspective
  - Clinical support team perspective

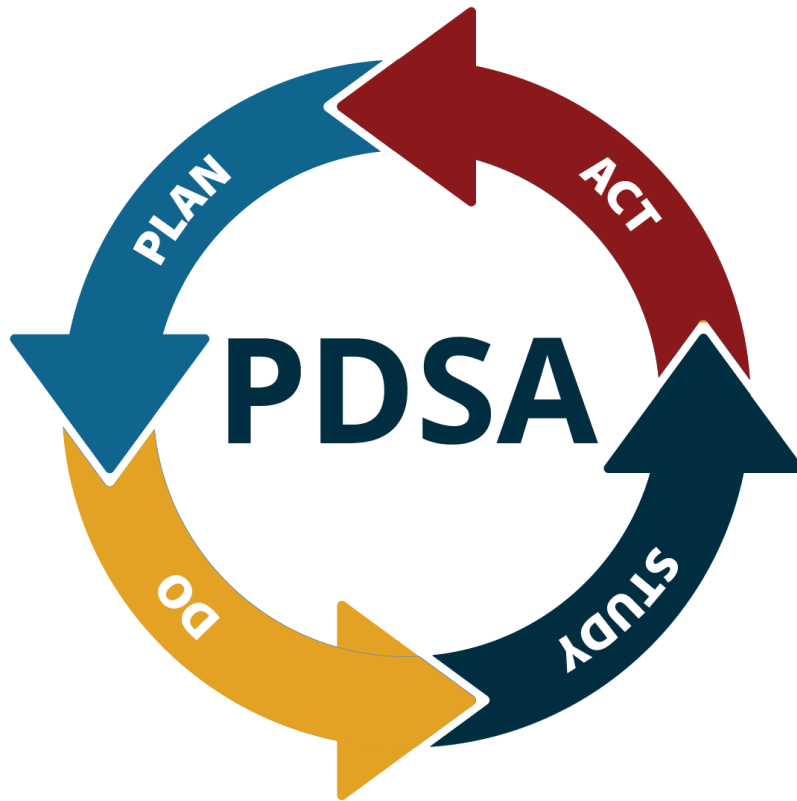- Which care team members will be engaged to inform the clinical systems workflow?

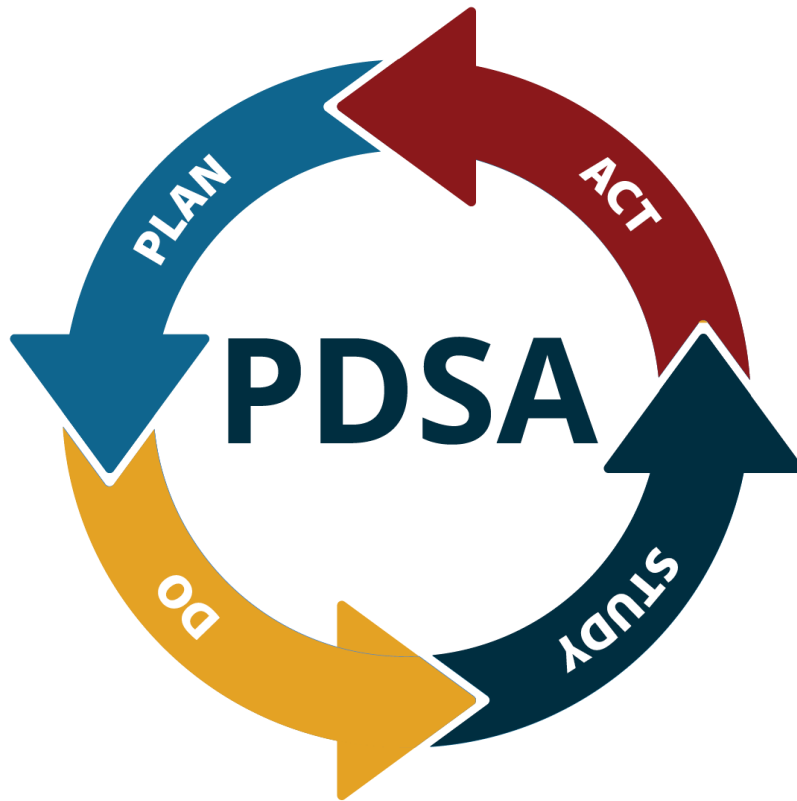# Clinical MH/SUD Introduction and Handoffs Reflection and Assessment

- How and when are MH/SUD services introduced to the patient?
- Who introduces MH/SUD services to the patient?
- What clinical pathways are established to identify which patients will receive a referral to MH/SUD?
- How and between whom are medical and MH/SUD handoffs conducted?
- How can you leverage non-clinical support team members to optimize the provider's time with patients in billable encounters?

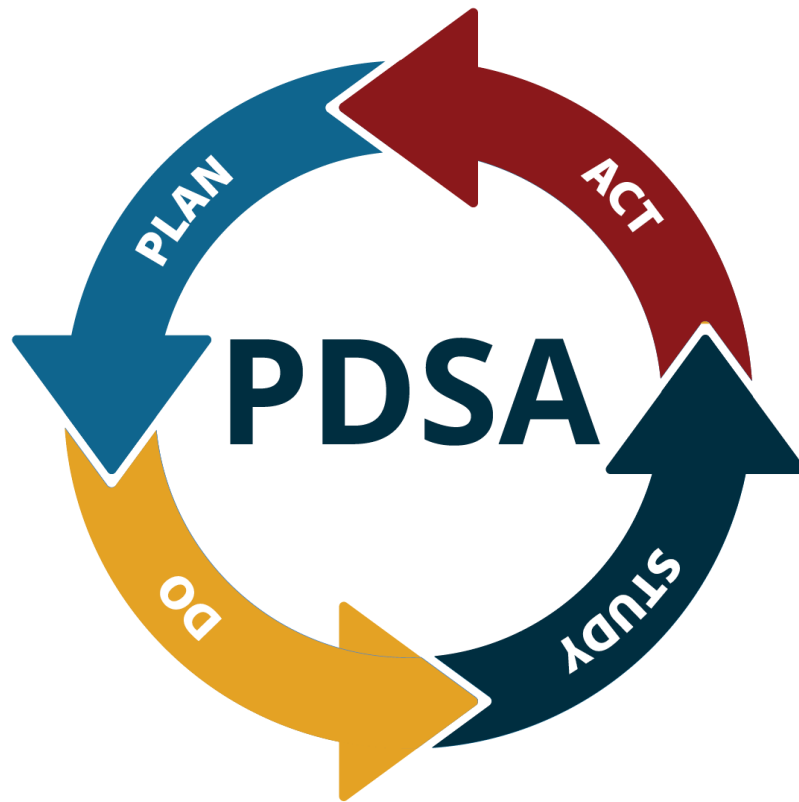# MH/SUD Service Provision Reflection and Assessment (1)

- Which interventions specifically require a behavioral health consultant (BHC)?

- Who can be trained to deliver brief interventions (e.g., breathing techniques for anxiety or hypertension)?

- Are BHCs providing 15- to 30-minute brief encounters?

MH/SUD Service Provision Reflection and Assessment (2)

- What protocols and time protections are in place for BHCs to provide follow-up and short-term treatment?

- Who on the care team can assist with referrals once a BHC identifies the need for a level-of-care escalation?

- What support is provided to the patient during this transition?

Collaborative Care Plan Reflection and Assessment

- Are care plans shared between departments and do they reflect all of the patient's concerns and goals?
  - Medical
  - MH/SUD
  - Dietary
- Which team members are involved in care planning and how?
- What mechanisms are in place to monitor and adjust the care plan to meet evolving needs?

Clinical Systems Strategies: A Communication Loop

Enhancing communication among team members

- How does your care team collaborate around patient care?

  - Verbal or written communication; instant messages
  - Huddles or team meetings; case consultations
  - Shared workspace
  - Electronic health record access
  - Pre- and post-referral communication – closing the loop
  - Intentional scheduling practices to promote a team approach and clinical collaboration

Clinical Systems: What to Communicate

Using communication tools efficiently and effectively improves **patient care,** facilitates **collaboration,** and enhances **sustainability.**
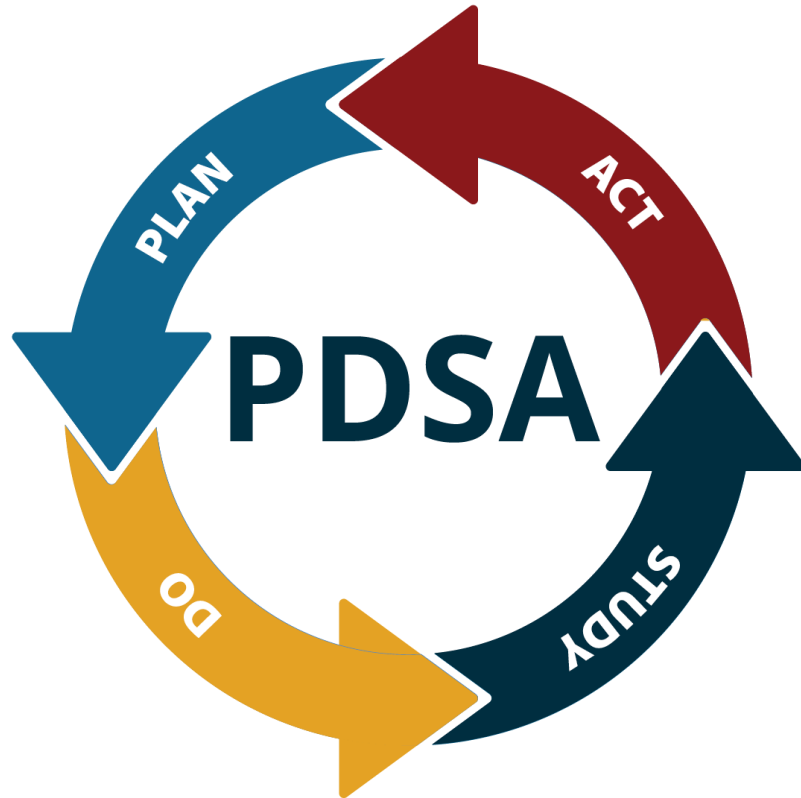
- What information is included when making an internal (or external) referral?
  - Diagnosis
  - Screening results
  - Current issue/concern warranting the referral – yours and the patient's
  - Desired outcome

- How are the results of a referral and description of interventions documented?
  - Do staff receive training on proper documentation that will optimize reimbursement?

Clinical Systems: Communication Follow Up

- **Communication within the team and with community providers:**
  - Who on the care team does, or could be trained to—
    - ✓ Make referrals within the care team?
    - ✓ Make and follow up on internal/external referrals?
  - How are patients included in the communication loop?
    - ✓ Whom do patients contact if they encounter challenges accessing referrals? Attending appointments? Following a treatment plan?
    - ✓ What mechanisms are in place for patients to report progress and successes with referrals?

Communication Reflection and Assessment

- In thinking about the communication pathways in your health center:

  - What does your team do well?

  - What could be improved?

  - Are there new communication strategies you could adopt at your health center?

Training to Support MH/SUD Clinical Systems

Ongoing Training and Education Support the Development of Effective MH/SUD Integration and Service Expansion

- Training begins with the hiring process.

- Develop and require onboarding training in your clinical model.

- Provide ongoing refresher trainings on MH/SUD integration/service expansion for all staff, including communication, collaboration, and skill-building.

- Support cross-clinical in-service opportunities.

- The Rule of 7: A message must be received at least 7 times, in 7 different ways, to be "heard" *and* result in behavior change.

Resources

- Agency for Healthcare Research and Quality. (n.d.). *Integrating Behavioral Health & Primary Care*. https://integrationacademy.ahrq.gov/

- Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.). *Evidence-Based Practices Resource Center.* https://www.samhsa.gov/libraries/evidence-based-practices-resource-center

Health Center Satisfaction Assessment

We'd love your feedback on today's session!

Please take 2 minutes to complete the Health Center TA Satisfaction Assessment.

You must complete the assessment to claim continuing education credit.

Thank you for your time!

https://www.surveymonkey.com/r/CoP6Session5

Thank You!

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