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Ready to Hit the Pavement: How to Dive into Primary Care

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MUNROE-MEYER
INSTITUTE



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What is the Mid-America MHTTC?



- Funded by the Substance Abuse and Mental Health Services Administration
- 5-year grant awarded to Dr. Joseph Evans at the University of Nebraska Medical Center
- Aligns mental health systems and professional competencies with evidence-based practices
- Primary target states: Missouri, Iowa, Nebraska, and Kansas - but available to any provider(s).
- Provides free/low cost training and technical assistance on topics leading to effective behavioral health practice



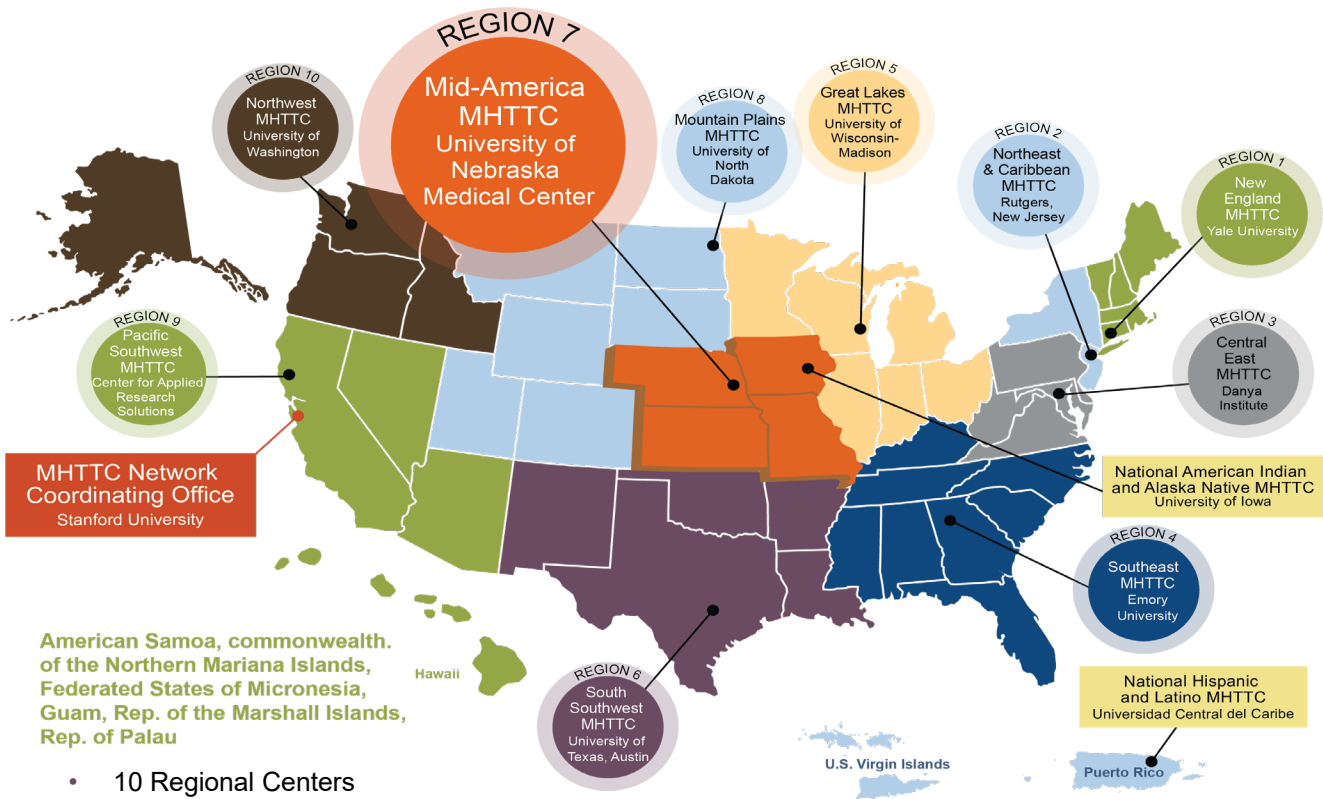
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- 10 Regional Centers
- National Hispanic & Latino Center
- National American Indian and Alaska Native Center
- Network Coordinating Office



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Specialized Training Topics



Integrated behavioral health in primary care



School mental health ***



Serious mental illness



Behavioral health workforce development

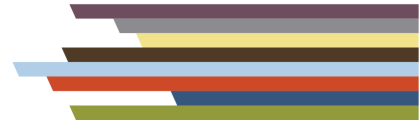


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Integrated Behavioral Health in Primary Care



Our MHTTC staff have 20+ years of experience integrating behavioral health into primary care in 40+ rural, suburban, and urban sites



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MHTTC: Providing Training and TA in Integrated Care



QUALITY INDICATORS
OF INTEGRATED
BEHAVIORAL HEALTH
IN PRIMARY CARE



EVIDENCE-BASED
BEHAVIORAL HEALTH
INTERVENTIONS FOR
CHILDREN AND
ADULTS APPLIED IN
INTEGRATED CARE
SETTINGS



TECHNICAL
ASSISTANCE ON
IMPLEMENTATION OF
INTEGRATED CARE



ONLINE AND IN-
PERSON COURSES
FOCUSED ON
INTEGRATED CARE
AND SPECIAL TOPICS
IN PEDIATRIC AND
ADULT SERVICES (IN
DEVELOPMENT)



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Coming Home to Primary Care Pediatric Integrated Health Series

Archived Sessions

- Starting Down the Integrated Care Road and How the Mid-America MHTTC Can Help
- The Road to Primary Care: Several Paths to Coming Home

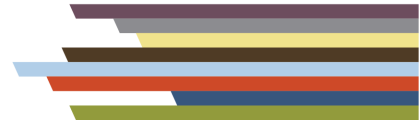
<https://mhttcnetwork.org/centers/mid-america-mhttc/coming-home-primary-care-pediatric-integrated-behavioral-health>



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Diving Into Primary Care

Coming Home to Primary Care Series

- Have the knowledge of why integrating in PC is important
- Have an idea of the model of integrated care you believe will best fit your practice or the type of practice you are best suited
 - PCBH
 - Collaborative Care
- Now, you're ready to hit the pavement and dive in.

What comes next?



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Diving Into Primary Care: Considerations

1) Consider your profession

- What is your profession?
 - Primary Care Provider
 - Administrator
 - Licensed behavioral health provider

2) Consider the clinic or organization

- Do you already work in a primary care clinic or an organization with primary care?
- Do you have an organization or clinic in mind?

3) Consider the Model of Care

- Primary Care Behavioral Health
- Collaborative Care or CoCM



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Diving Into Primary Care

Answer the following questions

- ✓ Are you already “in” a primary care clinic or organization?
- ✓ Is the primary care clinic or organization sold on the idea of pediatric integration?
- ✓ Has a model of integrated care has been chosen?
- ✓ Has your team chosen a business model?
- ✓ Do you have the behavioral health workforce?
- ✓ Do you have a workplan/workflow?
- ✓ How will you evaluate your integration efforts?



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Steps to Integration

Getting into a Primary Care Clinic

Identify Behavioral Health Champions

Build the Case for Integration

Choose a Business Model

Build a Workforce

Develop a Workflow

Evaluate Integration

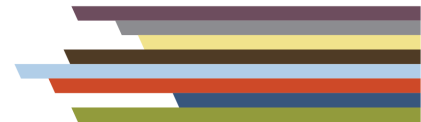


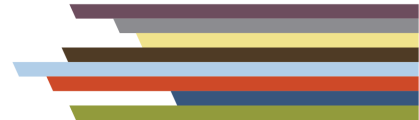
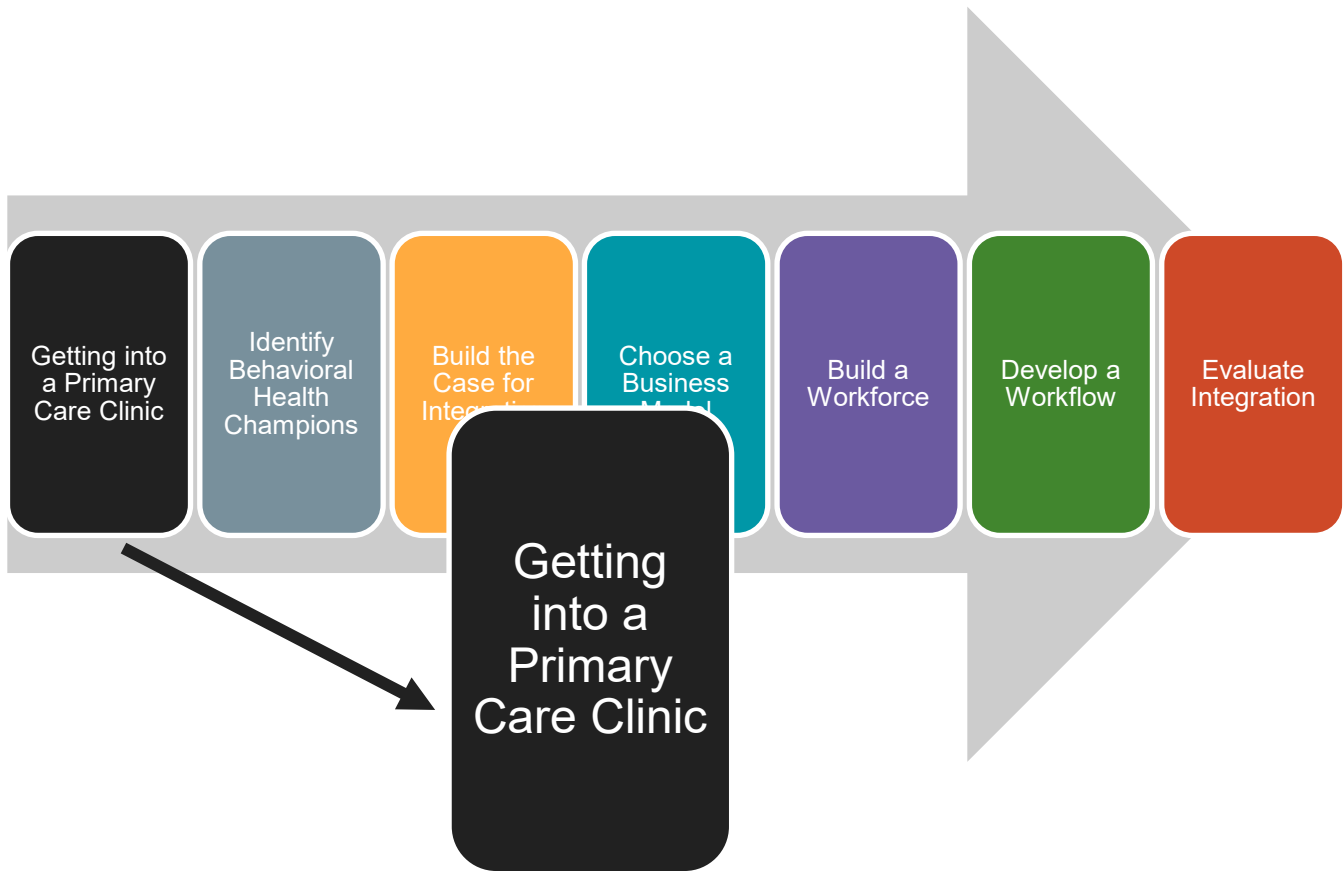
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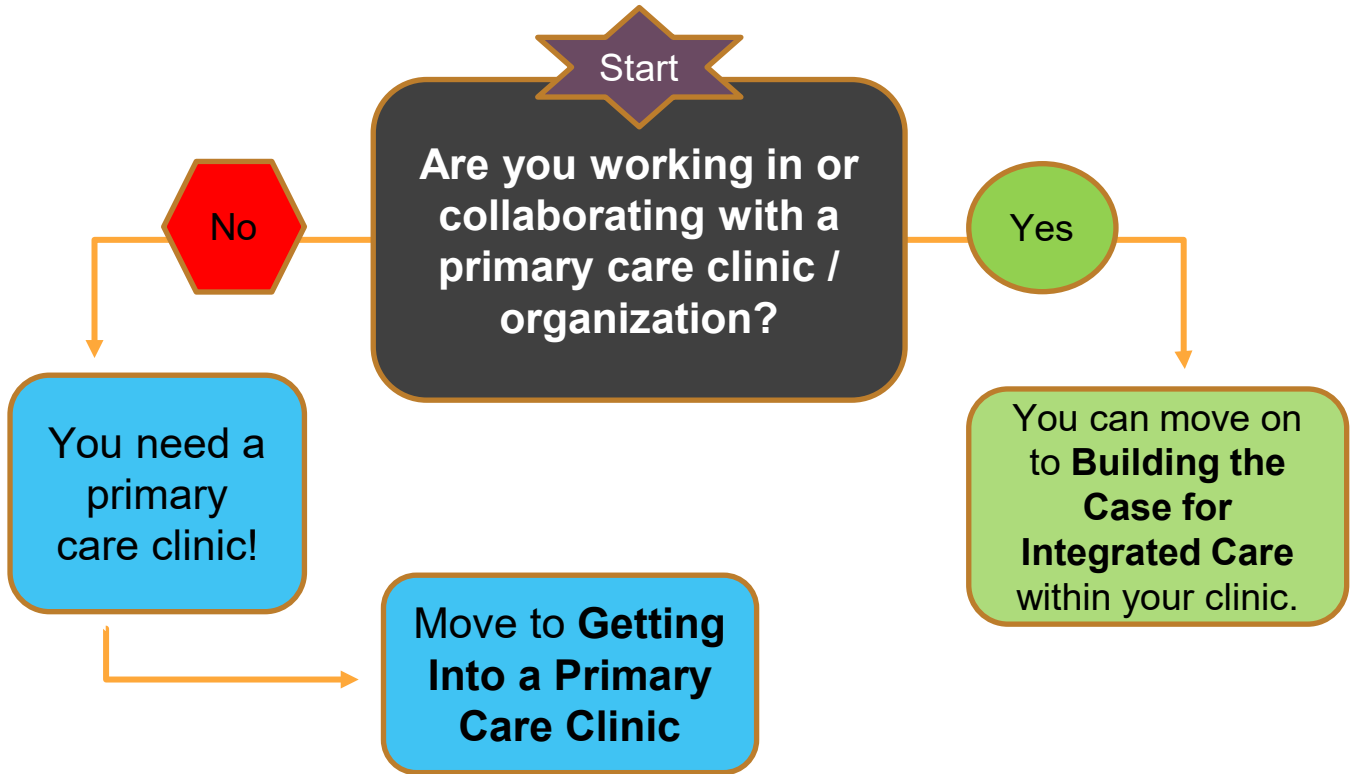
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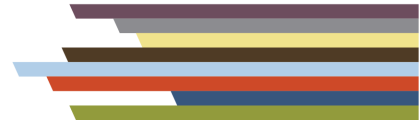
You're Ready to Integrate!



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Getting Into Primary Care

Getting
into a
Primary
Care
Clinic

Two ways to “Getting Into” PC:

1. Primary care team seeks out behavioral health services
2. Behavioral health provider, administrator and/or PCP solicits the primary care team

Tip: Do your homework-is behavioral health covered in this clinic or organization?



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“Getting Into” PC: Considerations



Use your patient status

Take advantage of personal/family/professional relationships

Announcements and presentations to medical provider associations

Train residents/students/interns/fellows

Massage relationships through referrals



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Getting Into Primary Care: How To

Ways to solicit clinics

1. Contact a primary care provider/PCP team directly
2. Send an email/letter
3. Schedule a presentation during a meeting or lunch
4. Contact administrator/office manager



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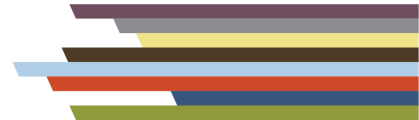
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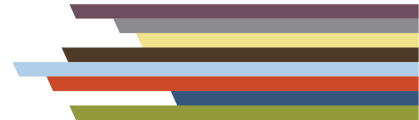
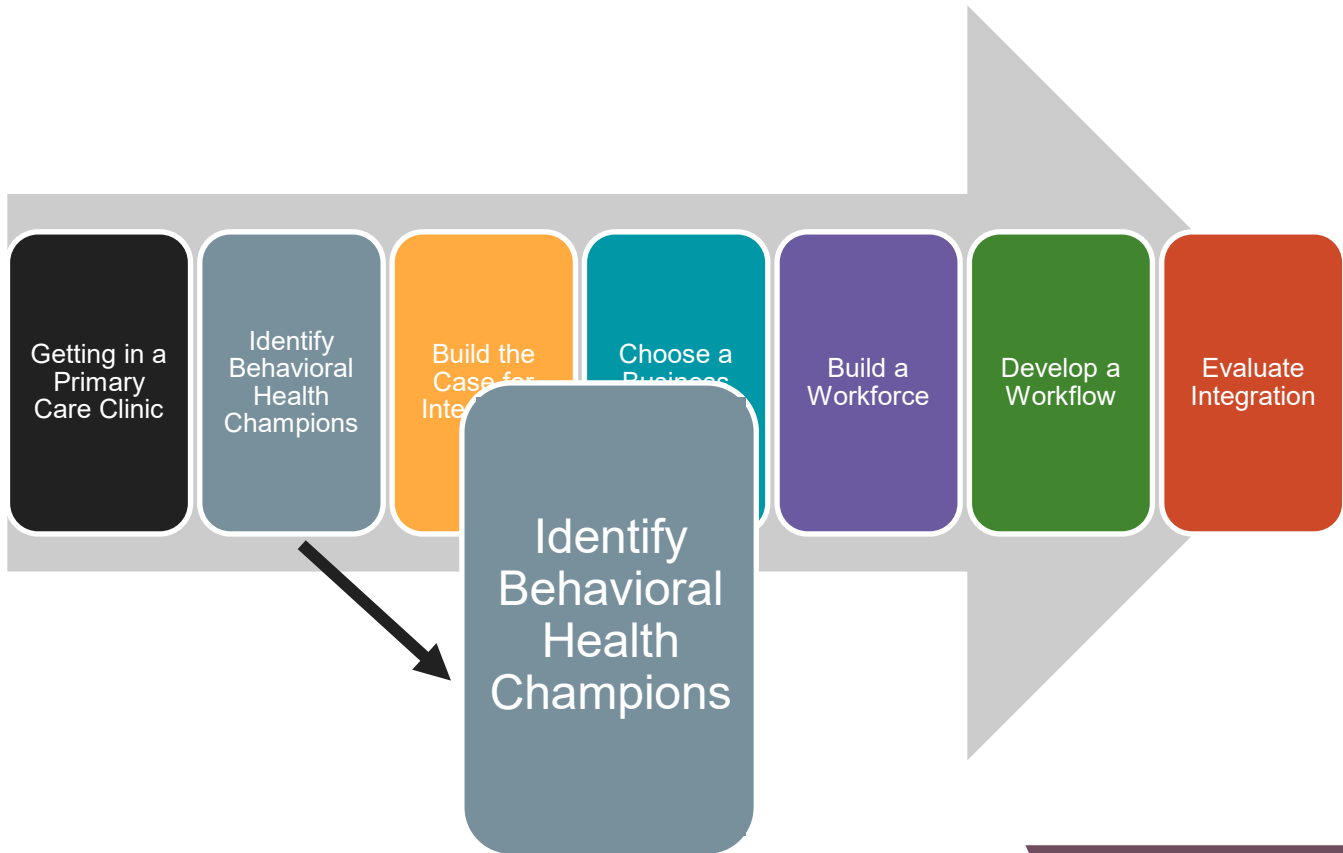
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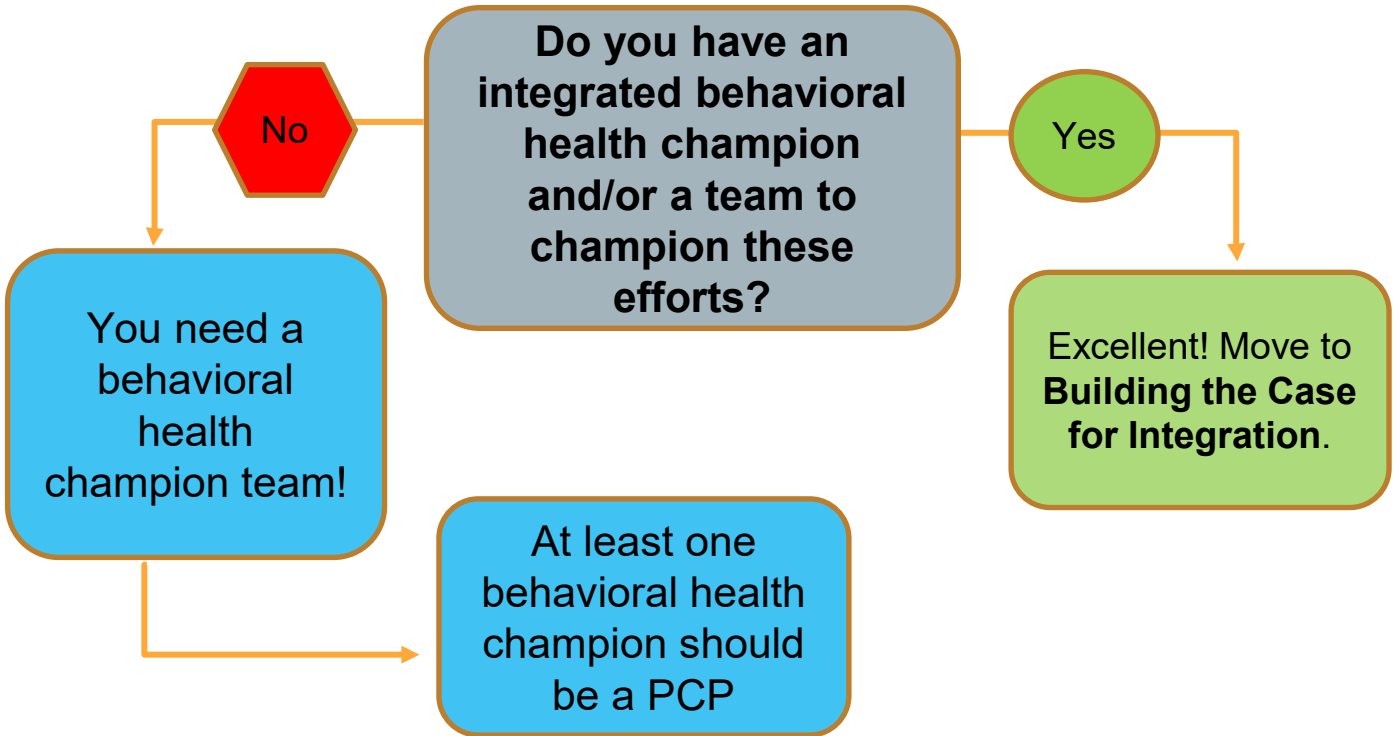
Presentation to PCPs:

- Be BRIEF
- Be informal
- Brief handout of types of services you can offer
- Be prepared to cover three areas: **costs to the clinic**, **space requirements** and **support staff needs**
- Present information on your value to the clinic
- Provide your contact information
- Identify a “champion” within the primary care practice as the point of contact





Behavioral Health “Champions”



Behavioral Health Champions

- Champions are essential to promoting a pediatric integrated care program
- Identify your champion(s) as soon as you can
- Behavioral health champions may be a variety of individuals
- Recommend at least one PCP champion from the clinic/organization

Identify
Behavioral
Health
Champions

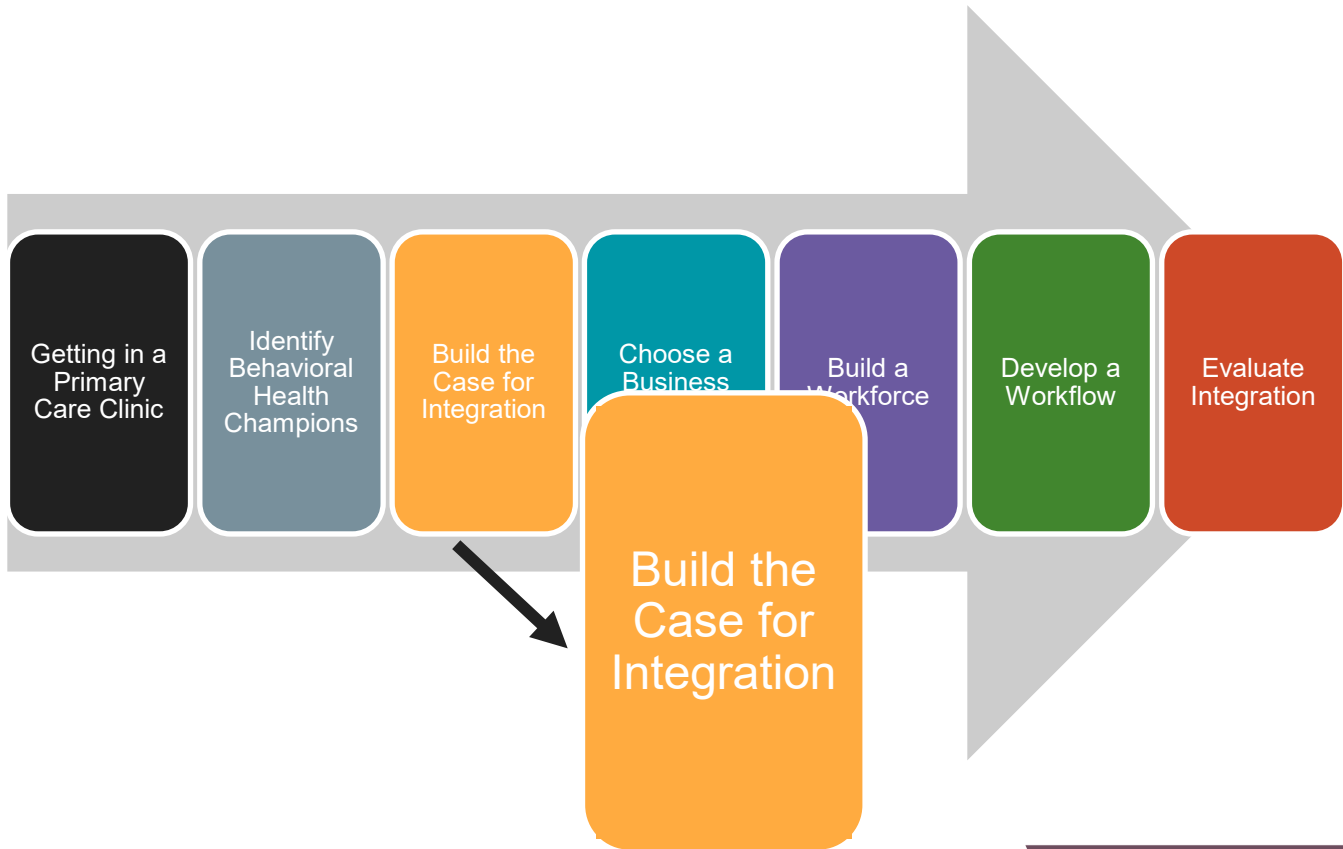
AIMS Center: Advancing Integrated Mental Health Solutions Implementation Guide
<https://aims.uw.edu/collaborative-care/implementation-guide/lay-foundation/identify-your-champions>



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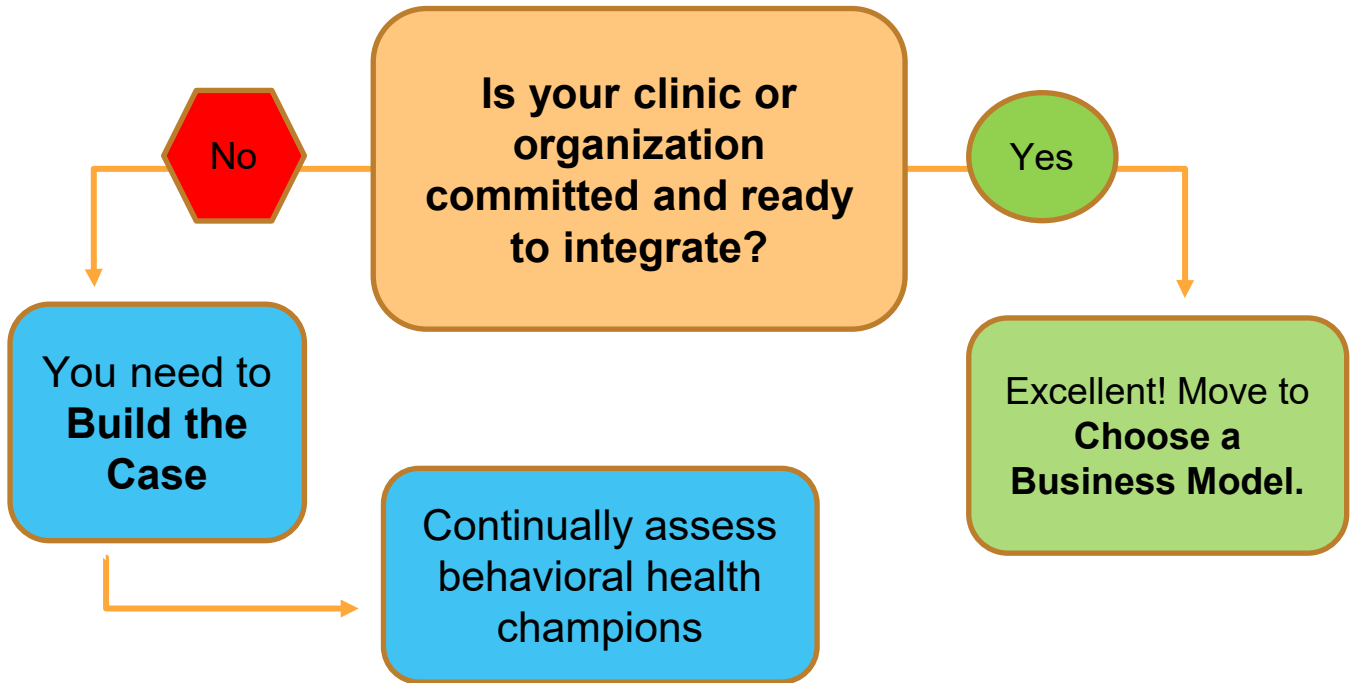
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Building the Case for Integration



Reference if needed



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Build the Case for Integration

- Highlight Your Organization as you sell the idea of integrated care
- Organizational Assessments

Build the
Case for
Integration

Center of Excellence for Integrated Health Solutions

<https://www.thenationalcouncil.org/integrated-health-coe/resources/>

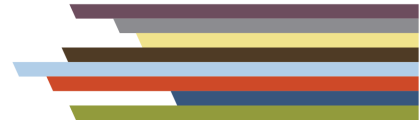


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Build the Case: Highlight Your Organization

- Highlighting your organization in your pitch is important-make it relevant!
 - ✓ Utilize organizational data on the patient population
 - Prevalence of BH disorders
 - Co-occurrence with physical concerns
 - Potential models of care
 - Workforce data
 - ✓ Share data that highlights improvements due to integrated care
 - Increased screening
 - Costs and utilization data
 - Improved care coordination
 - Increased patient satisfaction

Center of Excellence for Integrated Health Solutions

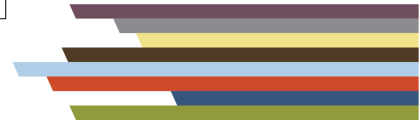
<https://www.thenationalcouncil.org/integrated-health-coe/resources/>

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Organizational Assessment Tools

- Several tools available to assess and guide organizational readiness and implementation
 - ✓ Organizational Assessment Toolkit for Primary and Behavioral Health Care Integration https://www.thenationalcouncil.org/wp-content/uploads/2020/01/OATI_Overview_FINAL.pdf?daf=375ateTbd56
 - ✓ A Quick Start Guide to Behavioral Health Integration for Safety-Net Primary Care Providers <https://www.thenationalcouncil.org/wp-content/uploads/2020/01/Website-Resources.pdf?daf=375ateTbd56>
 - ✓ Core Competencies for Integrated Behavioral Health and Primary Care https://www.thenationalcouncil.org/wp-content/uploads/2020/01/Integration_Competencies_Final.pdf?daf=375ateTbd56
 - ✓ Standard Framework for Levels of Integrated Care https://www.thenationalcouncil.org/wp-content/uploads/2020/01/CIHS_Framework_Final_charts.pdf?daf=375ateTbd56



Organizational Action Steps

Discussion points for next steps

Choose
a
Business
Model

- What are the next steps to achieve clinical integration?
- What support will be needed to achieve integrated care?
- What evidence-based practices are in place that align with integration?
- How are we measuring the impact of integration?
- What tools are we using to track outcomes?

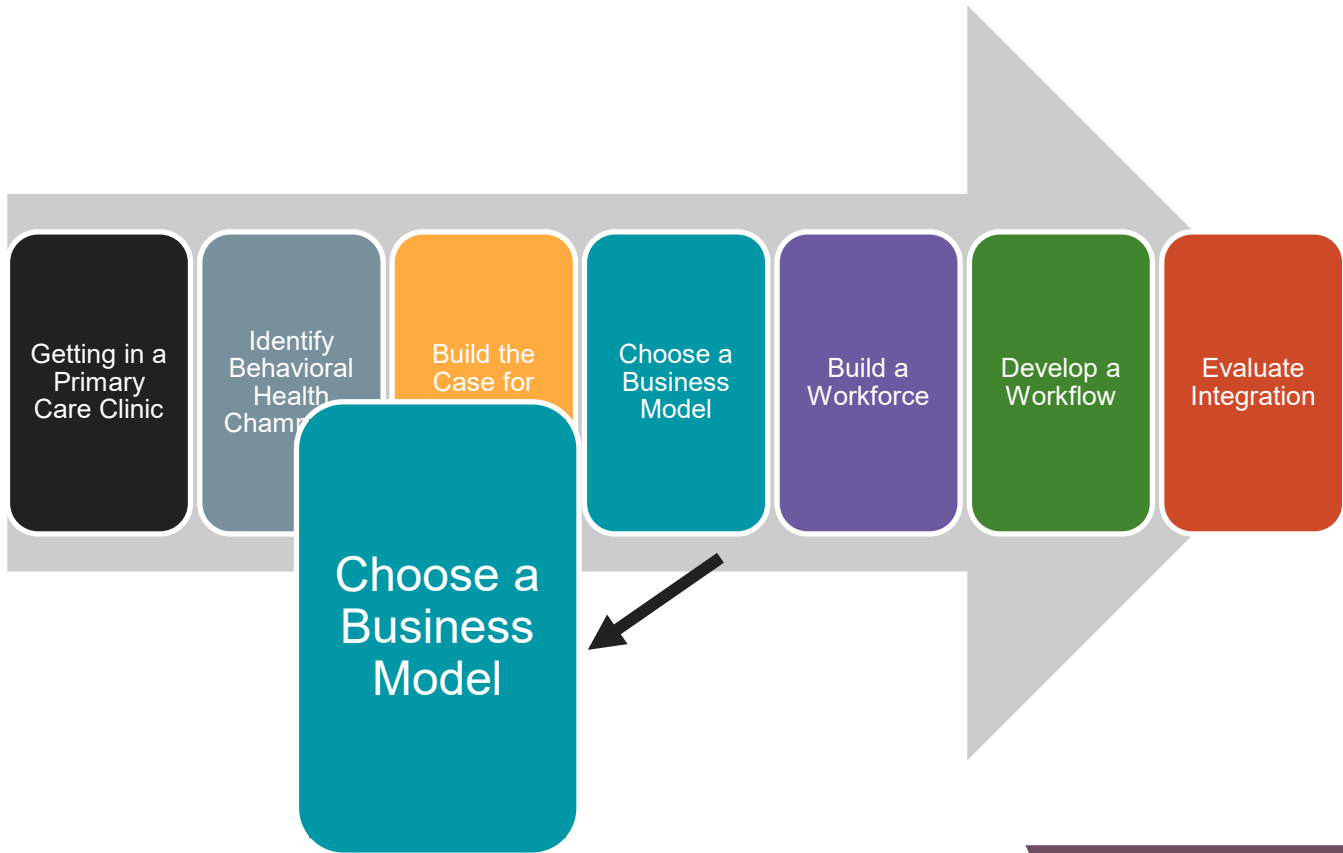


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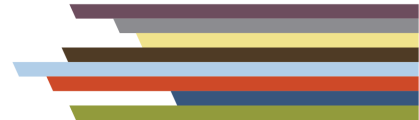
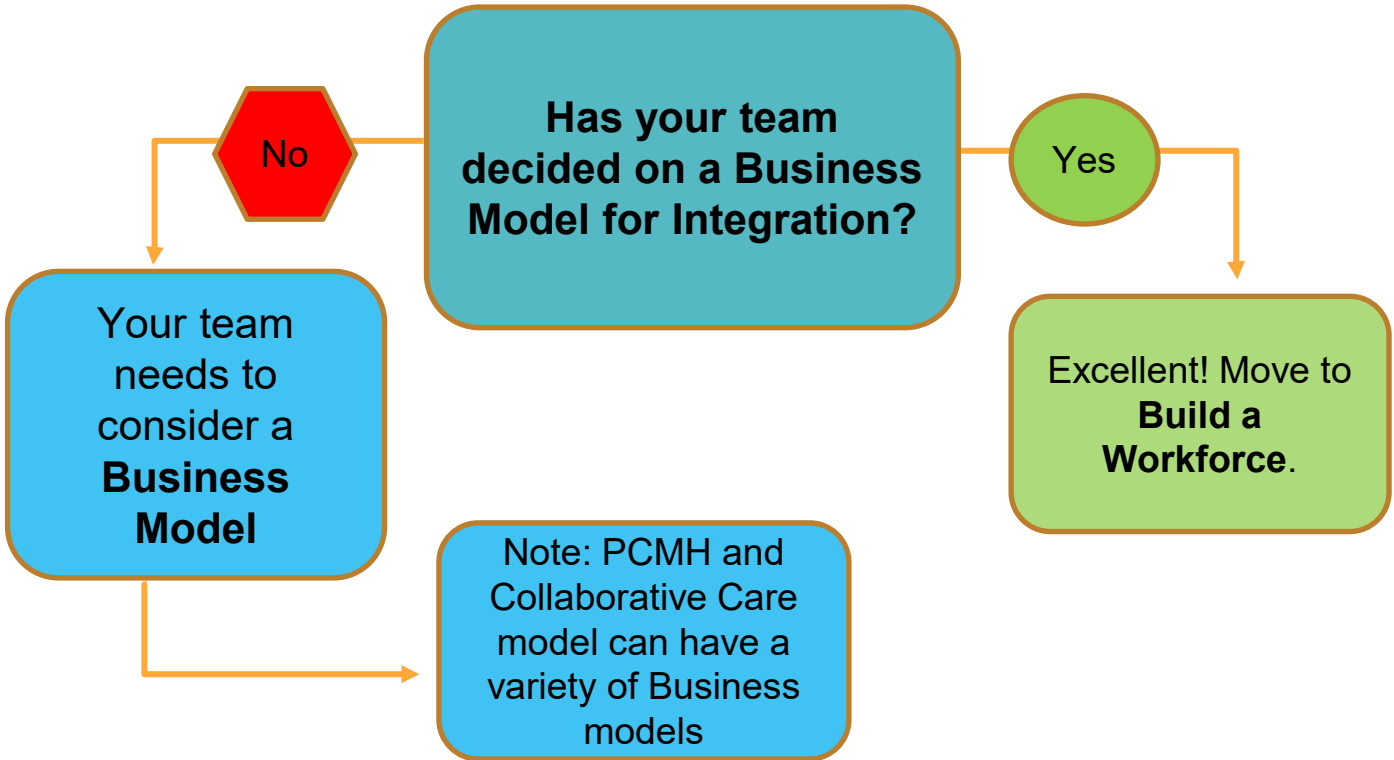
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Business Model



For the Behavioral Health Provider

- ✓ Professional liability insurance
- ✓ Business Agreements
- ✓ Space Usage/Rental
- ✓ Agreements
- ✓ Insurance panels and mix

Choose a
Business
Model



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Business Models

- 1) Coordinated Care-External Referrals to Agency/Practitioner
- 2) Employed by the Primary Care Practice
- 3) PC Support Contract with BH Provider
- 4) Independent Contract-Visiting Specialist
- 5) Agency Contract-Employed by agency and assigned to PC practice
- 6) Collaborative Care-Psychiatric Consultation

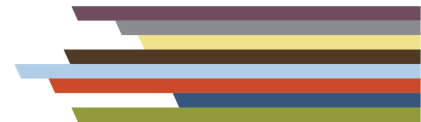
Choose a
Business
Model



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1) Coordinated Care-External Referrals to BH Agency/Practitioner

- Formal (i.e., contractual) or informal agreement for BH providers to see PC referrals
- Patients referred by PCPs and nurses
- Referral may be for specific provider or BH service
- Communication is between PCP(s) and BH provider(s)
- Most severe referrals requiring immediate evaluation go to hospital emergency departments



2) Employed by the Primary Care Practice

- Interviewed and hired by the primary care practice
- Referrals are usually all internal from PCPs
- Staff membership – part of PC practice
- Single Electronic Health Record
- BH clinician conducts screens, assessments & treatment
- BH clinician reports to and is evaluated by PCPs



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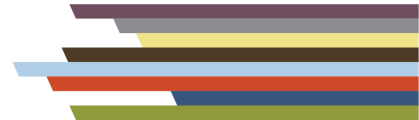
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3) PC Support Contract with BH Provider

- BHC contracts with primary care practice for space
- BHC contracts for any of supports including authorizations, reception, billing and/or scheduling services
- Primary care practice submits billings and collects fees
- Selected support services are reimbursed – usually as a percentage of collections
- BHC works within, and as part of, the PC clinic



4) Independent Contract-Visiting Specialist

- BHC contracts for space
- BHC does own authorizations, scheduling, billing, and collections
- Sees patients in space reserved for visiting specialists
- Requires minimal supports from PC clinic
- Generally best for part time practitioners (with other benefits sources)
- Maintains own and separate EHR (copy for PC practice)



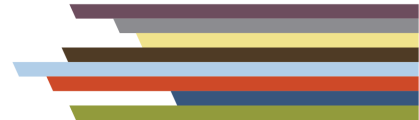
5) Agency Contract-Employed by agency and assigned to PC practice

- Employment by BH agency/BH practice
- BH practice provides needed supports (auths/scheduling/billing/collections)
- Benefits provided by BH practice
- Space/EHR/Reception contracted/negotiated
- Referrals from PC providers/negotiated for outside

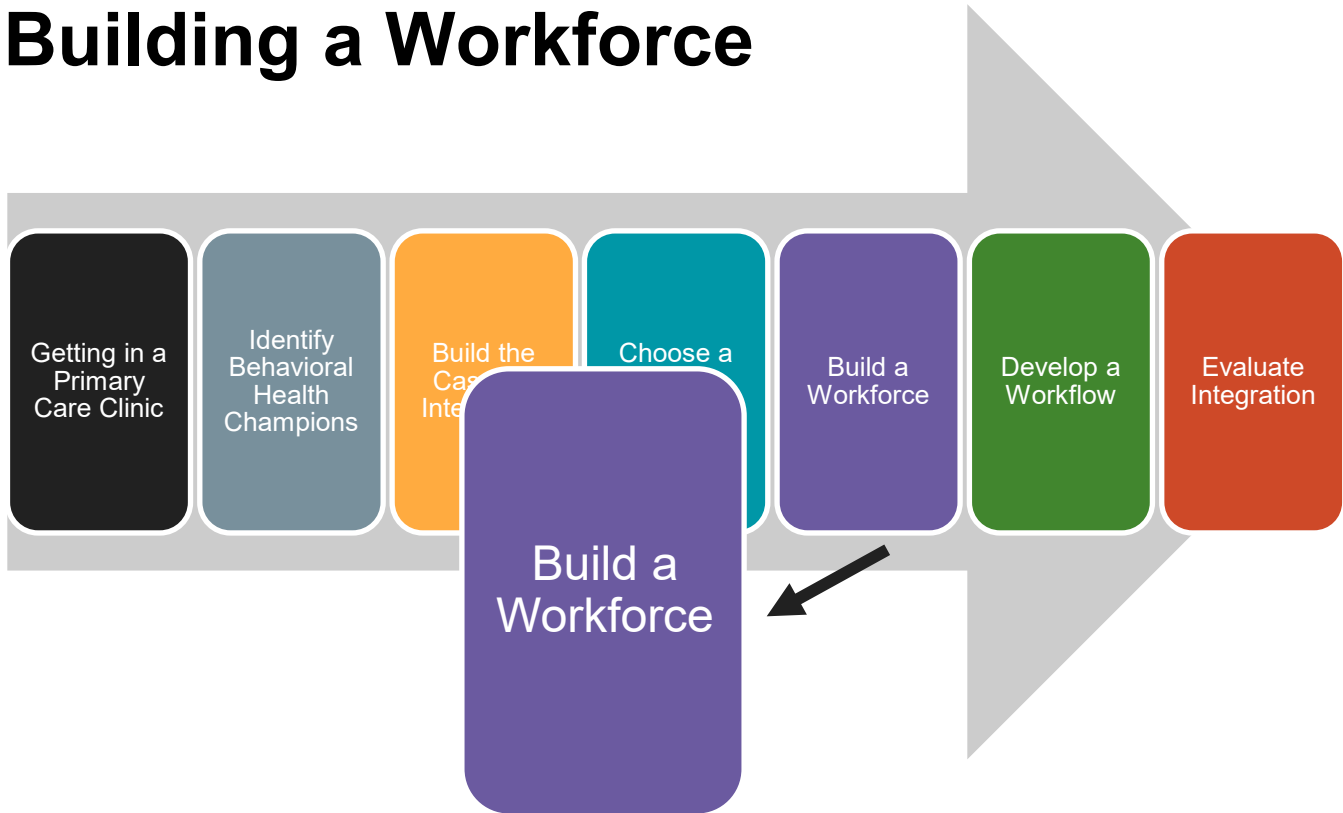


6) Collaborative Care-Psychiatric Consultation (AIMS Model)

- Team approach (PCP/Care manager/Psychiatrist)
- PCP is team leader
- Psychiatrist is available for consults (primarily for med management)
- Care manager screens and decides on referrals for consultation
- Primary care physician administers treatment (usually meds)



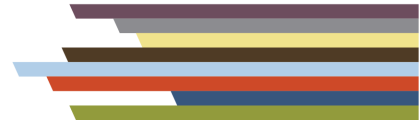
Building a Workforce



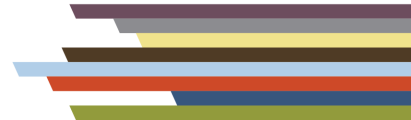
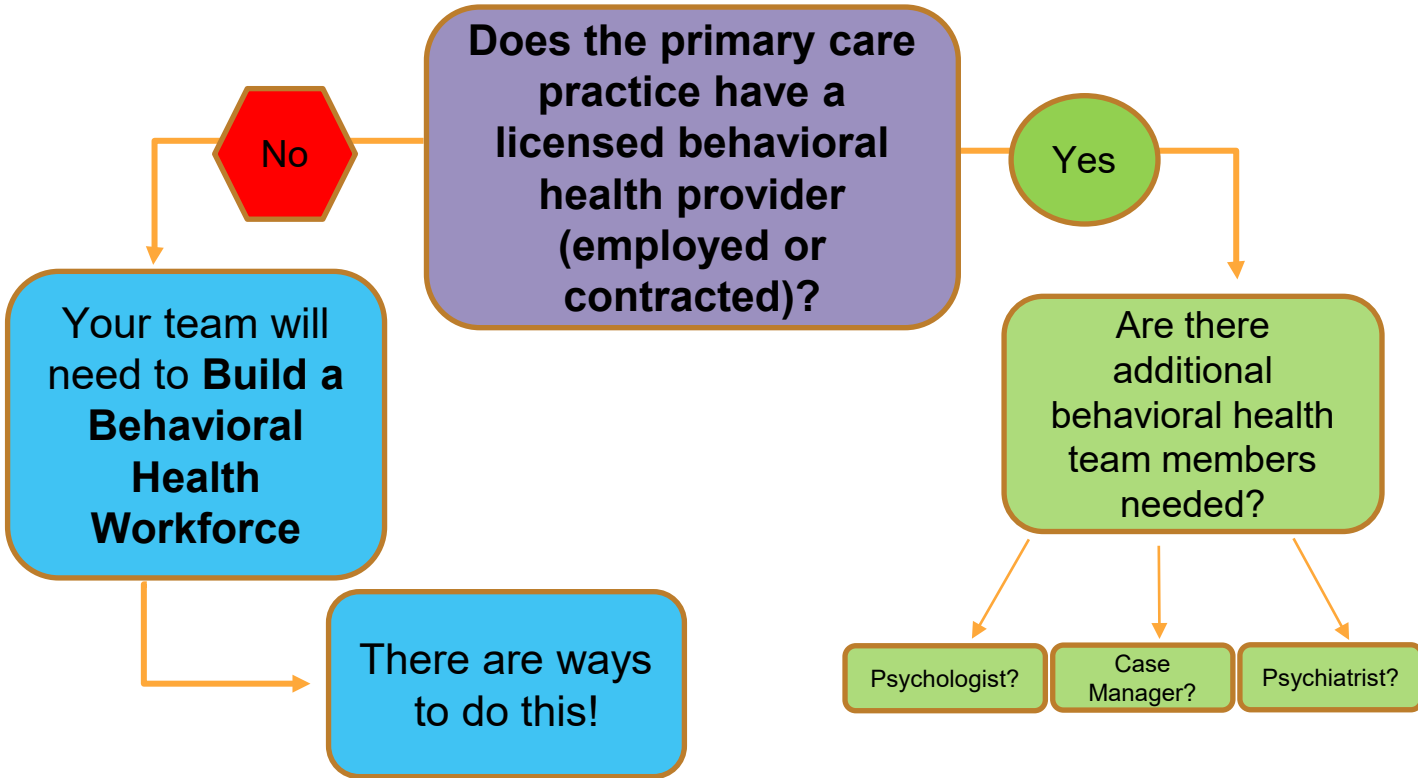
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Building a Workforce



Building a Workforce

Areas to Consider

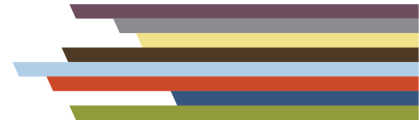
- ✓ Is there a potential to expand integrated care in the future?
- ✓ Behavioral health workforce in your state/region
- ✓ Training programs



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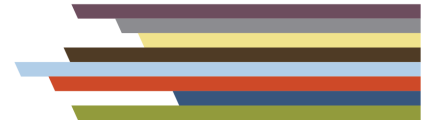
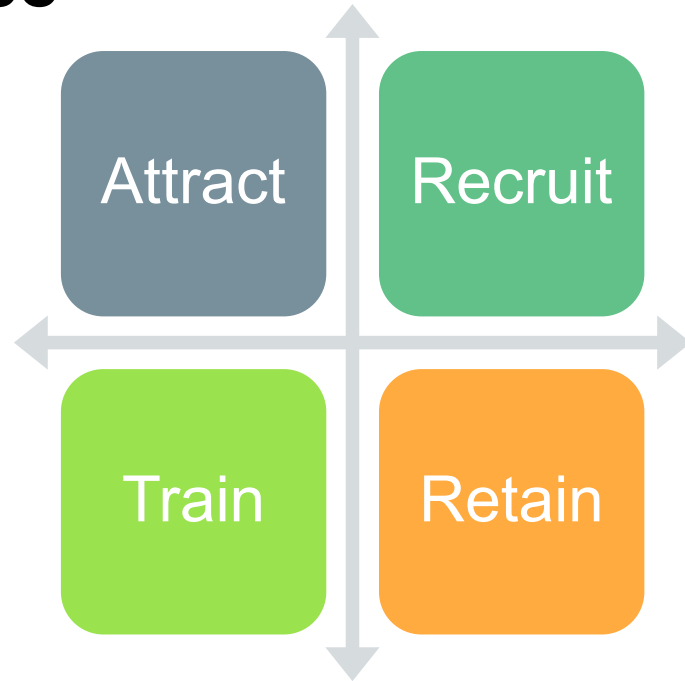
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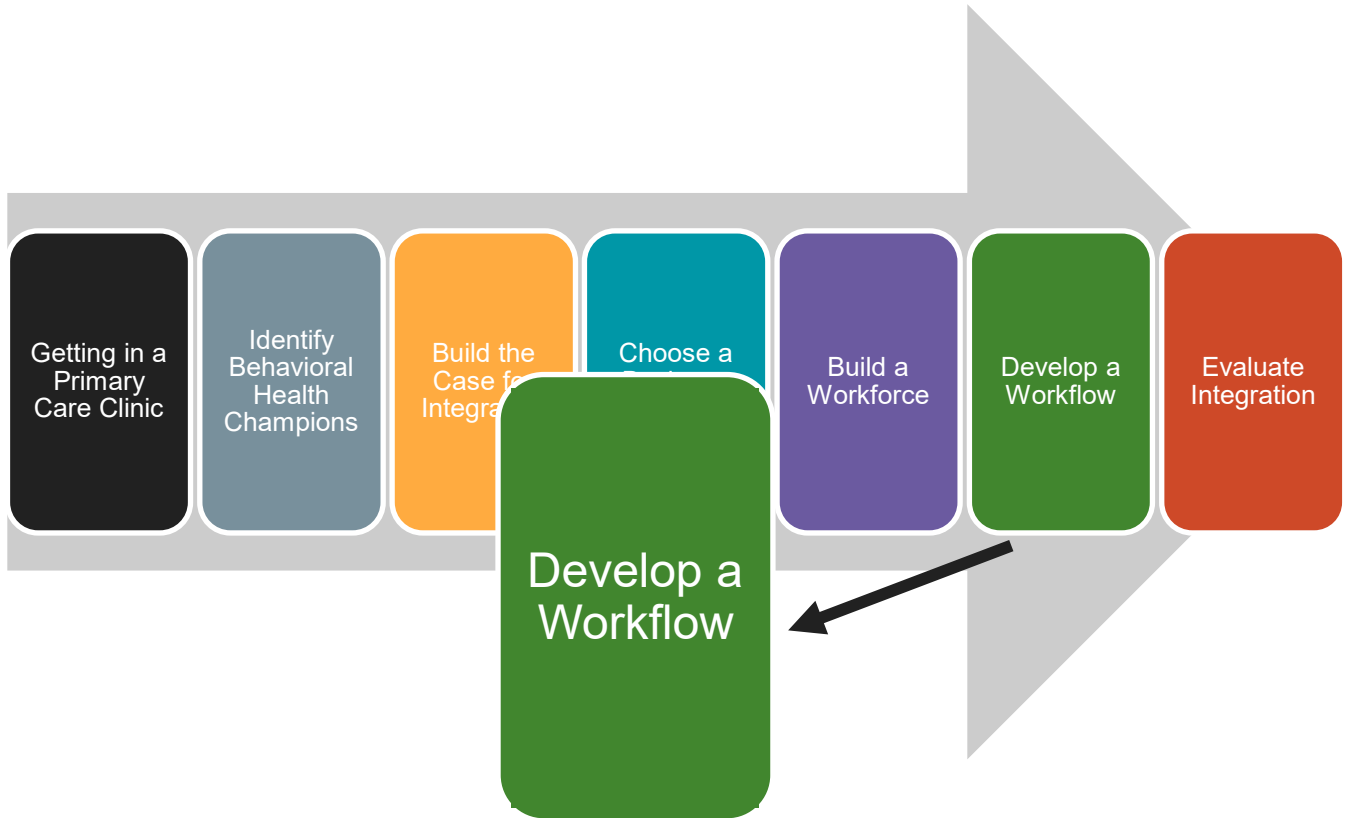


Building a Workforce

Areas to Consider

- ✓ Does our organization have behavioral health?
- ✓ Training the Future Workforce
- ✓ Training the Existing Workforce



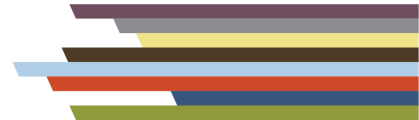


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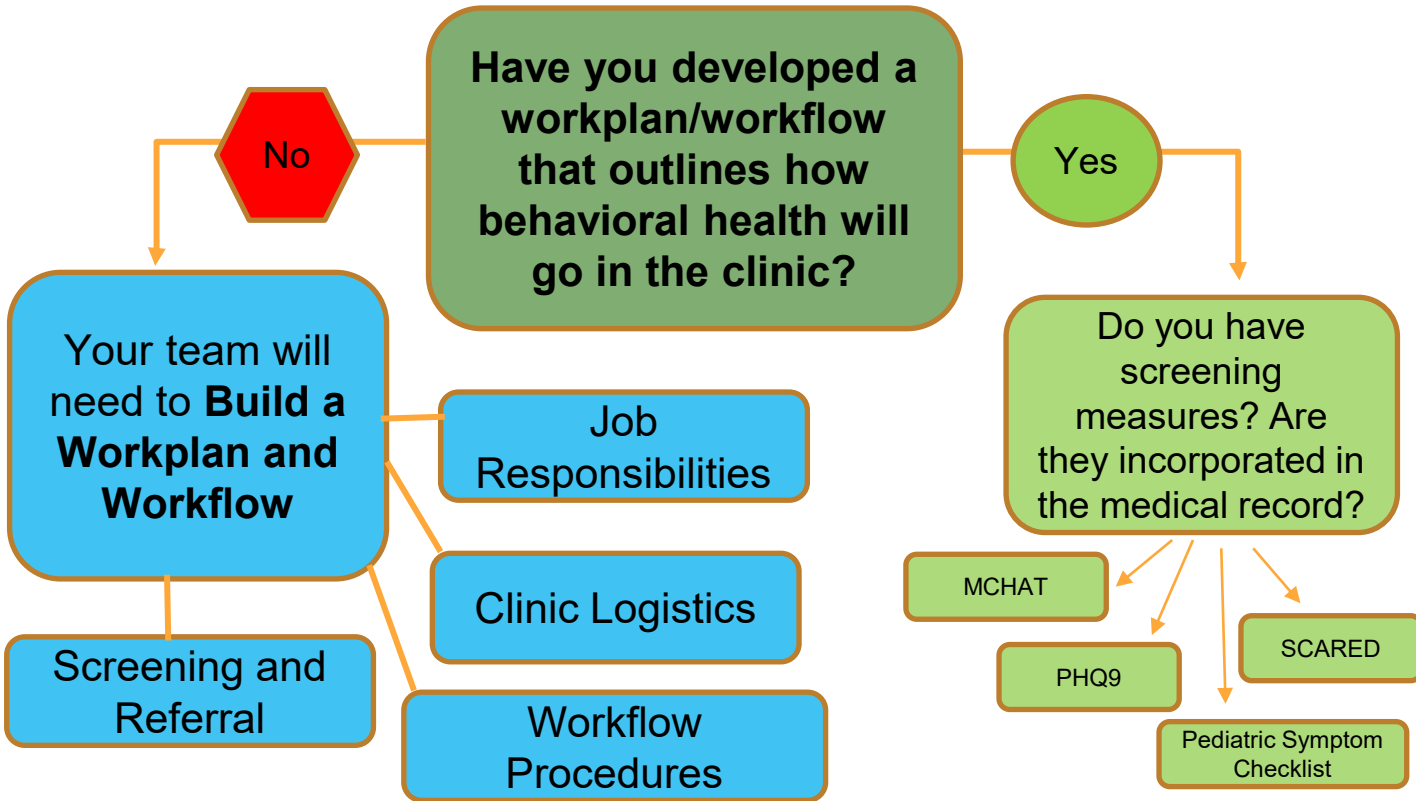
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Building a Workplan and Workflow



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Clinic Operations

- ✓ Job Responsibilities
- ✓ Workflow
- ✓ Screening and Referral Process
- ✓ Clinic Logistics
- ✓ Communication
- ✓ Telehealth



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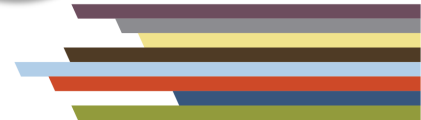
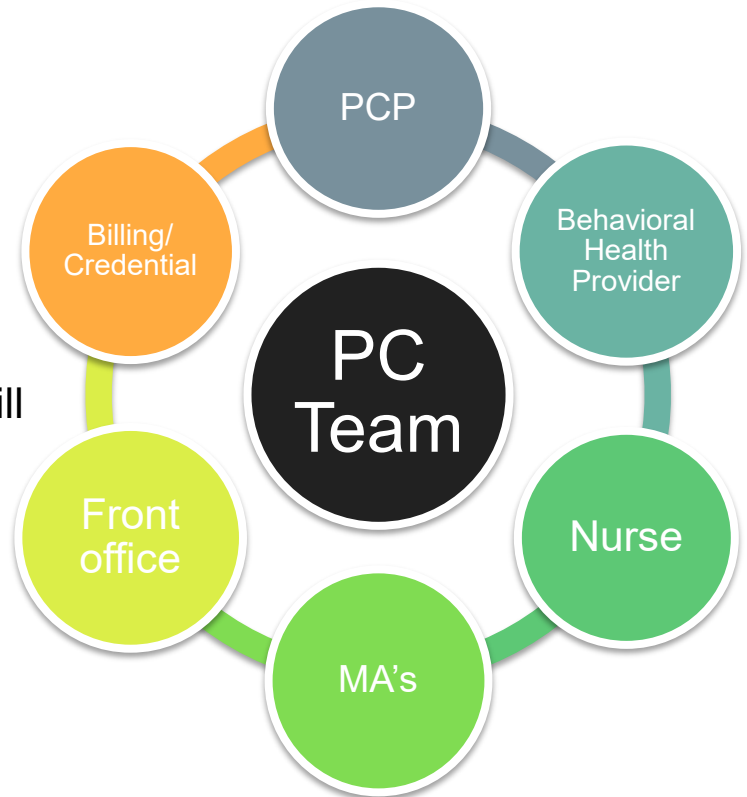
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Workflow: Areas to Consider

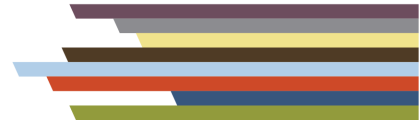
✓ Job Responsibilities:

- What are the roles of each member of the team with carrying out a workplan or working through the flow?
- Who will Schedule? Who will ensure the workflow is followed?
- How can you assist with patient phone calls?
- How will communication be managed?



Workflow: Areas to Consider

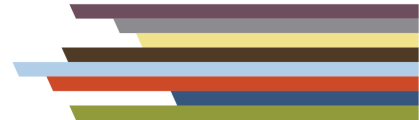
- ✓ Communication with PCP team
 - Formal
 - Session notes
 - Can you use the technology at the clinic? Is it possible to get access to the EMR?
 - Informal
 - Hallway consultation
 - Warm handoffs



Workflow: Areas to Consider

✓ Screening and Referral Process:

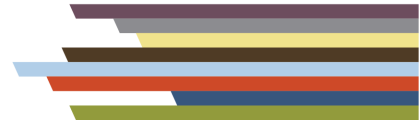
- How will the referral process work?
- Which screeners will be given? And at what age? Under what circumstances?
- Which screeners will we use if any?
- Who will manage screening of patients?
- Who will follow up to ensure the patient scheduled?
- Are there other ways to identify a child who needs to be referred?



Workflow: Areas to Consider

✓ Clinic Logistics:

- Which days of the week will you have a behavioral health provider?
- Which room(s) will be used for sessions? Are these close in proximity to the PCPs?
- Where will supplies be kept?
- How will the need for interpreters be managed?
- How will the check-in process work?
- Who will bring families back to the clinic room?



Workflow Areas to Consider

✓ Clinic Logistics (cont.):

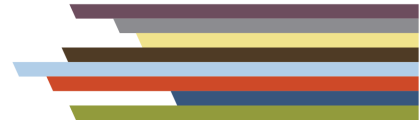
- Who will schedule?
- What to do if you're not credentialed with all the insurance plans the PC clinic takes?
- What days of the week will behavioral health on-site?
- How will information about patients be shared?
- EMR access?

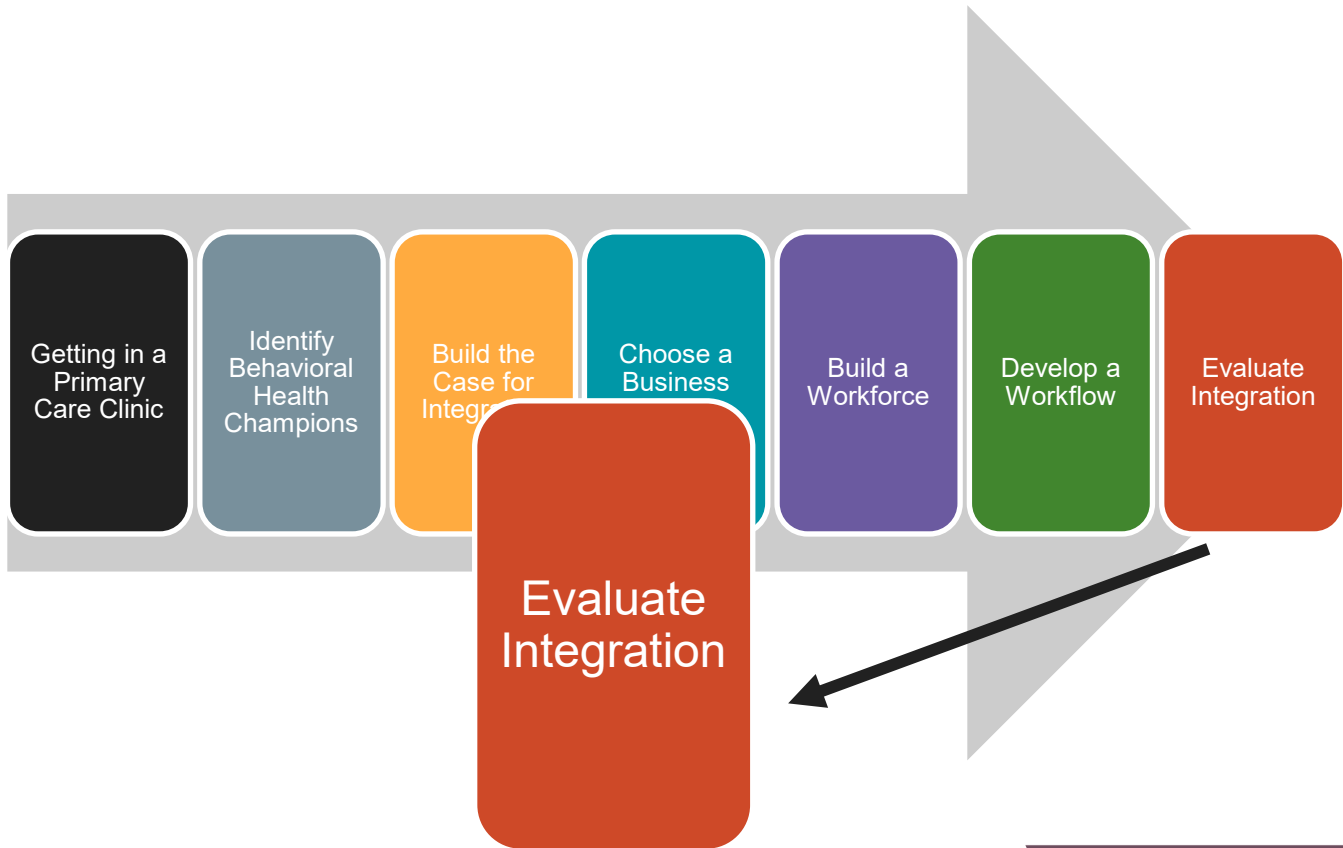


Workflow: Areas to Consider

✓ Telehealth

- Important to consider a plan for telehealth that allows for patient care to proceed
- Many insurance companies allow for telehealth
- Telehealth is useful at the spur of the moment and can typically be managed in the same space as an in-person visit.
- Careful planning is needed.
- There are many resources available regarding state regulations, insurance coverage, and training in general through our MHTTC





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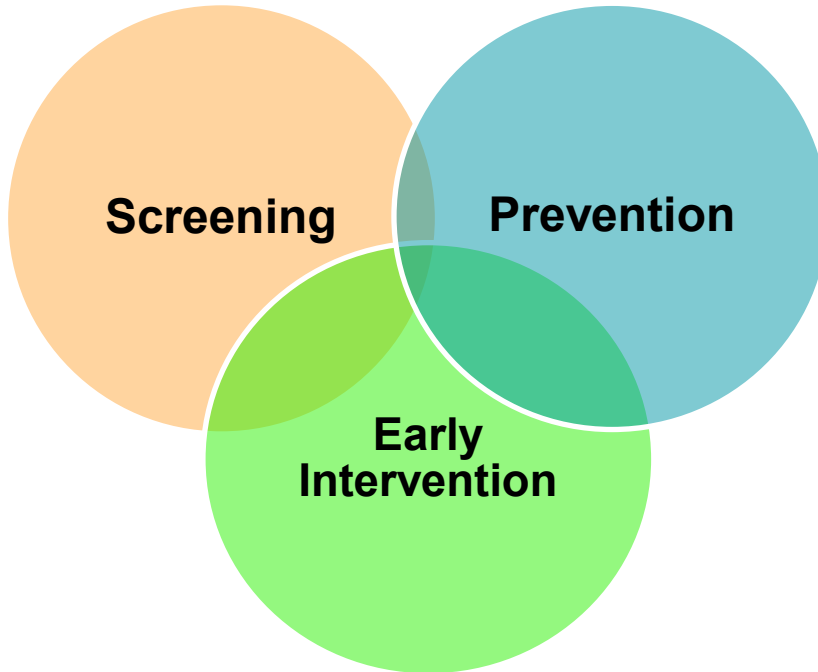
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Pediatric Integrated Care



SAMHSA: <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>



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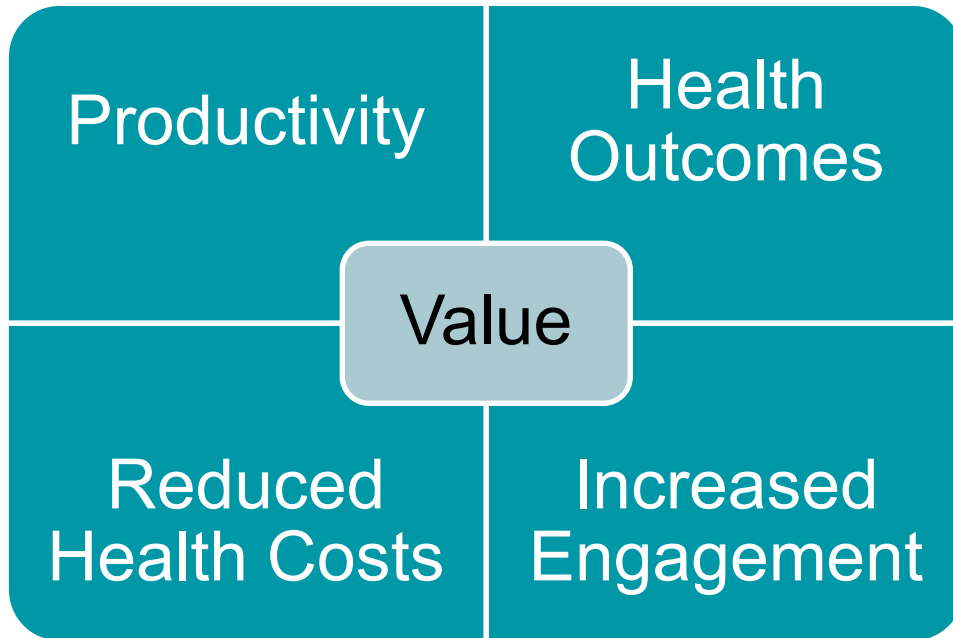
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Measuring Value in IC

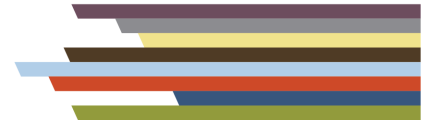
- Value can be measured in many ways



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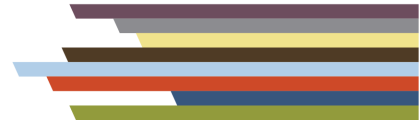
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Measuring Value in IC: Benchmarking

- **Benchmarking metrics are numerical ways to address efficiency and/or effectiveness of**
 - Productivity
 - Quality
 - Time
 - Cost
- **Benchmarking**
 - increases staff input and ownership
 - Ensures reaching the full denominator of the practice



Measuring Value in IC: Defining Benchmarks

- % of patients who were screened for depression
- % of patients who had a positive PHQ9
- % of patients who were referred for services because of a positive PHQ9
- % of patients with follow up following the positive PHQ9

Screening

**Early
Intervention**

Prevention



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Measuring Value in IC: Benchmarking

- **Clinical Measures**

- Behavioral Health screening
- PHQ-9, SCARED

- **Administrative Measures**

- Staff capacity
- Use of concurrent document
- No-show rates
- Billing Efficiency

- **Sources**

- Electronic Health Record
- Spreadsheets
- Patients

Pandian, M. (2015). Using Benchmarking to Drive the Successfully Behavioral & Primary Care Integration



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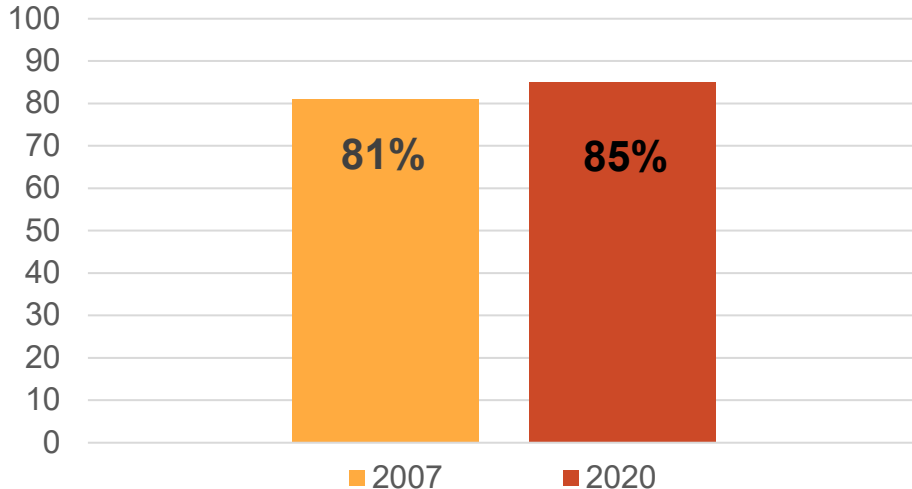
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Show Rates from PCP Referrals

Attended 1st appointment



Valleley, R.J., Kosse, S., Schemm, A., Foster, N., Evans, J., & Polaha, J. (2007). Integrated Care for Children in Rural Communities: An Examination of Patient Attendance to Behavioral Health Services. *Families, Systems, & Health*, 25, 323-332.

Valleley, Meadows, Burt, Menousek, Hembree, Evans, Gathje, Kupzyk, Sevecke, Lancaster (2020). Demonstrating the impact of collocated behavioral health in pediatric primary care. *Clinical Practice in Pediatric Psychology*, 8(1), 13-24.



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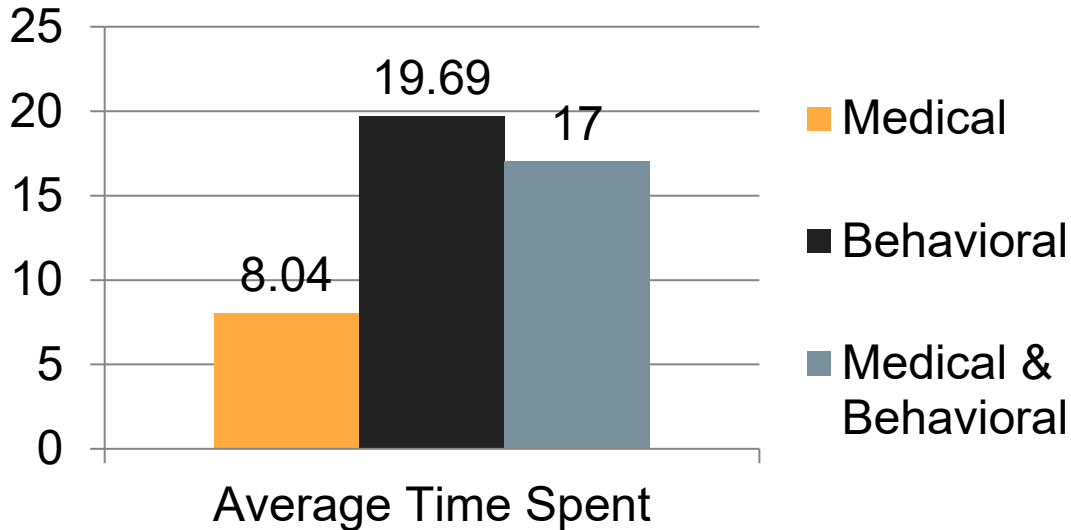
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Physician Time Spent in Minutes



Valleley, Polaha, Begeny & Evans (2006). Running out of time: Physician management of behavioral health concerns in rural pediatric primary care. *Pediatrics Electronic Pages*, 118, e132-e138.



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Integrated Behavioral Health Program

Department of Pediatrics
Division of Pediatric Psychology
Michigan Medicine



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Initiating IBH in Primary Care



- Brown Bag lunches with key players
 - Pediatricians
 - Nurses/MA's
 - Office Staff
 - Office Managers
- Partner with leadership to describe potential benefits
 - General Pediatrics are generally dissatisfied with behavioral support
 - Propose IBH as a solution
- Identify a General Peds physician champion

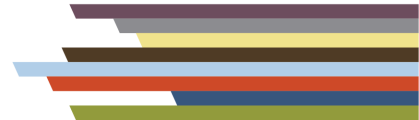


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Initiating IBH in Primary Care



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Proposed “Pilot Project”

- Developed a presentation and included:
 - Improved access to timely behavioral health services
 - Opportunity to provide collaboration
 - General Pediatrics trying to curtail medication usage
- Discussed lack of local referrals and poor follow through
- Pediatricians were generally uncomfortable with behavioral health issues and often looking for help in this area



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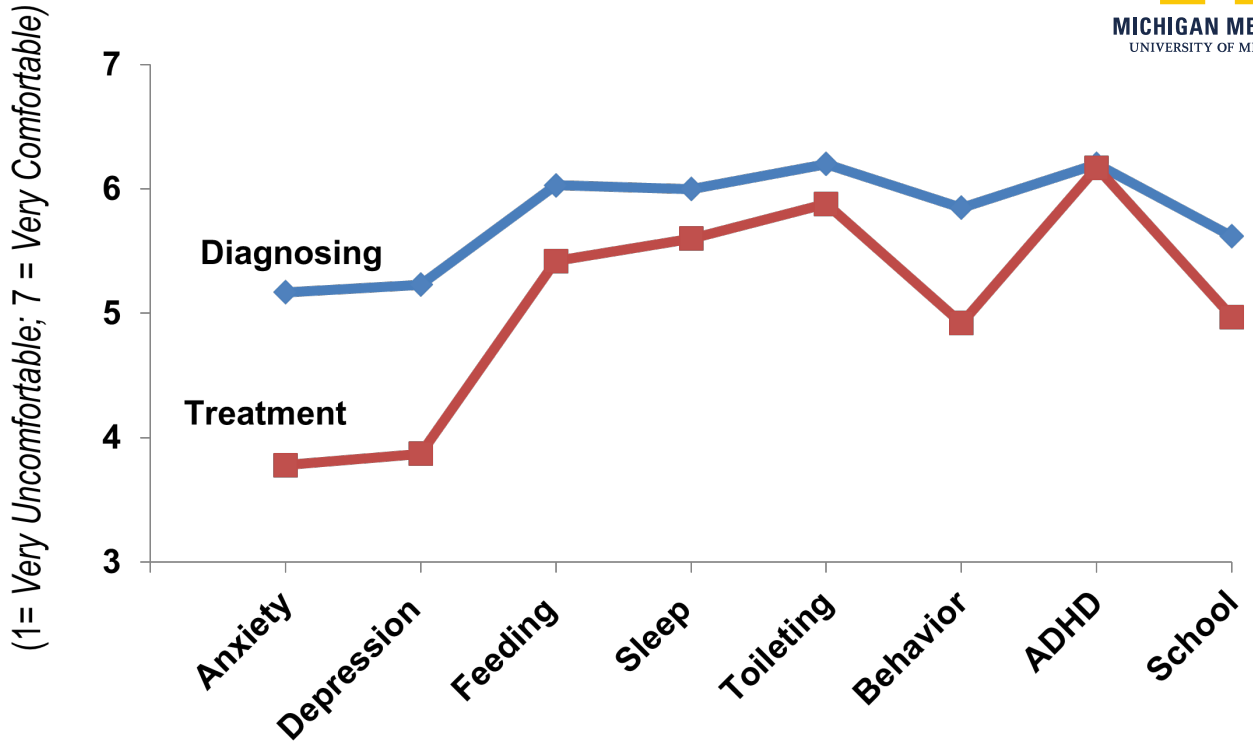
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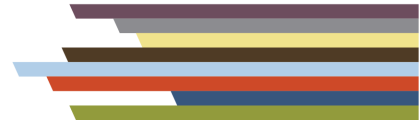


General Pediatrics Physician Survey



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Business Model for Integrated Care

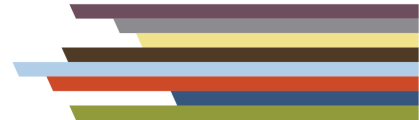


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Funding



- Funded through billing/RVU generation
- New positions are funded using different models
 - Practice pays salary of behavioral health provider and uses current billing system to recoup as much \$ as possible through billing psychotherapy billing codes (90791, 90837, 90834, etc.)
 - Behavioral health provider is paid through the practice, but no or minimal effort is made to bill for services (physician leveraging effect)
 - Behavioral health provider is a “guest” in the clinic and takes care of own billing and reimbursement



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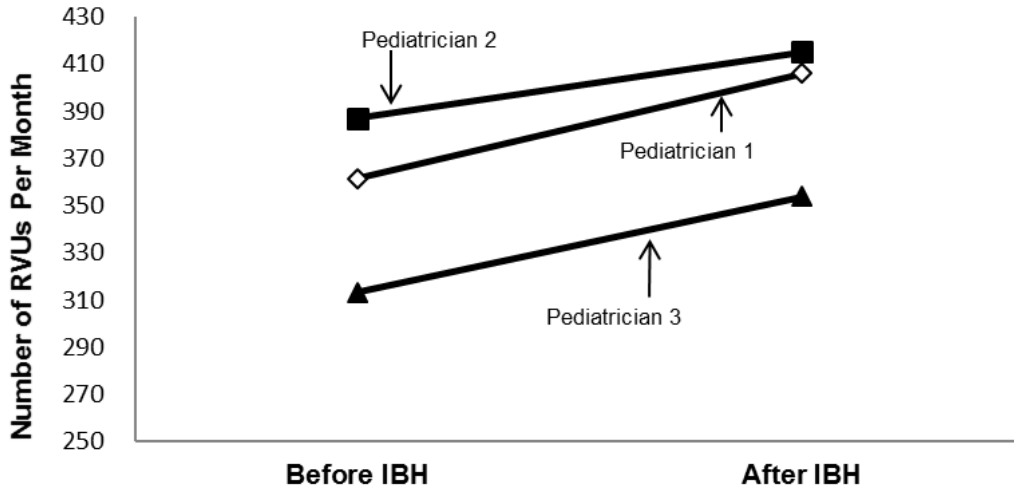
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Physician Leveraging Effect

Pediatrician RVU Generation Per Month in the Howell Pediatric and Teen Clinic Before and After Integrated Behavioral Health



Note. This figure represents the number of RVUs generated per month by three pediatricians for the 9 months prior and the 14 months after an integrated behavioral health specialist was placed in the Howell Pediatric and Teen Clinic. For Pediatrician 1, $p = .10$; for Pediatricians 2, $p = .42$; and for Pediatrician 3, $p = .05$.



Workforce Development and Maintenance



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Training Programs = Recruitment

- Challenging to recruit from outside with so few trained in pediatric integrated care
- Michigan Medicine Training Program
 - Pediatric Psychology Practicum Program
 - Initial exposure
 - Recruit from local doctoral programs
 - HRSA Grant Support
 - Joined internship consortium
 - Applying for APA accreditation this fall
 - Post Doctoral Fellows
 - Generate significant RVU compared to salary
 - Can be recruited as future faculty



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Workforce Development and Maintenance



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“Pilot Program”

- When growing a program within the same system, a “Pilot Program” encourages discussion and interest among pediatricians from other primary care clinic locations
- Pediatricians may compete for the next expansion opportunity



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Tips and Lessons Learned in Integrated Care



- Partner with MA's in PC, especially when there are space issues
- Careful PCP leveraging rational in large health system
- Must have a physician champion
 - Build and expand through word of mouth
- Start with a “pilot”



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Tips and Lessons Learned in Integrated Care



- Evidence-based care
 - Produces patient outcomes that create word-of-mouth effect
 - Keeps “curing” patients to create openings in schedules to handle volume
 - Promote IC through brown bag lunches
 - Share notes-PCPs learn evidence-based practices through reading your notes
- Work collaboratively across disciplines
- Be aware of overall competition for resources in your division
- Develop multiple training (feeder) programs



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A Guide to SAMHSA's Strategic Framework: <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>

AIMS Center (Advancing Integrated Mental Health Solutions): <https://aims.uw.edu/>

American Psychiatric Association:

<https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/learn>

Blount, A. (2003). Integrated Primary Care: Organizing the Evidence. Families, Systems & Health, 21, 121-134.

Centers for Disease Control and Prevention:

<https://www.cdc.gov/childrensmentalhealth/data.html>

Center of Excellence for Integrated Health Solutions

<https://www.thenationalcouncil.org/integrated-health-coe/resources/>



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<https://www.integration.samhsa.gov/resource/standard-framework-for-levels-of-integrated-healthcare>
- National Institute of Mental Health: <https://www.nimh.nih.gov/health/topics/integrated-care/index.shtml>
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Resource Tools for Implementation

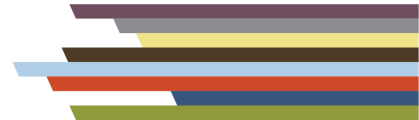
- ✓ Organizational Assessment Toolkit for Primary and Behavioral Health Care Integration https://www.thenationalcouncil.org/wp-content/uploads/2020/01/OATI_Overview_FINAL.pdf?daf=375ateTbd56
- ✓ A Quick Start Guide to Behavioral Health Integration for Safety-Net Primary Care Providers <https://www.thenationalcouncil.org/wp-content/uploads/2020/01/Website-Resources.pdf?daf=375ateTbd56>
- ✓ Core Competencies for Integrated Behavioral Health and Primary Care https://www.thenationalcouncil.org/wp-content/uploads/2020/01/Integration_Competencies_Final.pdf?daf=375ateTbd56
- ✓ Standard Framework for Levels of Integrated Care https://www.thenationalcouncil.org/wp-content/uploads/2020/01/CIHS_Framework_Final_charts.pdf?daf=375ateTbd56



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Questions?



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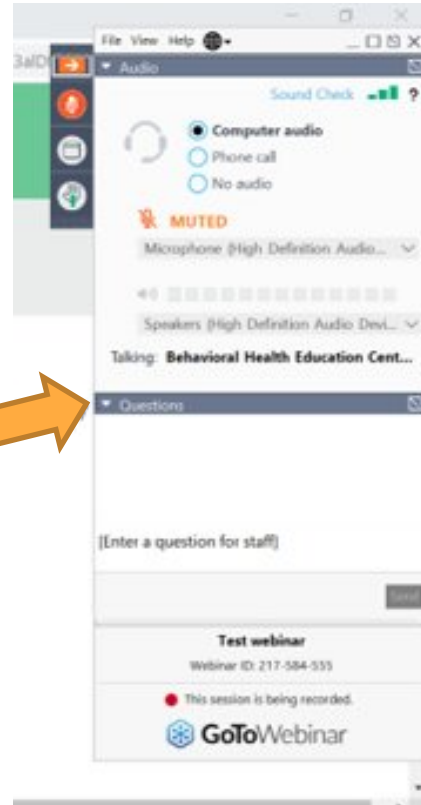
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Computer

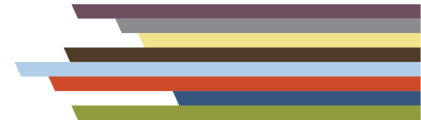
- To ask a question:
- Type it into the Questions box, and your question will be read out loud.



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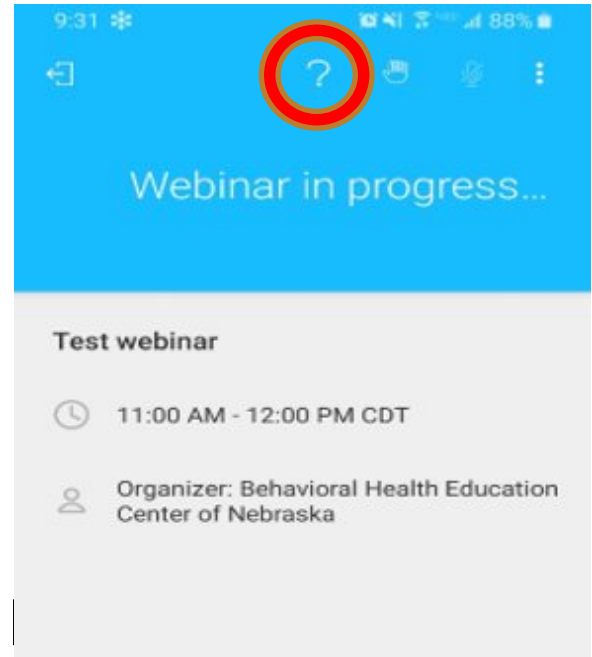
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Phone

- To ask a question:
- Tap the question mark icon to type your question, and your question will read out loud.



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Coming Home to Primary Care Pediatric Integrated Health Series

Last Friday of each month, 12-1pm Central Time

- Friday, October 30- Considerations in Maintaining Equity on Our Path to Pediatric Primary Care
- Recordings will be made available

<https://mhttcnetwork.org/centers/mid-america-mhttc/coming-home-primary-care-pediatric-integrated-behavioral-health>



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