About This Tool

The core principles of effective integrated behavioral health care include a patient-centered care team providing evidence-based treatments for a defined population of patients using a measurement-based treat-to-target approach.

## Principles of Care

<table>
<thead>
<tr>
<th>Principle</th>
<th>None</th>
<th>Some</th>
<th>Most/All</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Patient-Centered Care</strong></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Primary care and behavioral health providers collaborate effectively using shared care plans.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>2. Population-Based Care</strong></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Care team shares a defined group of patients tracked in a registry. Practices track and reach out to patients who are not improving and mental health specialists provide caseload-focused consultation, not just ad-hoc advice.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>3. Measurement-Based Treatment to Target</strong></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Each patient’s treatment plan clearly articulates personal goals and clinical outcomes that are routinely measured. Treatments are adjusted if patients are not improving as expected.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>4. Evidence-Based Care</strong></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Patients are offered treatments for which there is credible research evidence to support their efficacy in treating the target condition.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>5. Accountable Care</strong></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Providers are accountable and reimbursed for quality care and outcomes.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Core components and tasks are shared by effective integrated behavioral health care programs. The AIMS Center Integrated Care Team Building Tool (http://bit.ly/IMHC-teambuildingtool) can help organizations build clinical workflows that incorporate these core components and tasks into their unique setting.

<table>
<thead>
<tr>
<th>Core Components &amp; Tasks</th>
<th>None</th>
<th>Some</th>
<th>Most/All</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Patient Identification and Diagnosis</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screen for behavioral health problems using valid instruments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnose behavioral health problems and related conditions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use valid measurement tools to assess and document baseline symptom severity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Engagement in Integrated Care Program</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduce collaborative care team and engage patient in integrated care program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiate patient tracking in population-based registry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Evidence-Based Treatment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop and regularly update a biopsychosocial treatment plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide patient and family education about symptoms, treatments, and self management skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide evidence-based counseling (e.g., Motivational Interviewing, Behavioral Activation)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide evidence-based psychotherapy (e.g., Problem Solving Treatment, Cognitive Behavior Therapy, Interpersonal Therapy)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescribe and manage psychotropic medications as clinically indicated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change or adjust treatments if patients do not meet treatment targets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Systematic Follow-up, Treatment Adjustment, and Relapse Prevention</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use population-based registry to systematically follow all patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proactively reach out to patients who do not follow-up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor treatment response at each contact with valid outcome measures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor treatment side effects and complications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify patients who are not improving to target them for psychiatric consultation and treatment adjustment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create and support relapse prevention plan when patients are substantially improved</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5. Communication and Care Coordination</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordinate and facilitate effective communication among providers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engage and support family and significant others as clinically appropriate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilitate and track referrals to specialty care, social services, and community-based resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6. Systematic Psychiatric Case Review and Consultation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct regular (e.g., weekly) psychiatric caseload review on patients who are not improving</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide specific recommendations for additional diagnostic work-up, treatment changes, or referrals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide psychiatric assessments for challenging patients in-person or via telemedicine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7. Program Oversight and Quality Improvement</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide administrative support and supervision for program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide clinical support and supervision for program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routinely examine provider- and program-level outcomes (e.g., clinical outcomes, quality of care, patient satisfaction) and use this information for quality improvement</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>