



COA's Integrated Behavioral Health & Primary Care Supplement

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Agenda



INT Overview



Q & A

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INT Overview

INT Overview

Definition

Integrated Behavioral Health and Primary Care is the systematic coordination of behavioral and physical healthcare to improve the overall health of clients. Organizations that offer integrated behavioral health and primary care have the capacity to assess, identify, and coordinate treatment for mental health, substance use, and general medical conditions, using an interdisciplinary team of behavioral health and primary care professionals.

Note: Behavioral health providers can offer integrated services by fully integrating primary care into their existing program, establishing written agreements with a primary care provider that is located on-site, or establishing written agreements with a primary care provider that is located in the community.

Note: The Integrated Behavioral Health and Primary Care Supplement must be completed in addition to all assigned Administration and Management, Service Delivery Administration, and Service sections. Key features of integrated behavioral health and primary care, such as evidence-based interventions, culturally and linguistically appropriate practice, family involvement in service planning, and ongoing service plan monitoring are covered in other COA sections that will be implemented in addition to this supplement.

Purpose

Individuals who receive integrated behavioral health and primary care have improved access to needed services, reduced incidence of serious or acute physical illness, increased capacity to manage their chronic conditions, and improved overall health.

INT Overview

Integrated Behavioral Health and Primary Care Supplement (INT)

Integrated Behavioral Health and Primary Care Supplement - Definition

INT 1 - Administrative Practices

INT 2 - Assessment

INT 3 - Integrated Service Planning and Monitoring

INT 4 - Care Coordination

INT 5 - Health Promotion

INT 6 - Personnel

INT Overview

- Key Integration Practices
 - Expanded Access
 - Patient Engagement
 - Screenings
 - Care Coordination
 - Information Management

INT Overview

■ Practice: Expanded Access

INT 1.03

The organization provides expanded access to needed services to meet the needs of the target population.

related **ASE 2.02**

Interpretation: *Examples of ways to achieve expanded access include, but are not limited to, same-day scheduling, expanded hours, locating services in a facility that is convenient for the identified services population, and new options for communication between clients and providers.*

INT Overview

- **Practice: Patient Engagement**
 - Establish a person-centered approach to delivering services (INT 1.02)
 - The client is an active participant in the assessment and service planning processes (INT 2 and INT 3)
 - The client is empowered to manage his or her chronic conditions and advocate for his or her service needs (INT 5.01 and INT 5.02)

INT Overview

- **Practice: Screenings**
 - Routine, initial screenings are part of the assessment and guide the development of the service plan (INT 2.01)
 - Screenings are conducted at regular intervals and results are tracked to assess achievement of outcomes and treatment effectiveness (INT 4.06)
 - Client data is aggregated to inform health promotion activities (INT 5.03)

INT Overview

- **Practice: Care Coordination**
 - Integrated Assessment and Service Plan (INT 2 and INT 3)
 - Interdisciplinary team (INT 4.01)
 - Clearly defined roles (INT 4.03)
 - Access to a psychiatrist (INT 4.02)
 - Staff availability to provide services directly (INT 4.05)
 - Service coordination
 - Referral procedures and community partnerships (INT 4.07, INT 4.08)
 - Transition planning (INT 4.09)
 - Documentation of services provided directly and by referral in the case record (INT 4.11)
 - Established communication procedures (INT 4.04)
 - Tracking progress
 - Ongoing screenings (INT 4.06)
 - Tracking medication and treatment adherence (INT 4.10)

INT Overview

- **Practice: Information Management**
 - Shared access to the client's health information (INT 1.05)
 - Tracking results of screenings to assess achievement of outcomes and treatment effectiveness (INT 4.06)
 - Tracking medication and treatment adherence (INT 4.10)
 - Documentation of services provided directly and by referral in the case record (INT 4.11)
 - RPM & PQI

INT Overview

- **Fundamental Practice Standards**
 - Client Rights: INT 1.06; INT 1.07
 - Risk: INT 1.08
 - Client Safety: INT 3.02

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Q&A

- For Additional Information:
 - www.coanet.org
 - Training Calendar: <http://coa.force.com/coasite/eventsearch>
 - Relias Learning Partnership Self-Paced Trainings
 - An Introduction to COA Accreditation
 - COA Accreditation: Getting Started
 - The Format and Structure of COA's Accreditation Standards
 - Assessing Your Practices Against COA Standards
 - Submitting Self-Study Evidence
 - Preparing for the Site Visit

Thank you

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