Assessment of Integrated Behavioral Health Based on Patient-Centered Primary Care Home (PCPCH) & Integrated Behavioral Health Alliance (IBHA) Minimum Standards*

IBHA/PCPCH Integrated Care Standard	Level of Integration **NOTE: Primary care clinics must score a 5 or higher on each IBHA standard and must meet PCPCH 3.C.2.a and 3.C.3 to meet the minimum requirements to be considered integrated.**			
Integrated BH services are provided as part of routine care at the PCPCH including licensed Behavioral Health Clinician(s) (BHC)[1] delivering an array of services onsite. BHC(s) provides care at the PCPCH with a ratio of at least 1 FTE BHC for every 6 FTE of Primary Care Clinicians (PCC).	No BHC practices on-site in the PCPCH, or practices in same building but not co-located inside the primary care clinic 0 1	A BHC is co-located inside the PCPCH but clinic does not meet staffing ratio of 1 FTE BHC for every 6 FTE PCCs 2 3 4	One or more BHCs provide integrated behavioral health services on-site in the PCPCH at a ratio of at least 1 FTE BHC for every 6 FTE PCCs 5 6 7	One or more BHCs provide integrated behavioral health services on-site in the PCPCH at a ratio that exceeds 1 FTE BHC for every 6 FTE PCCs 8 9 10
Integrated BHC provides a broad array of comprehensive evidence-based behavioral health services.	No BHC practices on-site in the PCPCH, or practices in same building but not co-located inside the primary care clinic 0 1	The BHC provides longer-term therapy services, primarily via referral from PCCs, to few patients with higher acuity mental health and/or substance use issues; Unknown if BHC is using evidence-based treatments 2 3 4	BHC provides short-term, evidenced-based care for all of the following: mental illness, substance use disorders, health behaviors that contribute to chronic illness, life stressors and crises, developmental risks and conditions, stress-related physical symptoms, preventive care, and ineffective patterns of health care utilization; Most patients see the BHC for 4 or fewer sessions during an episode of care; Evidence-based interventions include those listed in the SAMHSA Evidence-Based Practices Resource Center. 5 6 7 8 9 10	

*Based on the Integrated Behavioral Health Alliance recommended minimum standards for Patient-Centered Primary Care Homes providing integrated care (2015)

[1] Behavioral health clinicians (BHC) include: A licensed psychiatrist; A licensed psychologist; A certified nurse practitioner with a specialty in psychiatric mental health (PMHNP); A licensed clinical social worker (LCSW); A licensed professional counselor (LPC) or licensed marriage and family therapist (LMFT); A board-registered associate; A board-registered associate or psychologist resident in a clinical mental health field.

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Integrated BHC provides same-day open access behavioral health services. (Same-day services are provided in real-time at the point of care when behavioral health issues are identified, including the following BHC activities: warm hand-offs, brief assessments and interventions, consultations to PCCs and other care team members)	No BHC in the PCPCH or BHC is not readily available for same-day services; BHC appointments are typically scheduled as traditional 50-minute therapy sessions; BHC is not interruptible when with a patient 0 1	BHC same-day availability is minimal; may occur at times but not defined; Majority of appointments are scheduled therapy for traditional mental health issues; Ability to interrupt BHC is limited; Unknown or low population reach (5% or less) 2 3 4	BHC is available for same-day services at least half of their hours at the clinic each week; same-day warm-hand offs occur regularly; BHC may average about 6 BHC encounters per day; BHC is interruptible most of the time; Evidence of moderate population reach (about 10%) 5 6 7	BHC is available for same-day access during all times the clinic is open and is interruptible at any time when patient needs arise; BHC averages 8 or more BHC encounters per day; Evidence of high population reach (15% or more) 8 9 10
Primary care clinicians, staff, and BHC utilize shared medical records and have a mechanism in place for collaborative care planning and co-management of patients.	No BHC at the PCPCH or no use of shared EHR; All medical and behavioral health information is separate; Little to no evidence of care coordination or collaborative treatment planning 0 1	BHC & PCC share EHR but BH notes & treatment plans are separate from PCC documentation; BHC & PCC may occasionally communicate, but have different treatment goals; Little to no evidence of care coordination or collaborative treatment planning 2 3 4	PCCs and BHC utilize a fully shared EHR for all documentation; PCC and BHC documentation is integrated and treatment plans are coordinated; BHCs and PCCs participate in collaborative treatment planning and co-management via case conferences, consults, pre-visit planning and/or daily huddles 5 6 7	Utilizing shared EHR, BHC and PCCs jointly develop and coordinate one shared treatment plan and involve patient in setting health goals; BHCs and PCCs regularly participate in collaborative treatment planning and co-management via case conferences, consults, pre-visit planning and/or daily huddles 8 9 10

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BHC is an integrated part of the primary care team.	No BHC at the PCPCH or the BHC is co-located in the clinic, but does not participate in regular clinic activities 0 1	BHC primarily utilized as a referral resource, but otherwise does not participate in regular clinic activities along with other staff & providers; BHC may have an office on-site in the PCPCH where appointments are conducted 2 3 4	PCCs, BHCs, and other care team members utilize shared physical space; BHC conducts many same-day services in clinic exam rooms when possible; BHC participates in practice activities such as team meetings, daily huddles, pre-visit planning, and quality improvement (QI) projects 5 6 7	Services and physical space completely integrated and seamless; BHC maintains consistent visible presence; BHC practices side-by-side with PCCs and is represented in leadership roles; Patient appointments regularly scheduled jointly with PCC and BHC; BHC routinely participates in daily huddles, pre-visit planning, and QI projects 8 9 10
PCPCH utilizes a population-based approach to delivering and coordinating integrated behavioral health services.	No systematic process in place to conduct universal screening for BH needs and connect patients to treatment and resources 0 1	May track individual patients based on circumstances or provider judgement, but no standardized pathways exist for screening, referral to services, coordinating care, and maintaining continuity 2 3 4	PCPCH utilizes universal BH screening, care coordination, and panel management to monitor the BH needs and outcomes of the patient population. PCPCH utilizes written protocols for referrals to appropriate BH specialist(s) and hospitalization if clinically indicated 5 6 7	Systems in place to ensure all patients are screened, assessed, treatment is scheduled & follow-up coordination is maintained; Outcome measures are tracked and used for QI purposes; Patient registry is actively utilized with criteria and outreach protocols to monitor patients & make care plan adjustments; Outreach performed consistently with information flowing back to care team 8 9 10

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The integrated team includes psychiatric consultative resources.	No coordination with external or internal psychiatric resources (i.e., psychiatrist or psychiatric mental health nurse practitioner) 0 1	Minimal coordination and consultation may occur with psychiatric resources in specialty mental health settings 2 3 4	PCPCH identifies the psychiatric care needs of their population, determines viable psychiatric consultation strategies and provider options, and develops a care model that includes these services; Routinely uses OPAL-K/A and/or has systematic consultation with psychiatrist or psychiatric mental health nurse practitioner 5 6 7	PCPCH has implemented a fidelity Collaborative Care model with fully functional registry to track patient populations and outcomes, including weekly reviews with a psychiatrist to identify patients who are not improving and adjust treatment accordingly 8 9 10
PCPCH 3.C.2.a (2025 standards)	PCPCH has a cooperative referral process with specialty mental health, substance abuse, and developmental providers including a mechanism for co-management as needed (see full specifications in the PCPCH technical specifications) _____ Meets 3.C.1 _____Does not meet 3.C.1			
PCPCH 3.C.3	PCPCH provides integrated behavioral health services, including population-based, same-day consultations by behavioral health providers (see full specifications in the PCPCH technical specifications) _____ Meets 3.C.3 _____Does not meet 3.C.3			

Practice Site Name_____

Name of Person(s) Who Completed This Assessment_____

Date of Assessment_____