



Primary Care and Behavioral Health Workforce Integration

There is strong evidence to support the development of integrated care models, which may range from incorporating mental health care delivery into primary care protocols, to the co-location of mental health specialists within primary care settings, to team approaches involving mental health and primary care providers. In order for integrated care to be effective, it must address physical and behavioral health comorbidities. Primary care settings have become a gateway to the behavioral health system; therefore, primary care providers need support and resources to screen and treat individuals with co-occurring health needs.

In spring 2016, we conducted a qualitative study to describe barriers and best practices related to primary care-behavioral health workforce integration. Representatives from eight organizations participated in semi-structured interviews. Participants represented a variety of states, care models, and organization types. The interviews included the following themes:

- Profile of the workforce engaged in integrated care
- Workforce development initiatives for facilitating an integrated care model
- Evaluation of workforce outcomes
- Workforce feedback
- Best practices and lessons learned

Key Study Findings

Study participants described a diverse workforce population involved in integrated care, including physicians, nurses, psychologists, social workers, counselors, marriage and family therapists, and peer support professionals. The most common barriers to workforce integration included:

- Insufficient number of staff
- Restrictions on sharing patient information
- State and federal policies complicate a reimbursement structure that doesn't value integrated care
- Logistical obstacles, such as physical space constraints
- Disagreements about roles of various providers

Common best practices included:

- Developing a culture of collaboration within the organization
- Developing an orientation and training program for the workforce
- Ensuring communications and systems for "warm hand-offs" among workers

A policy brief summarizing key findings will be available by the end of August; a full report will be released in September.

The Behavioral Health Workforce Research Center thanks the following interview participants for their assistance with this study: Dennis Freeman, PhD, Cherokee Health Systems; Cindy Greenlee, PhD, Durham Veterans Affairs Healthcare System; Steve Kaplan, MSW, County of San Mateo Health System; Michael Lardieri, LCSW, Northwell Health; Dominic Mack, MD, MBA, Morehouse School of Medicine; Edward Post, MD, PhD, Veterans Affairs Ann Arbor Healthcare System; Brenda Reiss Brennan, PhD, APRN, Intermountain Healthcare; and Marjorie Withers, LCPC, Community Caring Collaborative.