# Behavioral Health Integration Guiding Principles

MSMS supports the following Behavioral Health Integration Guiding Principles:

1. Whole-person collaborative care across all elements of the health care system is prioritized and supported by training, payment, and care delivery addressing physical, behavioral, and social health together.
2. Efforts to improve behavioral health services address stigma, cultural competency, and disparities.
3. Behavioral health integration efforts support improved patient care, improved patient experience, improved provider experience, and improved cost of care efficiencies.
4. People receive the care they need at the place and time that is right for them.
5. Behavioral health services are covered equally with physical health services.
6. Mental health (including substance use) early intervention is encouraged and routinely available to persons of all ages including, children and adolescents, prior to any functional decline. Screening using valid instruments is supported through outreach and education, availability of screening tools, reimbursement, and infrastructure supporting screening follow up.
7. Promotion of clinical models across the spectrum of symptoms and continuum of care that recognize the importance of:
    a. Physician leadership in team-based care.
    b. Integrating physical and behavioral health, such as that achieved by the collaborative care model.
    c. Access to outpatient and inpatient psychiatric services and related therapies.
    d. Clinician care delivery from primary care through behavioral health through enhanced communication and administrative simplification.
    e. Individualized care plans that identify and address both physical and behavioral health needs, as well as social determinants which may affect health outcomes.
    f. The role of telepsychiatry and telehealth.
    g. Eliminating fragmentation in funding and contracting for physical and behavioral health services.
    h. Acknowledging that patients move across the severity continuum.
8. Core components of effective clinical models include, but are not limited to, patient identification and engagement, patient education and self-management support, medication management and psychotherapy as clinically indicated, team-based care management, systematic follow-up, and effective consultation and supervision for patients who are not improving as expected.
9. Mental health (including substance use conditions), health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization are recognized and addressed at all levels of care.
10. Treatment and services are consistent with standards of care and evidence-based when there is credible research evidence to support their efficacy .

11. Primary care provider (PCP) and Community Mental Health (CMH) Agency communication and collaboration on mutual patients recognizes the PCP to be central in the referral process for specialty or subspecialty mental health care through CMH and provides standing to appeal an adverse determination.
12. Specialty physicians, in coordination with primary care, have the ability to refer their patients for behavioral health care.
13. Governmental programs and all payers support interdepartmental coordination and shared accountability, as well as greater access to timely outpatient treatment, crisis intervention, specialty behavioral health services, inpatient psychiatric hospitalizations, and other medically necessary related therapies on par with non-psychiatric conditions.
14. Billing and coding policies enable physicians, psychiatrists regardless of setting, and other health care providers to be reimbursed for providing team-based integrated care that includes screening, case management, consultation, and other related care. Policies and procedures for referrals, consultations and follow-up are uniform regardless of whether related to physical or behavioral health concerns.
15. Payment for behavioral health care is reflective of the value of care delivered (e.g., total cost of care), not just the volume of care provided.
16. Workforce needs are identified across the continuum of care in order to develop policies and programs supporting team-based care based on individualized patient needs and choices.
17. The sharing of confidential, accurate and timely care documentation between health care providers is supported by useable and interoperable health information technology.

*(Created by the MSMS Behavioral Health Integration Task Force and adopted by the MSMS Board of Directors on March 25, 2020.)*