



- 1** If you are a physical health provider, do you currently have behavioral health providers physically or virtually located at your facility? Alternatively, if you are a behavioral health provider, do you currently have physical health providers physically or virtually located at your facility?

“Virtual” refers to the provision of telehealth services; and the “virtual” provider must provide direct care services to the patient, not just a consult, meaning that the provider visually sees the patient via televideo and vice versa.

No – go to question 4

Yes – go to question 2

- 2** Are behavioral health providers and other personnel equally involved in the approach to individual patient care and practice design (note: in school settings, this could include classroom climate building and/or lesson design)?

EXAMPLE: Is there a team approach for patient care that involves both behavioral health and medical health providers?

No – go to question 7

Yes – go to question 3

- 3** Are behavioral health and other providers involved in care in a standard way across all providers and all patients?

EXAMPLE: Does the practice use the PHQ-9 to systematically screen for depression, and then assure that every patient with a PHQ-9 > or = 15 receives behavioral health treatment and medical care?

No – go to question 7

Yes – go to question 8

- 4** Do you routinely exchange patient information with other provider types (such as primary care, behavioral health, school personnel, other)?

EXAMPLE: Behavioral health provider and medical provider engage in a two-way email exchange or a phone call conversation to coordinate care.

No – you are **PRE-COORDINATED** 

Yes – go to question 5

- 5** Do providers engage in discussions with other treatment and/or resource providers about individual patient information?

In other words, is the exchange interactive?

No – you are **PRE-COORDINATED** 

Yes – go to question 6

- 6** Do providers personally communicate on a regular basis to address specific patient treatment issues?

EXAMPLES: Regular, scheduled calls or conferences to review treatment of shared patients; use of a registry tool to communicate which patients are not responding to treatment.

No – you are **LEVEL 1 COORDINATED** 

Yes – you are **LEVEL 2 COORDINATED** 

- 7** Do provider relationships go beyond increasing successful referrals with an intent to achieve shared patient care?

EXAMPLES: Coordinated service planning, shared training, team meetings, use of shared patient registries to monitor treatment progress.

No – you are **LEVEL 3 CO-LOCATED** 

Yes – you are **LEVEL 4 CO-LOCATED** 

8 Has integration been sufficiently adopted at the provider and practice level as a principal/fundamental model of care so that the following are in place?

a. Are resources balanced, truly shared, and allocated across the whole practice (or whole school)?

NOTE: In other words, all providers (behavioral health AND medical) receive the tools and resources they need in order to practice.

b. Is all patient information equally accessible and used by all providers to inform care?

EXAMPLE: All providers can access the behavioral health record and medical record.

c. Have all providers or personnel changed their practice to a new model of care?

EXAMPLES: Primary Care Providers (PCPs) are prescribing antidepressants and following evidence-based depression care guidelines; PCPs are trained in motivational interviewing; behavioral health providers are included in the PCP visit.

d. Has leadership adopted and committed to integration as the model of care for the whole system?

EXAMPLES: Leadership ensures that system changes are made to document all PHQ-9 scores in the electronic health record (HER); leadership decides to hire a behavioral health provider for a primary care clinic after grant funding ends.

e. Is there only one treatment plan for all patients and does the care team have access to the treatment plan? (Note: treatment plan could refer to a behavior/education model.)

EXAMPLE: Even though there may be a medical record and a behavioral health record (separate EHRs), the treatment plan is included in both and is accessible in real time by all providers.

f. Are all patients treated by a team?


A care team requires membership from all disciplines.

g. Is population-based screening standard practice, and is screening used to develop interventions for both populations and individuals?

EXAMPLES: All patients are screened for tobacco use, and then offered tobacco cessation at the facility. All diabetics are screened for depression and referred to behavioral health and primary care providers.

h. Does the practice systematically track and analyze outcomes related for accountability and quality improvement?

Population-based measures and outcomes are used in improving population health.

No – you are **LEVEL 5 INTEGRATED**  **Yes** – you are **LEVEL 6 INTEGRATED** 