



SAMHSA-HRSA Center for Integrated Health Solutions

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**Core Competencies for Integrated
Behavioral Health & Primary Care**

<http://www.integration.samhsa.gov/workforce>

Core Competencies ...

... for Integrated Behavioral Health and Primary Care

Emerged from two trends in the field:

1. Focus on integrated care
2. Focus on competencies

CORE COMPETENCIES FOR INTEGRATED
BEHAVIORAL HEALTH AND PRIMARY CARE



SAMHSA-HRSA
Center for Integrated Health Solutions

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID



www.integration.samhsa.gov

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Years Lived with Disability

Four of the six leading causes:

1. Depression
2. Alcohol use disorders
3. Schizophrenia
4. Bipolar disorder

Others

Cancer

Cardiovascular Disease

The Behavioral Health Treatment Gap

Mental Health Conditions

- 45 million or one in five adults / year
- 39% obtain treatment

Substance Use Conditions

- 22 million or one in ten adults / year
- 10.8% obtain treatment

Individuals with mental health and substance use conditions may die decades earlier than their peers.

Causes of the Treatment Gap

- Stigma and discrimination
- Lack of health care coverage
- Inadequate behavioral health workforce: size and preparation
- Insufficient services
- Inadequate linkages among services
- Individuals and families seek help outside of the behavioral health system

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Glossary



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Lessons Learned from Integration Pioneers

PBHCI grantees share key strategies around

ABOUT CIHS

SAMHSA-HRSA Center for Integrated Health Solutions

CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings.

[> LEARN MORE](#)

HOT TOPICS

www.integration.samhsa.gov

Resources:

- Integrated care models
- Workforce
- Financing
- Clinical practice
- Operations & administration
- Health & wellness

4 Quadrant Clinical Integration Model

II

High BH

Low PH

(Med care in BH site)

IV

High BH

High PH

*(Med care & care coord
in BH site)*

I

Low BH

Low PH

(PC with BH consult)

III

Low BH

High PH

(Medical care with BH consult)

Levels of Integrated Healthcare

1. Minimal collaboration
2. Basic collaboration at a distance
3. Basic collaboration on site (separate systems)
4. Close collaboration / Partial integration (same site, some systems integration, some face-to-face contact)
5. Close collaboration / Fully integrated (same site, same systems, same team, in-depth collaboration)

Examples of Integrated Care

IMPACT: Depression Treatment in Primary Care (older adults)

SBIRT: Screening, Brief Intervention, Referral to Treatment (substance use)

Cherokee Health Systems

Massachusetts Child Psychiatry Access Project

WHAM: Whole Health Action Management

Healthcare Reform: Affordable Care Act & Parity Regulations

- Major expansion of health care coverage
- MH & SA coverage deemed “essential”
- Stringent requirements regarding the parity of coverage
- Expansion of preventive services
- Health homes (teams, care coordination)
- Expansion of integrated health information technology
- Demonstrations of integrated care:
 - SAMHSA / HRSA: Primary & BH Care Integration Program
 - CMMI

Center for Medicare & Medicaid Innovation (CMMI)

Authorized under ACA

Health Care Innovation Awards (7/12)

Covers Medicare, Medicaid & CHIP

Innovative payment & services

10 Behavioral health awards

Sample innovations:

- Integrated care;
- Care managers & coordinators
- Peer health navigators
- Technology

To Err is Human (2000)

Up to 98,000 deaths annually due to medical errors
8th leading cause of death

Double the rate of
motor vehicle fatalities



Competency

- Knowledge
- Skills
- Attitudes

KSAs necessary to complete a task or to do a job.

Individual **competencies**

Competency **categories**

The Concept of Core Competencies

- A major thrust throughout healthcare (e.g., ACGME)
- Paradigm shift
 - Curriculum → Training
 - Identify Competencies → Curriculum → Training
- Core = common, shared or cross-cutting
- Caveats:
 - Every competency does not apply to every provider
 - Relevance varies by discipline, job/role & setting
 - These are additions to basic competencies; do not cover unique or specialized competencies

Goal

Create a set of core competencies for the delivery of integrated behavioral health and primary care.

- Funded by SAMHSA and HRSA
- Under the auspices of the Center for Integrated Health Solutions
- Managed by a Project Team from the Annapolis Coalition on the Behavioral Health Workforce

What is The *Annapolis* Coalition?

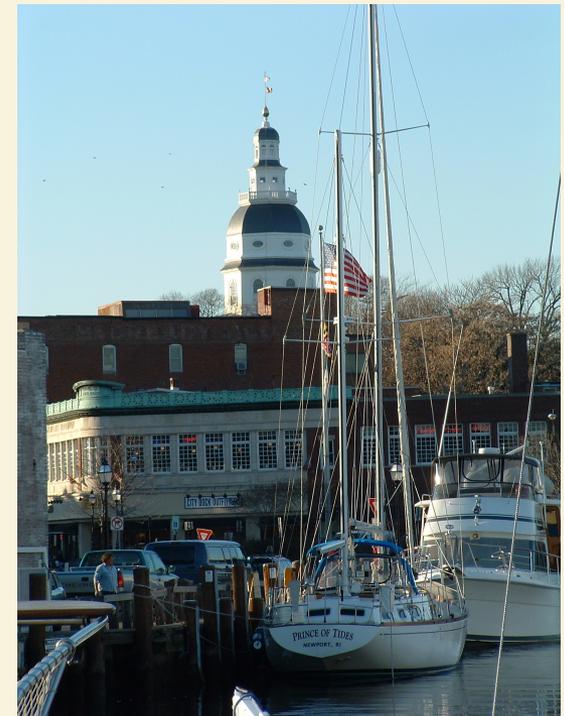
Not-for-profit

Loosely organized “Coalition”

Neutral convener of
stakeholders

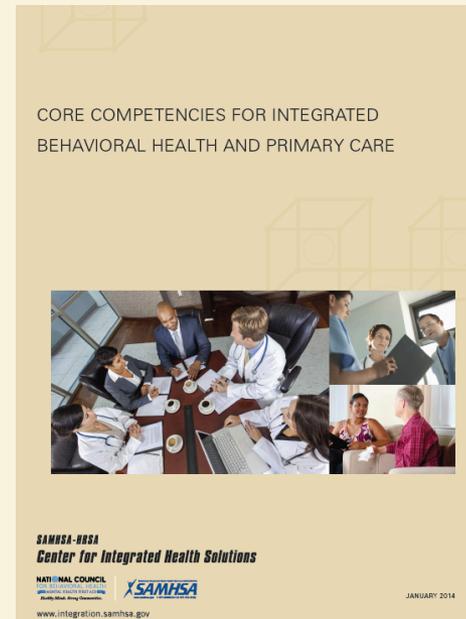
Source of information &
technical assistance

Vehicle for strategic planning,
collective action, & public/
private partnerships



Sources for the Core Competencies

- Published literature
- Manuals on Integrated Care
- 50 Key Informants
- Senior Content Experts
 - Tillman Farley, MD
 - Andrew Pomerantz, MD



Guiding Assumptions



- Focused on “close” collaboration
- Search for mutually acceptable language
- Healthcare consumers & family members as partners
- Skill oriented (knowledge & attitudes are embedded)
- The use of evidence-based treatments and tools is a competency – the specific treatments and tools are not specified as these will change over time
- A single set of competencies (BH and Primary Care)

Individual Competencies

- 96 total organized with the 9 categories
- Strength lies in making the implicit → explicit
- Challenge for any expert or administrator to identify a comprehensive set of integration competencies

Example: Collaboration & Teamwork

18 competencies capture multiple dimensions of this critical element of integrated care



Competency Categories (definition pgs 8-9)

1. Interpersonal Communication
2. Collaboration & Teamwork
3. Screening & Assessment
4. Care Planning & Care Coordination
5. Intervention
6. Cultural Competence & Adaptation
7. Systems Oriented Practice
8. Practice-Based Learning & QA
9. Informatics

General Competencies in Medicine (ACGME)

1. Medical knowledge
2. Patient care
3. Professionalism
4. Systems-based practice
5. Practice-based learning & improvement
6. Interpersonal & communication skills

Gradual implementation as of 2002

Five Simple Strategies for Using the Core Competencies



1. Job Descriptions

- Develop or update job descriptions
- Draw on the competencies most relevant to the position
- Optimally integrate these with other job duties
- Use the competencies to increase role clarity

“Lack of role clarity is a prime driver of dissatisfaction with and turnover in healthcare positions.”



2. Employee Recruitment

- Application screening
- Interviews of job candidates
- Creating “realistic job previews”



Realistic job previews decrease the frequency with which applicants take jobs for which they are ill-suited or quit shortly after hire.

3. Orientation

- Competencies as a tool to convey:
 - Roles and responsibilities
 - Expectations
- Content for supervisor & supervisee review

Training supervisors about the competencies is essential.

4. Staff Training & Continuing Education

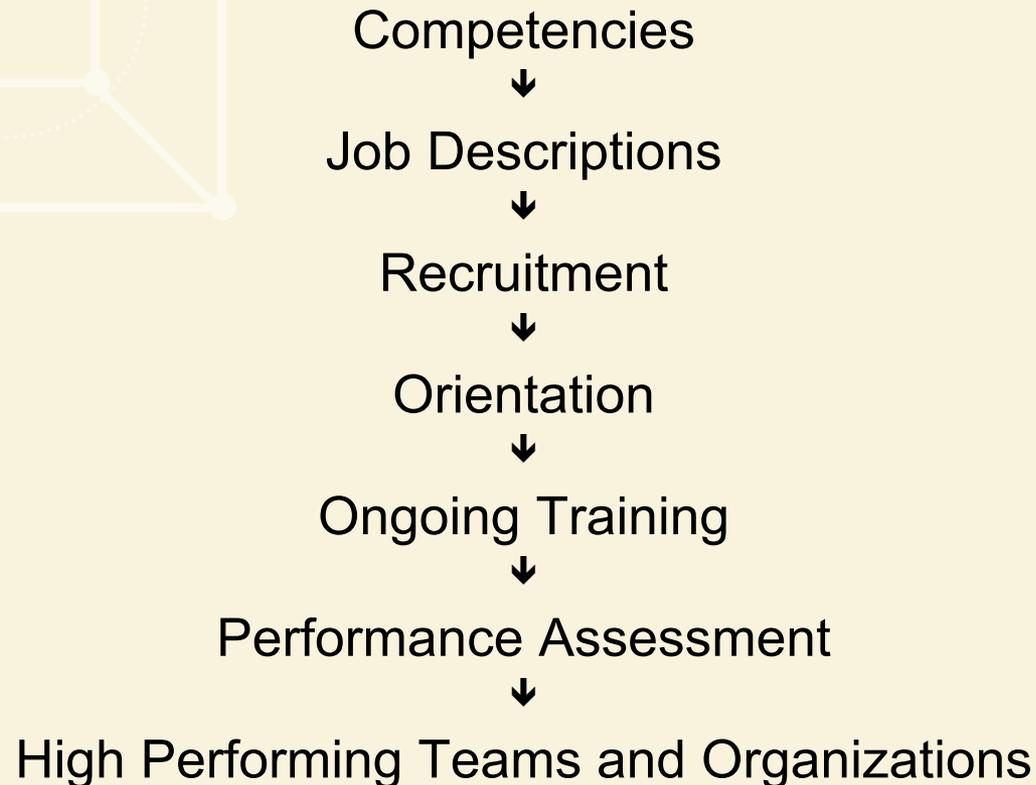
- Use to identify major training topics
- Use as the foundation of ongoing inservice training
(e.g., cover one competency category per month)
- New and inexperienced employees have much to learn
- Seasoned employees generally respond very favorably to reviewing and discussing competencies
- Competencies can form the basis of group discussions about the practice & culture within the team/organization

5. Performance Assessment

- Competencies can lend specificity to the assessment process
- Two approaches to performance assessment
- Collaborative competency building
 - Employee self-assessments
 - Competency oriented skill building plans
 - 360 degree evaluations
 - Portfolios
 - Formal performance reviews



The Competency Logic Model



Competency of Individuals vs. Teams



<http://www.integration.samhsa.gov/workforce>

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- Recruitment & Retention
- Education & Training
- Supervision
- Partnerships
- Leadership

WORKFORCE

Team Members

Leadership

Recruitment & Retention

Education and Training

Partnerships

Supervision

Integrated Health Workforce Development

Core Competencies for Integrated Behavioral Health and Primary Care

- FULL REPORT
- USING THE CORE COMPETENCIES

CIHS and the Integrated Health Workforce

Producing and implementing integrated health education curriculum and resources for:

- **Psychiatrists** working in Primary Care
- **Consumers** serving as Peer Educators
- **Case Managers** as Health Navigators
- **Addiction Professionals** working in Primary Care
- **Primary Care Clinicians** working in Behavioral Health Settings
- **Care Management** in Primary Care for current Behavioral Health Workforce
- **Mental Health First Aid** in Rural Communities
- **Social Workers** Graduate curriculum on Integrated Care



Training competencies effectively

Is it training....

...or just “exposure”?

“Rhetoric informed care”

Person Centered, Consumer Directed,
Family Driven, Recovery & Resiliency
Oriented, Strength-Based, Trauma
Informed, Gender Specific, Time Limited,
Co-Occurring, Culturally Competent
Evidence-Based, Transformative,
Preventative, Wrap-Around Care

Effective Teaching Strategies

“No magic bullets”

- Interactive sessions
- Academic detailing / outreach visits
- Reminders
- Audit and feedback
- Opinion leaders
- Patient mediated interventions
- Social marketing

Summary

1. Integration – The Service Model
2. Competencies – The Workforce Model
3. Evidence Based Training – The Skill Development Model

Some final quotes.....

THANK YOU

