

Whole Person Care: Integrating Primary Care into Behavioral Health Agencies Including Support for Clients with Severe and Persistent Mental Illness and Substance Use Disorders

In collaboration with the [Washington Council for Behavioral Health](#), the UW [AIMS Center](#) and [the National Council for Behavioral Health](#) offer coordinated training and implementation support to behavioral health agencies (BHA) that are expanding their models of whole person care independently and/or through partnerships with other healthcare providers. Training and technical assistance is designed to help providers meet Washington State recommendations for integrating primary care into behavioral health settings as outlined in Washington State's [Medicaid Transformation Project 2A](#).

Trainers will include clinicians with expertise in managing chronic physical and behavioral health conditions that adversely affect those with severe and persistent mental illness and/or severe substance use disorders requiring intensive specialized services.

Trainings will be organized as regional learning collaboratives that are scaled to best fit local strategies as tailored by each Accountable Community of Health (ACH), with a special emphasis on aligning the principles and operational strategies of the Collaborative Care Model and the Missouri CMHC Health Home Model. In-person learning sessions will be supplemented by periodic webinars and case conference calls with national experts. Participating practice teams will also receive coaching and support throughout all phases of their planning and implementation (up to twelve months) as part of the learning collaborative.

The training and technical assistance menu will include:

- Measurement-based treatment to target and other core principles of the Collaborative Care Model as applied to integration of physical healthcare into BHA settings
- Agency readiness as well as local needs and care coordination capacities in support of whole person care
- Evidence-based team models for improving health for clients of BHAs, including:
 - Off-site, Enhanced Collaboration
 - Co-located, Enhanced Collaboration
 - Co-located, Integrated
- Detailed staff orientation and training materials for whole person care, including chronic disease management education for behavioral health clinicians
- Workflow examples for monitoring and improving key physical health conditions
- AIMS Center patient tracking spreadsheet specifically designed for BHA settings, including metrics to focus on metabolic monitoring, follow-up after hospitalization, and medication adherence
- Assistance with engaging primary care partners
- Assessing ongoing payment model to support care coordination and prepare to move toward fully integrated managed care
- Planning for on-going quality improvement, including tracking and meeting ACH and state-reported quality metrics

Training and Implementation Support

Phase	Time	Includes:
Planning Your Model of Care	Variable	<ul style="list-style-type: none"> • Consultation and assistance in defining or refining staffing models, developing workflows, sustainability strategies, and selecting population-based tracking tools • Access to dedicated training website and resources • Self-paced, online orientation and curriculum for providers in preparation for more in-depth team training
In-Person Learning Collaborative	One day sessions every six months	<ul style="list-style-type: none"> • In-person training and curriculum includes learning to work as a team to operationalize the principles of measurement-based, treat-to-target whole person care. Training will initially focus on metabolic monitoring, follow-up after hospitalization, and medication adherence.
Virtual Coaching and Additional Training	Over twelve months	<ul style="list-style-type: none"> • Coaching calls and virtual meetings every month for integrated teams • Psychiatric and medical consultant coaching call every two months • Quarterly training webinars and case conference call series to continue skill-building over time

Cost* of Training - All Phases, Twelve Months

Total cost for regional learning collaborative over 12 months	\$52,144
Total cost for each participating team (<i>assumes 6 participating teams</i>)	\$8,685
Total cost for each participating team (<i>assumes 5 participating teams</i>)	\$10,500

*Costs above do not include travel costs or space costs for in-person meetings and regional training sessions.

More Information

For questions or more detailed information, contact the AIMS Center at uwaims@uw.edu or the Washington Council for Behavioral Health at jmiller@thewashingtoncouncil.org.

