Integrating Behavioral Health In Primary Care
Collaborative Care Model (CoCM)

Arkansas Department of Human Services

What is Collaborative Care Model

Collaborative Care Model (CoCM) is an evidence-based, team-driven approach developed by the University of Washington. CoCM integrates mental health and substance use treatment into primary care settings. It is designed to improve access, quality, and outcomes by embedding behavioral health services within the patient's usual medical home.

Why Collaborative Care Model?

- High occurrence of mental health conditions in primary care
- Existing treatment gaps
- Need for integrated behavioral health
- CoCM as a solution

5 Principals of Collaborative Care Model

1. **Patient Centered:** Primary care and behavioral health providers work together using shared, goal-oriented care plans, allowing patients to receive physical and mental health services in one familiar setting. This coordinated approach reduces duplicate assessments, increases patient engagement, and leads to better care experiences and outcomes.

2. **Population-Based Care:** The care team manages a defined patient population using a registry to ensure consistent follow-up. They proactively contact patients who are not improving, while mental health specialists provide systematic, caseload-focused consultation rather than ad-hoc input.

5 Principals of Collaborative Care Model Cont.

3. **Measurement-Based Treatment to Target:** Each patient's treatment plan includes clear personal goals and measurable clinical outcomes. Progress is regularly tracked with evidence-based tools, and treatments are adjusted as needed until goals are met.
4. **Evidence-Based Care:** Patients receive evidence-based treatments proven effective for their specific conditions. The CoCM is one of the integrated care approaches with strong research support demonstrating its effectiveness.
5. **Accountable Care:** Providers are rewarded based on the quality and effectiveness of care they deliver, rather than the quantity of services provided.

Collaborative Care Team Members

- **Primary Care Provider**
- **Behavioral Health Care Manager**
- **Consulting Psychiatrist**
- **Optional supports:** Psychologists, Peer Specialist, SUD Specialists

Collaborative Care Team Roles

- **Primary Care Provider:** Serves as the clinical lead and maintains overall responsibility for the patient's medical and behavioral health care. The PCP prescribes psychiatric medications as needed and collaborates with the care team to implement treatment plans.

- **Behavioral Health Care Manager:** Typically a licensed master level clinician or psychologist who provides ongoing care coordination, delivers brief evidence-based interventions (such as behavioral activation or problem-solving therapy), tracks patient progress using validated tools.

Collaborative Care Team Roles Cont.

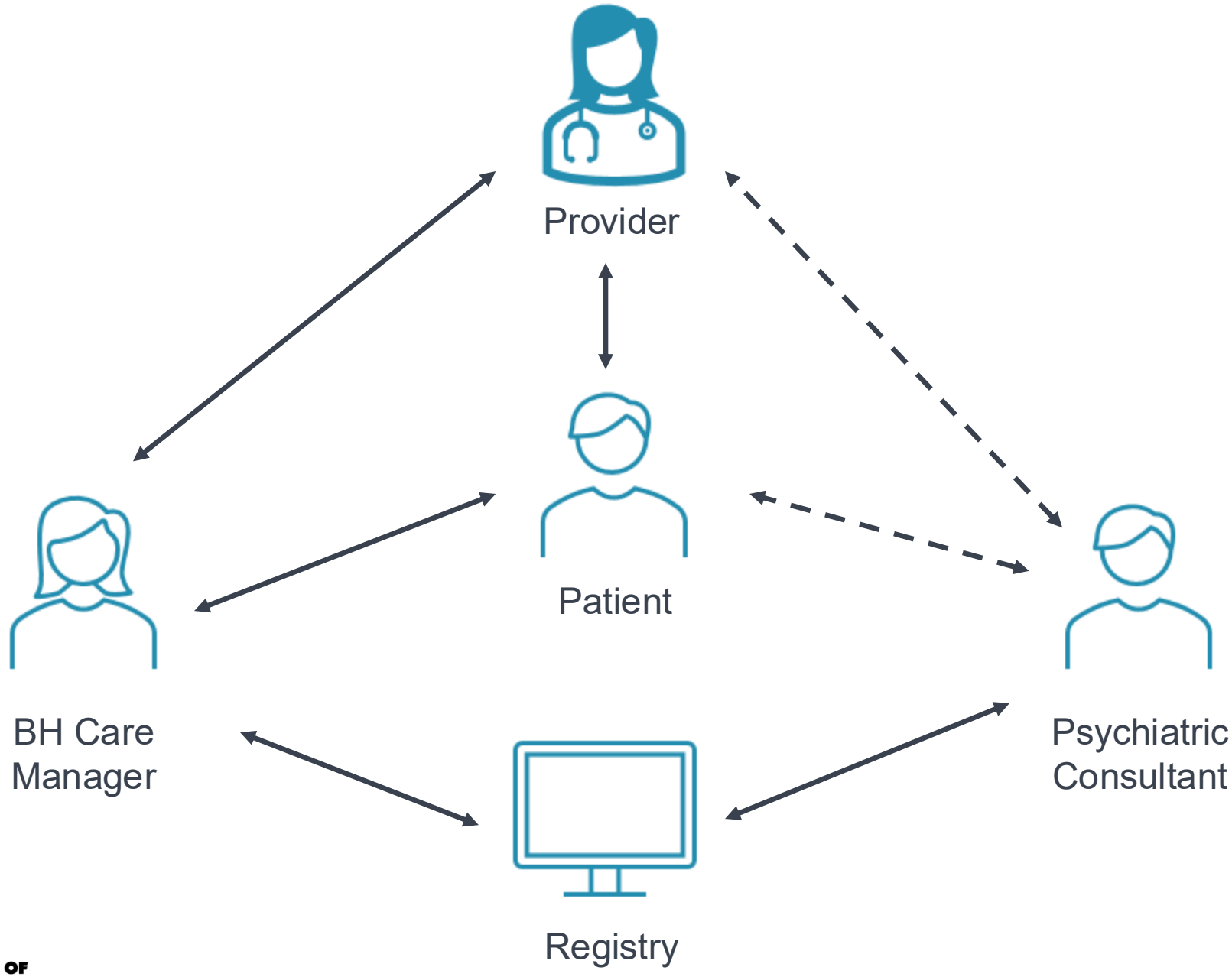
- **Consulting Psychiatrist:** Reviews a caseload of patients with the care manager on a weekly or bi-weekly basis, offering diagnostic clarification, treatment recommendations, and guidance on medication management—especially for patients not improving as expected.

Collaborative Care Course of Care

1. Primary Care Provider or Behavioral Health Care Manager identifies symptoms of depression, anxiety or another behavioral health concerns through screening tools. Common Screening tools include the PHQ-9 for depression and the GAD-7 for anxiety.
2. Based on screening results, the Behavioral Health Care Manager completes a comprehensive assessment.
3. A personalized plan of care is developed through collaboration by the patient, Behavioral Health Care Manager, and the Primary Care Provider.
4. Behavioral Health Care Manager provides brief evidence-based interventions. Interventions can be conducted in person, by phone, or telehealth.

Collaborative Care Course of Care Cont.

5. BHCM meets weekly with Psychiatric Consults to review patients not improving as expected, differential diagnoses, and medications.
6. Primary Care Provider adjusts for medication or care based on recommendations from the Behavioral Health Care Manager and Psychiatric Consultant. The plan of care is updated as needed.
7. As symptoms improve, treatment intensity is gradually decreased, and patient is graduated from the program. The primary care provide continues routine monitoring.


Provider
Patient
BH Care Manager
Psychiatric Consultant
Registry

Resources

Arkansas Behavioral Health Integration Network (ABHIN)

https://abhinetwork.org

AIMS Center

https://aims.uw.edu/

American Psychiatric Association

Psychiatry.org - Collaborative Care Model

SAMHSA Integrating Behavioral Health Grant

In 2023, DHS partnered with UAMS and was awarded a 5-year grant to implement Collaborative Care Model in Arkansas.

In year 1:

- UAMS selected 15 primary care clinics to participate in grant.
- UAMS partnered with 2 Federally Qualified Health Centers (FQHCs)
  - East Arkansas Family Health Center with 14 primary care clinics
  - Boston Mountain Rural Health Center with 7 primary care clinics
- UAMS partnered with ABHIN to provide ongoing training and technical assistants to all primary care clinics participating in the grant.

SAMHSA Integrating Behavioral Health Grant

In year 2:

- Boston Mountain Rural Health Center withdrew from the grant.
- 2 primary additional care providers were identified and will begin in Year 3
  - Arkansas River Valley Medical Wellness Clinic
  - McGehee Family Clinic
- UAMS has fully implemented Collaborate Care in 6 primary care clinics
- East Arkansas Family Health Center has fully implemented Collaborative Care in 3 of the 7 clinics
- 392 patients have been enrolled in the program.
- 199 active patients currently

SAMHSA Integrating Behavioral Health Grant

- Patients can be discharge for the following reasons:
  - Patient has symptom improvement and completes the course of treatment.
  - Patient has severe symptoms and is moved to specialty care.
  - Patient cannot be contacted for a length of time and does not engage in treatment.

- Identified Barriers:
  - Length of time to execute contracts
  - Hiring qualified behavioral health personnel
  - Low recruitment rates

SAMHSA Integrating Behavioral Health Grant

The grant is being used to pilot CoCM in the state and evaluate the possibility of adding the services to the Medicaid program.