Improve health outcomes and reducing related costs through the widespread implementation of integrated behavioral health in primary care.

The Integrated Behavioral Health Initiative is transforming the standard of care for primary care providers and patients in Montana. Behavioral health issues such as mental illnesses and substance use disorders are among the leading health concerns in Montana communities. But, until recently, few primary care practices were able to identify and treat these issues.

Primary care works best when it focuses on the whole person. The integrated behavioral health model of care starts with screening for behavioral health problems during primary care appointments. Then, patients receive immediate care for common issues like depression, anxiety, and substance misuse as part of the same meeting. The model also includes care coordination to help address barriers that can make it harder to get well, like poor housing, hunger, and lack of transportation.

Studies show this model of care improves outcomes for illnesses ranging from diabetes to depression. It reduces health care costs too because early diagnosis and treatment can help lower the chances of a medical emergency down the road. And, it helps make sure that specialty behavioral health services, which are in short supply in Montana, are available to those who need them most.

“Integrated behavioral health” (IBH) means providing primary care and behavioral health services together in the same place and at the same time.”

This initiative has helped integrate behavioral health services into primary care settings:

- 10 of the 11 large hospitals
- All 14 federally qualified health centers
- 32 of the 48 critical access hospitals
- 2 of the 7 tribal health departments
- 4 of the 5 urban Indian health centers

In total, 64% of Medicaid patients now receive care in primary care clinics that are implementing integrated behavioral health
Initiative Strategy

Our goal with this initiative is to improve health outcomes and reduce related costs through the widespread implementation of the integrated behavioral health model of care. To do this, we are working to bring together a cohort of innovative primary care providers who will integrate behavioral health services into their practices. We emphasize strengthening partnerships between primary care and existing behavioral health practices whenever possible. By participating in this initiative, our grantees will promote the more effective use of existing resources and the stronger alignment of community partners.

This initiative provides funding for hospitals and clinics that provide primary care and are interested in integrating behavioral health services. All grantees will join a cohort and receive technical assistance and training from state and national experts.

All grant applications are by invitation only. If you are interested in participating in the Integrated Behavioral Health Initiative grantee cohort, please contact our office at info@mthcf.org.

CORE ELEMENTS OF INTEGRATED BEHAVIORAL HEALTH
The Montana Integrated Behavioral Health Steering Committee, comprised of stakeholders from the state health department, behavioral and primary care providers, and state and national associations reached consensus on the following elements to support statewide integrated care:

- Intentional choice of level of integration
- Team-based care
- Evidence-based clinical models
- Data-driven systems
- Leadership
- Defined continuum of care
- Care Coordination
- Psychiatric consultation