Yukon-Kuskokwim
HEALTH CORPORATION

INTRODUCTION TO INTEGRATED CARE

Adrienne Gregory, LMFT
Behavioral Health Administrator
Deepti Ardito, MS
BHA Supervisor

YKHC | 2026

Learning Objectives

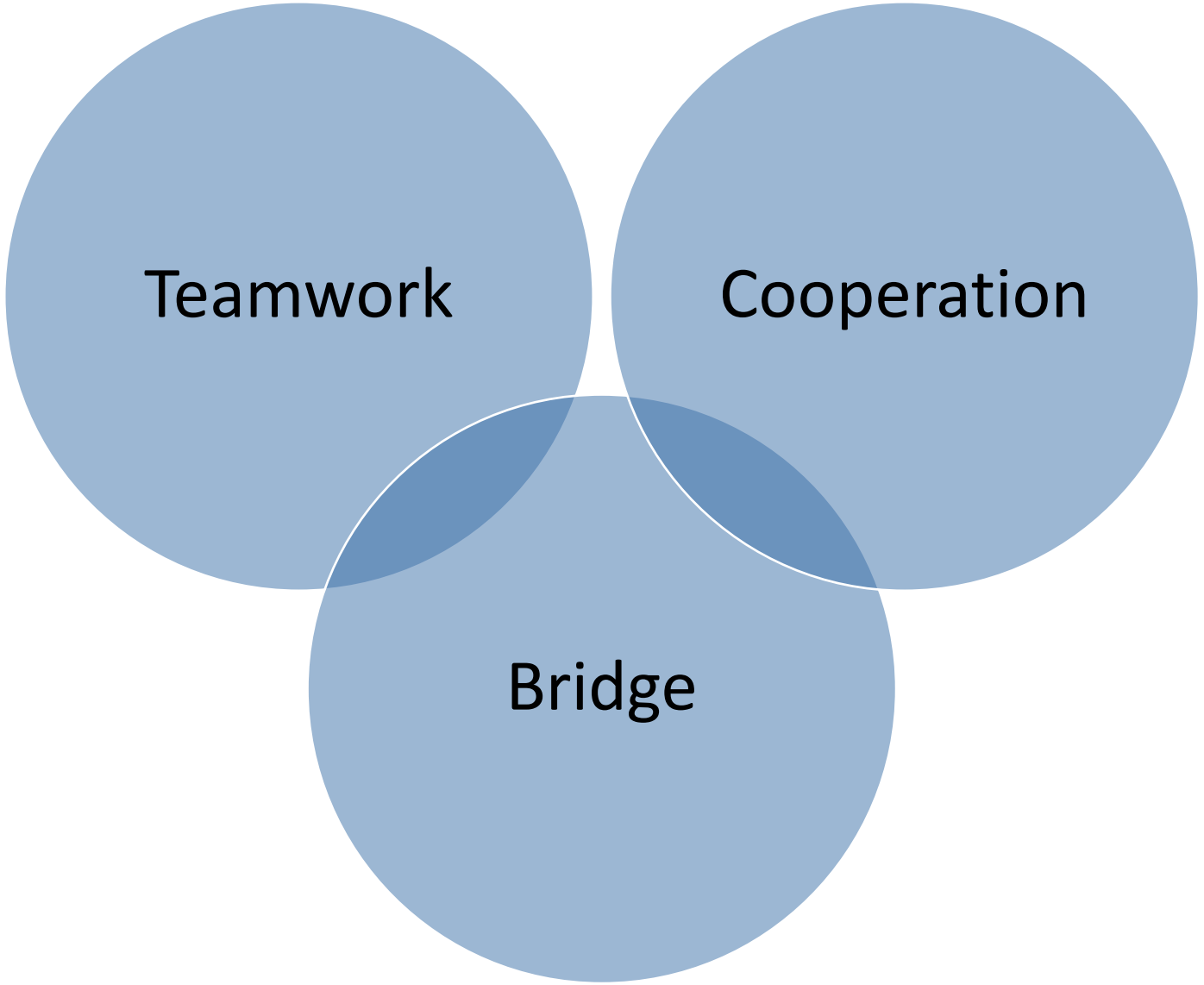
Participants will gain a basic understanding of the following:

1. Concepts relating to integrated care
2. Models of integrated care
3. Benefits of integrated care
4. Factors that help design integrated care services for your clinic.

Definitions Related to Integrated Care

- **Integrated care:** Combining mental health, substance use, and primary care services.
- **Primary care:** Outpatient medical clinic/services
- **Collaborative Care:** Team–based approach with mental health professionals, primary care, providers, and care managers
- **Care Coordination:** Ensuring seamless communication across providers
- **Patient–Centered Care:** Focus on holistic well – being

What does integrated care look like?



Benefits of Integrated Care

- **Improved patient outcomes**
  1. Increased access to care
  2. Normalizes MH discussions within primary care setting (reduces stigma)
  3. Improved overall well–being.

- **Reduced healthcare costs**
  1. Early identification and intervention of important issues
  2. Coordination of care through communication and teamwork
  3. Reduction of emergency services and hospitalizations

- **Enhanced patient satisfaction**
  1. Enriched individual experiences
  2. Significant reduction in mental illness
  3. Connection, support, increased trust in providers

Models of Integrated Care

Key Elements:

Patient-Centered Care: Collaboration between a primary care provider (PCP), a behavioral health care manager (BHCM), and a psychiatric consultant, to deliver coordinated services tailored to the individual's needs.

Population-Based Care: Patients are tracked in electronic health records (EHR) to ensure systematic follow-up focusing on the entire patient population, not just those actively seeking help.

Measurement-Based Treatment: Standardized tools, such as the PHQ-9 and GAD-7 are utilized regularly to monitor patient progress and guide treatment decisions, ensuring that care is data-driven.

Evidence-Based Care: Interventions are based on established research, including brief behavioral therapies and medication management, to ensure effective treatment.

Accountable Care: The care team is responsible for achieving measurable improvements in patient outcomes, adjusting treatment plans as necessary when progress is insufficient.

Collaborative Care Model (CoCM)

Models of Integrated Care, cont'd

Key Elements

- **Mental Health Professional (MHP):** A BH/MH professional who works alongside primary care providers (PCPs) to assess, intervene, and co-manage patients with behavioral health concerns, less than ideal health behaviors, or chronic medical conditions.
- **Team-Based Care:** MHPs are fully integrated members of the primary care team, sharing responsibility for patient care.
- **Population Health Focus:** Focus is on behavioral health needs of the entire patient panel, not just those with diagnosed mental health disorders, using brief interventions and preventive strategies. Services provided across the lifespan (i.e., pediatric, adult, and older adult populations).
- **Brief, Flexible Interventions:** Sessions are typically short and problem-focused, allowing MHPs to see a high volume of patients and provide timely support.
- **Integration Across Settings:** PCBH can be implemented in clinics, hospitals, and mobile units, with care coordinated through shared electronic health records.

Primary Care/ Behavioral Health Model (PCBH)

Collaborative Care Model

ROLES

- BH provider embedded in primary care setting
- Team of a primary care provider, BH provider, and psychiatric consultant

RESPONSIBILITIES

- Focus on a defined population; uses a registry to track patients
- Brief, time-limited interventions
- Solution-Focused, Problem-Solving Therapy, behavioral activation, biweekly screenings, telephonic contacts to monitor progress
- Psychiatry consults on medication efficacy
- May include case management and/or care coordination
- Focus on reducing symptoms
- Structured management plan and communication with treatment team

Primary Care BH Model

ROLES

- BH provider co-located in primary care setting
- Team of primary care providers, BH consultant, and other health professionals

RESPONSIBILITIES

- Focus on the broad population
- Early identification and intervention strategies
- Uses general assessment and counseling
- BH consults or referrals requested as needed
- Warm hand-offs, direct introductions from primary care provider to enhance patient engagement
- Focus on improving functioning rather than only improving symptoms

Let's compare

Considerations for Implementation

- **Readiness assessment:** What are available resources already in place? What are existing attitudes about integration?
- **Efficient workflows:** Creating workflows that support integrated care
- **Consideration of tools for use**:
  1. Screening tools
  2. Safety planning and lethal means counseling
  3. Suicide risk assessment
  4. Assessment and plan of care
- **Brief interventions:**
  1. Problem-Solving
  2. Behavioral Activation
  3. Psychoeducation, resourcing, and referral
  4. Ongoing monitoring
  5. Telephonic and in-person contacts

Putting It into Practice

Scenario: Your supervisor has assigned you to create an integrated clinic in your village. The field supervisor has assured you that the health aides will work with you. Medical providers will be a part of your team as well.

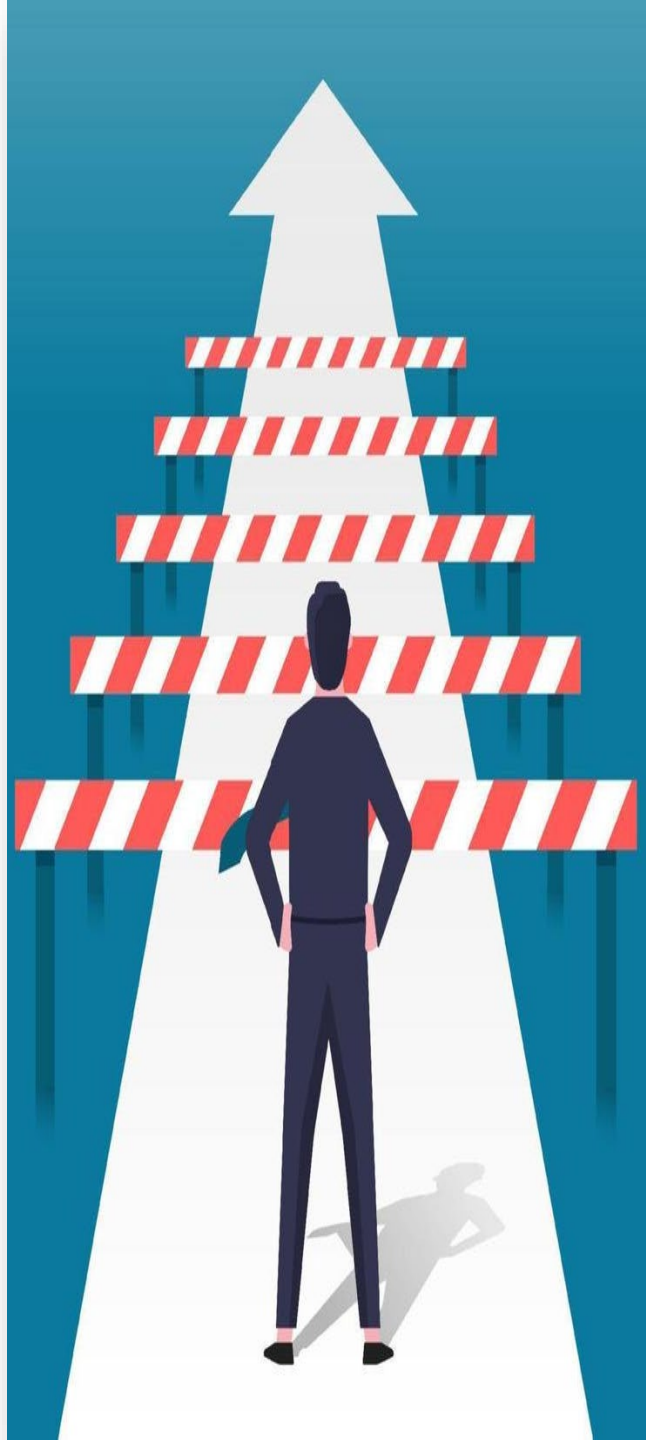
1. How will you identify patients who need to be connected to you (the BH provider)?
2. Which screening and/or assessment tools will you use?
3. How will the medical provider contact you?
4. What do you want the health aides to do?
5. What is the goal to be accomplished when you consult with the patient?
6. What trainings will need to occur?
7. What will your workflow look like?

Evaluate: How do you think you did? Would you change anything?

Challenges and How to Overcome Them

- **Identifying common barriers to integration**
  1. Poor understanding of desired outcomes
  2. Lack of structure
  3. Low buy-in from medical providers
  4. Too much, too soon

- **Developing strategies to overcome barriers**
  1. Advocate for small changes.
  2. Find one provider to Champion integrated care.
  3. Coach individuals and groups regularly.
  4. Be a daily, visible presence.
  5. Be available and responsive.



Key Points to Take Away

- Integrated care is gold-standard for care.
- Integrated care benefits us all.
- Integrated care requires buy-in your agency, BH professionals, and medical staff.
- Readiness assessments help determine which model to use.
- Have clear goals and desired outcomes.
- Prepare everyone, train everyone, and coach often.
- Start small and grow healthy.

Yukon-Kuskokwim
HEALTH CORPORATION

Thank you for your attendance and participation!

For questions:

Adrienne Gregory, BH Administrator:
adrienne_gregory@ykhc.org
Deepti Ardito, BHA Supervisor:
deepti_ardito@ykhc.org