Integration of Behavioral Health and Primary Care Training Program
Saint Louis Behavioral Medicine Institute

Remote Training Program Syllabus

Training Facility: St. Louis Behavioral Medicine Institute
1129 Macklind Ave, St. Louis, MO 63110

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Location of Training: Combination of remote and on location training

Length of Training: 3-6 months at pace of participant

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I. BHC Training Rationale

St. Louis Behavioral Medicine Institute (SLBMI) has provided training, consultation, research and technical assistance for various Primary Care Behavioral Health Integration Initiatives in Missouri for over 10 years. In 2014, the Missouri Primary Care Association (MPCA) and SLBMI collaborated to develop a training program necessary to prepare and integrate Behavioral Health Consultants (BHC) into primary care teams at MO HealthNet Division-approved Missouri primary care organizations that are participating in Missouri’s Primary Care Health Home (PCHH) Initiative. St. Louis Behavioral Medicine Institute agreed to provide proof of training via certification for Behavioral Health Consultants to provide MO HealthNet Division evidence of specialized training in the area of Primary Care Behavioral Health. MO HealthNet Division requires that certification be verified, along with other eligibility requirements, for the reimbursement of HBAI codes.

II. Assumptions

1. Any modifications in requirements for HBAI billing/reimbursement will be handled by MO HealthNet Division. SLBMI does not have authority to approve or deny eligibility status for MO HealthNet billing department.
2. Certification indicates that a clinician completed the required components of the Integration of Behavioral Health and Primary Care Training Program as outline under heading IV. Format and Process, and does not verify clinical competency or proficiency.
3. Trainees will maintain their professional license to practice (i.e. Clinical Psychologists, LCSWs)
4. Trainees will be working in outpatient medical settings as Behavioral Health Consultants.

III. Training Program: Aims and Outcomes

Aims:
Because the PCBH model is a relatively new area of clinical practice, training of practitioners is valuable for developing the specific skillset needed to effectively function as a BHC in Primary Care. Areas of training and consultation focus on the core competences of a BHC in Primary Care. They include:

- Clinical Practice Skills
- Practice Management Skills
- Consultation Skills
- Documentation Skills
- Team Performance Skills
- Administrative Skills

Specific Learning Outcomes:
By the end of this course, trainees will be able to:
1. Demonstrate an understanding of Integrated Care
2. Discuss differences between Behavioral Health Consultant Model and Traditional Mental Health Services.
3. Identify cultural and practical differences between service delivery at Primary Care clinics and Mental Health clinics.
4. Identify interventions for mental health issues appropriate to a primary care setting.
5. Articulate a basic understanding and behavioral interventions for medical issues
6. Demonstrate a basic understanding of operation and business issues related to the integration of behavioral health in primary care settings
8. Demonstrate an understanding of appropriate documentation while working as a Behavior Health Consultant in a primary care setting
9. Demonstrate professional skills required to work as a Behavior Health Consultant in a primary care setting.
IV. Format and Process

Training will include a combination of didactic training and practice consultation. Each trainee must contact the SLBMI Associate Director of Integrated Care Consulting, prior to getting started. Contact information listed on page 1.

1) DIDACTIC TRAINING

Completion of SLBMI’s didactic training videos: Integration of Behavioral Health into Primary Care. These online training modules are available at http://www.mimhtraining.com/slbmi/. The trainee must pass all posttests in this presentation series described below:

I. Introduction to the Integration of Behavioral Health into Primary Care
   - Integrated Care: Behavioral Health Meets Primary Care – Ronald B. Margolis, PhD
   - Behavioral Health Consultant Model – Geeta Aatre-Prashar, Psy.D
   - Behavioral Health Consultant in Practice: Paradigm Shift – Geeta Aatre-Prashar, Psy.D
   - BHC/Patient Simulation and Commentary – Geeta Aatre-Prashar, Psy.D, Sara Hamilton, & Dawn Prentice, LCSW
   - Introduction to Primary Care for Mental Health Trainees – Jay Brieler, MD
   - Core Competencies of a Behavioral Health Consultant: Overview & Motivational Interviewing - Steven Byrnes, Psy.D

II. BHC Interventions for Mental Health and Medical Conditions
   - Behavioral Management of Anxiety and Depression in Integrated Primary Care – Alec Pollard, PhD
   - Basic Pharmacology for the Behavioral Health Consultant – Steven Byrnes, Psy.D
   - Behavioral Management of Chronic Medical Conditions: An Overview – Geeta Aatre-Prashar, Psy.D
   - Intervention with Medical Conditions: Diabetes and Obesity – Steven Byrnes, Psy.D
   - Interventions with Medical Conditions: Asthma & Heart Disease – Geeta Aatre-Prashar, Psy.D
   - Two Bio-behavioral Challenges in Primary Care: Chronic Pain and Sleep – Ronald B. Margolis, PhD

III. Business and Operational Considerations for Integrated Care
   - Integrated Care: An Interprofessional Approach to Improved Patient Care and Care Management – David Pole, MPH, PhD
   - Integrated Care Business Issues and Strategies in Primary Care – Ronald B. Margolis, PhD
   - Health and Behavior Assessment and Intervention Codes – Geeta Aatre-Prashar, Psy.D
   - Ethics and the Behavioral Health Consultant Model in Primary Care – Dawn Prentice, LCSW
IV. Format and Process (continued)

2) PRACTICE CONSULTATION
Trainees will participate in various types of consultation and practice feedback from the SLBMI Integrated Care Consulting Team through the training process as described below.

- **Patient Simulation and SLBMI Panel.**
  The trainee will role-play a BHC consultation session with an actor, at St. Louis Behavioral Medicine Institute where they will be expected to demonstrate all four components of an initial BHC consult. SLBMI will provide the actor for patient simulation. Members of the SLBMI Integrated Care Consulting Team will observe the role-play and provide feedback to the trainee. The purpose of this simulation is for the trainee to demonstrate skillsets of a BHC well as the opportunity to receive instantaneous feedback and discussion about the BHC role with the SLBMI panel.

- **Self-Evaluation**
  The trainee will complete an evaluation form to help gauge their own progress towards meeting the competencies of a BHC. BHC self-evaluation available in the Primary Care Behavioral Health toolkit developed by Mountainview Consulting Group, Kirk Strosahl. Ph.D., Patricia Robinson, Ph.D., & Jeff Reiter, Ph.D.

- **Individual Consultation**
  The trainee will participate in individual consultation via phone and/or email regarding the implementation of the BHC role at their clinic. The purpose of the phone calls and email correspondence will be to help the trainee troubleshoot any potential barriers in integration as well as follow-up on recommendations discussed during the SLBMI panel.

- **Chart Review**
  The trainee will submit 5 BHC encounter notes to be reviewed by a member of the SLBMI Integrated Care Consulting Team. The purpose of the chart review is to provide feedback and recommendations regarding documentation skills relevant to the BHC model.

- **Administrative Feedback**
  SLBMI will contact a member of the organization to request the completion of the Administrative Feedback form. The form may be completed by the medical director, health home director, or relevant administrative leadership that can attest to the candidate’s professional conduct and competency.

V. Sample Training Schedule
Month 1 : Complete didactic videos
Month 2 : Patient Simulation/SLBMI Panel and Self-Evaluation
Month 3 : Individual Consultation, Chart Review, Administrative Feedback
Month 3-6 : Additional training/consultation time as needed
VI. Primary Training Consultant

Each trainee will be assigned a Primary Training Consultant from the SLBMI Integrated Care Consulting Team. The Primary Consultant will be involved in assisting the trainee throughout the entire program and will be the point person for questions or consultation specific to the BHC role. The Primary Consultant will arrange and set up individual consultation with the trainee.

VII. Meet Our Integrated Care Consulting Team

Geeta Aatre-Prashar, Psy.D.

Dr. Aatre-Prashar received her Psy.D. in Clinical Psychology from Wright State University. She has specialized training in health psychology and behavioral medicine, and has worked as a Behavioral Health Consultant in a family practice clinic. Dr. Aatre-Prashar has been a member of the SLBMI Integrated Care Consulting Team since 2006. As a member of the Integrated Care Consulting Team, Dr. Aatre-Prashar provides training consultation for multiple organizations across Missouri. She also has a clinical practice at St. Louis Behavioral Medicine Institute where she treats patients with depression, anxiety, and eating disorders. While her primary clinical approach is cognitive-behavioral therapy, Dr. Aatre-Prashar incorporates mind-body strategies such as relaxation and mindfulness into her practice. She also has specialized training in the use of medical hypnosis in the treatment of functional gastrointestinal disorders such as IBS.

Ronald B. Margolis, Ph.D., Founder and CEO

Dr. Margolis is a Professor in the Department of Family and Community Medicine at St. Louis University School of Medicine; Director of the Division of Behavioral Medicine; and Founder and CEO of the Saint Louis Behavioral Medicine Institute, which is an academic affiliate of St. Louis University. The Saint Louis Behavioral Medicine Institute is a multidisciplinary treatment center including psychologists, family medicine and internal medicine physicians, psychiatrists, physical therapists, social workers, licensed professional counselors, pastoral counselors and nurses. Dr. Margolis’s professional interests are in the area of administration and management of integrated health and behavioral healthcare. He has been the Director of the SLBMI Integrated Care Consulting Team since 2004. The SLBMI Integrated Care Consulting Team has been involved in multiple projects integrating primary care and behavioral health including projects supported by the Sidney R. Baer, Jr. Foundation, the Greater St. Louis Health Foundation, Missouri FQHC/CMHC Integration Initiative, the Missouri Primary Care Health Home Imitative, and the Regional Health Commission/Episcopal-Presbyterian Charitable Health and Medical Trust.
C. Alec Pollard, Ph.D.

Dr. Pollard is the Director of the Center for OCD & Anxiety-Related Disorders (COARD) and Professor of Family and Community Medicine at Saint Louis University School of Medicine. He graduated in 1981 from the California School of Professional Psychology-San Diego with a Ph.D. in clinical psychology and received postdoctoral training in anxiety disorders at the Behavior Therapy Unit at Temple University Health Sciences Center. Dr. Pollard is a licensed psychologist who works with a range of obsessive-compulsive and anxiety-related disorders, with a special interest in patients ambivalent about or resistant to therapy. He serves as a reviewer for a number of professional journals and conference program committees and has authored more than 85 publications, including 2 books: The Agoraphobia Workbook and Dying of Embarrassment: Help for Social Anxiety & Phobia. As a member of the Integrated Care Consulting Team, he has worked as a training consultant as well as conducting Integrated Care research and the development of the Primary Care Behavioral Health Screen.

Dawn Prentice, LCSW

Ms. Prentice is the Associate Director of the Integrated Care Consulting Team and a mental health clinician at St. Louis Behavioral Medicine Institute. She graduated in 2002 with a Master’s degree in Social Work from Missouri State University. Ms. Prentice is a Licensed Clinical Social Worker who specializes in the treatment of stress, depression and anxiety, particularly with medical students and residents. She worked as a Behavioral Health Consultant at an FQHC in Missouri for several years before joining the SLBMI Integrated Care Consulting Team in 2011. Ms. Prentice provides training consultation for multiple organizations across Missouri. In addition, she provides the coordination and management of active SLBMI training/consultation agreements for Integrated Care Projects.
VIII. Additional Resources and Suggested Readings
Please note- none of the texts listed below are included in the cost of the training program.

Integrated Care Texts

*Behavioral Health Consultation and Primary Care: A Guide to Integrating Services* – Patricia Robinson & Jeffrey Reiter

*Integrated Primary Care* – Alexander Blount

*Behavioral Integrative Care: Treatments That Work in the Primary Care Setting* – William T. O'Donohue, Michelle R. Byrd, Nicholas A. Cummings, Deborah A. Henderson

*Integrated Behavioral Health in Primary Care: Step-By-Step Guidance for Assessment and Intervention* – Christopher L. Hunter, Jeffrey L. Goodie, Mark S. Oordt

Integrated Care Websites

The Academy: Integrating Behavioral Health and Primary Care. Agency for Healthcare Research and Quality (AHRQ)
http://integrationacademy.ahrq.gov

SAMHSA-HRSA Center for Integrated Health Solutions
http://www.integration.samhsa.gov

Supplemental Webinars
Available on the SLBMI training site: http://www.mimhtraining.com/slbmi

  Anxiety: Pharmacological and Behavioral Approaches to Treatment  
Presented by: Miggie Greenberg, MD & Alec Pollard, PhD

  Bipolar Disorder: Pharmacological Approaches to Treatment  
Presented by: Karen Cowan, MD

  Consulting Psychiatry as Part of a Strategy for Primary Care Behavioral Health  
Presented by: Neftali Serrano, Psy.D

  Depression: Pharmacological and Behavioral Approaches to Treatment  
Presented by: Miggie Greenberg, MD & Alec Pollard, PhD

  Medication Non-Adherence: Issues and Challenges  
Presented by: Joe Parks, MD & Tina Lear