## MH/Primary Care Integration Options

<table>
<thead>
<tr>
<th>Function</th>
<th>Minimal Collaboration</th>
<th>Basic Collaboration from a Distance</th>
<th>Basic Collaboration On-Site</th>
<th>Close Collaboration/Partly Integrated</th>
<th>Fully Integrated/Merged</th>
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<tbody>
<tr>
<td><strong>Access</strong></td>
<td>Two front doors; consumers go to separate sites and organizations for services</td>
<td>Two front doors; cross system conversations on individual cases with signed releases of information</td>
<td>Separate reception, but accessible at same site; easier collaboration at time of service</td>
<td>Same reception; some joint service provided with two providers with some overlap</td>
<td>One reception area where appointments are scheduled; usually one health record, one visit to address all needs; integrated provider model</td>
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<td><strong>Services</strong></td>
<td>Separate and distinct services and treatment plans; two physicians prescribing</td>
<td>Separate and distinct services with occasional sharing of treatment plans for Q4 consumers</td>
<td>Two physicians prescribing with consultation; two treatment plans but routine sharing on individual plans, probably in all quadrants;</td>
<td>Q1 and Q3 one physician prescribing, with consultation; Q2 &amp; 4 two physicians prescribing some treatment plan integration, but not consistently with all consumers</td>
<td>One treatment plan with all consumers, one site for all services; ongoing consultation and involvement in services; one physician prescribing for Q1, 2, 3, and some 4; two physicians for some Q4: one set of lab work</td>
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<td><strong>Funding</strong></td>
<td>Separate systems and funding sources, no sharing of resources</td>
<td>Separate funding systems; both may contribute to one project</td>
<td>Separate funding, but sharing of some on-site expenses</td>
<td>Separate funding with shared on-site expenses, shared staffing costs and infrastructure</td>
<td>Integrated funding, with resources shared across needs; maximization of billing and support staff; potential new flexibility</td>
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<td><strong>Governance</strong></td>
<td>Separate systems with little of no collaboration; consumer is left to navigate the chasm</td>
<td>Two governing Boards; line staff work together on individual cases</td>
<td>Two governing Boards with Executive Director collaboration on services for groups of consumers, probably Q4</td>
<td>Two governing Boards that meet together periodically to discuss mutual issues</td>
<td>One Board with equal representation from each partner</td>
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<td><strong>EBP</strong></td>
<td>Individual EBP’s implemented in each system;</td>
<td>Two providers, some sharing of information but responsibility for care cited in one clinic or the other</td>
<td>Some sharing of EBP’s around high utilizers (Q4); some sharing of knowledge across disciplines</td>
<td>Sharing of EBP’s across systems; joint monitoring of health conditions for more quadrants</td>
<td>EBP’s like PHQ9; IDDT, diabetes management; cardiac care provider across populations in all quadrants</td>
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<tr>
<td><strong>Data</strong></td>
<td>Separate systems, often paper based, little if any sharing of data</td>
<td>Separate data sets, some discussion with each other of what data shares</td>
<td>Separate data sets; some collaboration on individual cases</td>
<td>Separate data sets, some collaboration around some individual cases; maybe some aggregate data sharing on population groups</td>
<td>Fully integrated, (electronic) health record with information available to all practitioners on need to know basis; data collection from one source</td>
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### The Four Quadrant Clinical Integration Model

<table>
<thead>
<tr>
<th>Quadrant II</th>
<th>Quadrant IV</th>
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<tbody>
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<td>BH ↑ PH ↓</td>
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**Quadrant II**
- Behavioral health clinician/case manager w/ responsibility for coordination w/ PCP
- PCP (with standard screening tools and guidelines)
- **Outstationed medical nurse practitioner/physician at behavioral health site**
- Specialty behavioral health
- Residential behavioral health
- Crisis/ED
- Behavioral health inpatient
- Other community supports

**Quadrant IV**
- PCP (with standard screening tools and guidelines)
- **Outstationed medical nurse practitioner/physician at behavioral health site**
- Nurse care manager at behavioral health site
- Behavioral health clinician/case manager
- External care manager
- Specialty medical/surgical
- Specialty behavioral health
- Residential behavioral health
- Crisis/ED
- Behavioral health and medical/surgical inpatient
- Other community supports

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**Quadrant I**
- PCP (with standard screening tools and behavioral health practice guidelines)
- PCP-based behavioral health consultant/care manager
- **Psychiatric consultation**

**Quadrant III**
- PCP (with standard screening tools and behavioral health practice guidelines)
- PCP-based behavioral health consultant/care manager (or in specific specialties)
- Specialty medical/surgical
- **Psychiatric consultation**
- ED
- Medical/surgical inpatient
- Nursing home/home based care
- Other community supports

Persons with serious mental illnesses could be served in all settings. Plan for and deliver services based upon the needs of the individual, personal choice and the specifics of the community and collaboration.