

**Table 2: Scope of integrated behavioral health—what kinds of cases to identify**

(Thanks to C.J. Peek and N. Calonge)

<b>Identification of individuals (cases)</b> <b>whose care plans require blended behavioral health and medical expertise</b>				
<b>Identification of mental health and substance abuse conditions</b> (Identifying individuals for whom further diagnostic assessment is warranted)		<b>Identification of clinical situations</b> (that are not diseases or conditions) in which behavioral health expertise is needed in care plan		<b>Identification of need for health behavior change</b> as part of plan for any condition
<i>Screening or other identification</i> for MH/SA conditions that can be understood and treated more or less independently of other health concerns  <b>(Examples:</b> ADHD or depression in an otherwise healthy adolescent; bipolar disorder in an adult with ordinary medical picture  <b>Evidence basis,</b> e.g., from USPSTF.	<i>Screening or other identification</i> for MH/SA conditions that are deeply intertwined with medical conditions or chronic illnesses  <b>(Example:</b> Major depression in a person with poorly regulated diabetes who considers diabetes their main health issue)  <b>Evidence basis,</b> e.g., from USPSTF.	<i>Identification</i> of physical symptoms or common complaints not fully explained via disease processes; BH expertise needed  <b>(Examples:</b> Pain, headache, delayed recovery from injury, fatigue, insomnia, stress, family distress or fear of violence)  <b>Evidence basis:</b> Stress and somatization literature	<i>Detection</i> of care delivery patterns associated with: <ul style="list-style-type: none"> <li>• Overutilization</li> <li>• Unfocused utilization</li> <li>• Unplanned visits, ER, hospital, urgent care</li> <li>• Many failed services</li> <li>• Distrustful patient-clinician relationship</li> <li>• Patient unhappiness with care—feeling stuck</li> <li>• Provider feeling stuck</li> </ul> <b>Evidence basis:</b> Health services research literature	<i>Identification</i> of <ul style="list-style-type: none"> <li>• Health behavior change in chronic illness or prevention</li> <li>• Health behavior change in areas of addiction and SA, eating disorders required for care or prevention of medical conditions</li> </ul> <b>Evidence-basis:</b> Self-management, chronic care, SA care literature
<b>Methods:</b> <ul style="list-style-type: none"> <li>• MH /SA screening tools</li> <li>• Health risk assessment</li> <li>• Med record history/hx</li> </ul>	<b>Methods:</b> <ul style="list-style-type: none"> <li>• MH/SA screening tools</li> <li>• HRA</li> <li>• Medical facts, history</li> </ul>	<b>Methods:</b> <ul style="list-style-type: none"> <li>• General sx checklists, HRA</li> <li>• MH screen/careful interviewing</li> <li>• History and medical facts</li> <li>• Claims data</li> </ul>	<b>Methods:</b> <ul style="list-style-type: none"> <li>• General sx checklists</li> <li>• Claims data</li> <li>• Visit data</li> <li>• Patient and provider report</li> </ul>	<b>Methods:</b> <ul style="list-style-type: none"> <li>• Behavior and wellness behavior checklists, HRA</li> <li>• SA screens Behavioral factor information in medical records</li> </ul>

MH = mental health; SA = substance abuse; ADHD = Attention Deficit Hyperactivity Disorder; USPSTF = U.S. Preventive Services Task Force; BH = behavioral health; HRA = health risk assessment;