



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6025.27

October 18, 2019

DAD-MA/CSD

SUBJECT: Integration of Primary Care Behavioral Health (PCBH) Services into Patient-Centered Medical Home (PCMH) and Other Primary Care Service Settings within the Military Health System (MHS)

References: See Enclosure 1.

1. **PURPOSE.** This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) and (d), establishes Defense Health Agency's (DHA) procedures to assign responsibilities, and prescribes procedures and standards for Military Medical Treatment Facilities (MTFs) developing, initiating, and maintaining health behavior, behavioral medicine, and behavioral health services in adult and pediatric/adolescent primary care settings. It will:

- a. Implement PCBH staffing requirements and PCBH models of service delivery in primary care.
- b. Define, develop and implement PCBH personnel competency-based training requirements and PCBH personnel core competency standards required for the delivery of these services in primary care.
- c. Define and establish Service and DHA-level structures for planning, training, sustaining, and evaluating PCBH services.
- d. Define and establish the range of services appropriate for PCBH personnel.

2. **APPLICABILITY.** This DHA-PI applies to DHA, DHA components (activities reporting to DHA, i.e., markets, MTFs), Combatant Commands, Office of the Chairman of the Joint Staff and the Joint Staff, all personnel to include: assigned or attached active duty and reserve members, federal civilians, contractors (when required by the terms of the applicable contract), and other personnel assigned temporary or permanent duties at DHA, to include DHA regional and field activities (remote locations), and subordinate organizations administered and managed by DHA.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) through (d), that PCBH services are provided in primary care settings to improve patient access to behavioral health care, population health, readiness, physical and psychological health outcomes, and patient and provider satisfaction, while managing and decreasing health cost. To meet the following goals:

a. Required PCBH staffing levels be met and maintained.

b. Established standards are implemented and the highest quality of care maintained in the delivery of PCBH services.

c. Competency-based performance standards and advanced privileges requirements will be established for and met by Behavioral Health Consultants (BHCs).

d. PCBH-related training and practice standards will be established for, and met by, other key PCMH staff.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosures 3-8.

6. RELEASABILITY. **Cleared for public release**. This DHA-PI is available on the Internet from the Health.mil site at: www.health.mil/DHAPublications.

7. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).



RONALD J. PLACE
LTG, MC, USA
Director

Enclosures

1. References
2. Responsibilities
3. Service Delivery
4. Defense Health Agency Primary Care Behavioral Health Committee Governance
5. Behavioral Health Consultants Service Delivery Model, Core Competencies and Service Standards
6. Standards for Behavioral Health Consultants Expert Trainers
7. Behavioral Health Care Facilitator Service Delivery Model, Core Competencies and Standards
8. Standards for Behavioral Health Care Facilitator Expert Trainers

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013 as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) DoD Instruction 6490.15, “Integration of Behavioral Health Personnel (BHP) Services into Patient-Centered Medical Home (PCMH) Primary Care and Other Primary Care Service Settings,” August 8, 2013, as amended
- (e) Reiter, J. T., Dobbmeyer, A. C. and Hunter, C. L, “The Primary Care Behavioral Health (PCBH) model: An overview and operational definition,” *Journal of Clinical Psychology in Medical Settings* 2018¹
- (f) DHA-Procedural Instruction 6025.15, “Management of Problematic Substance Use by DoD Personnel,” April 16, 2019
- (g) DHA-Procedures Manual 6025.01, “Primary Care Behavioral Health (PCBH) Procedures and Standards Clinical Procedural Manual,” December 20, 2019

¹This reference can be found at: <https://doi.org/10.1007/s10880-017-9531-x>

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, Assistant Secretary of Defense for Health Affairs, References (a) and (b), and the guidance of References (c) and (d), the Director, DHA, will:

- a. Oversee DHA compliance with this DHA-PI.
- b. Ensure funds for PCBH services are used for PCBH personnel, resources, and training-related activities.
- c. Establish a DHA PCBH Committee. Committee governance is in accordance with Enclosure 4 of this DHA-PI.
- d. Designate the DHA PCBH Program Director as the Chair of the DHA PCBH Committee.
- e. Assign the Psychological Health Center of Excellence (PHCoE) or future equivalent's PCBH Branch and Performance and Analytics Branch to assist with sustainment of PCBH services including but not limited to program design, curriculum development, training, dissemination, implementation and program evaluation.

2. DHA, MEDICAL AFFAIRS, CLINICAL SUPPORT DIVISION (CSD), OR FUTURE EQUIVALENT. DHA, Medical Affairs, CSD, or future equivalent will:

- a. Establish a comprehensive PCBH services program in accordance with this DHA-PI within 12 months of the effective date.
- b. Designate a DHA PCBH Program Director.
- c. Establish at least four DHA PCBH Program Manager (PM) positions.

3. DHA PCBH PROGRAM DIRECTOR. The DHA PCBH Program Director will:

- a. Publish comprehensive practice standards detailing core competencies for BHCs and behavioral health care facilitators (BHCFs), as they are defined in the Glossary, to include the content areas detailed in Enclosures 5 and 7.
- b. Publish PCBH-related training and practice standards for key PCMH staff detailed in Enclosures 3, 5, and 7.

c. Directly supervise DHA PCBH PMs.

d. Develop a DHA program that:

(1) Sets standards and responsibilities for generating and maintaining BHC, BHCF, and expert trainer core competencies and benchmark behavioral criteria in Enclosures 3, 5, and 7.

(2) Identifies and trains expert trainers that meet the standards listed in Enclosures 6 and 8 of this DHA-PI.

(3) Trains BHCs and BHCFs in the core competencies necessary to operate efficiently and effectively in primary care. Training must be in-person and include direct observation and evaluation of core competencies.

(4) Generates and maintains BHC and BHCF core competency standards as detailed in Enclosures 5 and 7.

(5) Develops and provides training for key PCMH personnel to optimize implementation and sustainment of PCBH within the PCMH.

(6) Requires BHCs and BHCFs to complete all mandated training (listed in Enclosures 5 and 7 of this DHA-PI), to include in-person training and successful demonstration of required core competencies as evaluated by an expert trainer, before providing clinical services in the primary care clinic.

4. DHA PCBH PMS. The DHA PCBH PMs are each 1.0 full-time equivalent psychologist positions, active duty or government civilian, with no more than 0.1 full-time equivalent time on collateral duties. The DHA PCBH PMs will:

a. Meet or be able to meet expert trainer core competencies within 6 months after starting work. Exceptions beyond 6 months can be granted by the PCBH Program Director.

b. Report directly to the DHA PCBH Program Director.

c. Serve as voting members on the DHA PCBH Committee.

d. Provide oversight and management of MTF PCBH program training, implementation, sustainment, and evaluation.

5. DHA PCBH COMMITTEE. See Enclosure 4 for governance and responsibilities.

6. MARKET LEADS. The market leads must:

- a. Verify MTFs deliver PCBH services as outlined in this DHA-PI.
- b. Ensure Directors, MTF, Direct Support Organizations, and/or Senior Market Managers comply with the guidance in this DHA-PI, and implement corrective actions or provide additional resources and training, if required.
- c. Monitor and track measures to assess MTF standardization, processes, and compliance with the delivery of PCBH services as outlined in this DHA-PI.
- d. Provide analysis support to MTF staff on PCBH metrics, measures and issues, as needed.
- e. Identify training requirements for PCBH and other PCMH staff.
- f. Review and approve Quadruple Aim Performance Process related to process improvement initiatives in conjunction with DHA.

7. DIRECTORS, MTF, DIRECT SUPPORT ORGANIZATIONS, AND/OR SENIOR MARKET MANAGERS. Directors, MTF, Direct Support Organizations and/or Senior Market Managers must:

- a. Verify MTFs deliver PCBH services as outlined in this DHA-PI.
- b. Ensure PCMH clinics comply with the guidance in this DHA-PI, and implement corrective actions or provide additional resources and training, if required.
- c. Monitor and track measures to assess MTF standardization, processes, and compliance with the delivery of PCBH services as outlined in this DHA-PI.
- d. Provide analysis support to PCMH staff on PCBH metrics, measures and issues, as needed.
- e. Identify training requirements for PCBH and other PCMH staff.
- f. Monitor Quadruple Aim Performance Process related to process improvement initiatives in conjunction with DHA.

ENCLOSURE 3

SERVICE DELIVERY AND PERSONNEL STAFFING

1. SERVICE DELIVERY MODEL

a. BHCs and BHCFs must deliver services in primary care clinics. BHCs and BHCFs must adhere to the service delivery model activities and standards for work in primary care clinics outlined in Enclosures 5 and 7.

b. BHCs must deliver PCBH model services, as defined in the Glossary, in primary care clinics with 3000 or more adult enrollees.

c. BHCs must deliver PCBH model services, as defined in the Glossary, in two or more primary care clinics at an installation, having fewer than 3000 adult enrollees in each clinic, if authorized by the DHA PCBH Program Director and the clinics combined enrolled adult population is 3000 or greater.

d. BHCFs must deliver Collaborative Care model services, as defined in the Glossary, in primary care clinics with 7500 or more enrollees.

e. BHCFs must deliver Collaborative Care model services as defined in the Glossary, in two or more primary care clinics at an installation, having fewer than 7500 adult enrollees in each clinic, if authorized by the DHA PCBH Program Director and the clinics combined enrolled adult population is 7500 or greater.

f. Local or remote External Behavioral Health Consultants (EBHCs) must provide clinical decision support, as defined in the Glossary of this DHA-PI.

2. SCREENING STANDARDS FOR PRIMARY CARE MANAGERS (PCMs)

a. In accordance with Reference (d), screening for major depressive disorder in adults must use evidence-based primary care screening instruments designated by the DHA PCBH Committee, consistent with those used in purchased care, when applicable. Screening must be conducted for each patient seen if their last documented screening was completed more than 12 months in the past.

b. In accordance with Reference (d), screening for post-traumatic stress disorder in adults must use evidence-based primary care screening instruments designated by the DHA PCBH Committee, consistent with those used in purchased care, when applicable. Screening must be conducted for each patient seen if their last documented screening was completed more than 12 months in the past.

c. In accordance with Reference (f), screening for problematic substance use in adults

must use the AUDIT-C screening tool. Screening must be conducted for each patient seen if their last documented screening was completed more than 12 months in the past.

d. Screening must be conducted using Armed Forces Health Longitudinal Technology Application, Tri-Service Workflow or the MHS-GENESIS equivalent as determined by the DHA PCBH Committee. The DHA PCBH Committee may determine additional PCM screening measures and standards, requiring final approval by the PCMH-Advisory Board (AB) or future equivalent.

3. PERSONNEL STAFFING

a. The BHC and BHCF billets must be owned, managed and reside within primary care clinics.

b. One full-time BHC is required at each primary care clinic with 3,000 or more adult enrollees. If a primary care clinic can demonstrate a need for an additional full-time BHC(s) a funding request can be made to the DHA PCBH Program Director for consideration.

c. It is recommended that new BHC hires be clinical or counseling licensed psychologists. Training and state-level licensure must allow them to function as independent health care providers. Licensed clinical social workers may also be hired as BHCs. Training and state-level licensure must allow them to function as independent health care providers. See Reference (g) for additional information).

d. One full-time BHCF is required at each primary care clinic with 7,500 or more adult enrollees. If a clinic can demonstrate a need for an additional full-time BHCF a funding request can be made to the DHA PCBH Program Director for consideration.

e. Two or more primary care clinics at an installation, having fewer than 3000 adult enrollees in each clinic, can be authorized by the DHA PCBH Program Director to hire and share a BHC proportionately based on enrollment, if the clinics' combined enrolled adult population is 3000 or greater.

f. Two or more primary care clinics at an installation, having fewer than 7500 adult enrollees in each clinic, can be authorized by the DHA PCBH Program Director to hire and share a BHCF proportionately based on enrollment, if the clinics combined adult enrolled population is 7500 or greater.

g. BHC staff for a pediatric/adolescent primary care clinic or a women's health clinic is an option, but not mandated. BHCFs are not an option for pediatric/adolescent clinics as care facilitation is an adult service. If a clinic can demonstrate a need for a full-time BHC in a pediatric/adolescent clinic, or women's health clinic that has at least 3000 enrollees, a BHC staff funding request can be made to the DHA PCBH Program Director for consideration. Demonstrated need includes but is not limited to areas where five percent or more of the enrolled

population has a problem presentation or condition that would benefit from focused BHC services. Examples of demonstrated need for pediatric/adolescent clinics include but are not limited to attention deficit disorder, depression, anxiety, behavior problems, and chronic disease management (e.g., diabetes and asthma). Examples of demonstrated need for women's health include but are not limited to depression, anxiety, partner relational problems, sexual dysfunction, chronic disease management (e.g., chronic pelvic pain).

h. EBHC

(1) A designated behavioral health prescription specialist, EBHC as defined in the Glossary, must be available for installation-level support in clinics with BHCs. Details on EBHC function and procedures are found in Reference (g).

(2) Support can be met through telephone consultation or telehealth applications.

i. PCMH Level Management. The primary care clinic chief/officer-in-charge (or civilian equivalent) must ensure that implementation, training, and sustainment standards for PCBH services are met at the primary care clinic level including but not limited to alerting the DHA PCBH PM within 2 weeks of a new BHC or BHCs arrival to the clinic. The MTF specialty behavioral health service/clinic will not own or manage PCBH personnel or services. Details on standards for BHC and BHC peer review and quality assurance can be found in the Reference (g).

j. Staff Competencies, Standards, and Training

(1) BHC service delivery model, core competencies, and expert trainer standards are in Enclosures 3, 5, and 6 respectively.

(2) BHC service delivery model, core competencies, and expert trainer standards are in Enclosures 3, 7, and 8 respectively.

ENCLOSURE 4

DEFENSE HEALTH AGENCY PRIMARY CARE BEHAVIORAL HEALTH COMMITTEE
GOVERNANCE

1. COMMITTEE MEMBERSHIP. Committee membership must include:
 - a. Chair: DHA PCBH Program Director (non-voting).
 - b. DHA PCBH PMs (voting).
 - c. PHCoE PCBH Branch or future equivalent (voting). At least one representative from the PHCoE PCBH Branch or future equivalent. The representative/s are selected by the DHA PCBH Program Director in consultation with the PHCoE PCBH Branch Chief (only one voting member).

2. OTHER ADVISORY RESOURCES. Other government or non-government consultants may, at the discretion of the DHA PCBH Committee, be asked to provide issue-specific consultation as needed.

3. SCOPE. The DHA PCBH Committee must:
 - a. Be chartered under the PCMH-AB or future equivalent.
 - b. Meet no less than quarterly, commencing within 90 days following the issuance of this DHA-PI.
 - c. Have command, control and authority to determine all BHC and BHCF EHR work flow, documentation standards and clinical decision support content.
 - d. Develop, implement and carry out the coordination of clinical and administrative processes, procedures, and protocols for consistent, evidence-based health behavior, behavioral medicine, and behavioral health services in primary care. This must include but is not limited to:
 - (1) Evaluating and assisting in execution of the requirements of this DHA-PI and providing technical guidance and assistance.
 - (2) Ongoing development of specific behaviorally-defined competency benchmarks for BHCs, BHCFs and PCBH expert trainers, as well as training standards that must be used for training to an objective benchmark.

(3) Developing and/or implementing training that will be required MHS wide to ensure delivery of evidence-based assessment and treatment by BHCs, BHCFs, PCMH staff, as well as standards for referrals by PCMH staff for PCBH services.

(4) Develop and adopt a standardized set of quality and clinical performance indicators in the areas of medical readiness, health behaviors and outcomes, population health and patient and provider satisfaction. Screening measures will be consistent with those used in purchased care, where applicable.

(5) Coordinate and facilitate creation and maintenance of databases, reporting procedures, and data displays that permit the evaluation and comparisons of PCBH service performance. Databases and data displays will allow for the collection and display of purchased and direct care data as appropriate and will allow for comparison of all care locations, direct and purchased care, across a market.

(6) Deliver DHA informational briefs at least annually on paragraph 3d.(4) developed measures or decisional briefs as needed to the PCMH-AB or future equivalent.

e. Provide recommendations regarding provision of health behavior, behavioral medicine and behavioral health services in primary care to the Enterprise Solution Board or future equivalent via the PCMH-AB or future equivalent.

ENCLOSURE 5

BEHAVIORAL HEALTH CONSULTANTS SERVICE DELIVERY MODEL, CORE
COMPETENCIES AND SERVICE STANDARDS

1. SERVICE DELIVERY MODEL

a. BHCs deliver services in a manner consistent with the evidence-based science for a PCBH model of service delivery, as defined in the Glossary, for adult, adolescent and pediatric patients in support of the overall health care goals of the PCM and the patient.

b. The BHC functions as a PCM extender for health behavior, behavioral medicine and health behavior problems and must treat patients referred by the PCM, through self-referral, referral by the BHCF or referral from specialty clinics.

c. The BHC can initiate follow-up appointments and see the patient for an initial appointment without the PCM initiating a request for BHC assistance.

d. The BHC communicates with the PCM so the PCM is aware of the BHC assessment and intervention and recommendations on all initial and follow-up BHC individual patient appointments.

2. CORE COMPETENCIES. BHCs must demonstrate Phase 1 core competencies to a BHC expert trainer within 3 months of being hired as detailed in the most recent version of the BHC core competency tool approved by the DHA PCBH Committee. An extension beyond the 3-month time period can be granted by the DHA PCBH Program Director. Phase 2 core competencies must be demonstrated to a BHC expert trainer within 6 months of Phase 1 completion. An extension beyond the 6-month time period can be granted by the DHA PCBH Program Director. Final verification of meeting the required core competencies will be confirmed by a DHA PCBH PM.

3. BHC SERVICE STANDARDS. BHCs must augment PCMs by providing evidence-based services within the primary care clinic to include but not limited to:

a. Focused assessment and intervention with individual patients are typically, but not only, in the context of a 15 to 30-minute appointment to aid the patient and team with managing or improving a presenting problem.

b. Helping patients replace maladaptive behaviors and thoughts with adaptive ones, providing skill training through patient education strategies and developing specific behavior-change plans that fit the fast pace of a primary care clinic setting.

c. Same-day services available for initial consultation appointments with patients for health behavior, behavioral medicine, and behavioral health services.

d. Consultation with medical home team members on improving management of challenging patient presentations and populations and help team members provide basic behavioral health interventions.

e. Using the Medical Expense and Performance Reporting System code for BHC work as designated by the DHA PCBH Committee.

f. Following all processes and procedures related to BHC service delivery model, competencies and service standards detailed in the accompanying PCBH DHA-PM.

ENCLOSURE 6

STANDARDS FOR BEHAVIORAL HEALTH CONSULTANTS EXPERT TRAINERS

LICENSURE AND EXPERIENCE. BHC Expert Trainers:

- a. Must hold a state-level behavioral health-related license, have successfully passed BHC core competency training and successfully passed the BHC expert trainer core competency training.
- b. Are designated as an expert trainer by DHA PCBH Committee.
- c. Who are in place prior to the publishing of this DHA-PI may continue to operate in that capacity without new designation by DHA PCBH Committee as an expert trainer.
- d. May have their expert trainer status revoked by DHA PCBH Committee.
- e. Must follow processes and procedures for BHC expert trainer activities detailed by the DHA PCBH Committee.

ENCLOSURE 7

BEHAVIORAL HEALTH CARE FACILITATOR SERVICE DELIVERY MODEL, CORE
COMPETENCIES AND STANDARDS

1. SERVICE DELIVERY MODEL

a. BHCFs monitor patients in a manner consistent with the evidenced-based science for a collaborative care model of service delivery, as defined in the Glossary of this DHA-PI.

b. PCM teams and BHCs may refer to the BHCF all adult patients with a depressive disorder, posttraumatic stress disorder or an anxiety disorder. BHCFs may accept other health behavior, behavioral medicine and behavioral health problem within the scope of the BHCF's program requirements, but only after they have received DHA PCBH Committee-approved training, for follow-up care based on the PCM team or BHC's request.

c. Services must be in accordance with and in support of the overall goals of the PCM for that individual patient.

d. The BHCF must take part in collaboration and team consultation with the PCM, BHC, and EBHC.

2. CORE COMPETENCIES. BHCFs must demonstrate core competencies to a BHCF expert trainer as detailed in the most recent version of the BHCF core competency tool approved by the DHA PCBH Committee. Final verification of meeting the required core competencies will be confirmed by a DHA PCBH PM.

3. BHCF SERVICES. BHCFs must:

a. Provide education on depression, anxiety, or other health behavior, behavioral medicine and behavioral health topics to patients within the scope of the BHCF's program requirements, for which they have received DHA PCBH Committee-approved training.

b. Complete initial patient contacts within 5-10 days of the PCM referral. BHCF patient contacts should be made telephonically as a matter of course, in-person by exception. A contact is a clinical interaction between the BHCF and the patient in which one or more of the following activities take place:

(1) Administration of appropriate standardized measurement tools to evaluate symptom severity.

(2) Discussion with patients on adherence to recommendations regarding medication, behavior change, or referrals for specialty care.

- (3) Education and problem-solving with patients to enhance adherence to treatment.
- (4) Meet telephonically or in person with EBHC at least every 14 days, and sooner as clinically indicated to review progress of patients in caseload. See details in the accompanying PCBH DHA-PM (Reference (g)).
- (5) Staff cases with the BHC at least every 7 days, and sooner as needed to coordinate patient services. See details in the accompanying PCBH DHA-PM (Reference (g)).
- (6) Provide PCM with patient progress as clinically indicated. See details in the accompanying PCBH DHA-PM (Reference (g)).
- (7) Review patient progress with PCM or if not available, the BHC or EBHC within 24 hours if deterioration in clinical condition should occur. See details in the accompanying PCBH DHA-PM (Reference (g)).
- (8) Immediately involve a credentialed provider (e.g., PCM or BHC) to conduct a risk assessment if the patient endorses thoughts of harm to self or others.
- (9) Provide administrative and clinical support for the BHC as detailed in the accompanying PCBH DHA-PM (Reference (g)).
- (10) Follow all processes and procedures related to BHCF service delivery model detailed in the accompanying PCBH DHA-PM (Reference (g)).

ENCLOSURE 8

STANDARDS FOR BEHAVIORAL HEALTH CARE FACILITATORS EXPERT TRAINERS

1. BHCF EXPERT TRAINER PREREQUISITES. Has met the following criteria:
 - a. Successfully passed BHCF training and met all core BHCF core competencies as detailed in the latest expert trainer core competency tool from the DHA PCBH Committee.
 - b. Is designated as an expert trainer by DHA PCBH Committee.

2. PROCESSES AND PROCEDURES. Must follow processes and procedures for BHC expert trainer activities detailed by the DHA PCBH Committee.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

BHC	Behavioral Health Consultant
BHCF	behavioral health care facilitator
CSD	Clinical Support Division
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
DHA-PM	Defense Health Agency-Procedures Manual
EBHC	External Behavioral Health Consultant
MHS	Military Health System
MTF	Military Medical Treatment Facility
PCBH	Primary Care Behavioral Health
PCM	Primary Care Manager
PCMH	Patient-Centered Medical Home
PCMH-AB	Patient-Centered Medical Home-Advisory Board
PHCoE	Psychological Health Center of Excellence
PM	Program Manager

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purposes of this DHA-PI.

adult. An individual that is 18 years of age or older.

behavioral health. The integration of behavioral, psychosocial, emotional and biomedical science knowledge and techniques and their application to prevention, diagnosis, treatment of a person's mental well-being, their ability to function in everyday life, quality of life and concept of self. Clinical problem presentations and treatment services include, but are not limited to stress, depression, anxiety, posttraumatic stress disorder, relationship problems, grief, Attention-Deficit/Hyperactivity Disorder, mood disorders, or other psychological concerns.

behavioral health prescription specialist. A psychiatrist, psychiatric nurse practitioner, prescribing psychologist, or another provider credentialed for independent practice who can

prescribe medication and has specialty training in the use of psychotropic. The behavioral health specialist with prescription privileges is typically a psychiatrist.

behavioral medicine. The integration of behavioral, psychosocial, emotional and biomedical science knowledge and techniques and their application to prevention, diagnosis, treatment and rehabilitation. Clinical problem presentations and treatment services include, but are not limited to pain, insomnia, diabetes, headaches, asthma, cardiovascular disease, arthritis and obesity.

BHC. A professional psychologist credentialed for independent practice, or a psychology or social work trainee being clinically supervised by a BHC who is credentialed for independent practice. BHCs have received training in a PCBH model of service delivery and demonstrated core competencies consistent with this DHA-PI allowing them to continue to work as a BHC.

BHCF. A registered nurse delivering services in a Collaborative Care model of service delivery and demonstrated core competencies consistent with this DHA-PI allowing them to continue to work as a BHCF.

biopsychosocial approach. A general model that posits that biological, psychological (to include thoughts, emotions, and behaviors), and social factors, all play a role in human functioning in the context of disease or illness.

collaborative care model. A population-based model of care focused on a discrete clinical problem (e.g., depression). It incorporates specific pathways using a variety of components that systematically and comprehensively address how behavioral health problems are managed in the primary care setting. PCMs and BHCFs share information regarding patients and there is a shared medical record, treatment plan, and standard of care. Typically, there is some form of systematic interface with specialty care (e.g., weekly case review and treatment change recommendations).

clinical decision support. Support provided through a variety of means including, but not limited to, informal provider-to-provider consultation, structured informal consultation through the BHCF, and formal consultation with behavioral health prescription specialists (e.g., psychiatrists, prescribing psychologists, psychiatric nurse practitioners).

core competency. Minimum knowledge, skills, and abilities that are required to perform assigned duties.

EBHC. A psychiatrist, psychiatric nurse practitioner, prescribing psychologist, or another provider credentialed for independent practice who can prescribe medication and has specialty training in the use of psychotropic.

full-time. An individual who works in primary care 40-hours per week on average with the capacity for 37.5 hours of clinical service delivery a week in that setting. Clinical service delivery is composed of a variety of activities to include, but not limited to, clinic appointments and telephone contacts with patients, multidisciplinary treatment planning, coordination of care, intervention and general consultation with primary care providers, nurses and staff. Additional

clinical service delivery activities include charting, educational presentations, program development, and attending primary care staff meetings.

health behavior. Includes, but is not limited to, substance use, physical activity, eating behaviors, sleep behaviors, medical treatment adherence, and behaviors exhibited by a person that are known to impact physical health and or emotional well-being.

PCMH. A team-based model of primary care service delivery, led by a PCM, which provides continuous, accessible, family-centered, comprehensive, compassionate, and culturally-sensitive health care in order to achieve the best outcomes. The model is based on the concept that the best healthcare has a strong primary care foundation with quality and resource efficiency incentives. The PCMH focuses on providing or arranging for all the patient's health care needs for all stages of life to include, acute care, chronic care, preventive services, medical readiness, deployment health and end of life care. A PCMH practice is responsible for all of a patient's healthcare needs and for coordinating or integrating specialty healthcare and other professional services.

PCBH Model. A team-based primary care approach to managing behavioral health problems and biopsychosocially influenced health conditions. The model's main goal is to enhance the primary care team's ability to manage and treat such problems/conditions, with resulting increased access and improvements in primary care services for the entire clinic population. The model incorporates into the primary care team a BHC to extend and support the primary care team. The BHC works as a generalist and an educator who provides high volume services that are accessible, team-based, and a routine part of primary care. Specifically, the BHC assists in the care of patients of any age and with any health condition (Generalist); strives to intervene with all patients on the day they are referred (Accessible); shares clinic space and resources and assists the team in various ways (Team-based); engages with a large percentage of the clinic population (High volume); helps improve the team's biopsychosocial assessment and intervention skills and processes (Educator); and is a routine part of biopsychosocial care (Routine). To accomplish these goals, BHCs use focused (15 - 30 minutes) visits to assist with specific symptoms or functional improvement. Follow-up is based in a consultant approach in which patients are followed by the BHC and PCM until functioning or symptoms begin improving; at that point, the PCM resumes sole oversight of care but re-engages the BHC at any time, as needed. Patients not improving are referred to a higher intensity of care, though if that is not possible, the BHC may continue to assist until improvements are noted. This consultant approach also aims to improve the PCM's biopsychosocial management of health conditions in general (Reference (e)).

primary care clinic. A MTF where patients are enrolled to a PCM (e.g., physician assistant, nurse practitioner, family medicine physician, internal medicine physician) who is designated as the patient's primary medical provider. There can be multiple primary care clinics within an MTF or outside of, but linked to an MTF. Each of these unique primary care clinics, not teams within the clinic, having at least 3000 adults enrolled to the clinic as a whole are mandated to have one full-time BHC. Clinics that have 7500 or more adults enrolled to the clinic are mandated to have one full-time BHC and one full-time BHCF.

psychoeducation. Education offered to people with behavioral health and medical conditions about the causes of their condition, and the reasons why a particular treatment might be effective for reducing their symptoms.

rehabilitation. Clinical problem presentations and treatment services include, but are not limited to pain, insomnia, diabetes, headaches, asthma, cardiovascular disease, arthritis and obesity.

telehealth applications. Equipment used for communication between individuals that are not in the same physical location (e.g., audio and video link through a webcam).