

# **CORE COMPETENCIES FOR INTEGRATED BEHAVIORAL HEALTH AND PRIMARY CARE**

## **SPECIFIC COMPETENCIES BY CATEGORY**

### **I. INTERPERSONAL COMMUNICATION**

The ability to establish rapport quickly and to communicate effectively with consumers of healthcare, their family members and other providers.

Examples include: active listening; conveying information in a jargon-free, non-judgmental manner; using terminology common to the setting in which care is delivered; and adapting to the preferred mode of communication of the consumers and families served.

### **II. COLLABORATION & TEAMWORK**

The ability to function effectively as a member of an interprofessional team that includes behavioral health and primary care providers, consumers and family members.

Examples include: understanding and valuing the roles and responsibilities of other team members, expressing professional opinions and resolving differences of opinion quickly, providing and seeking consultation, and fostering shared decision-making.

### **III. SCREENING & ASSESSMENT**

The ability to conduct brief, evidence-based and developmentally appropriate screening and to conduct or arrange for more detailed assessments when indicated.

Examples include screening and assessment for: risky, harmful or dependent use of substances; cognitive impairment; mental health problems; behaviors that compromise health; harm to self or others; and abuse, neglect, and domestic violence.

### **IV. CARE PLANNING & CARE COORDINATION**

The ability to create and implement integrated care plans, ensuring access to an array of linked services, and the exchange of information among consumers, family members, and providers.

Examples include: assisting in the development of care plans, whole health, and wellness recovery plans; matching the type and intensity of services to consumers' needs; providing patient navigation services; and implementing disease management programs.

### **V. INTERVENTION**

The ability to provide a range of brief, focused prevention, treatment and recovery services, as well as longer-term treatment and support for consumers with persistent illnesses.

Examples include: motivational interventions, health promotion and wellness services, health education, crisis intervention, brief treatments for mental health and substance use problems, and medication assisted treatments.

## VI. CULTURAL COMPETENCE & ADAPTATION

The ability to provide services that are relevant to the culture of the consumer and their family.

Examples include: identifying and addressing disparities in healthcare access and quality, adapting services to language preferences and cultural norms, and promoting diversity among the providers working in interprofessional teams.

## VII. SYSTEMS ORIENTED PRACTICE

The ability to function effectively within the organizational and financial structures of the local system of healthcare.

Examples include: understanding and educating consumers about healthcare benefits, navigating utilization management processes, and adjusting the delivery of care to emerging healthcare reforms.

## VIII. PRACTICE-BASED LEARNING & QUALITY IMPROVEMENT

The ability to assess and continually improve the services delivered as an individual provider and as an interprofessional team.

Examples include: identifying and implementing evidence-based practices, assessing treatment fidelity, measuring consumer satisfaction and healthcare outcomes, recognizing and rapidly addressing errors in care, and collaborating with other team members on service improvement.

## IX. INFORMATICS

The ability to use information technology to support and improve integrated healthcare.

Examples include: using electronic health records efficiently and effectively; employing computer and web-based screening, assessment, and intervention tools; utilizing telehealth applications; and safeguarding privacy and confidentiality.

