



American Hospital
Association™

Advancing Health in America

Integrating Behavioral Health: A Path to Whole-Person Care

Care Delivery Transformation Framework Webinar Series

March 25, 2026

Today's Speakers

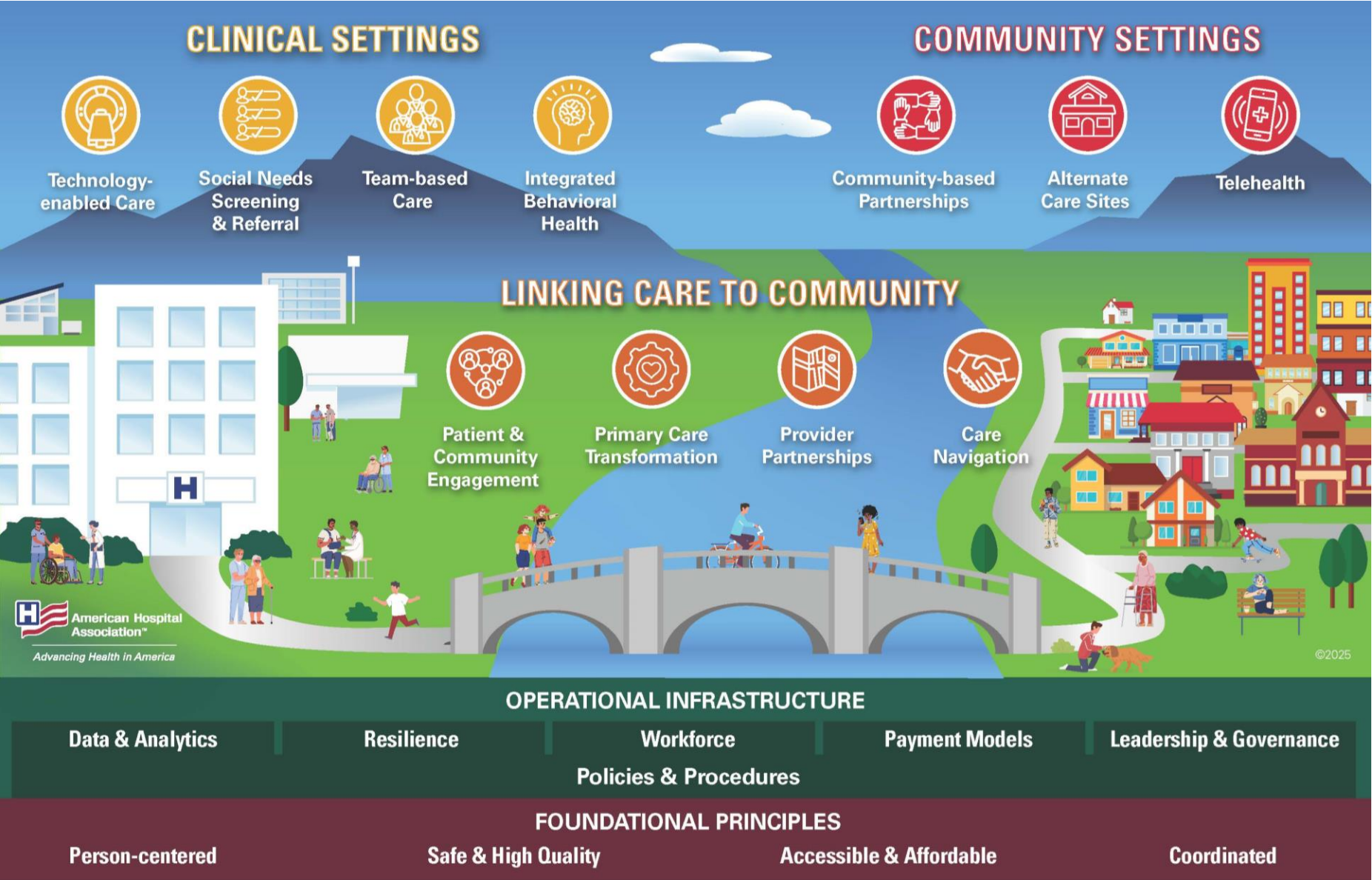


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Care Delivery Transformation Framework



AHA offers curated resources in each care delivery transformation topic.

Learn more about the Care Delivery Transformation Framework at www.aha.org/CDT.

Care Delivery Transformation Framework

Clinical Settings



Technology-enabled Care

Technological advances can be applied to care delivery to improve patient care and ensure that people are getting the right care at the right time, ultimately improving outcomes.



Social Needs Screening & Referral

Screening for and addressing patients' health-related social needs is an important step for providing holistic care.



Team-based Care

Developing a culture and structure for interdisciplinary team-based care allows health care organizations to meet the physical, mental and social needs of their patients, especially for those with complex care needs.



Integrated Behavioral Health

Integrating behavioral health professionals into the care team contributes to more holistic patient care.

Engage with the Care Delivery Transformation Framework



Explore

Find the most recent and relevant resources around each care delivery transformation topic.



Discuss

Talk with your team about how to advance your hospital's care delivery transformation strategies.



Share Your Story

Tell us how your hospital is transforming care delivery.

Proactive Inpatient Consultation: The Behavioral Intervention Team (BIT) at Yale

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March 25, 2026

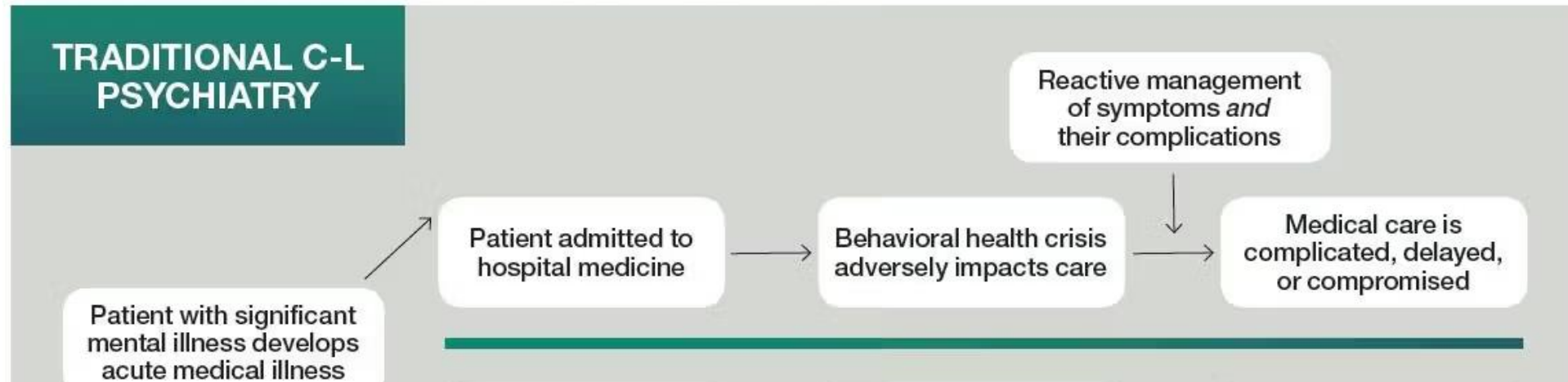
Yale SCHOOL OF MEDICINE

Disclosures

None

Conventional consultation (CC)

FIGURE. Traditional C-L Psychiatry versus Proactive C-L Psychiatry



Psychiatric illnesses and behavioral disruptions in the hospital often lead to psychiatric consults

Associated with negative outcomes.

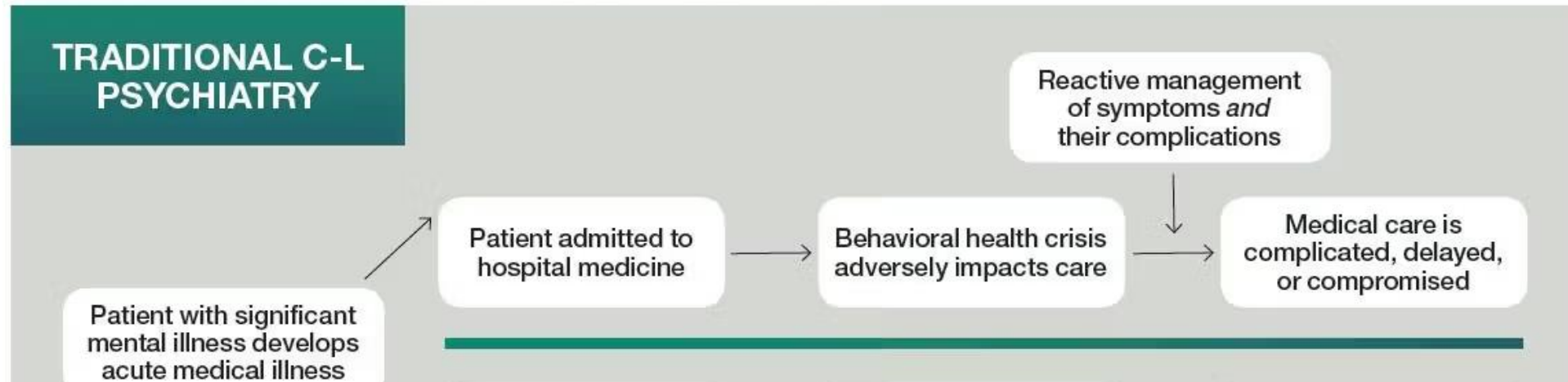
- Use of restraints
- Poor health outcomes
- Longer hospital stays
- Injuries
- Medicolegal issues

Consult services did not meet stakeholders' needs

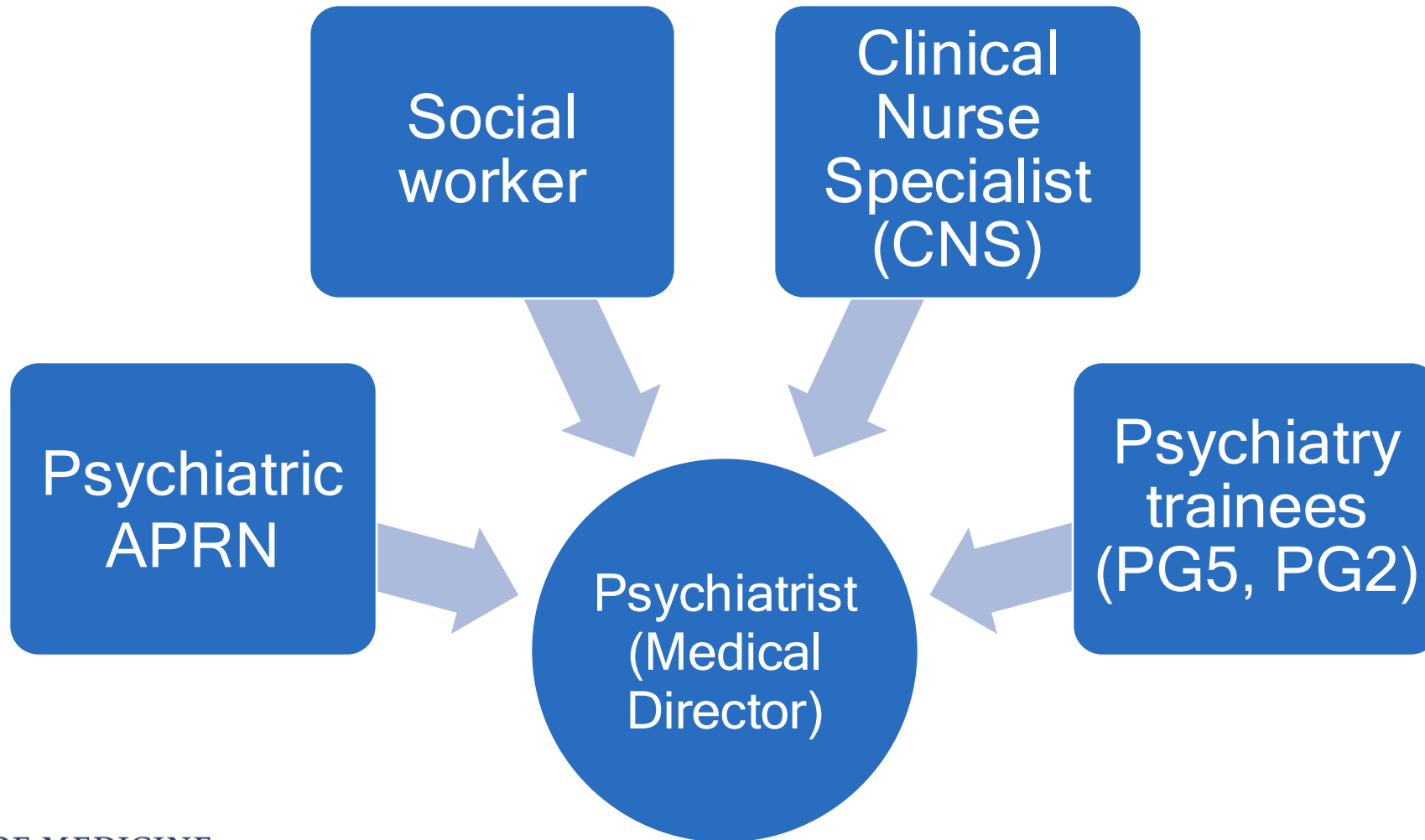
- Increased disease burden and complexity of patients with psychiatric disorders
- Standard Conventional Consultation Liaison (CCL) model
 - Requested late
 - Appropriateness and resource allocation
 - Missed the window of opportunity to act
 - Usually after adverse events
 - Delayed consultation resulted in longer length of stays

Conventional consultation (CC)

FIGURE. Traditional C-L Psychiatry versus Proactive C-L Psychiatry



Behavioral Intervention Team



Roles of each team member



Patient Service Manager:
Provides overall administrative leadership and clinical back-up



Psychiatrist:
Provides clinical supervision and leadership to the team



Psychiatric APRN:
Provides assessment & treatment recommendation for active psychiatric issues

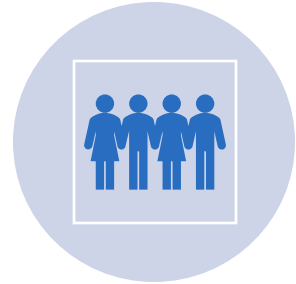


Psychiatric Clinical Nurse Specialist:
Liaise with medical nurses and LIPs while screening patients and providing behavioral intervention & education



Psychiatric Social Worker:
Liaise with primary teams and medical social workers regarding disposition while addressing psychosocial concerns

Goals of proactive C-L model



Early identification of patients in targeted population according to established criteria.



Multidisciplinary psychiatric/behavioral assessment, treatment planning, and disposition planning in collaboration with patient's medical team.



Ongoing follow-up of psychiatrically vulnerable patients over the course of medical hospitalization.



Education of medical nursing team members in mental illness & behavioral care planning.

Pilot study 2011

P: all new admissions on one medical unit (26 beds)

- I:
- A C-L psychiatrist met with medical team on weekdays, reviewed admissions
 - PRN record review or brief patient evaluation.

- C:
- care as usual on the unit (retrospective), same time before and after intervention.

Outcomes:

- Half the pts with 1 psych issue, 1/5 of admissions appeared to have a psychiatric issue requiring consultation to avoid possible delay of discharge.
- In a retrospective analysis, about 17% were thought to have psychiatric issues where consultation affected LOS.
- Rates of consultation almost doubled(23% of admissions vs 11%, respectively), and
- **average LOS was reduced by 0.9 days.**

Main study



3 different inpatient
settings



Total beds:92



Total patient visits:
15,858

Outcomes

- Population: all admissions in 3 different inpatient settings with a total capacity of 92 beds serving 15,858 patient visits
- Intervention: BIT model of care
- Comparison: 3 years of contiguous admissions prior to starting BIT
- Outcomes: length of stay (2015 paper), economic (2016 paper)
- Timeline: 2 years

Psychother Psychosom (2015) 84 (4): 208-216.

<https://doi.org/10.1159/000379757>

Early screening: 8-12 new pts per day

Patients with diagnosed & undiagnosed major psychiatric illness, personality disorder, substance use disorder (including withdrawal), and neurocognitive disorders (esp. delirium & dementia).

Challenging patient/family behaviors, which are interfering in a patient's receiving needed medical care.

Patients who are suicidal, homicidal or aggressive.

Patients who are placed in restraints or assigned a "sitter."

Patients with a history of abuse or trauma.

Patients being prescribed psychotropic medications.

All transfers from or anticipated to psychiatric hospital inpatient units.

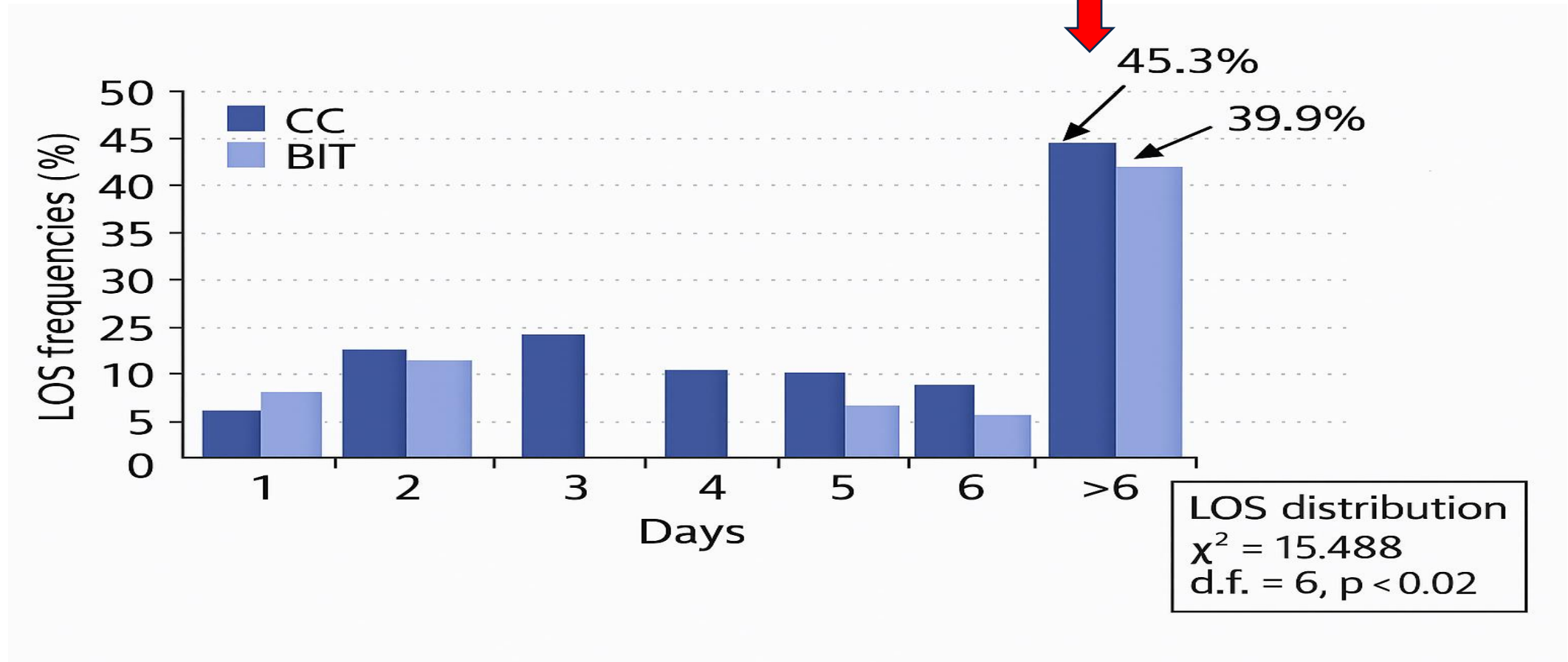
Screening results

- Full psychiatric consultation and co-management including medication prescription and follow-up and/or monitoring;
- Management by the medical team with advice from BIT consultants for the appropriate disciplines, and/or
- Referral to specialty outpatient services or inpatient psychiatric admission following discharge or transfer
- Collaboration at level of discipline counterparts
- Inappropriate and missed consultations were virtually eliminated by this process.

Outcomes TLDR: reduction in LoS by 0.65 days

POPULATION	PERIOD 1 (CC)	PERIOD 2 (CC)	PERIOD 3 (BIT)	PERIOD EFFECT TS, (D.F.), P VALUE
Patients with psychiatric intervention and LOS <31 days	–	535 (7.29±5.76)	509 (6.65±5.75)	T = 2.86, (1.042), 0.004
Patients with psychiatric intervention regardless of LOS	–	568 (10.29±14.87)	546 (10.09±16.30)	T = 1.96, (1.112), 0.05
All patients with LOS <31 days	4.911 (4.81±4.57)	5.158 (4.98±4.62)	5.391 (4.68±4.38)	F = 8.39, (2.15457), 0.0002
All patients	5.017 (5.89±10.16)	5.251 (5.87±8.90)	5.490 (5.58±9.12)	F = 6.90, (2.15755), 0.001

Differences in length of stay



Readmission rates

Readmission rates were not changed compared to prior.

Patient and staff outcomes

- While YNHH leaders have not performed formal evaluations on other program benefits yet, anecdotal feedback from staff and patients indicates that patient and staff satisfaction improved under the BIT mode.
- Improved retention of staff in these units (anecdotal)
- 85% staff 4-5/5 on Likert scale for satisfaction.

Financial Comparison

Sledge et al, 2016

Population	Patient days	ALOS	Number of cases
BIT or CL period 3, LOS<31 Only	3,383	6.65	509
CL period 2, LOS<31 Only	3,902	7.29	535
Not BIT nor CL, LOS<31 Only	67,240	4.66	14,416
LOS>31 (i.e., LOS Outliers)	16,476	55.29	298
Total	91,001	5.77	15,758
ALOS difference (7.29 - 6.65)		0.65	
Patient days difference (0.65 ALOS × 509 Cases) CASES)		329.4	
Potential new cases (329.37 days/5.77 ALOS), assuming 100% backfill		57.08	
Net revenue per case		\$12,682	
Potential incremental revenue ¹		\$723,889	

¹Not annualized

Net financial return on BIT (Sledge et al., 2016)

Estimated Financial Benefit	11 months	12 months
Incremental Net Revenue from Backfill (filled at 100%)	\$723,889	\$789,697
Overall Reduction in cost/case for BIT cases including	\$107,027	\$116,757

For every dollar spent on the BIT, they generated a \$1.70 return

Estimated Additional Expenses	\$306,230	\$334,069
Estimated Benefit minus Expenses	\$524,686	\$572,384

Sources/Notes: Authors' analysis of data from Yale New Haven Hospital's cost accounting software Allscripts™. Clinical data were collected from a hospital-based and maintained, clinical management system that was carefully monitored and tested against other data sources. Data from this clinical management system (including LOS, diagnoses, and possible confounding variables) were extracted from the electronic medical record and uploaded into a relational database and spreadsheet.

Table 6: Summary of net financial return on BIT.

Post-study

- Started with a proactive consultation team (0.5 FTE psychiatrist, 1.0 FTE nurse specialist, 1.0 FTE social worker, and a .17 FTE ARNP) that covered 75-80 medical inpatients.
- Was extended to cover both campuses of YNHH.
- Modification in 2025 due to staffing issues

Replicated elsewhere

- Johns Hopkins
- University of Rochester
- Stony Brook
- U Penn
- University of Colorado
- University of Cincinnati

References and further readings:

- Sledge WH, Bozzo J, White-McCullum BA, Lee H (2016) The Cost-Benefit from the Perspective of the Hospital of a Proactive Psychiatric Consultation Service on Inpatient General Medicine Services. *Health Econ Outcome Res Open Access* 2: 122. doi: 10.4172/2471-268x/1000122
- William H. Sledge, Ralitzia Gueorguieva, Paul Desan, Janis E. Bozzo, Julianne Dorset, Hochang Benjamin Lee; Multidisciplinary Proactive Psychiatric Consultation Service: Impact on Length of Stay for Medical Inpatients. *Psychother Psychosom* 1 June 2015; 84 (4): 208-216. <https://doi.org/10.1159/000379757>
- Mark A. Oldham, Paul H. Desan, Hochang B. Lee, James A. Bourgeois, Sejal B. Shah, Patrick J. Hurley, Sanjeev Sockalingam, Proactive Consultation-Liaison Psychiatry: American Psychiatric Association Resource Document, *Journal of the Academy of Consultation-Liaison Psychiatry*, Volume 62, Issue 2, 2021, Pages 169-185, ISSN 2667-2960, <https://doi.org/10.1016/j.jaclp.2021.01.005>.
(<https://www.sciencedirect.com/science/article/pii/S2667296021000367>)

Thank you!

There's No Health Without **Mental Health**

Primary Care Mental Health Integration

A collaborative team approach to improving
whole child health



Mental Health in Primary Care

The rate of psychosocial problems identified by primary care providers (PCPs) has more than doubled.



50%

pediatric office visits involve behavioral, social-emotional, developmental concerns



70%

behavioral health medications are prescribed by Primary Care



80%

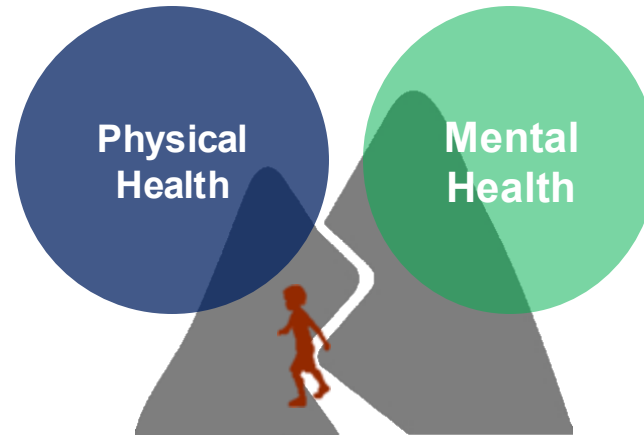
patients with mental illness are managed by Primary Care



~50%

patients that die by suicide were seen by their PCP within 30 days of their death

Mental Health Continuum



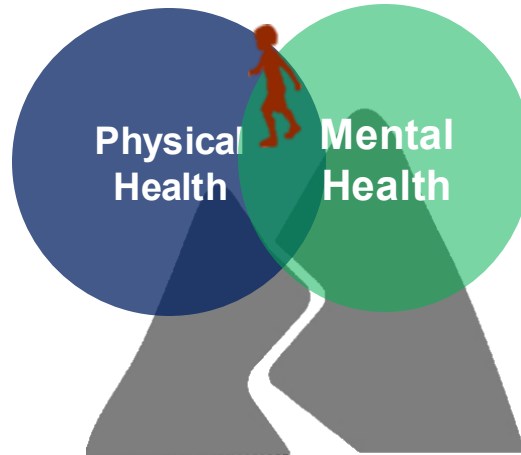
Physical Health Continuum



Mental Health Continuum



Primary Care Medical Home 'Whole Child Care'
Physical AND Mental Health



Physical Health Continuum



Transforming Mental Health Vision, Mission, and Pillars

Vision: Transforming Mental Health at Rady Children’s Hospital – San Diego will be an innovative leader in pediatric mental and behavioral health, recognized nationally and internationally, for excellence in patient care, education, research and advocacy.

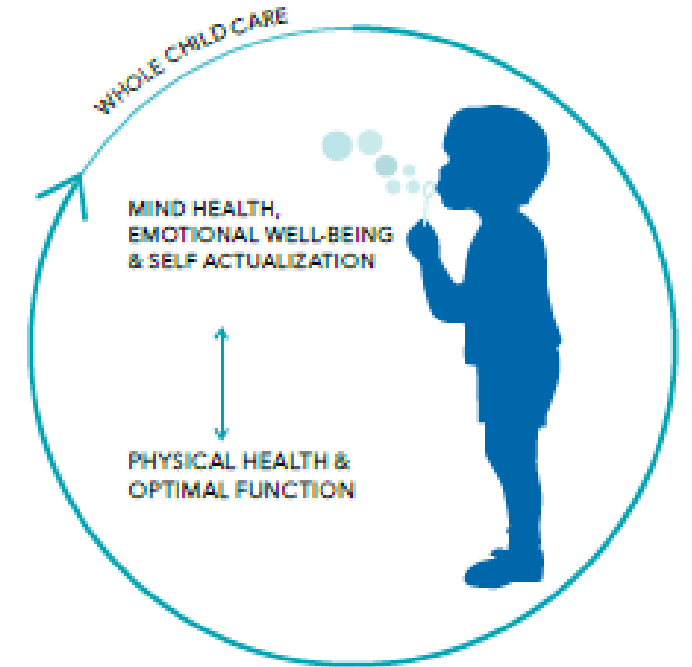
Mission: TMH will provide early detection, prevention, education, innovation and research to improve the life experience of children and youth and strengthen families with the goal of making a major impact on positively disrupting the growth in anxiety, depression, suicide and other behavioral and mental health needs of children and youth.



Primary Care Mental Health Integration (MHI) Program Overview

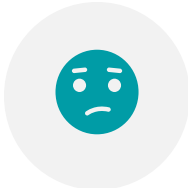


- Place a therapist next to the PCP
- Identifies mental health concerns early
- Population Health model
- Generalists: seeing all/any mental, development, emotional concern
- Provides cost-efficient, evidence-based treatment that works

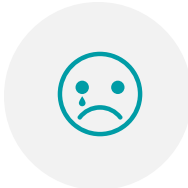


Substance Abuse and Mental Health Services Administration (SAMHSA) Spectrum of Integrated Care

COORDINATED KEY ELEMENT: COMMUNICATION		CO LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Mini Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/Merged Integrated Practice



Anxiety



Depression



Behavioral problems



School problems



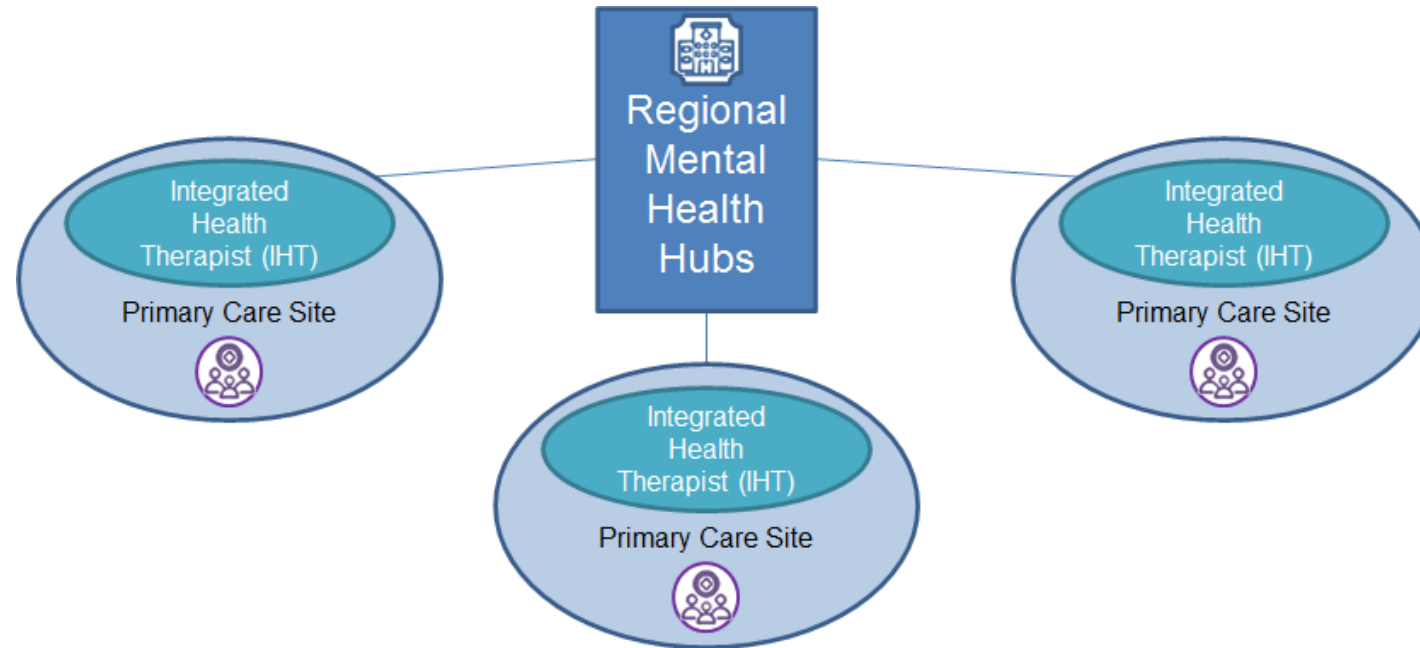
Co-morbid Substance abuse



Trauma



Mental Health Integration Hub and Spoke Model



Primary Care Spokes

- Warm Hand Offs
- Assessments
- Brief goal-focused therapy (4-6 visits)
- Care Coordination
- Preventative sessions, and lower complexity
- **Co-manage with PCP**

Mental Health Integration Hubs



- Brief goal-focused therapy (~12 visits)
- Group therapy
- Psychiatric consultations
- Care Coordination
- More complex pathology, higher needs
- **Co-manage with PCP**

Primary Care Mental Health Integration Network



Integrated Primary Care Clinic Sites

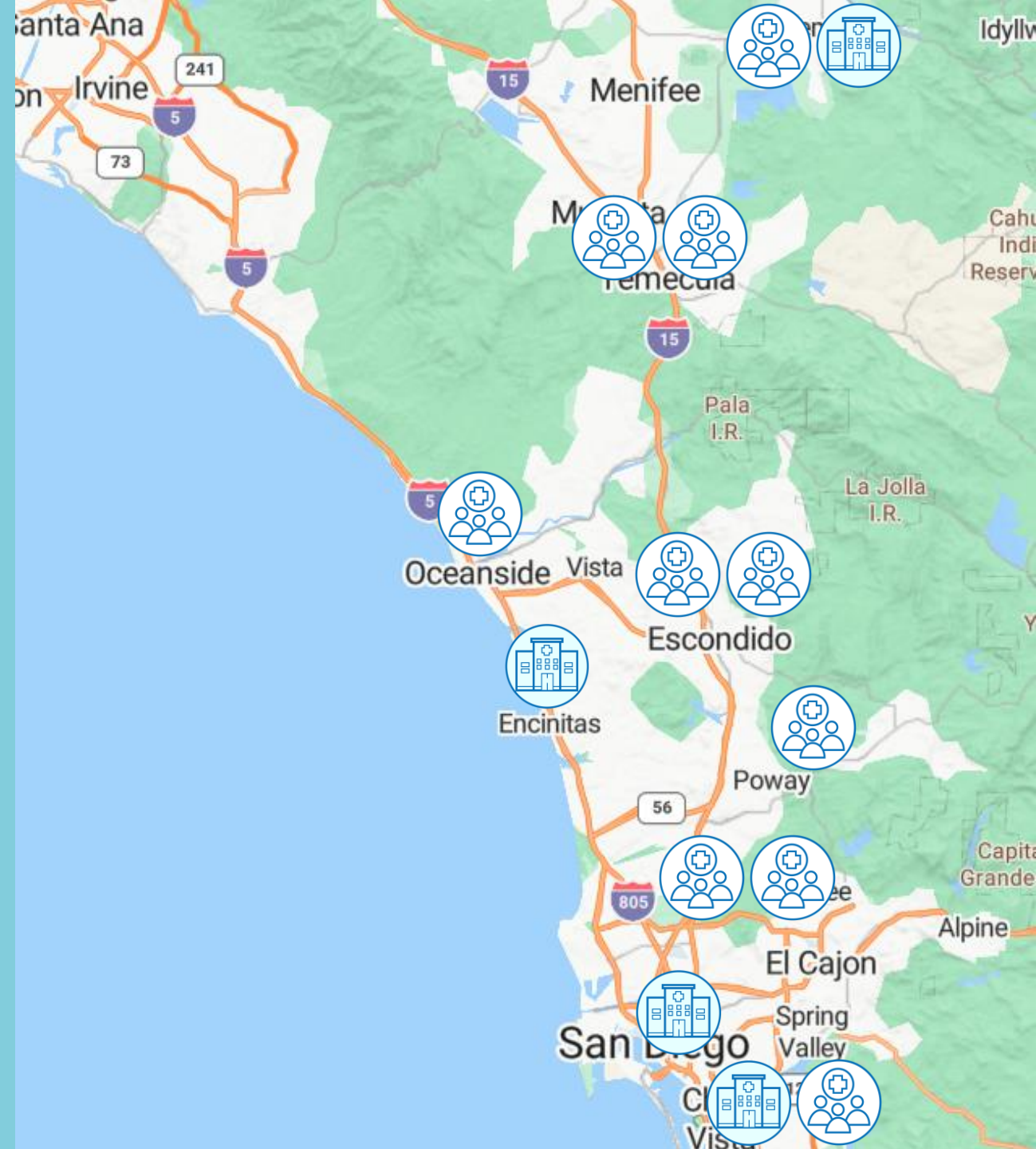
- CPCMGM Hemet
- CPCMGM Temecula Parkway
- CPCMGM Jefferson, Temecula
- CPCMGM Sanford, Oceanside
- CPMGM Children's Medical Group, San Marcos
- CPCMGM Citracado, Escondido **
- CPMGM Valle Verde Pediatrics, Poway **
- CPCMGM Alvarado, San Diego**
- CPMGM La Mesa Pediatrics
- CPCMGM Centre Medical Plaza, Chula Vista



Mental Health Integration Hubs

- Hemet Hub
- Encinitas Hub
- Mid-City Hub
- Chula Vista Hub

** Telehealth-based integration care sites



Integrated Health Therapists (IHTs)

- Provide short-term, evidence-based therapy
 - 6-12 sessions
- Regularly collaborate with PCP and other care team members to support patient needs
- When possible and appropriate, patients will be offered same day intervention during a warm handoff (WHO) through dyadic codes or initial visits
- IHTs teach skills or provide brief psychoeducation during WHOs
 - Ex: deep breathing, relaxation strategies, mindfulness



Warm Handoffs

Goal - 80% of first contacts will be Warm Handoffs

- ✓ Personal Introduction by PCP to IHT
- ✓ Increases Engagement
- ✓ Reduces Stigma
- ✓ Enhances Continuity of Care

* PCP to place a Referral to IHT immediately following a WHO



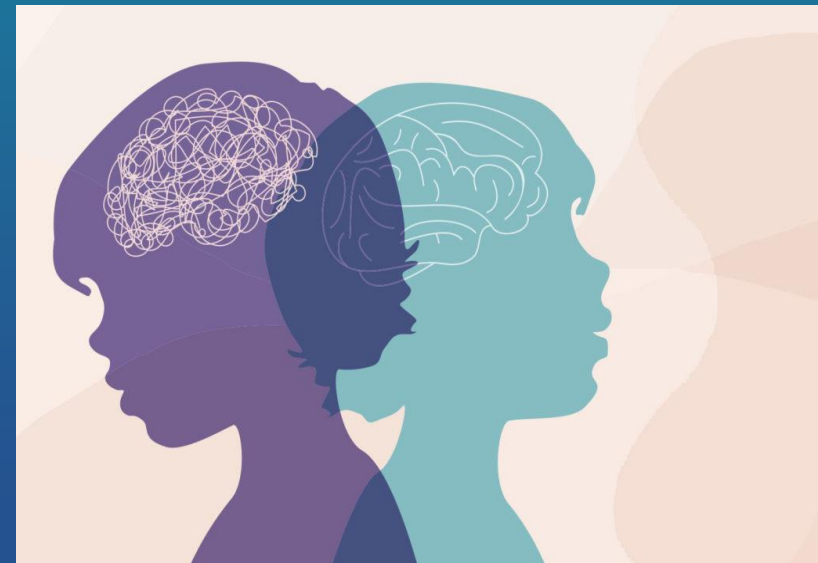
Warm Handoffs lead to:

- Increased appointments with behavioral health
- Fewer no-shows/same-day cancellations
- Fewer PCP no-shows/same-day cancellations
- Decreased time to schedule or complete BH follow-up post referral



Psychiatry Consultation

- Providers involve psychiatry for medication optimization and diagnostic clarity
- 1 - 8 sessions inperson at Hub or via tele
- Psychiatrists communicate updates regarding patients to care team



Care Coordination

- Care Coordinators (CCs) provide referrals including:
 - Linkages to appropriate therapy in the community, psychiatry, specialized treatment
 - Educational advocacy: related to IEPs, 504 Plans
 - Developmental services
 - Connection to Regional Center and educational resources
 - Community referrals



HOUSING AUTHORITY
COUNTY OF RIVERSIDE



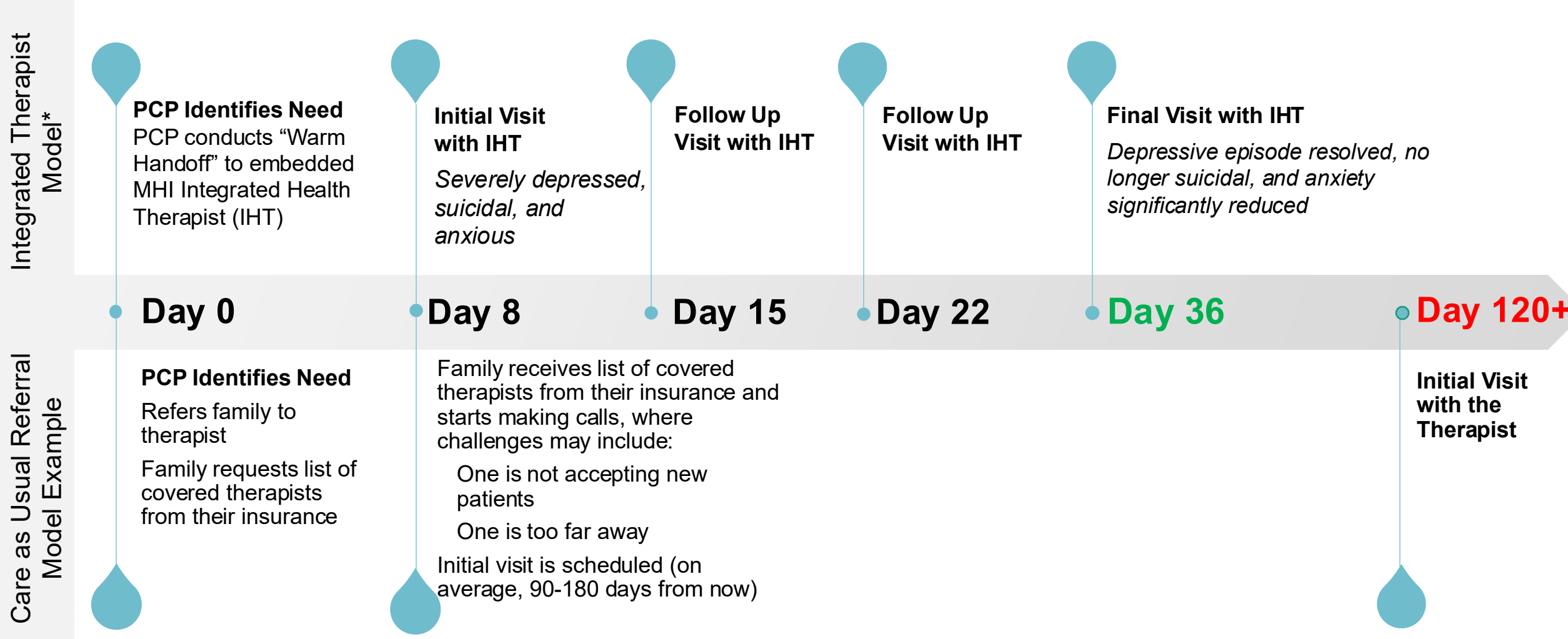
Registry Conferences – Team meetings

- Weekly meeting on zoom - IHT, CCs, Psychiatrist, PCPs, Clinical Leads
- Supports co-management of patients
 - Team-based review, resources, multi-directional education
- Format of meeting ensures team stays organized and efficient (shared EPIC)
- We have 10 Primary Care sites, so we have 10 Conferences/week





A side-by-side timeline demonstrates the difference in improved access and outcomes between early intervention through mental health integration, as compared to care as usual.



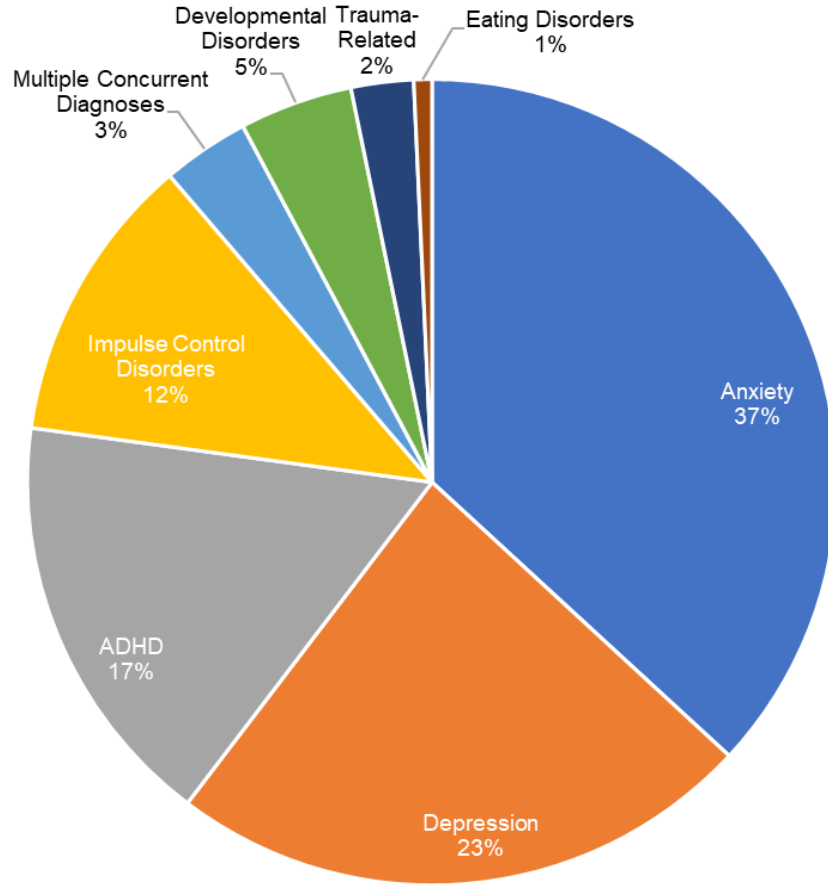
*Based on an actual patient case in the Primary Care Mental Health Integration program at Rady Children's.



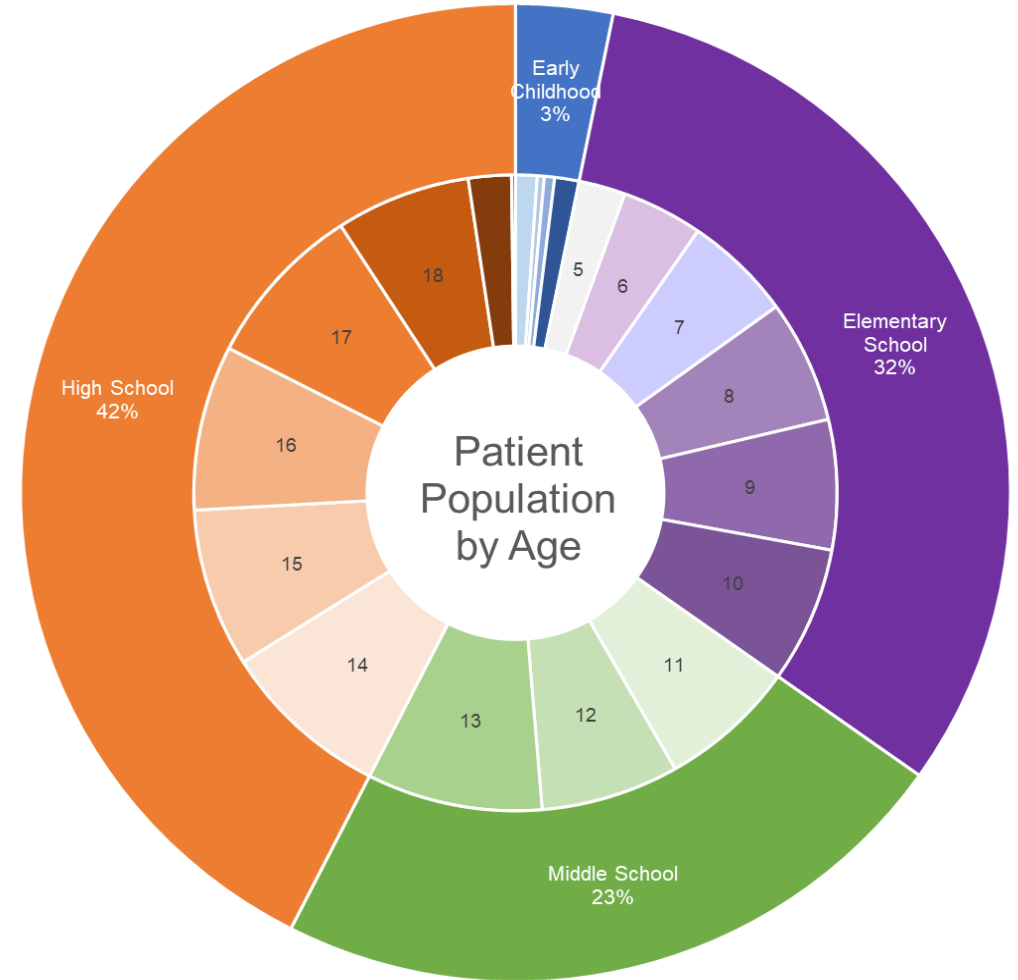


Demographics: Identifying Patients Earlier

Primary Health Integration Patient Diagnoses



Patient Population by Age



Our Outcomes

Unique patients to date: 14,996+

Visits to date: 77,350+

Preventative Visits to date: 2,672+

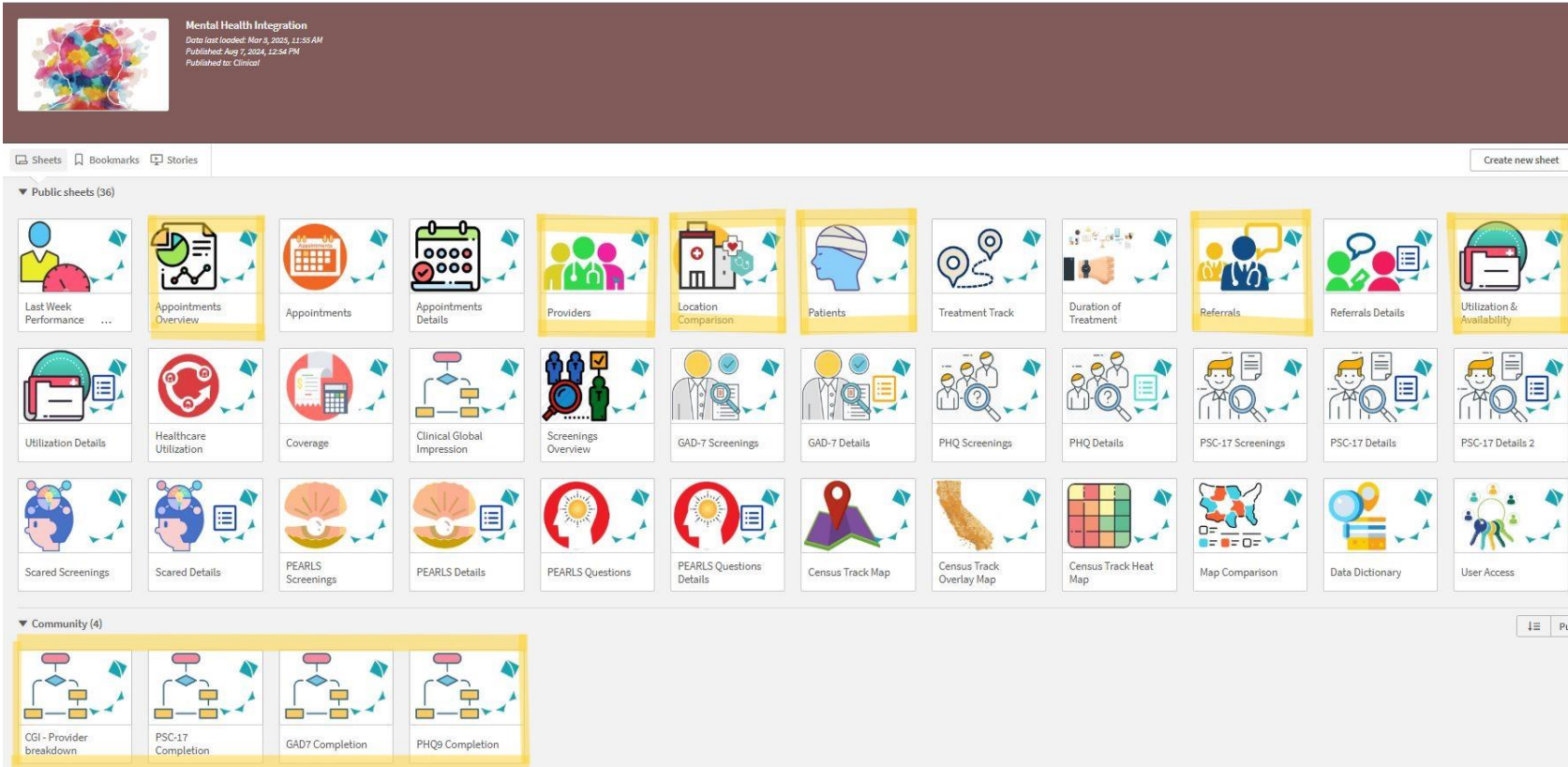
Wait Time: Days to initial appointment

✓ **Therapy: 6 days**

✓ **Psychiatry: 9 days**



QlikSense Dashboard Functionality



Frequently used templates:

- Appointment Overview
- Providers
- Location Comparison
- Patients
- Referrals
- Utilization & Availability
- MIC (CGI, PSC-17, GAD-7, PHQ-9)

	Referrals	New Visits	Follow Ups	Avg Days to 3rd Avail Initial	No Show	Canceled
ALL SITES	158	72	294	12.57	56 (10.24%)	131 (23.95%)
6 mo average	122	55	222	12.00	10.70%	26.06%

Weekly performance metrics by site



Primary Care Mental Health Integration

Patient Improvement

- **68.6%** of patients screened had a decrease in anxiety symptoms at follow-up
- **69.6%** of patients screened had a decrease in depression symptoms at follow-up
- **75%** on average clinical improvement in Clinical Global Impressions

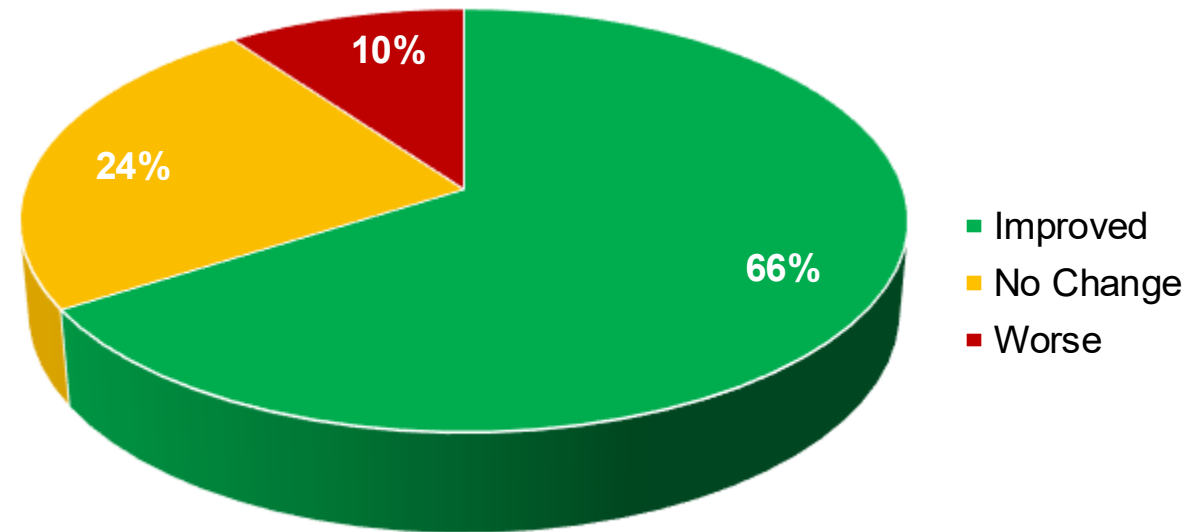
Reduced Utilization

- Reduced mental health ED visits among MHI patients by approximately 47 percent

Program Satisfaction

- 9 out of 10 patients → **90%?** → and parents are highly satisfied
- **74%** of PCPs strongly agree that patients receive behavioral health treatment more quickly
- **91%** of PCPs strongly agree their patients are more likely to engage in treatment

**Change in Depression Screening Scores (PHQ-9)
Among Primary Care Integration Discharged Patients**



Statistically significant decrease in PHQ-9 scores among patients discharged from integrated care ($p < 0.0001$).

Patient and Provider Experience

I am forever grateful to your program for getting my child the help he needed so quickly and effortlessly.

- Caregiver of MHI Patient

Our program is amazing. Last week I had a teen come in with high depression scores at her well child check. Within 20 minutes she had a meeting with our therapist, a follow up scheduled for continued therapy, and a prescription for SSRIs. Mom thanked me with tears in her eyes. She had been trying to get in to see a therapist for months. This program saves lives.

- Pediatrician at a MHI site with an IHT



Successes

- Engagement and champions
- Patient flow model, and WHOs
- Measurement Informed Care
- Billing and Reimbursements



Challenges



- Fiscal sustainability and scalability
- Recruitment
- Workforce culture

Future State



- Scale: expand to 6 more sites
- Education and more trainees
- Advocacy for payor reform

Multi-Pronged Approach to Education



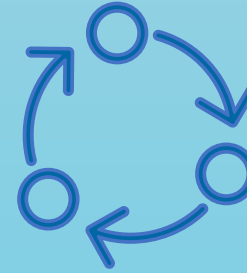
Patient Education

- Educational video series and handouts
- Social media videos



Provider Education

- The REACH Institute Training
- Integrated Health Topic Education series
- Grand Rounds
- Integration of Fellows, Pediatric Residents, other Trainees



Workforce Development

- Partnerships with local universities
- Mental Health Intro course offered to Rady Children's employees
- Workforce pipeline



Community Education

- School-based education
- Parent engagement series
- Resources and tools to educate teachers, staff, students, and families
- Community events

Transforming Mental Health

There's No Health Without
Mental Health

Let's make integrated care
the standard of care





Thank You!

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AHA Events



Advancing Health in America

Healthier TOGETHER CONFERENCE

Stronger Communities, Better Health Outcomes

May 12-14, 2026 | Dallas



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Thank you!