**PCBH Reference List \* A**

**\* indicates articles I have a copy of**

**A indicates articles in the Hunter 2017 review**

\* A Aguirre, J., & Carrion, V. G. (2012). Integrated behavioral health services: A collaborative care model for pediatric patients in low- income settings. *Clinical Pediatrics, 52*, 1178–1180.

\* A Angantyr, K., Rimner, A., Norden, T. & Norlander, T. (2015). Primary Care Behavioral Health model: Perspectives of outcome, client satisfaction, and gender. *Social Behavior and Personality, 43(2),* 287-302.

-- symptomatic and functional improvement, and high degrees of patient satisfaction. No gender differences on any of these outcomes

\* A Brawer, P.A., Martielli, R., Pye, P.L., Manwaring, J. & Tierney, A. (2010). St. Louis Initiative for Integrated Care Excellence (SLICE): Integrated-Collaborative care on a large scale model. *Families, Systems & Health, 28(2),* 175-187.

-- Results 2 yrs after implementation of PCBH in large VA system, results showed increased willingness of PCPs to address mental health issues, drop of 50% in referrals to specialty MH by the most frequently referring PCPs (37% drop among PCPs in general), increase of 390% of pts having contact with a BH provider (719 unique pts seen in specialty MH, and 2,812 seen by BHC), improved success with getting pts to follow-thru on specialty MH referrals (66% when seen first by BHC); increased (323%) use of antidepressants by the previously lowest prescribers and decreased (29%) use by the previously highest prescribers. Mean number of visits per pt was 2.62 over 2 yrs.

\* A Bridges, A. J., Andrews, A. R., Villalobos, B. T., Pastrana, F. A., Cavell, T. A., & Gomez, D. (2014). Does integrated behavioral health care reduce mental health disparities for Latinos? Initial findings. *Journal of Latina/o Psychology, 2*, 37–53.

This study explored whether IBHC service referrals, utilization, and outcomes were comparable for Latinos and non-Latino White primary care patients. Data for the current study were collected from 793 consecutive patients (63.8% Latino; 54.3% uninsured) seen for behavioral health services in 2 primary care clinics during a 10.5 month period. The most common presenting concerns were depression (21.6%), anxiety (18.5%), adjustment disorder (13.0%), and externalizing behavior problems (9.8%). Results revealed that both groups had comparable utilization rates, comparable and clinically significant improvements in symptoms, and expressed high satisfaction with integrated behavioral services. These data provide preliminary evidence suggesting integration of behavioral health services into primary care may help reduce mental health disparities for Latinos.

\* A Bridges, A. J., Gregus, S. J., Rodriquez, J. H., Andrews, A.R. III, Villalobos, B. T., Pastrana, F. A., & Cavell, T. A. (2015). Diagnoses, intervention strategies, and rates of functional improvement in integrated behavioral health care patients. *Journal of Consulting and Clinical Psychology, 83*, 590–601.

examined demographic, diagnostic, and intervention factors that predict positive changes for IBHC patients. *Method:* Participants were 1,150 consecutive patients (60.1% Hispanic, 47.9% uninsured) seen for IBHC services at 2 primary care clinics over a 34-month period. Patients presented with depressive (23.2%), anxiety (18.6%), adjustment (11.3%), and childhood externalizing (7.6%) disorders, with 25.7% of patients receiving no diagnosis. *Results:* The most commonly delivered interventions included behavioral activation (26.1%), behavioral medicine-specific consultation (14.6%), relaxation training (10.3%), and parent-management training (8.5%). Patients receiving behavioral activation or exposure therapy improved at faster rates than patients receiving other interventions. Demographic variables did not relate to rates of improvement. *Conclusion:* Results suggest even brief IBHC interventions can be focused, targeting specific patient concerns with evidence-based treatment components.

A Bryan, C. J., Corso, K. A., Corso, M. L., Kanzler, K. E., Ray-Sannerud, B., & Morrow, C. E. (2012). Therapeutic alliance and change in suicidal ideation during treatment in integrated primary care settings. *Archives of Suicide Research, 16*, 316–323.

\* A Bryan, C. J., Corso, K. A., Kanzler, K. E., Corso, M. L., Morrow, C. E., & Ray-Sannerud, B. (2012). Severity of mental health impairment and trajectories of improvement in and integrated primary care clinic. *Journal of Clinical and Consulting Psychology, 80(3)*, 396–403.

-- n=495 pts, seen an average of 2.5 times, 72% improved on the BHM, and the most severely impaired improved faster than the less severely impaired

\* A Bryan, C. J., Morrow, C., & Kanzler-Appolonio, K. (2009). Impact of behavioral health consultant interventions on patient symptoms and functioning in an integrated family medicine clinic. *Journal of Clinical Psychology, 65*, 281–293.

-- n=338 pts, used BHM, showed “clinically meaningful” improvement in well-being, symptoms and functioning in as few as 2-3 appts

Bryan CJ, Corso KA, Rudd MD, Cordero L. Improving identification of suicidal patients in primary care through routine screening. *Primary Care and Community Psychiatry. 2008; 13(4*): 143-147.

-- Routine paper screening for suicidal ideation by BHCs yields 600% increase in SI identification, compared to “as indicated” screening by PCP

\* Burt, J.D., Garbacz, S.A., Kupzyk, K.A., Frerichs, L., & Gathje, R. (2014). Examining the utility of behavioral health integration in well-child visits: Implications for rural settings. *Families, Systems & Health, 32(1),* 20-30.

-- examined effects of having a BHC help complete anticipatory guidance. From caregivers’ perspective, more preventive care topics were covered (compared to usual care) and no changes in satisfaction or helpfulness ratings (i.e., pts did not feel less satisfied or less helped by subbing in the BHC for the PCP)

\* Butler, M., Kane, R.L., McAlpine, D., Kathol, R.G., Fu, S.S., Hagedorn, H., & Wilt, T.J. (2008). *Integration of Mental Health/Substance Abuse and Primary Care No. 173. (Prepared by the Minnesota Evidence-basd Practice Center under Contract No. 290-02-0009). AHRQ Publication No. 09-E003.* Rockville, MD: Agency for Healthcare Research and Quality.

-- Review of various integration models and efforts. General conclusion is that most integration efforts have positive outcomes; but no clear superiority of one model over another

\* A Cigrang, J.A., Avila, L.L., Goodie, J.L., Peterson, A.L., Rauch, S.A., Bryan, C.J., Hryshko-Mullen, A. & STRONG STAR Consortium (2011). Treatment of Active-Duty Military with PTSD in Primary Care: Early Findings. *Psychological Services, 8 (2),* 104-113.

-- PTSD, depression, and global mental health all improved significantly with a 4-session manualized therapy protocol in primary care

\* A Cigrang, J. A., Dobmeyer, A. C., Becknell, M. E., Roa-Navarrete, R. A., & Yerian, S. R. (2006). Evaluation of a collaborative mental health program in primary care: effects on patient distress and healthcare utilization*. Primary Care and Community Psychiatry, 11(3)*, 121-127

-- n=234 pts, those seen for more than 1 visit (n=114) showed significant decrease in psychological distress. Overall healthcare utilization largely unaffected

\* A Cigrang, J. A., Rauch, S. A. M., Mintz, J., Brundige, A., Avila, L. L., Bryan, C. J., Goodie, J.L., Peterson, A. L. \* the STRONG STAR Consortium (2015). Treatment of active duty military with PTSD in primary care: A follow-up report. *Journal of Anxiety Disorders, 36*, 110–114.

\* Cigrang, J.A., Mintz, J.M., Najera, E., Young-McCaughan, S.Y, Roache, J.D., Goodie, J.L., Peterson, A.L., Rauch, S.A., Mitchell, J.A., Litz, B.T., Hembree, E.A. & Sonnek, S.M. (2017). Moving effective treatment for posttraumatic stress disorder to primary care: A randomized controlled trial with active duty military. *Families, Systems & Health, 35(4),* 450-62.

-- RCT of a 4-visit protocol for PTSD (brief visits)

\* A Corso, K.A. Bryan, C.J., Corso, M.L, Kanzler, K.E., Houghton, D.C., Morrow, C.E. & Ray-Sannerud, B. (2012). Therapeutic alliance and treatment outcome in integrated primary care. *Families, Systems, & Health, 30 (2*), 87-100

-- Patients rated therapeutic alliance following 1st appt with a BHC as stronger than a previously reported sample of specialty mental health patients. Alliance was not associated with outcome

\* A Corso KA, Bryan CJ, Morrow CE, Appolonio KK, Dodendorf DM, Baker MT. Managing post traumatic stress disorder (PTSD) symptoms in active duty military personnel in primary care settings. *Journal of Mental Health Counseling. 2009; 31(2)*: 119-137.

-- Brief visits utilizing combat writing (i.e., impact statement from CPT) and imaginal exposure yielded positive outcomes for PTSD in airmen, relative to TAU control

\* D’Amico, E.J., Miles, J.N.V., Stern, S.A. & Meredith, L.S. (2008). Brief motivational interviewing for teens at risk of substance use consequences: A randomized pilot study in a primary care clinic. *Journal of Substance Abuse Treatment, 35,* 53-61.

-- One brief MI visit in primary care for teens at risk of substance abuse problems resulted in fewer substance-related problems at 3 mos

\* D’Amico, E.J., Parast, L., Meredith, L.S., Shadel, W.G., Seelam, R. & Stein, B.D. (2018). Brief motivational interviewing intervention to reduce alcohol and marijuana use for at-risk adolescents in primary care. *Journal of Consulting and Clinical Psychology, 86(9),* 775-86.

-- one brief (15-min) MI intervention in primary care, delivered same-day, to teens with at-risk etoh and MJ use resulted in reduced negative consequences from etoh and MJ 1 year later

A Felker, B. L., Barnes, R. F., Greenberg, D. M., Chaney, E. F., Shores, M. M., Gillespie-Gateley, L., ... Morton, C. E. (2004). Preliminary outcomes from an integrated mental health primary care team. *Psychiatric Services, 55*, 442–444.

\* A Funderburk, J.S., Dobmeyer, A.C., Hunter, C.L., Walsh, C.O. & Maisto, S.A. (2013). Provider practices in the Primary Care Behavioral Health (PCBH) model: An initial examination in the Veterans Health Administration and United States Air Force. *Families, Systems & Health, 31(4),* 341-353.

-- descriptive study of PCBH in the VA and USAF. Results showed BHCs were mostly psychologists, work in close proximity to PCPs, seamless operational elements (shared record, lobby, admin support, same-day appts)

\* A Funderburk, J. S., Fielder, R. L., DeMartini, K. S., & Flynn, C. A. (2012). Integrating behavioral health services into a university health centers: Patient and provider satisfaction. *Families, Systems & Health, 30*, 130–140.

\* A Funderburk, J. S., Sugarman, D. E., Maisto, S. A., Ouimette, P., Schohn, M., Lantinga, L., ... Strutynski, K. (2010). The description and evaluation of the implementation of an integrated healthcare model. *Families, Systems & Health, 28(2)*, 146–160.

\* A Gomez, D., Bridges, A. J., Andrews, A. R., Cavell, T. A., Pas- trana, F. A., Gregus, S. J., & Ojeda, C. A. (2014). Delivering parent management training in an integrated primary care setting: Description and preliminary outcome data. *Cognitive and Behavioral Practice, 21*, 296–309.

\* A Goodie, J., Isler, W., Hunter, C., & Peterson, A. (2009). Using behavioral health consultants to treat insomnia in primary care: A clinical case series. *Journal of Clinical Psychology, 65*, 294-304

-- 3 brief visits reduced insomnia, regardless of comorbid medical diagnoses

\* A Gouge, N., Polaha, J., Rogers, R., & Harden, A. (2016). Integrating behavioral health into pediatric primary care: Implications for provider time and cost. *Southern Medical Journal, 109*, 774–778.

-- on days BHC was present, PCPs averaged 2 fewer mins per pt, saw 42% more pts, and collected $1142 more in revenue

\* A Hill, J. (2015). Behavioral health integrations: Transforming patient care, medical resident education, and physician effectiveness. *The International Journal of Psychiatry in Medicine, 50*, 36–49.

A Horevitz, E., Organista, K. C., & Arean, P. A. (2015). Depression treatment uptake in integrated primary care: How a “warm hand- off” and other factors affect decision making by Latinos. *Psychiatric Services, 66*, 824–830.

\* Hunter, C.L., Funderburk, J.S., Polaha, J., Bauman, D., Goodie, J.L. & Hunter, C.M. (2017). Primary Care Behavioral Health (PCBH) Model research: Current state of the science and a call to action. *Journal of Clinical Psychology in Medical Settings, 25(2),* 127-56.

\* A Katon, W., Robinson, P., Von Korff, M., Lin, E., Bush, T., Ludman, E.,... Walker, E. (1996). A multifaceted intervention to improve treatment of depression in primary care. *Archives of General Psychiatry, 53*, 924–932.

A Kessler, R. (2012). Mental health care treatment initiation when mental health services are incorporated into primary care practice. *Journal of the American Board of Family Medicine, 25*, 255–259.

\* Landoll, R.R., Nielsen, M.K. & Waggoner, K.K. (2017). US Air Force Behavioral Health Optimization Program: Team members’ satisfaction and barriers to care. *Family Practice, 34(1),* 71-76.

Landoll, R.R., Nielsen, M.K., Waggoner, K.K. & Najera, E. (in press). Innovations in primary care behavioral health: A pilot study across the U.S. Air Force. *Translational Behavioral Medicine.*

\* A Lanoye, A., Stewart, K. E., Rybarczyk, B. D., Auerbach, S. M., Sadock, E., Aggarwal, A., ... Austin, K. (2016). The impact of integrated psychological services in a safety net primary care clinic on medical utilization. *Journal of Clinical Psychology*. doi:10.1002/ jclp.22367.

\* A McFeature, B. & Pierce, T.W. (2011). Primary Care Behavioral Health consultation reduces depression levels among mood-disordered patients. *Journal of Health Disparities Research and Practice, 5(2),* 36-44.

-- BHCs provided 4 brief visits (then prn), 50% of pts showed 50% drop in PHQ, and 81% showed drop of > 5 points, and 95% showed at least some improvement. Amount of improvement was NOT correlated with # of BHC visits. Amount of improvement also did NOT differ in pts using meds vs not using meds. Also, number of PCP visits dropped in the 3 mos of the study.

\* Ogbeide, S. A., Landoll, R. R., Nielsen, M. K., & Kanzler, K. E. (2018). To go or not go: Patient preference in seeking specialty mental health versus behavioral consultation within the primary care behavioral health consultation model. *Families, Systems, & Health,*doi:http://dx.doi.org.ezproxy1.lib.asu.edu/10.1037/fsh0000374

-- Asked pts in two settings (DoD, FQHC FM Res) 1 question re whether they would have sought SMH if they had not seen BHC in primary care. 60% of FQHC, and 30% of DoD, said they would not have sought SMH. So this suggests PCBH provides BH services to many pts who would not otherwise have sought them. However, pts in DoD population were more open to seeking SMH. Also examined pt sat with PCBH w/in the low-income population (it was high, 8-9/10 using 11-item scale).

\* A Ray-Sannerud, B., Dolan, D., Morrow, C.E., Corso, K.A., Kanzler, K.E., Corso, M.L., & Bryan, C.J. (2012). Longitudinal outcomes after brief behavioral health intervention in an integrated primary care clinic. *Families, Systems & Health, 30(1)*, 60-71.

-- improvements shown after just a couple brief visits (mean 1.5 visits) were robust and stable at 2-yr follow-up

\* Reppeto, H., Tuning, C., Olsen, D.H., Mullane, A. & Smith, C. (2018). Triple Aim: Benefits of behavioral health providers in primary care. *Journal of Health Psychology.* DttOpsI://1d0o.i.1o1rg7/71/01.13157971/1035391085830128984029949

-- looked at cost, ED visits, PHQ & GAD change before BHC intervention and 1 year after. Symptoms changed significantly, and ED visits dropped by 8%. Perhaps most interesting is that total cost of care increased among those who were previously the lowest utilizers of healthcare, but dropped among those who were previously the highest. (Did BHC visits lead to more *appropriate* healthcare utilization across the population?) BHCs saw pts an average of 3-4 visits.

\* Robinson, P. (2015). Primary care: Contextual behavioral science. *Current Opinion in Psychology, 2,* 52-55.

\* A Runyan, C., Fonseca, V. P., Meyer, J. G., Oordt, M. S., & Talcott, G. W. (2003). A novel approach for mental health disease management: The Air Force Medical Service’s interdisciplinary model. *Disease Management, 6*, 179–187.

\* A Sadock, E., Auerbach, S. M., Rybarczyk, B., & Aggarwal, A. (2014). Evaluation of integrated psychological services in a university-based primary care clinic. *Journal of Clinical Psychology in Medical Settings, 21*, 19–32.

\* A Serrano, N. & Monden, K. (2011). The effect of behavioral health consultation on the care of depression by primary care clinicians. *Wisconsin Medical Journal, 110 (3),* 113-118.

-- implementation of PCBH resulted in improved adherence of PCPs to evidence-based treatment guidelines, increased use of standardized measures of depression, increased engagement of patients in care (more visits to PCP), reduced use of antidepressants, and reduced referrals to specialty mental health (from 48% down to 9%)

\* A Torrence, N.D., Mueller, A.E., Ilem, A.A., Renn, B.N., DeSantis, B., & Segal, D.L. (2014). Medical provider attitudes about behavioral health consultants in integrated primary care: A preliminary study. *Families, Systems & Health, 32(4),* 426-432.

-- PCPs surveyed, reported BHCs as valuable members of the team, who improve their abilities to provide care for physical and behavioral health problems; those who interacted more with BHCs were more comfortable discussing behavioral health issues with patients and believe BHCs help them be more effective with behavioral issues