



# **A Practical Guide to Sustainable Behavioral Health Integration in Primary Care**

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***Third Rail Integrations • Behavioral Health + Primary Care •  
Sustainably Integrated***

## Introduction

Primary Care is the front line for Behavioral Health in the United States. For millions of patients—especially in rural and small-system clinics—Primary Care is the only point of contact for mental health concerns. Yet most clinics lack the staffing capacity, financial structure, or operational guidance to integrate Behavioral Health in a way that is sustainable. This guide outlines a practical, revenue-positive model for Behavioral Health integration that fits the realities of Primary Care today. It reflects more than 25 years of experience in integrated care, Behavioral Health program development, and collaboration between Primary Care providers and Behavioral Health specialists.

## 1. Why Behavioral Health Integration Matters

Behavioral Health concerns are among the most common issues raised in Primary Care, including:

- Depression
- Anxiety
- Stress and adjustment concerns
- Substance-use risk
- Social isolation
- Chronic illness–related distress

Integrated Behavioral Health improves access, coordination, outcomes, and clinician satisfaction—and a well-designed model can become a revenue-positive service line for Primary Care practices.

## 2. Challenges in Rural and Small-System Clinics

Rural clinics face predictable barriers: limited staff, financial constraints, overwhelmed PCPs, and access issues. Integration must be designed for real-world conditions, using existing resources whenever possible.

## 3. A Practical, Revenue-Positive Model

Key principles include:

- Integration must fit Primary Care workflow.
- The model must be financially sustainable.
- PCPs must feel supported, not burdened.
- Behavioral Health specialists must be part of the team.
- Rural clinics require tailored approaches.

## 4. Common Barriers and How to Avoid Them

**Barrier:** “We can’t afford to hire anyone.”

**Solution:** Many clinics can launch Behavioral Health integration without adding staff.

**Barrier:** “This will increase PCP workload.”

**Solution:** Good workflows reduce PCP burden and improve coordination.

**Barrier:** “We tried integration before and it failed.”

**Solution:** Vendor-driven models often fail; practical, clinic-owned models succeed.

## 5. Steps to Launching an Integrated Behavioral Health Program

1. Assess clinic readiness.
2. Choose the right model.
3. Establish roles and workflows.
4. Implement warm handoffs.
5. Train staff and begin small.
6. Track outcomes and financials.
7. Expand intentionally.

## A Note from Philip A. Hirsch, PhD — Founder & CEO

Behavioral Health integration is not a new concept—its introduction in healthcare literature dates back more than 20 years. Yet among the estimated 294,000 Primary Care practices in the U.S., only about **7%** report having suitable access to integrated Behavioral Health services.

We designed and built Third Rail Integrations, LLC with these realities in mind. Your integrated Behavioral Health services must be timely, coordinated, and sustainable. With the right workflows and structure, integration becomes both achievable and financially reliable.

Let us show you how your clinic can build a sustainable, revenue-positive Behavioral Health service line—without adding staff or creating operational burden.

## Contact

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