**Study Focus:** Does increased integration of evidence-supported Behavioral Health (BH) and primary care services, compared to simple co-location of providers, improve patient-centered outcomes in patients with multiple morbidities?

**Design:** Randomized comparison of full BH integration vs. simple co-location. The intervention includes 1) on-line education for all members of the practice on evidence-based concepts of integrated behavioral health and methods of applying them, 2) a toolkit of tactics to plan for integration, and 3) coaching to support redesign of practice workflow for integration. Implementation of integration is determined by each practice to best fit its clinical and management philosophy. Patient data are collected via secure transfer from Electronic Health Records and telephone and web surveys in English or Spanish. The clinical sites do not need to collect any patient data.

**Benefits to the Practice:**
- **All practices will receive the full intervention.** Intervention practices will start soon after randomization. Control practices will start 27 months after randomization. General timeline:
  - 3 months from notice of eligibility to completion of subcontracts, local IRB, and data requirements
  - Intervention arm: 9 months of redesign followed by 18 months of observation
  - Control arm: 27 months of observation followed by 9 months of redesign
  - Practices may start in 2017 or 2018, depending upon when they become eligible
- **Practices will receive compensation for participation.** They may use the funds for any purposes related to assessing the impact of the intervention (e.g.: data collection, staff participation in surveys), but not for providing BH services or participating in the intervention (education, planning, redesign). Depending on how soon the site can be ready to participate, it may earn $120-150K over 5 years.
- **Sites will gain access to tools that may help improve the health care and outcomes of millions of Americans.**

**Administration and Management of Study**
- This project is funded by the Patient-Centered Outcomes Research Institute (PCORI). The principal contractor is the University of Vermont.
- Management of the project is by an Executive Team of researchers and support staff at the University of Vermont, led by Benjamin Littenberg, M.D. and Rodger Kessler, Ph.D.
- PCORI has let a “Prime Contract” to UVM, which will, in turn, let subcontracts to institutions that represent one or more primary care clinical sites or practices.
- Execution of the study protocol is delegated to key researchers, Cluster Leaders, assigned to support a cluster of participating clinical sites.
- Questions or comments for the Executive Team should be sent to Juvena Hitt, Project Manager, at Juvena.Hitt@uvm.edu.