CYBHWG Behavioral Health Integration (BHI) subgroup

Date: June 28, 2022
Time: 10 a.m. to noon

Leads: Kristin Houser, Sarah Rafton

Reports from the field – Services provided and data on outcomes on integrated programs

Wendy Pringle, *HopeSparks;* Mary Ann Woodruff, *Pediatrics Northwest*; Sophie King, *Seattle Children's*
See page 4 for slides

Behavioral health and care models

- Care models present an opportunity to provide care, care management and health navigation support on a wider range to more patients and families.

Learning Collaborative – SCCN (Seattle Children's Care Network)

- Two cohorts in the learning collaborative
- First cohort launched November 2020 and the second in November of 2021.
- In November 2021, we had the opportunity to participate in the national leaning collaborative.

Short-term outcomes in Learning Collaborative from program evaluation

- Program goal focused on 3 pieces, training education, universal screening and early detection and prevention.
- Currently we are seeing short-term impacts from the first cohort of the learning collaborative.
- Different training options are included depending on what is needed. There are trainings for one time start-up needs, including FAST training for BH professionals.
- Partnering with AIM Center to provide some specific trainings around collaborative care.
- In 2000 & 2021 almost 18,000 patients were screened in the primary care setting and out of those about 11,000 of them were for behavioral health.
- This first quarter of data reflected an increase in screening.
- Since providers have independent practices and they know what is best to serve the community, they get to choose their screening tool and we help with the implementation.

Pierce County Work – Hope Sparks

- Currently we have about 28 pediatricians that care for around 45,000 children, over half of whom are covered by Apple Health.
- Currently partnering with Pediatrics Northwest to do the BHI work.
- There are 3 offices, with the expansion of a fourth in the works.
- On average, outside of integrated care, it takes 26 phone calls to secure even just one appointment.
- Only 15% of the kids referred to a therapist were able to connect with one.

Discussion Q / A

- Do you also provide financial support to cover staff time so individuals can attend the training?
    - Yes, we pull from several different funding sources to provide financial support to allow them to attend.
- Are you doing maternal and behavioral health screenings only at well child visits?
    - Yes, in the current practice, would like to see them expand and be done more often, there is lots of opportunities for increased screenings.

- Are there just 2 practices doing health screening right now?
    - Yes.
- Do you know what screening tools they are using?
    - Swift and a health screening tool developed by North Carolina.

Community Health Worker Grants

Christine Cole, *Health Care Authority (HCA)*
See page 14 for slides

Highlights

- Possible future reporting components to include in the community health workers data – How many clients, how they address health equity, impacts of care teams, families' experiences with communities' health works and to elevate those stories.
- In the next month will likely be sharing the grant application plans with community health workers to get their feedback.
- Partnering with Department of Health (DOH) to collaborate on aligning community health worker work with the vision of the role.

Behavioral Health Integration Grants

Jason McGill, *HCA*

Highlights

- Proviso provides 200,000 per clinic.
- Funding is provided to operationalize and provide some infrastructure.
- Clinics need to demonstrate that they have at least 35% of their total patients enrolled in Medicaid to qualify for the grant.
- Funds may be used to create a registry, universal screening methods, provide care coordination and closed loop referrals.
- Developing a charter and timeline for this work.
- In the process of developing an application and supporting materials for providers and clinics who would like to apply.
- Deadline for applications is estimated to be September, with the announcement of grantees in October.

Chat:

- Mental Health Assessment for Young Children - If anyone is interested in learning more.
- Pediatric List Serve
- Community Health Worker Training

Continued discussion leg priories

- Closed loop referrals; successful referrals and sharing care and coordinating care across sectors.
- Alternative payment models, including value-based contracting and expanding Certified Community Behavioral Health Clinic (CCBHC) model in Washington.
- Support for kids with behavior issues who don't have a diagnosis
- Regional Centers to provide support to behavioral centers and primary care centers, including training, coordination of referrals, assistance with assessments, consultations, and assistance with more severe or complex patients who require a higher level of care.

Attendees:

Kelsey Beck, Kaiser Permanente
Jane Beyer, Office of the Insurance Commissioner (OIC)
Marta Bordeaux, Child and Adolescent Clinic
Becky Carrell, Health Care Authority (HCA)
Diana Cockrell, HCA
Christine Cole, HCA
Kiki Fabian, HCA
Leslie Graham, University of Washington (UW)
Libby Hein, Molina Healthcare
Bob Hilt, Seattle Children's
Kristin Houser, Parent
Marissa Ingalls, Coordinated Care
Sophie King, Seattle Children’s
Jason McGill, HCA
Julia O'Connor, The Washington Council
Avery Park
Liz Perez, Community Health Plan of Washington (CHPW)
Wendy Pringle, HopeSparks
Caitlin Safford, Amerigroup
Ashok Shimoji-Krishnan, Amerigroup
Mary Stone-Smith, Catholic Community Services of Western Washington
Amber Ulvenes, Washington Chapter American Academy of Pediatrics
Cynthia Wiek, HCA
Mary Ann Woodruff, Pediatrics Northwest

SCCN-SCH Integrated Behavioral Health Program

June 2022

Sophie King, MHA, IBH Program Manager
Sheryl Morelli, MD, Chief Medical Officer

Seattle Children's®
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Primary Care Integrated Behavioral Health Care Model

IBH Care

Behavioral Health Care Management

Behavioral Health Navigation

Behavioral Health Screening

Collaborative Partners and Participant Practices

Partners

- Seattle Children's Care Network
- Seattle Children's Hospital – Department of Psychiatry and Behavioral Medicine
- University of Washington – Department of Psychiatry and Behavioral Sciences
- AIMS Center – Advancing Integrated Mental Health Solutions
- John Hopkin's – Bloomberg School of Public Health
- Pediatric Integrated Care Collaborative (PICC)

Practices

Cohort 1 – Launched Nov 2020:

- Northwest Pediatric Center
- Odessa Brown Children's Clinic
- Olympia Pediatrics
- Pediatric Associates of Whidbey Island
- Richmond Pediatrics
- Skagit Pediatrics

Cohort 2 – Launched Nov 2021:

- Ballard Pediatrics
- HopeCentral
- North Seattle Pediatrics
- South Sound Pediatrics
- Pediatric Clinic at Harborview
- Pediatric Care Center at UW Roosevelt

Integrated Behavioral Health Program

IBH Program Goal: To improve the health of children and adolescents by providing mental and behavioral health **training and education** for providers and **implementing** universal behavioral health **screening** and appropriate **services** within primary care settings.

IBH Program Includes:

- ✓ Behavioral and mental health training for providers and staff
- ✓ Implementation support including readiness assessment, operational support including standardizing workflows, and support hiring and defining team roles
- ✓ Ongoing coaching, project management, and change management support
- ✓ Funding program “upstart” costs and coaching on ongoing financial sustainability
- ✓ Data and technology systems support
- ✓ MOC and CME opportunities
- ✓ Timely access to pediatric mental health professionals

IBH Evaluation Plan

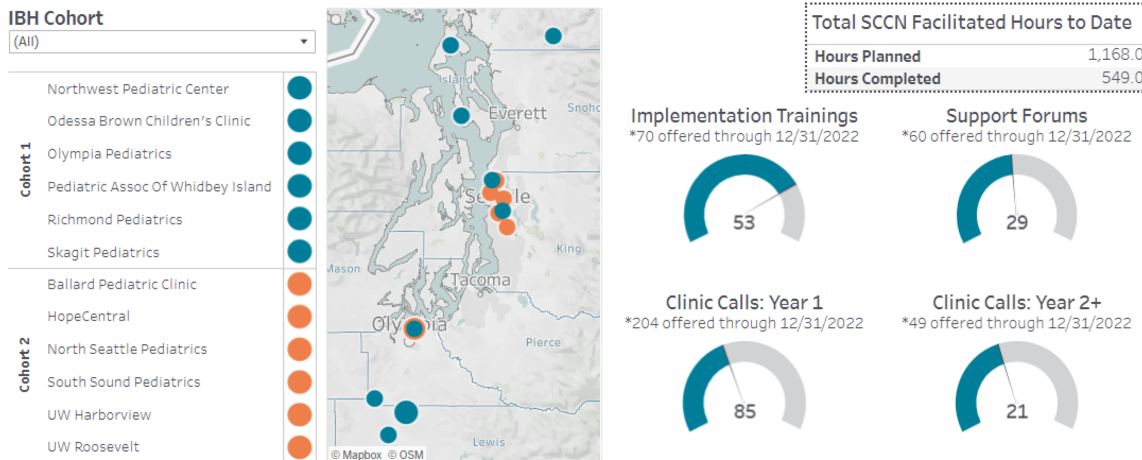
	#	GOALS	#	KEY MEASURES
Short-Term	1	Activate integrated behavioral health programs in participating practices	1A	Manage BH patients in primary care
			1B	Increase BH screening rates
			1C	Successfully connect to community BH services
Short-Term	2	Increase provider knowledge of behavioral health conditions and comfort managing these patients	2A	Increase comfort managing BH conditions
			2B	Increase ease of consult and referral for BH services
Intermediate	3	Improve quality of care for behavioral health patients	3A	Improve a subset of BH relevant HEDIS measures
			3B	Improve BH medication prescribing behavior
			3C	Decrease unmet need in patients with BH diagnoses
Intermediate	4	Improve patient access to behavioral health services	4A	Increase capacity for BH services
			4B	Increase referrals to community support
Long-Term	5	Create a sustainable cost model for an integrated behavioral health program	5A	Create operational cost-effectiveness

SCCN IBH Process Measures

SCCN Integrated Behavioral Health: Process Measures

Training and Implementation Progress

Cohort 1 launched November 2020; Cohort 2 launched November 2021



Total Training Hours Planned for 1 Site Over 1 Year

	All Roles	Core Team	PCP	PCP (optional)	BHP	Psych Consultant	Family Advocate
Implementation Trainings	48.5	17.5	5.0	20.0	25.0	2.0	
Support Forums	52.0		12.0	4.0	28.0		12.0
Clinic Implementation Calls	24.0	24.0					

PICC Elements in Progress

Number of practices that are complete or in progress along the PICC Element and Goal sequence

	Element 1			Element 2			Element 3		Element 4		Element 5			Element 6	
	Goal 1	Goal 2	Goal 3	Goal 1	Goal 2	Goal 3	Goal 1	Goal 2	Goal 1	Goal 2	Goal 1	Goal 2	Goal 3	Goal 1	Goal 2
Cohort 1	5	5	5	5	5	5	5	5	5	5	5	5	5	3	5
Cohort 2	4	4	4	3	3	0	0	0	0	0	0	0	0	0	0

Provider Survey – Cohort 1 Results

SCCN Integrated Behavioral Health: Process Measures

Provider Comfort Scale

Cohort 1: Baseline taken in September 2020, Post assessment taken in June 2021
Cohort 2: Baseline taken in November 2021 - March 2022

Cohort: Cohort 1
Select a Practice: (All)

Provider Comfort Scale

Practice: All

Percent of providers answering 4 or 5 in each segment of the Provider Comfort Scale

Legend: Baseline, Post Assessment

Y-axis: % of Those Answering 4 or 5 Out of All Responses

Segment	Baseline	Post Assessment	Scale
Managing Child General Concerns	41.7%	53.8%	4 = Very Comfortable 5 = Extremely Comfortable
Managing Adolescent General Concerns	44.0%	50.7%	4 = Very Comfortable 5 = Extremely Comfortable
Communication w/ Parent Regarding Concerns	18.5%	25.2%	4 = Very Comfortable 5 = Extremely Comfortable
Ease of Obtaining Consultation	25.2%	25.2%	4 = Easily 5 = Extremely Easily
Knowledge to Refer for Child General Concerns	71.3%	78.3%	4 = Very Comfortable 5 = Extremely Comfortable
Knowledge to Refer for Adolescent General Concerns	70.2%	81.0%	4 = Very Comfortable 5 = Extremely Comfortable

Refresh Date: 5/9/2022

SCCN IBH Patients Seen and Visits

Seattle Children's Care Network Integrated (SCCN)
Behavioral Health in Primary Care
Data current through 03/31/2022; refreshed quarterly

SCCN Behavioral Health Total Patients

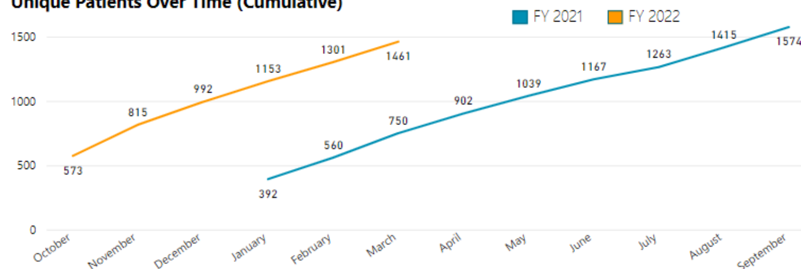
1461

Goal > Prior FYTD: 750 (+94.8%)

Metric Definition: Number of unique patients age 6-18 years old seen for behavioral health services in SCCN primary care during FY22.

Goal: More patients seen than prior FYTD.

FY22 Q1 Goal > 0
FY22 Q2 Goal > 750
FY22 Q3 Goal > 1167
FY22 Q4 Goal > 1,574



SCCN Behavioral Health Total Visits

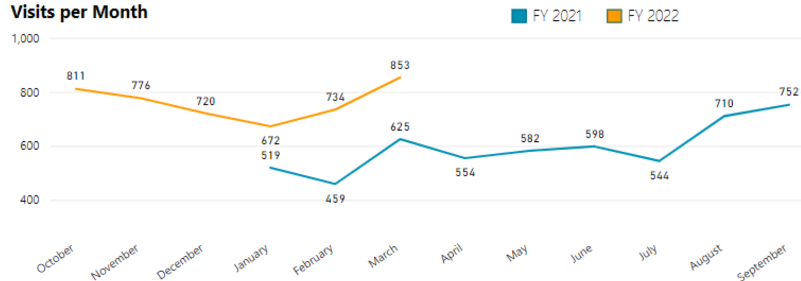
4566

Goal > Prior FYTD: 1603 (+184.84%)

Metric Definition: Total number of behavioral health encounters for patients age 6-18 years old at SCCN primary care locations during FY22.

Goal: More visits than prior FYTD.

FY22 Q1 Goal > 0
FY22 Q2 Goal > 1603
FY22 Q3 Goal > 3337
FY22 Q4 Goal > 5343



Data Source: SCCN primary care practices participating in an Integrated Behavioral Health program. Data currently represents Cohort 1 (n=5 practices), launched in November 2020. A second Cohort 2 launched in November 2021, with data to be added at a later date.

SCCN – SCH IBH Funding Sources

- Seattle Children's Guild Association (2020)
- National Child Traumatic Stress Network / SAMHSA
- Commercial Payor (2020)
- King County HealthierHere (2021 and 2022)
- Managed Care Organization (2021 and 2022)

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Community Health Worker Grant

Implementing SSB 5693 Sec 211 (103)

Behavioral Health Integration Subgroup

June 28, 2022

Washington State Health Care Authority

Overview

- Proviso Overview
- Grant Components
- HCA's Approach
- Estimated Timeline
- Feedback & Questions

SSB 5693 Sec 211 (103)

- **$2,087,000 of the general fund**—state appropriation for fiscal year 2023 is provided solely for the authority to establish a **two-year grant program** for reimbursement for **services to patients up to age 18 provided by community health workers in primary care clinics** whose patients are **significantly comprised of pediatric patients enrolled in medical assistance** under chapter 74.09 RCW beginning January 1, 2023.
  - Community health workers funded under this subsection may provide **outreach, informal counseling, and social supports for health-related social needs**.
  - The authority shall seek a state plan amendment or federal demonstration waiver should they **determine these services are eligible for federal matching funds**.
  - Within the amounts provided within this subsection, the authority will provide an **initial report** to the governor and appropriate committees of the legislature by **January 1, 2024**, and a **final report** by **January 1, 2025**.
  - The report shall include, but not be limited to, the **quantitative impacts** of the grant program, **how many community health workers are participating** in the grant program, **how many clinics** these community health workers represent, **how many clients** are being served, and **evaluation of any measurable health outcomes** identified in the planning period prior to January 2023.
- In collaboration with key stakeholders including pediatric primary care clinics and Medicaid managed care organizations, the authority shall **explore longer term, sustainable reimbursement** options for the integration of community health workers in primary care to address the health-related social needs of families, including approaches to incorporate federal funding

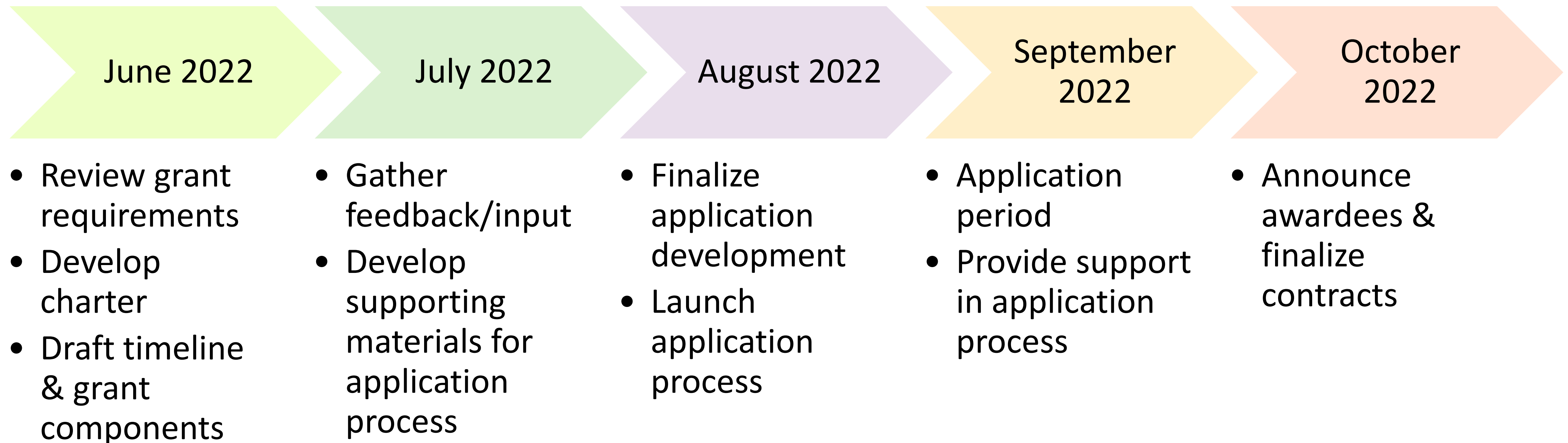
Grant Core Components

- Duration: January 2023 – January 2025
- Significantly comprised of pediatric patients
- Significantly comprised of Medicaid patients
- Services by Community Health Workers, including outreach, informal counseling & social supports

HCA's Approach

- Administer grant directly through HCA
- Collaborate closely with DOH on curriculum/training
  - Utilize grant application & requirements to reinforce two areas of focus (Early Relational Health & School-age Mental Health)
- Plan to conduct a mixed-methods evaluation
  - Utilize for reporting requirements & to support efforts to explore sustainable reimbursement
- Prioritize health equity & reduce burden on clinics/CHWs
  - Structure grant application to prioritize social vulnerability
  - Explore supports during application process & grant implementation

Estimated Timeline (DRAFT)



June 2022

- Review grant requirements
- Develop charter
- Draft timeline & grant components

July 2022

- Gather feedback/input
- Develop supporting materials for application process

August 2022

- Finalize application development
- Launch application process

September 2022

- Application period
- Provide support in application process

October 2022

- Announce awardees & finalize contracts

Washington State Health Care Authority

Questions?

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Christine Cole, LCSW, IMH-E®
Infant & Early Childhood Mental Health Program Manager
Clinical Quality Care Transformation
Christine.Cole@hca.wa.gov

Beth Tinker, PhD, MPH, MH, RN
Nursing Consultation Advisor
Clinical Quality Care Transformation
Beth.Tinker@hca.wa.gov