

CYBHWG Behavioral Health Integration (BHI) subgroup

Date: April 5, 2022
Time: 10 to 11 a.m.

Leads: Kristin Houser, Sarah Rafton

Meeting notes

Legislative Recap

Highlights

Community Health Workers (CHWs) in primary care

- Approved proviso funding for CHWs provides a 2-year grant program dedicated to children and families in a primary care setting.
- CHWs will provide supports and care coordination for mental health and other critical needs for children and their families while they are awaiting care with a licensed mental health professional.
- It will be important, and it was a stakeholder request to dedicate particular CHWs to early childhood mental health/development and SDoH (such as perinatal mental health, relational health, developmental needs/early intervention) as well as roles dedicated to K-12 mental health needs.
- CHWs program will prioritize clinics with a substantial Medicaid population.
- Funding available through Department of Health (DOH) to train CHWs as the program is implemented.
- Training content will be determined in collaboration with DOH and community stakeholders.
- Target is to launch a training in Jan. 2023.
- Currently gathering feedback for the trainings; if you would like to participate, contact Kristin or Sarah.

Start-up costs for Behavioral Health Integration (BHI)

- Funding approved for approximately \$200,000 per clinic.
- Goal is to provide behavioral health integration funds to ten clinics statewide.
- Start-up program will prioritize clinics with a substantial Medicaid population.
- Start-up funding will prioritize clinics with demonstrated readiness to implement effective integrated programs, including those with a team approach to care, an embedded BHP, evidence-based practices, training in work flows and EBP's, and strong support from clinic leadership.
- Next step is applications for participation. Once applications are available, we encourage you to talk to your communities about this opportunity.

Discussion

- Q – Can clinics that are already providing integrated behavioral health apply for these grants?
 - A – Possibly. Legislators' intent was to create new programs, rather than make existing programs more robust. This is a question to present to HCA as implementation plans are discussed.

Action Items

- Members: Send feedback for CHW training to Kristin and Sarah

Discussion of BHI issues raised in 2021

See page 5 for slide.

Highlights

- Would like the alternative payment model to be value-based payment, cost reimbursement, or more insurance-blind to give more predictable funding for service.
- Burdensome for administrative duties to determine which services clinics can bill for. How can we streamline?
- Collaborative care codes are needed for value-based payment to be effective. Learn how the codes are being used from the clinics that are having success.
- Important not to add complexity to billing, instead simplify.
- Measuring intended outcomes for value-based service would be informative.
- How can we capture, or obtain Emergency Department (ED) avoidance data? Could also be informative.
- We need a system that collects medical data to offer real time medical information for behavioral health integration and care coordination.
 - Some ED's and providers are currently using a 3rd party software program called Collective Medical that downloads real time patient medical data from participating ED's and clinics.
 - Collective Medical requires staffing to download reports and follow up with patients to make sure they are getting services.
- Advocate for ongoing funding and infrastructure for Centers of Excellence training centers, or a similar program to offer behavioral health integration on a systematic and ongoing basis.
- Use community organizations such as HopeSparks, Advanced Immersion and Mentoring (AIM), etc. that are already doing the work to help train clinic staff.

Questions to consider when reviewing the 2021 issues raised

- As we look at the list of priorities, what work is not already being done?
- What is important to sustain the work already in place?
- What do you want to learn more about, or think would be important for the future?

Chat

- Resource from Marissa Ingalls, Coordinated Care, for different payment models that HCA considers in its VBP roadmap that MCOs are expected to work on
 - <https://www.hca.wa.gov/assets/program/vbp-roadmap.pdf>
- CCBHC overview
 - <https://www.thenationalcouncil.org/program/ccbhc-success-center/ccbhc-overview/>
- Early and periodic screening diagnostic and treatment index
 - <https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html>
- Free trainings from First Approach Skills Training (FAST) program
 - [FAST Program Training Opportunities \(seattlechildrens.org\)](https://seattlechildrens.org/FAST-Program-Training-Opportunities)

Action Items

- Cindi to send PPT to subgroup for feedback to Kristin and Sarah.
- Subgroup member homework: Review issues list from PPT and send feedback via e-mail to Kristin and Sarah for next meeting discussion.
- If subgroup experts are interested in sharing expertise via a presentation, reach out to Kristin and Sarah.
- Joan bring CCBHC information back to the group.
- Joan to let Kristin know how we can be helpful with CCBHC program.

Summary of discussion/items for follow-up

Subgroup discussed issues to explore for potential focus in 2023. Co-chairs recommend prioritizing 1-2 elements for 2023 focus:

1. Learn more about value-based payment and how the subgroup can contribute to pediatric specific elements.
2. Determine how we can contribute a more holistic approach to behavioral health integration that includes kids who don't have identified mental health needs or a diagnosis.
3. Explore and learn more about Centers of Excellence idea.
4. Explore effective communication across primary care to behavioral health providers, and across primary care to school based mental health.

Additional considerations from the subgroup

- Introduce focused mental health structure conversation as part of the wellness exams for kids (designation for well child visit) – Concern is adding more to be done during the visit.

Attendees

Marta Bordeaux, Child and Adolescent Clinic

Christina Cole, Health Care Authority (HCA)

Megan Gillis, Molina Healthcare

Leslie Graham, UW Medicine – Kent-Des Moines

Andrew Hill, Excelsior Wellness

Robert Hilt, University of Washington

Marissa Ingalls, Coordinated Care

Nat Jungbluth, Seattle Children's

Joan Miller, Washington Council for Behavioral Health

Liz Perez, Community Health Plan of Washington (CHPW)

Wendy Pringle, HopeSparks

Sarah Rafton, Washington Chapter of the American Academy of Pediatrics (WCAAP)

Shannon Re, Kitsap Children's Clinic

Noah Seidel, Developmental Disabilities Ombuds

Mary Stone Smith, Catholic Community Services of Western Washington

Beth Tinker, HCA

Cynthia Wiek, HCA