

CYBHWG Behavioral Health Integration (BHI) subgroup

Date: May 3, 2022
Time: 10 to 11 a.m.

Leads: Kristin Houser, Sarah Rafton

Review Discussion from March

Highlights

- Passing legislation included Start-up costs and Community Health Workers (CHW's).
- CHW program has 2 years of funding with a program evaluation to follow.
- Would like to see CHW's built into the model for how primary care is delivered in Washington.
- Training for CHW's is being developed in conjunction with department of Health (DOH) and the Washington Chapter of the American Academy of Pediatrics.
- Important to get clinics in a position to get start-up funds due to fiscal timelines.
- Plan or intent is to allow CHW's activities to be billable through Medicaid.

Discussion

- New programs often have extensive documentation requirements; this is hard on staff and is a disincentive for programs offering brief interventions.
- When measuring outcomes of the CHW program, minimizing administrative burden on staff should be a strong consideration to minimize burnout.
- Would like to see documentation requirements focus on basic questions when evaluating the CHW program to give actionable data that measures outcomes and program effectiveness.
- Documentation requirements and evaluation should include client feedback on whether the program is helpful
- Questions around start-up funds:
 - Would existing programs be able to use the funds for the expansion of a new clinic?
 - Would a partially integrated program with a resource, or service improvement need be able to use the funds?
- Alternative payment models will not be a current focus at this time.
- Coverage of family/child education and intervention when there is no clear diagnosis will be a focus this year in collaboration with the P-5 group.
- Working with commercial insurers on funding BHI/collaborative care is important therefore, we are working to include their voice.
- Would like to learn more about the centers of excellence/training centers to inform the work.

MTP waiver renewal

Michael Arnis, *Health Care Authority (HCA)*

See page 4 for slides

Highlights

- Renewal of waiver brings opportunity to bring more transformative and innovative policies.
- Funding for community health workers is included in the waiver request.

- Asking for formal public comment on the draft application for waiver renewal proposal from May 12 to June 13.
- All the formal public comments submitted and the feedback gathered from presentations will be reviewed.
- Proposing a state and federal funds match for the waiver to bolster service integration and care coordination.
- Waiver to go into place January 2023.
- Working with tribes to establish a native hub for services.
- Vision for community hub is a structure that can establish, recognize, and respond to the needs in the community.

Building Bridges, etc.

Andrew Hill, *Excelsior Wellness*

See page 11 for slides

Highlights

- Excelsior Wellness is currently working to build out adult education workforce training and job education.
- The wellness center is part of Certified Community Behavioral Health Clinic (CCBHC).
- The wellness center offers WISE wraparound services to about 200 families, with other behavioral health type services. Family medicine clinic contains integrated behavioral health, with provision of brief interventions.
- For clients with moderate needs, Excelsior is developing a form of enhanced collaborative care that folds in BHP's from private practice and community behavioral health centers so that they are embedded in primary care. The primary care clinics provide scheduling services and do the billing.
- Referrals for lengthier courses of treatment are still challenging
- Regional integrated health center offers services for youth and families that may need stabilization, or more intensive services.

Discussion / Q & A

- Authorizing brief solution focused care prior to diagnosis is the key, also paying for peer services prior to diagnosis is necessary to get the benefits from engagement.
- Do you take people with developmental disabilities administration services? Would they meet the higher level of care need, or meet this requirement?
 - There are some focused targeted services, but these services are complimented with other providers services.
- Do you bill both collaborative care codes and psychotherapy codes?
 - Yes.
- How are you integrating private practice providers with a more traditionally serviced Medicaid population?
 - When the model leverages both and providers participate in both environments, they can fill the behavioral health gaps that may be missing.
- Are you paying the providers the same amount?
 - Leveraging systems and navigating the differences allowed us to increase compensation and benefits.

Next Steps

- Explore and bring back decision regarding increasing the meeting frequency.
- Bring last two (2) topics of building out tiered system, better referrals to and coordination with behavioral health clinics and effective coordination between primary care behavioral health services and schools for further discussion to the next meeting.
- Subgroup members to give feedback on 2023 priorities to Kristin and Sarah via e-mail.
- Bring back information when available on start-up costs.

Attendees

Michael Arnis, Health Care Authority (HCA)

Sibhan Brown, Community Health Plan of Washington (CHPW)

Phyllis Cavens, Child and Adolescent Clinic

Diana Cockrell, HCA

Christine Cole, HCA

Rachel Dumanian, Childhaven

Leslie Graham, University of Washington (UW)

Libby Hein, Molina Healthcare

Andrew Hill, Excelsior Wellness

Bob Hilt, UW

Kristin Houser, Parent

Marissa Ingalls, Coordinated Care

Nat Jungbluth, Seattle Children's Hospital

Connie Mom-Chhing, CHPW

Julia O'Connor, Washington Council for Behavioral Health

Wendy Pringle, HopeSparks

Noah Seidel, Developmental Disabilities Ombuds

Ashok Shimoji-Krishnan, Amerigroup Washington

Mary Stone-smith, Catholic Community Services of Western Washington

Amber Ulvenes

Cindi Wiek, HCA

Medicaid Transformation Project renewal

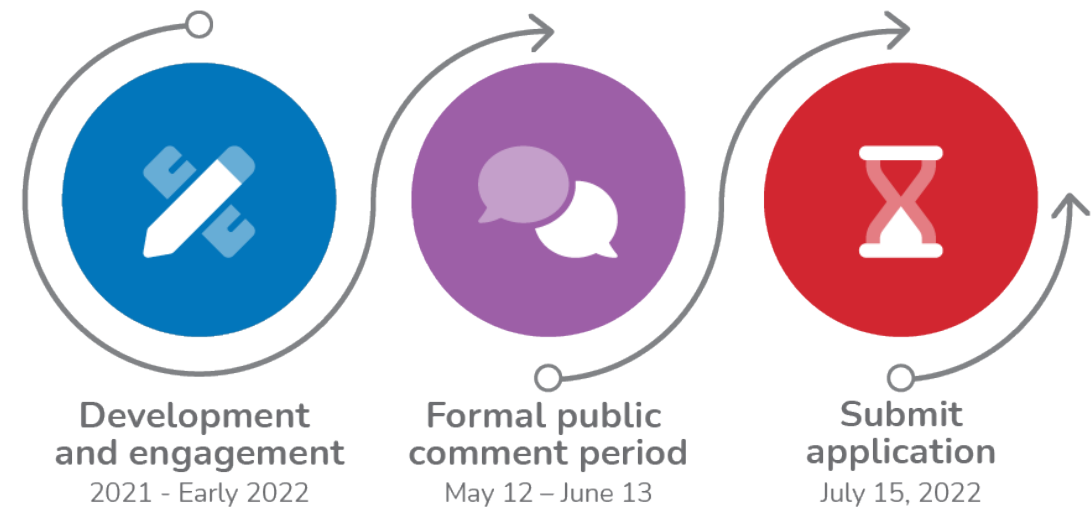
Concepts for feedback

April 2022

MTP renewal: key dates

- ▶ **2021:** development of concepts, engagement with key partners
- ▶ **Early 2022:** continued partner, Tribal, and community engagement; continued refinement of concepts
- ▶ **May 12 – June 13, 2022:** formal public comment processes and Tribal Consultation
- ▶ **July 15, 2022:** submit application to Centers for Medicare & Medicaid Services (CMS)

Medicaid Transformation Project Renewal Application Timeline



Share your feedback on our public comment website, at a virtual forum, through your local Accountable Community of Health, or by email.

MTP renewal aims

- ▶ Ensure equitable access to whole person care, empowering people to achieve their optimal health and wellbeing in the setting of their choice.
- ▶ Build healthier, equitable communities, with communities.
- ▶ Pay for integrated health and equitable, value-based care.

MTP renewal goals

- ▶ Expanding coverage and access to care, ensuring people can get the care they need.
- ▶ Advancing whole-person primary, preventive, and home- and community-based care.
- ▶ Accelerating care delivery and payment innovation focused on health-related social needs.

Deeper dive into Goal 3:
accelerating care delivery and payment
innovation focused on health-related social
needs

Accelerating care delivery and payment innovation focused on health-related social needs

▶ Taking Action for Healthier Communities

- ▶ Health equity funding
- ▶ Health-related services
- ▶ Community Hubs and Native Hub
 - ▶ Workforce
 - ▶ Testing models for sustainable reimbursement of community-based workforce in pediatric primary care



Thank you!

Submit feedback through your local ACH or directly to HCA:

medicaidtransformation@hca.wa.gov

BHI Presentation 5.2.2022

Andrew (Drew) Hill, CEO

Andrew.Hill@ExcelsiorWellness.org

ENVIRONMENTAL

We create wellness-responsive environments that support holistic health

SOCIAL

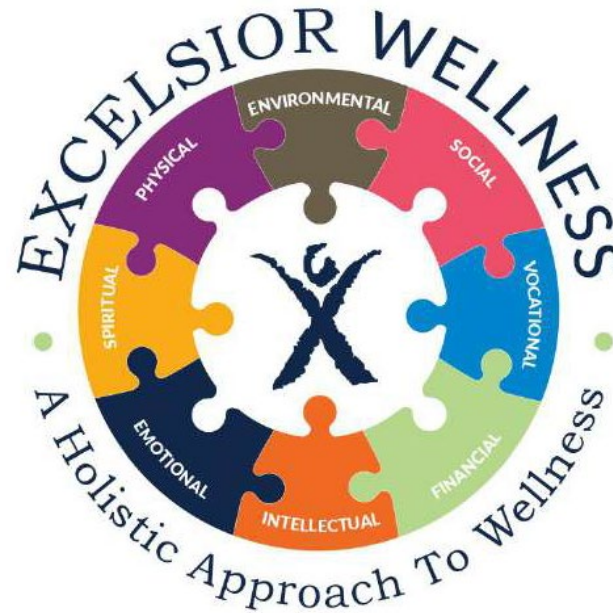
We promote the development of healthy relationships, a sense of belonging, and connectedness through inclusion

VOCATIONAL

We build confidence in occupational and life skills

FINANCIAL

We promote satisfaction with current and future financial situations



INTELLECTUAL

We promote your abilities and find ways to expand your knowledge and skills

EMOTIONAL

We promote behavioral health through increased awareness and self-regulation strategies

SPIRITUAL

We promote expanding a sense of purpose in life

PHYSICAL

We promote moving well, eating well, and sleeping well

HOME OF THE MARMOTS



Your Future **Begins Here.**



Job Readiness Training

- Engine and Automotive
- Cosmetology
- Food Service
- Microsoft IT Academy
- Construction
- Career Tech-Ed
- Adult Education

Specialized Services

- Online Learning
- GED Preparation
- Open Doors Reengagement
- Esthetician training
- Art and Music Programs
- Access to Healthcare
- Access to Behavioral Health

Middle and High School

- Regular Education
- Special Education
- IEP Planning
- 504 Planning
- High School Diploma
- Credit Recovery

Certified Community Behavioral Health Clinic (CCBHC)

Health and Wellness Education

- Therapeutic Recreation
- Certified Peer Support
- Care Coordination
- Community Support

Assertive Community Services

- Intensive Care Coordination
- WISe Services
- Crisis Services

Mental Health and Substance Use Services

- Individual Counseling
- Group Counseling
- Substance Use
- Assessments



Tests and Elective Procedures

Tests

- COVID-19
- Urine Pregnancy Test
- Urinalysis
- Rapid Step Test.
- Flu Swabs
- RSV

Elective Procedures

- Circumcisions (Newborns)
- Splinting
- Aspirations
- Biopsies
- Treatment of ingrown nails
- IUD placements/removals
- Joint-bursa related procedures
- Cyst related procedures
- Trigger point injections

Exams and Procedures

Exams

- Primary Care Visits
- Urgent Care Visits
- Medicare Visits
- Preventive Care
- Annual Wellness Exams
- Well Child Exams
- Sports Physicals
- CLD, AME

Procedures

- Adult immunizations
- Flu shots
- Child Vaccines – no charge
- Uncomplicated wound suture
- Incision/drainage of boils
- Simple fractures
- Nebulizer treatments
- Liquid nitrogen procedures



Integrated Behavioral Health

Services

- Individual Counseling
- Couples and Family Therapy
- Psychiatric Evaluations
- Psychiatric Prescribing
- Medication Monitoring
- Medication Support
- Psychological Testing

Intensive Outpatient Services

- Co-occurring Intensive Outpatient
- Intensive Outpatient (MH/SU)
- Day Treatment
- Respite

Inpatient Services

- Family Initiated Treatment
- Crisis Stabilization
- Inpatient Psychiatric Care
- ASAM 3.1 Recovery
- ASAM 3.5 Intensive Inpatient
- ASAM 3.7 Secure Withdrawal Management
- Evaluation and Treatment

Professional Services

- Assessment
- Individual Counseling
- Family Therapy
- Psychiatric Evaluations
- Psychiatric Prescribing
- Medication Monitoring
- Medication Support





Contact Information

- 📍 3754 W Indian Trail Rd., Spokane, WA 99208
- 📞 T: 509-559-3100 F: 509-328-7582
- 🌐 ExcelsiorWellness.org

Community Engagement – bridge to – Primary Care

Why: Wellness exams, community engagement referral, or para-engagement identifies social determinant and/or pre-diagnostic behavioral health challenge

Recommended course of care:

- Preventative visits include a holistic approach (structured conversations about MH/SUD)
- Provide targeted psycho-education
- Community resource referrals to address a Social Determinant of Health (SDoH)
- Referral to Peer services
- Family support (links to self-guided EBP resources, support groups)
- Monitoring

Mild (Collaborative Care)

Why: Wellness exams, symptom, or standardized screening (PHQ9/GAD/GAINS/Etc.) identifies mild behavioral health challenge(s); referral from community engagement partner

Recommended in addition to Community Engagement course of care:

- Increased contact with primary care (pediatrician or embedded counselor)
- Referral for 4-8 sessions of brief solution focused intervention (psycho-education/FAST/Etc.)
- MH assessment may be introduced as evaluative process after brief solution focused/psycho-education
- Consider re-evaluation after 6-months or after next well-exam

Moderate (Enhanced Collaborative Care)

Why: Screening, lack of progress in Mild course of care, referral (self-community-crisis), or evaluation identifies Moderate behavioral health challenge(s)

Recommended in addition to the Community Engagement/Mild course of care:

- Increased contact with behavioral health practitioners (embedded counselor practice)
- Focus is on implementation of brief intervention/solution focused evidence-based practices
- Referral to para-ed intensive resources (future of IOP)
- 120-180-day BH assessment re-eval
- PCP initiation of medication trial
- Medication management –or– Referral for psychiatric consult re: other medication and/or other psychotherapy (Community Behavioral Health)