

Children and Youth Behavioral Health Work Group (CYBHWG)

Behavioral Health Integration Subgroup

January 5, 10:00a-12:00p

Zoom link: <https://zoom.us/j/91259179788?pwd=ckM2OEg3SzZlQ2hxMG5YZmFsU2Zxdz09>

AGENDA

Time	Topic	Lead	Notes/Next Steps
10:00-10:10a	Welcome and Introductions		
10:10-10:15a	Summary of subgroup members' interest and expertise in BH integration <ul style="list-style-type: none"><i>Please review attached survey responses in advance of our January 5 meeting</i>	Co-leads	
10:15-10:30a	Review potential scope of subgroup's work	Co-leads	
10:30-11:30a	Identify subgroup areas of interest/concern and discuss plan for taking them up after session	Co-leads	
11:30a-12:00p	Hear members' ideas of where we would like to be one year from now	Co-leads	



Date: September 17, 2020

To: The Children's Behavioral Health Work Group

From: Sarah Rafton, Executive Director, WCAAP

Thatcher Felt, DO, FAAP, Trustee, WCAAP, Pediatrician Yakima Valley Farm Workers Clinic

Kristin Houser, JD, Parent Advocate

Request that the Children's Behavioral Health Work Group formally undertake an effort to understand and support expansion of Pediatric Integrated Behavioral Health in primary care settings.

- Investigate the progress to date in establishing pediatric integrated BH care in Washington state, including efforts made by the ACH's, MCO's, and HCA.
- Identify barriers to establishing pediatric integrated behavioral health in primary care clinics and make recommendations for how those might be addressed.
- Look into any funds that might be available for start-up costs for primary care clinics to incorporate pediatric behavioral health care into their clinics for children and adolescents.
- Identify any improvements possible in the process for billing under the collaborative care codes now that they have been in use for several years.

To understand the present status of Fully Integrated Managed Care ("FIMC") and its impact on the future spread of integrated behavioral health in primary care for children and adolescents, we propose that the subgroup address the following questions:

- Where in the state is there integrated behavioral health care for kids in primary care? Can we map where it is happening?
- What was Medicaid's 2020 spend on BH integration in primary care for children? (Claims based and collaborative care codes)? What was Medicaid's 2020 spend on BH integration in primary care for adults? (Claims based and collaborative care codes)?
- How many children on Medicaid (as a proportion of child Medicaid enrollees) received integrated BH in 2020? How many adults on Medicaid (as a proportion of adult Medicaid enrollees) received integrated BH in 2020?
- What is the current financial model for BH integration in diverse primary care clinic settings?
 - Where is existing reimbursement adequate to fund integrated managed care within a primary care clinic?
 - What is the payor mix in clinic(s) that have financed the model?
 - What investments have the MCO's made in pediatric BH integration?



- How much administrative staff time and or BH staff time is needed to ensure reimbursement for the model?
 - In clinics where reimbursement is not adequate, how big is the gap? What has funded the gap? E.g., philanthropy, health system “write off” or “off set” from other service lines, FQHC funding mechanism.
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- What reimbursement, incentives, and/or supplemental funding from MCO’s can be expected in FIMC as a “given” for behavioral health integration in primary care without clinics specifically negotiating for this? How can the state educate the community about this funding availability?
 - Where is integrated behavioral health in primary care occurring in a partnership with a BH Clinic, e.g., a BHC employee? Where have primary care clinics taken on their own employee or hired a contractor to be their BH specialist?
 - How many kids is each integrated BH primary care program serving per year? Are they able to serve mild-moderate needs? Is there throughput, leading to new capacity?
 - For children and youth whose needs necessitate more intensive, ongoing interventions than integrated BH in primary care can provide them, how have clinics managed referrals to specialty providers? What kinds of relationships have clinics established with specialty providers that ensure effective “warm hand-offs.” Have the MCO care coordinators participated in this process?
 - Do existing integrated care programs have any capacity to focus on 0-5 year olds or do they focus interventions primarily on school-aged children?