Monday, December 2, 2024 12 p.m. – 1 p.m.

BHI Teams

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California Quality Collaborative

Questions and Answers
Rady Children's Hospital

- Pulling PCPs for collaborative meetings. What is the structure? Are they just coming for 5 minutes to review their panel or long?
  - Each PCP is a little different. If they have a lot of patients with mental health issues and they are invested, they may come for the full meetings. Many PCPs will only come for 5 mins and some do not come at all.
  - We always schedule the meetings over lunch not clinical hours and we tell PCPs they need a least one PCP from their office to attend for the program to work.
    - We task that one person with encouraging others to join.
  - No PCP has the time to go over every patient during the meetings

Questions/Feedback
Alliance

Rady Team: Similar experiences with recruiting in a hybrid workforce at all levels. One thing we did was create leadership opportunities within our program. We found that therapists liked the ability to see leaping up to the next level or position. It created an atmosphere where you could come to grow.

Rady Team: Setting boundaries regarding moderate to severe and referring patients out. Setting session limits has been a way that we've kind of mitigated that by using sessions of care. For example, for every referral we will do 12 sessions and come up with realistic goals and then after that point you'll be discharged. This has helped with bandwidth and morale of team members, especially in the hybrid model because when you have patients that stay and linger it can impact how the team feels.

Rady Team: Fairness in the hybrid vs fully remote world post COVID is a big challenge

Questions/Feedback
Alliance

LifeLong Team: We are an FQHC that is similarly hybrid. We require our therapists who are based at clinics to be 40% in person, but have some therapists who are fully remote - they see who see patients from all our sites.

- We have also found it challenging to recruit – hired a lot of associates mostly ASWs and AMFTs to try to grow them in house and keep them once they're licensed.

- Wanted to echo that it sounds like you're doing a great job as a leader!

Providence Team: Our BHP is in person at our "main" office, but works with a small office of two pediatricians remotely. She has a weekly virtual huddle and a Teams chat to help engage the team. It's been very helpful so far!

Successful practices for preparing patients for virtual/phone visits to minimize no-shows

- We ask our front desk team to call patients ~5 min before their tele appointment to ensure they can access the platform (Rady)

- We try to set up consistent appointments with patients to expect a call at the same time weekly/biweekly to minimize no shows (Chinese Hospital)

Zoom Tips

- Attendees are automatically **MUTED** upon entry

- Use the **chat box** for questions
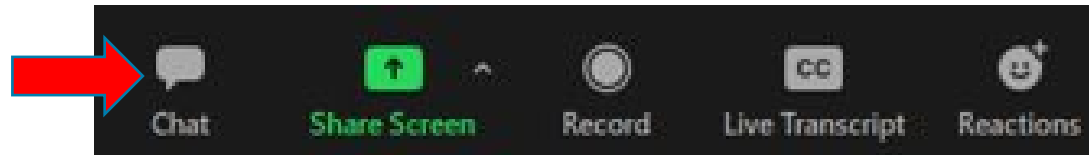
- Request closed captioning with 'Live Transcript' button

- Welcome to update name, pronouns and organization in your Zoom name
  - Right click on yourself → Rename

- **Direct message Anna Baer** if you have any technical issues

- **If you've dialed in, please link your phone to your video/computer**
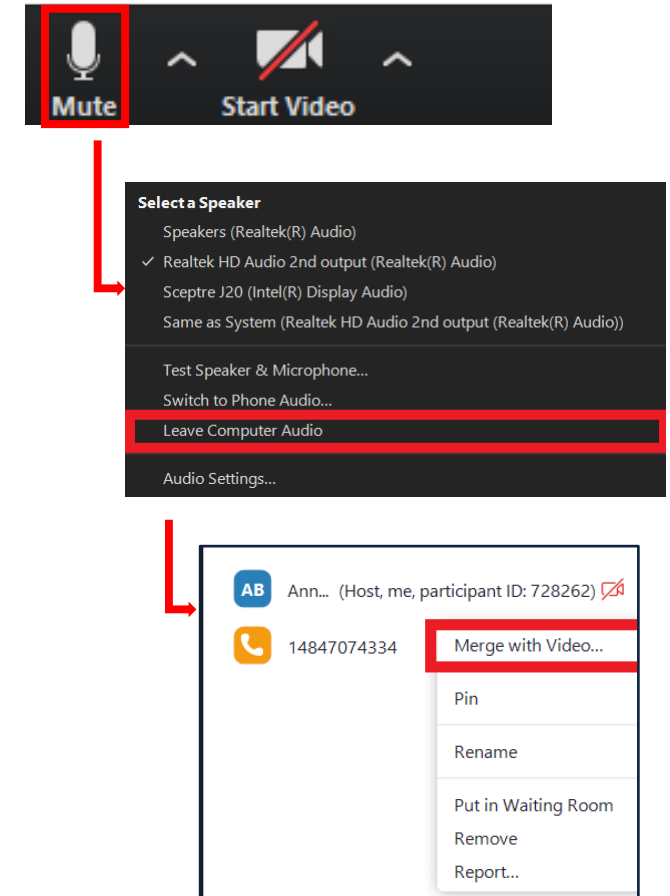
Hello and Welcome!

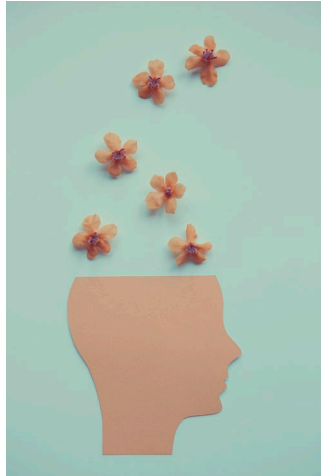Please add your name, role and organization to the chat
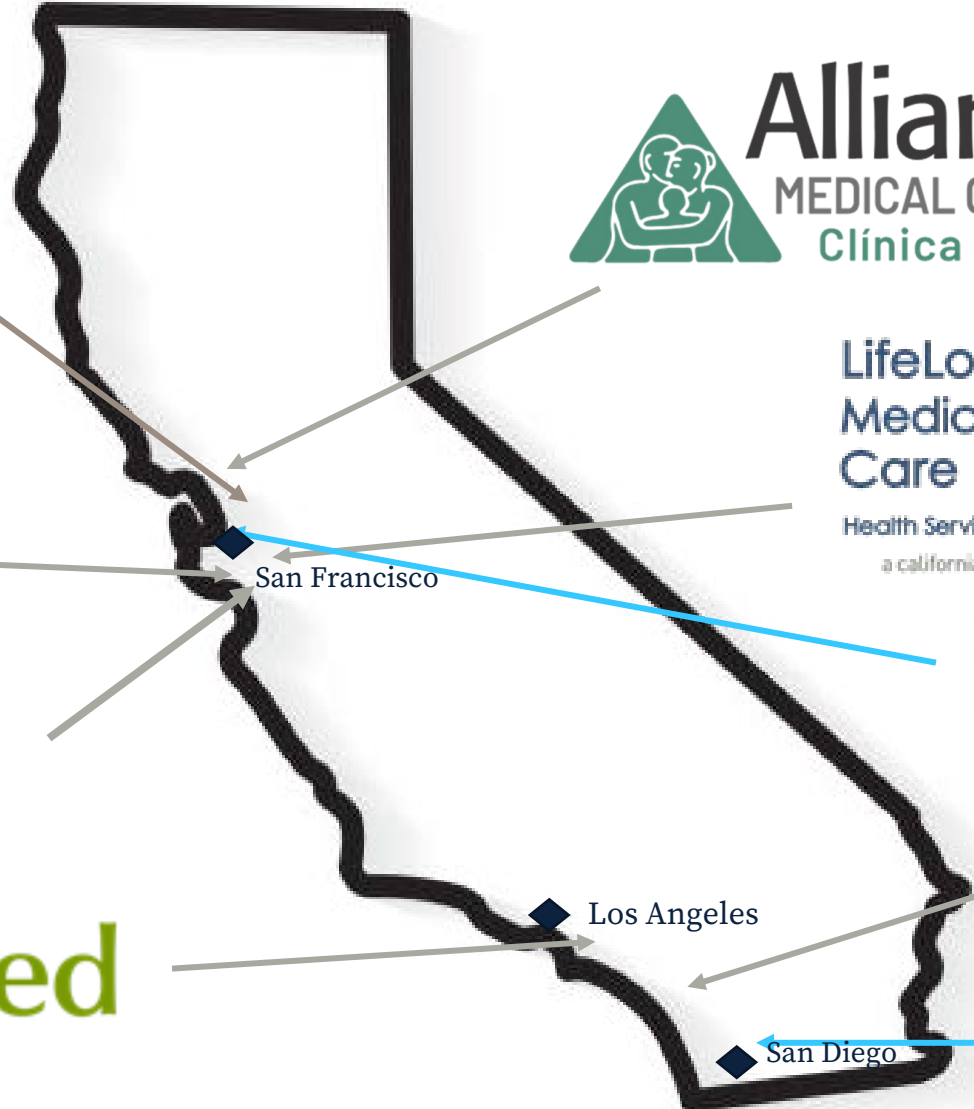
Today's Agenda

Today, we'll:

Review BHI team training and collaboration successful practices

20 min presentation +

7 min Q&A

Reflect and share advice on peer case study: BHI teams

10 - 15 min presentation +

10 min feedback

Share improvement area for your organization's BHI teams

Rady Children's Hospital Transforming Mental Health

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Presentation Goals

- Navigating workflow training

- Communication and collaboration

- Continuous quality improvement

Striving for a Collaborative Model

Can we "function as an integrated team"?

At "system, team, and individual levels" that follow a "shared concept of team care", and "establish formal meeting processes with "roles and cultures that blur and blend"?

(SAMHSA/HRSA Center for Integrated Health Solutions, pg. 10, 2020).

What has worked well to support BHI collaboration for your team(s)?

What is your top need for your BHI team?

Leadership Voices:
Who Needs to be Heard?

Executive

Clinical

Administrative

Pediatrics

Mental health

Families
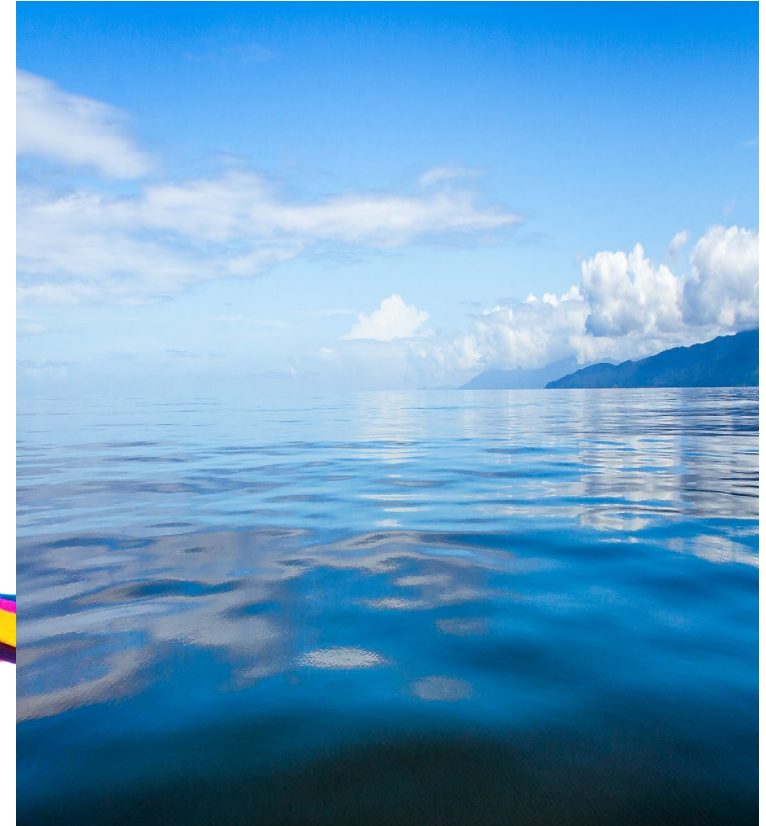
Building Blocks of Collaboration

Within MHI	Interdisciplinary
❑ Treatment team meetings	❑ Daily huddle
❑ Group supervision	❑ Warm Hand-Offs
❑ Individual clinical supervision	❑ Weekly Registry Conference
❑ Clinical team meetings	❑ PCPs, psychiatrist, IHTs, care coordinators
❑ Shared EHR	❑ Discuss cases/address questions
❑ Routine review of MIC data	❑ Manage transitions of care
	❑ PCP Site Leads
	❑ Facilitate communication between PCPs and MHI clinicians
	❑ Monthly PCP site lead meetings with MHI leadership
	❑ Psychiatric consultation to support PCPs with med management
	❑ Shared EHR (messaging, chat, chart Review)
	❑ Routine review of MIC data
	❑ PCP Training

Training for Collaboration

MHI Clinician/Staff Onboarding	PCPs Support
• Cross training and shadowing IHTs and Psychiatrists • Reading integrated mental health care articles and publications • Reviewing department references, including our mission and model • Reviewing internal training materials/videos on documentation, consent, and dyadic services billing	• Meeting with the Director of Behavioral and Mental Health Services • Meeting with PCP site's lead pediatrician, lead psychiatrist, and IHT • Watching two recorded orientation training videos that review the model and protocol for WHOs • REACH Institute's *Patient-Centered Mental Health in Pediatric Primary Care (PPP) Mini-Fellowship* • Integrated Health Topics Series

Registry Conferences

- Weekly meeting - IHT, CCs, Psychiatrist, PCPs, Clinical Leads
- Supports co-management of patients
  - Team-based review, resource collaboration and multi-directional education
- Specific layout of meetings to ensure team stays organized and efficient

C Convene	The guardian, patient, primary care provider (PCP), and integrated health therapist (IHT) meet together during the visit to provide an introduction and discussion of the Primary Care Mental Health Integration Program (PCMHI).
H History	The PCP gives the background of the patient's history including relevant social history and mental health concerns. This should be done in front of the patient and guardian the majority of the time, with minimal discussion outside of the room.
A Assessment	The primary care provider openly discusses their assessment of the patient's presentation and how they feel patient could benefit from integrated care involvement and expectations for treatment course. The PCP may exit if they chose to do so once all information is conveyed.
T Triage	The IHT triages care for patient including a discussion of whether it is expected the PCMHI length of treatment should suffice and if outside referrals are necessary.
S Safety Supplementals Schedule	The IHT performs a safety assessment if applicable. If it is decided that safety planning cannot be completed during limited warm hand off time escalation of care including emergency services should be considered. The IHT may provide supplemental information including crisis resources, initial therapeutic assignments prior to formal evaluation, and any other applicable psychoeducation. The IHT helps facilitate scheduling of initial evaluation prior to patient leaving the office or provides best number for scheduling.

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PCP Monthly WHO Report

Mental Health Integration First Contact Report
September 2024

Department/Providers	Warm hand-off	Cold hand-off	CATs
MHI CMG SAN MARCOS	**46/47 (98%)**	**0/47 (0%)**	**1/47 (2%)**
	31/32 (97%)	0/32 (0%)	1/32 (3%)
	15/15 (100%)	0/15 (0%)	0/15 (0%)
MHI CMP	**29/61 (48%)**	**8/61 (13%)**	**24/61 (39%)**
	3/10 (30%)	2/10 (20%)	5/10 (50%)
	3/6 (50%)	3/6 (50%)	0/6 (0%)
	0/1 (0%)	0/1 (0%)	1/1 (100%)
	1/4 (25%)	1/4 (25%)	2/4 (50%)
	6/7 (86%)	1/7 (14%)	0/7 (0%)
	6/7 (86%)	0/7 (0%)	1/7 (14%)
	0/1 (0%)	0/1 (0%)	1/1 (100%)
	4/8 (50%)	1/8 (13%)	3/8 (37%)
	0/2 (0%)	0/2 (0%)	2/2 (100%)
	2/8 (25%)	0/8 (0%)	6/8 (75%)
	4/7 (57%)	0/7 (0%)	3/7 (43%)
MHI HEMET	**12/30 (40%)**	**0/30 (0%)**	**18/30 (60%)**
	0/2 (0%)	0/2 (0%)	2/2 (100%)
	2/6 (33%)	0/6 (0%)	4/6 (67%)
	4/6 (67%)	0/6 (0%)	2/6 (33%)

Patient Family Satisfaction Surveys

- Survey platforms
  - REDCap: Patients
  - National Research Corporation (NRC): Parents
- Surveys are reviewed on a quarterly basis by MHI leadership and providers
- Data tracks participation rate and benchmark results

Questions?

Rady Children's

Alliance Medical Center

All Teach, All Learn

Reminders

- Pose questions

- Offer suggestions

- Recommend solutions

Behavioral Health Integration
Alliance Medical Center|Clinica Alianza

Alliance Medical Center|Clinica Alianza BHI Team

Maria Juarez Sanchez, MSW, LCSW

Director of Behavioral Health at Alliance Medical Center

Rosa E. Sanchez, MD
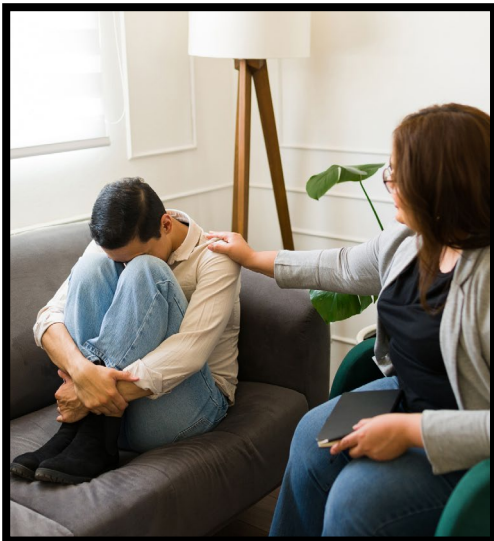
Director of Clinical Operations at Alliance Medical Center

Hybrid Behavioral Health Services

Mental Health	Psychiatry	Substance Use Navigation	Enhanced Care Management
Individual, Family & Group	Adult Medication Management	Individual and MAT Group	Care Coordination

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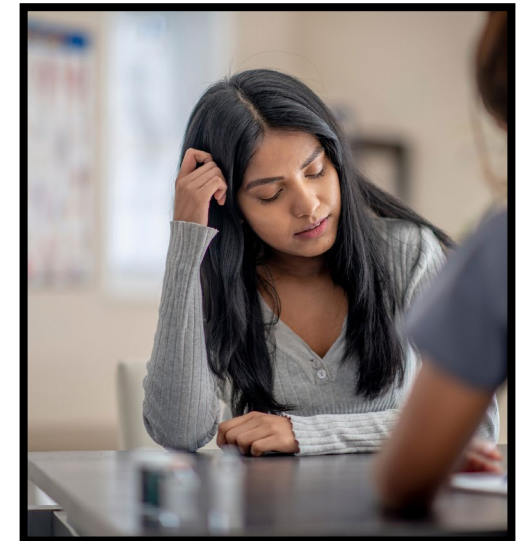
Hybrid Strengths

In Person

- Bi-lingual/Bi-Cultural provider access
- Positive team culture
- Co-location with Medical, WIC, Dental providers
- Provider satisfaction work/life balance
- Confidential environment patient/provider

Remote

- Bi-lingual/Bi-Cultural access
- Patient access to services; same day
- No travel time patient/provider
- No clinic distractions
- No exposure to COVID, etc.

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Hybrid Challenges

In Person

- Limited office space
- Limited clinical support
- Higher productivity
- Less no-shows
- Co-location with Medical, WIC & Dental
- Social distractions
- Travel time patient/provider
- Patient fear of COVID

Remote

- Tech barriers for patients/staff
- Electrical/Wifi Issues patients/staff
- Limited clinical support
- Patients requesting in person services
- High no-show rate
- Lower Productivity
- Limited confidential space patients

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Behavioral Health Leadership

Stengths

- Collaborator
- Relational and servant leadership
- Provider
- Systems problem solver
- Community leader

Challenges

- Director less than 3 years
- Inherited team during COVID
- Limited local provider licensed talent
- Leadership team transitions
- Organizational culture transformation

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BHI Efforts to address challenges with Hybrid services

- BH model based on community needs
- Continuous collaboration and integration efforts with CMO and DCO
- Collaborate with QAQI to understand quality metrics, SDOH data and organizational function
- CFO mentorship for budget management
- Billing Liaison partnership to improve billing opportunities remote/in clinic
- Engagement in CPCA BH Peer Network, Aliados Health BH Network
- Facilitate multidisciplinary health equity team meeting to effect change at organizational level
- Team feedback sessions to gather progress and continued areas of need
- Enhanced Care Management roll-out to bill for care coordination and support care teams BH/Medical
- Encourage BH Care Supervisor to collaborate with supervisors/managers in other departments
- Internal BH workflow trainings/refreshers
- Applied for new grants to establish a local mental health talent pipeline and provide leadership supervisor opportunities for licensed staff

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How are you addressing your clinics behavioral health needs? Are you succeeding with a hybrid model?

All Teach, All Learn

Reminders

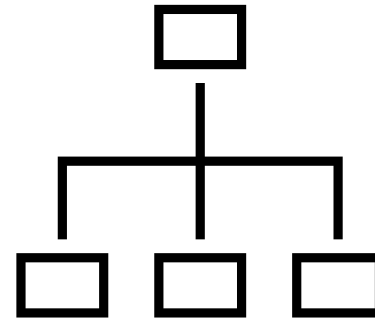- Pose questions

- Offer suggestions

- Recommend solutions

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Wrapping Up

What is one thing you heard today that you can take back to your organization to start improving your BHI teams?

I will encourage our teams to try more formal "registry" type of meetings with our PCPs. We have done various iterations at different sites, but many have fallen off.

It was helpful to hear about pcp/bh meetings.

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Feedback please!

1. Today's webinar was useful for me and my work *[select one]*
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree

2. Of the topics we covered today, what was especially helpful? *[select multiple]*

- Review BHI team training and collaboration successful practices
- Reflect and share advice on peer case study: BHI teams
- Share improvement area for your organization's BHI teams

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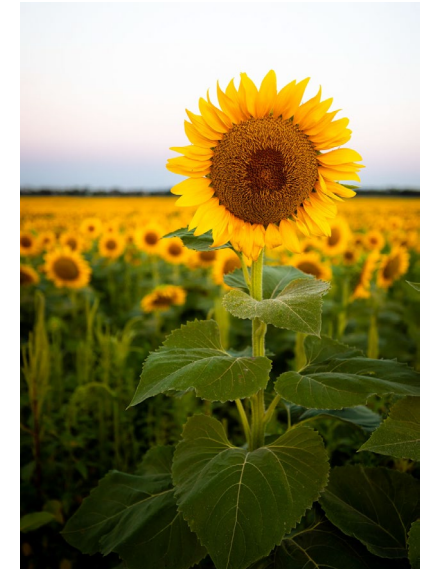
Save the Date

Rady Children's of San Diego Site Visit

- When: Friday, March 7, 2025

- Time: TBD

- Registration: Agenda and registration to be shared in January

Upcoming Events

BHI – CYCLE Commons: Screening
- Monday, January 6, 12 p.m. – 1 p.m.
- Share measurement based-care framework, screening successful practices (including ACES), and opportunities for optimization
- *Peer Presenter*: Providence

[Optional] BHI – CYCLE Peer Office Hour: Screening
- Monday, January 21, 12 p.m. – 12:45 p.m. (Rady Children's Representative in attendance)

BHI – CYCLE Commons: BHI Financing and Sustainability
- Monday, February 3, 12 p.m. – 1 p.m.
- Breakout sessions for FQHCs with California Primary Care Association
- Highlight opportunities for improving BHI financing
- Review steps taken to improve BHI revenue cycle and sustainability
- *Peer Presenter:* LifeLong Medical Care

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BHI – CYCLE Commons | Program Timeline

	Topic				
Topic	Commons Webinar: Screening Mon. 1/6 (12 – 1)	Office Hour: Screening Mon. 1/21, 12 p.m. – 12:45 p.m	Commons Webinar: BHI Financing and Sustainability Mon. 2/3 (12 -1)	Commons Webinar: In-Person Preparation Mon. 3/4 (12 – 12:30)	
Presenter	Providence		LifeLong Medical Care		

	Topic				
Topic	In Person Site Visit – Rady Children's, San Diego March 2024, TBA	By 4/1: BHI-CYCLE Program Survey	Commons Webinar: Engagement & Equity Mon. 4/7 (12 – 1)	Commons Webinar: Training and Development Mon. 5/5 (12 – 1)	Commons Webinar: Lessons Learned & Closing Mon. 6/2 (12 – 1)
Presenter			San Francisco Health Network	AltaMed	

Thank you!

Team Introduction: Alliance Medical Center

Organization Background

- Alliance Medical Center
- FQHC
- Sonoma County, CA
- Patients served: 12, 500
- EHR: Ochin Epic

- AMC has been on a journey to increase BHI for the past 3 years. For the past year, the medical and BH departments increased intentional integration by assessing current workflows and needs between departments. We are learning to communicate and work collaboratively.
- Hybrid BH Integration @Healdsburg and Windsor Clinics
- BH Team: 2 Clinical Support Staff, 2 MA's, 1 SUN, 2 Psychiatrists, 1 PMHNP, 8 LCSWs, 1 LMFT and 1 AMFT
- Improve workflows for sustainable hybrid model.

Alliance MEDICAL CENTER CLINICA ALIANZA

Maria Juarez Sanchez
LCSW|BH Director
Lead Team Member

Rosa E. Sanchez
Director of Clinical Operations
Lead Team Member

Peace Lily