Healthy Minds FAIRFAX

Supporting Emotional Wellness in Youth and Families

Behavioral Health Integration Plan

Strategies to Promote and Support Behavioral Health Integration with Primary Care and Schools

Endorsed by the Fairfax-Falls Church Community Policy and Management Team on June 22, 2018

DEFINTIONS

Behavioral Health Clinicians: refers to child psychiatrists, psychologists, social workers, counselors, or any other behavioral health professional serving children and youth.

Care Coordinator. a single point of contact who primary care providers, behavioral health providers, and patients can call to get appropriate behavioral health referrals.

Children and Youth: individuals up to age 18 or early adulthood.

Family Organization: A non-profit organization that provides services, support, advocacy, information and/or education on behavioral health with a board and staff consisting mostly of consumer and/or the families of consumers.

Healthy Minds Fairfax: Created by the Board of Supervisors to help families access mental health and substance use services for their children, and to improve the quality of those services. The County's health and human services system and the Community Services Board are partnering with Fairfax County Public Schools, providers and family organizations to improve behavioral health services for all children, youth and families in our community.

Inova: Inova Health System is a non-profit health organization based in Northern Virginia, with a network of hospitals, outpatient services, assisted living and long-term care facilities, and healthcare centers. Inova provides much of the healthcare needs for the residents of Northern Virginia.

Pediatric Mental Health Access Program: a model used by numerous states across the country in which there is a central phone number that a primary care provider can call and get connected to behavioral health consultations and coordinated referrals. Each state's model varies, but generally a primary care provider can call one number and a care coordinator or behavioral health specialist answers the call. Diagnostic and/or treatment advise is available for the primary care provider as well as care coordination services for the patient.

Primary Care Providers: refers to primary care pediatricians, family physicians and pediatric nurse practitioners.

REACH Training: The REACH Institute offers patient-centered mental health training for pediatric primary care providers that includes a three-day interactive course focused on building skills and confidence in diagnosing and treating pediatric behavioral health problems, followed by a six-month, case-based distance-learning program.

SAMHSA-HRSA: Substance Abuse and Mental Health Services Administration and the US Department of Health and Human Services Health Resources and Services Administration

Trauma-Informed Community Network: A multi-disciplinary, multi-agency effort to implement and support Trauma Informed Care initiatives across the Human Services System. Its goals are to create a mechanism for collaboration, and the sharing of information and resources

and tell the story of Trauma Informed efforts across our community, increasing awareness and identifying areas that the group can collectively build upon.

For each strategy and action step, there is a signifier of the level of effort or change needed to accomplish the action step. They include:

Easy: Requires a low level of effort or resources to accomplish, or is already approved and in progress

Moderate: Requires some financial resources but does not require significant systemic change

Complex: Requires higher commitment of resources and systemic change

NEEDS STATEMENT

This community plan for supporting and promoting integration is in support of the Fairfax-Falls Church Children's Behavioral Health Blueprint goal #7: *Improve care coordination and promote integration among schools, primary care providers and mental health providers, including the integration of primary and behavioral health care*.

While a fully integrated primary care practice is an ideal method for families and youth to access a comprehensive array of high quality services and supports, there are several other options for primary care providers and behavioral health clinicians to increase their level of collaboration and improve care for their patients. Some practices, agencies, and organizations may benefit from support at the level of integration they currently are at or wish to achieve in the near term.

In order to understand the barriers for primary care practices and behavioral health agencies to achieving a higher level of integration, the Integration Committee conducted two focus groups: one with behavioral health clinicians who serve children and families and the other with pediatricians. Group participants were from across Fairfax County and represented a diverse array of practices and agencies. While the views presented were not necessarily representative of all providers in the community, the focus groups highlighted challenges that practices currently face and the need for an array of strategies to support or promote integration.

Below is a summary of challenges highlighted by community pediatricians and behavioral health clinicians:

Limited Knowledge of Available Resources. The primary care providers and behavioral health clinicians represented in the focus groups share the challenge of not knowing what resources exist for their patients throughout the county. Providers want to have a readily accessible and regularly updated directory of primary care and behavioral health providers who are comfortable providing different levels of behavioral health care, including current insurance information. Providers also want more information on available behavioral health training.

> *"A lot of psychiatrists won't take insurance anymore. I'm referring them and [psychiatrists] said 'we don't take it anymore.' I think, 'oh my god, how is my client ever going to afford this.' They don't have that kind of money."*
> *– Behavioral Health Clinician*

Limited Knowledge, Experience, or Comfort with Interdisciplinary Care. A strong theme that emerged during the focus groups was that primary care providers are hindered by a limited knowledge of behavioral health care, difficulty identifying or distinguishing a behavioral health issue from a medical issue, and being unfamiliar or uncomfortable with medication side effects. Discomfort with medication side effects contributes to concerns about liability. Behavioral health clinicians similarly expressed that their patients often have co-occurring medical conditions, for which they desire more understanding on how to integrate medical considerations into behavioral health treatment.

"What stands out to me is that in the nine years that I practiced prior to this[], I probably missed a whole slew of children that presented as headaches and abdominal pain. And where did those kids go? I'm not sure. So, now [that I've been trained] I feel a little bit more comfortable managing that." – Primary Care Provider

Cost and Availability of Training. Primary care providers expressed that the cost of behavioral health training and the secondary cost of the primary care provider being taken away from patient care is a barrier for providers getting the training they need to provide quality behavioral health care. Nurse practitioners expressed that there are limited training or fellowship opportunities for those who want to manage behavioral health care in their practice.

Time Constraints. Primary care providers noted that they are concerned about dedicating the time needed to address patients' behavioral health issues and expressed concerns for losing that time when patients are unable to show for their appointments. A few primary care providers have developed effective internal processes for managing appointment schedules and waitlists, highlighting that the perceived time constraints may be addressed by sharing best practices.

Insurance and Billing. Providers from both groups acknowledged that insurance is a major barrier – both for families accessing behavioral health care and for pediatric providers and behavioral health clinicians trying to provide services. While there are higher-level policy concerns affecting clinicians' ability to accept insurance, there are also knowledge barriers among individuals and practices. Primary care providers expressed that they would be able to better manage behavioral health care if they were equipped with information on how to effectively bill insurance for their time.

Access to Behavioral Health Clinicians. The main concerns that emerged from the focus groups regarding the ability to coordinate or collaborate with behavioral health clinicians are the limited availability of behavioral health providers who accept insurance and/or have available openings in all areas of the county, as well as a limited number of affordable child psychiatrists.

"That's the first question I always ask when they want the [psychiatric] referral. 'How much do you want to pay? How quickly do you want to be seen? I can find you somebody who can see you today if you have $400, but if you want to use your insurance, it's a whole different story.'"
– Behavioral Health Clinician

Communication. All providers involved in the focus group discussions conveyed that current interdisciplinary communication is very poor. The combination of varied office schedules, confidentiality considerations, and the lack of a streamlined information sharing process is both discouraging to providers and a hindrance to providing collaborative, quality behavioral health care.

"Some parents don't want to sign a release form. There's all these things on the list - this one, that one - they just say 'no, no.' So, for whatever reason, that becomes an issue because without the release you cannot [share] it with anyone else." – Behavioral Health Clinician

"[There is] a lot of pushback around, 'sign this consent or go to this specialist, or go here and go there.' Those are insurmountable recommendations for our families… The perception that we're creating more business for the family to deal with, [is] a lot of times where that push back happens." – Behavioral Health Clinician

"We have so much diversity in our area and there's a lot of cultural factors that play into the consent and privacy. The fact that, for some families, they even sought out mental health treatment already is a stigma. So, to let the school know that their child is in mental health treatment - that's huge." – Behavioral Health Clinician

Cost to Bring on Interdisciplinary Providers. While behavioral health clinicians in the focus group expressed a desire to have a psychiatric nurse available to them at the agencies and practices to reduce the demand for child psychiatrists, some identified the cost of bringing on additional staff as a barrier.

Limited Space for Integrated Staff. Most primary care providers represented in the focus groups expressed that physical space for added services in their offices/clinics is limited. Many expressed a high need for tele-mental health services so that patients can access behavioral health services from either the pediatrician's office or other community access points.

Limitations of Treatment in Integrated Facilities. At least one participant pointed out that, even in fully integrated facilities, providers are limited in the level of behavioral health care they can provide. In these settings, there is still the need to refer particularly challenging clients or clients with specialized needs.

LEVELS OF INTEGRATION

Experts agree that integration occurs on a continuum and, while there have been several adaptions of the integration continuum, the SAMHSA-HRSA Center for Integrated Health Solutions proposes a national standard framework for integration that has six levels of collaboration and integration under the three main categories: coordinated, co-located, and integrated care (Heath, Wise Romero, & Reynolds, 2012).

Six Levels of Collaboration/Integration

Coordinated		Co-Located		Integrated	
Level 1: Minimal Collaboration	Level 2: Basic Collaboration at a Distance	Level 3: Basic Collaboration Onsite	Level 4: Close Collaboration Onsite with Some System Integration	Level 5: Close Collaboration Approaching an Integrated Practice	Level 6: Full Collaboration in Transformed/ Merged Integrated Practice

From SAMHSA-HRSA Center for Integrated Health Solutions (Heath, Wise Romero, & Reynolds, 2012)

Coordinated Care

- Level 1: Minimal Collaboration
  Behavioral health and primary care providers work in separate facilities under separate systems. They communicate only as needed and have minimal understanding of each other's' roles. (Heath, Wise Romero, & Reynolds, 2012)

- Level 2: Basic Collaboration at a Distance
  Behavioral health and primary care providers work in separate facilities under separate systems. They communicate with each other regarding shared patients' issues and interact as part of the larger community. They understand each other's roles and use each other as resources. (Heath, Wise Romero, & Reynolds, 2012)

Co-Located Care

- Level 3: Basic Collaboration Onsite
  Behavioral health and primary care providers work in the same facility, but not necessarily the same offices, and they work under separate systems. Providers communicate regularly about shared patients and collaborate to secure a reliable referral. Communication is primarily at a distance, but providers meet occasionally to discuss cases. (Heath, Wise Romero, & Reynolds, 2012)

- Level 4: Close Collaboration Onsite with Some System Integration
  Behavioral health and primary care providers work in the same facility and share space and some systems (i.e. scheduling systems or patient/client records). Providers have regular face-to-face meetings to discuss cases and collaborate for consultations and treatment plans for more challenging patients. (Heath, Wise Romero, & Reynolds, 2012)

Integrated Care

- Level 5: Close Collaboration Approaching an Integrated Practice
  Behavioral health and primary care providers work in the same space, in the same facility, and under the same system. Providers communicate frequently in person and have regular team meetings to discuss patient care and issues. (Heath, Wise Romero, & Reynolds, 2012)

- Level 6: Full Collaboration in a Transformed/ Merged Integrated Practice
  Behavioral health and primary care providers work in the same facility and share the same practice space, serving as one integrated system. Providers communicate and collaborate regularly to provide team care to patients. (Heath, Wise Romero, & Reynolds, 2012)

STRATEGIES

Strategies to Expand Behavioral Health Clinicians' and Primary Care Providers' Access to Resources and Training

Strategies and Action Steps	Target Dates	Assigned To:
1) Optimize Online Navigation Tool		
a. Collaborate with the Blueprint workgroup responsible for the Online Navigation Tool to incorporate feedback from primary care and behavioral health providers to ensure that the needed resources and referral information are available in a user-friendly format.	6/18-10/18	Healthy Minds Fairfax (HMF), Primary Care Providers (PCPs) identified by Health Department (HD), Behavioral Health (BH) Care Provider
b. Instruct the Online Navigation Tool workgroup to communicate with emergency departments, CSBs and school systems, updating them on current primary care practices providing behavioral health services.	6/18-10/18	
2) Expand REACH Training		
a. Host an additional REACH training for pediatricians in the fall of 2018.	9/18-12/18	Inova
b. Host an additional REACH training for primary care providers in the spring of 2019. Outreach to practices based on community need.	3/19-5/19	HMF staff
c. Explore the development of a local program for training primary care providers in behavioral health practices with children and youth. Explore use of grants or local foundations to cover future costs.	7/19-12/19	Inova & HD
d. Evaluate the effectiveness of REACH trainings.	8/18-5/19	Inova & HMF
3) Offer Additional Behavioral Health Training for Primary Care Providers		
a. Explore and develop a resource directory of existing training programs (online, locally and regionally) that would help primary care providers further develop skills needed to	06/18-10/18	HD

provide behavioral health services to children and youth.		
b. Seek out funding partners to implement additional training programs.	7/19-9/19	HMF
c. Offer trauma-informed training for primary care providers.	8/19-Ongoing	HD, Trauma-Informed Community Network, Inova
d. Promote the use of common and appropriate behavioral health screening tools for use by primary care providers, including the viability of the use of the SBIRT (Screening, Brief intervention and Referral to Treatment practice).	1/19-Ongoing	HD

Strategies to Enhance Primary Care Providers' Access to Care Coordination and Behavioral Health Consultation Services

Strategies and Action Steps	Target Dates	Assigned To:
4) Facilitate Case Review Sessions		
a. Facilitate regular case review meetings where primary care providers and behavioral health clinicians in our community come together to review difficult cases and seek interdisciplinary support.	3/19-Ongoing	HD, Community Services Board (CSB), Inova
5) Establish Pediatric Mental Health Access Program		
a. Determine if Virginia is planning to implement a state-level pediatric mental health access program. If a state-level initiative exists, identify strategies to optimize local utilization of the program.	6/18-12/18	HMF
b. Advocate for the development of a state-funded pediatric mental health access program.	6/18-Ongoing	HMF, CSB, HD
c. If no state-level initiatives exist, prepare a proposal to establish a county or regional level pediatric mental health access program, using county funding as necessary and also maximizing the use of grant funding and the financial participation of local healthcare systems.	1/20-1/21	HMF, CSB, Regional Programs Office, HD, INOVA
5a) Access Program Alternative: Establish Care Coordinator Position for Local Primary Care Providers.		

a. Explore capabilities within current county government system for establishing a care coordinator function.	6/18-7/18	HMF, CSB
b. Submit budget request for care coordinator.	7/18-10/18	HMF, CSB
5b) Access Program Alternative: Promote Behavioral Health Consultation		
a. Explore whether local behavioral health providers have the ability to conduct telephone consultations with primary care providers.	6/18-7/18	HMF
b. Submit budget request for telephone consultations with primary care providers.	7/18-10/18	HMF, CSB
c. Support expansion of CR2 (mobile crisis response) to respond to primary care providers.	7/18-10/18	CSB

Strategies to Improve Information-Sharing Between Primary Care Providers, Behavioral Health Providers, and Schools

Strategies and Action Steps	Target Dates	Assigned To:
6) Standardize Methods of Sharing Discharge Summaries		
a. Meet with local inpatient and ambulatory behavioral health programs to create strategies to improve discharge processes and ensure that primary care providers receive discharge plans of shared patients.	9/18-3/19	CSA, CSB & HD
7) Create a Multidisciplinary Work Group to Develop and Plan for the Disseminating of Best Communication Practices Between Primary Care Providers, Behavioral Health Providers, School Staff and Families.		
a. Create a work group made up of primary care providers, behavioral health clinicians, school staff and families.	4/19-6/20	HMF, CSB, HD, FCPS, family organizations
b. The new work group will draft best practices for clear inter-professional communication and	7/19-12/20	HMF, CSB, HD, FCPS,

acquiring consent from children, youth, and their parents/guardians.		family organizations
c. The new work group will determine best methods for disseminating and encouraging best practices and establish dissemination plan.	11/19-3/20	HMF, CSB, HD, FCPS, family organizations

Strategies to Facilitate Integration of Behavioral Health Services in Primary Care Practices

Strategies and Action Steps	Target Dates	Assigned To:
8) Promote a Behavioral Health-Focused Education Track for Nurse Practitioners		
a. Encourage the development of a mental health program for local nurse practitioners at local universities.	7/18-6/19	CSB & HD
9) Support Expansion of GMU's Center for Psychological Services Partnerships with Local Pediatric Practices		
a. Meet with GMU Center for Psychological Services to discuss their partnership with a local pediatric practice to assess opportunities for expansion.	6/18-8/18	HMF
10) Increase Insurance Participation		
a. Standup the Blueprint workgroup dedicated to improving insurance use and participation.	1/19-2/19	HMF to facilitate an inter-agency, public-private workgroup
b. Advocate for recognition of the issue locally and at the state level.	1/19-12/19	HMF to facilitate an inter-agency, public-private workgroup
c. Explore ways to increase insurance participation for behavioral health services with behavioral health and primary care providers	1/19-12/19	HMF to facilitate an inter-agency, public-private workgroup
11) Facilitate a Dialogue Between Local Primary Care Providers, Behavioral Health Clinicians, Schools and Families on Best Practices for Integration		

a. Facilitate a collaborative conversation on innovative ways to integrate, such as in a county-wide conference.	7/19-2/21	HMF to facilitate an inter-agency, public-private workgroup

Strategies to Promote Integration of Medical Care into Public Behavioral Health

Strategies and Action Steps	Target Dates	Assigned To:
12) Create Nursing Positions in CSB Youth Programs		
a. Submit budget request to integrate nursing positions into CSB youth programs for the purpose of providing patient advice around medication side effects and other medical issues, thus freeing up child psychiatry and mental health provider time.	9/18-3/19	CSB