

Teamwork Makes the Dream Work!





Tuesday, August 22, 2023 11:00am PT

CalHIVE Behavioral Health Integration Improvement Collaborative

CalHIVE BHI Commons

BHI Fundamentals Staffing



California Quality
Collaborative

Tech Tips



Welcome!

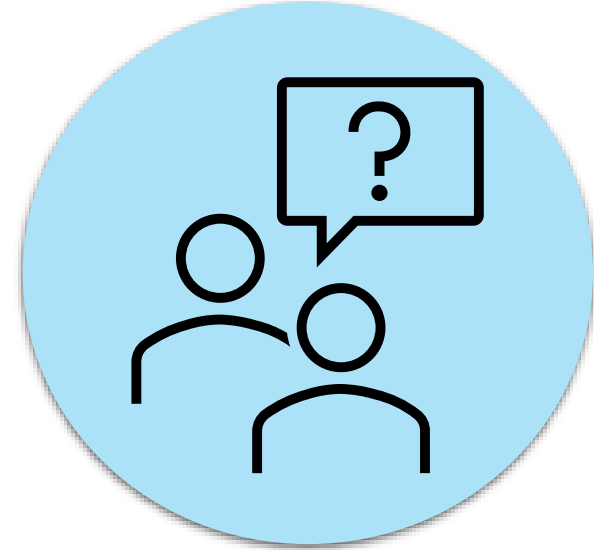
Add your organization
to your name

Turn on video if
possible



Join in

Chat in or feel free to
come off mute to
contribute



Need help?

Direct message
Anna Baer
if you have any
technical issues

Our Agenda

Today, we'll:



Compare staffing requirements between BHI models to support selecting an integration model



Understand the workforce changes needed at clinics/ practices to support integration



Preview resources for selection and training of behavioral health staff

Engaging Today



- Share questions through chat (for Q&A)
- Participate in Zoom polls
- Turn your camera on if you're able

CalHIVE BHI Participants Staffing Snapshot

- What we learned from IMAT/Needs Discussion
 - Positions currently hired
 - 8 orgs with behavioral health staff
 - 3 orgs with psychiatric consult
 - 2 orgs that are residency clinics
 - Common themes
 - Staff shortages in workforce
 - Language and cultural barriers
 - Difficulty connecting with community resources

Integration

Partnership,
Communication,
teamwork

Collaboration
across disciplines

ongoing
communication,
collaboration,
teamwork

Access, follow
up

teamwork,
flexibility,
honesty

access to a mini-
orchestra,
collaboration

seamless,
whole person,
collaborative

- What would a fully integrated primary care team mean to you and your patients?

Convenient,
coordination,
communication

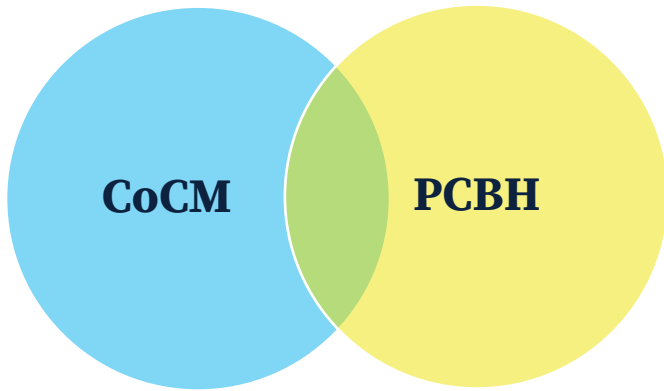
coordinated,
collaborative, and
supportive

access, integration,
coordination

collaboration,
communication,
support



PCBH and CoCM both



Both models offer:

- **Interdisciplinary *team-based care***
- ***Stigma reduction*** in community settings
- Reimbursement codes ***supporting financial sustainability***
- Proven ***long-term cost-savings***
- ***Evidence-based measures*** for treatment planning
- Demonstrated ***very high provider satisfaction***
- **Real-time availability of behavioral health providers**
- ***Brief interventions for low- to moderate-acuity presentations:*** Both models employ brief interventions to address low- to moderate-acuity cases, preventing unnecessary referrals to overloaded community pathways

Staffing by BHI Model

Psychiatric Consultant

- Psychiatrists
- Psychiatric Or Mental Health Nurse Practitioners
- Psychiatric Pharmacists

Behavioral Health Care Manger

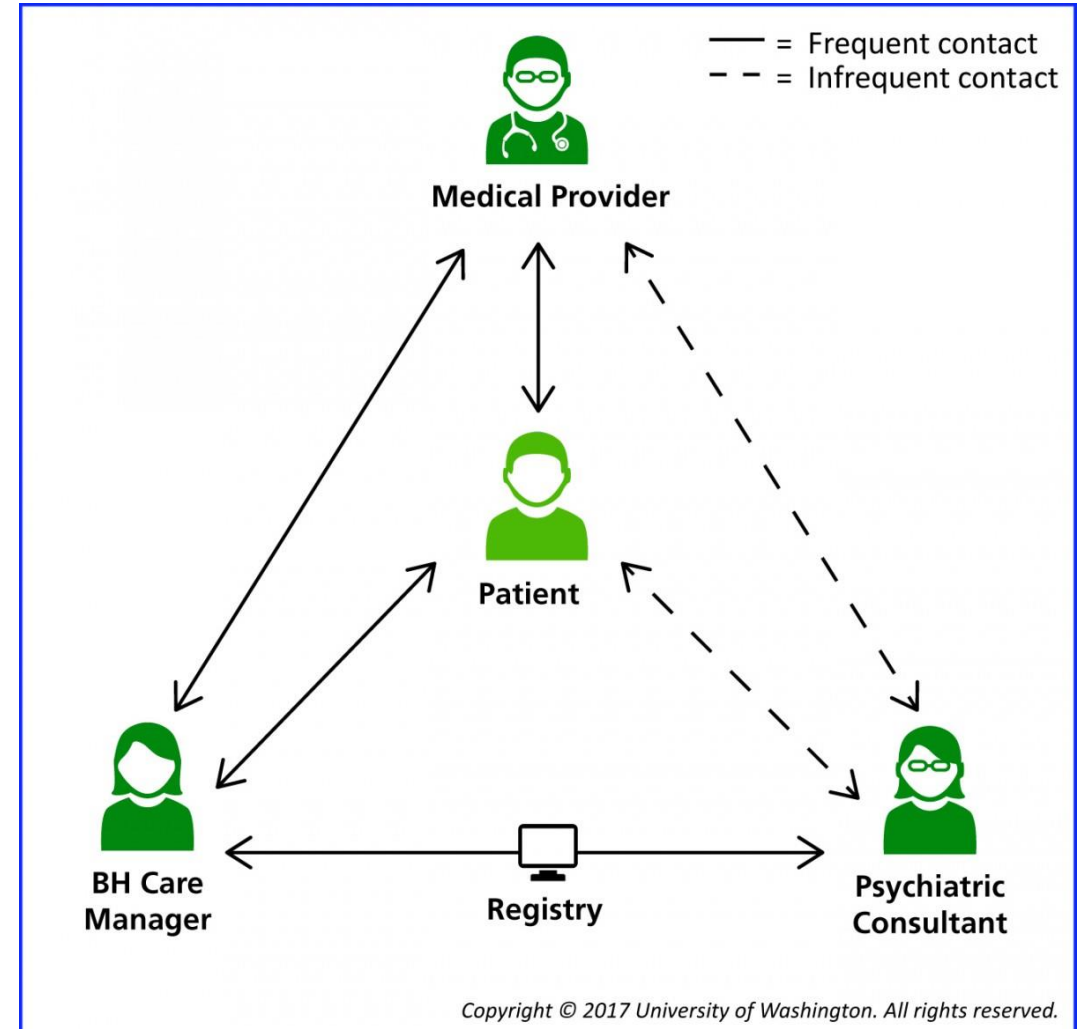
- Psychologists
- Licensed counselors (LMFT, LCSW, LPCC)
- Pre-Licensed counselors (AMFT, ACSW, APCC)
- Bachelor level staff or Peers
- *Bills under the primary care provider/rendering provider

Behavioral Health Clinician

- Licensed counselors (LMFT, LCSW, LPCC)
- Pre-Licensed counselors (AMFT, ACSW, APCC)
- * Bills directly so the BHC must be credentialed

The Five Core Components of Collaborative Care Model (CoCM)

- Patient-Centered Team Care
- Population-Based Care
- Measurement-Based Treatment to Target
- Evidence-Based Care
- Accountable Care



Collaborative Care Model (CoCM) Team Structure

Primary Care Provider (PCP)

- A clinician who works in close consultation and collaboration with the patient's BHCM

Behavioral Health Care Manager (BHCM)

- BHCMs are typically nurses, psychologists, social workers, licensed/unlicensed counselors, or peer specialists

Psychiatric Consultant

- The Psychiatric Consultant supports the Primary Care Provider (PCP) and Behavioral Health Care Manager (BHCM) Psychiatrists, Psychiatric Or Mental Health Nurse Practitioners, or Psychiatric Pharmacists

Treatment Engagement

- 3 to 12 months treat to target

Primary Care Behavioral Health (PCBH) – GATHER Approach



- GATHER
 - G is for a Generalist approach
 - A is for Accessibility
 - T is for Team based
 - H is for productivity
 - E is for Educator
 - R is for Routine

Primary Care Behavioral Health (PCBH) Team Structure

BH Clinician

- A licensed or pre licensed working under a licensed BH clinician

BH Clinician provides the visit the same day

- BHC meets with patient in the exam room determines patient current functioning and provides intervention

Sharing of clinic resources. Chart in the same medical record as other team members

- Chart in the same medical record as other team members, shares same reception and office space

See 10-14 patients per day

- 6 follow ups and warm hand offs

Selecting a Model – Staffing Questions to Answer

CoCM

- Can we commit to regular access to a psychiatric consult? How?
- Can we commit to hiring or re-assigning a Behavioral Health Care Manager (BHCM)?

PCBH

- Can we commit to hiring or ensure an embedded licensed BH clinician?

Breathe.....

High Performing Primary Care

Good outcomes and able to see clients in timely manner.

Communication and quick changes implemented after communication

collaboration, patient centered

communication, comprehensive care

responsibility for care rests with the team rather than a single individual, consultation happens regularly, patients get what they need when they need it

trust, communication, adapting to change

- What does a high performing primary care team look like?

Continuity, prevention, access



organized flow

communication, pt-centered care

huddles, and clear expectations, and everyone on the same page

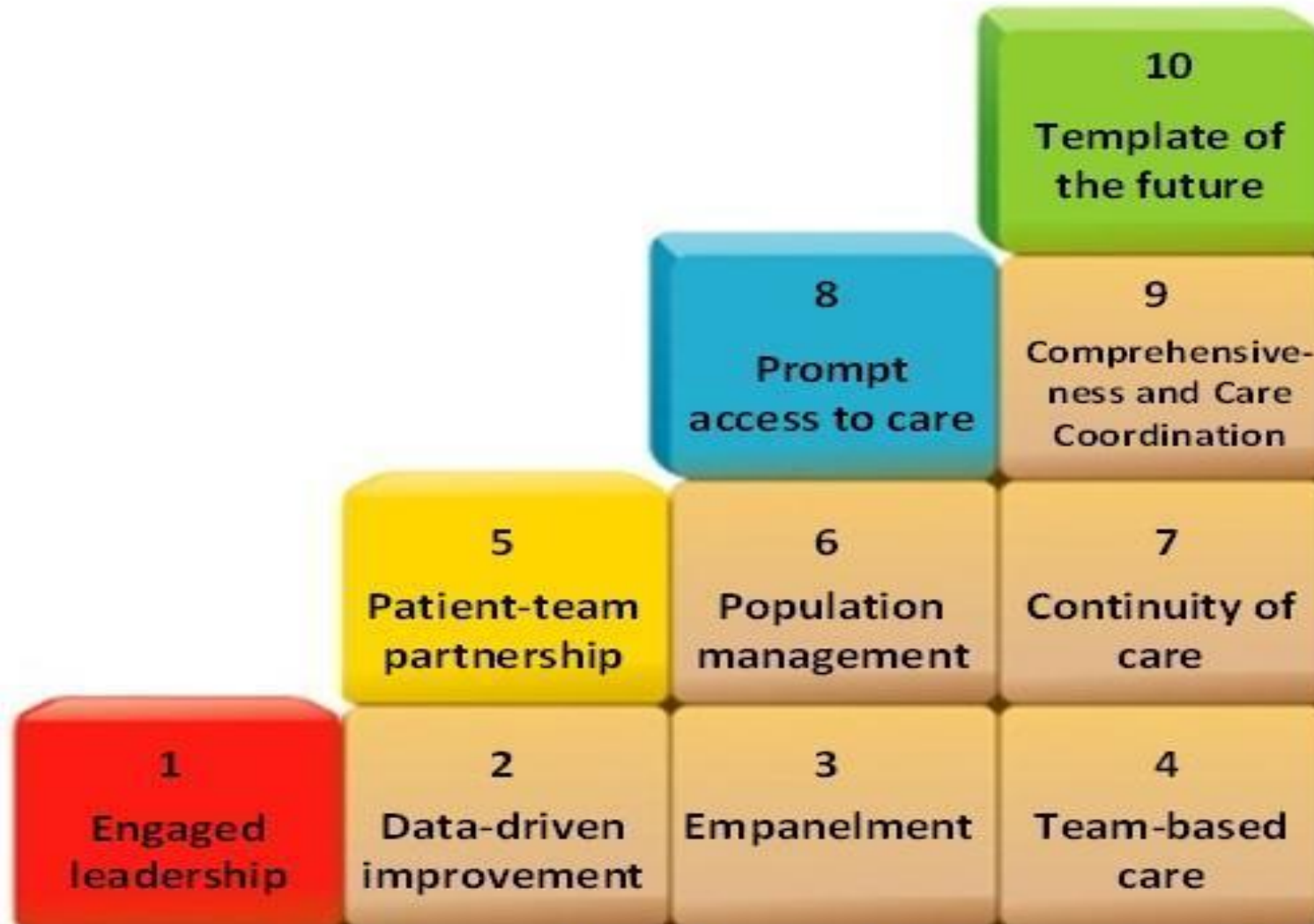
Responsive, collaborative

Patient Centered

Quick access, multiple needs met

Integrated, performing at top of license or training, 24/7 coverage telephone

Ten Building Blocks of High Performing Primary Care



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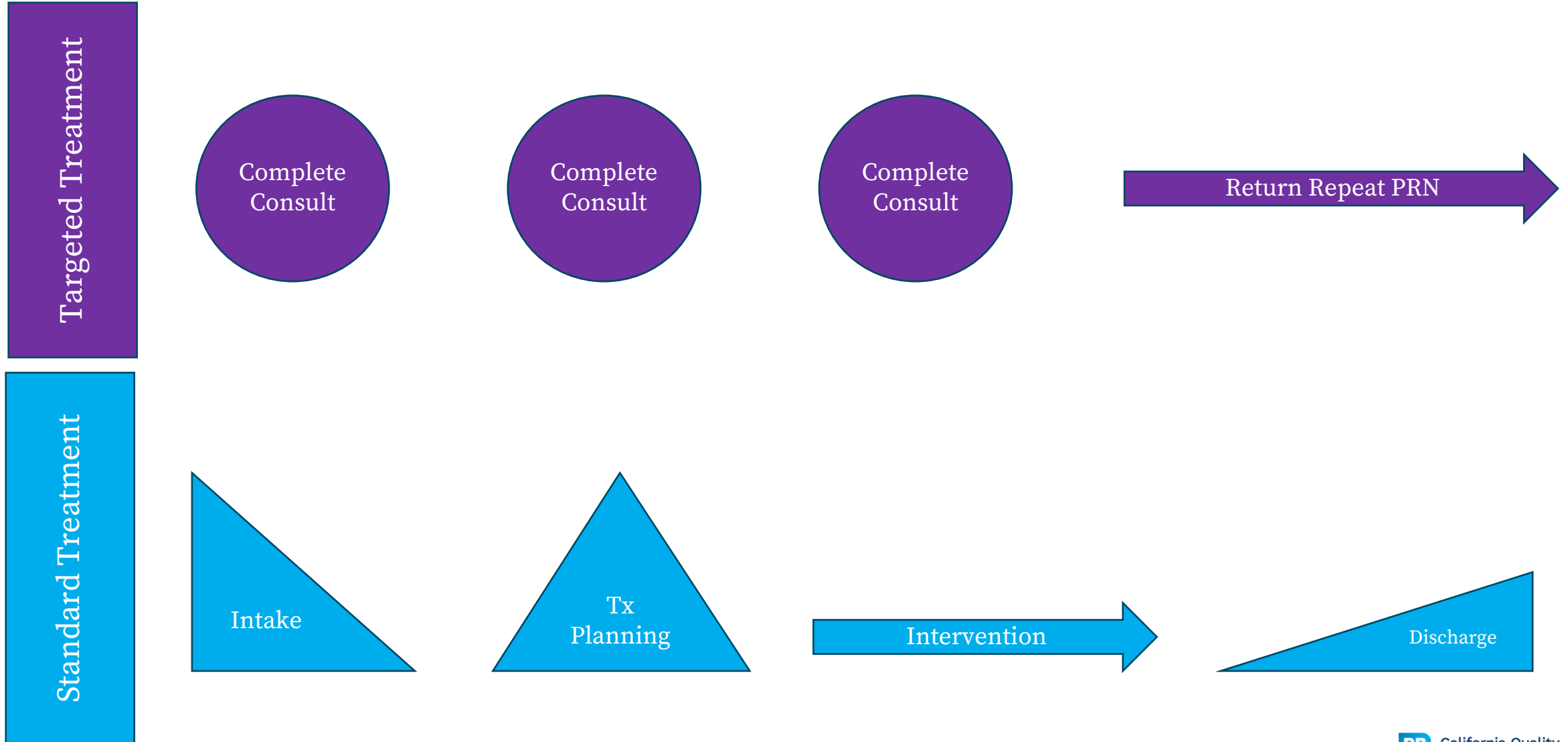
Family Doctor vs Cardiologist



Behavioral Health Consultant Vs Mental Health Provider



Integrated workflow vs Traditional BH Workflow



BH Clinician - Traditional Professional Identity

- Core Values
- Code of Ethics
- Expectations as a Professional who works to improve the mental well being of individuals
- The “right” thing to do
- Ingrained in all the years of education



BHI Provider New Expectations

Identity shift from an independent practitioner to that of a “Primary Care Team Member”

Integrated services are not a shorter version of psychotherapy / specialty mental health care

As a BHI provider, we are responding to functions of primary care rather than responding just based on our roles



BHI Provider New Professional Identity



Goal is to intervene early to prevent exacerbation of symptoms



Work closely with Primary Care Physicians schedule, template, note style.



Support the improvement of medical health conditions



Focus on the functionality of the patient



Time efficiency



Team approach mentality



Skill sets and Competencies for CoCM and PCBH

Identify and assess

- Identify and assess behavioral health needs as part of primary care team

Engage and activate

- Engage and activate patients in their care

Communicate

- Communicate effectively with other providers, staff and patients

Provide

- Provide efficient and effective care delivery that meets the needs of the population of the primary care setting. Provide culturally responsive, whole-person and family-oriented care

Understand, value, and adapt

- Understand, value, and adapt to the diverse professional cultures of an integrated care team

Work

- Work as a primary care team member to create and implement care plans that address behavioral health factors

Help

- Help observe and improve care team function and relationships

Shifting the Organizational Culture

- Team culture shift
 - Importance of being “the team”
 - Communication
 - Collaboration



BH Roles

Take a moment and think about your current behavioral health staff.

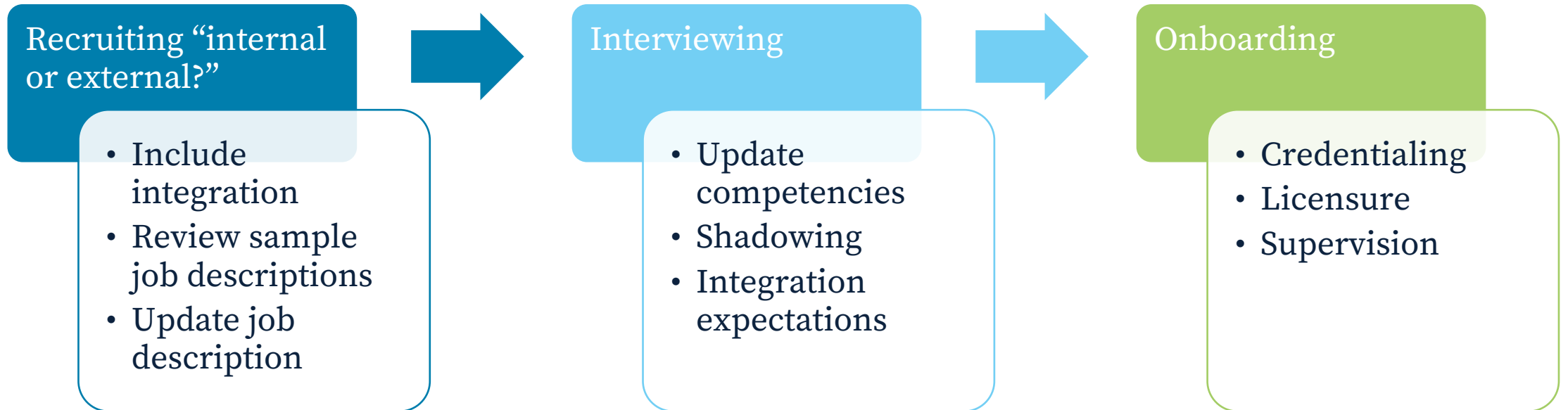
After listening to the information provided, do you see their work changing moving forward?



Where do we go from here?



Moving Forward



Q&A



Away

the value of brief interventions versus the traditional therapy models

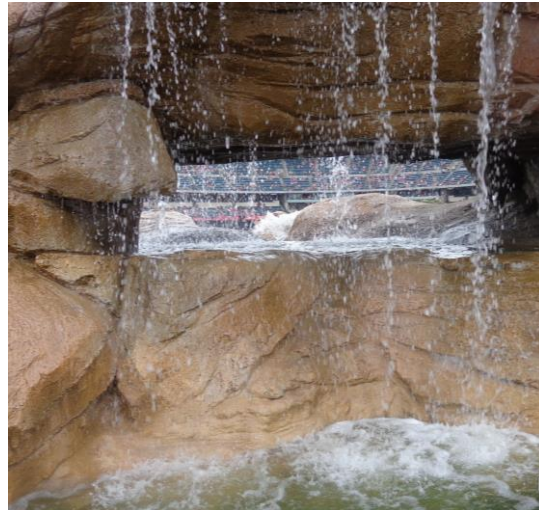
Not seeing BH as separate service

Getting our admin to cover the costs of hiring a BH consultant

Physicians comfortably managing more of their patient's mental health needs with a consultant vs. referring out

Accepting that maybe not all patients want therapy, but still want support

on site counseling /consulting



- Given the information today, what is the biggest cultural change you may need to make for your pilot site/organization?

Alignment between all groups about the role we all play in facilitating BH in clinic

The term therapy

Getting physicians on board

Taking some ownership of some BH services. Sustainability

integration requires the same level of cultural shift as the move to team based care for primary care

Selecting a Model – Staffing Questions to Answer

CoCM

- Can we commit to regular access to a psychiatric consult? How?
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PCBH

- Can we commit to hiring or ensure an embedded licensed BH clinician?

Q3 2023 Sprint: Integration Model

JULY

Improvement Advising

- Complete Implementation Milestone Assessment Tool, Needs Discussion, establish regular meetings

Tues. 7/11 (11-12)

CalHIVE BHI Commons – July Kickoff Webinar

- Review CalHIVE program; welcome PO teams

Friday, July 21 – Enrollment File Submission Deadline

Friday, July 28 – Measurement File Submission Deadline

Improvement Advising

Webinars

In Person Events

Data / Reporting

Assignments

AUGUST

Improvement Advising

- Review IMAT and Needs Discussion Results

Tues. 8/8 (11-12)

CalHIVE BHI Commons – Integration Concepts and Models (Part 1)

- Review BHI models; understand how to select one

Tues. 8/22 (11-12)

CalHIVE BHI Commons – Implementation & Staffing (Part 2)

- Identify BH roles & relationship to models

Tues. 8/29(11-11:30)

[OPT] Webinar - Convening Preparation

- Prepare for Sept. 12 convening

SEPTEMBER

Improvement Advising

- Document BHI model (via Implementation Plan); discuss possible pilot site

Tues. 9/12 – S. CA

CalHIVE Annual Convening: Connect, Create & Commit

- Connect with teams & cohort, work on integration model

Thurs. 9/21 (11-12)
Test 2 Data Cycle Webinar

Thurs. 9/28 (1-2)

[OPT] BeeKeeper's Corner - Staffing

- Access tools for staffing, hiring and recruitment

By. Fri. 9/29

BHI Implementation Plan – Integration Model

- Complete Implementation Model determining integration model, including staff

On Deck Next

Well, what do we do next?

Each team is working on a BHI Implementation Plan to:

- Guide the decision-making process to select an appropriate Behavioral Health Integration model
- Create a clear plan for implementation at the pilot site

Timeline:

- ❑ **Fri. September 1st : Pre-Work due (Questions 1-4)**
- ❑ **Fri. September 29th: BHI Implementation Plan – Integration Model due (Sections 1 & 2)**



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]*

- Compare staffing requirements between BHI models to support selecting an integration model
- Understand the workforce changes needed at clinics/ practices to support integration
- Preview resources for selection and training of behavioral health staff

CalHIVE BHI Network Convening – September 12

Connect, Create & Commit

Teams will deepen relationships with their team and cohort, work on the organization's BHI integration model and develop a vision statement for BHI.

See you there!

- **When?** Tuesday, September 12
- **Where?** The Westgate Hotel, San Diego, CA
- **Who's invited?** Up to seven members of your CalHIVE BHI team is encouraged to come!
- **Cost?** Free to attend



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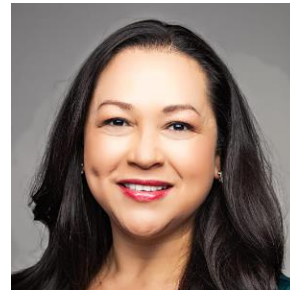
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Appendix

Pathways to Licensure



Doctorate in Psychology → Pre-Licensed Psychologist → Clinical Psychologist



Masters of Social Work → ASW/ACSW → LCSW



Masters of Counseling Psychology → AMFT → LMFT



Professional Clinical Counselor → APCC → LPCC

Required Hours Licensed Clinical Social Worker (LCSW)

California law requires 3,000 hours of supervised post-degree professional experience. Supervision by an LCSW Minimum 1,700 hours (no maximum) Supervision by any other type of qualified licensed mental health professional Maximum 1,300 hours



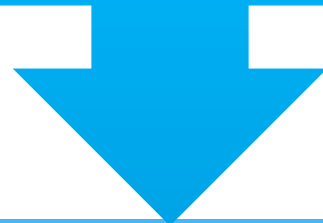
The supervised work experience categories break down into just two overall types:

Clinical diagnosis, assessment, and treatment, including psychotherapy or counseling Minimum 2,000

Client advocacy, consultation, evaluation, research, workshops, and supervisor contact Maximum 1,000 hours

Required Hours Licensed Marriage Family therapist (LMFT)

California law currently requires 3,000 hours of supervised professional experience, including 104 supervised weeks, in order to qualify for LMFT licensure.



The supervised work experience categories break down into just two overall types:

Direct counseling experience (Minimum 1,750 hours) A minimum of 500 of the above hours.

Non-clinical experience (Maximum 1,250 hours)

Required Hours Licensed Professional Clinical Counselor

California law requires 3,000 hours of supervised post-degree professional experience, including 104 supervised weeks, in order to qualify for LPCC licensure.



The supervised work experience categories break down into just two overall types:

Direct counseling experience (Minimum 1,750 hours) administering and evaluating psychological tests.

Non-clinical experience (Maximum 1,250 hours) May consist of supervisor contact workshops, or conferences directly related to professional clinical counseling.



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Resources

Psychologist Resources

Area	Resource
Board of Psychology	https://www.psychology.ca.gov/
Board of Psychology Laws and Regulations	https://www.psychology.ca.gov/laws_regs/2023lawsregs.pdf
Psychology Administrative Procedure Manual	https://www.psychology.ca.gov/forms_pubs/adminprocman.pdf

Resources for BH Clinicians

Area	Resource
Board of Behavioral Sciences (BBS)	https://www.bbs.ca.gov/
BBS LMFT Handbook	www.bbs.ca.gov/pdf/publications/lmft_handbook.pdf
BBS LCSW Handbook	www.bbs.ca.gov/pdf/publications/lcsw_handbook.pdf
BBS LPCC Handbook	www.bbs.ca.gov/pdf/publications/lpcc_handbook.pdf
BBS Laws & Regulations	http://www.bbs.ca.gov/pdf/publications/lawsregs.pdf
BBS 90 Day Rule Interns BBS FAQ	https://www.bbs.ca.gov/pdf/90day_rule.pdf www.bbs.ca.gov/pdf/publications/asw_faq.pdf