CalHIVE Behavioral Health Integration Improvement Collaborative

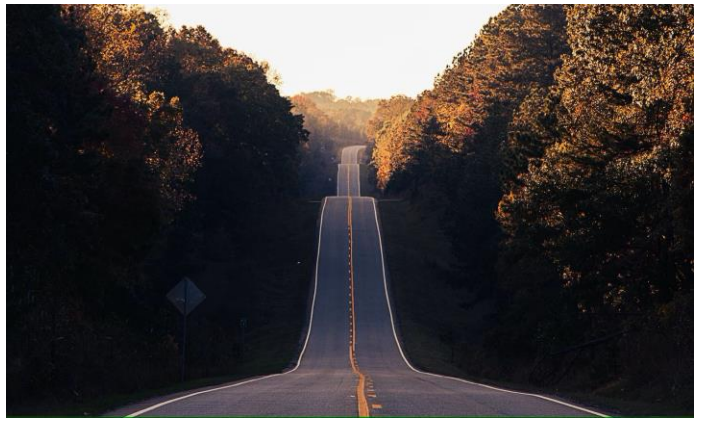
Needs Assessment / IMAT PO Trend Report

California Quality Collaborative

CalHIVE BHI Onboarding Steps - Completed

Onboarding Objectives:

- Identify organization's current state, strengths, opportunities
- Help CQC tailor support for each organization as well as cohort



1. Implementation Milestone Assessment Tool (IMAT 1) – assessment tool designed to:
   - Measure change and opportunities within the provider organization around BHI
   - Synthesize impact of CalHIVE BHI
   - Be reference tool for provider organization to use at practice/clinic level
2. Needs Discussion
   - Conducted during onboarding phase of CalHIVE BHI; includes first IMAT
3. Data Onboarding Questionnaire
   - Capture data reporting capabilities and systems

Provider Organization Descriptive Characteristics

Provider	Location	Org Type	Top 3 Health Plans	EHR
Chinese Hospital	San Francisco	independent hospital system	Jade Medical Group Health Plan of San Mateo Hill Physicians Medical Group	Cerner
Community Memorial Health System	Ventura	independent hospital/health system	Gold Coast (Medi-Cal) Sea View Health Plan Blue Cross	EPIC (as of late 2024 or early 2025) Currently: Allscripts
Altais/FCS	Los Angeles	family medical clinic, residency program	LA Care (Medi-Cal) Optum Blue Shield	EPIC (hosted by Brown & Toland)
Perlman	San Diego	Medical Group	Blue Shield HMO Blue Shield Medicare Advantage Humana Medicare Advantage	EPIC (hosted by UCSD)
Pomona Valley Medical	Los Angeles	community medical center, hospital and medical clinics	LA Care (Medi-Cal) Blue Shield IEHP (Medi-Cal)	Cerner
Riverside Family Physicians	Riverside	Primary care practice	IEHP (Medi-Cal) Optum Medicare Advantage	NextGen (as of Q4 2023) Previously: Practice Partner
San Francisco	San Francisco	FQHC, public health department	SF Health Plan Healthy SF Anthem Blue Cross	EPIC
Scripps Medical/Coastal	San Diego	Medical Group	Medicare SCAN Blue Cross	EPIC
Sharp Rees-Stealy	San Diego	Medical Group	Sharp Health Plan United Anthem Blue Cross	EPIC (as of early 2024) Currently: Allscripts

Provider Organization Descriptive Characteristics

Provider	Total Patient Lives	Total Primary Care Providers	Total Behavioral Health Staff
Chinese Hospital	9,000	13	1 psychiatrist
CMHS	50,000	40	4 LCSWs
Altais/Family Health Care Specialists	25,000	22	1 BH Provider
Perlman	75,000	156	23 therapists (LMFT, LCSW, LPCC)
Pomona Valley Medical	35,912	11 family medicine physicians, 23 family medicine residents	1 LMFT/PhD
Riverside	15,000	10	1 LCSW
San Francisco	117,000	7 *at pilot site	3 clinicians *at pilot site
Scripps Medical/Coastal	244,000	131	0
Sharp Rees-Stealy	185,000	~580 physicians (all specialties)	4 LCSWs, part of Population Health Team

Strengths and Opportunities

Provider	Strengths	Strategic Next Steps
Chinese Hospital	• Have BH team, including leadership and staff • Community Needs Assessment has added Behavioral Health as a focus • Organization has developed budgeting to establish and expand mental health services • IT department provides technical support for detailed reporting	• Looking at Iris telehealth for support with current patient needs [Domain 3 & 4] • Leverage current staff to provide support and fill gaps [Domain 3] • Link to data consultant for support with reporting [Domain 6]
CMHS	• Has previous experience with BHI (co-located) • Have 4 LCSWs on staff already • Have a BH care coordinator on staff • Have already been billing for BH services	• Work with QI tech support to report on measures which will show progress [Domain 6] • Link to data consultant for support with EPIC implementation [Domain 6] • Engage executive team to get full leadership buy in [Domain 1] • Work with team on model selection understanding roles and billing for CoCM [Domain 5]
Altais/ FCS	• Strong executive leadership support • Have BH training for residents and other staff already happening • Strong workflows for depression screening with use of EHR	• Work with team to reach out to EHR host Brown & Toland for support with EHR. [Domain 6] • Work on providing an understanding of the models and the need to pick one, review workflows and staffing [Domain 5] • Reinforce the new BH identity and role in primary care – engage pilot site [Domain 3]

Strengths and Opportunities Cont'd.

Provider	Strengths	Strategic Next Steps
Perlman	• Current virtual co-located BH team available to all sites • Clinical support and buy-in for BHI • Leveraging UCSD affiliation to develop BHI program and build out any EHR needs	• Create clear and effective communication channels and schedules to facilitate information sharing among team members [Domain 5] • Clearly define the roles and responsibilities of each team member involved in BHI to ensure everyone understands their specific duties and contributions [Domain 5]
Pomona Valley Medical	• Has strong leadership support • BH Clinical lead has prior experience with BHI • Residency program and PCP champion is a 2nd year resident • EHR has ability to pull data for the measure set	• Work with team to have an additional PCP champion [Domain 1] • Support with workflows and PCBH model [Domain 5] • Support and provide resources for billing BH services [Domain 7] • Work on engaging the pilot site and leveraging alternatives for BH staff [Domain 3]
Riverside Family Health Care	• Has strong leadership support • LCSW on staff already • Strong project management team • Have a good grasp of data reporting • Has a strong PCP champion on team	• Support in reaching out to their health plans to review contracts to ensure the billed services will be captured [Domain 7] • Support in implementing PCBH at pilot site [Domain 5] • Connect with the data consultant for support during transition [Domain 6]

Strengths and Opportunities Cont'd.

Provider	Strengths	Strategic Next Steps
SFDPH	• PCBH program for last 12 years • Have a dedicated PCBH team of clinicians, including leadership • Organization has identified a team to "revamp" BHI program	• Identify training needs for staff to fully understand BHI expectations [Domain 3] • Develop and incorporate documentation templates to support service and billing [Domain 7] • Focus on the "culture shift" to maintain fidelity to PCBH [Domain 3]
Scripps Medical/ Coastal	• Have NP & PA trained in BH providing care in pediatric office • Strong EHR/data team to support BHI program • A lot of interest from providers • Existing Depression screening workflow with EHR BPA	• Managing expectations for BHI program and which patients can be served [Domain 5] • Identify hiring needs for BHI model [Domain 3] • Develop finance pro-forma to define BHI finance goals [Domain 7]
Sharp Rees-Stealy	• Strong project management, population health services • Integrated model with stronger "levers" for physicians • LCSW staff already hired (and not billing for services)	• Working to help strategically plan BHI roll-out [Domain 1] • Work more on PBCH model selection [Domain 5] • Work on practice site engagement [Domain 3]

IMAT – Overview

Domains	The tool covers 7 domain areas, which will all be covered in the CalHIVE BHI Curriculum: Project planning: project management and quality improvement activities Patient family engagement: feedback from patient and families Workforce: recruitment, hiring, retention and training Health IT: electronic health records, registries, privacy and security Clinical/care model: operational workflows and clinical decisions Financing: funding and financial planning Data/reporting: performance measurement and quality reporting Sustainability: creating standard work; spreading pilot Health equity: addressing disparities in care and outcomes
Milestone Description	Each milestone includes a description of the "ideal" state in that milestone, as well as indicators across four Stages.
Stages & Scores	There are four stages described for each milestone: Planning, Early, Intermediate and Advanced. Your organization could be at different stages for each milestone. The stage descriptions below are general guidelines; see the Milestone Stage for specific indicators. There are two numerical scores in each stage; with your Improvement Advisor and project team, determine the number that best represents your organization's current state. Note: if there are practice/clinic differences, select the score that represents an average.
Planning Score 1 or 2	1. Pre-planning in progress: project scoping, resource allocation, team-building 2. Planning activities have commenced
Early Score 3 or 4	3. Progress has been made in implementation 4. Significant implementation steps have occurred
Intermediate Score 5 or 6	5. Implementation of this milestone has occurred at select practice site(s) 6. Implementation of this milestone has occurred at a majority of practice sites
Advanced Score 7 or 8	7. All practice/clinic sites share these characteristics 8. Provider organization supports site-wide adoption and continuous improvement is in place

IMAT Scores: Domain 1 & 2

Milestone	Milestone /Provider	BASELINE Average
1	**PROJECT PLANNING**	
1.1	The provider organization has a Behavioral Health Integration (BHI) implementation plan which is supported by an effective project team, including cross-disciplinary representation (clinical, data, quality improvement, etc.), dedicated resources, with defined project goals and outcomes.	2.33
1.2	The provider organization has a shared vision for behavioral health integration (BHI), promoting a culture of BHI and Whole Person Care, driven by leaders, which can be articulated by provider organization (PO) staff as well as practice/clinic teams.	3.00
2	**PATIENT FAMILY ENGAGEMENT**	
2.1	The provider organization has a formal approach to obtaining patient and support system feedback around BHI. They regularly share feedback with staff/clinicians and incorporate the feedback into the pilot project, as well as strategic and operational decisions made by the organization and its clinics/practices.	2.33
2.2	The provider organization has developed educational materials for patients and support systems around behavioral health integration, which are available in multiple formats and meet the needs of the organization's patient population.	2.00

IMAT Domain 1: Project Planning
PO Examples

Sharp-Rees Stealy

- **Strong project management processes (Lean SixSigma)**
  - Excellent track record in pilot project
  - Effective HMO management
- **Core project team identified and ready to support CalHIVE BHI work**
  - Dedicated staff (LCSWs) already hired to provide BH services (not billing yet)
  - Still looking to secure clinician representative on project team

IMAT Domain 2: Patient Family Engagement
PO Examples

Sharp-Rees Stealy

- **There are several processes in place to obtain patient and support system/family feedback**
  - Surveys are completed for patients who connect to behavioral health services, with adequate response rates
  - PAM tool captures how patients are activated as they move through health system
  - Additionally, SRS collects general feedback on primary care visits; population health has very advanced patient engagement data
  - Case management program receives positive patient feedback

Perlman Clinic

- **There is a formalized approach to obtain patient and support system/family feedback**
  - Surveys are completed after care in the primary care setting
  - There are scheduled quarterly meetings to review feedback.
  - Training opportunities and policies are updated as needed
  - There is a semi-formalized approach to gather staff feedback, as well

IMAT Scores: Domains 3 & 4

Milestone	Milestone /Provider	BASELINE Average
3	**WORKFORCE**	
3.1	Staff are appropriately trained for integrated care team roles and responsibilities and develop competencies to provide equitable BHI care.	2.44
3.2	Team-based care is embedded into integrated BH team practice with regular communication across team members. There are consistent organized processes for feedback across the multidisciplinary care teams to support successful BHI. Staffing pattern supports BHI within the provider organization.	2.11
4	**HEALTH IT**	
4.1	The organization's electronic health record (EHR) supports behavioral health integration by allowing for access and documentation by entire care team. The EHR is set up to support communication among the care team, as well as capture the relevant documentation and coding.	3.33
4.2	Privacy and Security documentation has been updated to address specific needs around behavioral health data sharing, including policies and procedures; there is a way to monitor compliance across care teams.	5.22

IMAT Domain 3: Workforce
PO Examples

Family Care Specialists

- **There are workflows in place that allow for universal screening**
  - Every patient who comes in is given a PHQ-9
  - The MA enters the information into the EHR
  - If the score is 10 or higher, there is an automatic best practice alert (BPA)
  - The BPA flags the chart for the provider to follow up with the patient on the PHQ–9 score

Riverside Family Physicians

- **They are currently providing Enhanced Care Management**
  - They have mental health providers on staff, both LCSW's and case managers
  - Behavioral health services are already being provided to patients with high needs

IMAT Domain 4 Health IT
PO Examples

Perlman Clinic

- **Affiliation with UCSD for EHR access and support**
  - Can easily request changes and develop templates and workflows as needed
  - Notes are accessible by treatment team, no need to "break the glass" internally
- **There is plenty of support for policies and compliance from UCSD**

IMAT Domain 5, 6, & 7

Milestone	Milestone /Provider	BASELINE Average
5	**CLINICAL/CARE MODEL**	
5.1	The provider organization has adopted a care model to successfully integrate behavioral health care with primary care.	3.00
5.2	The provider organization builds capacity for an integrated team for behavioral health depression screening and treatment and has a standardized workflow for screening tools (including referrals) for behavioral health needs.	4.22
6	**DATA/REPORTING**	
6.1	The provider organization tracks and analyzes quality performance measures for patients' need for and access of integrated behavioral health care. On-demand performance reports and data visualizations are regularly shared at the organization, practice, and provider/care team level, including progress over time and performance comparison to goals. The organization has a system in place to assure follow up action where appropriate.	2.78
7	**FINANACING**	
7.1	Financial systems (billing tools, payment systems) are optimized for maximizing payment for behavioral health integrated care services.	2.78

IMAT Domain 5 Clinical/Care Model
PO Examples

Scripps Health

- **Current systems support regular screening for depression**
  - EHR has been designed to support the treatment team in regular depression screening
    - Patients self-administer screening, support is available to the patient if this is not completed
    - Providers are then alerted of a score to determine next steps in treatment planning

IMAT Domain 6: Data Reporting
PO Examples

Scripps Health

- **Current systems capture depression screening and treatment teams can leverage data easily**
  - **Dashboards allow for data pulls to look at depression screening rates**
    - Wellness dashboard can be drilled down to the site level and provider level
    - A score of 10 or higher triggers a follow up plan to be documented by the provider
  - **Best Practice Advisories (BPAs) pop up to remind providers to next steps**
    - Next steps are documented
    - Follow ups are published on a monthly dashboard for review

IMAT Domain 7: Financing
PO Examples

Community Memorial Health Services

- **They had a previous grant to begin BHI**
  - The organization currently has 4 LCSWs
  - The team has a care manager who coordinates all referrals
  - They have been billing for behavioral health services for a few years

Chinese Hospital

- **Currently have a successful Behavioral Health program**
  - Screenings are being coded and documented, and reimbursed by payors
- **Have a team that is actively researching payment and grant opportunities to support BH expansion**

IMAT Domain 8 & 9

Milestone	Milestone /Provider	BASELINE Average
8	**SUSTAINABILITY**	
8.1	The provider organization has developed a business case for integrated care, including the clinical quality case and return on investment, and has developed a sustainability plan to support long-term integration efforts.	1.89
9	**HEALTH EQUITY**	
9.1	Leveraging information stratified by health equity data fields, provider organization has created and began to act on a disparity reduction plan that, once implemented, will improve how integrated care is delivered.	2.11
9.2	The provider organization is leading, planning and creating an organizational culture that prioritizes health equity. Provider organizations, are collecting data to measure health disparities, which includes behavioral health and set goals for reducing them, have allocated resources to execute plans, and actively monitor and share progress towards achieving health equity.	2.22

IMAT Domain 8: Sustainability
PO Examples

Sharp Rees-Stealy

- **Strong will to build a business case for BHI and set up sustainable program**
  - Seen multiple grant-funding programs which did not end up being sustainable
  - Goal for this project is to create a business plan
- **Internal support for importance of BHI, especially as a satisfier for groups and patients**
  - Need to demonstrate the ROI as project rolls out

IMAT Domain 9 Health Equity
PO Examples

Family Care Specialists

- **The staff providing behavioral health services are bilingual**
  - Both SOGI and REaL data are being collected
  - The team actively engages with the community through grass roots efforts to connect with patients in a culturally competent way.

Pomona

- **The team is already collecting REaL and SOGI data in the EHR**
  - QI efforts review the information of this data to look at health disparities
  - The team uses this data to inform best practices for health equity

IMAT Baseline Observations Highest scoring milestones

Domain 4 Health IT 4.2 Average score 5.22

Domain 4 Health IT 4.2 Stage Early 3-4 Definition:

- The provider organization has updated policies and procedures regarding BHI privacy and security related to documentation of BH services in the EHR but has no procedure in place for regular reviews. Monitoring occurs on an ad-hoc basis.

PO Scores:

- 6 of the 9 POs scored a 5 or higher
- There were 2 POs that scored a 3 and 1 scored a 4
- POs appear to be confident in their EHR's privacy and security
- This could lend itself to successful telehealth options for BHI

Domain 5 Clinical/Care Model 5.2

Domain 5 Clinical/Care Model Stage Early 3-4 Definition:

- Depression screenings using the *PHQ9* are being completed in the organization, however there is no consistent process, and documentation in the EHR is scarce. Patients are referred inconstantly to providers in the community.

PO Scores:

- 4 out of the 9 POs scored a 5
- 4 POs scored a 3 and 1 scored a 6
- Most POs believe they have capacity for BHI in their organization
- There is a need to build a consistent and sustainable workflow

IMAT Baseline Observations Lowest scoring milestones

Domain 2 Patient Family Engagement 2.2 Average score 2.0

Domain 2 Patient Family Engagement Stage Planning 1-2 Definition:

- Patient and support system educational resources are available, but there are limited adaptions for cultural, linguistic, and literacy needs. No resources are web-accessible; however, the organization is exploring ways to implement web-accessible resources.
- PO Scores:
  - 5 POs scored a 2
  - 2 POs scored a 3, and 2 Scored a 1
  - POs reported having materials for feedback, however the feedback was not specific to BH services
  - All the POs were willing to explore ways to incorporate the BH services information to capture that specific feedback

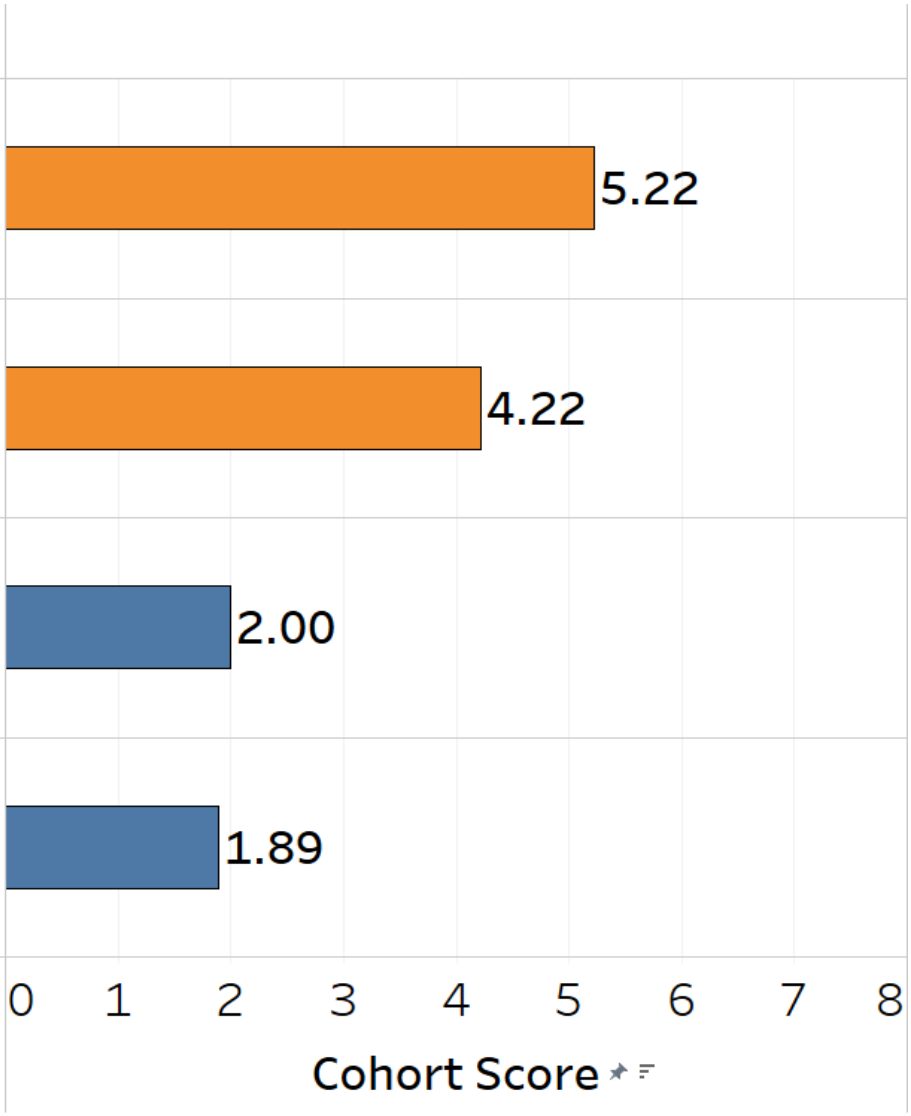
Domain 8 Sustainability Average Score 1.89

Domain 8 Sustainability Stage Planning 1-2 Definition:

- The provider organization is building a business case based off the pilot program to sustain BHI and spread across the organization's practices/clinics.
- PO Scores:
  - 5 POs scored a 1
  - 2 POs scored a 2, and 2 POs scored a 4
  - Most providers clustered in the planning stage
  - Although the pilot site had not been chosen, 2 providers were already looking at the what is needed to create their business plan for sustainability

IMAT Averages

Domain	Subdomain	Description
4 - Health IT	4.2	Privacy and security documentation
5 - Clinical Care Model	5.2	Build capacity for an integrated team
2 - Patient Family Engagement	2.2	Developed educational materials for patients and support systems
8 - Sustainability	8.1	Developed a business case for integrated care



CalHIVE Behavioral Health Integration (BHI) Improvement Collaborative

PREPARE

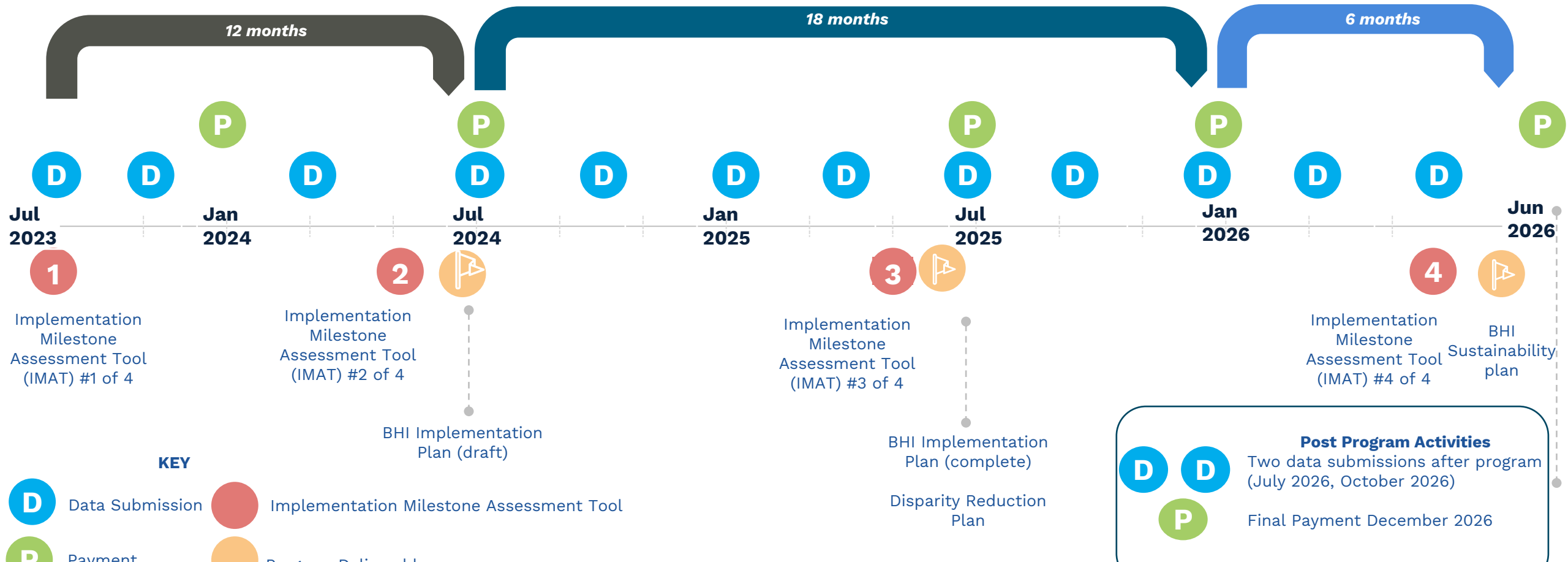
- Build team
- Readiness assessment & recommendations
- Select integration model and pilot site
- Report and analyze BH screening data

IMPLEMENT

- Implement care model at pilot site
- Adopt clinical, data, operational workflows, including training
- Analyze and improve patient engagement
- Create disparity reduction plan

SCALE

- Analyze pilot progress, identify improvement and spread plan
- Craft sustainability plan
- Complete documentation and communication



Appendix

IMAT Milestones:

1 Project Planning

2 Patient Family Engagement

3 Workforce

4 Health IT

5 Clinical/Care Model

6 Data/Reporting

7 Financing

8 Sustainability

9 Health Equity

Implementation Milestone Assessment Tool