

Using Data in Integrated Behavioral Health Care



TEAMUP
FOR CHILDREN

Transforming and
Expanding
Access to
Mental Health Care in

Urban
Pediatrics

October 18, 2022

Special Topics Forum

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The presenters do not have anything to disclose regarding commercial interests and do not plan on discussing unlabeled/investigational uses of a commercial product.

Funding for the TEAM UP for Children initiative was provided by the Richard and Susan Smith Family Foundation and the Klarman Family Foundation.

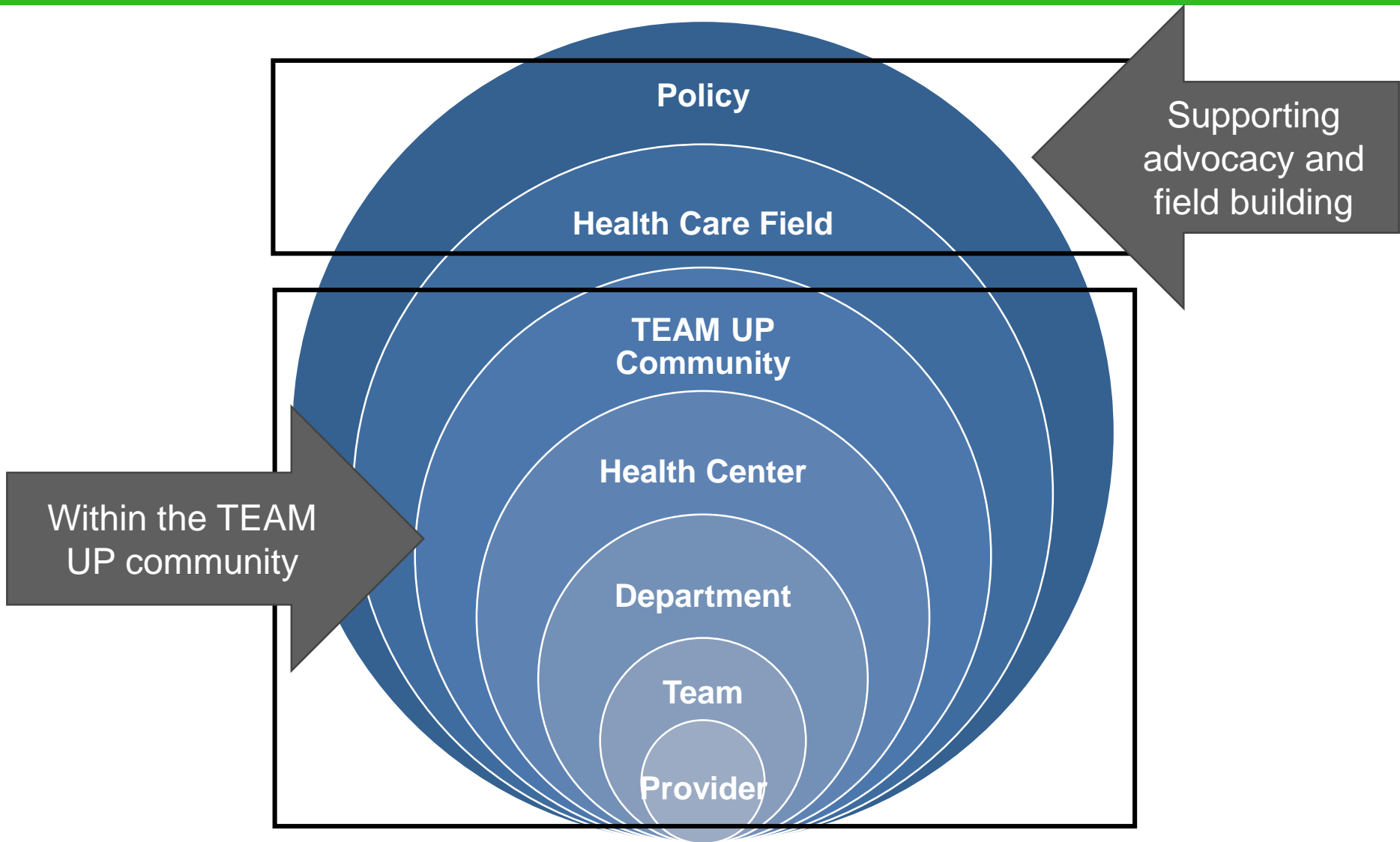
Special thanks to Jess Rosenberg and Hannah Park for the BH Plan data!

- ✓ Please add your CHC to your Zoom ID and if you would like, your preferred pronouns.
- ✓ Please remember to mute if you are not speaking.
- ✓ Feel free to use the chat function for ongoing comments and questions. We will keep a record.
- ✓ Do what you need to take care of yourself throughout the session.
- ✓ Being on camera makes for a more interactive experience together!
- ✓ Put a note in the chat if you are stepping away, and thanks.

This training (and all future trainings) will be recorded.

- Revisit how we think about data in TEAM UP
- Introduce preliminary data collected from BH Plans
- Gather feedback on BH Plan data & implementation

How are data used within TEAM UP?



Individual

Streamline documentation with a few clicks, better track major components of work over multiple visits

Care team

Communicate patient needs & plan of care across care team to support collaboration

Department

Support process & workflow improvement, changes in care delivery

TEAM UP community

Allow for more shared learning across CHCs, identify opportunities to develop & refine model

How can these data support advocacy and field building?

Better characterize role of each team member

- Increase understanding of unique contributions and expertise
- Advocate for commensurate reimbursement

Support & Expand TEAM UP Model

- Support further development of the TEAM UP model to ensure highest quality of care for patients and families at your CHCs, but also future CHCs as TEAM UP expands

Research Contributions

- Contribute to the research literature and evidence base for integrated behavioral health care

Community Impact

- Potential to influence and improve behavioral health care for thousands of children, adolescents, and families from underserved and marginalized populations

CHW/FP BH Plan Template –
To be completed at
EVERY CHW/FP visit
Disseminated_2.16.2021
Updated_3.17.2021

The purpose of the CHW/FP BH Plan is to document the key issues addressed, interventions delivered, and plan of care for all services delivered by CHWs/FPs in the integrated environment. Data from the CHW/FP BH Plan will be included in CHC data sets and be incorporated into TEAM UP evaluation and quality improvement metrics to better understand clinical decision-making by CHWs and FPs and patterns in BH service delivery across participating health centers.

The CHW/FP BH Plan will be integrated within each health center's EMR as an additional visit documentation template and is meant to be completed at every CHW/FP visit.

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graph LR
    Q1[Question 1 Reason for CHW/FP contact/referral: (CHECK ALL THAT APPLY)] --> Q2[Question 2 Type of contact: (CHECK ALL THAT APPLY)]
    Q2 --> Q3[Question 3 Goals identified by family: (CHECK ALL THAT APPLY)]
    Q3 --> Q4[Question 4 Interventions utilized in this visit: (CHECK ALL THAT APPLY)]
    Q4 --> Q5[Question 5 Length of contact: (CHECK ONE)]
    Q5 --> Q6[Question 6 Treatment plan following this visit: (CHECK ALL THAT APPLY)]
    Q6 --> Q7[Question 7 Type(s) of new/additional service(s): (CHECK ALL THAT APPLY)]
    Q6 --> Q8[Question 8 What was the identified need or concern which led to referral for new/additional services: 8.A. Free text]
    Q6 --> Q9[Question 9 The patient already receives: (CHECK ALL THAT APPLY)]
    
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Question 1 Reason for CHW/FP contact/referral: (CHECK ALL THAT APPLY)

- 1.A. Assistance completing a screening tool (SWYC, PSC, etc.)
- 1.B. Universal touch/healthy parenting support
- 1.C. Request from patient/family
- 1.D. Request from PCP
- 1.E. Request from BHC
- 1.F. Request for support from other ***
- 1.G. Follow up on existing issue/referral
- 1.H. Free text to provide more detail if necessary***

Question 2 Type of contact: (CHECK ALL THAT APPLY)

- 2.A. In-person visit in clinic
- 2.B. In-person visit in home
- 2.C. In-person visit other ***
- 2.D. Telephone call with patient or family
- 2.E. Virtual visit with patient or family
- 2.F. Virtual visit with other ***
- 2.G. Telephone call with EI provider
- 2.H. Telephone call with school
- 2.I. Telephone call with off-site provider or specialist
- 2.J. Telephone call with other ***
- 2.K. Text
- 2.L. Email or patient portal
- 2.M. Mailed letter
- 2.N. Fax

Question 3 Goals identified by family: (CHECK ALL THAT APPLY)

- 3.A. Material needs support
- 3.B. Care coordination/navigation to EI
- 3.C. Care coordination/navigation for IEP or school-based services
- 3.D. Care coordination/navigation for CBHI
- 3.E. Care coordination/navigation for outpatient counseling
- 3.F. Care coordination/navigation for Autism or developmental delay evaluation
- 3.G. Care coordination/navigation for other ***
- 3.H. Support to complete ADHD evaluation
- 3.I. Support to access parent group or support
- 3.J. None
- 3.K. Free text to provide more detail if necessary***

Question 4 Interventions utilized in this visit: (CHECK ALL THAT APPLY)

- 4.A. Material needs support for housing resources
- 4.B. Material needs support for food resources
- 4.C. Material needs support for other community-based resources
- 4.D. Material needs support for other ***
- 4.E. Care coordination/navigation to EI
- 4.F. Care coordination/navigation for IEP or school-based services
- 4.G. Care coordination/navigation to CBHI
- 4.H. Care coordination/navigation to outpatient counseling
- 4.I. Care coordination/navigation for Autism or developmental delay evaluation
- 4.J. Care coordination/navigation for other ***
- 4.K. Support to complete screening tool
- 4.L. Support to complete ADHD evaluation
- 4.M. Parenting support
- 4.N. Financial counseling
- 4.O. Support for insurance enrollment/re-enrollment
- 4.P. Outreach to engage patient/family in care
- 4.Q. Introduce BRANCH
- 4.R. Free text to provide more detail if necessary***

Question 5 Length of contact: (CHECK ONE)

- 5.A. 5 minutes or less
- 5.B. 6-15 minutes
- 5.C. 16-30 minutes
- 5.D. 31-45 minutes
- 5.E. 46-60 minutes
- 5.F. 61-90 minutes
- 5.G. over 90 minutes ***

Question 6 Treatment plan following this visit: (CHECK ALL THAT APPLY)

- 6.A. New/additional services needed
- 6.B. Continue with current services (defined as services in the past 12 months)
- 6.C. Further services offered but declined (STOP)
- 6.D. Issue resolved; routine follow up (STOP)

If Q6 = "6.A. New/additional services needed"

Question 7 Type(s) of new/additional service(s): (CHECK ALL THAT APPLY)

- 7.A. Continue with CHW/FP support
- 7.B. PCP follow-up
- 7.C. Integrated BHC follow-up
- 7.D. Other care team member follow-up ***
- 7.E. On-site specialty services
- 7.F. Off-site services

If Q6 = "6.B. Continue with current services"

Question 8 What was the identified need or concern which led to referral for new/additional services:

- 8.A. Free text

Question 9 The patient already receives: (CHECK ALL THAT APPLY)

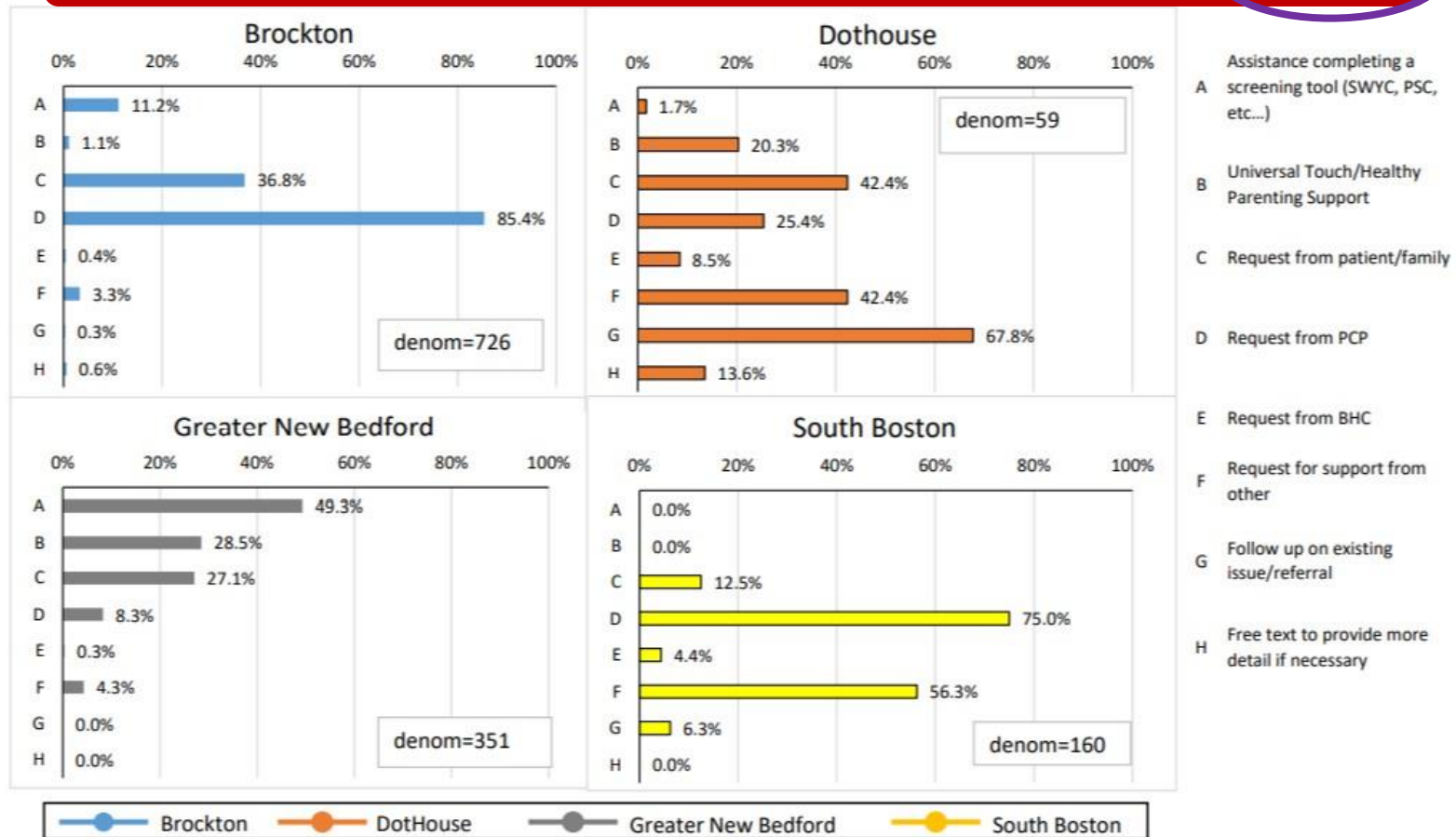
- 9.A. PCP management
- 9.B. Integrated BH services
- 9.C. On-site (non-integrated) BH services
- 9.D. Other on-site services (care management, etc.)
- 9.E. Off-site BH services
- 9.F. EI, IEP, 504 Plan (established)
- 9.G. CBHI/IHT

*** Indicates free text field needed

Please note – previous version included a question that asked about skills utilized in the visit (e.g., MI, Family Engagement). BMC team has removing this question as it is included in the staff surveys.

A Day in the Life of a CHW or FP

CHW BH Plan - Q1. Reason For CHW/FP Contact/Referral (July 2021 - August 2022, <5 Years)

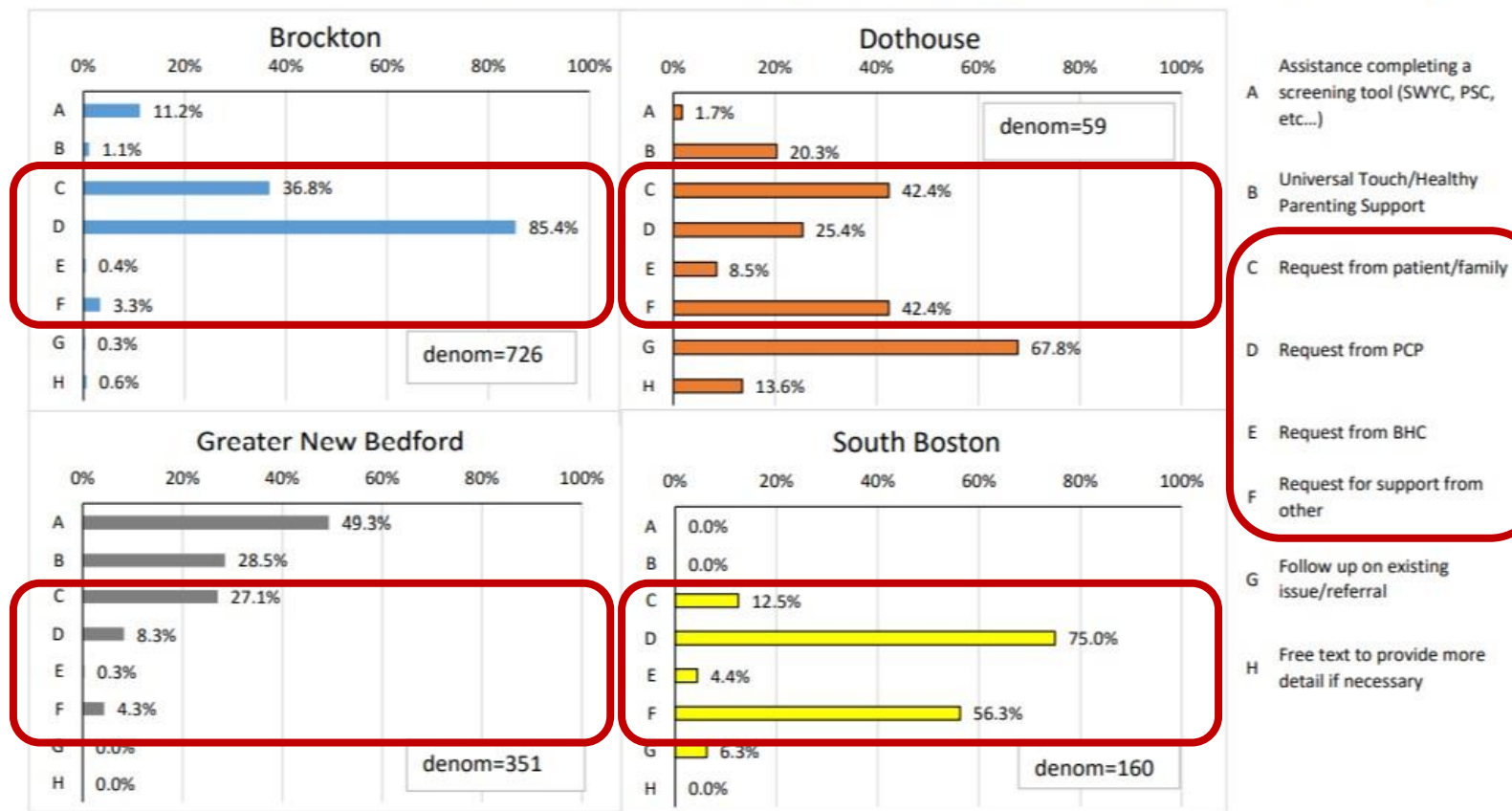


- A Assistance completing a screening tool (SWYC, PSC, etc...)
- B Universal Touch/Healthy Parenting Support
- C Request from patient/family
- D Request from PCP
- E Request from BHC
- F Request for support from other
- G Follow up on existing issue/referral
- H Free text to provide more detail if necessary

Note: Responses are based on the most recent CHW BH Plan that was updated and disseminated on 3.17.21. CHW/FPs can check off multiple response options per visit. Thus, individual percentages may not add to 100%. The denominator is the number of people who completed this question (i.e. picked one or more options). The numerator is the unique option the respondent picked.

A Day in the Life of a CHW or FP

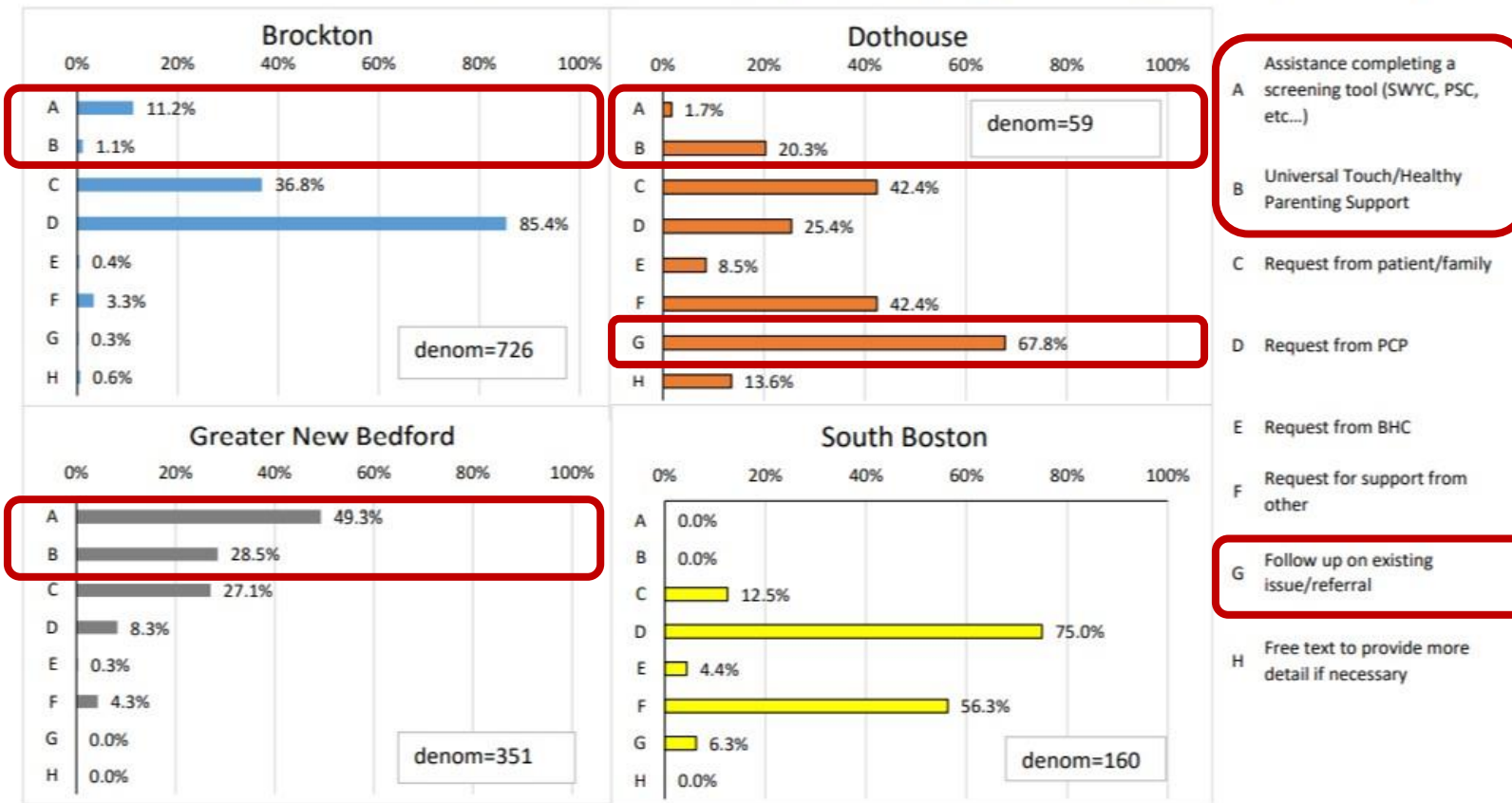
CHW BH Plan - Q1. Reason For CHW/FP Contact/Referral (July 2021 - August 2022, <5 Years)



Most contacts are initiated based on requests by PCPs, families, others – patterns differ by CHC

A Day in the Life of a CHW or FP

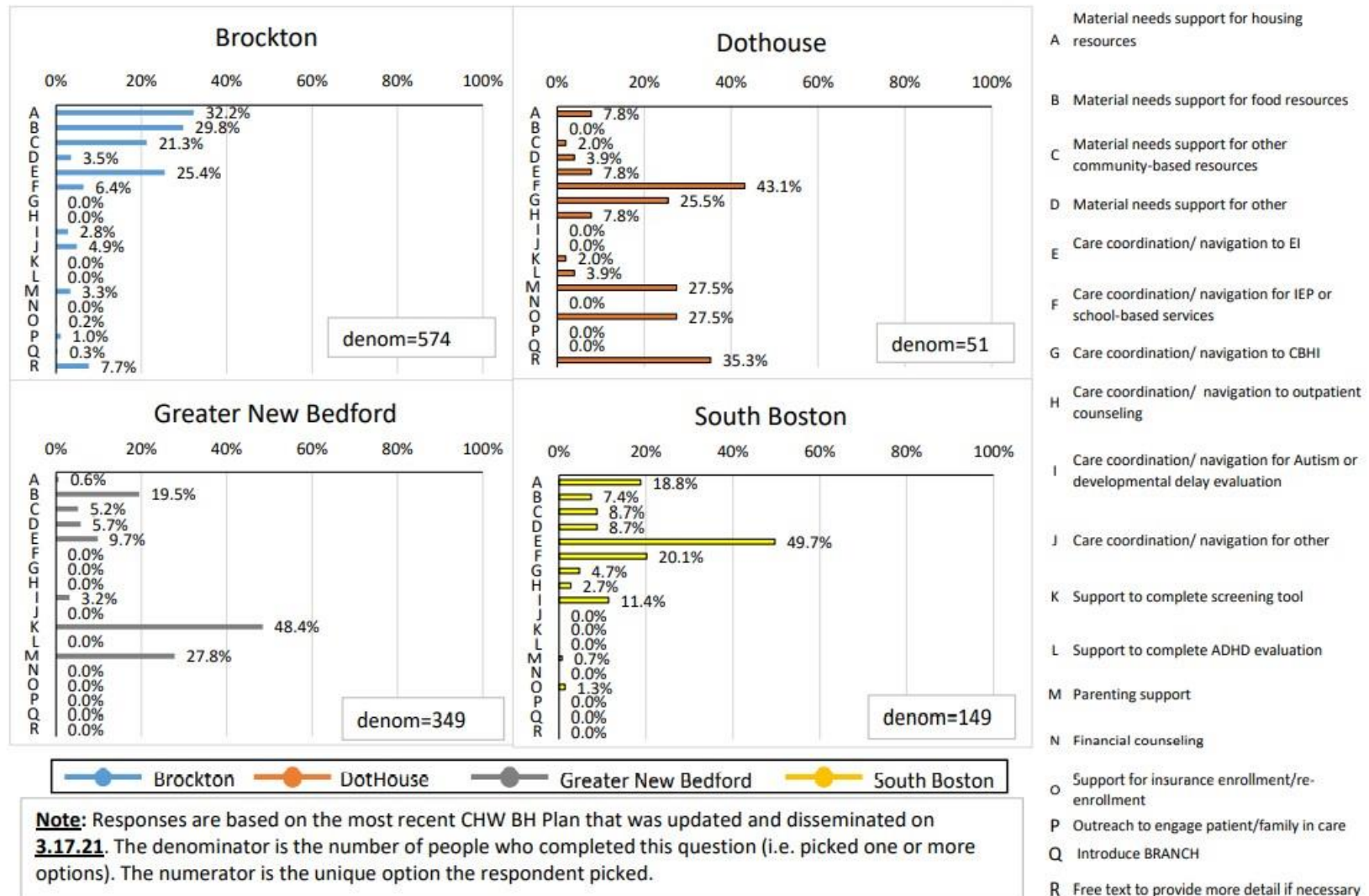
CHW BH Plan - Q1. Reason For CHW/FP Contact/Referral (July 2021 - August 2022, <5 Years)



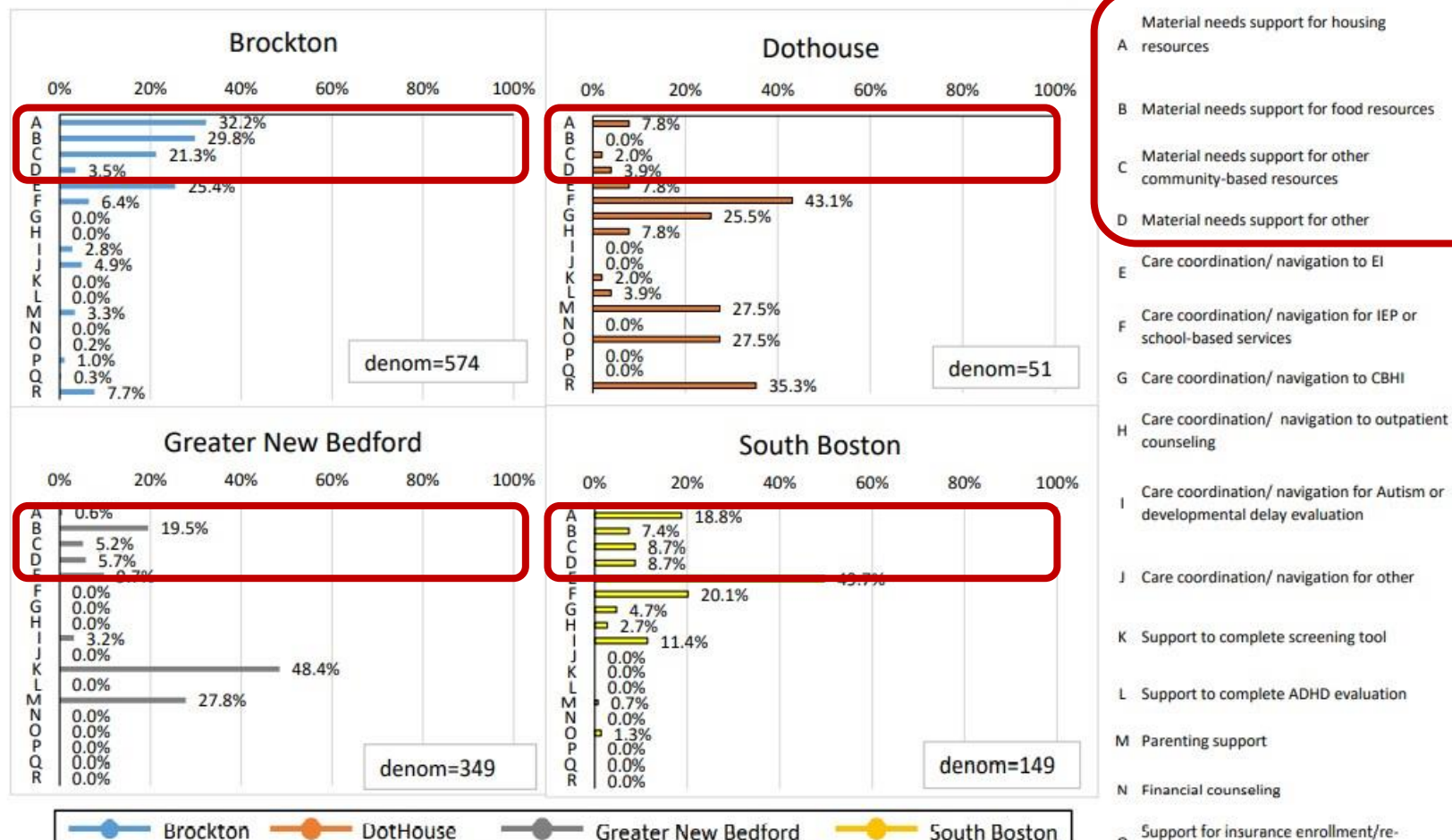
Screening support, universal newborn touches, and follow ups are also common

A Day in the Life of a CHW or FP

CHW BH Plan - Q4. Interventions Utilized In This Visit (July 2021 - August 2022, <5 Years)

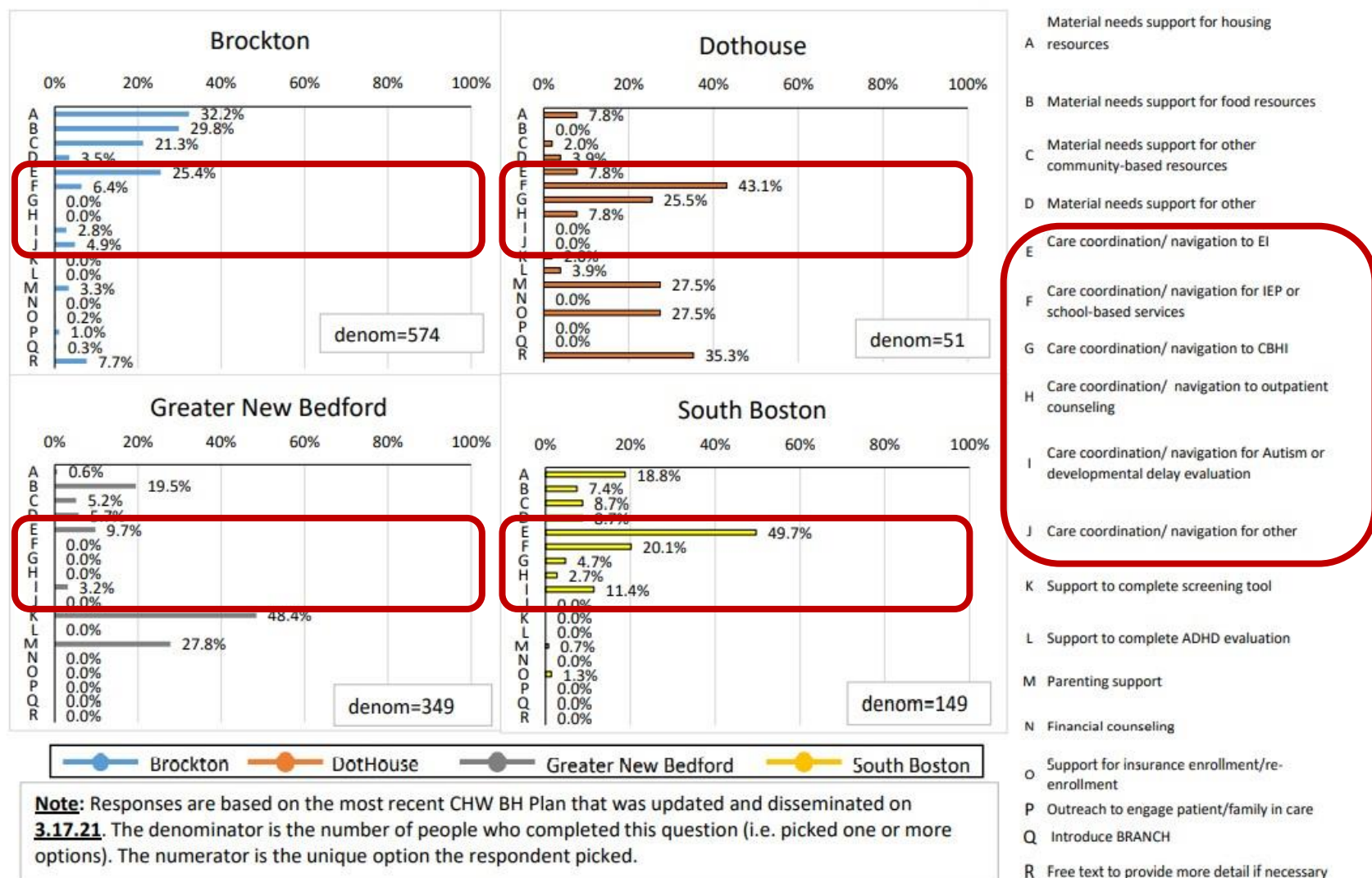


Material needs support and care coordination to EI and school are common

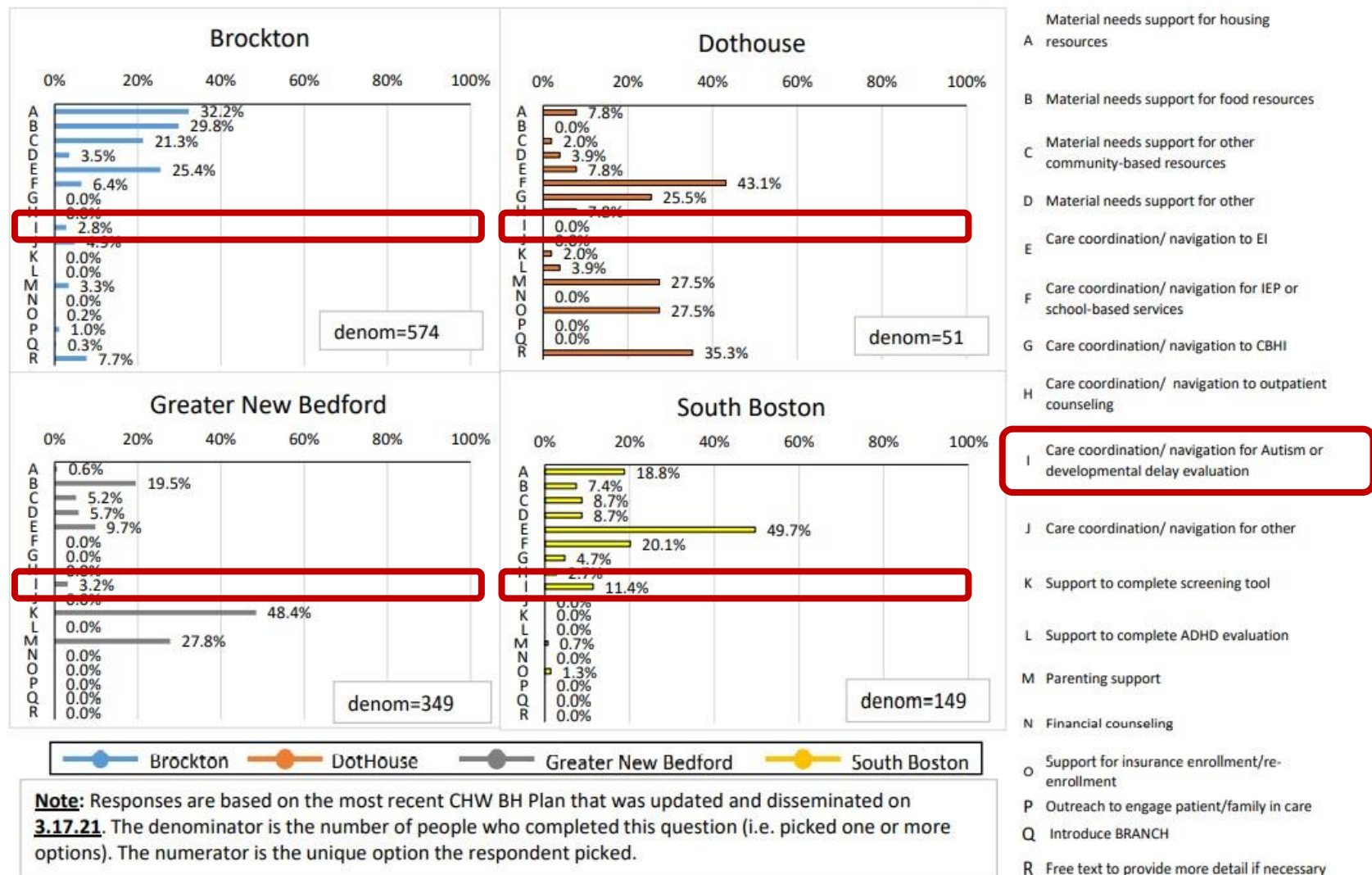


Note: Responses are based on the most recent CHW BH Plan that was updated and disseminated on **3.17.21**. The denominator is the number of people who completed this question (i.e. picked one or more options). The numerator is the unique option the respondent picked.

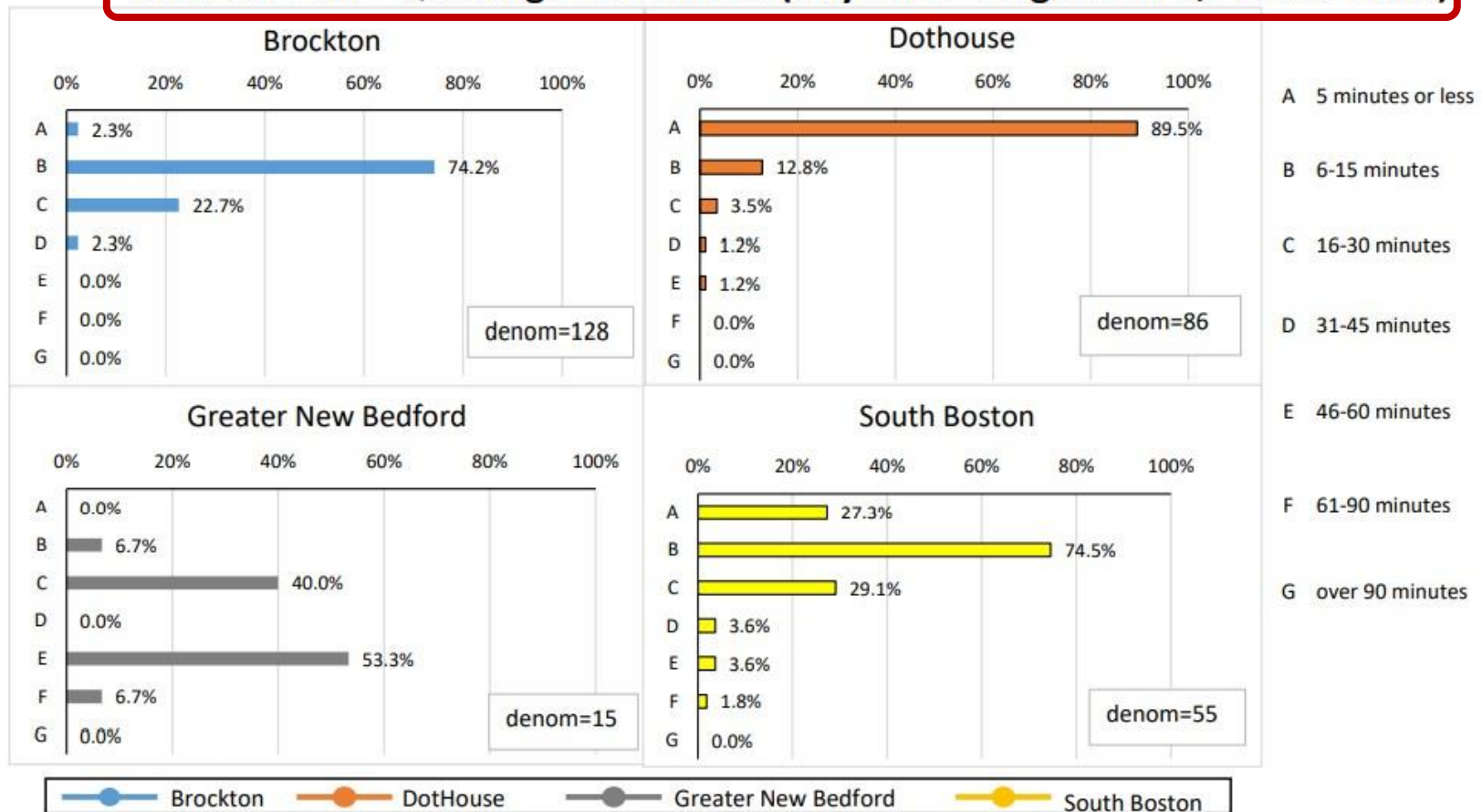
Material needs support and care coordination to EI and school are common



Not as much navigation support for ASD testing as we would expect in this age group

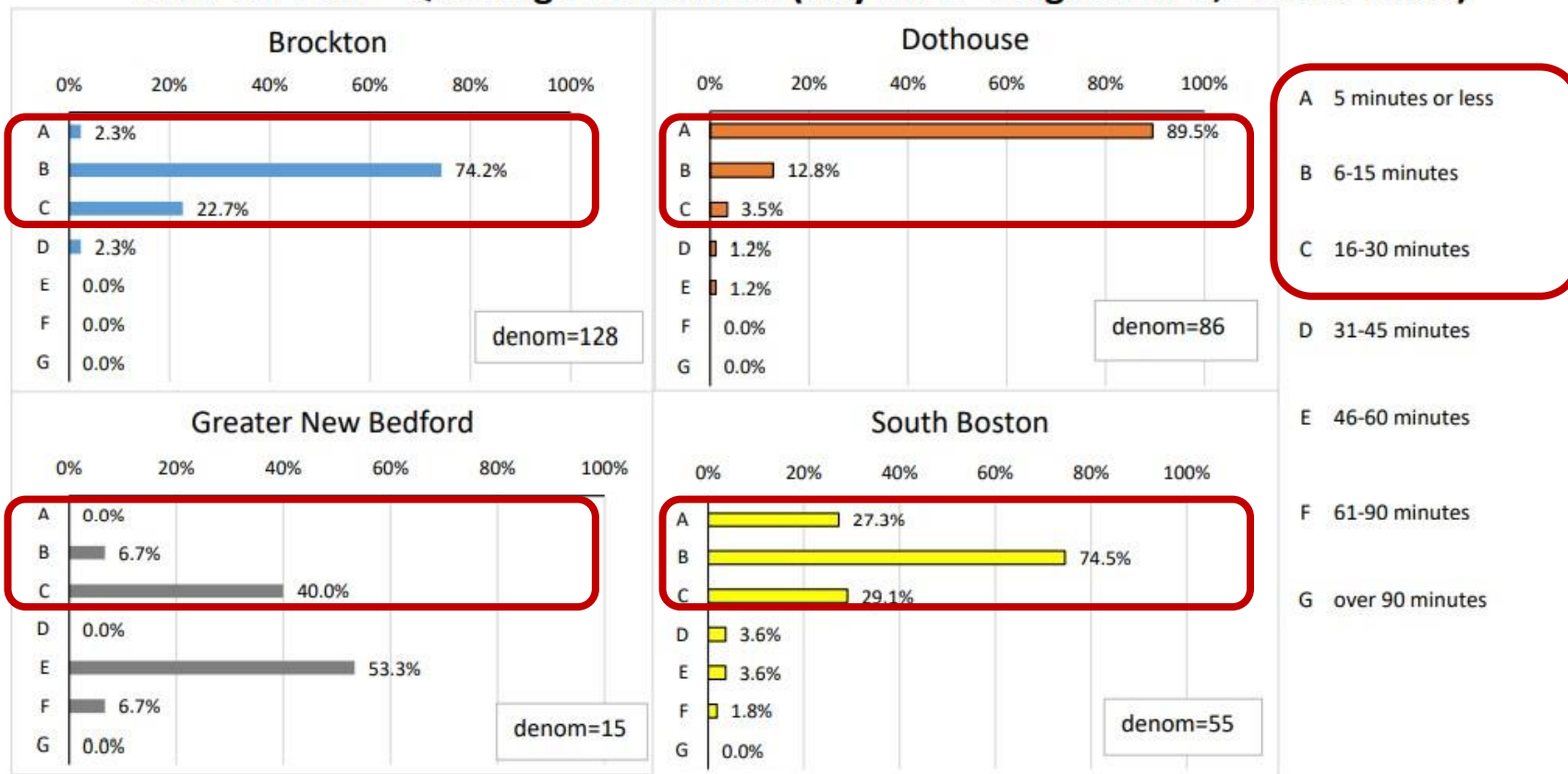


CHW BH Plan - Q5. Length of Contact (July 2021 - August 2022, >12.99 Years)



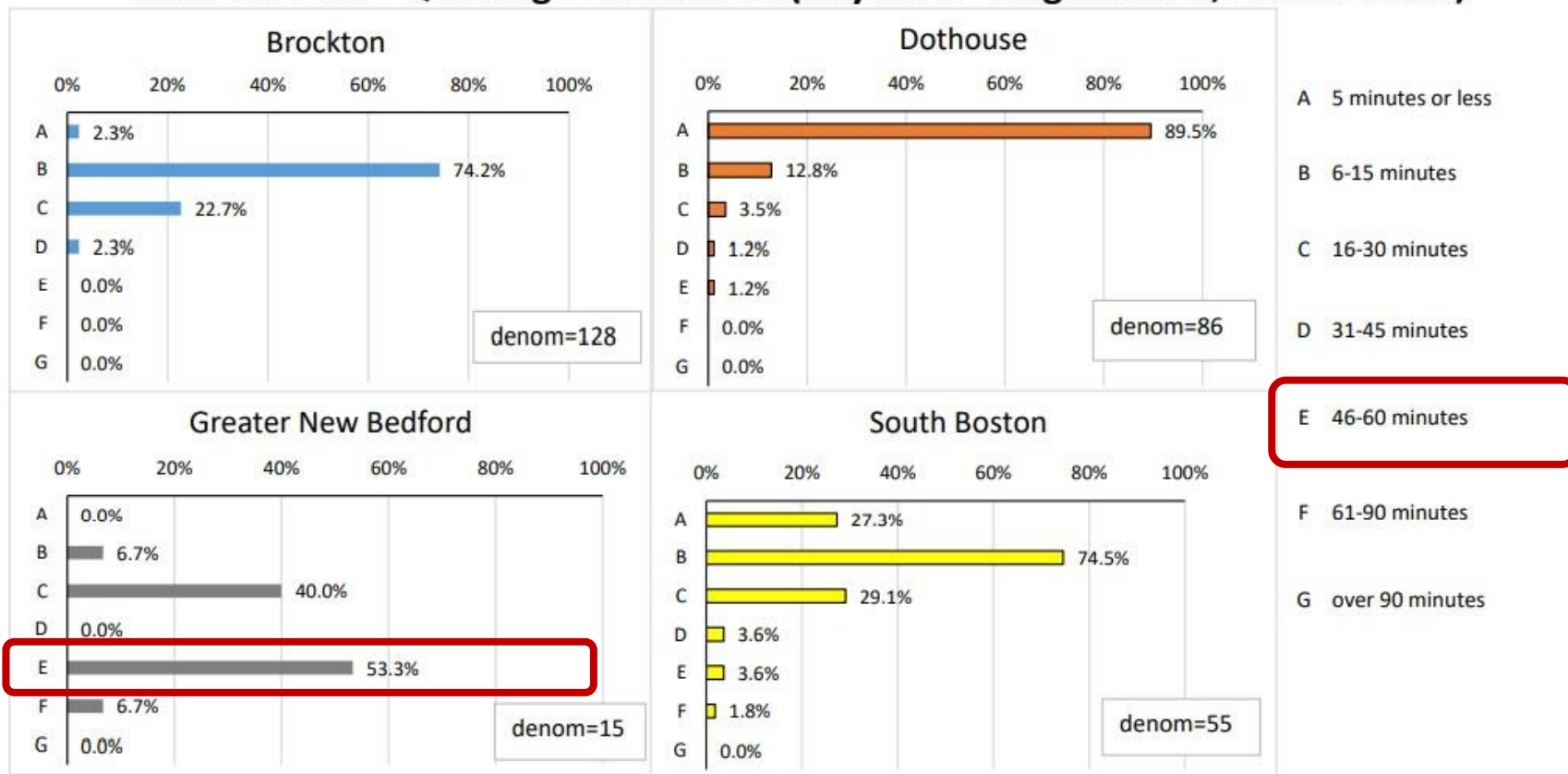
Note: Responses are based on the most recent CHW BH Plan that was updated and disseminated on 3.17.21. The denominator is the number of the respondent picked. DHH counts leaving a voicemails as a contact; and thus may have a larger % of contacts 5 minutes or less than other CHCs.

CHW BH Plan - Q5. Length of Contact (July 2021 - August 2022, >12.99 Years)



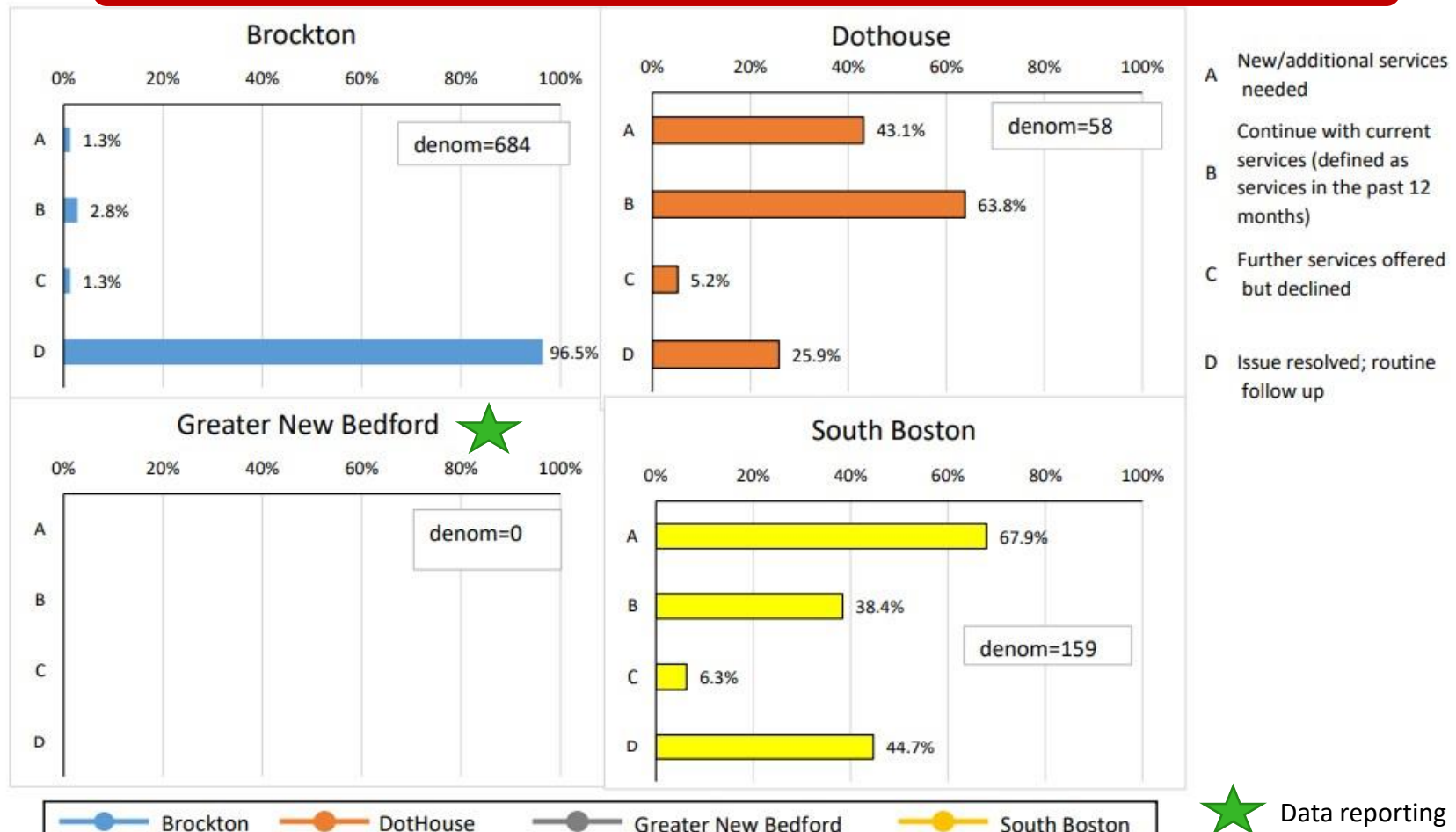
Most contacts are 30 minutes or less

CHW BH Plan - Q5. Length of Contact (July 2021 - August 2022, >12.99 Years)



GNBCHC is the exception – 53% of contacts are 46-60 minutes

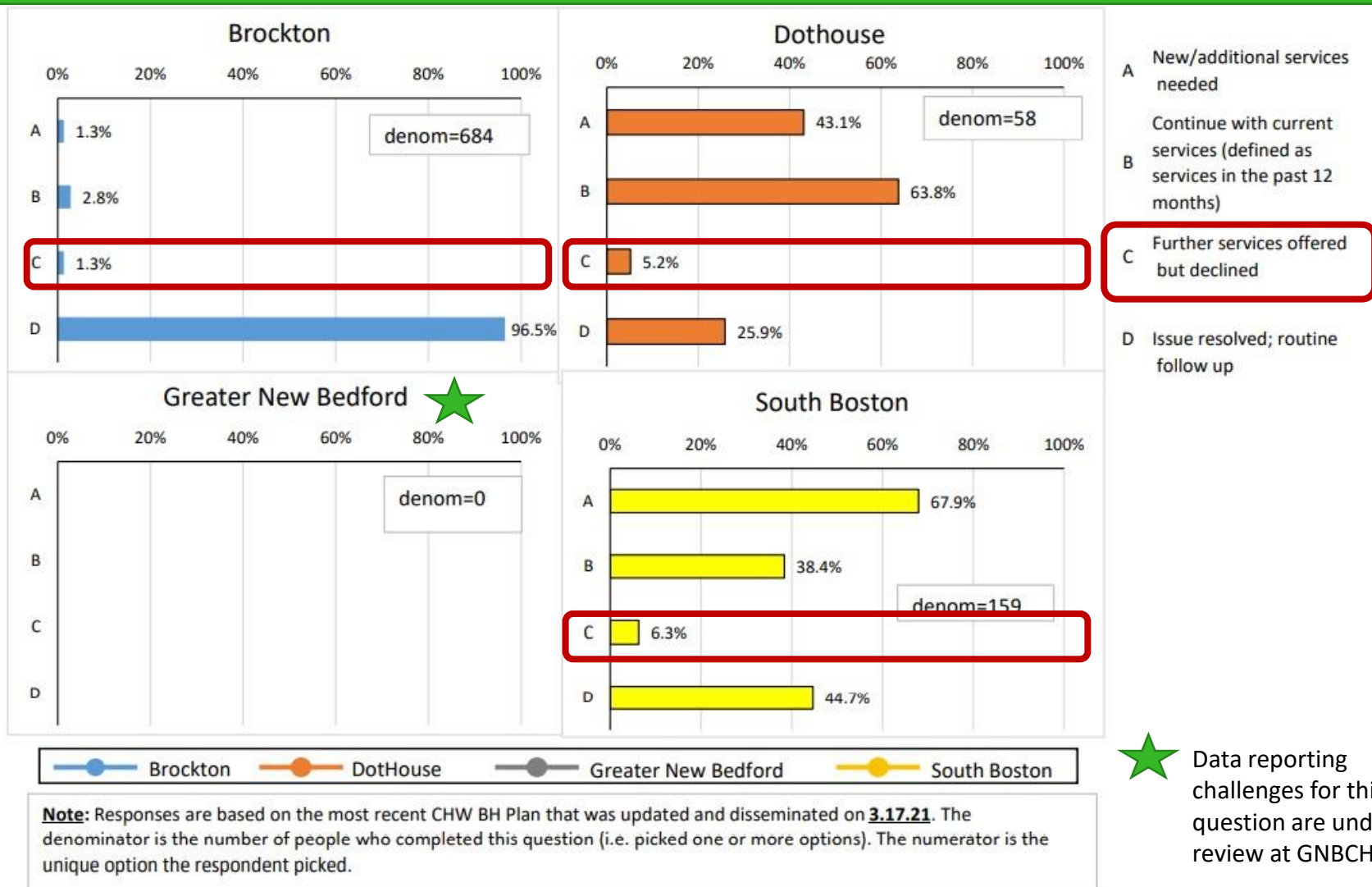
CHW BH Plan - Q6. Treatment Plan Following This Visit (July 2021 - August 2022, <5 Years)



Note: Responses are based on the most recent CHW BH Plan that was updated and disseminated on **3.17.21**. The denominator is the number of people who completed this question (i.e. picked one or more options). The numerator is the unique option the respondent picked.

★ Data reporting challenges for this question are under review at GNBCHC

Very few families are declining services offered by CHW/FPs!



Many cases default to routine follow up after primary issue is resolved



- Do the data feel representative of your day-to-day?
- Where have you gotten stuck when completing the BH Plan?
- What's missing? What would be important to modify or add in to future iterations of this plan to better capture what you do?
- How might you use the data within your team?

**BHC BH Plan Template –
To be completed at EVERY BHC visit
Disseminated_2.16.2021
Updated_3.17.2021**

The purpose of the BHC BH Plan is to document the key issues addressed, interventions delivered, and plan of care for all services delivered by BHCs in the integrated environment. Data from the BHC BH Plan will be included in CHC data sets and be incorporated into TEAM UP evaluation and quality improvement metrics to better understand clinical decision-making by BHCs and patterns in BH service delivery across participating health centers.

The BHC BH Plan will be integrated within each health center's EMR as an additional visit documentation template and is meant to be completed at every BHC visit.

Question 1 Key issue(s) addressed in this visit: (CHECK ALL THAT APPLY)

- 1.A. Hyperactivity, inattention, or disruptive behavior
- 1.B. Depression
- 1.C. Anxiety
- 1.D. Eating issues
- 1.E. Substance use /addiction risk
- 1.F. Trauma/violence
- 1.G. Family stress and/or stress reaction
- 1.H. Emergency services (Section 12, ESP, DCF filing, etc.)
- 1.I. Chronic disease management (medical)
- 1.J. Social/material needs
- 1.K. Other mental health concern
- 1.L. Developmental concern
- 1.M. Free text to provide more detail if necessary***
- 1.N. Parent/caregiver mental health concern
- 1.O. Early childhood concern (BRANCH)
- 1.P. Safety/SI concern
- 1.Q. School related concern

Question 2 Interventions or techniques utilized in this visit: (CHECK ALL THAT APPLY)

- 2.A. Psychoeducation
- 2.B. Cognitive Restructuring
- 2.C. Behavioral Activation
- 2.D. Problem Solving
- 2.E. Interpersonal & Communication Skills
- 2.F. Therapeutic Exposure
- 2.G. Coaching/Parent Support
- 2.H. Motivational Interviewing
- 2.I. Emotion Regulation
- 2.J. Psychotherapy/Other Modalities
- 2.K. Clinical care coordination/navigation
- 2.L. Collateral Encounter
- 2.M. BRANCH – Phase 1
- 2.N. BRANCH – Phase 2
- 2.O. BRANCH – Phase 3
- 2.P. Free text to provide more detail if necessary***

Question 3 Measurement tool(s) completed in this visit: (CHECK ALL THAT APPLY)

- 3.A. PSC 17
- 3.B. PHQ 9
- 3.C. GAD 7
- 3.D. MFQ
- 3.E. ASQ
- 3.F. MCHAT
- 3.G. SCARED
- 3.H. Vanderbilt/Connors
- 3.I. BRANCH trauma screener
- 3.J. BRANCH trauma symptom screener
- 3.K. Beck
- 3.L. none completed
- 3.M. Free text to provide more detail if necessary***

Add fields to indicate whether scores for secondary screeners not already included in the visit data set are positive or negative (Items 3.C.-3.K.; PSC-17 and PHQ-9 already included in visit data set).

Question 4 Treatment plan following this visit: (CHECK ALL THAT APPLY)

- 4.A. New/additional services needed
- 4.B. Continue with current services (defined as services in the past 12 months)
- 4.C. Further services needed but declined (STOP)
- 4.D. BH/Dev issue resolved; routine follow up (STOP)

If Q4 = "4.A. New/additional services needed"

Question 6 Type(s) of new/additional service(s): (CHECK ALL THAT APPLY)

- 6.A. PCP management
- 6.B. Integrated BH services
- 6.C. On-site (non-integrated) BH services
- 6.D. Off-site BH services
- 6.E. EI, IEP, 504 Plan

Question 5 The patient already receives: (CHECK ALL THAT APPLY)

- 5.A. PCP management
- 5.B. Integrated BH services
- 5.C. On-site (non-integrated) BH services
- 5.D. Off-site BH services
- 5.E. EI, IEP, 504 Plan (established)

If Q4 = "4.B. Continue with current services"

If Q6 = "6.A. PCP management"

Question 7 Type of PCP management: (CHECK ALL THAT APPLY)

- 7.A. Medication management
- 7.B. Referral/care coordination

If Q6 = "6.B. Integrated BH services"

Question 8 Type of integrated BH service: (CHECK ALL THAT APPLY)

- 8.A. Continue care with integrated BHC
- 8.B. Warm handoff to psychiatric provider
- 8.C. Warm handoff to CHW/FP
- 8.D. Cold handoff to psychiatric provider
- 8.E. Cold handoff to CHW/FP

If Q6 = "6.C. On-site (non-integrated) BH services"

Question 9 Type of On-site (non-integrate) BH service: (CHECK ALL THAT APPLY)

- 9.A. BH provider
- 9.B. Psychiatric provider
- 9.C. Enabling services/care management support
- 9.D. Other on-site specialty service***
- 9.E. Substance Use Disorder Tx/MAT
- 9.F. BH services for parent/caregiver

If Q6 = "6.D. Off-site BH services"

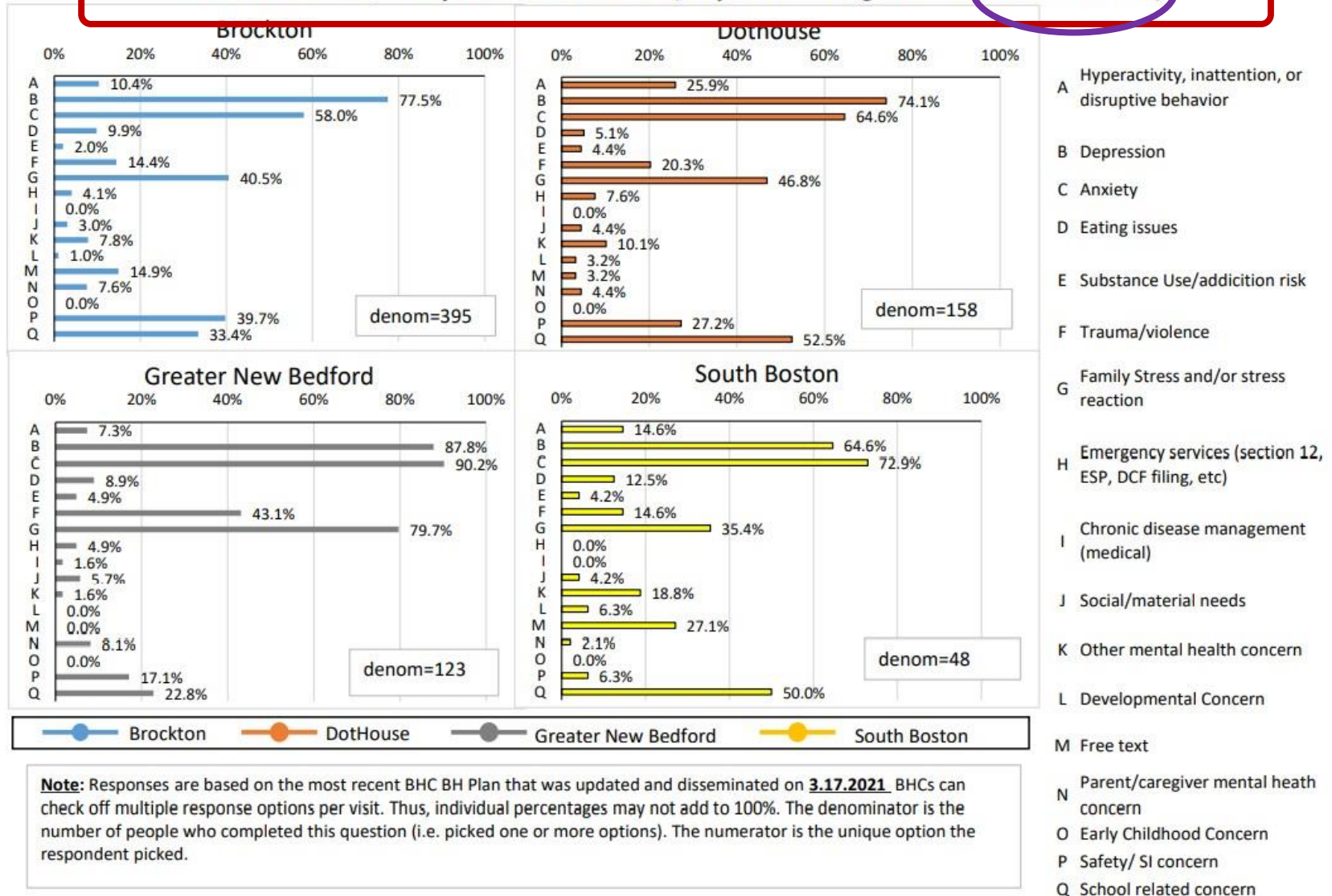
Question 10 Type of Off-site BH service: (CHECK ALL THAT APPLY)

- 10.A. School services/therapy
- 10.B. CBHI
- 10.C. Home-based therapy
- 10.D. BH provider
- 10.E. Psychiatric provider
- 10.F. Substance Use Disorder Tx/MAT
- 10.G. Emergency services
- 10.H. BH services for parent/caregiver
- 10.I. Other social program

*** Indicates free text field needed

A Day in the Life of a BHC

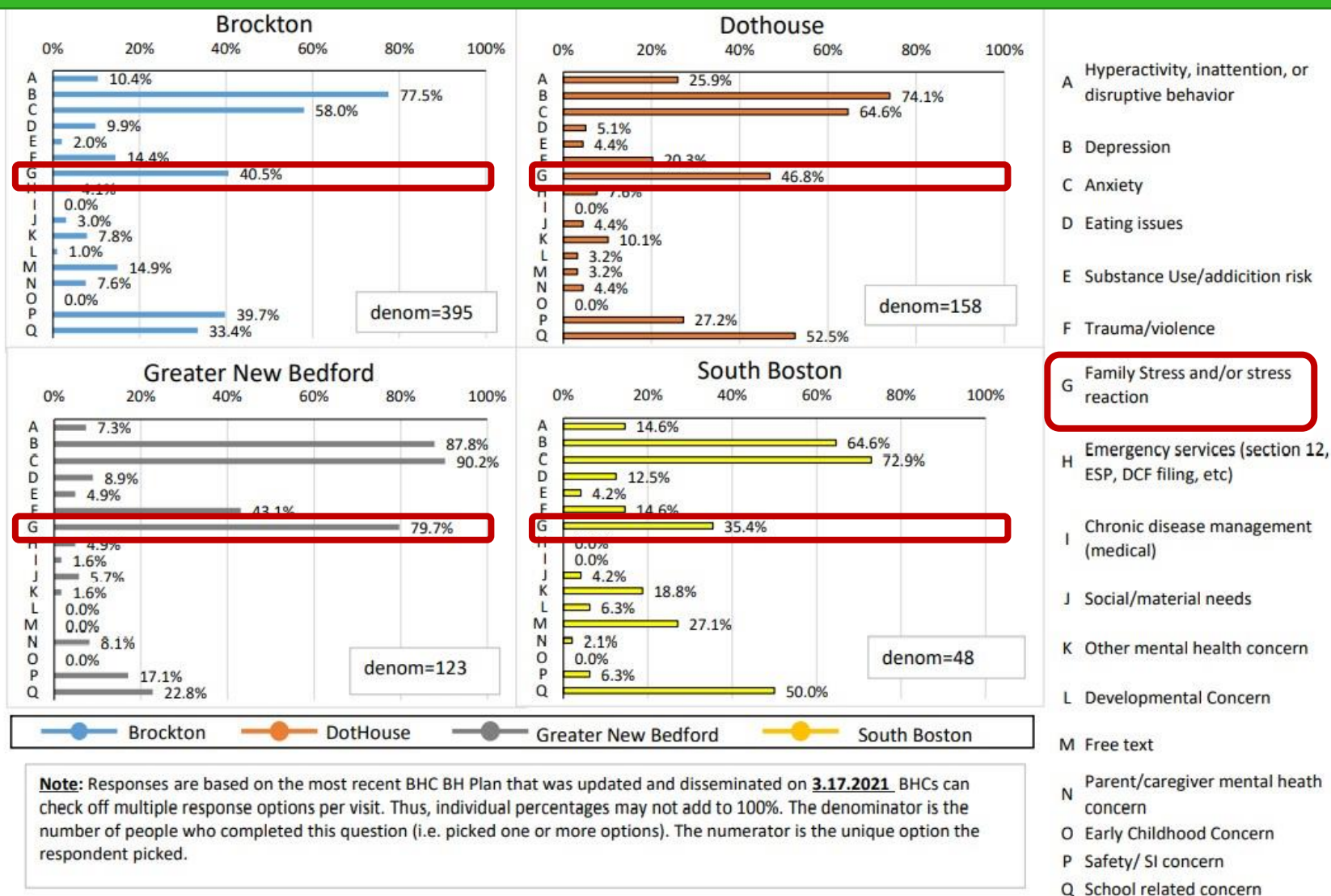
BHC BH Plan - Q1. Key Issues Identified (July 2021 - August 2021, >12.99 Years)



Common key issues in this age group include: depression and anxiety



Common key issues in this age group include: family stress and/or stress reaction

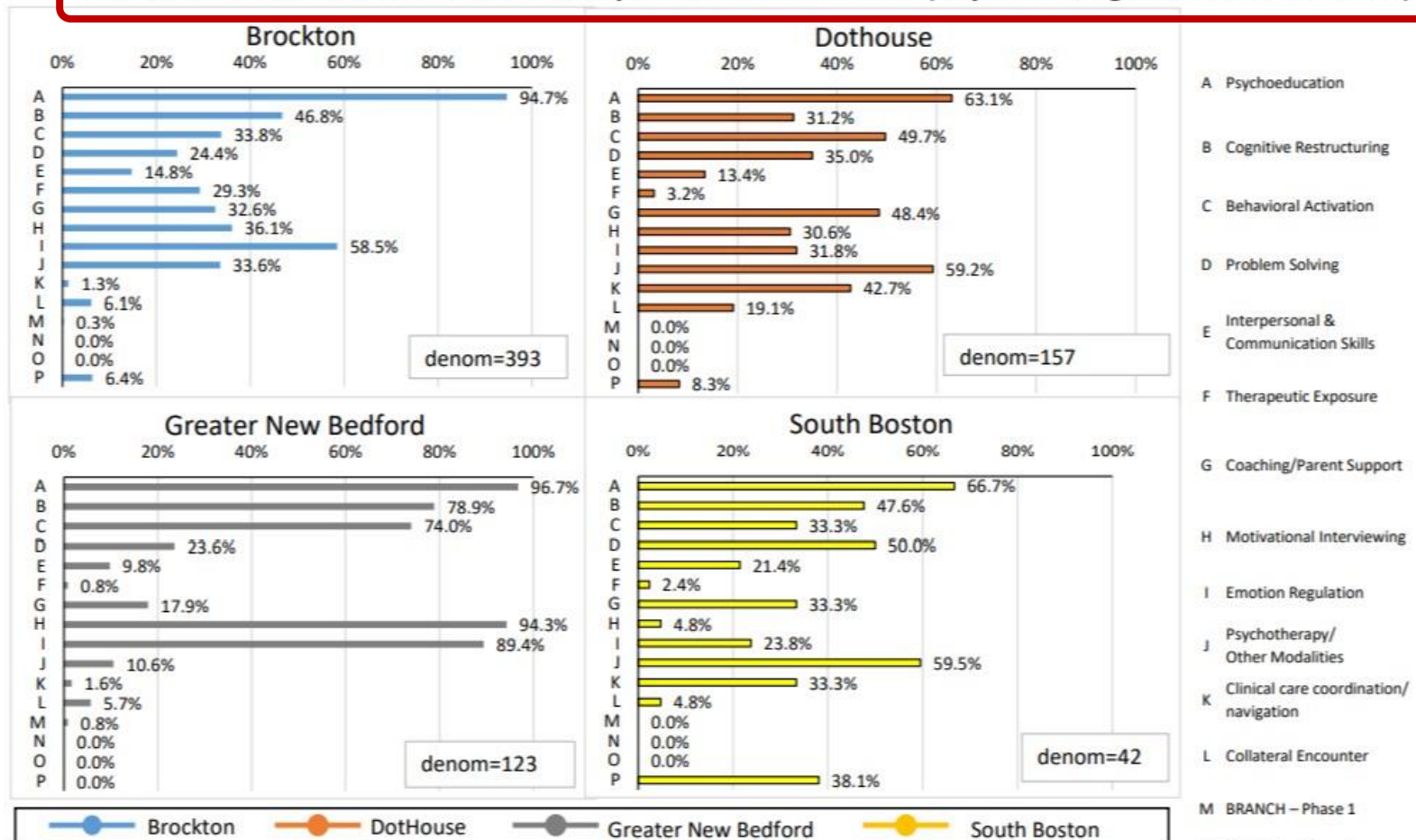


Common key issues in this age group include: safety/SI concern and school related concern



A Day in the Life of a BHC

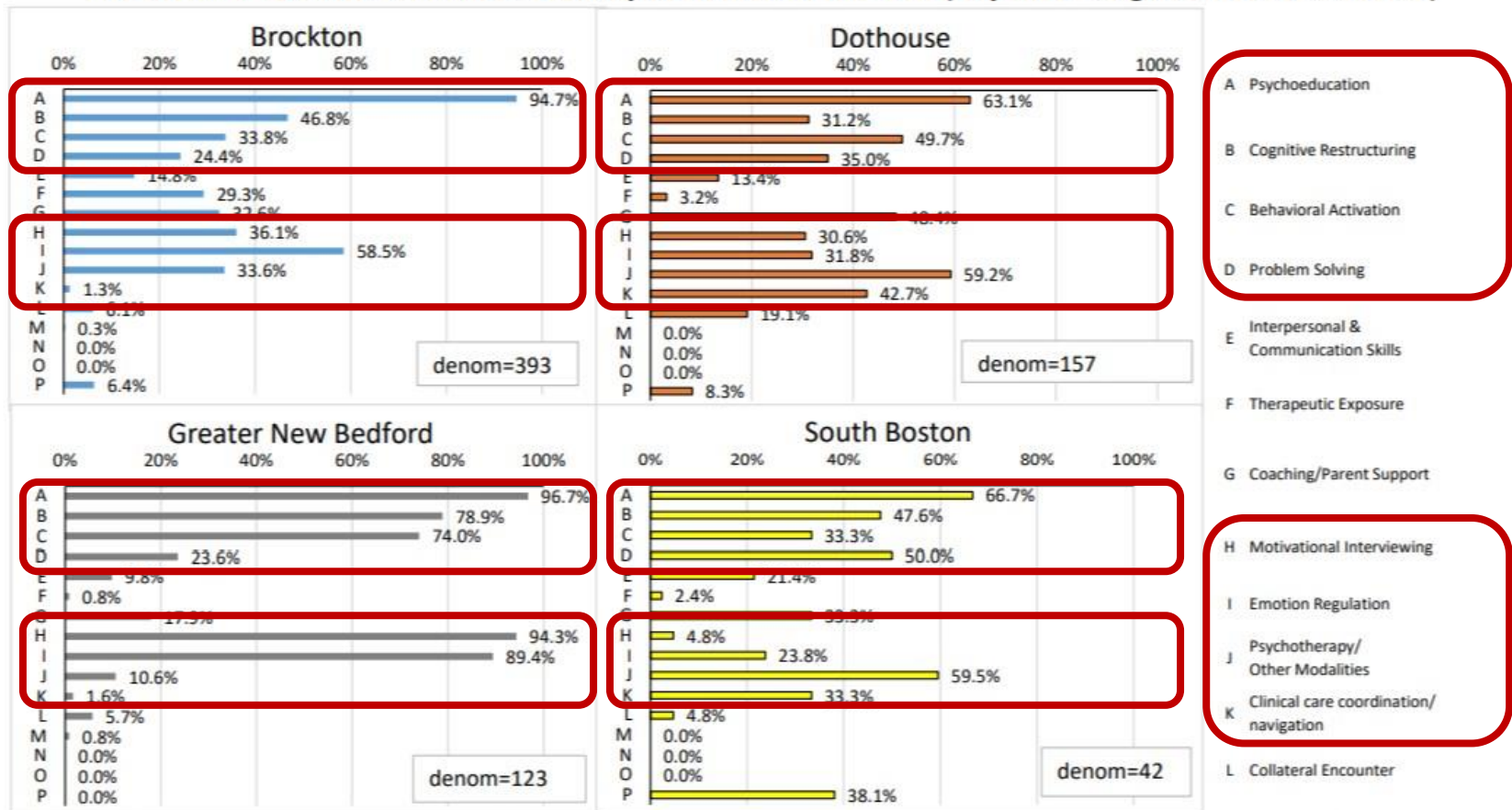
BHC BH Plan - Q2. Interventions or Techniques Utilized In This Visit (July 2021 - August 2022, >12.99 Years)



Note: Responses are based on the most recent BHC BH Plan that was updated and disseminated on **3.17.2021**. BHCs can check off multiple response options per visit. Thus, individual percentages may not add to 100%. The denominator is the number of people who completed this question (i.e. picked one or more options). The numerator is the unique option the respondent picked.

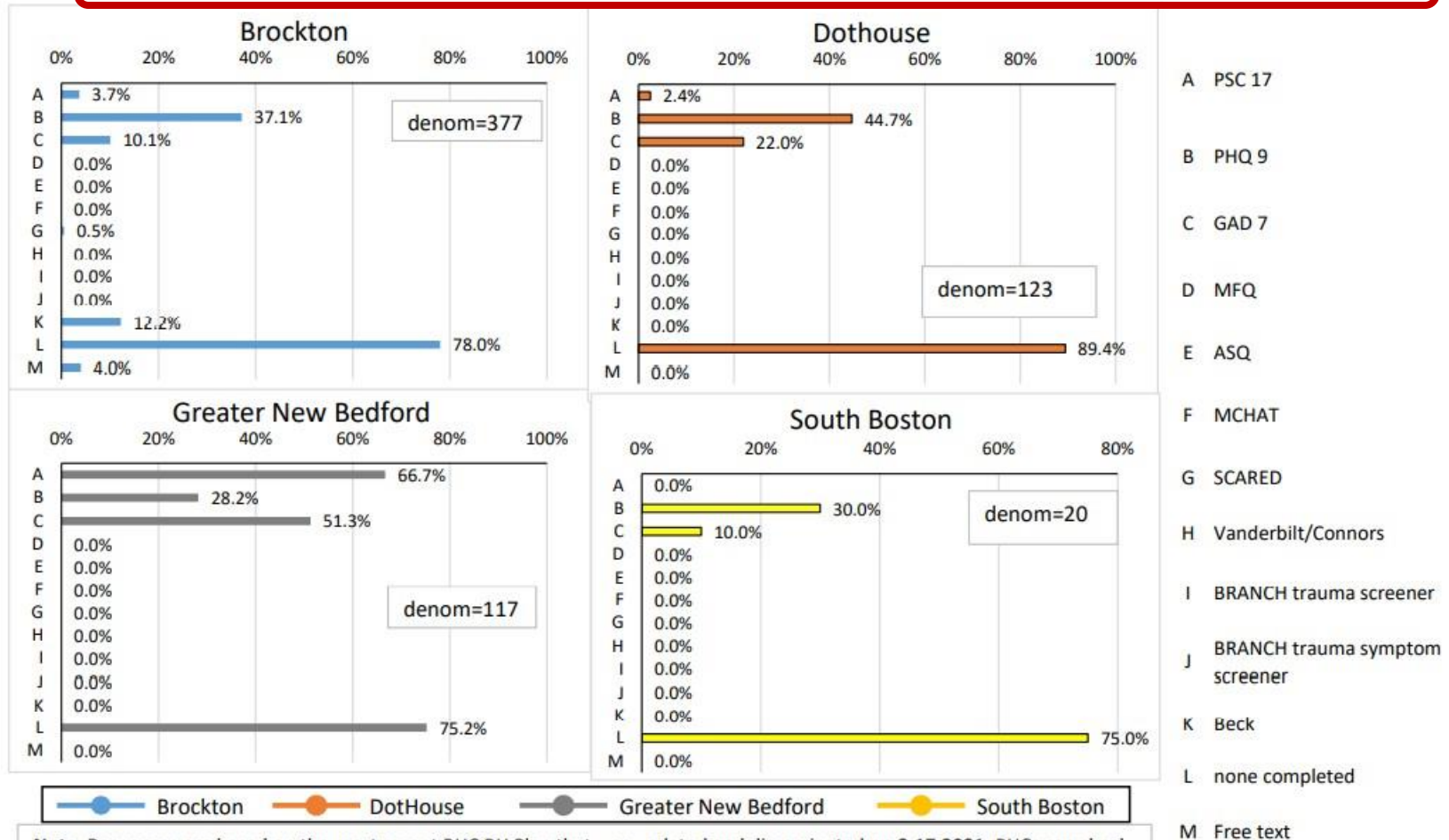
A Day in the Life of a BHC

BHC BH Plan - Q2. Interventions or Techniques Utilized In This Visit (July 2021 - August 2022, >12.99 Years)



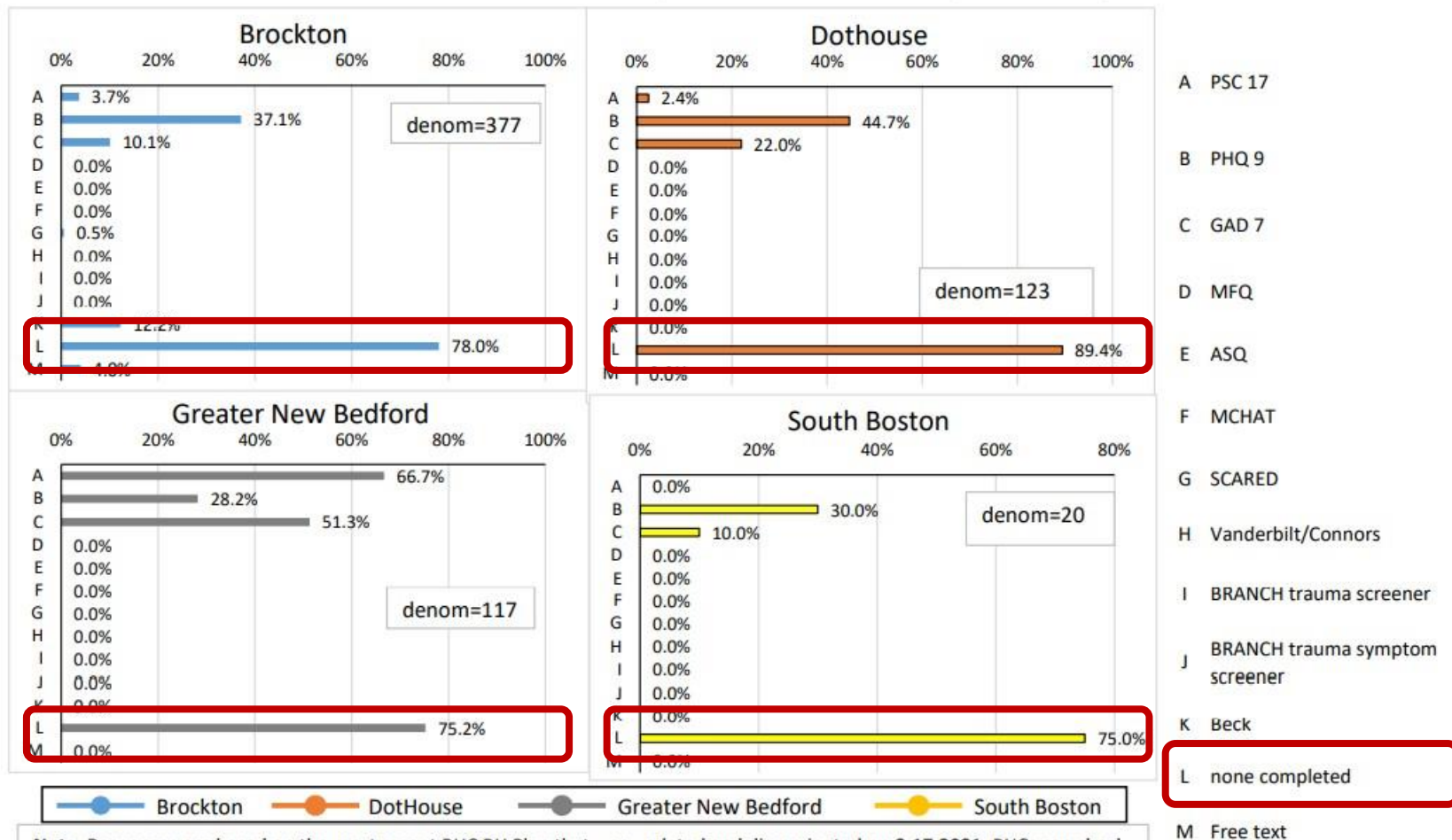
Lots of different interventions utilized – psychoeducation, cognitive restructuring, behavioral activation, problem solving, MI, emotion regulation, clinical care coordination

BHC BH Plan - Q3. Measurement Tool Completed In This Visit (July 2021 - August 2022, >12.99 Years)



A Day in the Life of a BHC

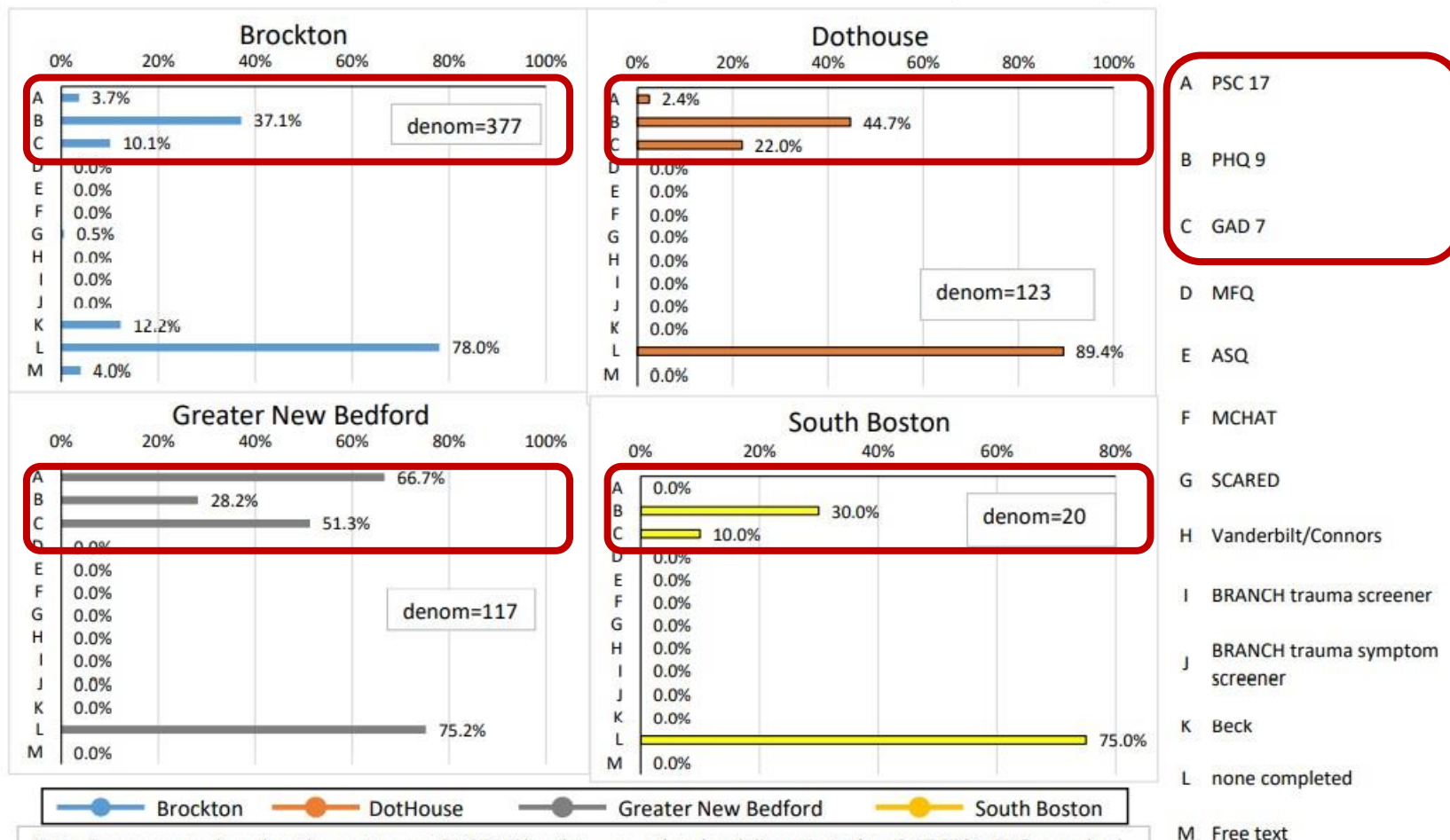
BHC BH Plan - Q3. Measurement Tool Completed In This Visit (July 2021 - August 2022, >12.99 Years)



Screening tools are not completed at the majority of BH visits

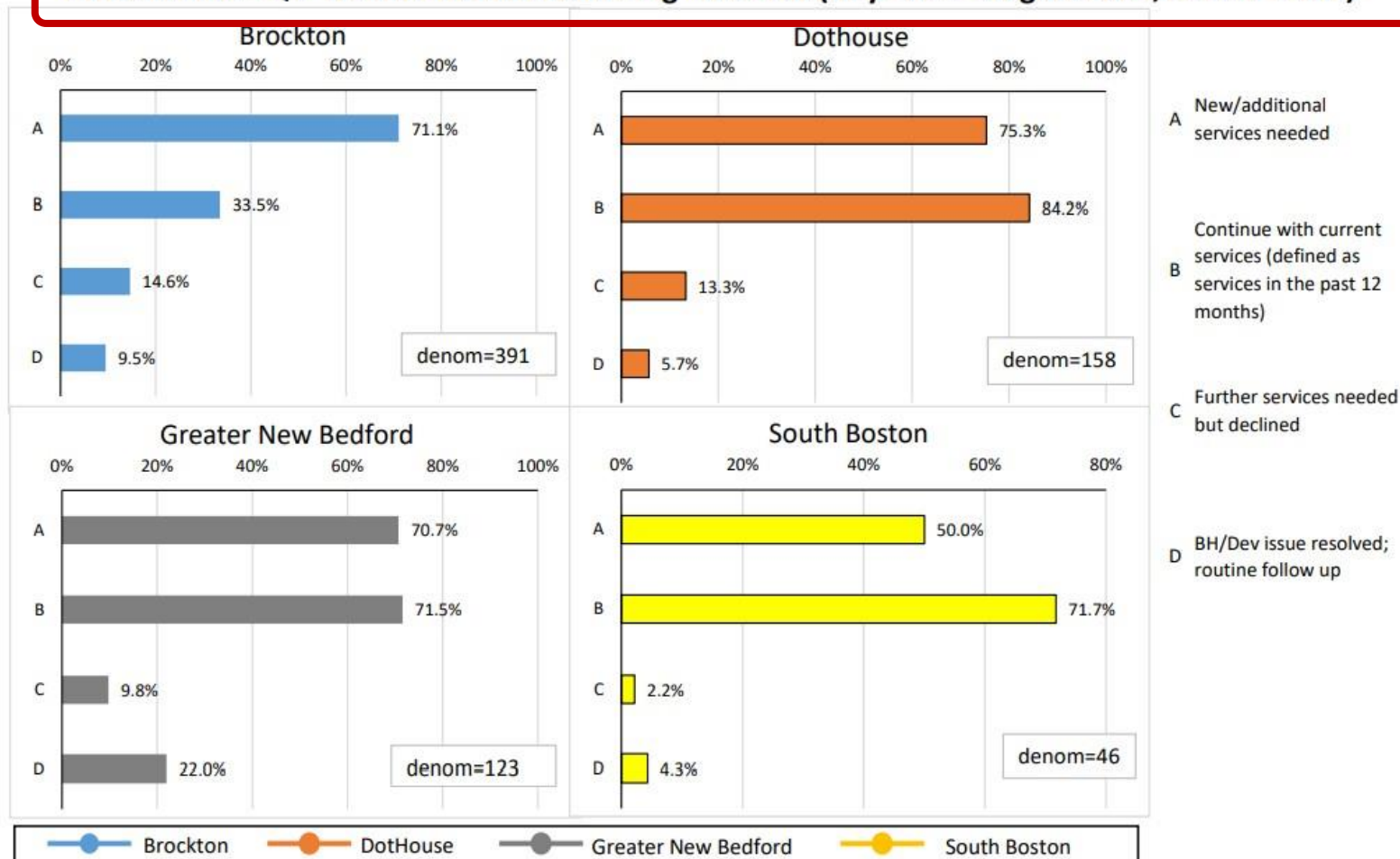
A Day in the Life of a BHC

BHC BH Plan - Q3. Measurement Tool Completed In This Visit (July 2021 - August 2022, >12.99 Years)



When they are completed, PSC-17, PHQ-9, and GAD-7 are most commonly used

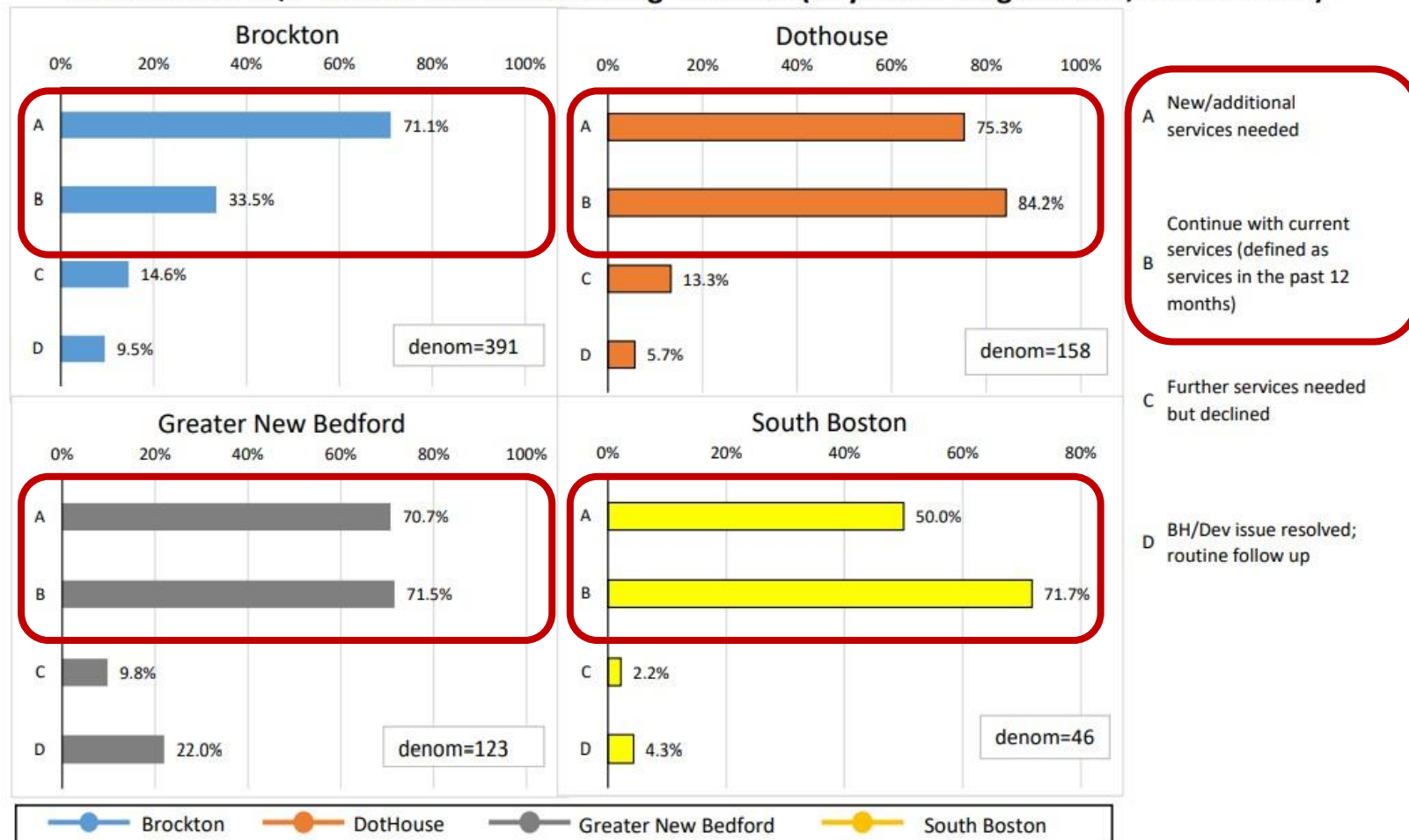
BHC BH Plan - Q4. Treatment Plan Following This Visit (July 2021 - August 2022, >12.99 Years)



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A Day in the Life of a BHC

BHC BH Plan - Q4. Treatment Plan Following This Visit (July 2021 - August 2022, >12.99 Years)



Most patients have new or additional services added, continue with current services, or a combination

- Do the data feel representative of your day-to-day?
- Where have you gotten stuck when completing the BH Plan?
- What's missing? What would be important to modify or add in to future iterations of this plan to better capture what you do?
- How might you use the data within your team?

Home

Discussion Forums

Project Calendar

Meetings and
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Clinical Training

Cohort 1 Documents

Cohort 2 Documents

Dissemination Process

Evaluation Reports

Resources

EVALUATION

View published New draft Moderate

Welcome to the Evaluation page! Here you will find various data reports from the Evaluation Team.

Cohort 2 Evaluation Reports

BHC BH Plan Reports

Date Disseminated	Data Included
August 2022	July 2021 - June 2022

CHW BH Plan Reports

Date Disseminated	Data Included
August 2022	July 2021 - June 2022