



# Bi-Directional Care Integration Work Group Meeting

## Meeting Summary, 10/30/2018

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**Support and Backbone Staff:** Kyle Roesler – CHOICE, Abby Schroff – CHOICE, Madi Tanbara – CHOICE

**In Attendance:** Julie Nye – Child and Adolescent Clinic, Dr. David Meyers- Cowlitz Family Health Center, Mario Paredes – Consejo Counseling, Matt Patten – Cascade Mental Health, Vicky Brown – Morton General, David Stipe - Qualis, Jennifer Polley – NW Pediatrics, Christine Boyer- Consejo, Swilenn Almendarez – Consejo, Phyllis Cavens - Child and Adolescent Clinic, Jennifer Mooney –SP-MC, Anne McGuire – Providence, Karla Cain – Answers, Rene Hilderbrand – CHOICE, Sara Barker – AIMS Center, Adam Marquis – Willapa BH, John Kern- AIMS Center, Pam Hedglin- Cowlitz Family Health, Laura Johnson - UHC, Mattie Osborn, Stephanie Shushan - CHPW, Dorris Jean Pierre- Kaiser

### I. Executive Summary & Next Steps

- The next meeting will be on December 4, 2018 from 10:45 – 12:15am. Please stay alert to email notifications, as this may be hosted as a webinar.
- Change Plans were submitted on October 15<sup>th</sup> for review by CPAA. They were returned with feedback on November 1<sup>st</sup> and a final draft should be submitted by November 15<sup>th</sup>.
- A final draft will be approved by December 15<sup>th</sup> and will trigger a release of funds as partners first deliverable.
- Mario Paredes from Consejo Counseling and Jennifer Polley from Norwest Pediatrics presented.
- In 2019, the workgroup structure will transition into a learning collaborative. In our next meeting, we will decide on topics to cover each month.

### II. Consejo Counseling- Mario Paredes

Mission:

“To provide a continuum of behavioral health, substance use and domestic violence services to individuals and families across Washington State, to improve the quality of their lives and empower clients to participate in their communities at their highest level of functioning.”

Consejo was founded in 1978 and a 501(c)(3) nonprofit organization which focuses primarily on serving low-income, immigrant, bilingual, and refugee populations. They have eleven licensed facilities across King, Pierce and Mason counties. Services offered included Outpatient Mental Health services, SUD treatment, domestic violence services, transitional housing, primary care partnerships and children, youth, and family services. Consejo uses a decentralized care model, offering services where the client is at including home, school, community and agency based services. Bilingual skills and cultural competency are central in their hiring process.

Consejo offers services for Medicaid, insured and uninsured clients. Clients are not turned away based on this status, as over 40% of clients are uninsured. They have day treatment and therapeutic services for older adults and offer home and community support behavioral health services. In Mason County, they provide innovative behavioral health services including jail



services, therapeutic court services, school-based, home-based, street outreach and other community services. Focusing on whole person care and bi-directional care, Consejo coordinates with primary care providers, hospitals, and pediatric clinics, while also highlighting social determinates of health collaborating with housing providers, emergency food programs, and workforce development.

They are growing partnerships and formalizing MOUs to further expand their reach and provide collaborative, whole person care. Through integrated behavioral and SUD outpatient treatment, Consejo provides psychiatric evaluations, medication management, brief intervention treatment, individual therapy, and family treatment. These services are offered at different times during the week to help break down barriers for people working within a limited schedule. Case management and care coordination help plug clients in with mental health services and keep them in compliance with other factors such as court orders of DSHS. Consejo is a passionate agency working towards providing hope, recovery, and holistic health to their clients and the community.

### III. Northwest Pediatrics – Jennifer Polley

Northwest Pediatric Center serves patients in Lewis and Thurston Counties. Their practice is composed of 16 pediatric providers, 2 behavioral health clinicians and a couple of other licensed staff members. It is classified as a rural health clinic and serves 70% Medicaid patients. Before beginning behavioral health integration, NW Pediatrics identified problems in work flows including gaps between services and needs, patient non-compliance, and provider burnout. They decided they wanted to integrate behavioral and primary care to improve patient care.

Step one included gathering data. They researched models, contacted behavioral health resources, and sought grants. They used the book *Behavioral Consultations and Primary Care: a Guide to Integrating Services*. To launch successfully, every physician had to be on board. They met with all of the providers to establish new work flows and provider buy-in. When hiring behavioral health consultants, they looked at roles, location, and availability. Consultants alternate schedules between being available for warm hand-offs and direct patient care.

Tracking patient outcomes was decidedly an important factor from the beginning. Surveys were completed with both provider responses and patient responses. Providers on average thought that patients were more compliant with medical recommendations, having a BHC made their job easier, and thought it was more helpful for their patients to receive integrated care. Patients, on average, thought they were treated with respect, were listened to, learned new ways to deal with problems, and used what they learned outside of their sessions.

Challenges and lessons learned include a lack of community resources in rural communities so patients tend to stay in brief intervention behavioral health services longer due to this shortage. Additional challenges include scheduling difficulties, challenges of multiple locations, and psychiatric support. Jennifer Polley briefly mentioned codes and billing practices. To look at her presentation slides in more detail, please click [here](#).



#### **IV. Workgroups structure:**

- In 2019, the workgroup will shift more to a learning collaborative, which is similar to content in recent meetings. The goal is to harness peer learning, share experiences, focus on evidence based practice, and plan for sustainability. There will be an expectation that partners who are involved participate and come prepared to the meetings.
- Different topics will be discussed each month
- Topics brainstormed in a previous month include:
  - Quality improvement around metrics
  - Sharing workflows, failed or Success- PDSA
  - MAT
  - Clinician engagement
  - Integrating oral health
- We will explore additional topics and a proposed schedule in the December meeting
- If you have any other ideas for topics please email Kyle at [roeslerk@crhn.org](mailto:roeslerk@crhn.org)