



**Do you have any  
summer traditions?**

Tuesday, August 13; 11 a.m. – 12 p.m. PT

## Virtual Site Visit

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### CalHIVE BHI Commons



California Quality  
Collaborative

# Tech Tips



## Welcome!

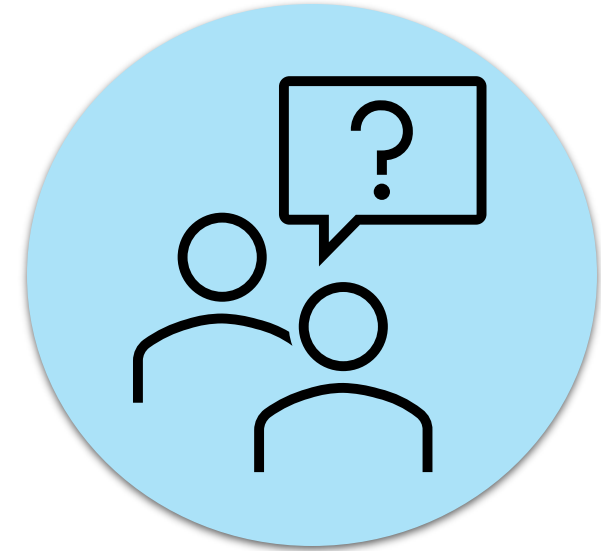
Add your organization to  
your name

Turn on video if possible



## Engaging Today

- Share questions in the chat or come off mute



## Need help?

Direct message  
Anna Baer  
if you have any technical  
issues



# Welcome!



**CHINESE  
HOSPITAL  
& CLINICS**



Riverside Family Physicians



San Francisco  
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



perlmanclinic++



 **Scripps**



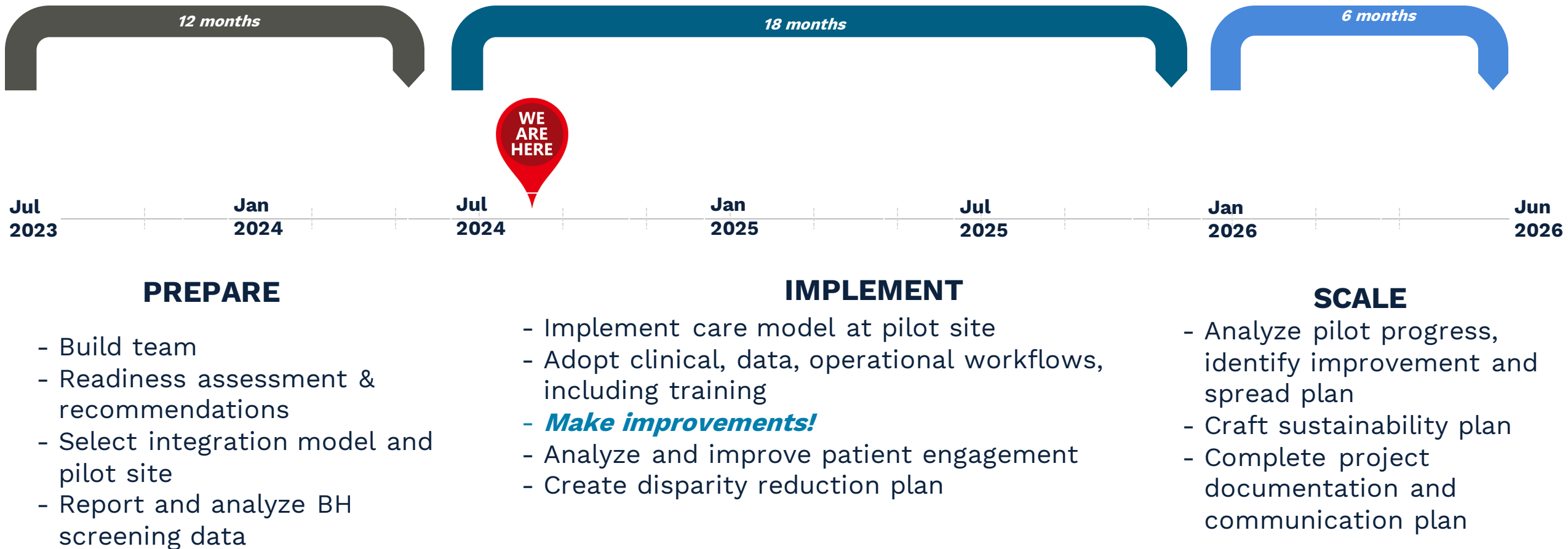
  
**POMONA VALLEY HOSPITAL**  
MEDICAL CENTER



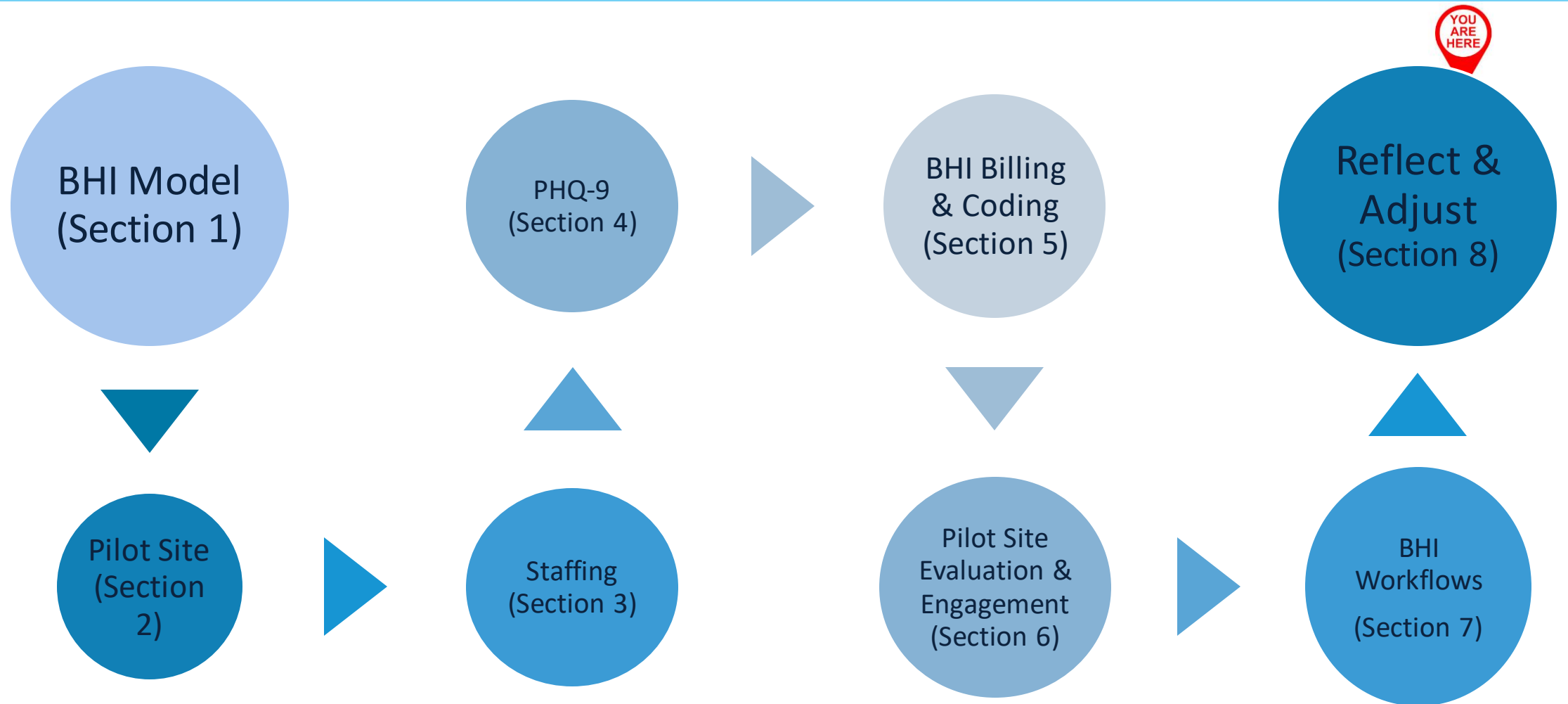
**SHARP**



# CalHIVE BHI Program Timing & Implementation “Launch”

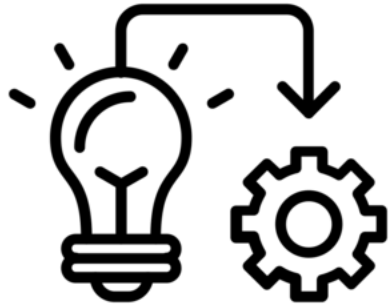


# Implementation Plan



# Our Agenda

Today, we'll:



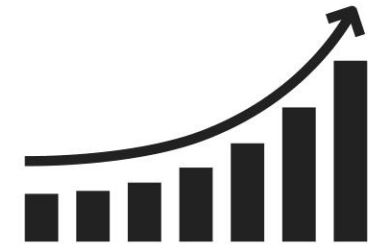
## Program Implementation

Gain insights on successful implementation strategies from a clinic with a successful BHI program



## Culture Enhancement

Learn how to cultivate organizational culture and staff buy-in for sustainable BHI integration



## Sustainability Promotion

Discover effective methods for spreading and ensuring the longevity of BHI initiatives



California Quality  
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# **“Touring” Access Community Health Centers**



# About your Presenter: Meghan D.M. Fondow, PhD

- Director of Behavioral Health at Access Community Health Centers (Access) in Madison, WI
- Clinical Training Director, and tracks quality improvement data.
- Dr. Fondow enjoys the variety and diversity of clinical work within the PCBH model.



# Access Community Health Centers



- Access Community Health Centers is a non-profit organization
- We serve over 30,000 patients annually
- Access has 3 locations across different counties in south central Wisconsin with medical and behavioral health services, and 2 additional locations that are dental only.
- Behavioral health sees about 20% of patients seen in medical annually
- Behavioral Health Team:
  - 10.5 FTE psychologists and licensed clinical social workers working as BHCs
  - 0.75 FTE consulting psychiatrist
  - 2.0 FTE Behavioral Health Care Coordinators
  - 3.0 FTE Social Work Fellows, and other students

# Implementation Takes Time

2006

2007

2010

2014

2019

2020 and beyond

- Initial implementation at 2 locations, with one part time psychologist

- Psychology Postdoc training program started
- Practicum students as well
- Hired roughly 1 fellow annually as staff
- Decided on team-based schedules to maximize coverage
- Consulting Psychiatry program created

- Team of 5 psychologists
- Merged with another clinic, added a third location for medical/BHC services
- Continued to work with students, started to hire APSW social workers as staff, providing supervision

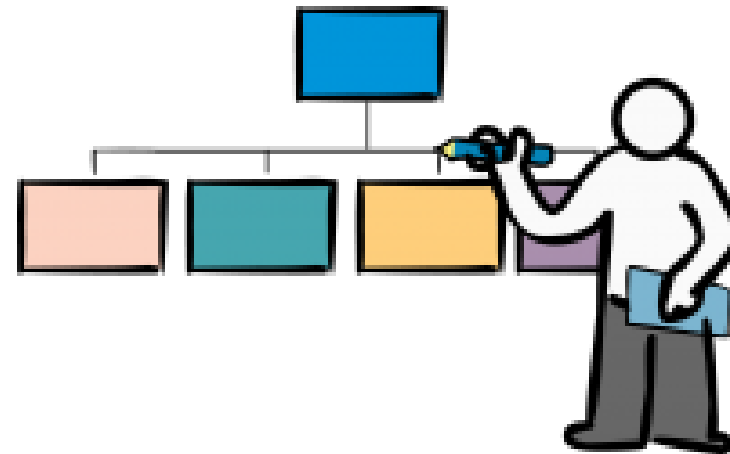
- Change in leadership, CBHO left and new CBHO hired from existing team
- Team of 8 psychologists and licensed clinical social workers covering 3 locations

- Behavioral Health Care Coordinator position created

- Pandemic response
- Schedule template revisions
- Move back into clinics after pandemic lockdown

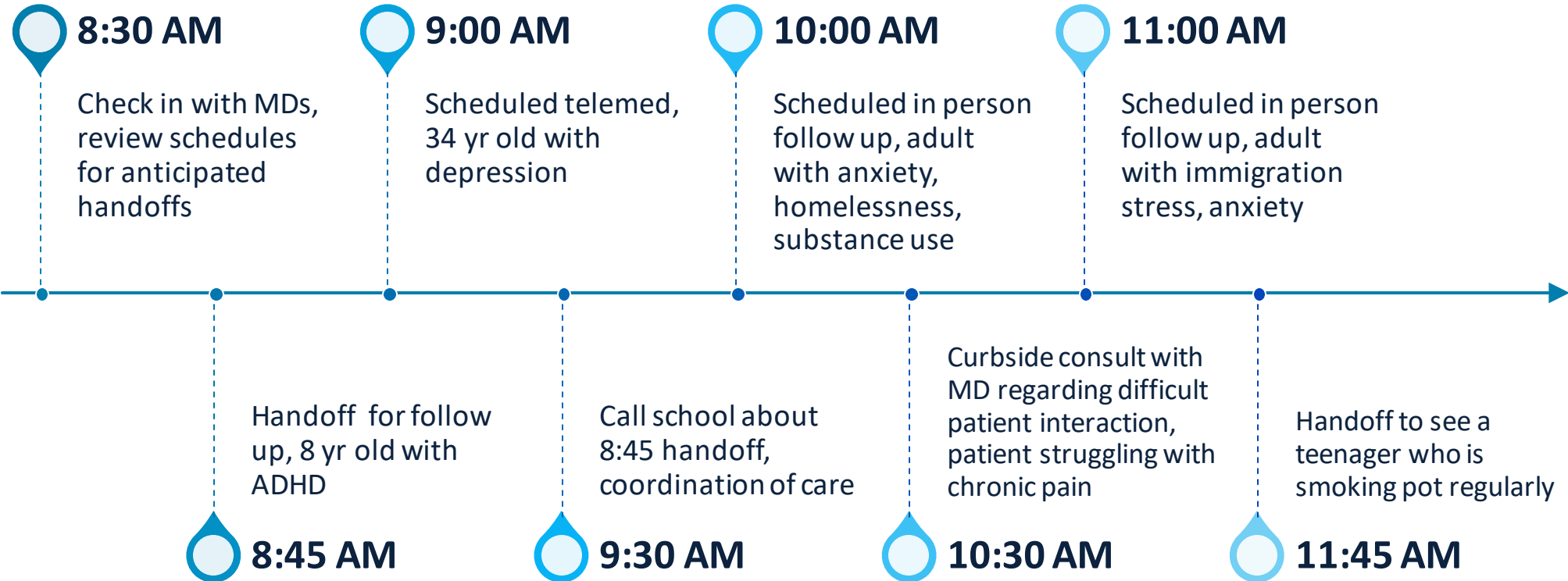
# BHI Leadership Structure

- Initially just BHCs, under CMO
- CBHO evolved within 2-3 years of start, with psychologist who started the program
- Lead positions for each clinic site, and consulting psychiatry
- Primary Care Behavioral Health Manager
- Director of Behavioral Health (also Clinical Training Director)
- Clinical Training Manager



# A Day in the Life: Template in Action

	Erdman
9am	open
930am	open
10am	
1030am	open
11am	
1130am	hold
1pm	
130pm	open
2pm	open
230pm	
3pm	hold
330pm	open



# Basics and Expectations: Practice Juggling

## Curbside consults

- Discussions between providers, residents, triage, support staff

## Phone calls

- Crisis calls, coordination of care calls, care management calls, inbasket

## Telemed (Virtual)

- Video visits, telephone visits

## In Person Consults

- BHC team schedule

## Warm Hand-offs

- Can be in person or telemed

# Communication with PCP

## Speak

- Speak the same language, creating shared mental model

## Adopt

- Adopt the primary care pace and culture. Physical layout of clinic can support this.

## Ensure

- Ensure feedback to providers is succinct and prompt

## Share

- Share recommendations that are brief, specific and action-oriented
  - Speak to the referral question

## Coordinate

- Coordinate follow up visits

# Example: Clarification of Consult Question for Handoff

### Clarify with provider giving hand-off

- “so you would like me to go in and screen for depression and substance use”

When does patient need to see PCP again?

What else needs to be done in clinic today?

### Clarify with patient

- “my understanding is that you are struggling with feeling down lately, is that right?”



# BHI Culture

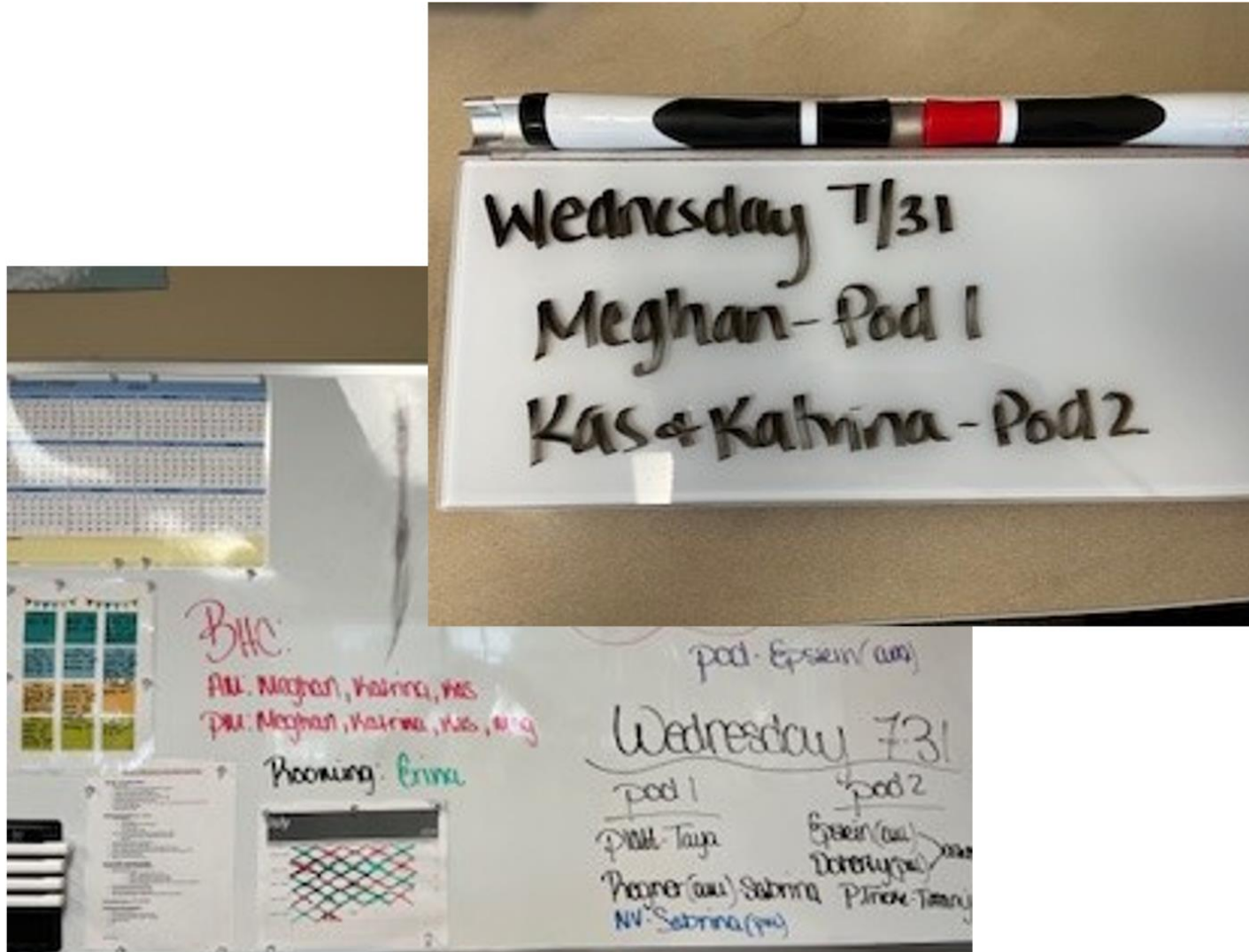
## Provider and System Buy-In

- Created shared understanding of BHC role
- Provided verbiage to providers and other care team members on how to introduce BHC team to patients
- Used data and patient stories to show the impact of BHC work on patients
- Discussed ways BHC team can support providers by partnering in patient care, reducing burnout

## Staff Education and Support

- All staff trainings and support on communication, teamwork, resiliency and burnout
- Team specific trainings on working with difficult patients, crisis calls, coping with vicarious trauma and more
- Debriefing after difficult patient interactions
- Team meetings to plan ahead for difficult patients, behavior plans

# Communication



# When Does Training End?

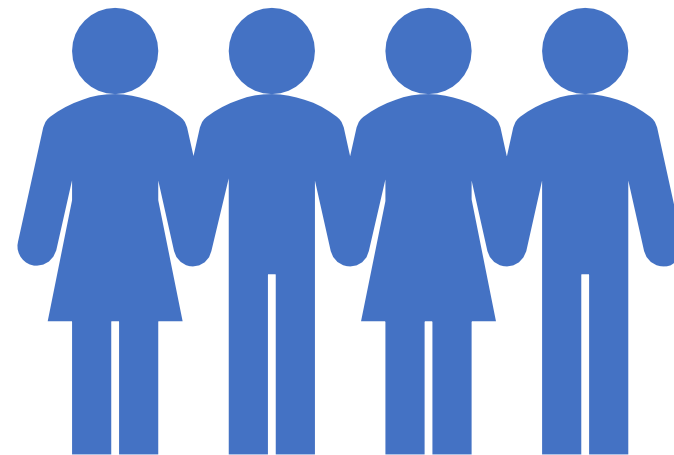
## Ongoing strategies prevent drift from BHI

- Team seminars
- Team intensive boot camps
- Training seminars with students
- Quarterly documentation review
- General time to observe each others work given how we overlap in clinic (not formal)
- Regular team meetings
- Use of lead positions to monitor day to day by clinic sites



# Blending Models: PCBH and CoCM

- Standard PCBH model with flexible staffing
- CoCM includes consulting psychiatry
- More recently added increased CoCM support for patients with depression facilitated by BHCC staff with consulting psychiatry
- Registries for care management work (i.e., pediatrics, depression, substance use)



# BHI Spread & Sustainability Takeaways

- **Have enough staff** to cover
- **Track key metrics** to monitor workloads
  - Avoid laser focus on productivity
- **Share data, metrics** with staff related to the impact of their work
- **Collect provider and patient satisfaction data** → Share the results
- **Develop policies** around BHC staff seeing staff as patient
  - Set expectations before a problem arises
- Consider developing a **training program early on**
- Stay in contact with staff regarding what is needed for **future trainings, staff development**
- **Develop BHC leadership structure** over time

# Q&A



# Next Steps



What are next steps for your organization?

Share in the chat

# Q3 2024 Sprint: Implementation Go-Live!

## JULY

### Improvement Advising

- Review CalHIVE BHI individual data trends
- Collect questions around BHI billing and coding

### Tues. 7/16 (11-12) CalHIVE BHI Commons

#### Patient/Family Engagement for BHI

- Highlight fundamentals of patient family engagement for BHI
- Prioritize opportunities for education, including surveys, resources, brochures, handouts

### Fri. 7/19– Cycle 1 Data due

- Measurement reporting periods:
- 2/1/2023 – 1/31/2024; 3/1/2023 – 2/29/2024; 4/1/2023 – 3/31/2024

Improvement Advising

Webinars

In Person Events

Data / Reporting

Assignments

## AUGUST

### Improvement Advising

- Access CalHIVE BHI self-service data analytics
- Review and update Section 6 & Section 7: BHI Workflows for improvements

### Tues. 8/13 (11-12) CalHIVE BHI Commons Virtual Site Visit

- Hear from operational leader experienced in BHI
- Review lessons for improving culture and buy-in for BHI, including staff development
- Identify takeaways for BHI spread and sustainability

### Tues. 8/27 (11-12)

#### [OPT] CalHIVE BHI BeeHIVE: Model Office Hours

- Host peer connections around integration model (PCBH/CoCM)

## SEPTEMBER

### Improvement Advising

- Review and update Section 6 & Section 7: BHI Workflows for improvements

### Tues. 9/10 (11-12) CalHIVE BHI Commons

#### External Pathways and Partnerships for BHI

- Analyze possible improvements for external care pathways for BH referrals
- Hear opportunities to strengthen partnerships

### Thurs. 9/12 (12-1) – Data Webinar: Cycle 2

### Tues. 9/24 (11-12)

#### [OPT] CalHIVE BHI BeeHIVE: BHI Implementation Reality Check

- Hear peer updates on two CalHIVE BHI pilot sites, including training, education, addressing staff barriers

### Wed. 9/18 (12-1)

#### [OPT] CFHA/CQC Cal-IN Meeting

- Connect and learn from integrated peers



# 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]*

- Gain insights on successful implementation strategies from a clinic with a successful BHI program
- Learn how to cultivate organizational culture and staff buy-in for sustainable BHI integration
- Discover effective methods for spreading and ensuring the longevity of BHI initiatives

# Thank you!

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