Utah Blueprint for Transition-Age Youth Integrated Physical and Behavioral Health

Visioning Session

November 19, 2019

Principles:

Blueprints have a set of guiding principles at their center. Based on the UT team's work to date, we have identified four core principles for TAY Physical Behavioral Health Integration in UT:

1. Integrated services must include clinical treatment, recovery support, prevention, and wellness promotion
2. Integration must address key life domains for TAY: employment, education, living situation, community-life functioning, and personal wellness
3. Integration must be responsive to the recommendations from the youth needs assessment
4. Integration must build on existing momentum in Utah around physical and behavioral health integration in Medicaid

Goal: Work with the UT State Transition Team to revise and add to this list to develop a set of guiding principles

1. Integrated services must include clinical treatment, recovery support, prevention, and wellness promotion

Feedback:

- Medical component
- Screening and assessment
- Harm reduction
- Individualized
- Trauma-informed
- Substance use
- Key partners for recovery support

Rewrite: Integration services must be individualized and trauma-informed, and they should include care along the continuum, from screening assessment, prevention, intervention, harm reduction, treatment, recovery support, and healthcare services.

2. Integration must address key life domains for TAY: employment, education, living situation, community-life functioning, and personal wellness

Feedback:

- Found family
- Individualize
- Finding family/support

Rewrite: Integration must be individualized and address key life domains for TAY: employment, education, living situation, community-life functioning, and personal wellness while utilizing natural/family supports.

3. Integration must be responsive to the recommendations from the youth needs assessment

Feedback:

- Individual youth voice
- Responsive to youth council
- LGBTQ should be section in needs assessment
- Result inform policies – assessment expands statewide
- Flexibility to expand
- Accessibility especially in rural areas
- NA should be culturally inclusive

Rewrite: Integration must be responsive to the recommendations from the youth needs assessment. The assessment covers issues of accessibility, responsiveness, youth-driven care, and cultural inclusivity.

[Summary: Integration should be responsive to authentic youth engagement. Diverse youth voices should be engaged (e.g. rural, urban, LGBTQ, etc.]

4. Integration must build on existing momentum in Utah around physical and behavioral health integration in Medicaid

Feedback:

- Building buy in: collaborative mindset and cooperation
- Identifying key partners
    - University of Utah
    - Dept. of Health
    - Work with high schools and colleges
- Data-sharing
- Moving from talk to action

Summary of feedback:

- Questions as to what the existing momentum is
- Focus on building authentic and collaborative partnerships
- Moving from talking about integration to integrating

Rewrite: Integration relies on identifying, persuading, and integrating key partners to create and maintain momentum around physical and behavioral health integration

- Integrating partners requires good data-sharing practices

What's Missing?

Feedback:

- What about rural or frontier areas?
- Culturally-informed (serving refugees, minorities, underserved, disparate)
- Every aspect of integrated health should be culturally inclusive
- Individualized
- Strengths-based
- Education about (education and awareness about services for youth)
- Education for service providers

New principles:

- Integration must be strengths-based, individualized, community-based, culturally inclusive and utilize natural/family supports whenever possible
- Integration must educate providers and youth on resources, services, and current developmental information

Cornerstones

CMS has identified 5 cornerstones of effective behavioral/physical health integration:

1. Aligned financial incentives across physical and behavioral health systems
2. Real time information sharing across systems to ensure that relevant information is available to all members of a care team
3. Multidisciplinary care teams that are accountable for coordinating the full range of medical, behavioral, and long-term supports and services as needed
4. Competent provider networks
5. Mechanisms for assessing and rewarding high quality care

Goal: Work with the UT State Transition Team to identify existing strengths and opportunities for growth in each of the 5 cornerstone areas.

Aligned financial incentives across physical and behavioral health systems		Real time information sharing across systems to ensure that relevant information is available to all members of a care team		Multidisciplinary care teams that are accountable for coordinating the full range of medical, behavioral, and long-term supports and services as needed		Competent provider networks		Mechanisms for assessing and rewarding high quality care	
Strengths	Challenges	Strengths	Challenges	Strengths	Challenges	Strengths	Challenges	Strengths	Challenges
Examples - UNI Home - 4th St Clinic - Wasatch Forensic Nurses - Planned Parenthood - UHRC - SWBH	Examples - University of Utah - Optum BH - Medicaid reimbursement rates for health/BH are different Other Challenges - "What's in it for me" mentality - Red tape - Strict grant requirements/federal grant requirements	Examples - SWBH - UNI Home Program - UWITS (clinical database) - HIMS (shared database - All payer claims database - CHIE (Clinical Health Information Exchange) - BRFSS (Behavioral Rish Factor	Examples - DCFS and Education system - DWS - Optum BH - Health and BH have different HER system - Interaction between MH and Substance abuse systems - IHC/Revere/ MH Centers do not share information - SL Regland-outsourcing of medical	Examples - SWBH - Sacred Circle - 4th St. Clinic - Volunteers of America (VOA) - The Pride Center - Juvenile Justice Services - Rape Recovery Center (RRC) - UHRC - Mountainlands (UT County) - Disability Law Center (rooted in rights)	Examples - Valley Behavioral - Optum - IHC/Revere/Mtn Star territorial battle Other Challenges - Siloed care doesn't allow for accountability - Transition out of incarceration/ inpatient - "what multidisciplinary teams?" - Educating smaller clinics	Examples - VOA - IHC - Sacred Circle - SWBH Other strengths - Increased awareness of the value of an integrated model	Examples - Highland Ridge - University of Utah Other challenges - Internal bias - Provider networks that don't communicate - Unsure of available competent network - How are network evaluate to determine their	Examples - SWBH Other Strengths - Quality assessment in youth SUD treatment is on-going	Examples - IHC Other Challenges - Multiple systems providing similar services that are not aware of each other - Lack of standards to qualify/quantify quality care - No standardized way of having policies/guidelines across counties - Private insurance patients have fewer MH

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Strengths	Challenges	Strengths	Challenges	Strengths	Challenges	Strengths	Challenges	Strengths	Challenges
		Surveillance System) - Juvenile Justice Services - RRC (client information) - Arizona Crisis Services - Education Court Report	records database - RRC (policy changes) - Little networks Other Challenges - Need to build a new information system - Cost in Time and $$$ - UT-Federal government communication - Even info that is approved to be shared is not shared as it should be	- UNI Home Program - FQHCs	on suicide prevention/ care		competency		options than Medicaid patients - Follow through with local/ public service providers is not enforced - Unethical incentives (over-prescription-needed medical treatment, etc)

Summary:

- Utah has some strengths to build on in each of the 5 cornerstones
- The team particularly identified strengths in real time information sharing and multi-disciplinary care teams; although these areas had many examples of strength, it is important to note that there are still opportunities for growth in these areas
- The team identified fewer strengths in aligned financial incentives, competent provider networks, and particularly in mechanisms for assessing and rewarding high quality care. The team should further explore whether these are actual gaps, or if the partners who can best speak to these cornerstones have not been engaged in the conversation yet.
- Utah's proposed TAY focused behavioral-physical health integration effort should build from identified strengths and learn from identified challenges.

Intervention Points

During the spring site visit, the UT team identified a set of key triggering events in the lives of TAY to be addressed by the proposed changes to Medicaid including:

1. Psychiatric diagnosis
2. Identified trauma history
3. Change to systems involvement (leaving DHS custody, turning 18 while in DCFS/JJS Custody)
4. Change to stability/safety
5. Reengagement in work/education

Goal: Work with UT state Transition Team to identify intervention points for the five identified triggering events.

Prompt Questions:

1. When
2. Where
3. How
4. What
5. Who

Triggering Event #1: Psychiatric Diagnosis

When:

- Crisis
- Screen at all access points
- At first point of care (hospital, clinic, etc.)
- As soon as possible

What:

- Accurate Diagnosing
- Refer to appropriate level of services
- Detailed/comprehensive Assessment
- Various Tracking Models

Where:

- Home
- School
- Anywhere they are
- Online Evaluations (whenever possible)/ Tele Health
- Centralized locations in various Counties
- Hospital

Who:

- Licensed Mental Health Provides (as part of multidisciplinary team)
- Psychiatrist (apart of a team)
- Self
- Community based nonprofits

How:

- Structured assessments (SCID- 5, ADDS, MMPE, etc.)
- Medical evaluation and ongoing labs/testing
- Mental Health Assessments/ Substance Abuse Assessments/ Comprehensive Assessments
- Group Therapy with peers
- DBT Skills classes

Triggering Event #2: Identified Trauma History

When:

- Immediately after being aware of trauma exposure
- All during treatment, not just beginning
- Always be trauma informed
- They consent to/ ask for services. Trauma informed care should be centerwide
- Anyone experience secondary trauma that needs/ wants services
- Assess everyone

What:

- Refer to appropriate services determined by nature of trauma.

Where:

- Universal precaution. Intervention at every corner
- In schools (SBIRT) , as well as Healthcare
- Within Programs, facilities, centers (they are in or will be in)
- Medical care
- Everywhere

Who:

- Careworkers
- Teachers
- Trained Trauma workers
- Everyone aware of trauma exposure by an individual
- Advocates

How:

- Educational materials for children and adults on warning signs
- Training on trauma informed approach
- Training education on all forms of trauma
- Adverse Childhood Experiences (ACEs) assessment

- Trauma Education in Schools (Save SomeBuddy) etc. for Kids
- Escalation of intervention according to the nature of trauma exposure

Triggering Event #3: Change to Systems Involvement

When:

- At the earliest entry into any system, input from patient. What do they need?
- When youth determines

What:

- Step 1: Call all necessary people to the table- include natural supports
- Smooth transition plan
- Warm Hand-off (relay information)

Where:

- Community based centers- not out of a state building
- Where youth are at- based on their comfort level
- Safe space for the youth

Who:

- Natural supports
- Nonprofits/ peers
- Education Systems (Keep youth out of criminal justice systems)
- Independent Evaluator Clinician
- Interagency collaboration- and integrate plans
- Juvenile Justice Services, Courts, Probation

How:

- It is what the youth wants
- Services not adequate or needed
- Safety/ needs assessment

Triggering Event #4: Change to Stability

When:

- Continued care
- Any signs of trouble
- As early as possible
- Crisis

- Milestone

What:

- Point of Contact
- Crisis mobile, crisis lines, emergency
- Life skills classes
- Group, activity classes around help
- Education
- Coming up with a crisis plan with trusted support

Where:

- School/ after school
- The Home
- Office
- Wherever they are- Outreach
- Community Based Centers

Who:

- Program Staff Facility
- Teachers
- Medical professional
- Therapist
- Mentors/trusted adult/ support
- Voices of the Youth
- Case manager

How:

- ACT Team
- With Peers/ afterschool support
- Based off Assessment
- Peer supports/ mentor
- Outreach
- Youth voices being heard

Triggering Event #5: Reengagement to Work/Education

When:

- 16 years or older
- As early as feasible with age, skills, education, etc.
- Before age of 18, but it depends on circumstances
- When individual is ready to commit

What:

- Internships
- Jobs Corps

- Job Exploration Counseling
- Scholarships/ Funding Opportunities
- Online ED (accessible)
- Workplace Prep

Where:

- Youth Resource Centers
- Vocational Rehab
- TAL Program Sites
- JRC
- Colleges/ Universities
- Health Care centers
- Transitional Living Programs
- School – including High School

Who:

- Employment Engagement Specialist
- Teachers/ School Counselors
- DCFS Caseworkers
- Employers
- Natural Support People
- Other Service Providers
- Therapist
- Peers
- Youth
- Mentors
- Parents/ Foster Parents
- Job Coach
- Courts, Probation, Juvenile Justice
- DWS

How:

- Life Skills like resume writing, how to interview, how to dress
- School tours
- Explore interest
- Employment assessments
- Skill classes
- Client driven strengths assessment coupled with interests
- Accessing ADA/ disability support laws if applicable

Structure:

CMS has identified several options for structuring Medicaid financing for physical health/behavioral health integration, which include MCOs as lead, Primary Care entities as lead, BHOs as lead, and equal partnership arrangements amongst these partners.

Goal: Work with the UT State Transition Team to identify pros and cons of different integration structures based on existing efforts in the state.

Physical Health/Primary Care as Lead			Behavioral Health as lead			Other U
Examples	Strengths	Challenges	Examples	Strengths	Challenges	MCOs a
• 4th St Clinic • Sacred Circle • IHC • Revere Health • Wasatch Pediatrics (Dan Braun) • Cystic Fibrosis Clinic • Huntsman Cancer Institute	• Youth Focused Team • Experience with Populations • Separate waiting rooms for youth • Process criteria (specific populations, insurance) • Private insurance tends to be strong here	• Clinic can be traumatizing (long wait times) • Electronic health records sharing is not strong • Communication is not strong across physical and behavioral health • Difficulty boarding mental health professionals in some systems (IHC) • Limited options for mental health providers	• Cornerstone • SW Behavioral Health • Weber County • Wasatch Mental Health	• Medicaid tends to be strong here	• Clinician shortage • Youth (sometimes) have to be committed to a system to access services	• UNI Hon • Com • IHC

Summary:

- Utah has the most experience with integrated health where physical health/primary care is the lead.
- On the surface, the team believes that structuring integration with an MCO as lead feels like the right solution, but more research is needed into the existing MCOs and their capacity/existing integration efforts.
- The group committed to forming a working group to move the TAY integration effort forward. Members are Trevor Daniels, Colin Dively, Kylie Rodriguez, Nettie Byrne, Hailey Archer, and Craig Limb.
- Based on additional research/learning, the working group will make a recommendation for how to structure TAY BH-PH integration in Utah.

Supporting Policies:

As the UT team has learned about TAY BH/PH integration, they have identified several policies (same-day billing, confidentiality for minors, pooled funding provisions) that facilitate this approach.

Goal: Work with the UT State Transition Team to identify policies that support integration

I. Confidentiality
   a. Guardianship (esp. for people with disabilities)
      i. Need more awareness of how to give others access to your medical information
      ii. Need a system for how to access waiver forms before the moment where they're most needed
   b. Reproductive Health Care
      i. Lack of awareness about what's protected under HIPAA for minors
         1. Need for more state-specific HIPPA information
            a. CLASP will develop and share a memo
   c. Homeless Youth
      i. Need to get parental consent for non-emergency are
         1. If parents cannot be reached, DCFS called
            a. Could we make homeless youth a "consenting" population under HIPAA? What would this entail?
               i. Working with legislator?
               ii. UT Medical Board?
               iii. Other?

II. Medicaid
   a. Medicaid Waivers
      i. State mental hospitals
         1. Bill private insurance first, but Medicaid pays the difference
            a. Similar program in place for care around sexual assault
   b. HMO

i. Union Home
    1. Home program
    2. Bill Medicaid, but also an HMO
    3. 2-3 year waiting list
    4. Ming will contact them to see how they became an HMO
ii. Could 4th Street become an HMO?
iii. Sacred Circle – integrated health services
    1. Funding from Indian Health Services?

c. How can we work with uninsured populations?
    i. https://medicaid.utah.gov/presumptive-eligibility/
d. Same-day billing?
    i. Need to consult with Jed

III. Data-Sharing
a. Shared system with school systems?
    i. Could schools administer diagnostic tests?
b. Youth should have access to school records
    i. Data sharing between DCFS, JJ, etc.
c. Relationship between HIPAA and FERPA
    i. Granting access through FERPA
        1. Need to change the statute
            a. CLASP will do more research

Learning Agenda

Who else should the team be talking to about integration? Where else? About what else?

Goal: To support UT State Transition Team determine a learning agenda to move forward with physical-behavioral health integration

1. Learn how other states have integrated behavioral and physical health
    - More specifically want to learn more about the integrated model in Utah – St. George
2. Questions that need to be asked during the learning:
    - What is working?
    - What are your barriers?
    - How are you working with youth?
    - Can they receive services in confidence?
    - For states, how are you providing service to the rural areas?
    - What does data sharing look like with integration?
    - How does integration address stigma around substance abuse?
3. Consider doing a statewide Youth comprehensive assessment in Utah
4. Better Understanding on how data is collected on youth in the state of Utah.