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**CHIP Title:** Simplifying Access to Behavioral Health Services Through Integrated Care

### **Project Description:**

In the United States, 25% of adults are living with a behavioral health concern, yet more than half do not receive treatment. For those seeking out services, their Primary Care Providers deliver about 70% of all behavioral health treatments. Integrated care models provide primary care and behavioral health management in the same setting, making it easier for patients to access and for providers to communicate.

The idea to build an integrated care model in our Blue Shield Promise Primary Care clinics began in early 2020, right before the COVID-19 pandemic hit. My objective is to build an integrated care model with input from clinic leaders, providers, and staff to ensure that clear systems are established, workflows are defined, and seamless communication between medical providers and behavioral health clinicians. The goal is that 100% of the patients who score a ten or more on the PHQ-9 have a conversation with their provider about their referral options for behavioral health services and that referrals follow a clear workflow based on presenting needs to either the clinic LCSW or to the Social Services team.

This project is still progressing, but I will continue to see it through to ensure that the clinic has a clear structure to follow. In addition to the medical providers and the licensed behavioral health clinician, I have a team of community health workers who are also incorporated in the behavioral health referral process. The goal is to create an atmosphere where patients feel as though all of their providers are working together as a team to address all of their needs comprehensively.

### **Key Findings and Lessons Learned:**

I started this project in July 2021, but with leadership changes in the clinics and competing priorities, we have yet to launch the pilot. What I uncovered as I connected with the clinic team is that:

- Processes were disjointed; providers were referring patients to both the behavioral health clinician and the social services team for behavioral health referral follow-up because they were unclear about who would be able to connect the patient to services.
- Providers were interested in getting more training in how to conduct behavioral health conversations with patients.
- Revising behavioral health processes were prioritized lower than other clinic, and systemwide challenges in the clinics due to staffing challenges due to COVID, leadership changes, and slow transition of key roles back to in-person work from remote/telehealth only work.
- It was difficult to successfully do this work as someone outside the clinic leadership structure. There were a lot of competing priorities. This CHIP would be more successful in a stable organization that isn't going through as many changes.

### **Next Steps:**

- Create processes that are straightforward and easy for providers to follow. Providers will know exactly whom to refer patients to for behavioral health follow-up based on patient needs.
- Providers will receive clinic in-service training on the new process and how to conduct behavioral health conversations with patients that support and destigmatize the need for behavioral health assistance. This training will be conducted by the behavioral health clinician, the social services manager, and myself.
- Reprioritizing behavioral health and encouraging leaders to continue prioritizing the behavioral health needs of patients to best treat the whole patient.
- Leverage people who have direct relationships with the providers daily to attain and sustain interest in driving this work forward.

- September 2022 – Workflows under review by clinic leadership. Once feedback is obtained, revisions will be completed.
- October 2022 – Clinic in-service completed, and new workflows are implemented.
- Weekly huddles with social service & clinic leadership to troubleshoot challenges and adjust processes when appropriate.
- January 2023 – 90-day check-in with clinic leadership, primary care providers, licensed behavioral health clinicians, and social service clinic team to review successes and challenges.
- May 2023 - Will work with clinic leaders to run a report of all patients reviewing:
  - Prior referral rates to LCSW or Social Services for behavioral health services for patients who received a score of 10 or higher on the PHQ-9 before the September 2022 launch.
  - 6-month report (October 2022 – April 2023) to measure referral rates to LCSW or Social Services team after a patient received a score of 10 or higher on the PHQ-9 after the September 2022 launch.
  - Review data with the leadership team to note improvements and areas that can continue to be refined.