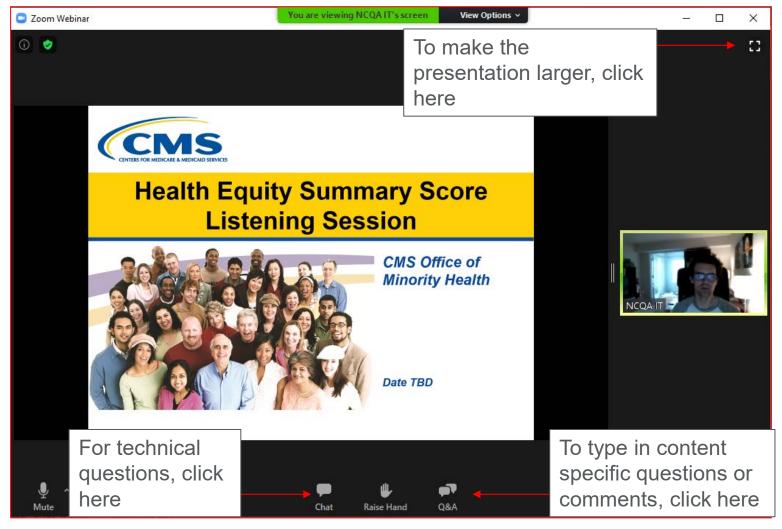


HRSA Sponsored National Training: Behavioral Health Integration

August 5, 2025: 2:00 PM Eastern

Zoom Logistics





Program Faculty

NCQA:

William F. Tulloch, MA, PCMH CCE

Director, Quality Services Center Quality Measurement & Research Group

Health Center Representatives

Mountain Laurel Medical Center

- Maria Frantz
 Director of Quality Services
- Jessica Nice, MSW, LCSW-C Behavioral Health Manager

Whittier Street Health Center

- Brenda Daley, LICSW, Associate Director of Behavioral Health, Child and Family Services
- Christine Pajarillo, LICSW, VP of Programs and Social Services
- Carolyn Reynolds, MEd, Associate Director of Behavioral Health, Adult and Substance Use Services



Agenda

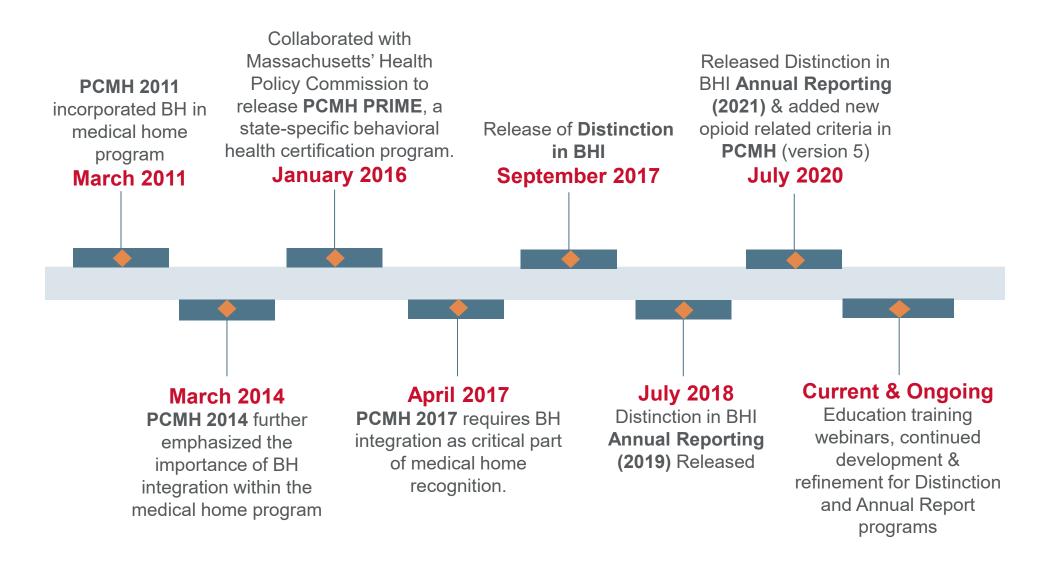
- Welcome and Introductions
- Behavioral Health Distinction Program
- Behavioral Health Strengths via Annual Analysis
- ➤ Introduction of Health Centers
- ➤ BH Integration Panel Discussion with Health Centers
- >Q&A



Distinction in Behavioral Health Integration



Behavioral Health Integration (BHI) Activity Timeline



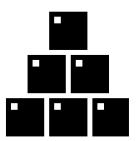
Behavioral Health

Distinction Data



329

Distinguished Sites



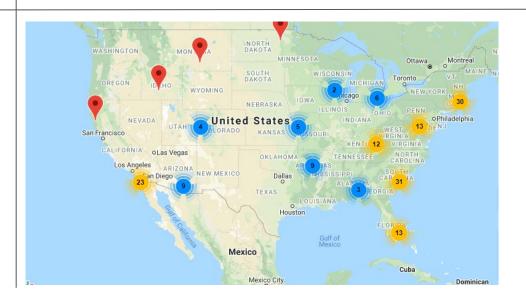
87

Grantees





- # of Clinicians at a practice ranges from 1 to 85
- Includes single sites & multi-site groups
- Largest group has 17 sites





Distinction in Behavioral Health Integration

Model & Competencies

Behavioral Health Workforce

- Incorporates behavioral health expertise and utilizes external behavioral health specialists
- Trains care team to address behavioral health and substance use needs of patients

Information Sharing

- Sharing patient information within and outside the practice
- Supports integrated and coordinated patient treatment plan

Measuring & Monitoring

- Utilize quality measurement
- Act to improve on current quality measurement performance

Evidence Based Care

- Demonstrates use of evidence-based protocols
- Utilize evidence-base protocols to address patient needs



Overlap BHI &PMCH

Aligned criteria

Aligned Criteria	Behavioral Health Distinction	PCMH
Behavioral Health Care Manager	Behavioral Health Workforce (Required)	PCMH
Behavioral Health Referral Expectations	Information Sharing	PCMH
Controlled Substance Database Review	Evidence Based Care (Required)	PCMH
Depression Screening	Evidence Based Care (Required)	PCMH (Required)
Behavioral Health Screenings	Evidence Based Care (Required)	PCMH
Evidence Based Decision Support—Mental Health Condition	Evidence Based Care (Required)	PCMH (Required)
Evidence Based Decision Support—Substance Use Disorder	Evidence Based Care (Required)	PCMH (Required)

Additional Behavioral Health Distinction Criteria

Criteria that does not overlap with PCMH

В	ehavioral Health Workforce	ln	formation Sharing
•	Care Team with Access to Behavioral Health	•	Behavioral Health Referrals Tracking and Monitoring
	Resources and Training		(Required)
•	Clinician who can directly provide brief	•	Integrated Health Record
	interventions (Required)	•	Integrated Care Plan
•	Clinician Practicing Medication-Assisted Treatment		
•	Behavioral Health Referral Relationship		
	(Required)		
M	easure & Monitoring	E	videnced Based Care
•	easure & Monitoring Monitors Symptoms and Adjust Treatment		videnced Based Care All required core criteria which overlaps with PCMH criteria
·	<u></u>		
•	Monitors Symptoms and Adjust Treatment		
•	Monitors Symptoms and Adjust Treatment Plan—Mental Health or Substance Use Disorder		
•	Monitors Symptoms and Adjust Treatment Plan—Mental Health or Substance Use Disorder (Required)		
•	Monitors Symptoms and Adjust Treatment Plan—Mental Health or Substance Use Disorder (Required) Monitors Performance—Behavioral Health		
•	Monitors Symptoms and Adjust Treatment Plan—Mental Health or Substance Use Disorder (Required) Monitors Performance—Behavioral Health Measures (Required)		





NCQA's Analysis of Performance



NCQA's Annual Analysis

- Purpose: To assess the relative performance of Community Health Centers to all other Recognized practices in NCQA's PCMH program and inform technical assistance
 - Old Recognition program compared overall scores and points earned in various standards
 - Revised Core/Elective program real differences among practice are in the electives chosen to gain 25 credits
 - Analysis focuses on Transforming reviews, because Annual Reporting doesn't have the same variety of options

NCQA's Annual Analysis II

- Analyses since 2017 transition:
 - Compute percentage of Recognized practices meeting each elective
 - Compare percentages for HRSA supported practice and all others
 - Look at electives with at least 10 percentage point differences between two groups

Health Center PCMH Behavioral Health Electives

- BH Electives more commonly selected by Health Centers
 - CC 10 Behavioral Health Integration (36% vs. 12%)
 - TC 08 Behavioral Health Care Managers (75% vs 38%)
 - KM 18 Controlled Substance Database Review (59% vs. 50%)
 - KM 29 Opioid Treatment Agreement (34% vs. 18%)
 - AC 06 Alternative Appointments (59% vs. 48%)





Health Center Introductions





Whittier Street Health Center

Comprehensive. Compassionate. Community.

Integrating Behavioral Health into Primary
Care & Wellness Initiatives

A Holistic Approach to Enhancing Health Outcomes at Whittier Street Health Center

The mission of Whittier Street Health Center is to serve as a center of excellence that provides high quality, and accessible health care and social services that achieve health equity, social justice, and the economic wellbeing of our diverse patient populations.

Founded in 1933 as a well-baby clinic, Whittier initially focused on women's health. In the years since, Whittier has expanded its services to more than 40 different programs and services.





Behavioral Health









Primary Care

Integration into Behavioral Health Services









A Holistic Approach to Enhancing Health Outcomes at Whittier Street Health Center

Mobile Health Services Program:

- Physicals for adults and Pediatric well visits
- Blood pressure screenings
- Student vision and hearing screenings
- Mental Health and SBIRT screening
- Follow-up health care services
- Health Education
- Linkage to all Whittier medical and social services

Co-location in the Pediatrics Department and Integration into Youth Initiatives: the Summer Youth Enrichment Program is co-facilitated by Child and Family Clinicians engaging youth ages 6-12 in mental wellness activities including mindfulness practices, creative outlets and activities that promote gratitude, social skills and self esteem.

Community Healing Response Initiative provides trauma-based services for patients and community members who are impacted by community or interpersonal violence.

School-Based Health Center Integration: A

"Primary Care Behavioral Health Plus" model that includes a full-time primary care provider; full-time behavioral health provider and full-time Community Health Worker (CHW).



Early Support in Recovery Group: a weekly, low-barrier drop-in support and psychoeducation group for individuals in early stages of recovery. Referrals from primary care, outreach staff and other departments in the medical home.

Prescription For Health Program:

A Wellness Initiative including activities to improve physical and **mental health**. The program emphasizes holistic health, physical fitness, prevention of illness, **stress reduction** and the development of healthy behaviors.

Behavioral Health Integration with the Infectious Disease and Special Population Department

- Integrated Psychoeducation Groups addressing:
 - HIV/AIDS
 - Hepatitis C
 - STDs & harm reduction

Provided in both clinical settings and community outreach sites

• Cross-training between BH and IDSP staff

Integrated Behavioral Health & Substance Use Services

Empowering mothers through the Moms Do Care Program, a comprehensive program for pregnant or parenting women with a history of opioid or stimulant disorders. The program provides recovery support, MOUD treatment, case management and linkage to other Whittier medical and social services.



Mountain Laurel Medical Center



PCMH DISTINCTION

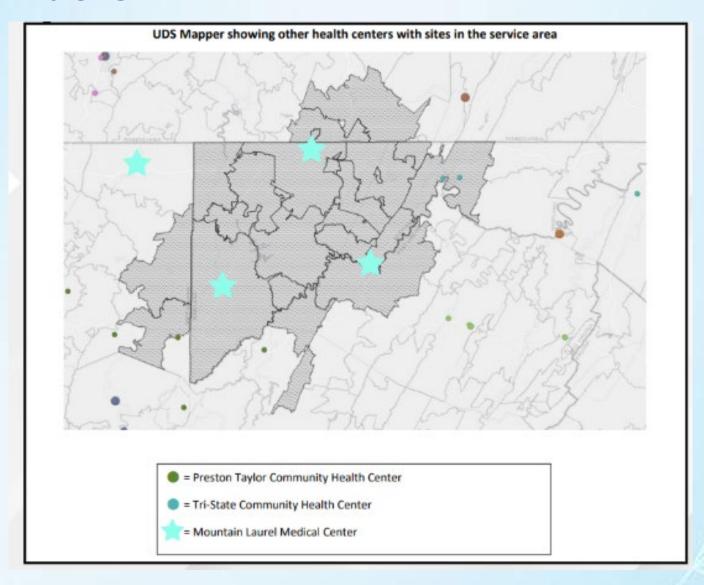
Presentation



THE HISTORY OF MLMC

- Mountain Laurel Medical Center is a Federally Qualified Health Center that has been providing advanced primary care to the medically underserved population since 2006.
- Our culture foundation is built on the following:
 - Our Mission Statement: Mountain Laurel provides the highest quality primary care to our community regardless of ability to pay
 - Our Tagline: "Making a Difference"
 - Our Core Values: Patient-Focused, Respect, Accountability, Teamwork,
 Continuous Improvement, Integrity

MLMC Service Area and Other Community Health Center Providers



Programmatic Development

- Integrated Behavioral Health (Added in 2015)
 - Behavioral Health therapy services and Psychiatry
- Diabetes Self-Management Education Courses
 - Accredited through ADCES
- Nurse Care Coordination
 - Transitions of Care for inpatient and Emergency Department (ED) encounters
 - Chronic Disease Management
- Population Health and Value Based Contracts
 - Aledade ACO (8 Year Membership)
 - Maryland Primary Care Program (MDPCP)
 - Maryland Physicians Care\Aetna Better Health\Wellpoint
 - CareFirst
- 2024 Program Enhancements
 - Medication Assisted Treatment (MAT)
 - Weight Management Program

MLMC Locations

OAKLAND

- Opened in 2006
- **PCMH** in 2011
- **BH** Integration in 2018



WESTERNPORT

- Opened in 2019
- **PCMH in 2020**
- **BH** Integration in 2021



GRANTSVILLE



- Opened in 2014
- **PCMH** in 2016
- **BH** Integration in 2021





- Opened in 2023
- PCMH & BH Recognition underway



Behavioral Health Distinction Experience

- Behavioral Health Integration standards complement PCMH distinction and align well with our Provider's patient care goals
- PCMH Clinician Lead and PCMH Manager coordinate requirements with other staff to ensure compliance
 - Behavioral Health Manager and Director of BH
 - Chief Medical and Chief Nursing Officers
 - Site Managers
- Workflow changes and new policies are vetted through a multidisciplinary team and go through a PDSA cycle
- NCQA Team is responsive to questions throughout the recognition process



Behavioral Health Integration Panel Discussion



