

Call for Applications: Increasing Pediatric Integrated Behavioral Health capacity using Community Health Workers

Section 1: Introduction and Background

With funding provided by UnitedHealthcare, Blue Cross Blue Shield RI, and in collaboration with the [Hassenfeld Child Health Innovation Institute at Brown University](#), the Care Transformation Collaborative of RI (CTC-RI) is excited to announce a funding and training opportunity to increase pediatric integrated behavioral health capacity in up to 8 Rhode Island based practices. This project aims to increase the capacity of Rhode Island pediatric providers and integrated behavioral health (IBH) programs by training Community Health Workers (CHWs) in behavioral health care coordination and providing support to a practice's IBH team. This project will support CHWs to work effectively with families as part of a primary care team. They will be trained to undertake activities such as screening for behavioral health (BH) and social determinants of health (SDOH) needs, registry management, tracking of high-risk patients, connecting with schools and early intervention (EI), and helping families connect with community based services.

The project incentivizes practices to engage in clinical training and practice transformation support to implement elements of the [TEAM UP](#) model of pediatric integrated behavioral health care. TEAM UP (Transforming and Expanding Access to Mental Health Care in Urban Pediatrics) has worked to build the capacity of pediatric primary care to deliver high-quality, evidence-informed integrated behavioral health care to children, families and expand the practice team. This involves training CHWs for their role supporting the behavioral health needs of children and families, training for all members of the practice on team-based care, and monthly practice facilitation. CTC-RI is pleased to partner with staff from TEAM Up and Hassenfeld Child Health Innovation Institute for program training, implementation and evaluation support.

CTC-RI is committed to supporting IBH efforts in RI. We will be launching another call for applications in May 2023 that will be focused on supporting primary practices with IBH clinician recruitment and retention efforts. This may include the availability of incentives to attract BH clinicians to IBH work. That opportunity may be of interest for practices considering applying for this project.

Under this project, all Practices will be provided training and support to implement the following:

- Team-based care that utilizes CHWs to work collaboratively with IBH clinicians, primary care clinicians, and/ other clinical staff to form an integrated care team
- Universal screening across the age span that includes screening for social determinants and behavioral health concerns
- Workflows to support internal referrals, “handoffs”, and connections to specialty care
- Implementation of supplemental core workflows based on site priorities; possibilities include screening and referral of birthing persons for perinatal mood disorders; linkage to EI services;

navigation and risk assessment for children with high likelihood of autism spectrum disorder; support for coordinating with schools for evaluation and services (e.g., IEP); guideline concordant care for ADHD, depression, and/or anxiety

Section 2: Practice Requirements

In order to apply, a practice must meet the following requirements:

- Assign a CHW¹ to this project. The practice may either assign an existing CHW or hire/contract² with a new CHW. CHWs must be identified within the first three months of the project.
 - Preference for CHWs already certified as a CHW by the RI Certification Board, or have a plan for certification within 12 months
 - Bachelor's trained staff with a degree in a related human services field may be considered (e.g., BSW)
- Have an active pediatric patient panel of at least 1250 patients (ages 0-22) for a part-time (20 hours/week) CHW, or 2500 patients for a full-time (35-40 hours/week) CHW (*these are recommended guidelines*).
- In addition to pediatric practices, Family Medicine Practices and Federally Qualified Health Centers (FQHCs) are eligible to apply if they have at least 1250 pediatric patients.
- Identify, at a minimum, a three (3)-person core team:
 - CHW (FT/PT based on panel size); can be either on staff or contracted
 - Integrated Behavioral Health clinician, if practice has one, OR designated clinician/provider (e.g., MD/DO, nurse care manager) to work with CHW on BH needs
 - Provider Champion/Practice Leader
 - This role would be involved in ensuring clinical adoption, providing clinical expertise and leadership. The provider champion would commit to attending monthly practice facilitation meetings, and team trainings.
 - Other staff members such as Nurse Care Managers/Care Coordinators, welcome and encouraged to participate in trainings and practice facilitation meetings
- Agree to complete data and evaluation requirements and data tracking on several measures as outlined below
- Prioritize staff time to participate in training activities outlined below
- Commit to monthly practice facilitation meetings
- Have the core team members attend a Learning Collaborative project kick off, mid-point and final meeting with all the practices participating in this initiative.

¹ For more information on CHWs, including job posting boards, visit <https://chwari.org>

² RIPIN can serve as a resource for practices interested in contracting with an outside CHW for this project. Contact masland@ripin.org for more information.

Training and Practice Facilitation Requirements

- CHW training requirements: 5 day-long, in-person trainings. First 3 days of training upfront (September 13th, 15th, and 21st). Curriculum will include the following:
 - Overview of common behavioral health issues in childhood
 - Core clinical skills for working in an integrated practice: Motivational Interviewing, Problem Solving Education, Family Engagement, and Professional Skills Development
 - Scope of work for the integrated community health worker role: patient engagement, psychoeducation, care coordination, etc.
- Monthly virtual 1-hour CHW meetings with Team Up for case consultation and professional skills development
- Core Team training requirements: 5 virtual 1-hour sessions, bimonthly for core team members to attend for all participating practices. Curriculum will include the following:
 - Session 1 (approximately month 1-2): Care team collaboration: Defining the community health worker role, understanding how the role works within the larger care team, ensuring collaboration across the care team
 - Session 2 (approximately month 3-4): Introduction to trauma-informed environment
 - Session 3 (approximately month 5-6): Core team-based care workflows: Exploring the core clinical workflows that include all members of the integrated care team, including universal screening, warm handoff, referral ('cold' handoff), and communication about the care plan
 - Sessions 4&5 (approximately month 7-8 and 9-10): Condition-specific sessions: Two additional case-based sessions; topics to be finalized with input from CTC-RI's practice facilitation team
- Monthly 1-hour practice meetings (in-person or virtual) with pediatric IBH practice facilitator
- Project Learning Collaborative kick off, mid-point and final meeting with all the practices participating in this initiative

Section 3: Track Options

We are able to offer three different tracks for practice participation, as described below. Funding will support up to six (6) practices total in Tracks 1 and 2. Track 3 will have 1-2 practices.

Track One: Standard (funding available, up to \$56,000 per practice)

- 15 month program, intended for practices who **have an existing IBH clinician** in the practice. The CHW would work directly with this clinician during this training. Practices will also be encouraged to utilize [PediPRN](#) via monthly office hours.

Track Two: Standard (funding available, up to \$56,000 per practice)



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- 15 month program, intended for practices **who do not have** an existing IBH program or an IBH clinician. These practices would commit to utilizing [PediPRN](#) via monthly office hours, AND have an identified clinician (MD/DO, Nurse Care mgr) available to support the CHW

Track Three: Enhanced (funding available, up to \$200,000)

- 24 month program. This is an enhanced program that is intended for a practice that has an existing IBH clinician and serves a large proportion of Medicaid clients. A significant portion of the funding for this site(s) will come from the Hassenfeld Institute and there will be a direct contracting relationship with them. Funding will support expansion of the IBH team to achieve staffing ratios of 1:2,000-3,000 patients for CHWs and 1:2,500-3,000 patients for IBH clinicians. The enhanced program will participate in the same training and practice facilitation as Tracks 1 and 2. Additional requirements include:
 - Work collaboratively with the staff from TEAM UP to implement the model’s core elements, collect appropriate data metrics, and share their experiential learnings
 - Further develop new clinical skills and IBH workflows through ongoing technical assistance and practice transformation support, and
 - Participate in TEAM UP’s Learning Community, which supports all members of the IBH clinical care team to deepen their clinical skills and knowledge and provides access a network of peers for shared learning and support.

Section 4: Practice Benefits

Track 1 and 2 practices will receive a stipend of up to \$56,000. This funding is meant to support the CHW and other practice staff time spent on implementing this project. Funds can also be used to support infrastructure enhancements necessary for data and evaluation requirements. Practice payments will be based on program deliverables.

Payment Schedule

- First Infrastructure payment- signed letter for agreement; hiring or identification of existing CHW; completion of all baseline evaluation assessments (\$10,000)
- Completion of CHW training; CHW attendance at all five days of training (\$10,000)
- Completion of practice staff training; staff attendance at all five sessions (\$6,000)
- Completion of practice facilitation meetings, months 1-6; team attendance monthly; practice improvement plan developed (\$5,000)
- Completion of practice facilitation meetings, months 7-12; team attendance monthly (\$5,000)
- Completion of data submission, evaluation requirements and performance improvement plan (\$10,000)

For Track 3 enhanced site(s), the budget and payment schedule will be developed collaboratively with

Hassenfeld Institute staff and will be based on existing staffing and practice size. This funding is meant to support CHW and BH clinician effort to meet the desired staffing ratios. Funds may also support other practice staff time and infrastructure enhancements necessary for project implementation and evaluation.

Section 5: Data, Evaluation and Performance Improvement Plan Requirements for all practices (Tracks 1,2,3)

Evaluation			
Domain	Participant	Measures	Timepoints
<u>Readiness /Level of Integration</u> <ul style="list-style-type: none"> Organizational support Leadership Training Patient-centeredness Care coordination Standardized workflows Evidence-based care Team-based care 	Implementation team	AAP Mental Health Practice Readiness inventory (a 32-item Likert scale survey scored on a 1-3 scale assessing how well a practice is implementing target practices and supports) Maine Health Access Foundation (MeHAF) Site Self- Assessment (a 21-item site assessment scored on a 1-10 continuum assessing level of implementation)	Beginning & end of program
<u>Provider Burnout</u>	All PCPs, BHCs, CHWs	Maslach Burnout Inventory (a 22-item Likert scale survey)	Beginning & end of program
<u>CHW role</u> <ul style="list-style-type: none"> Services provided Health promotion strategies used (MI, problem-solving) Training and Supervision Integration 	CHWs	Brief multiple choice survey	End of Program
<u>Implementation Outcomes</u> Impact on practice <ul style="list-style-type: none"> Barriers & facilitators Recommendations 	PCPs, CHWs, BHC	Role-focused qualitative interviews (either individual or focus groups)	Program Midpoint and End of program



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Key implementation metrics <ul style="list-style-type: none"> BH screening rate SDOH screening rate BH external referrals CHW/BH contacts 		EMR/site process data	Ongoing
Performance Improvement Plan			
All practices will work with their practice facilitator to identify a performance improvement area to increase IBH capacity and develop a plan for improvement. These will be reviewed at the mid-point and final meetings. Examples may include efforts to improve key implementation metrics (e.g. BH screening rates, SDOH screening rates, BH external referrals, CHW/BH contacts).			

Additional Track 3 data requirements

- Use of TEAM UP EMR templates (PCP, BH Clinician, and CHW Behavioral Health Plans) to gather key implementation metrics identified above

Section 6: Application Requirements, Links and Timelines

Applications will be submitted electronically via this Survey Monkey link.

<https://www.surveymonkey.com/r/TWSZ735>

See Attachment A for application questions and selection criteria.

Applications must also include a Practice cover letter indicating the practice’s commitment and acceptance of the conditions stated in the application, digitally signed by members of the practice-identified team and by a practice leadership representative. (See Attachment B for template)

If a practice is part of a system of care (e.g., accountable care organization or accountable entity), we request a cover letter indicating their support provided for this initiative. (See Attachment C for template)

Timeline and Selection Process

Step	Date
Call for Applications Launched	
Office Hours (opportunity for Q&A)	4/11/2023 12-1pm
Zoom Meeting:	Or 4/12/2023 8-9am
<ul style="list-style-type: none"> Join Zoom Meeting https://ctc-ri.zoom.us/j/86927902473?pwd=Wi8vdnZicnpiNUFLdE 	



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<p>U4dDdYeWRJQT09</p> <ul style="list-style-type: none"> Meeting ID: 869 2790 2473 Passcode: 646876 One tap mobile +16468769923,,86927902473# US (New York) 	<p>Zoom link</p>
<p>Submit application electronically via Survey Monkey</p>	<p>5/1/2023</p>
<p>Submit Practice cover letter and system of care cover letter (if applicable) to edwyer@ctc-ri.org</p>	<p>5/1/2023</p>
<p>Decisions made by Committee</p>	<p>5/5/2023</p>
<p>Practices notified, given next steps</p>	<p>5/8/2023</p>
<p>Pre-Implementation phase</p> <ul style="list-style-type: none"> Sign participative agreement with milestone document Identify/Hire CHW Kick off Meeting (early June) 	<p>5/8/23-9/12/23</p>
<p>CHW Initial Training Dates³</p>	<p>September 13th (Wednesday), 15th (Friday), and 21st (Thursday)</p>

Application Checklist

Step	Check if complete
<p>Application: Submit application electronically via Survey Monkey</p>	
<p>Practice cover letter: indicating the practice’s commitment and acceptance of the conditions stated in the application, digitally signed by members of the practice-identified team and by a practice leadership representative. Email to Edyth Dwyer, edwyer@ctc-ri.org (Please see Appendix B for template)</p>	
<p>If applicable, system of care (e.g., accountable care organization or accountable entity) cover letter indicating the level of support provided for this initiative. Email to Edyth Dwyer, edwyer@ctc-ri.org (Please see Appendix C for template).</p>	

Complete application packages must be received by 5:00 PM EST on May 1, 2023.
For questions, contact Edyth Dwyer, edwyer@ctc-ri.org

³ CHW should be identified before these training dates. Being able to attend each of these trainings dates is a core component of this project.

Attachment A: Application to be filled out via Survey Monkey

- 1) Practice Name
- 2) Practice Address
- 3) Practice Tax ID number
- 4) Type of Practice
 - a. Pediatric
 - b. Family/Internal Medicine
 - c. FQHC
 - d. Other
- 5) Primary Contact person for this project
 - a. Name
 - b. Title
 - c. Professional Credential
 - d. Email address
 - e. Phone number
- 6) Does your practice currently have CHWs on staff?
 - a. Yes
 - b. No
- 7) Please describe your plan to re-assign an existing CHW or hire/contract with another organization for a CHW to be assigned to this project
- 8) Please describe if this will be a full time (35-40 hours per week) or part time (less than 35 hours per week) role
- 9) Does your practice have a Behavioral Health Clinician on staff/contracted?
 - a. Yes
 - b. No
- 10) If yes, please describe their role and how many hours/week they work at your practice.
- 11) Please provide the information of the practice staff members who will be assigned to this project.
 - a. Please identify the Behavioral Health Clinician or Designated clinician to work with CHW on BH needs (name, title, credentials, email)
 - b. Please identify the Practice Champion/Leader (name, title, credentials, email)
- 12) Please identify the CHW if applicable, and other staff to be involved in the training, if applicable
 - a. CHW (name, title, credentials, email)
 - b. Other staff (name, title, credentials, email)
- 13) Total number of active pediatric patients in your panel (ages 0-22 years old)
- 14) Race/ethnicity breakdown of pediatric patients (%)
 - a. White, Caucasian
 - b. Black or African American
 - c. American Indian or Alaska Native
 - d. Asian
 - e. Native Hawaiian or Other Pacific Islander
- 15) What percentage of your patients are best served in a language other than English?
- 16) Patient Payer Mix
 - a. % patients insured by Medicaid
 - b. % patients insured by Commercial/Private
 - c. % patients uninsured



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- d. % patients Other
- 17) What is the electronic health record your practice presently uses?
 - 18) Does your practice anticipate changing your electronic health record system in the next 15 months?
 - 19) Does your practice have PCMH designation?
 - 20) Does your practice have NCQA BH Distinction?
 - 21) Are you currently screening for health related social needs? (Example: housing, food insecurity, finances, transportation, domestic violence, etc.) If so, please explain how (i.e. what tool, if data is entered in EMR)
 - 22) Are you currently screening children/adolescents for BH concerns? (Ex: PHQ-9, GAD7, Pediatric Symptom Checklist, CRAFFT) If so, please explain how (i.e. what tools, what ages, if data is entered in EMR?)
 - 23) Please describe how your practice would benefit from participating in this project. Please include how BH needs are currently addressed in your practice and what training and support you need to enhance the delivery of integrated BH services.
 - 24) Are you interested in applying to the standard track, or the enhanced track? Please select one of the options below:
 - a. Option 1: Track One: Standard 15 month for practices with an existing IBH clinician
 - b. Option 2: Track Two: Standard 15 month track for practices without an existing IBH clinician
 - c. Option 3: Track Three: Enhanced 24 month track for practices with an IBH clinician
 - d. Option 4: Either Track One or Track Three

Selection Guidelines

During the week of May 1, the Selection Committee will review applications and will consider the following criteria:

- Practice demonstrates need to expand IBH capacity
- Practice demonstrates commitment to participate in the initiative and leadership support to devote staff time and resources to the project
- Practice serves high-need populations
- Practice has clear plan for assigning/hiring/contracting with a CHW
- Practice has designated an IBH clinician or other clinician/provider who will work with the CHW on BH needs
- Practice has an active pediatric patient panel of at least 1250 patients (ages 0-22)
- Practice has ability to meet data and evaluation requirements



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Attachment B: Practice cover letter template

Letter should include practice name, practice address, physician champion/practice leader, IBH Clinician/Designated Clinician, CHW (if known) and other staff (if known).

Date: _____

To Care Transformation Collaborative of Rhode Island:

Please accept the following practice participation agreement letter to apply for the *Increasing Pediatric Integrated Behavioral Health capacity using Community Health Workers* project on behalf of **(practice name)**. As an organizational leadership representative, I can attest that the following staff members accept the conditions stated in the application and, if awarded, are committed to achieving the objectives of this initiative.

Person completing practice letter of support: _____

Letter signed by the members of the practice team that will be participating in the team training and practice facilitation meetings (electronic signatures are acceptable):

_____ Provider Champion/ Practice Leader	_____ Date	_____ IBH Clinician/ Designated Clinician	_____ Date
_____ Community Health Worker (if known)	_____ Date	_____ Other Staff (if known)	_____ Date
_____ Other Staff (if known)	_____ Date		



Attachment C: System of Care Letter Template

To: CTC-RI
From: System of Care _____

RE: Increasing Pediatric Integrated Behavioral Health capacity using Community Health Workers project

Date: _____

[Insert practice name and/or site] is a member of our system of care. The practice is interested in participating in the *Increasing Pediatric Integrated Behavioral Health capacity using Community Health Workers* project. We believe that this practice and/or site location would benefit from participation and, as a system of care, we are willing to provide the management support to assist the practice with making this transformation.

_____	_____	_____
Signature of SOC Representative	Date	Signature of Practice Date
_____		_____
Position/Title		Position/Title
_____		_____
Email		Email
_____		_____
Phone		Phone