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Convening + Uniting + Transforming

PCC Behavioral Health Integration Meeting

Thursday, April 24, 2025 | 2:00 – 4:00 PM ET

agenda

I.	Welcome & Announcements	Ann Greiner & Larry McNeely, Primary Care Collaborative
II.	Co-Chair Remarks	Mary Giliberti, Mental Health America & Alin Severance, UPMC Health Plan
III.	PCC Engagement with Administration & Congress	PCC Staff
IV.	View From the Hill	Rhett Styles, Office of Rep. Nicole Malliotakis (R-NY)
V.	Primary Care – Behavioral Health Integration in Pediatrics: Toolkits & Payment	Sarah Cusworth Walker, PhD Co-Lab for Community & Behavioral Health Policy, University of Washington
VI.	Assessing Changes at HHS: Whither PC/BH Integration	All Participants



SCALING

What Works for Better Health

PCC Conference 2025

June 4-5, 2025
Washington, DC

REGISTER HERE

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Welcome & Announcements

Larry McNeely | Primary Care Collaborative

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Co-Chair's Remarks

Mary Giliberti | Mental Health America

Alin Severance | UPMC Health Plan

Chronic Care Issue Brief

- Released **February 27** via email, social media and our website
- Explains how primary care plays a major role in **preventing and treating** chronic illness
- Emphasizes the need to treat the whole person – including behavioral and mental health
- Demonstrates how **fee-for-service** has failed primary care and **undermines chronic care**
- Provides policy makers with bipartisan, pragmatic solutions – such as hybrid payment – that can be implemented to address chronic conditions by strengthening primary care

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PCC Engagement with Administration & Congress

PCC Staff

COMPLETE Care Act

Representatives Malliotakis & Fletcher issued a press release reintroducing the COMPLETE Care Act in the House. PCC alongside 5 PCC member organizations were listed on the press release as supporters of the bill.

"Expanding mental health care access is one of the most important things we can do to improve and save lives of people struggling with mental health issues. It is critical that we build on our efforts to improve access to mental health resources, and I am glad to partner with Congresswoman Malliotakis, Congressman Pfluger, and Congressman Horsford in this important effort."

-Representative Lizzie Fletcher

PCC / BHN Policy Activity

- PCC/BHN Letter of Support for the COMPLETE Care Act
- Letter to HHS Secretary on Chronic Care & Medicare Payment Reform
- The House passed H.R. 919 - the Chronic Disease Flexible Coverage Act

Medicaid Sign On

- American Academy of Family Physicians
- American Academy of Physician Associates
- American Association of Nurse Practitioners
- American College of Physicians
- American Psychological Association Services
- Blue Cross Blue Shield of Michigan
- Blue Shield of California
- Brigham and Women's Hospital
- Community Catalyst
- Elation Health
- Families USA
- HealthTeamWorks
- Maryland Citizens' Health Initiative
- MEDIS
- Mental Health America
- National Partnership for Women and Families
- National Rural Health Association
- Primary Care Development Corporation
- Society of General Internal Medicine
- Upstream USA
- VillageMD

April xx, 2025

The Honorable Mike Crapo
United States Senate
Washington, DC 20510

The Honorable Brett Guthrie
United States House of Representatives
Washington, DC 20515

The Honorable Ron Wyden
United States Senate
Washington, DC 20510

The Honorable Frank Pallone
United States House of Representatives
Washington, DC 20515

Dear Chairman Crapo, Ranking Member Wyden, Chairman Guthrie and Ranking Member Pallone:

We are organizations strongly committed to improving the nation's health by strengthening primary care, and we are deeply concerned that Medicaid proposals now under consideration could set back our efforts as well as those of Congress and the Administration to address chronic illness. If the Medicaid funding on which primary care practices depend is significantly reduced, we fear that the result will be a destabilization of those practices, including local community health centers. This would be a retreat in efforts to prevent and manage costly chronic conditions, further undermining Americans' health and wellbeing.

In every state and territory of the United States, communities and populations that shoulder the highest chronic disease burdens rely on Medicaid and the essential primary care it supports. These include:

- **14 million rural Americans** whose communities depend on Medicaid funding for access to primary care, behavioral health and rural hospital services.[1]
- Medicaid remains the nation's largest payer for behavioral health services– serving **13.9 million beneficiaries with substance use and mental health disorders**.[2]
- **12 million Medicare beneficiaries** depend on Medicaid for long-term care, behavioral health or cost-sharing assistance.[3] Whether these beneficiaries are fully dually eligible or enrolled in Medicare Savings Programs, a cut to Medicaid amounts

DRAFT

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View From the Hill

Rhett Styles,
Office of Rep. Nicole Malliotakis (R-NY)

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Primary Care - Behavioral Health Integration in Pediatrics: Toolkits and Payment

Sarah Cusworth Walker, PhD
Director, Co-Lab for Community & Behavioral Health Policy,
University of Washington

CoLab
Community & Behavioral Health Policy

Value Based Care Pediatric Mental Health

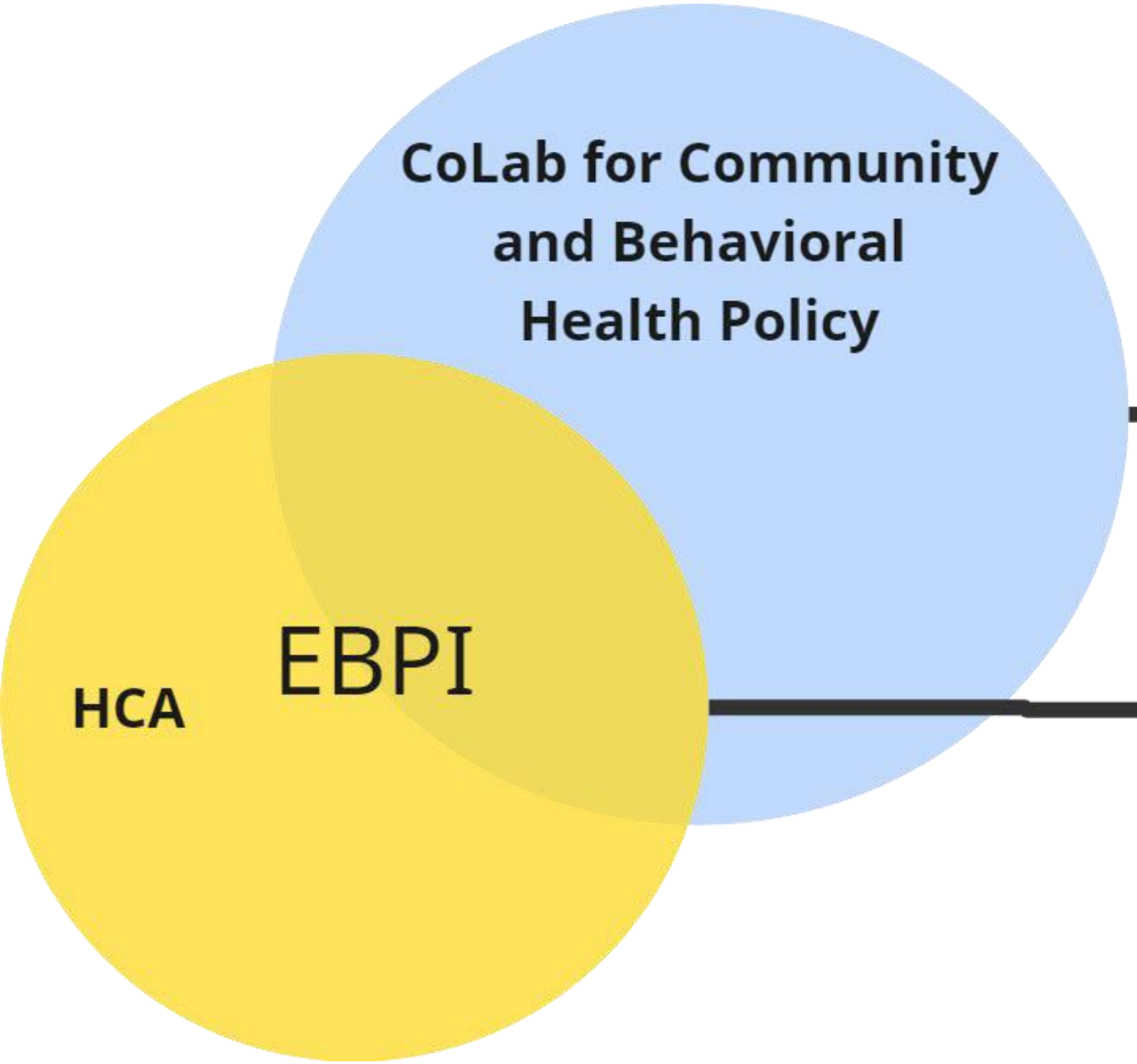
April 24, 2025

Evidence Based Practice Institute EBPI
UNIVERSITY OF WASHINGTON

UW Medicine
DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

Quality care is culturally responsive, client-centered, and informed by evidence when possible





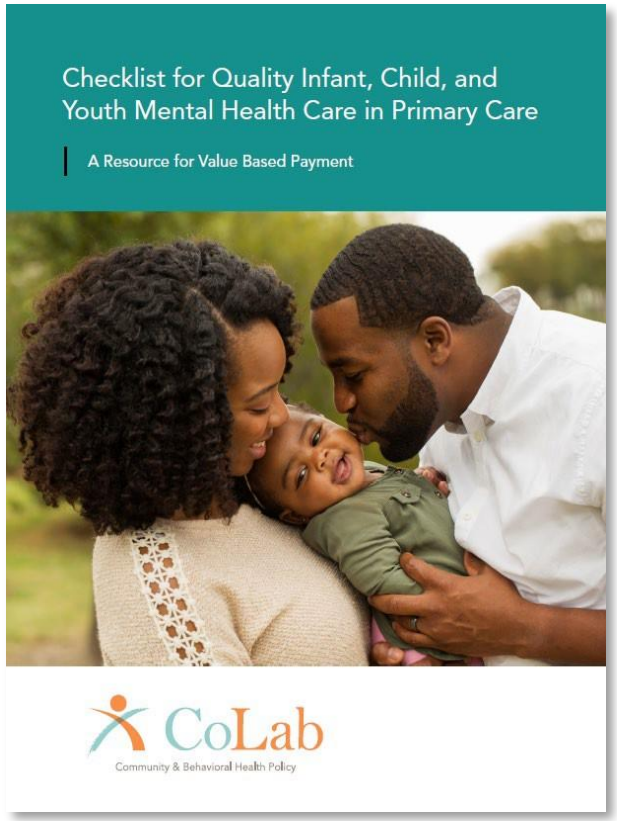
CoLab

- Collaborative policy and child/youth system design - Multisector
- Use of research evidence and community expertise in policy - Community engaged
- Two to five year engagements - Relatively short term
- Spans community, city, county, state

EBPI

- Catalyst for the scale and spread of high quality, mental health interventions in WA
- Primarily community mental health focused
- Long term, learning health system approach
- State focused

Value-Based Care Resources



UNIVERSAL STEPS FOR ALL AGES

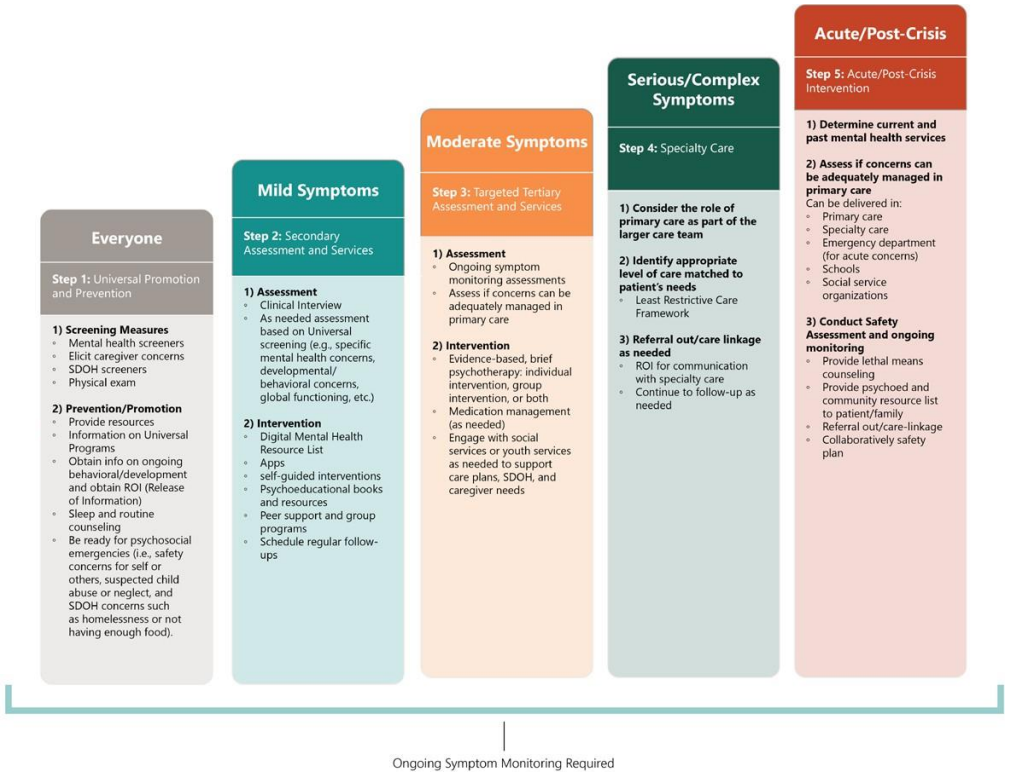
Everyone (Universal Promotion and Prevention)

		YES	NO
1	**Administer an age appropriate general behavioral/mental health screening instrument, such as:** • Pediatric Symptom Checklist (PSC-17- age 4-17 yrs; Baby version - age 2-17 mo; Preschool versions P- 18-60 mo) • iStrengths and Difficulties Questionnaire (SDQ; 2-17 years)	☐	☐
2	**Administer yearly Social Determinants of Health Screening (choose from options below):** • WE-CARE (well-child care visit, evaluation, community resources, advocacy, referral, education) • Family Psychosocial Screen	☐	☐
3	**Provide information on existing resources and universal programs:** • Caregiver handout of different psychoeducation books for presenting concerns, such as: ○ Any endorsed by the American Academy of Pediatrics (e.g., https://www.aap.org/en/shopaap/shop-by-product/parenting-resources/) • Caregiver handout for sleep and routine counseling - guidelines on healthy sleep routines, nutrition, physical activity, stress management, self-care for caregivers, including info on: ○ How sleep impacts physical health, emotional well-being, and cognitive development ○ Age-appropriate sleep duration guidelines ○ Establishing a consistent bedtime routine ○ Guidance on reducing screen time • Caregiver handout of different universal programs and what they target, including: ○ See below for specific age-related recommendations.	☐	☐

General

1	**For symptom/diagnostic interview to patients/caregivers information on using the Top Problems approach as a guide can be found here:** https://www.seattlechildrens.org/globalassets/documents/healthcare-professionals/pal/fast/fast-top-problems-tool.pdf	☐	☐
2	**Be ready to refer out** • Clinic should have a list of community resources they have built connections with to refer out to (e.g., community mental health clinics, hospitals and specialty departments, academic departments offering services, etc.)	☐	☐

Checklist for Quality Infant, Child, and Youth Mental Health Care in Primary Care 3



CoLab

Recommendations

- Drawing on clinical judgment, partners' experience, and additional literature areas, CoLab **recommends two different APMs tailored to primary care and specialty care sites of practice** and, in doing so, considers costs and recommended practices for the following five levels of care: promotion and prevention, mild, moderate, serious/complex, and acute/post-crisis.
- We suggest alternative payment models for VBC should specify the **expected course of quality care** in capitated or bundled contracts while developing shared savings approaches and additional incentives for a small number of quality indicators.
- Given the need for routine collection of multiple measures for effective VBC, CoLab recommends **start-up investments** to support providers to adopt electronic health records with sufficient front- and back-end reporting to facilitate clinical decision-making, client progress tracking, and the reporting functions needed for billing and monitoring. We recommend providing upfront funds to build providers' capacity to collect and use client symptom and satisfaction measures (see appendix B for details on a promising client feedback measure).
- We recommend continued engagement with clinical training organizations to support the **workforce development** needed to provide high quality pediatric mental health services.

CoLab
Community & Behavioral Health Policy

Thank You!

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All Participants

Upcoming BHI Meetings

- Meeting dates for the remainder of 2025:
  - **July 24, 2025 – *Virtual ONLY***
  - **October 23, 2025 – *Hybrid Option***
- Join us in-person in October at PCC Headquarters!
  - 1101 Connecticut Ave NW