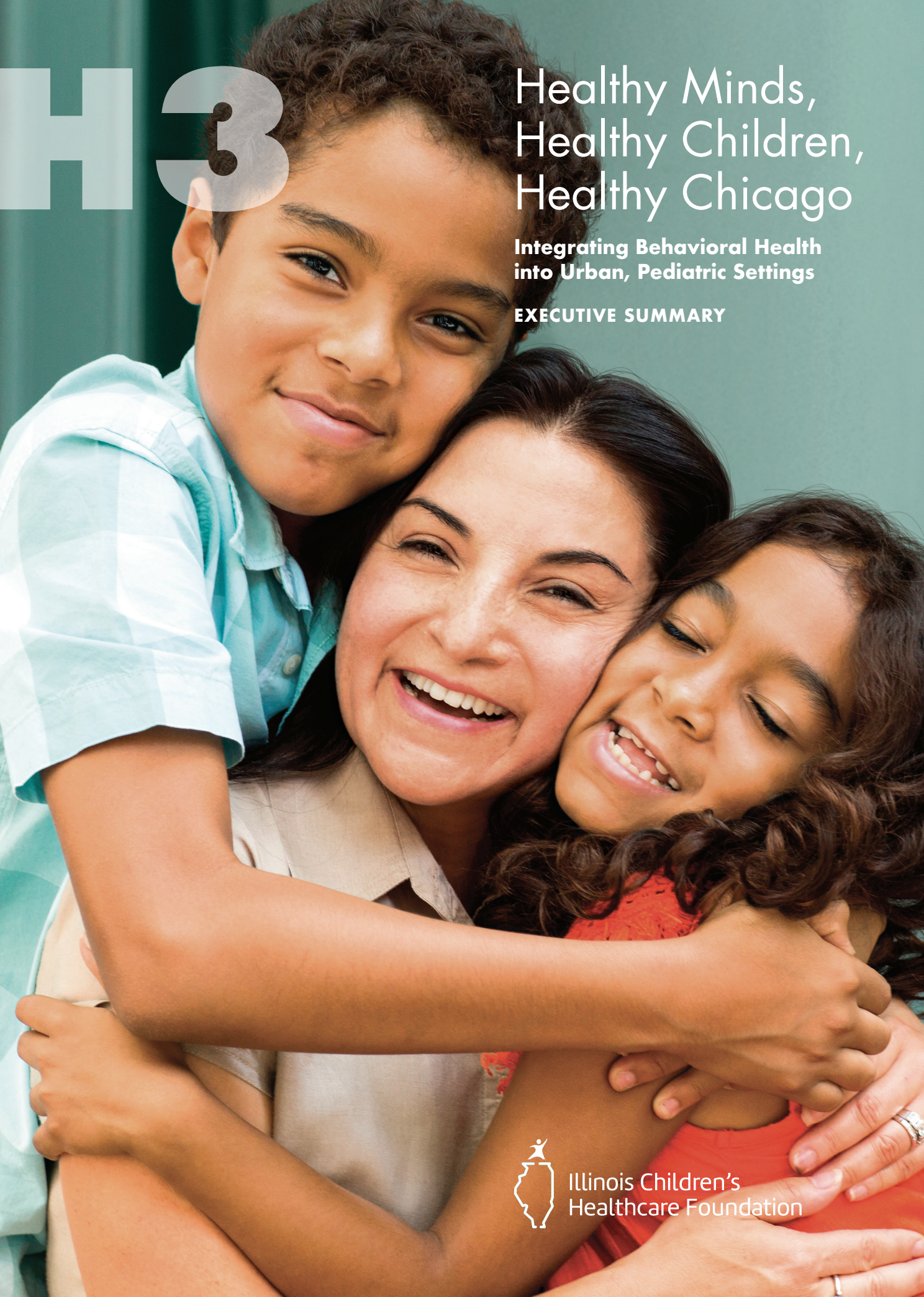

H3

Healthy Minds, Healthy Children, Healthy Chicago

Integrating Behavioral Health into Urban, Pediatric Settings

EXECUTIVE SUMMARY

Illinois Children's Healthcare Foundation

About the Illinois Children's Healthcare Foundation

The vision of Illinois Children's Healthcare Foundation (ILCHF) is that every child in Illinois grows up healthy. ILCHF cultivates, supports and promotes initiatives that improve the health and wellness of children in Illinois, primarily in the high-need areas of children's oral and mental health.

ILCHF's philosophy is that healthcare must address the whole child and that the healthcare system in Illinois must be responsive to the needs of all children. Working through grantee partners across Illinois, ILCHF focuses its grant-making on identifying and funding solutions to the barriers that prevent children from accessing the ongoing healthcare they need. Since its inception in 2002, ILCHF has invested more than $80 million in organizations that work tirelessly throughout the state to improve the health of children in their communities.

Executive summary

TODAY, MORE THAN 200,000 ILLINOIS CHILDREN cannot access needed mental health services.[1] There is a well-documented lack of adequate service providers and quality mental health services for children and their families.[2] While there is the very real potential to solve this problem, we are all faced with the challenge to create and implement care models that are family-centered, holistic, evidence-based, culturally sensitive, efficient, scalable, financially sustainable and legally compliant. In Illinois, and across the nation, this challenge is complicated by the lack of an appropriately trained workforce to provide necessary assessments, treatment and coordination of care. Even though all of these problems cannot be solved immediately, integrating mental healthcare into a child's medical home, or primary healthcare setting, appears to add efficiency and effectiveness to the overall service system.

Meeting children and families in their natural community—home, school and healthcare settings—is both a primary benefit and defining characteristic of integrated healthcare, a model that overcomes many challenges related to access to services. It is for this reason that ILCHF developed the Healthy Minds, Healthy Children, Healthy Chicago (H3) project.

H3 was a five-year grant program that integrated primary and mental healthcare in clinic settings. The project was funded by ILCHF. While many options were considered, it was determined that federally qualified health centers (FQHCs) had the infrastructure and mission necessary to adequately examine the possibility of integrated care. As a result, H3 worked with both community service agencies and FQHCs in Chicago to examine this proposition. Two lead grantees, Erie Family Health Centers (Erie), an FQHC, and Metropolitan Family Services (MFS), a community mental health provider, partnered, respectively, with Community Counseling Centers of Chicago (C4), a community mental health provider, and Mile Square Health Center (Mile Square), an FQHC. These partners were provided resources to design and implement their own primary health and mental health integrated care models now known as H3 West (Erie and C4) and H3 South (MFS and Mile Square).

Starting in 2013, ILCHF invested $2.2 million in H3 South and H3 West. In addition, the UCLA Center for Health Services and Society was awarded a $700,000 contract to evaluate the two programs. During the five-year project, more than 14,000 children and their families, as well as many healthcare providers, were impacted by H3 and the integrated care models.

ILCHF is profoundly grateful to all those who participated in H3. The participating organizations demonstrated remarkable perseverance, commitment and dedication to the children and families they serve.

H3 taught us many lessons and raised a number of questions that are addressed in this report.

Integrated primary and mental healthcare benefits children, families, communities and healthcare providers.

Asking about mental health-related concerns creates change. The H3 grantee partners found that the opportunity to talk about mental health, which resulted from mental health screening during routine care, began to normalize and destigmatize the topic of mental health.

The effectiveness and precision of standard mental health screening tools warrants additional study in settings similar to H3. Fewer children than anticipated were identified with problems on mental health screening instruments used in primary care practice. However, the use of these instruments led to discussions between parents, caregivers and trusted pediatricians that elicited verbal expressions of concerns. These discussions resulted in the enrollment of children into H3 and the subsequent provision of mental health services. This raises the question as to why those concerns were not fully captured by the standardized screening tools. Sites identified potential answers to this question, including concerns about labeling children with emotional problems, parental literacy and immigration status. How can we help parents feel more comfortable in identifying and discussing areas of need? How can we better understand the impact of these conversations and is there a way to standardize and normalize these conversations so that providers can consistently gather and respond to information that positively impacts children's mental health?

Integrating mental healthcare into primary care settings requires commitment to improved patient care, persistence and patience. The H3 model required two FQHCs to significantly change their pediatric practice models. It is difficult and time-consuming to fully integrate mental health services, even when provided by an experienced community mental health organization, in the primary care setting. Workflows, record keeping and billing complications abound. H3 provides two examples of organizations that overcame many challenges; their workflow models can serve as a starting point for those interested in adopting integrated care into their medical system.

Models for providing effective integrated mental and general healthcare can and do vary depending on the community. The H3 projects took different approaches to staffing their integrated care models:

H3 South was staffed by a master's level, licensed mental health professional, an unlicensed master's level mental health professional and a family resource developer (FRD). The FRD is a parent-peer who has navigated the child-serving systems on behalf of their own child and has direct personal experience with the systems.

H3 West was staffed by three master's level, licensed mental health professionals called behavioral health consultants (BHCs) and a bachelor's level integrated health associate (IHA).

The work of the FRD and the IHA yielded different results. There were benefits and challenges associated with each approach.

The realities of current integrated clinical practice are complex and include many barriers. These include access to services, sustaining services due to restrictive funding through the various public payers and regulatory impediments to clinical practice.

The significant challenges faced by the H3 grantees in terms of billing and financial sustainability provided the following lessons:

The long-term viability of improved practice models is dependent upon not only their effectiveness but also on their financial sustainability. Illinois has among the lowest Medicaid reimbursement rates in the country.[3] This, along with the administrative challenges of obtaining service funding through Medicaid and FQHC funds, makes it extremely difficult to efficiently provide appropriate levels of services with appropriately qualified staff. H3 reinforces the lesson that in order to improve child health it is necessary to increase payment rates, expand the array of available services, allow flexibility in mental health staff credentials and reduce administrative burden to improve access to care.

The practice limitations, administrative burden and billing requirements imposed upon FQHCs and community mental health providers prohibit effective, efficient integration of mental health services into FQHC general health operations. H3 mental health services included same-day access, brief interventions and case-management. H3 had the ability to provide care both in and out of the clinic setting due to the inclusion of a community mental health center partner. Illinois Medicaid and FQHC billing mechanisms made this difficult if not impossible to sustain after ILCHF grant funding concluded. Rule changes to allow FQHCs to bill for case management, bachelor's level providers and out-of-clinic services are necessary. While Illinois Medicaid allows for these services, the administrative burden in that system is such that the services cannot be provided as expeditiously as is necessary to meet the needs of families.

H3 represents ILCHF's first long-term investment in an integrated care model within Chicago. Prior to H3, ILCHF's system-level investment in children's mental health was through the Children's Mental Health Initiative. CMHI 1.0 was an eight-year, $12.2 million investment enabling four communities outside Chicago to build and sustain their children's mental health systems of care. *(Learn more at https://ilchf.org/executive-summary-community-mental-health-initiative-project-findings/)*

ILCHF continues to invest in Illinois' children's mental healthcare system. The Children's Mental Health Initiative 2.0 is a $12.6 million, seven-year investment in a second round of systems-of-care development grants. In July 2018, ILCHF awarded planning grants for five additional Illinois communities to develop and implement models for a local children's mental health system of care. The lead grantees and communities served are:

- Centerstone, *serving Perry, Franklin, Jackson and Williamson counties*
- Community Foundation of Kankakee River Valley, *serving Kankakee County*
- Heritage Behavioral Health, *serving Macon and DeWitt counties*
- Kane County Health Department, *serving Kane County*
- Primo Center for Women and Children, *serving homeless youth and families in Chicago*

As we work with these new grantee partners, we will learn additional ways to strengthen the children's mental health system in Illinois.

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