

Subject: Youth Mental Health Access project 2023

Hello,

My name is Kelvin Au, and I am a clinical quality program administrator from Amerigroup Washington, Inc. We are currently working on a project called the Youth Mental Health Access project from January 2023 through May 2023. We are looking for provider groups that are interested in participating in this project. The project consists of scheduling and following 20 participating patients through phone calls, texts, and other methods and completing tracking tasks 1 through 3. Perform outreach contacts to those members who are assigned to the provider groups and need mental health treatment to follow up.

Upon successful completion of this project, the total payment that can be issued by the Washington DOH is \$10,000. Attached to this email is a description of the project. Below is a description of the requirements. If this is something you are interested in and you fit the requirements listed below, please let me know and we can set up a time to discuss. Thank you!

- Provider requirements:
 - Youth focus:
 - Provider should be a primary care or behavioral health agency that provides care for children/youth 6-17 years of age.
 - Regional focus:
 - Provider must operate in either the Greater Columbia or Pierce County regions.
 - Disparities focus:
 - Provider should serve a reasonable population from one of the two health disparities groups — Native Hawaiian or Other Pacific Islander (NHOPI) or Hispanic Medicaid communities.
 - Enrollment and expectations:
 - Provider should be able to meet the minimum tracking of outcomes for at least 20 members.
 - Disparities focus should be prioritized in those 20 members.

Sincerely,

Kelvin Au
Clinical Quality Program Administrator
Amerigroup Washington, Inc.
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State communication

A message from the Department of Health

Youth Mental Health Access Project: Task 1

Return completed form by February 10, 2023, to the Department of Health via email (pch-hs@doh.wa.gov).

Clinic name: _____

Date: _____

1. Children's Mental Health Service Rate — Measure & Health Disparities Awareness

Several (at least 3) clinic staff can describe the basic definition of the Washington State Common Measure set, **Children's Mental Health Service Rate** and can explain how adolescents aged 6–17 can meet the measure specifications. The clinic also understands what populations are experiencing disparities in care and some of the known root causes. For example, they would talk about the number of youth ages 6–17 who have had a mental health follow up (numerator) compared to the number of youth ages 6–17 that have had a mental health need (denominator) and understand that the result is the Children's Mental Health Service Rate. They would also know which communities are most at risk for not having access to needed services.

☐ YES ☐ NO

2. With the MCO partner, complete the **Clinic Pilot — Initial Assessment** (attached) and submit to DOH using the email address at the top of this page.

3. Children's Mental Health Service Rate — Outreach Preparation

- a. Review the **gap in care report** provided to you by your partner MCO, including the total number of patients ages 6–17 that currently need access to mental health services.
- b. Determine who at your clinic is best suited to outreach to the patients with gaps in care. Training should include reviewing the content of the **mental health resource kit**:
 1. List of additional mental health resources in your community
 2. Mental Health Crisis response and resources
 3. Motivational Interviewing best practices
- c. Provide information about who will outreach to patients (Administrative staff, Volunteer, Mental Health professional, Medical Assistant, etc.)

Youth Mental Health Access Project: Task 2

Partnering MCO: _____

Date: _____

Clinic name: _____

Clinic address: _____

Please note that “the MCO” in each of the following questions refers only to the partnering MCO listed above.

Questions 1–7 for Primary Care Clinics only. Skip to Question 8 for Behavioral Health Agency questions.	
Mental Health Infrastructure	
1	<p>Does the primary care clinic offer mental health services for children and youth? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, explain what types of services are available.</p> <p>_____</p> <p>_____</p> <p>_____</p>
2	<p>Explain the referral process for mental health services for children and youth, including whether you have established relationships with specific agencies in your area.</p> <p>_____</p> <p>_____</p> <p>_____</p>
3	<p>From the clinic perspective, what are the barriers that are limiting children and youth from accessing mental health services in your area/region/city?</p> <p>_____</p> <p>_____</p> <p>_____</p>
Mental Health Screening	
4	<p>Does the clinic administer routine mental health screening for children and youth? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, explain what screenings are in use.</p> <p>_____</p> <p>_____</p> <p>_____</p>
5	<p>If yes to Question 4, what is the process that occurs once a child or youth is screened positive?</p> <p>_____</p> <p>_____</p> <p>_____</p>
Mental Health Patient Outreach	
6	<p>Do you receive consistent reporting from MCOs or others on patients who need mental health services or have an identified gap in care? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

7	Does the clinic do routine outreach (ex: phone, text, etc.) to patients who have a mental health diagnosis and need a mental health service?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>If yes, explain.</p> <hr/> <hr/> <hr/>		
Questions 8-12 are for Behavioral Health Agencies only.		
8	Briefly explain the scope of mental health services for children and youth that are offered by the agency.	
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9	Are there specific services that the mental agency does not offer and that are typically needed to support children and youth mental health needs?	
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10	What are the most common pathways for children and youth to be referred to the agency? Select all that apply:	
<input type="checkbox"/> Parent/family referral <input type="checkbox"/> Referral from primary care provider <input type="checkbox"/> Referral from school <input type="checkbox"/> Referral from hospital or emergency department <input type="checkbox"/> Other (specify):		
<hr/> <hr/> <hr/>		
11	From the agency perspective, what are the barriers that are limiting children and youth from accessing mental health services in your area/region/city?	
<hr/> <hr/> <hr/>		
12	What does the agency do to ensure the provision of culturally responsive care for Black, Indigenous, and other People of Color (BIPOC) children and youth?	
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Youth Mental Health Access Project: Task 3

Return completed form by March 10, 2023, to the Department of Health via email (pch-hs@doh.wa.gov).

Clinic name: _____

Date: _____

For this step of the project, the focus is continuing outreach to patients with a known gap in care for mental health access. The goal of this project is to outreach to provide care coordination for at least 20 patients. A patient should be outreached to at minimum 3 times before moving on to the next patient.

To do this task, the clinic will need the **Mental Health Access Gap in Care Outreach Tracker** and **Mental Health Access Gap in Care Report** provided by the partnering MCO.

Once outreach to patients has begun, use the tracker to document outcomes and complete the following narrative questions after each timeframe.

Mental Health Patient Outreach <input type="checkbox"/> Check this box to indicate that the Mental Health Access Gap in Care Outreach Tracker Excel spread sheet has been completed for the 3/01/23 – 3/31/23 time frame and submitted to the partnering MCO.
What are the current challenges in accessing care? Do you notice any trends or themes from the outreach outcomes? _____ _____ _____
Do you see any demographic/geographic/race, ethnicity, language differences in access to care? _____ _____ _____
Share any other observations or process improvements implemented: _____ _____ _____

Thank you for your participation! We look forward to further debriefing on your experience at our Clinic-to-Clinic meeting in April.

Statewide Children's Health Equity Initiative Youth Mental Health Access Project

Participation Agreement for January 2023-May 2023

Managed Care Organization

As the representative of the Managed Care Organization Amerigroup Washington, Inc., I understand the project's objectives and expectations. Our MCO commits to working with the clinic indicated below, and with the Washington State Department of Health, to achieve these goals. The signature at the end of this agreement indicates our commitment to participate in the Youth Mental Health Access Project and complete the program expectations. We (the MCO) understand that to fulfill this commitment, we are expected to:

- Dedicate staff time to work on practice improvement throughout the project period
- Schedule regular meetings, complete the MCO Support & Engagement form to track meetings, to share clinic needs related to the project objectives, and provide copies of these completed forms to DOH for future project improvement
- Provide ongoing technical assistance and support to the participating clinic(s) throughout the duration of this project
- Forward clinic deliverables to pch-hs@doh.wa.gov at the Department of Health

Participating Clinic

As the representative of [clinic name] I understand the project's objectives and expectations. Our clinic commits to work with the MCO(s) indicated above, who will also work with the Washington State Department of Health, to achieve these goals. The signature at the end of this agreement indicates our commitment to participate in the Youth Mental Health Access Project and complete the project expectations. We understand that to fulfill this commitment, we are expected to:

- Have senior management sponsorship
- Dedicate staff time to work on practice improvement throughout the project period
- Provide regular reporting on the process of partnering with the MCO(s) and improving the **Children's Mental Health Service Rate** for Medicaid children ages 6-17. Include reporting on patients tracked through the project, and efforts to contact parents and patients to schedule and complete any mental health treatment follow up
- Complete an Initial Assessment of the clinic, using the form provided by the MCO
- Share pertinent data with the partnering MCO, who will forward the data to the Department of Health and the Youth Mental Health Access Project performance improvement workgroup for the purpose of quality improvement. This data will be provided to the MCO via an optional template that will be provided
- Perform outreach contacts to those members who are assigned to the clinic and need mental health treatment follow up
- This initiative will begin January 2023, with a Shared Outcomes meeting at the conclusion of the project
- Participating clinic will:

- Schedule and follow 20 participating patients through phone calls, texts and other methods
 - Complete tracking tasks 1 -3
 - Incentive Payment will be based upon the clinic’s successful completion of the project. Earned payments will be distributed by June 2023 if requirements are met by final due date. The total maximum payment to any clinic is \$10,000 for the Youth Mental Health Access Project
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We, the undersigned, recognize the goals of the Youth Mental Health Access Project are:

- To identify and learn about barriers that contribute to low Children's Mental Health Service Rates for the selected population
- To strengthen the relationship between clinics and MCOs
- To increase the WA State Children's Mental Health Service Rate for ages 6-17 with a special focus on Black, Indigenous and People of Color (BIPOC) members
- To share knowledge gained and any developed solutions with providers and communities who serve children statewide

MCO Representative Signature: _____ Date: _____

Clinic Representative Signature: _____ Date: _____

DOH Representative Signature: _____ Date: _____