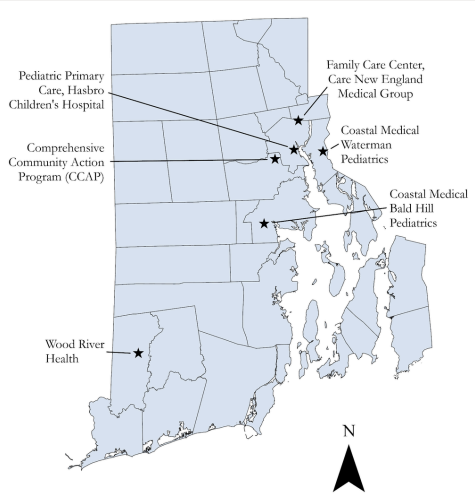
Community Health Workers Help Primary Care Practices Support Children's Behavioral and Mental Health

Background

In 2023, Care Transformation Collaborative of Rhode Island (CTC-RI) received funding from United Healthcare and Blue Cross Blue Shield of Rhode Island to support an innovative project to integrate community health workers (CHWs) into pediatric primary care. **The goal was to increase the capacity of primary care to meet the behavioral health needs of children and families.** Six practices representing diverse care models received monthly practice transformation coaching and two years of funding to support CHW salaries. CHWs participated in a comprehensive training program offered by TEAM UP Scaling and Sustainability Center. The Hassenfeld Child Health Innovation Institute (HCHII) collaborated with CTC-RI and TEAM UP to conduct an evaluation of the project. This brief highlights key findings.

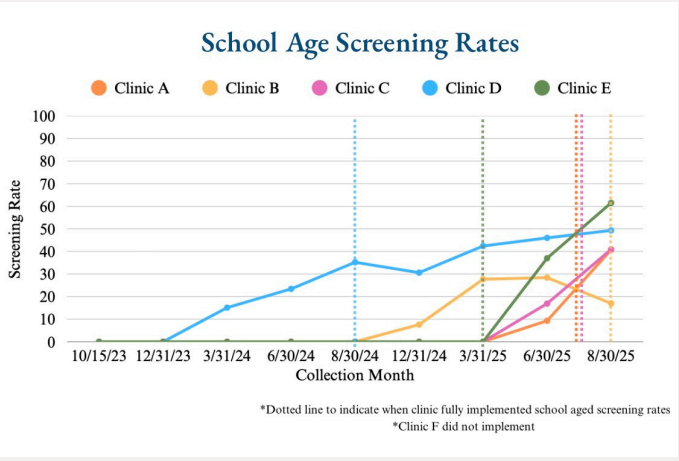


Key Findings

Improved Behavioral Health Screening

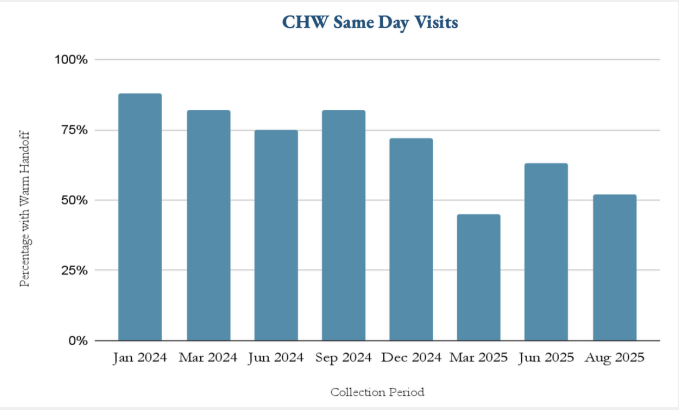
Consistent and universal behavioral health screening is critical to equitable identification of children with behavioral health concerns.

- **Screening of infants (0-3 years) and adolescents (12-18 years) was strong across all sites,** ranging from 70-90% of children seen for routine physicals.
- **Screening of school age children (ages 4-11) is improving.** At the beginning of the project, no sites screened school-age children. At the end of the project, all sites had begun screening and most are now screening at least 40% of school-age children.



CHWs Expanded the Scope of Primary Care

- The CHWs served over 2,000 children.
- The demographics of children served reflect the demographics of participating practices: 32% Hispanic, 37% White, 17% Black/African-American, 15% Other/Unknown.
- **69% of families with an identified need were seen the same day of their visit through a "warm handoff" to the CHW.**
- As the CHWs became busier with larger caseloads, it is possible warm handoffs occured less frequently.



"[CHWs] provide support, validation, encouragement. [CHWs] provide education, psychoeducation. [CHWs] provide so much for these families and just the ability to provide that rapport in the initial meeting with somebody in a handoff and be able to connect them with services and help them to follow through, is an admirable skill that [CHWs] just possess." - Site IBH Director

Hassenfeld Child Health Innovation Institute, Brown University

TEAM UP Scaling & Sustainability Center™

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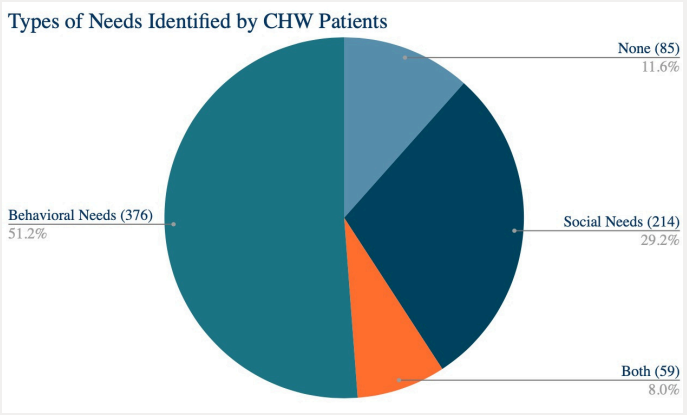
ADVANCING INTEGRATED HEALTHCARE

CHWs Address Both Health-Related Social Needs and Behavioral Health Needs

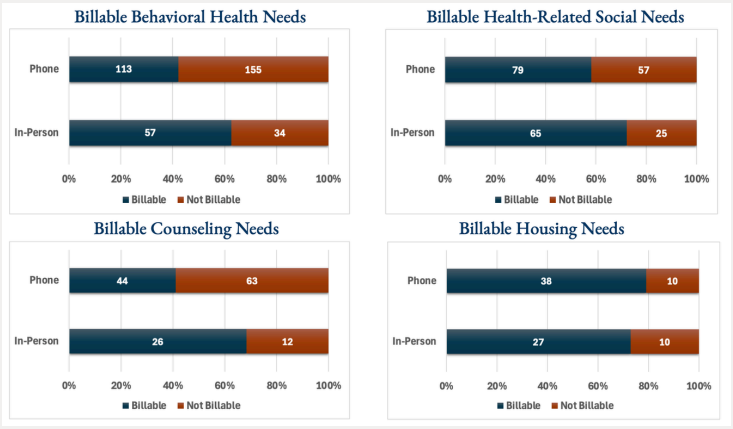
- CHWs provided additional support for families and allowed behavioral health clinicians to focus more on clinical services.
- **A little over half of CHW encounters addressed a behavioral health or developmental concern.**
- **Counseling services (24%), IEP or school-based services (19%), and parent group or support (8%) were the top 3 behavioral health needs identified.**
- Almost 30% of encounters addressed a health-related social need.
- The most frequently identified health-related social needs were: housing needs (12%), food insecurity (11%), and transportation needs (10%).



"There is so much that pediatricians want to do for their patients that they don't have time or often don't know the system well enough to be a good advocate for their patients, so adding in [the CHW role] I think really helps the pediatricians feel like they have somebody who can walk with their families through those processes" - Primary care provider

Billing for CHW Encounters Can Contribute to CHW Sustainability

- **58% of contacts happened over the phone and 24% happened in person.** Email, mail, and text made up the remaining 18% of encounters.
- Approximately, **44% of encounters would be billable (lasting 16+ minutes)** under previous regulations.
  - 43% of CHW contacts for BH needs met billing criteria, with navigation to counseling services being most common.
  - 58% of CHWS contacts for health-related social needs met billing criteria with visits addressing housing and food concerns having longer duration.
- **Reimbursement for phone contacts and maintaining coverage for visits lasting between 15-30 minutes is important for sustainability given the frequency of phone contacts and the length of contact.**
- Sites expressed their commitment to sustaining the CHW role, but raised concerns about the recent changes to Medicaid reimbursement for CHW services.

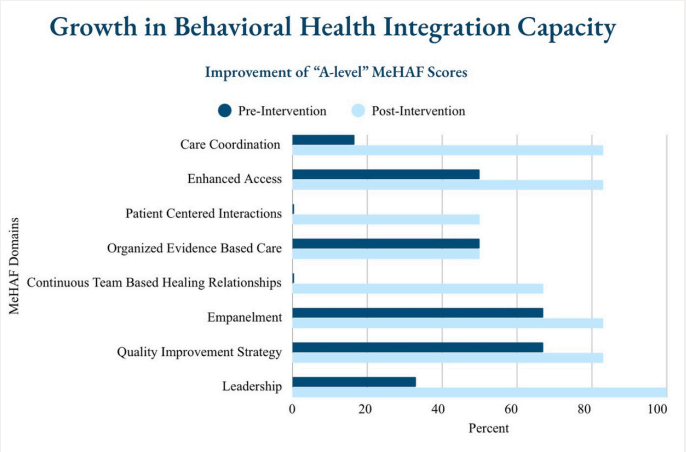


"I will do whatever it takes[to sustain the CHW role], I think this role is essential….we will do whatever it takes grant-wise or system-wise" -IBH supervisor

"It's frustrating that we were adhering and spending a lot of time making sure that we were adhering to that standard….As a result of all of these new changes…it's just a little frustrating to be feeling like you're fighting for what we know is so valuable." -CHW supervisor

Practices Were Better Equipped to Provide Integrated Behavioral Health Care

- The Maine Health Access Foundation (MEHAF) Site Self-Assessment Survey is a 21-item questionnaire that assesses a practice's capacity to provide comprehensive integrated care.
- Practices completed the MEHAF at the beginning of the project, prior to the integration of the CHWs, and at project completion.
- **At the end of the project, 77% of scores were in the "A" level range compared to 29% at baseline.**
- These findings support the importance of practice transformation coaching and the impact of CHWs on the behavioral health team.



"I think that a lot of what got me so excited about this project is just being able to support these families and advocating and taking the next step. And I think that with the collaboration it provides a unique opportunity…" -CHW

Conclusion

- Integration of the CHW role in pediatric practices impacted behavioral health screening rates, expanded the scope of services in primary care, and increased behavioral health capacity.
- All practices consistently conducted behavioral health screening for infants and adolescents. Practices successfully implemented screening for school-age children.
- CHWs helped address both health-related social needs and behavioral health and/or developmental concerns.
- Overall, about half of encounters with CHWs met length of visit requirements for billing under previous regulations and likely under current regulations as well. Despite billing challenges, clinics remain committed to the sustainability of the CHW role.
- With practice coaching, all practices showed significant growth in their capacity to provide high quality integrated care.

"Yeah, I mean, I think the value of this [initiative] is so tremendous…it's expanded our reach. It's expanded our work, our work-life balance…our enjoyment about being at work preserving our workforce, helping our patients. I can't say enough about it."
- IBH director