A Brief History of BeHiP...

- BCBS asked TNAAP to assist with training and engagement for providers caring for children in foster care—"Best Practice Network" (BPN) providers
- Saw need for statewide system of care for behavioral health
- 2012 began training physicians statewide to screen for, discuss, and manage pts with BH concerns
- 2014 began training physicians in trauma-focused care, medical mgmt
- 2016 began working on behavioral health care learning collaborative for providers caring for children in foster care
  - Modeled (loosely) after MCPAP program

Ultimate goal: Statewide system of care around pediatric behavioral health

The Mental Health Challenge

- 1 in 5 US children have emotional/behavioral symptoms causing impairment
- 1 in 5 ages 13-18 have a mental illness
- 1 in 2 adults with mental illness had symptoms by age 14

Primary Chronic Disease Incidence and Cost for Children in Foster Care

| Year of Chronic Condition | Percent of Children | Percent of Medicaid
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Malignant Disease</td>
<td>14%</td>
<td>100%</td>
</tr>
<tr>
<td>Alzheimer Disease</td>
<td>0.5%</td>
<td>100%</td>
</tr>
<tr>
<td>AIDS</td>
<td>1%</td>
<td>100%</td>
</tr>
<tr>
<td>Asthma</td>
<td>25%</td>
<td>100%</td>
</tr>
<tr>
<td>Autism</td>
<td>4%</td>
<td>100%</td>
</tr>
<tr>
<td>Asthma</td>
<td>20%</td>
<td>100%</td>
</tr>
<tr>
<td>Attention Deficit Disorder</td>
<td>0.25%</td>
<td>100%</td>
</tr>
<tr>
<td>Asthma</td>
<td>30%</td>
<td>100%</td>
</tr>
<tr>
<td>Autism</td>
<td>5%</td>
<td>100%</td>
</tr>
<tr>
<td>Asthma</td>
<td>10%</td>
<td>100%</td>
</tr>
<tr>
<td>Asthma</td>
<td>20%</td>
<td>100%</td>
</tr>
<tr>
<td>Autism</td>
<td>1%</td>
<td>100%</td>
</tr>
<tr>
<td>Asthma</td>
<td>10%</td>
<td>100%</td>
</tr>
<tr>
<td>Autism</td>
<td>2%</td>
<td>100%</td>
</tr>
<tr>
<td>Asthma</td>
<td>10%</td>
<td>100%</td>
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</tbody>
</table>

Foster Care Outcomes

- At age 21:
  - 48% unemployed (full- or part-time)
  - 33% had not received high school diploma or GED
  - 26% had experienced homelessness in the past 2 years
  - 25% had given birth or fathered a child in the past 2 years
  - 20% had been incarcerated in the past 2 years
  - 25% had no health insurance coverage
The Mental Health Provider Shortage

- In 1990, estimated need for >30,000 child and adolescent psychiatrists by 2000
- In 2013, there were 8,000

A Primary Care Solution

- Primary Care Providers (PCPs) are often the first point of contact for families with behavioral health concerns
- PCPs are frequently in the best position to identify and discuss behavioral health concerns with families

BeHiP 3 Pilot Logic Model

<table>
<thead>
<tr>
<th>Resources</th>
<th>Activities</th>
<th>Outcomes</th>
<th>Short-term Outcomes</th>
<th>Long-term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>University pediatrics + Community partners + Regional EDC + Regional CCO + TeleCare + 11180</td>
<td>Partnering + Boardwork + Advocacy + Legislation + Stakeholder + Funding + Coordination + Care coordination</td>
<td>Improved parent care + Improved community engagement + Improved patient care + Improved health literacy + Improved healthcare for children</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Behavioral Health Prescriber Locations in the BlueCare Network

BlueCare TN Best Practices Network
BeHiP I

Increase pediatrician confidence and competency in:
- Screening
- Talking to patients and their families
- Understanding treatment
- Knowing when, how, and to whom to refer a patient
- Networking

HEL²P³

Hope
Empathy
Language, Loyalty
Permission, Partnership, Plan

BeHiP I

- 5 face-to-face regional trainings across Tennessee
- 1 BEHIP introductory training video
- 6 Guidance Videos
  - Anxiety
  - Attention and impulsivity
  - Depression
  - Disruptive behavior and aggression
  - Social/emotional guidance for children birth to age 5
  - Substance use and abuse

Results

Q7. After participating in the BEHIP training, how confident are you in referring patients to behavioral health providers?

BeHiP II

Raise pediatrician confidence and competency in:
- Trauma-informed care
- Adverse Childhood Events (ACEs)
- Navigating the Department of Children's Services (DCS)
- Basic psychopharmacology
- Treating v. referring
- Networking
Psychopharmacology

- 9% of children and adolescents prescribed psychotropics
- Children in foster care prescribed psychotropics 3-11 times more than Medicaid children not in foster care

Primary Care Psychopharmacology

PCPs
- Provide > 50% of US mental health care
- Prescribe >75% of the anxiolytics, antipsychotics, and mood stabilizers
- Beyond stimulants, many PCPs are uncomfortable with prescribing psychotropic medications

BeHiP II

- Transition BeHiP I content to online modules
- 5 face-to-face regional trainings/networking events
- Transition BeHiP II content to online modules

Results from BeHiP III

Behavioral Health Integration Pilot Project

- Identify providers in one region
- Train providers
- Build relationship between providers and their COE and regional DCS offices
- Create a teledem learning collaborative
  - Psychiatrists and support staff, area behavioral health resources, coordinated school health, DCS, COE, BDDS, BeHiP faculty and staff
- Replicate to remaining regions
What are COEs?
- Part of a statewide network to enhance the quality of services provided to children in or at-risk of entering the Tennessee child welfare or juvenile justice systems.
- Children and families are more likely to have developmental, physical, or psychiatric disabilities, and ACEs.

Centers of Excellence for Children in State Custody (and at risk of custody)

BeHiP III
- Since March 2017
  - 7 practices trained, 5 currently participating
  - 8 monthly collaborative calls
  - Data collected through PHiT TNAAP QI project
  - Systems Changes: Improved scheduling access for behavioral health services, integrated review with DCS staff, pilot to move 72hr DCS intake to medical home, improved provider billing
  - Direct patient intervention

Challenges...
- Recruiting physicians
- Case submissions
- Billing for services
- Demonstrating the business case for this collaborative
- Future funding

Key Takeaways
- Collaboration between BCBS and state chapters of professional societies such as AAP can result in solutions to healthcare challenges
- Raising the confidence and competency of pediatricians around behavioral health concerns is critical to bridging gaps in access to care
- Identifying barriers at the provider level and fostering relationships between providers and regional resources is crucial to sustaining change