



Welcome!

Please put your name, pronouns, practice name, and role in the chat.

You can ask questions via the chat we will monitor it as we go along. We will also pause for questions periodically.

These slides and the recording will be made available on the [Practice Innovation Program website](https://medschool.cuanschutz.edu/practice-innovation-program/current-initiatives/1302-behavioral-health-integration/for-practices).

<https://medschool.cuanschutz.edu/practice-innovation-program/current-initiatives/1302-behavioral-health-integration/for-practices>



AGENDA

1302 Innovation Showcase

Autism West Behavior Partners - **Mackenzie Clough**

Altitude Pediatrics – **Rickelle Hicks**

MidValley Family Practice - **Michelle Skagen**

Kids First Pediatrics - **Jill Bumgardner**

Northeast Colorado Family Medicine - **Rachelle Maker**

Kids First Health Care - **Amanda Jichlinski**

Colorado Health Network – **Danielle Willis**



Scan to complete evaluation



https://practiceinnovationco.co1.qualtrics.com/jfe/form/SV_23rQuF08cbzy4Ae





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THANK YOU!

ALTITUDE PEDIATRICS

HB1302 Innovation Showcase



altitudepediatrics.com



HAPPENINGS

The HB102 grant jump-started our integrated behavioral health program, turning good intentions into real-time care for kids and families.



1

**3500 sqft expansion
of clinic to include:
playroom, 3 therapy
offices, a workroom
and conference
room**

2

**2 fully licensed
clinicians seeing
20+ patients per
week**

3

**3 Masters Level
Interns trained in
the PCBH Model**

4

**Full time behavioral
health care
coordinator that
provides another
layer of scaffolding
for patients**

ABOUT US



OUR TEAM

Altitude Pediatrics started in November of 2021 with one behavioral health clinician and 4 physicians. Since then, we have grown to over 7500 patients with 7 medical providers, 5 integrated behavioral health clinicians and a full time behavioral health care coordinator.



OUR FACILITIES

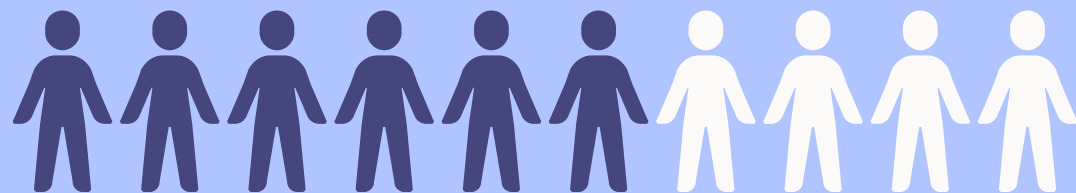
The HB1302 grant allowed us to expand our space to accommodate a quickly growing behavioral health team. In August of 2024, we expanded 3500 sq ft that allowed us to go from occasional support to fully integrated, same-day behavioral health care.

GROWTH

We began with one behavioral health clinician in 2023 seeing approx 100 patients per month. Our clinic now has capacity to see 275 patients every month with 5 days per week clinician availability.

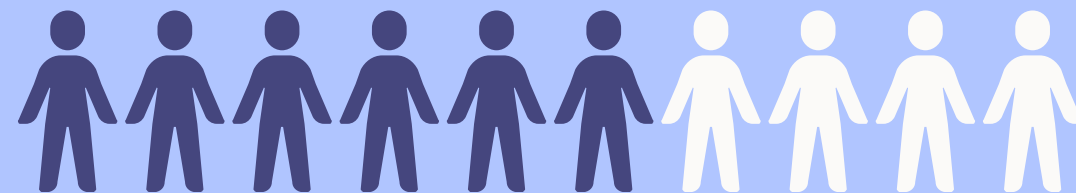
175%

increase in patient's seen
monthly



70%

clinical capacity



OUR CLINIC



THERAPY OFFICES



THERAPY/TRAINING
OFFICE



STATE OF THE ART
PLAYROOM

TRAINING THE NEXT GENERATION OF IBHC'S

01

HIGH FIDELITY PCBH

We developed a comprehensive curriculum that stays true to the spirit of integrated behavioral health, giving our learners a dynamic opportunity to practice the PCBH model of care.

02

CLINICAL DEVELOPMENT

Our graduate level and post graduate level interns have been exposed to evidence-based practice in real time. Our one way mirror has given “in the moment” feedback for clinicians to gain deeper skills and confidence.

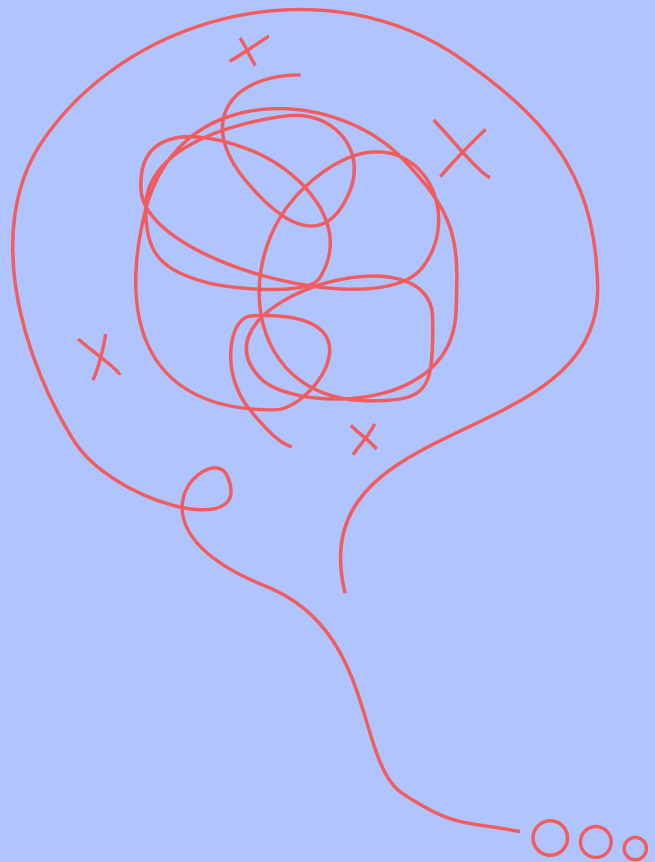


Outcomes

“The support provided through the 1302 grant played a pivotal role in strengthening our integrated behavioral health program. Funding allowed us to expand screening capacity, streamline referral pathways, and increase the availability of same-day behavioral health interventions within the pediatric setting. As a result, we have been able to deliver more timely, coordinated, and family-centered care to children with emerging behavioral health needs.

Medical Home

1302 facilitated the development of a comprehensive pediatric medical home model by embedding behavioral health services directly within primary care workflows.”



BIG PICTURE GAME CHANGERS



Access to
Care



Expansion of
the Workforce

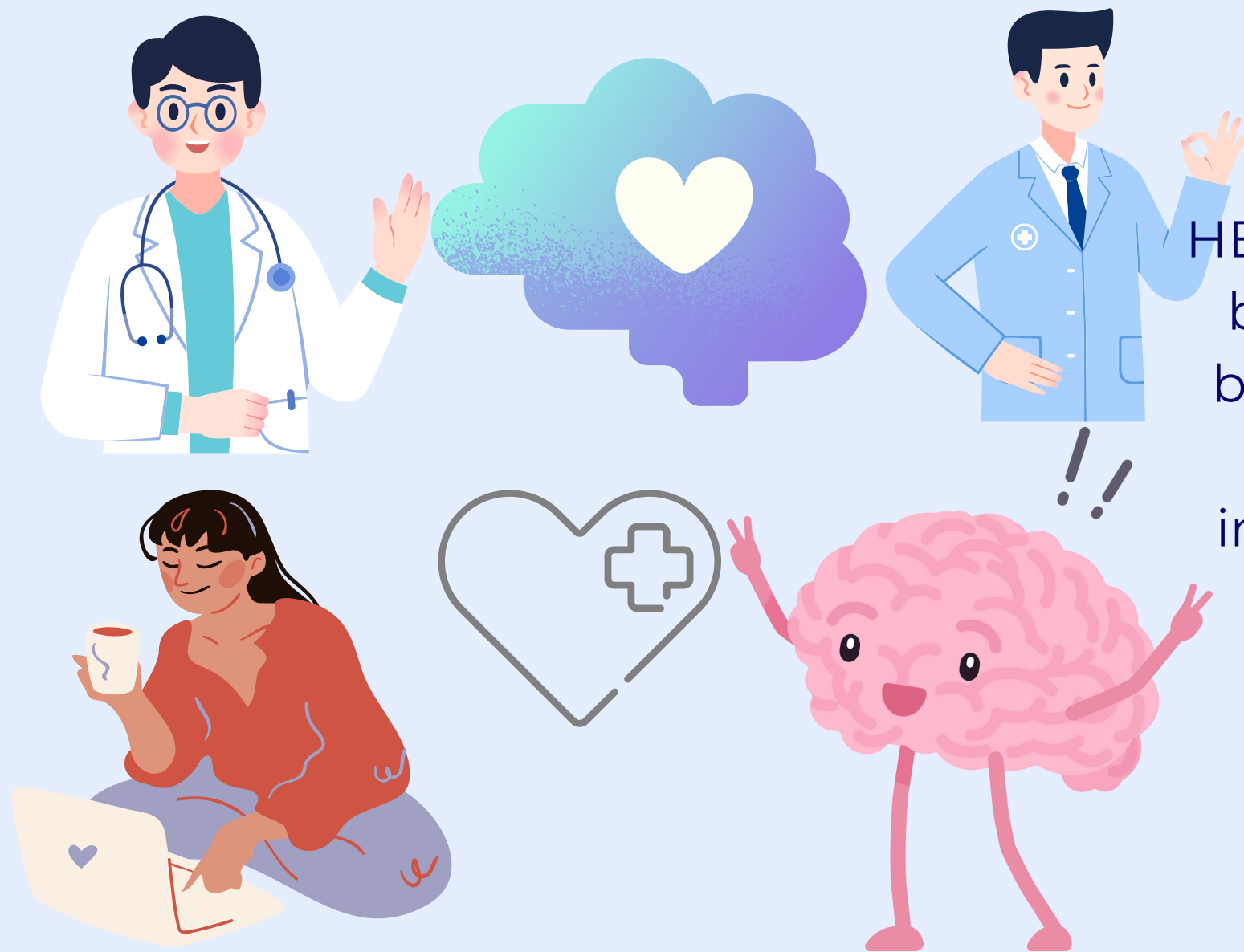


Program
Sustainability



Infrastructure
Development

THANK YOU FOR HELPING KIDS IN MESA COUNTY



HB1302 significantly advanced the development of our integrated behavioral health model by enabling the addition of dedicated behavioral health staff, enhanced training for medical providers, and implementation of evidence-based models of care. This investment transformed our practice from a traditional primary care model into a more comprehensive system capable of addressing behavioral health concerns directly within the pediatric office.”

MID VALLEY FAMILY PRACTICE

Serving Older Adults
Respectfully

HB 1302

PARENTING ADULT CHILDREN

Cultivating lasting, healthy
relationships with your adult children,
their romantic partners, and
grandchildren.

Physical and Psychological Effects of Relational Conflict


- Stress from conflict can lower your immune system, making you susceptible to colds and flu.
- Chronic Pain, such as headache, back pain, neck pain.
- Loss of peripheral vision.
- Missed opportunities to learn because you make assumptions or think negative thoughts about the person.
- Spikes in cortisol (stress hormones).
- Cortisol production degrades memory, immune system, weakens muscle tissue and bones, impairs concentration.



CONVERSATIONS WITH PEOPLE YOU DISAGREE WITH

Physical and Psychological Effects of Relational Conflict

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An Umbrella Term
for a Decline in
Mental Ability

UNDERSTANDING DEMENTIA

PREVENTION



- Control High Blood Pressure
- Manage Blood Sugar
- Maintain a healthy weight
- Eat a healthy diet
- Keep physically Active (150 minutes of moderate-intensity exercise per week)
- Stay mentally Active
- Stay connected with family and friends
- Treat hearing problems
- Take care of physical and mental health
- Sleep well
- Prevent Head injury
- Drink less alcohol
- Stop tobacco use

Caregiver Stress



Factors that affect Caregiver Health

- Caring for a family member
- Living with the person who needs care
- Caring for someone who needs constant care
- Feeling alone
- Feeling helpless or depressed
- Moodiness or anger from the person receiving care
- Having money problems
- Spending many hours caregiving
- Having too little guidance from healthcare professionals
- Having no choice about being a caregiver



*In healthy older people,
loneliness is related to a
stress hormone pattern
similar to that of people
who are under chronic
stress.*

Loneliness is a common and normal
human experience.

AND,

Maintaining social connections can:

- Buffer against cognitive decline
- Help people cope with stress
- Aid in bouncing back after a stressful event



Multiple factors influence how easily we find connection later in life.

Grief can take a long time and it's not a predictable timeline. Grief flashes can come out of nowhere, making it hard to start new relationships.

If widowed, the timing and nature of death can influence the timetable for reaching out.

Children can play a role either through support (tech support, encouragement) or they can be unhelpful through skepticism,

The digital age has caused a lot of people to be out of practice. Socializing in person can feel awkward.

It's normal to feel guilty if you're in bereavement or in a caregiving role, and you want companionship.

When you're older and looking for companionship, there's less time, which means cutting to the chase and knowing what you want.

It can be hard to adjust and accept new circumstances: loss of mobility or agility, retirement, relocation, friends moving away or dying, people being busy with grandkids, etc.



Alcohol and Aging



Existing health problems made worse with drinking:

- Diabetes
- High blood pressure
- Congestive heart failure
- Osteoporosis
- Memory problems
- Liver problems
- Mood disorders





Other Successes

- Increased Behavioral Health visits among older adults (65+) by 30%
- Referred 20+ patients to local psychologist for neurocognitive assessment
- Monthly Caregiver Stress Support Groups
- Facilitated 2 separate relationships among patients in the practice
- Medicare Well Visits
- Community partnerships, including Aging Well Roadmap participation
- Advance Care Planning
- Helped people navigate changes to Medicare
- Pitkin County Senior Center

Kids First Pediatrics

Lakewood, CO

Kids First Demographics

Payer Mix – 40% commercial insurance
60% Medicaid

Serving 7040 patients

2 MDs, 3 PNP's, and 2 PA-Cs

3 behavioral health providers, including
1 dedicated to early childhood

1302 Grant Goals

1

Take control of our BH program by employing all BHPs inhouse and creating goals and objectives that meet our needs

2

Hire a BHP dedicated to early childhood and become a HealthySteps practice

3

Focus on sustainability from the beginning

Current State

3 Behavioral Health Providers –
employed by Kids First

1 Behavioral Health Provider
always available for “hot
spotting”

Approved HealthySteps practice
– dedicated to focusing on early
childhood, identifying young
families that need the most
support through use of risk
stratification and universal
screening

Challenges

- Finding sustainable funding streams
- Hiring and maintaining BHPs

Northeast Colorado Family Medicine

Behavioral Health Grant



Rachelle Maker, FNP-C, PMHNP-BC

Our Practice

- We are a privately owned family practice clinic that has been in the community for 48 years
- Serve 10 counties across Northeast Colorado as well as bordering towns in Nebraska, Wyoming, and Kansas.
- Grow Your Own Model: FNP-C who went back to school to get Psychiatric Mental Health Nurse Practitioner Certification to allow integration of behavioral health into the practice
- Provide time for weekly consultations with other providers or as needed throughout the week.
- Designated days and times for mental health intakes and follow-up visits.
- New Space for Mental Health Practice
- Taking outside referrals from other community clinics for Mental Health Services
- Started Spravato administration
- Training in EMDR

Success

- Provided more access to Mental Health Services in our Community
- Providers are spending less time making outside referrals and less travel for patients
- Improved management of mental health needs
- Providing consultation with other providers
- Improved EHR program for mental health services
- Continue to grow with the ability to continue providing mental health services after completion of the grant
- Add a Licensed Counselor to the practice



Keeping kids healthy today & for all of their tomorrows

Integrated Behavioral Health Care at Kids First

1302 Innovation Showcase Presentation

Who We Are

- Kids First Health Care is a safety net, nonprofit, pediatric primary care practice located in Adams County.
- We operate out of 9 clinics, 7 school-based health centers and 2 community clinics.
- We serve children birth to 21 regardless of insurance status or ability to pay.
- We offer integrated behavioral health care services at all our locations.



Our Behavioral Health Program

- Kids First began transitioning away from co-located, contracted behavioral health services in 2021 to more effectively meet patient needs through truly integrated care.
- At the start of this grant, we had 3 behavioral health providers at Kids First and we set the following goals:
 - Goal: Behavioral health referrals are more effective and efficient.
 - Goal: The Behavioral Health Program is largely self-sustaining.
 - Goal: Behavioral Health Program staffing experiences lower turnover.



Our Process



Behavioral health referrals
are more effective and
efficient



Hired bilingual care coordinator to focus on
behavioral health referrals, care
coordination, and follow up communication
with families about referrals.

The Behavioral Health
program is largely self-
sustaining



Received support from our RAE to improve
our credentialing process. Attended
webinars and trainings to improve billing
practices. Increased revenue from
supervised, unlicensed BHP billing.

Behavioral Health Program
staffing experiences lower
turnover



Provided BHPs with opportunities for career
growth through training opportunities, such
as EMDR training and other supports.

Follow Up

After achieving these goals, our team embarked on additional projects including:

- Creating a centralized resource spreadsheets to list identified therapy providers with availability. The spreadsheet is updated by our care coordinator and behavioral health providers.
- Organized weekly Care Team meetings to discuss complex patients as a group (including medical and behavioral health providers and care coordinators).
- Explored HBAI codes for planned implementation in January, 2026.



Where We Are Now



- During this grant, our behavioral health program has grown from three behavioral health providers to a team of eight including:
 - Behavioral Health Program Manager
 - Behavioral Health Care Coordinator
 - Behavioral Health intern
- Integrated behavioral health services are offered at all our sites with individual therapy, group therapy, and care coordination.
- We have maintained a core group of behavioral health providers while hiring new staff members to join the team.
- We have increased our behavioral health revenue each quarter.



Questions?

