Integrating Primary and Behavioral Health Services

Part Two

Presented by

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About the McSilver Institute

The McSilver Institute for Poverty Policy and Research at New York University Silver School of Social Work is committed to creating new knowledge about the root causes of poverty, developing evidence-based interventions to address its consequences, and rapidly translating research findings into action through policy and practice.

About PCDC

Primary Care Development Corporation (PCDC) is a national nonprofit organization and a community development financial institution catalyzing excellence in primary care through strategic community investment, capacity building, and policy initiatives to achieve health equity.
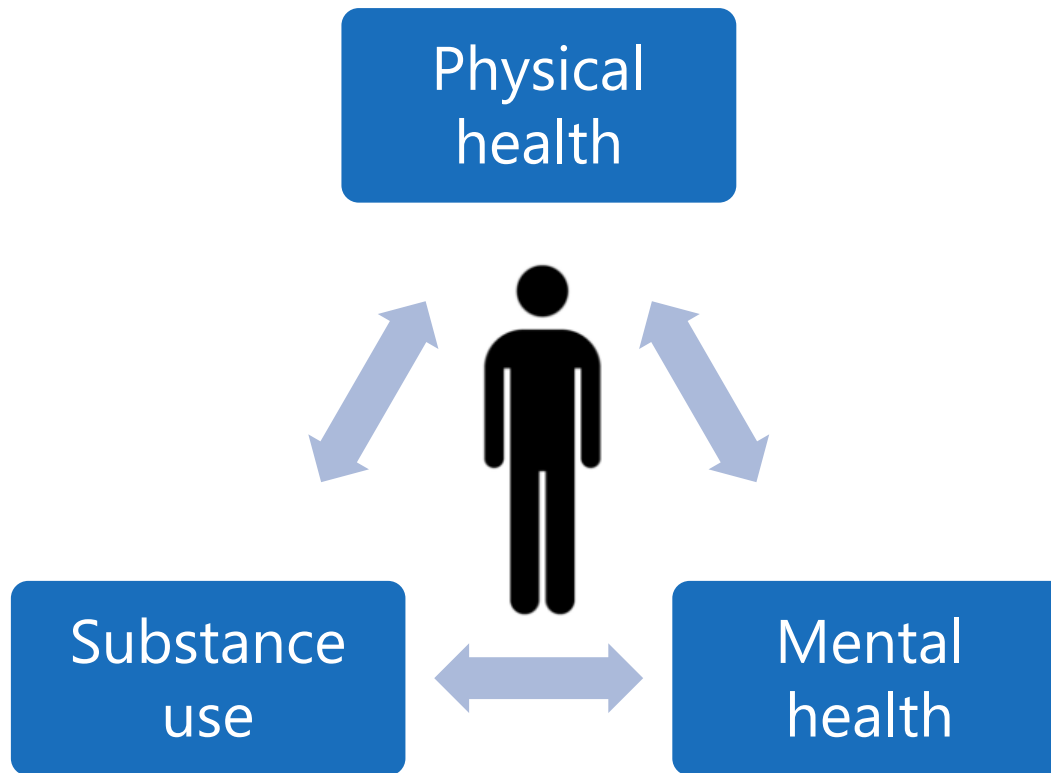
Integrating Primary and Behavioral Health Part II: Children and Youth

Today's Objectives:

- Why is integration for children and youth needed?

- What does integration look like for children and youth?

- How can integration make a difference?

Brief Review: What is Integrated Behavioral Health?

The current problem

US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children

Daniel G. Whitney, PhD[1]; Mark D. Peterson, PhD[1]

HALF of the ~7.7 million children in the United States with a treatable mental health disorder do not receive needed treatment, with some states seeing rates of treatment gaps over 70%

B Prevalence of not receiving care in children with mental health disorders

Prevalence quartiles, %
29.5-41.3 | 41.4-46.6 | 46.7-53.1 | 53.2-72.2
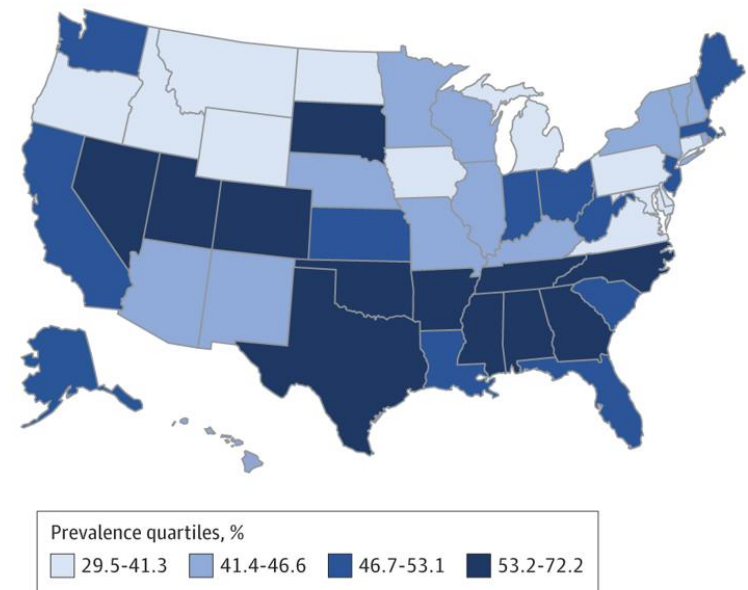
...but it's not just mental health needs

• Over 6 million children under 18 have been diagnosed with asthma, the leading chronic illness among US children

• Asthma leads to 14 million school absences annually, and is the third leading cause of hospitalizations for children under 15

• Children living with asthma are 18 times more likely to have mental health problems and 14 times more likely to have developmental difficulties

• 2 million adolescents in the US have a chronic health conditions that limits daily activity, while depression is a leading cause of overall disability

US Centers for Disease Control & Prevention; LS Neinstein, 2001, West J Med.
Arif & Korgaonkar, 2016, J Asthma.

## Researchers identify early home and family factors that contribute to obesity

MARY ANN LIEBERT, INC./GENETIC ENGINEERING NEWS

New Rochelle, NY, February 11, 2019--A new 21-year longitudinal study identified multiple risk factors related to the family and home environment associated with the timing and faster increase in body mass increase (BMI), ultimately leading to overweight or obesity in adulthood. The effects of the home and family characteristics on BMI can emerge as early as age 5, according to the study published in *Childhood Obesity*, a peer-reviewed journal from Mary Ann Liebert, Inc., publishers. Click here to read the full-text article free on
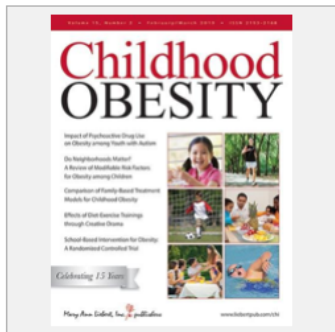
Vaping among teens skyrocketed in the last year as cigarette use declined, new CDC study shows

Meira Gebel Feb. 16, 2019, 7:00 AM
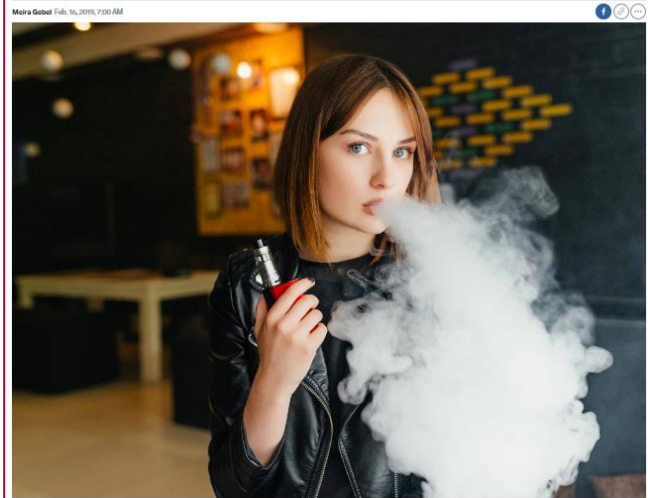
'No one can do this alone:' Postpartum depression clouding motherhood draws new concern, treatment

Postpartum depression and related mood disorders are pervasive, affecting one in five expectant and new mothers, yet many suffer in silence, undiagnosed and untreated. Some have come forward to share their stories.

MARY CALLAHAN
THE PRESS DEMOCRAT | February 16, 2019, 11:57PM

EMORY | news center

CONTACT US

Parent training effective for reducing behavior problems in autism spectrum disorder

Woodruff Health Sciences Center | April 21, 2015

The New York Times

Homelessness in New York Public Schools Is at a Record High: 114,659 Students

One out of every 10 students lived in temporary housing during the last school year.
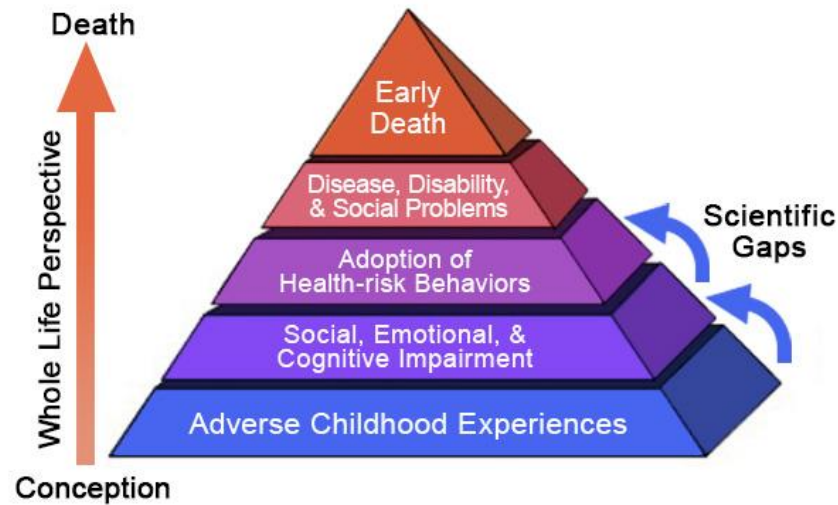
Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

The Adverse Childhood Experiences (ACE) Study

Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH

- The largest study of its kind, that examined the health and social effects of adverse childhood experiences over time.

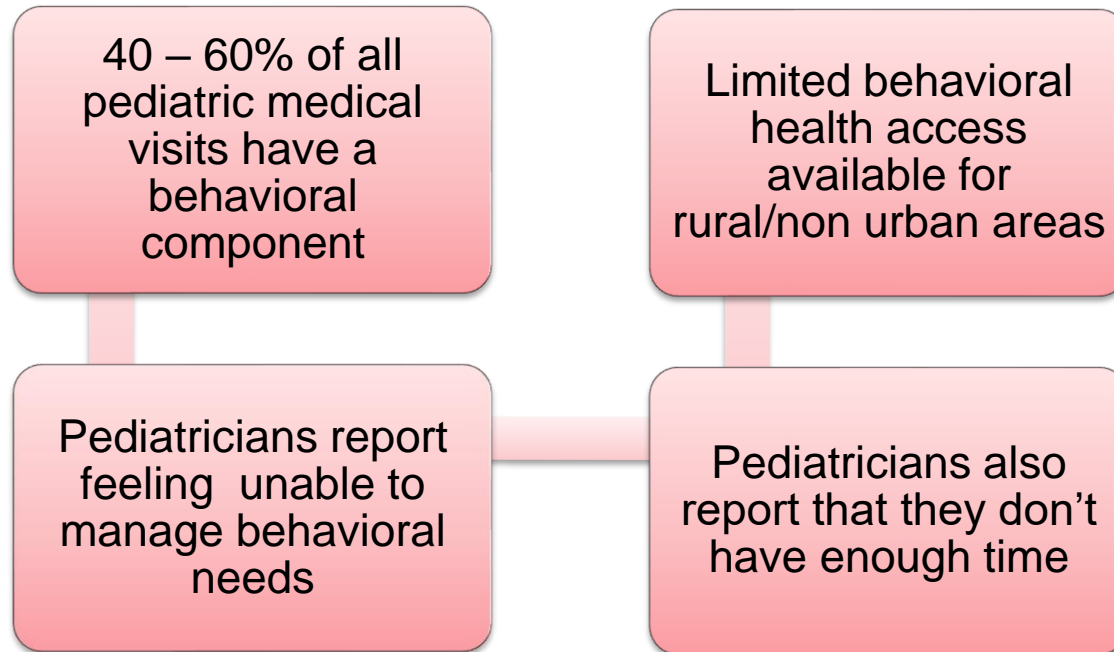- Involved over 17,000 participants at Kaiser Permanente in California.

The mechanisms by which adverse childhood experiences influence health and well-being throughout the lifespan. Pyramid showing progression from Conception to Death along a "Whole Life Perspective" axis: Adverse Childhood Experiences → Social, Emotional, & Cognitive Impairment → Adoption of Health-risk Behaviors → Disease, Disability, & Social Problems → Early Death, with "Scientific Gaps" noted between levels.

ACES increase likelihood of:

- Long term physical health problems (e.g., diabetes, heart attack)
- Risk for suicide, depression, poor sleep, risky sexual behavior
- Poor dental hygiene (beginning in childhood)
- ACE-exposed mothers bearing children with decreased birth weight and early birth, fetal mortality

Substance Abuse and Mental Services Administration (SAMHSA), 2019

Why Integrate?

40 – 60% of all pediatric medical visits have a behavioral component

Limited behavioral health access available for rural/non urban areas

Pediatricians report feeling unable to manage behavioral needs

Pediatricians also report that they don't have enough time

Adapted from Austen, J., 2018; (Kessler et al., 2005), (Burka, Van Cleve, Shafer, & Barkin, 2014; Cooper, Valleley, Pohala, Begeny, & Evans, 2006), (Miller, Petterson, Burke, Phillips, & Green, 2014)

How does integration differ from 'treatment as usual' for children and youth?

Tuesday, September 15, 2015

Fit Kids: Integrated Primary and Mental Health Care Helps Discover Mental Issues Early On

By Erin Billups
Wednesday, February 4, 2015 at 05:38 PM EST

How Integrated Behavioral Health is bringing pediatric psychologists into the pediatrician's office

January 16, 2019   Katie Lott

Like 1.3K

Core Integrated Care Components for Children and Youth

1. **FAMILY AND YOUTH-GUIDED TEAMS WITH CARE COORDINATION CAPABILITY.** A coordinator is designated to communicate, coordinate, & educate. Family members and youths are considered important participants and advisors throughout the process.

2. **INDIVIDUALIZED AND COORDINATED CARE PLANS.** Care plans are individualized & guided by family/youth input, including their values, preferences, & available resources.

3. **USE OF EVIDENCE-BASED GUIDELINES**. Use EBP's, screening, & assessment tools, follow the guidance of the *Bright Futures initiative of the American Academy of Pediatrics* for well child visits until the age of 21.

4. **ESTABLISHED & ACCOUNTABLE RELATIONSHIPS WITH OTHER ENTITIES**. Organizations establish relationships with outside entities including formal agreements on topics such as communication standards, wait times, or responsibility for development of care plans.

5. **DATA-INFORMED PLANNING.** Organizations have clinical information systems that support proactive planning & informed decision making on both individual and population levels.

Source: SAMSHA/HRSA CIHS

A wide range of opportunities for integrated care

- Well-child visits = early intervention opportunity!

- Identify and address ACES, ADHD, behavioral problems, and intellectual disabilities

- Parent training, support

- Manage chronic health conditions (obesity, asthma)

- Address substance use (may include medication AND behavioral health)

- Connection to community resources

....These are all related!

What Types of Services can be brought together in integrated settings to address the needs of children and youth?

Children 0 – 5 Years

	Behavioral Consultation	Care-Coordination	Co-Location
Health/ Development Needs	Typical Developmental Screenings • Help with toilet training • Help with weaning • Help with diet/ nutrition	Locating services	In-house Speech Language Pathologist/ Occupational Therapy
Mental Health	• ACES (Adverse Childhood Experiences Study) • Attachment/bonding	• Parenting groups • Referrals to mental health or intensive in home parenting help • Substance Use	• Substance Use Treatment • Family therapy
Complex/ Co-Occurring	• Parenting skills for differences in development • Family Support		

Children 6 – 12 Years

	Behavioral Consultation	Care-Coordination	Co-Location
Health/ Development Needs	• Enuresis/encopresis • Needle phobia • Healthy Eating/Picky Eating • Autism Screening	• Referrals for Sleep Studies • Child Development Programs	
Mental Health	• ADHD • Emotional regulation skills • Social Skills • Sleep issues • Brief Grief and Trauma • Behavioral issues	Parenting groups • Referrals to mental health or intensive in home parenting help • Collaboration with schools and other community stakeholders	• Substance Use Treatment • Family therapy • Individual therapy • Parent-child interaction therapy
Complex/ Co-Occurring	• Parenting skills for children with chronic illness • Health Empowerment • Assessing level of needs	• Coordination with youth services • Coordination with schools	• Family therapy • In-home intensive therapy

Adolescents 12 – 21*

	Behavioral Consultation	Care-Coordination	Co-Location
Health/ Development Needs	• Consent and medical decision-making • Sexual health • Needle phobia • Healthy Eating • Autism Screening	• Referrals to obesity programs, nutritionist, sleep studies, family planning	• Brief therapy for chronic illness, support for pregnancy.
Mental Health	• ADHD (still!) • Emotional regulation skills • Social Skills • Sleep issues • Brief Grief and Trauma • Behavioral issues • Substance use • Depression & Anxiety	• Parenting groups • Referrals to mental health or intensive in home parenting help • Collaboration with schools and other community stakeholders	• Substance Use Treatment • Family therapy • Individual therapy • Parent-child interaction therapy
Complex/ Co-Occurring	• Parenting skills for children with chronic illness • Health Empowerment • Assessing level of needs	• Coordination with schools, juvenile justice • Help with launching, college	• Individual therapy, family therapy, systems-level interventions

End Goal: Whole Person Care

Right treatment + **Right time** + **Right person** + **Right place** = **Integrated Care**
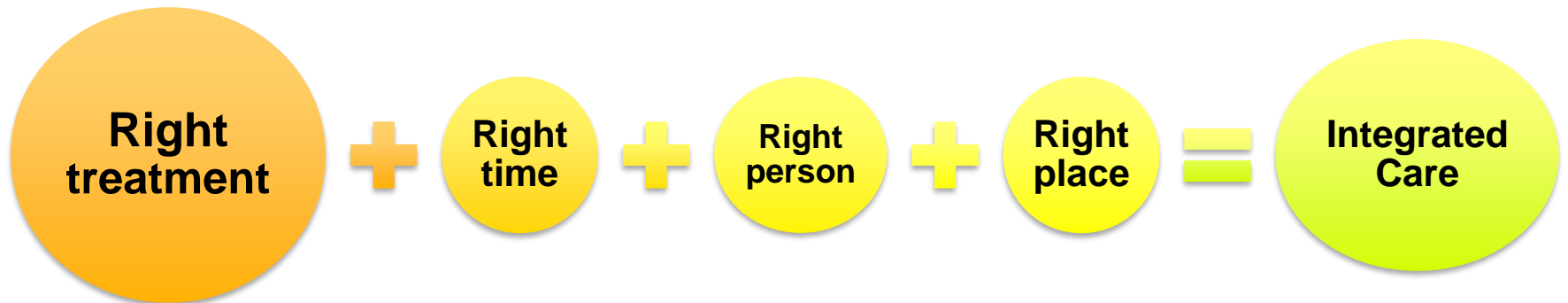
The Right Treatment

High Priority Health Conditions for Integrated Care

• Managing chronic diseases and conditions

• Tobacco/smoking reduction

• General health promotion: physical activity and nutrition

• Substance use

Evidence Informed Wellness Programs: Where to Start

Nutrition

Physical Activity

Tobacco Cessation

Chronic Disease Self-Management
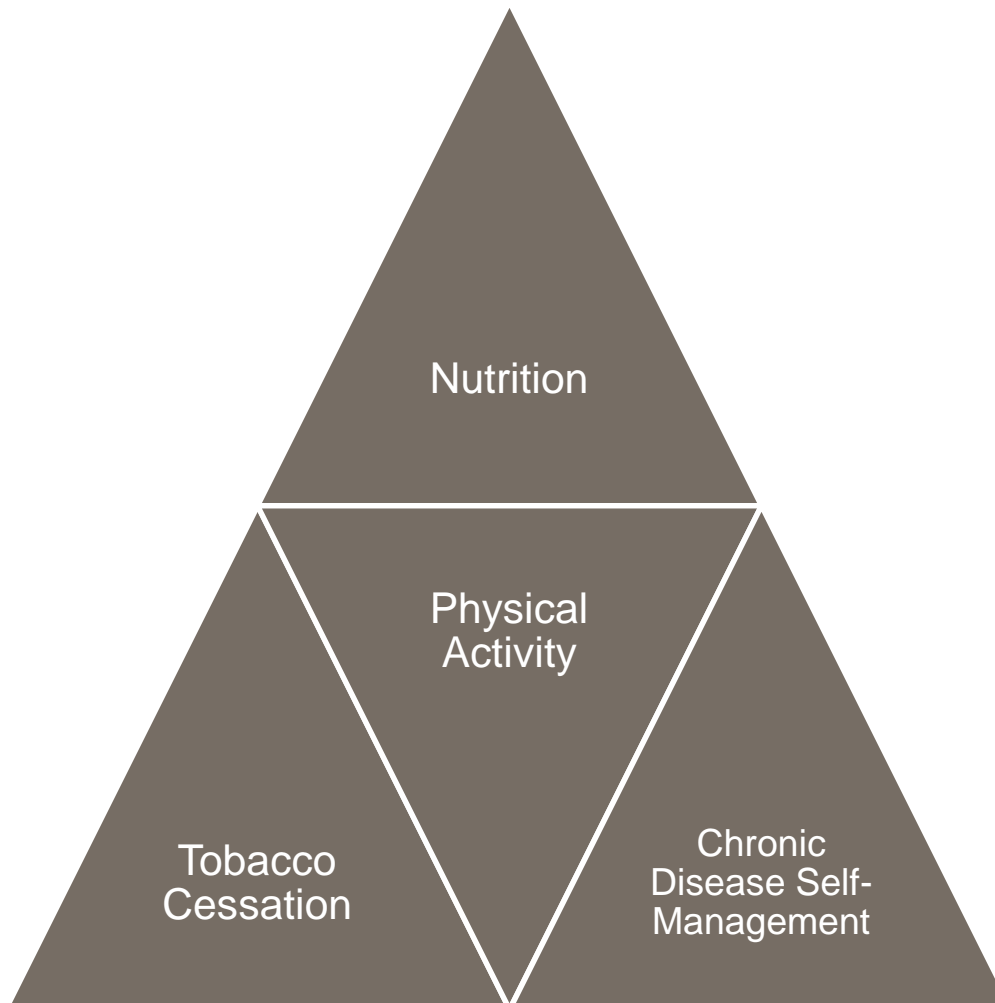
- Person-centered

- Non-judgmental

- Consider impact of trauma, adversity, social factors

- Wholistic (medicine may be a component but not the only one!)

- Coordination between types of care and providers

Evidence Informed Wellness Programs

1. Nutrition/Exercise

- Nutrition and Exercise for Wellness and Recovery (NEW-R)

http://www.cmhsrp.uic.edu/health/weight-wellbeing.asp

- Diabetes Awareness and Rehabilitation Training (DART)
- Solutions for Wellness

https://www.thenationalcouncil.org/team-solutions-solutions-wellness/

- InSHAPE

http://www.kenjue.com/

- Achieving Healthy Lifestyles in Psychiatric Rehabilitation (ACHIEVE)

2. Tobacco Cessation

- DIMENSIONS Tobacco Free Program
- Learning About Healthy Living
  http://rwjms.rutgers.edu/departments_institutes/psychiatry/divisions/addiction/community/documents/2012la
  hl.pdf
- Intensive Tobacco Dependence Intervention for Persons Challenged by Mental Illness: Manual for Nurses

http://www.apna.org/files/public/tobaccodependencemanualfornurses.pdf

3. Chronic Disease Self-Management

- Whole Health Action Management (WHAM)

https://www.integration.samhsa.gov/health-wellness/wham

- Stanford University Model

Screening & early intervention tools

Links included in Resources Section

Screening & early intervention tools

BEARS SLEEP SCREENING ALGORITHM

The "BEARS" instrument is divided into five major sleep domains, providing a compreh[ensive]
in the 2- to 18-year old range. Each sleep domain has a set of age-appro[priate]

B = bedtime problems
E = excessive daytime sleepiness
A = awakenings during the night
R = regularity and duration of sleep
S = snoring

Examples of developmentally appropriate

	Toddler/preschool (2-5 years)	School-aged (6-12 years)	Adolescent (13-18 years)
1. Bedtime problems	Does your child have any problems going to bed? Falling asleep?	Does your child have any problems at bedtime? (P) Do you have any problems going to bed? (C)	Do you have any problems falling asleep at bedtime? (C)
2. Excessive daytime sleepiness	Does your child seem overtired or sleepy a lot during the day? Does she still take naps?	Does your child have difficulty waking in the morning, seem sleepy during the day or take naps? (P) Do you feel tired a lot? (C)	Do you feel sleep a lot during the day? In school? While driving? (C)
3. Awakenings during the night	Does your child wake up a lot at night?	Does your child seem to wake up a lot at night? Have trouble	Do you wake up a lot at night? Have trouble

D4 — NICHQ Vanderbilt Assessment Scale—TEACHER Informant

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____
Today's Date: _____ Child's Name: _____ Grade Level: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____.

Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____
Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3

Links included in Resources Section

Integrated Case Management

•Increase points of contact to manage complex behavioral and medical needs of patients

•Utilize population and patient-level tracking

•Decreases outpatient utilization

•Address obstacles and barriers to treatment

•Improve self-management skills

•Maintain patient engagement

•Provision through NYS Medicaid
 https://www.emedny.org/ProviderManuals/CMCM/PDFS/CMCM_Policy.pdf

Sabik et al., 2016, Medical Care

Characteristics of the most effective approaches to promote physical and behavioral health in an integrated system of care

- All about the quality of the patient-provider relationship
- Aligned with a person's readiness level*
  - Pre-contemplation
  - Contemplation
  - Active treatment
  - Maintenance
- Addresses the emotional issues related to health management
- Mobilizes helpful social supports
- Addresses lifestyle changes
- Explores the use of medication combined with counseling and psychological therapies

- Focuses on the person's felt needs for change and high priority goals
- Respects the person's cultural, religious and personally meaningful values
- Considers the person's day to day realities (what's realistic)
- Includes a way of monitoring improvements
- Involves peers where possible

* https://www.mirecc.va.gov/cih-visn2/Documents/Provider_Education_Handouts/Motivational_Interviewing_for_Health_Behavior_Change_Version_3.pdf

What is the benefit of integrated care?

- Improvement in provider satisfaction in quality and access to services

- High patient and family satisfaction

- Improvement in early recognition and treatment of issues, such as mental health

- Promising outcomes for improvement of parenting skills, obesity, sleep, and other issues.

Adapted from Austen, J., 2018
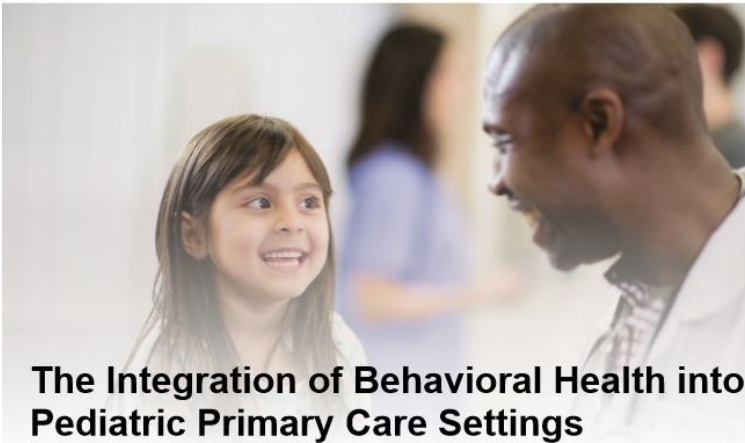
The Integration of Behavioral Health into Pediatric Primary Care Settings

Project Launch

SAMHSA-funded project supporting integration in primary care for children and families

- Providers must be met "where they are" to establish long-lasting changes

- Behavioral health resources and enhanced referral systems facilitate provider buy-in for transitioning to an integrated model

- Embedding mental health consultants supports higher screening rates, increased provider and patient satisfaction, and improved children's social-emotional functioning

- Leveraging existing infrastructure is key to ensuring integration efforts lead to sustained change

We are making progress!

BRIEF

New CMS model aims to improve child behavioral health services, tackle opioid abuse

The New York Times

City Hospital System Is Expanding Children's Mental Health Programs

ProjectTEACH

TRAINING AND EDUCATION FOR THE ADVANCEMENT OF CHILDREN'S HEALTH

MISSION

To strengthen and support the ability of New York's pediatric primary care providers (PCPs) to deliver care to children and families who experience mild-to-moderate mental health concerns.

NEW YORK STATE | Office of Mental Health

NEW YORK STATE OF OPPORTUNITY. | New York State Psychiatric Institute

COLUMBIA UNIVERSITY IRVING MEDICAL CENTER

Questions?

Further Reading/Resources

- **Johns Hopkins PICC Toolkit:**
http://web.jhu.edu/pedmentalhealth/PICC%20TOOLKIT%201.pdf

- **AACP Pediatric Health Home Integration:**
https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/best_principles_for_integration_of_child_psychiatry_into_the_pediatric_health_home_2012.pdf

- **SAMHSA:**
https://www.integration.samhsa.gov/integrated-care-models/children-and-youth

- **Project Launch**: https://healthysafechildren.org/topics/integration-behavioral-health-primary-care-settings

Further Reading/Resources

- Felt-Lisk, S. & Higgins, T. (2011). Exploring the Promise of Population Health Management Programs to Improve Health. Mathematica Policy Research Issue Brief. https://www.mathematica.org/our-publications-and-findings/publications/exploring-the-promise-of-population-health-management-programs-to-improve-health

- Parks, J., et al. (2014) Population Management in the Community Mental Health Center-based Health, Center for Integrated Health Solutions Homeshttp://www.integration.samhsa.gov/integrated-care-models/14_Population_Management_v3.pdf

- http://www.integration.samhsa.gov/ (Great resource on everything integration)

- http://www.integratedcareresourcecenter.com/ (Website detailing what is happening with health reform in each state)

- http://www.chcs.org/ (Website focused on publicly funded healthcare and the transformations underway)

- https://www.health2resources.com/ (Updates on the ACA for professions—great site to sign up for email notices)

- https://www.ahrq.gov/ (1.Framework for understanding measurement of integrated care; 2. A list of existing measures relevant to integrated behavioral health care; & 3.Organizes measures by the framework and by user goals to facilitate selection of measures).

Further Reading/Resources

- Population Health Management: A Roadmap for Provider-Based Automation in a New Era of Healthcare; Institute for Health Technology Transformation http://www.exerciseismedicine.org/assets/page_documents/PHM%20Roadmap%20HL.pdf

- CREEPING AND LEAPING FROM PAYMENT FOR VOLUME TO PAYMENT FOR VALUE Webpage https://www.thenationalcouncil.org/capitol-connector/2014/09/creeping-leaping-payment-volume-payment-value/

- Guide https://www.thenationalcouncil.org/wp-content/uploads/2014/09/14_Creeping-and-leaping.pdf

- Workbook http://www.thenationalcouncil.org/wp-content/uploads/2013/10/National-Council-Case-Rate-Tool-Kit.pdf

- CMS Innovation Center: Health Care Payment Learning and Action Network http://innovation.cms.gov/initiatives/Health-Care-Payment-Learning-and-Action-Network/

Further Reading/Resources

Screening and Early Intervention Tools:

- SPENCE Child Anxiety Scale: https://www.scaswebsite.com/index.php?p=1_6

- Severity Measure for Generalized Anxiety Disorder: https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Severity-Measure-For-Generalized-Anxiety-Disorder-Child-Age-11-to-17.pdf

- Depression Scale for Children (CES-DC): https://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces_dc.pdf

- PHQ-9 for Teens: http://www.pedpsychiatry.org/pdf/depression/PHQ-9%20Modified%20for%20Teens.pdf

- BEARS: https://www.ncbi.nlm.nih.gov/pubmed/15680298

- Vanderbilt ADHD Assessment: https://www.nichq.org/sites/default/files/resource-file/NICHQ_Vanderbilt_Assessment_Scales.pdf

Thank you!