Integrating Primary and Behavioral Health Services

Part Two
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?

- Physical health
- Substance use
- Mental health
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%
...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

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 index (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

Mary Mack, Feb. 6, 2019, 10:46 AM

Parent training effective for reducing behavior problems in autism spectrum disorder

Woodruff Health Sciences Center | April 21, 2015

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.

‘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
Research Article

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.
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?
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
• 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!

A wide range of opportunities for integrated care
What Types of Services can be brought together in integrated settings to address the needs of children and youth?
## Children 0 – 5 Years

<table>
<thead>
<tr>
<th>Health/Development Needs</th>
<th>Behavioral Consultation</th>
<th>Care-Coordination</th>
<th>Co-Location</th>
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</table>
|                          | 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 Treatment |  
  • Substance Use Treatment  
  • Family therapy |             |
| **Complex/Co-Occurring** |  
  • Parenting skills for differences in development  
  • Family Support |                   |             |
## Children 6 – 12 Years

<table>
<thead>
<tr>
<th>Health/Development Needs</th>
<th>Behavioral Consultation</th>
<th>Care-Coordination</th>
<th>Co-Location</th>
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</thead>
<tbody>
<tr>
<td>Health/Development Needs</td>
<td>Enuresis/encopresis</td>
<td>Referrals for Sleep Studies</td>
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<td></td>
<td>Needle phobia</td>
<td>Child Development Programs</td>
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<td>Healthy Eating/Picky Eating</td>
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<td></td>
<td>Autism Screening</td>
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<tr>
<th>Mental Health</th>
<th>ADHD</th>
<th>Parenting groups</th>
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<td></td>
<td>Emotional regulation skills</td>
<td>Referrals to mental health or intensive in home parenting help</td>
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<tr>
<td></td>
<td>Social Skills</td>
<td>Collaboration with schools and other community stakeholders</td>
</tr>
<tr>
<td></td>
<td>Sleep issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Brief Grief and Trauma</td>
<td></td>
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<tr>
<td></td>
<td>Behavioral issues</td>
<td></td>
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</tbody>
</table>

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<tr>
<th>Complex/Co-Occurring</th>
<th>Parenting skills for children with chronic illness</th>
<th>Coordination with youth services</th>
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<tbody>
<tr>
<td></td>
<td>Health Empowerment</td>
<td>Coordination with schools</td>
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<tr>
<td></td>
<td>Assessing level of needs</td>
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<tr>
<th>Complex/Co-Occurring</th>
<th>Family therapy</th>
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<tr>
<td></td>
<td>In-home intensive therapy</td>
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</table>
## Adolescents 12 – 21*

<table>
<thead>
<tr>
<th>Health/Development Needs</th>
<th>Behavioral Consultation</th>
<th>Care-Coordination</th>
<th>Co-Location</th>
</tr>
</thead>
</table>
|                          | • 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

- 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
   - Intensive Tobacco Dependence Intervention for Persons Challenged by Mental Illness: Manual for Nurses

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

**Spence Children's Anxiety Scale**

**Phq-9: Modified for Teens**

**Severity Measure for Generalized Anxiety Disorder—Child Age 11–17**

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 comprehensive assessment of sleep disorders in children.

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

Examples of developmentally appropriate

<table>
<thead>
<tr>
<th>Toddler/preschool (2-5 years)</th>
<th>School-aged (6-12 years)</th>
<th>Adolescent (13-18 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bedtime problems</td>
<td>Does your child have any problems going to bed? Falling asleep?</td>
<td>Does your child have any problems at bedtime? (P) Do you have any problems going to bed? (G)</td>
</tr>
<tr>
<td>2. Excessive daytime sleepiness</td>
<td>Does your child seem over tired or sleepy a lot during the day? Does she still take naps?</td>
<td>Does your child have difficulty waking in the morning, seem sleepy during the day or take naps? (P) Do you feel tired a lot? (G)</td>
</tr>
<tr>
<td>3. Wakeup problems</td>
<td>Does your child wake up a lot at night?</td>
<td>Does your child seem to wake up a lot at night?</td>
</tr>
</tbody>
</table>

Links included in Resources Section

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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

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
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!

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

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.
Questions?
Further Reading/Resources

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

• AACP Pediatric Health Home Integration:  

• SAMHSA:  

• Project Launch:  https://healthysafechildren.org/topics/integration-behavioral-health-primary-care-settings
Further Reading/Resources


• 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


• CMS Innovation Center: Health Care Payment Learning and Action Network
Further Reading/Resources

Screening and Early Intervention Tools:

- 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
Thank you!