CNHN Future of Pediatrics 2015
Mental Health Integration in Primary Care
Innovative Care Delivery Models

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June 9, 2015
The Case for Integrated Behavioral Primary Care

• Behavioral health problems in pediatric settings are prevalent and burdensome
  – Children w/disruptive behavior represent the single source of referrals to MH clinics (16-19% of youth), typically identified initially by PCPs
  – Anxiety, depressive, and substance abuse disorders very prevalent and associated w/broad impairment (e.g., 50% school dropout, high incidence of peer problems and suicidality)
  – Degree of training and/or comfort with MH varies by PCP
  – PCP time constraints
• Specialty mental health has many limitations
  – Despite high incidence of MH problems, 4 out of 5 children w/mental health problems do not receive help
  – Barrier to care: unavailability of services, transportation issues, insurance restrictions, long delays for services, poor communication across providers, stigma

• Health policy initiatives seek to improve care access, comprehensiveness, and quality
  – The patient-centered medical home (PCMH) has encouraged a type of care that is easily accessible, continuous, comprehensive, family centered, and coordinated
  – Integration is an Affordable Care Act priority
Whole Bear Care at CNHS (launched March ’14)

• Collaborative, patient-centered, holistic care model
• Psychologists co-located w/PC providers
• Staff:
  o Donna Marschall, PhD (Director)
  o Tashya Wilson, PsyD
  o Shereen Mohsen, PsyD
  o Howard Crumpton, PhD
  o Lauren Patton, PsyD
• Locations
  o Children’s Health Center (SZ)
  o Foggy Bottom
  o Adams Morgan
  o Capitol Hill
  o Future expansion to Maryland
  o Adolescent Health Center (SZ)
  o Good Hope Road
  o Martin Luther King, Jr.
  o Shaw Clinic
Referral Issues

- Depression & Anxiety
- ADHD and behavior issues
- Parenting/family issues
- Medical adherence/chronic illness
- Somatic complaints

Services

- MH assessment
- Brief therapy
- Co-management w/primary care

- Suicidal Ideation/Behavior
- Substance abuse
- Academic/learning issues
- Eating disorders/obesity
- Developmental Delays

- Referral & linkage to care
- Provider education
Successes and Challenges

• **Successes!**
  – Assessed over 1000 children, adolescents, and young adults with linkage to mental health services as warranted
  – Provision of brief intervention at time of consultation (e.g., parenting strategies, relaxation training) Immediate intervention for acute mental health issues (e.g., psychiatric hospitalization, therapy “bridge”)

• **Challenges**
  – Mental health service capacity limitations
  – Billing and reimbursement for consultation service
Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP)

June 9, 2015
Joyce Harrison, M.D.
Medical Director, BHIPP
• **www.nncpap.org**

• **Active programs in 30 states**
  – **Model:**
    • Telephone consultation for PCP’s
    • Help with referrals to specialty and community services
    • Training and technical assistance
    • Limited slots for evaluations
Maryland BHIPP

• Developed to help support the efforts of primary care clinicians to assess and manage the mental health needs of their patients from infancy through the transition to young-adulthood

• In collaboration with University of Maryland, Johns Hopkins Bloomberg School of Public Health, Salisbury University; partnerships with community/advocacy groups

• Piloted Fall 2012, Statewide July 2013
Goals

• Support the capacity of primary care providers to participate in the mental health care of children and youth and increase access to child MH services

• Support (depending on provider need and interest) the provision of care for a wider range of issues in the primary care office

• Build more effective collaboration with MH specialists
Funding

• Maryland Department of Health and Mental Hygiene (DHMH) and State Department of Education (MSDE)
  
  – DHMH/MHA funded statewide initiative for mental health consultation and training program for children ages 0-18
  
  – MSDE funded early childhood mental health consultation and training program as part of the state’s Race to the Top – Early Learning Challenge grant for ages 0-6
Program Components

• Phone Consultation Service via “Warm Line”
  – Clinical questions, resources, and referral information

• Continuing Education
  – Training opportunities in pediatric mental health

• Referral and Resource Networking
  – Building connections between PCPs and mental health professionals

• Social Work Co-Location
  – Social work interns from Salisbury University placed in primary care practices
Who Can Participate?

- BHIPP services are available to any pediatric primary care provider in Maryland
  - Pediatricians
  - Family physicians
  - Nurse practitioners
  - Physician assistants
  - School-based health providers
Using the BHIPP Consultation Service

• Complete an enrollment form

• Call BHIPP at 855-MD-BHIPP
  – Consultation line is open Monday – Friday, 9am-5pm
  – Free of charge and available regardless of patient’s insurance
  – Or fax us using the Consultation Request Form

• Receive a written summary of the call
The Consultation Process

Step 1
- Primary care provider (PCP) calls 855-MD-BHIPP

Step 2
- Call is immediately answered by behavioral health staff

Step 3
- Behavioral health staff can assist with resources/referrals
- Other calls will be triaged to a consultant (e.g. psychiatry, developmental pediatrician)

Step 4
- For calls that require a consultation with a specialist, calls will be returned at a time that is convenient for the PCP within 24 hours

Step 5
- Once consultation is complete, written summary will be sent to PCP
The 5 “S’s”

• **SAFETY**
  – Are there concerns about safety

• **SPECIFIC BEHAVIORS**
  – What are the most problematic behaviors and when/where are they happening

• **SETTING**
  – What is the child’s functioning (home/school/social)

• **SCARY**
  – Have any hard or scary things happened

• **SCREENING/SERVICES**
  – Has the child had any assessments and/or received any treatment or services
Training/CME

• Topics
  – Psychopharmacology
  – Disorder specific
  – In-office interventions and treatment
  – Screening
  – Early childhood mental health

• Modalities
  – Large regional conferences
  – In-office trainings
  – Learning collaborative
  – Case conference calls
Resources and Referral

• Connections between PCPs and mental health professionals

• Connections to referral resources

• Connections to family navigators
  • Maryland Coalition of Families
  • Parents’ Place

• Access to library of public access screening instruments

• Handouts for PCP, families, children/teens
Social Work Co-Location

- Co-Location
  - Social work interns embedded in pediatric practices
    - Expanded in 2014 to include nine practices across Wicomico, Talbot, Kent, Frederick, and Carroll counties

- Model:
  - Screening
  - Brief intervention
  - Referral
Partnerships

• Race to the Top Early Learning Challenge
  – Consultation, outreach and training for ages birth to 5 years

• Maryland Coalition of Families/Parents’ Place of Maryland
  – Outreach & dissemination of materials and resource information to families
  – Family Navigators

• Maryland “Peer to Peer” project
  – mandatory phone approval and monitoring of new prescriptions for antipsychotics
Partnerships cont.

- Maryland Early Childhood Mental Health Steering Committee
- **Maryland LAUNCH**
  - SAMHSA (Substance Abuse and Mental Health Services Administration)
  - Outreach specifically in Prince George’s County
- **Title V Maternal and Child Health Block Grant**
  - HRSA (Health Resources and Services Administration)
  - Outreach, training, consultation, evaluation of screening tools
- **Maryland Chapter, American Academy of Pediatrics; Emotional Health Committee**
  - DEPOT: MD AAP Children’s Developmental Poverty Task Force Project
Testimony

• “BHIPP is an excellent resource! The support has allowed me to care for patients in my office that in the past I would have had to refer to a specialist.”

— Dr. Susan Chaitovitz, President, Maryland Chapter, American Academy of Pediatrics
Contact Us

Website: www.mdbhipp.org

Phone Consultation Line: 855-MD-BHIPP

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Funding for DC MAP is provided by the DC Department of Behavioral Health

Leandra Godoy, PhD
Project Coordinator, DC MAP
DC MAP

- **Background:**
  - Supported by the DC Department of Behavioral Health
  - Children’s National and MedStar Georgetown University Hospital
  - Required by the *Behavioral Health System of Care Act of 2014*
  - Oversight by the DC Collaborative for Mental Health in Pediatric Primary Care
  - Program pilot began May 2015; Expect city wide launch in late summer/early fall 2015
DC Collaborative for Mental Health in Pediatric Primary Care

Working Group
- American Academy of Pediatrics (DC Chapter)
- Children’s National Health System
- Children’s Law Center
- DC Department of Behavioral Health
- DC Department of Health
- DC Department of Health Care Finance
- Georgetown University

Advisory Board
(Partial Listing)
- DC Behavioral Health Association
- DC Public Schools
- George Washington University
- Health Services for Children with Special Needs (MCO)
- Howard University
- Mary’s Center
- Strong Start DC
- Total Family Care Coalition
- Unity Health Care
- Zero to Three

Disciplines represented:
- Advocacy
- Education
- Pediatrics
- Policy
- Psychiatry
- Psychology
- Social Work

Project Team
DC MAP

• **Goals:**
  – Increase collaboration between PCPs and MH providers
  – Promote MH within primary care
  – Improve early identification, evaluation and treatment
  – Promote the rational utilization of scarce specialty mental health resources for the most complex and high-risk children
DC MAP Services

1. Phone consultation with child MH experts
2. Brief, time-limited follow-up services
3. Mental health training and education
4. Resource guide maintenance
5. Psychotropic Monitoring Group
DC MAP Services

• Availability: Monday – Friday, 9am-5pm

• Eligibility:
  – 0 – 21 years of age
  – Regardless of insurance
  – Child lives in DC or gets pediatric care in DC

• Content Areas:
  – **Services provided:** Any topic related to mental or developmental health, substance use, and issues that may impact child MH (e.g., parental depression, domestic violence)
  – **Services not provided:** Not a crisis line; cannot provide specialty evaluations (e.g., educational evaluations) or specific recommendations for school, court, etc.
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