SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

Building Integration in Pediatric Settings

Michelle Duprey, LMSW
Director, Integrated Health Care,
Starfish Family Services
National Council for Behavioral Health

Setting the Stage:

Today's Moderator

Katie Scott

Associate

SAMHSA-HRSA Center for Integrated Health Solutions

Slides for today's webinar will be available on the CIHS website:

www.integration.samhsa.gov

Under About Us/

Innovation Communities 2018

To participate

Use the chat box to communicate with other attendees

Disclaimer: The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), or the U.S. Department of Health and Human Services (HHS).

Setting the Stage

Michelle Duprey, LMSW
Director, Integrated Health Care,
Starfish Family Services. Inkster, Michigan

Overview of Today's Webinar

- Review of Innovation Community activities so far
- Work Plan
- Individual Coaching Calls
- Update on Listserv
- Resources needed?
- Dr. Rahil Briggs introduction and presentation
- Wrap-up Questions

SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

A Decade of Integrated Pediatric Behavioral Health: Taking Prenatal-Adolescent Programming to Scale

Rahil D. Briggs, PsyD

Director, Pediatric Behavioral Health Services
Associate Professor of Pediatrics, Psychiatry & Behavioral Sciences Monetfiore Medical Center, Bronx, New York

- Review background of Montefiore's Behavioral Health Integration Program (BHIP)
- Understand national landscape of pediatric behavioral health concerns
- Learn our model for integrated primary care behavioral health in pediatrics
- Review lessons learned and future areas of focus

The Children's Hospital at Montefiore

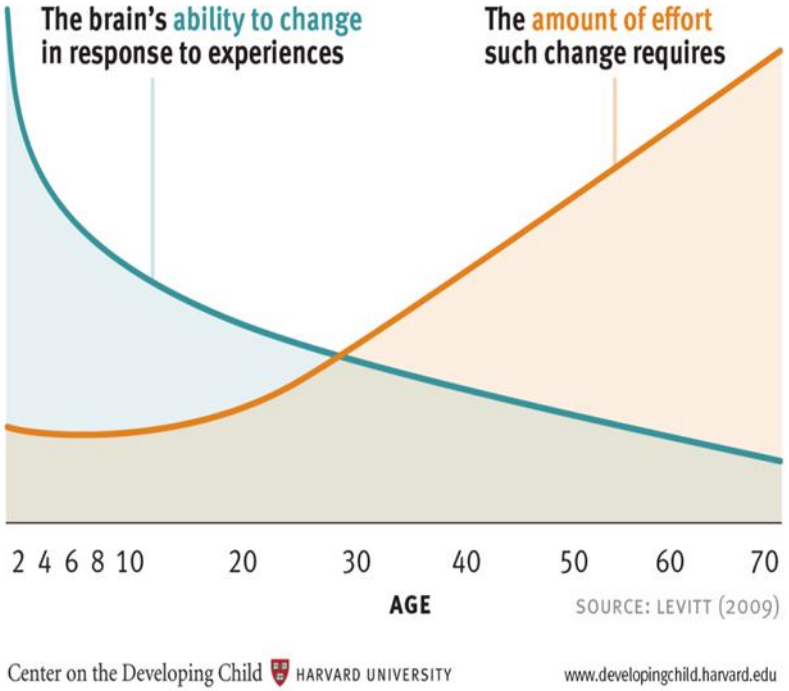
THE PEDIATRIC HOSPITAL FOR: EINSTEIN
Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY

Pediatric Behavioral/ Developmental Problem Landscape

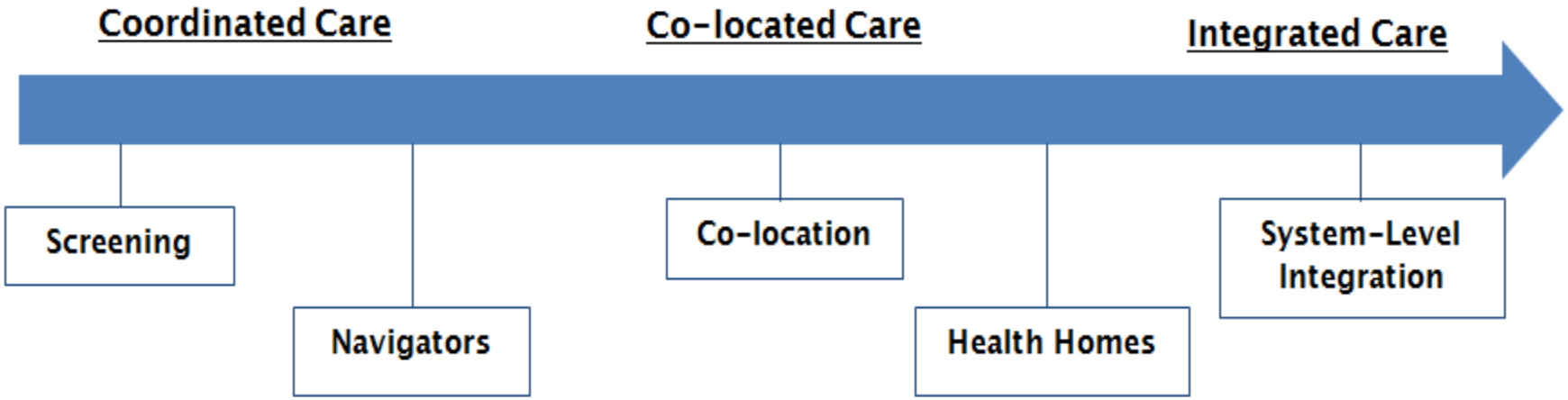
- 1/7 children ages 2-8 and 1/5 children ages 9-17 exhibit symptoms
- Only 15-25% of children receive care from the specialty mental health system
- 50% of mental health diagnoses show symptoms before age 14
- Almost all children see a primary care physician
  - Universally accessed
  - Non-stigmatized

Behavioral Health Integration (in Primary Care)

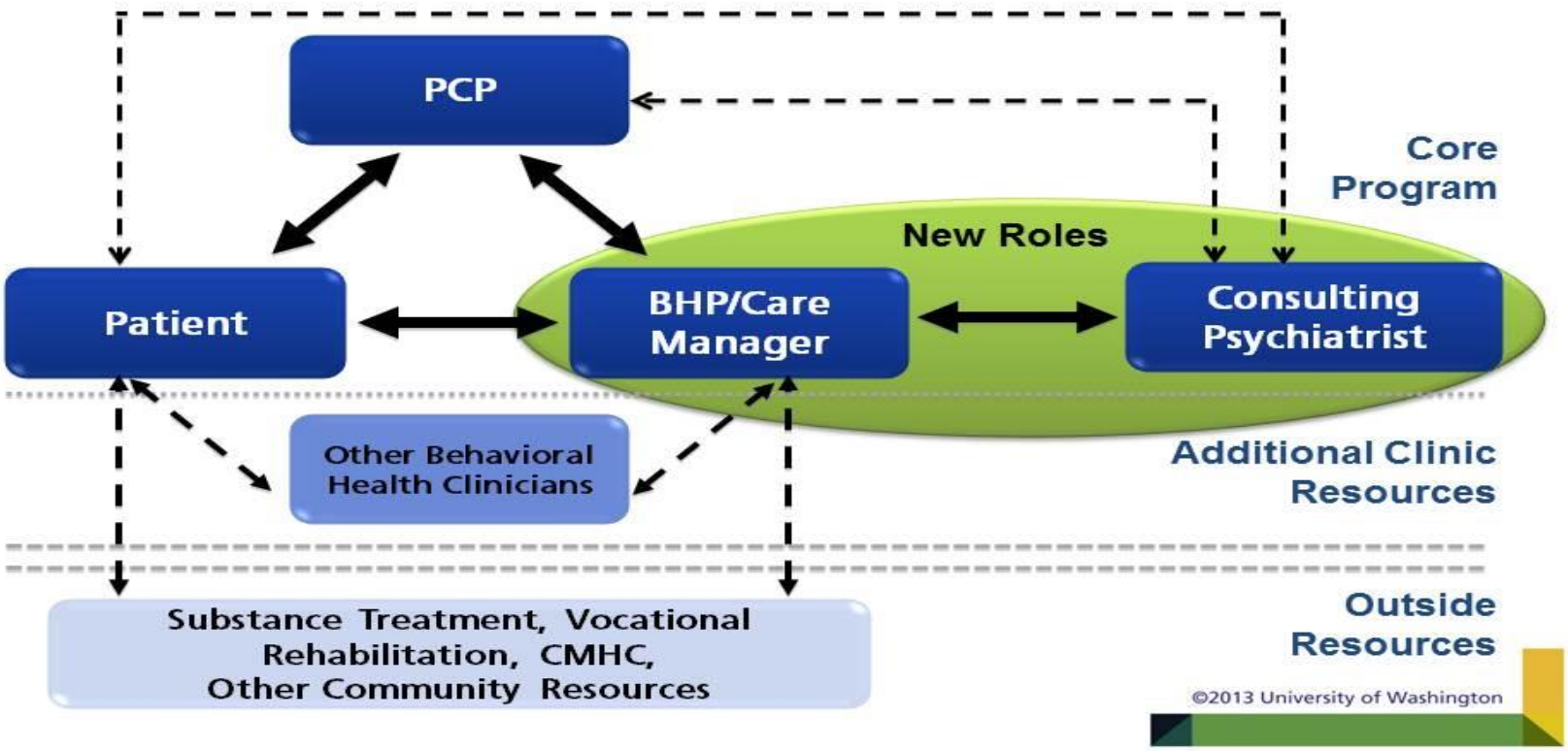
- Adult focused
- Collaborative Care Model
- How to make the case?
  - Three pronged approach:
    - Happy Kids
    - Brain Development
    - ROI



Continuum of Physical and Behavioral Health Care Integration



Collaborative Care Team Structure



Adult Model from AIMS group

The Children's Hospital at Montefiore

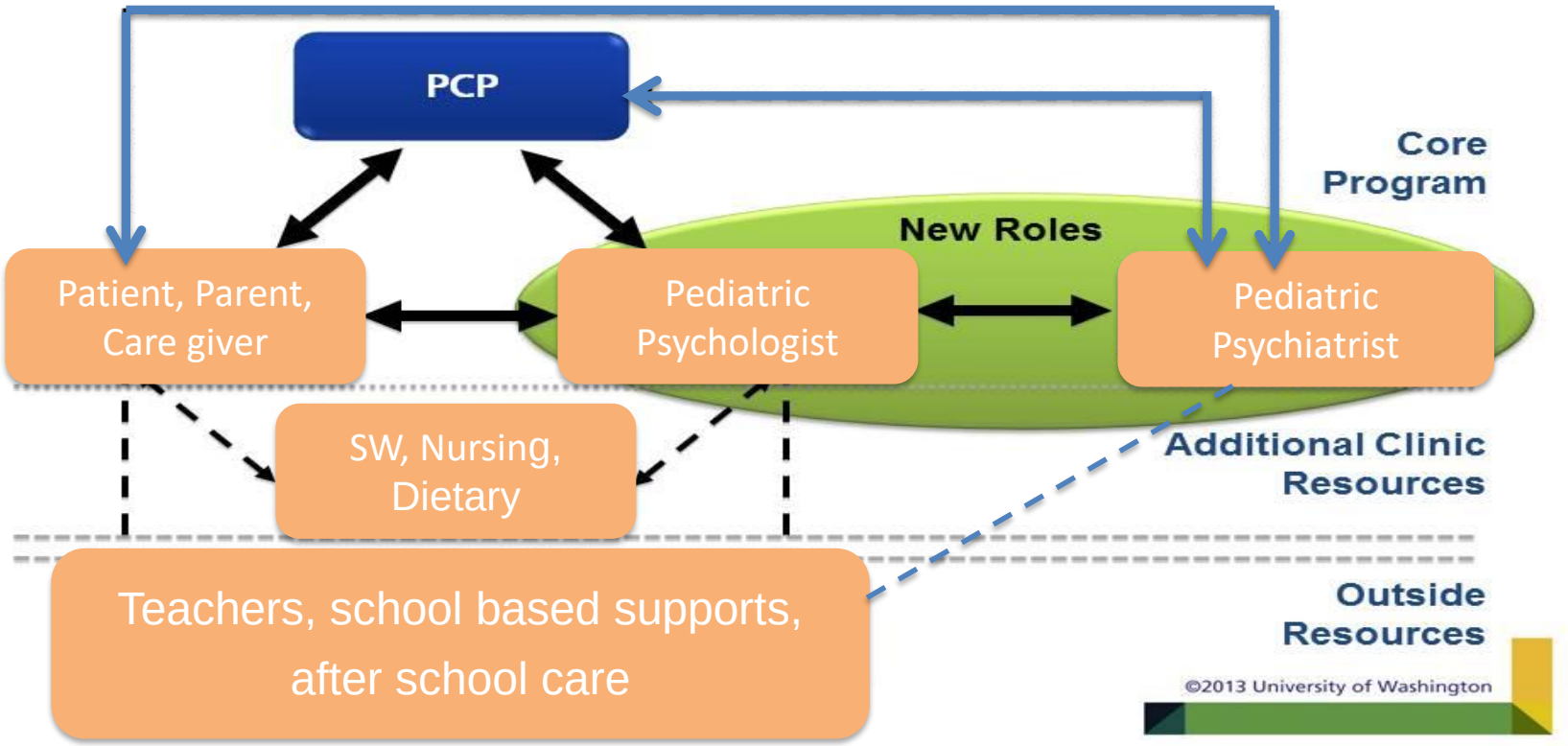
THE PEDIATRIC HOSPITAL FOR: EINSTEIN
Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY

Children are not little adults…

The Children's Hospital at Montefiore

THE PEDIATRIC HOSPITAL FOR:
EINSTEIN
Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY

Montefiore's Pediatric Model

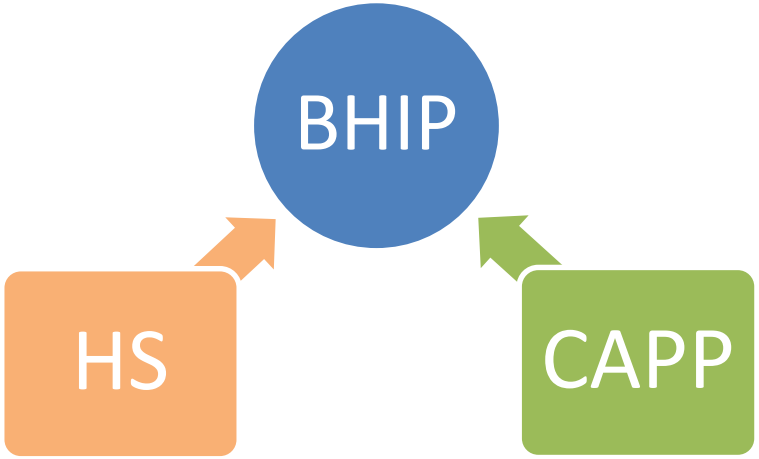


Adapted from AIMS group

The Children's Hospital at Montefiore

THE PEDIATRIC HOSPITAL FOR: EINSTEIN
Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY

Montefiore Pediatric BHIP Model



- **Healthy Steps** (HS) prenatal to age 5 (IS and D&B)
- **Child and Adolescent Psychology and Psychiatry** (CAPP) age 5+

Staffing Ratio

- 1 FTE Child Psychologist / 5,000 patients in general population

- 1 FTE Child Psychiatrist / 20,000+ patients in general population

Screening Schedule

0-2 mo	• **ACES** (Parent and baby), **PHQ-2** (parent)
1 year	• **ASQ:3, ACEs**
18 mo	• **M-CHAT-R**
24 mo	• **ASQ:SE, PHQ-2, ACEs**
3 yrs	• **ASQ:SE, ACEs**
4 – 11 yrs	• **PSC-17, ACEs** (completed by parent)
12-19 yrs	• **PSC-17, ACEs** (completed by youth)

A patient (ages 4-18 years) presents for their annual well visit.

Review medical record to determine if any screenings are due for the patient.

Distribute:
PSC-17 to caregivers of patients age 4-11, or Y PSC-17 to patients age 12-18.

Front Desk Staff

Collect form from caregiver/patient. If not completed, re-distribute to caregiver/patient.

Enter responses in PSC-17 or Y-PSC-17 into medical record

Nursing

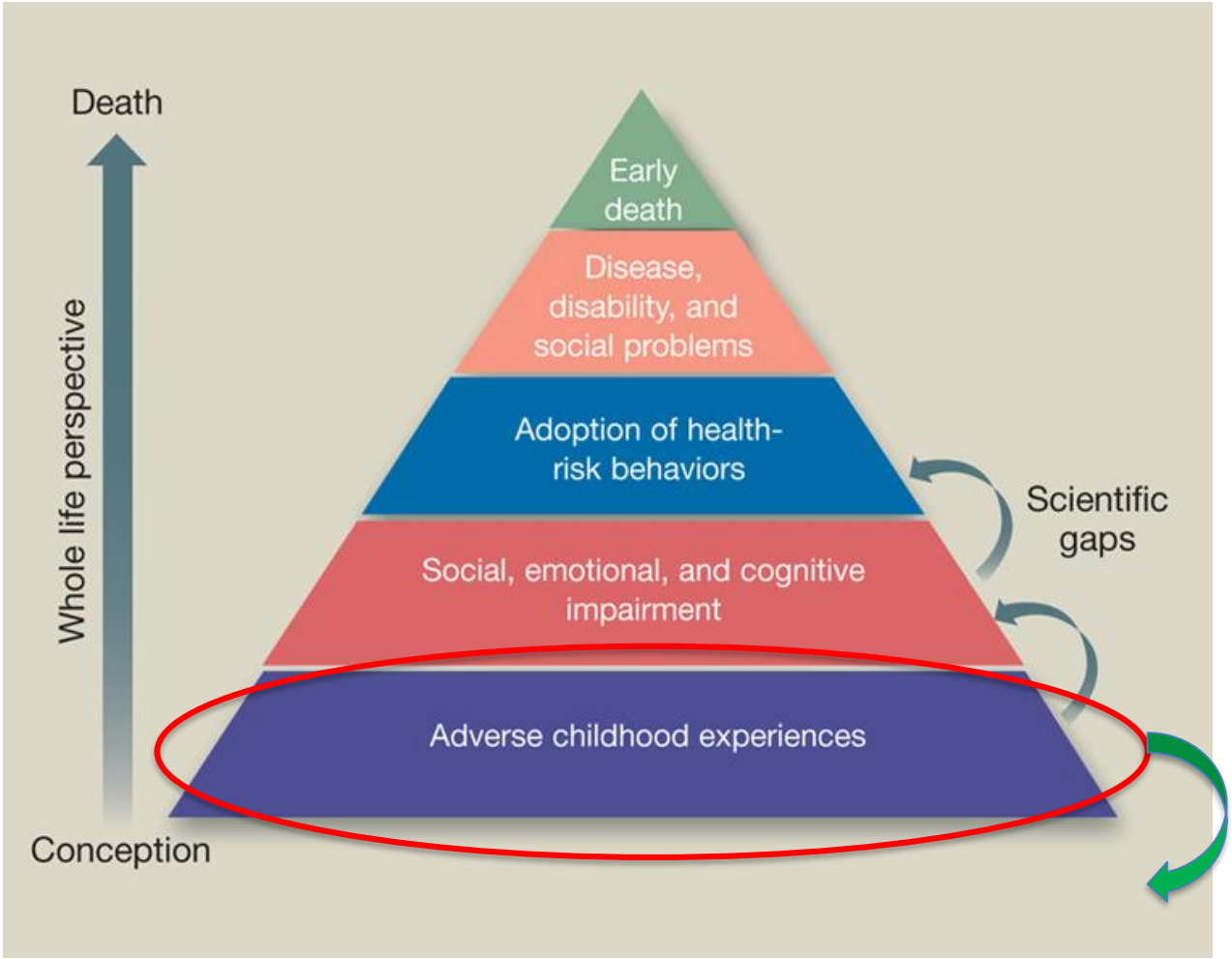
Review scores in medical record

Are there concerning scores?

IF NO
Discuss screening with caregiver/ patient. Repeat screening at next annual visit.

IF YES
Discuss next steps with caregiver/patient & document follow up plan, involving behavioral health providers in line with their care protocols.

PCPs



The Children's Hospital at Montefiore

THE PEDIATRIC HOSPITAL FOR:
EINSTEIN
Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY

Video

- https://www.youtube.com/watch?v=wJIhYBcAs78&sns=em

Parallel Process: Supporting the Parent to Support the Child

4 S'S for a Secure Attachment (Dan Siegel)

- Seen – Perceiving them deeply and empathically
- Safe – Fostering trust, avoiding actions and responses that frighten or hurt
- Soothed – Helping them deal with difficult emotions & situations
- Secure – Helping them develop an internalized sense of well-being

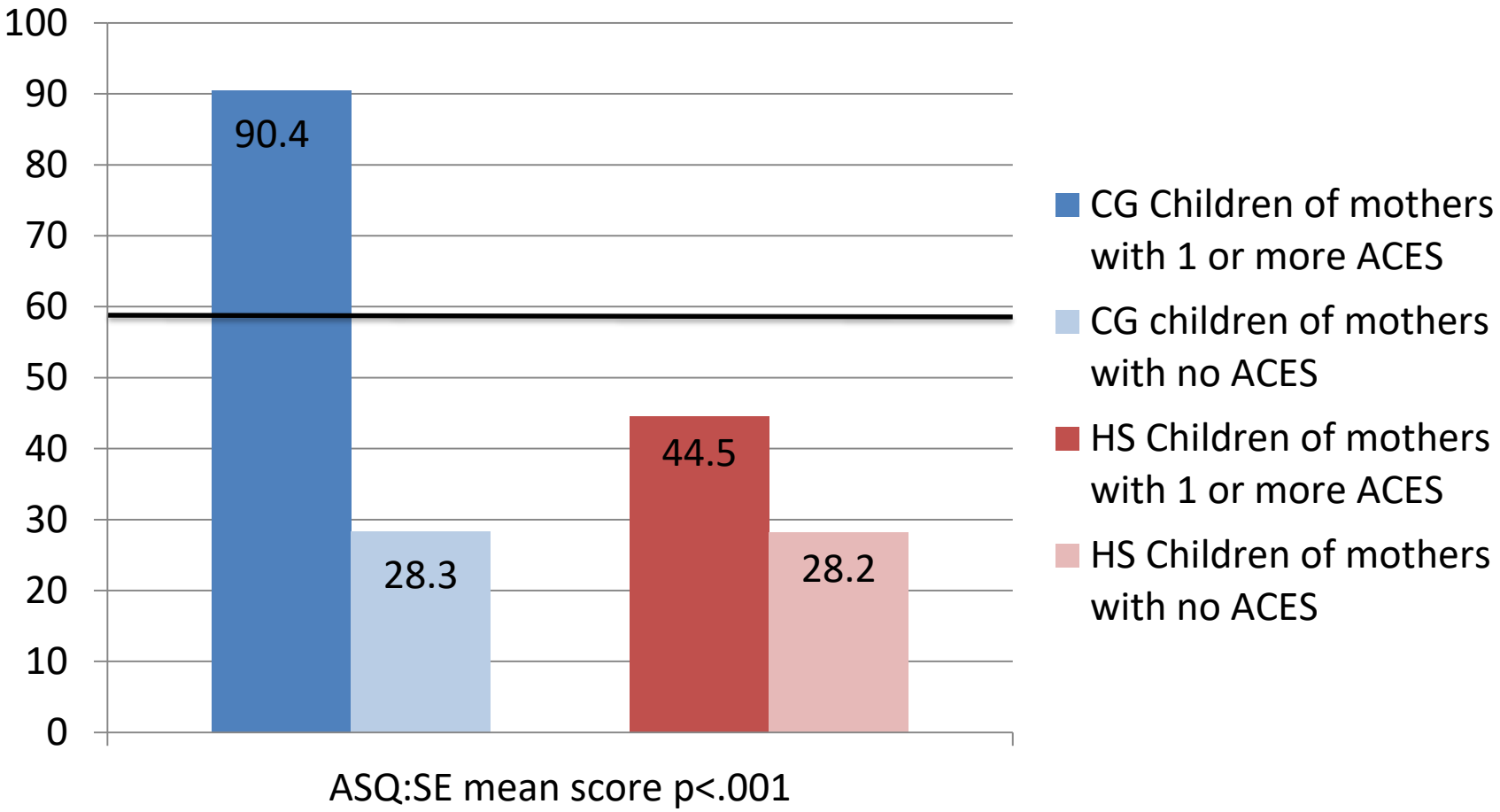
The 2-Month Visit

- Does your baby smile socially?
- Does your baby track visually?
- Does your baby lift her head, when placed on his/her stomach?
- Does he/she coo?
- Is your baby fussy?
- How long does the baby sleep?
- Are you breastfeeding?
- Are you feeling depressed?
- How has it been for you taking care of your baby?
- How is your baby different than when he/she was first born?
- How does your baby try to get attention? Are you worried about spoiling?
- Who does your baby remind you of?
- How are you and the baby eating?
- How have you been sleeping?

Healthy Steps at Montefiore Design

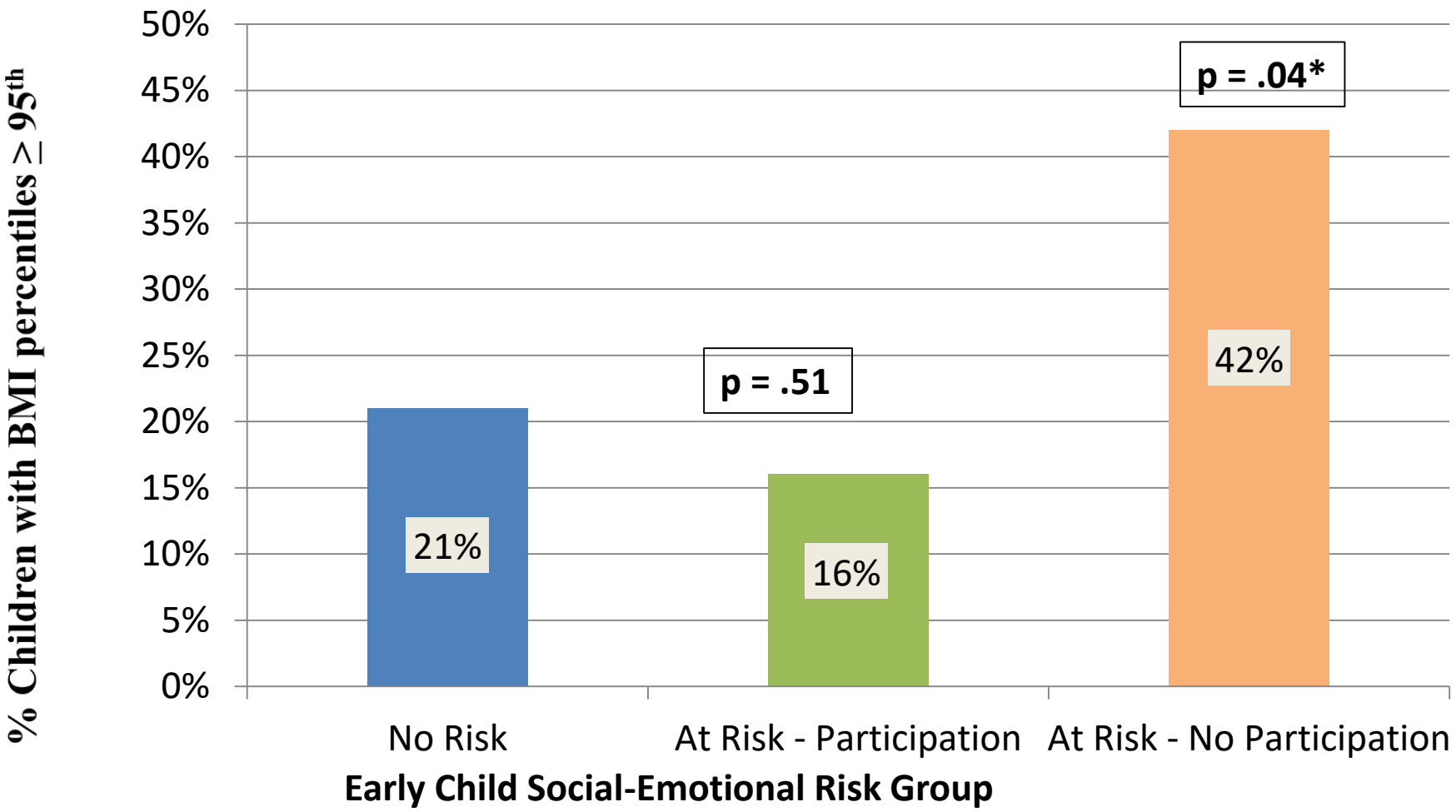
- Quasi-experimental longitudinal follow up of children enrolled in a Healthy Steps (HS) program at their primary care pediatric setting and a comparison group (CG) from a matched clinic who met enrollment criteria, but did not receive the intervention
- Objective: Determine the relationship between maternal ACES and maternal report on the ASQ:SE at 36 months

Healthy Steps Results – Impact of Intervention on 36 month ASQ:SE scores



Briggs, et al. (2014). Healthy Steps as a Moderator: The Impact of Maternal Trauma on Child Social-Emotional Development. *Clinical Practice in Pediatric Psychology (2, 2),* 166–175

Healthy Steps Results
D & B consults and Obesity



Gross et al. 2015. Early Child Social-Emotional Problems and Child Obesity: Exploring the Protective Role of a Primary Care-Based General Parenting Intervention, *J of Dev and Behav Ped, 36*:594–604.

Child & Adolescent Psychology/Psychiatry (CAPP) @ Montefiore

Results from Montefiore Internal Needs Assessment

1. Medical providers reported their pediatric patients had an overwhelming need for services to address ADHD, conduct problems, and trauma.

2. The majority of medical providers and administrative directors had limited understanding of the different unique services provided by psychiatrists, psychologists and social workers. They frequently suggested they most needed a child psychiatrist to address the needs of their patients, but then described services more appropriately addressed by a child psychologist (such as conducting a differential diagnosis between ADHD and a learning disability).

3. Administrative directors voiced concerns regarding securing office space for new BHIP providers.

Results from External (national) Needs Assessment

1. The majority of programs reported that their providers were more likely to ascribe to a CBT orientation versus a psychodynamic one.

2. The majority of programs treated children with severe mental illness and conducted long term treatment.

3. Most commonly reported complaints from primary care providers were that their behavioral health colleagues had long waiting lists and were not available for the full practice.

4. Feelings of isolation were common for behavioral health providers who were working as the solo behavioral health clinician in a primary care practice.

CAPP

Integrated school age/adolescent psychologists into Montefiore Medical Group practices in the Bronx, NY between 09/2014 - 02/2015. All practices used the Pediatric Symptom Checklist-17 to universally screen children and received an integrated pediatric psychologist with expertise in treating ADHD, anxiety, depression, and trauma.

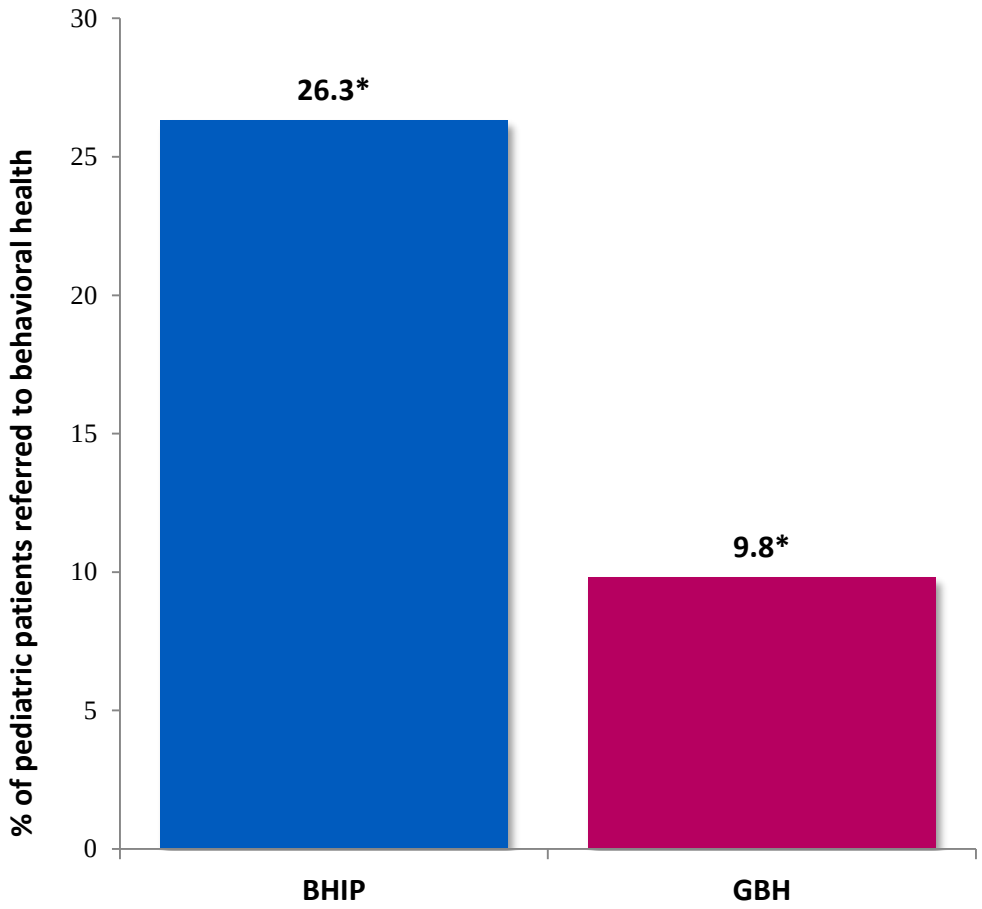
Modularized treatment protocols for:

- ADHD
- Anxiety
- Conduct
- Depression
- Trauma

- Designed to be delivered in 4-6 sessions

- MI
- CBT
- DBT

CAPP Referral Rate



Demographics of referred sample:

Gender
Male 51%; Female 49%

Race/ethnicity
Hispanic 37%
Black or African-American 30%
White 4%
Other 20%
Unknown 9%

Insurance
Medicaid 65%
Commercial 31%
Other 4%

CAPP Results – Patient Attendance Data

Out of the 1,164 pediatric patients who were referred:

- 643 (55%) attended at least one session.
- Attendance rates varied by whether or not the child received a “warm handoff.”

- Out of the 274 patients who had a warm handoff, 172 (63%) also attended a full therapy session.
- Without a warm handoff, 53% of children attended a full therapy session.

Pediatric BHIP CAPP
Results of Repeated Measures ANCOVA

Measure	Pretest *M (SD)*	Posttest *M (SD)*	Wald Test (*df*=1)	*N*
Total Score	18.37 (3.22)	15.46 (6.49)	26.06*	219
Internalizing	6.37 (1.71)	4.96 (2.69)	45.53*	146
Externalizing	8.65 (1.75)	6.16 (3.55)	45.65*	111
Attention Problems	8.26 (1.03)	7.18 (2.36)	121.56*	137

Note. Controlling for gender, ethnicity, insurance, and age.

Clinical cutoffs: total score = 15; Internalizing = 5; externalizing = 7; attention problems = 7

*p < .05


Teaching

Teaching Trainees: Medical Students, Residents, and Fellows

- Formal Training
  - Monthly Didactic Presentations for medical students & pediatric residents
    - ACEs, attachment, brain development, toxic stress, trauma informed care
  - Shadowing
    - Strategies for working with parents to support attachment security and cognitive/language development & to help parents manage typical difficulties of early childhood (e.g., tantrums)
- Informal
  - Shared patients in clinic

The Children's Hospital at Montefiore

THE PEDIATRIC HOSPITAL FOR: EINSTEIN
Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY

Teaching Toxic Stress to Medical Providers

Brief increases in heart rate,
mild elevations in stress hormone levels.

Serious, temporary stress responses,
buffered by supportive relationships.

Prolonged activation of stress
response systems in the absence
of protective relationships.

Teaching Trauma Informed Care

- SAMHSA's **Four R's**
- A trauma-informed organization:
  - **R**ealizes the widespread impact of trauma and understands potential paths for recovery
  - **R**ecognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system
  - **R**esponds by fully integrating knowledge about trauma into policies, procedures, and practices
  - **R**esists re-traumatization actively

Training Behavioral Health Staff

- Assess & Triage quickly
- The “Integrative Backbone”
- Flexibility
- Speaking “Doctorese”
- Evidence Based Treatment for Early Childhood Behavioral Problems
- General clinical skills:
  - Reflective Functioning, Cultural Countertransference, Motivational Interviewing
- How to train medical providers

The Children's Hospital at Montefiore

THE PEDIATRIC HOSPITAL FOR: EINSTEIN
Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY

Challenges and Opportunities

- Workforce Development
- Privacy/Documentation
- Payment
  - payment for prevention, based on understanding of intergenerational transmission of trauma
  - dyadic treatment payment

BHIP Conclusions

- IT WORKS!
- Families prefer this model
- Primary Care Providers prefer this model
- Mental Health Providers prefer this model
- Want to learn more?
  - Integrated Early Childhood Behavioral Health In Primary Care, Rahil Briggs, ed. Springer, 2016
  - www.healthysteps.org

Acknowledgements

- Altman Foundation
- Center for Medicaid and Medicare Innovation
- Chanel Foundation
- Child Welfare Fund
- Edith Glick Shoolman Children's Foundation
- Frog Rock Foundation
- Grinberg Family Foundation
- Hearst Foundation
- Marks Family Foundation
- Montefiore Medical Center
- NYC City Council Children's Mental Health under 5 Initiative
- Price Family Foundation
- Robin Hood Foundation
- Stavros Niarchos Foundation
- Tiger Foundation

"I wish I'd started therapy at your age."