



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Practical Strategies to Providing a Multi-generational Approach to Integrated Care

March 29, 2016



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Moderators:

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Rose Felipe, Associate, CIHS



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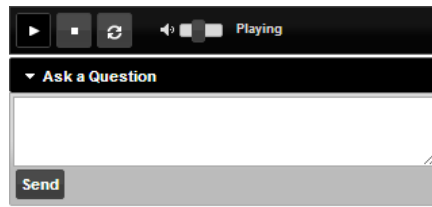
Operating System	Passed	Windows 7 Your operating system is ready to go!
Browser	Passed	Google Chrome 33 Your browser is ready to go!
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Today's Speakers



Kristine Schmitz, MD, FAAP
 Director of Medical Services
 Healthy Generations Program
 Attending Physician
 Children's Health Center
 Children's National Health System



Rahil D. Briggs, PsyD
 Associate Professor of Clinical Pediatrics, Einstein
 Director, Pediatric Behavioral Health Services,
 Montefiore Medical Group



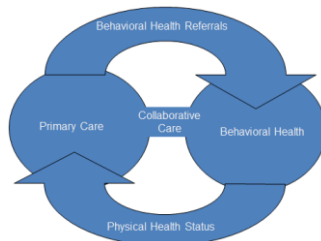
Susanna A. McColley, MD
 Professor of Pediatrics
 Northwestern University Feinberg School of
 Medicine
 Ann & Robert h. Lurie Children's Hospital of
 Chicago, Chicago, IL



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About CIHS

- Make integrated care the national standard of practice
- Create and operate world-class technical assistance
- Ensure the success of SAMHSA, HRSA funded programs
- Disseminate practical tools, resources, and lessons learned



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Today's Purpose

- Recognize the outcomes associated with a multi-generational approach Identify practical strategies for operationalizing multi-generational approaches to care in integrated care settings
- Identify the potential for different members of your clinical and administrative workforce in assuring a successful team approach to multigenerational care
- Gain the resources and tools necessary to embed a multi-generational approach within your organization

Poll Question

Our team is implementing multi-generational approaches to care in our integrated care settings.

1. Agree
2. Somewhat Agree
3. Somewhat Disagree
4. Disagree
5. Not sure what this approach is

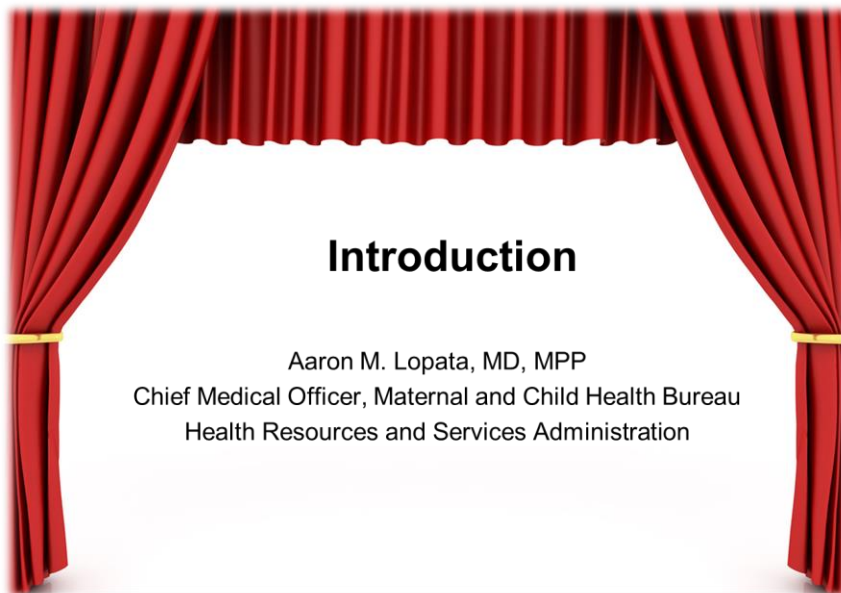


Poll Question

The main support we need to implement multi-generational approaches to care includes:

1. Leadership buy-in
2. Workforce development and training
3. Financial resources/reimbursement
4. Other





Introduction

Aaron M. Lopata, MD, MPP
Chief Medical Officer, Maternal and Child Health Bureau
Health Resources and Services Administration

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The Generations Program: An Integrative Care Model for Teen Parents and Their Children

Kristine Schmitz, MD
Director of Medical Services
The Generations Program
Children's National Health System
kschmitz@childrensnational.org

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Teen Pregnancy and Birth Rates

National Teen Birth rate (2014): 24 per 1000¹

- 82% of teen pregnancies are unintended
- Many unintended pregnancies occur in women using contraception
- Despite a significant decline since 1990's, people of color are still disproportionately affected

¹-The National Campaign to Prevent Teen and Unintended Pregnancy thenationalcampaign.org



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The Generations Program: An Integrated Care Model

Comprehensive primary care for teen parents and their children in a single setting with a **single provider**

Intensive social work services – “therapeutic case management”

Mental health services – universal assessment and treatment as needed

Legal Services

*Includes services for fathers



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Important Components of Generations

Family-centered approach to parent and child

- Parental well-being is integrated into the child's visit
- Parenting education and role modeling
(The Chicago Parenting Program)
- Trauma-informed family groups
(Strengthening Family Coping Resources Model)

Teen-friendly care that is accessible

- One-stop shop for comprehensive care for parent and child
- Psychosocial support provided outside of business hours
- Utilization of text messaging, email, phone follow up
- School-based support groups for fathers



The Generations Program: The Nuts and Bolts

Integrated into five Children's National Health System (CNHS)
pediatric medical homes throughout Washington, DC

- 8 pediatric providers, Director of Operations, 4 social workers,
two psychologists, research assistants

We serve over 1000 patients (approx. 400 mothers, 200 fathers, and
500 children)

- Primarily Black/African American with 98% Medicaid enrolled

Funding: Combination of operational support, grant funding, and
philanthropic donors.



The Generations Program: Outcomes

- Repeat teen pregnancy and contraceptive use
- Maternal depression
- Preventive care for children of teen parents
- Parental school engagement
- Data includes HRSA-funded quasi-experimental evaluation study done by Amy Lewin Psy.D (PI)

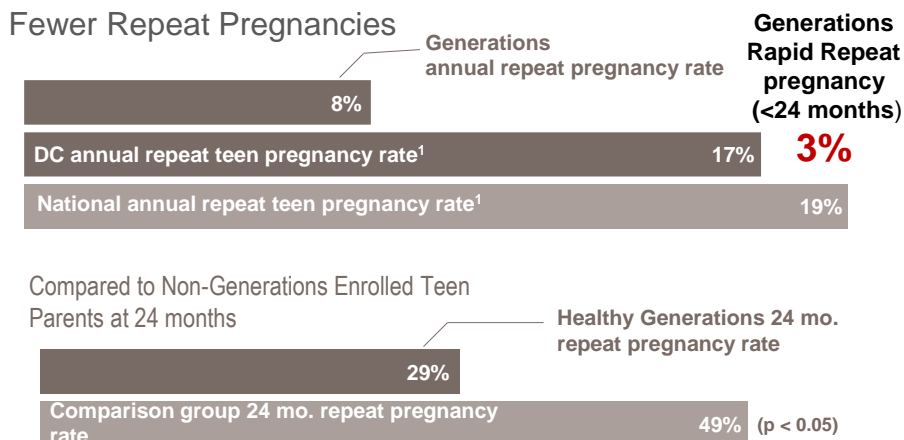
When provided support services, outcomes are not as dire as once thought ^{1,2}

1-Klein JD. Adolescent pregnancy: current trends and issues. Pediatrics 2005;116:281-6.

2-Beers L, Hollo R. Approaching the adolescent headed family: a review of teen parenting. Curr Probl Pediatr Adolesc Health Care 2009;39:216-233



The Generations Program: Outcomes



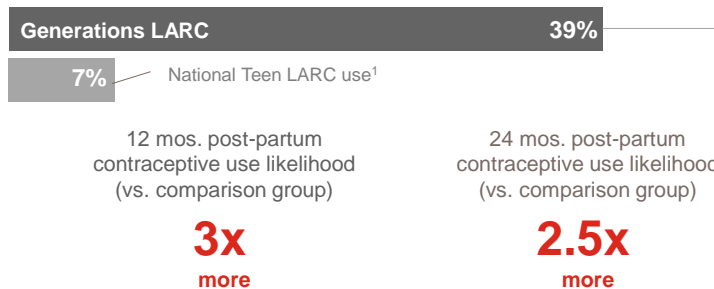
1-The National Campaign to Prevent Teen and Unintended Pregnancy <http://thenationalcampaign.org>



The Generations Program: Outcomes

High Contraceptive Use

75% of Generations participants are using hormonal contraception



1-Romero L, et al. Vital Signs: Trends in Use of Long-Acting Reversible Contraception Among Teens Aged 15–19 Years Seeking Contraceptive Services — United States, 2005–2013. <http://www.cdc.gov/mmwr>

SAMHSA Substance Abuse and Mental Health Services Administration
www.samhsa.gov 1-877-SAMHSA-7 (1-877-784-4174)

HRSA Health Resources & Services Administration

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The Generations Program: Outcomes

Maternal Depression

12 mos. post-partum

Generations- new onset depression	13.5%	P = 0.05
Comparison group- new onset depression	28%	

- There was not a significant difference between the Generations group and the comparison group in rates of clinically significant depressive symptoms at child age of 12 months.
- But, Generations appears to be **protective against new-onset depression.**

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The Generations Program: Outcomes

Preventive Care



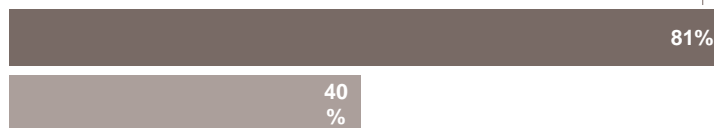
12 mos. post-partum
condom use likelihood
(vs. comparison group)

2x
more

¹Centers for Disease Control and Prevention Final Statistics for 2013 http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf

The Generations Program: Outcomes

School Engagement



Generations teens currently attending high school, have graduated, or obtained a GED

Teen mothers who finish high school, nationally¹

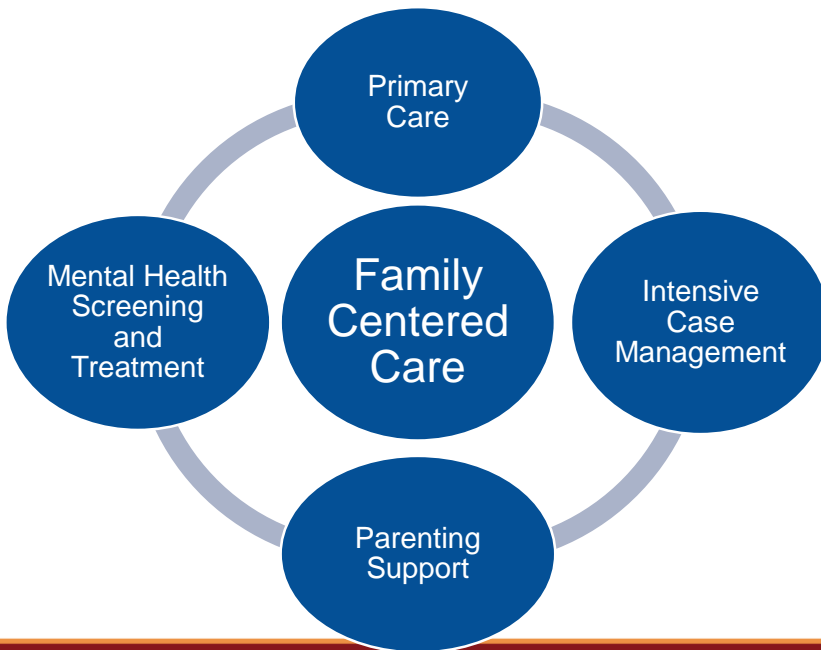
¹The National Campaign to Prevent Teen and Unintended Pregnancy <http://thenationalcampaign.org>

RECOMMENDATIONS FOR PRACTICE

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Key Recommendations

- Provide **integrated** behavioral health, medical care, and social work services **within the pediatric medical home**
- Utilize **teen-friendly** and other adaptations to reduce barriers and appeal to your population
- **Leverage and collaborate** with community resources
- Engage in **on-going evaluation** and **quality improvement**



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Resources



- **The Generation Program:** Implementation guidance and technical assistance can be provided.
- **SAMHSA-HRSA Center for Integrative Health Solutions**
<http://www.integration.samhsa.gov/integrated-caremodels>
- **The Chicago Parenting Program**
<http://www.chicagoparentprogram.org/>
- **National Child Traumatic Stress Network**
<http://www.nctsn.org/>



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THANK YOU!

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The Generations Team: Amy Lewin PsyD; Lee Beers MD; Tininka Rahman MHCA; Stacy Hodgkinson PhD; Jennifer Floran LICSW-C; Ellen Harms LGSW; Abigail Hill LGSW; Lindsey Doyle MA, Henry Prempeh PhD; Damian Waters LMFT, PhD; Lori Leibowitz Esq., Stephanie Mitchell PhD.



montekids.org

Integrated Pediatric Behavioral Health at Montefiore: A Multigenerational Approach

Rahil D. Briggs, PsyD
 Associate Professor of Clinical Pediatrics, Einstein
 Director, Pediatric Behavioral Health Services, Montefiore Medical Group





Organizational Principles to Guide and Define the Child
Health Care System and/or Improve the Health of all Children

POLICY STATEMENT

Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health

*“Identifying children at high risk for toxic stress is the
first step in providing targeted support for their
parents and other caregivers.”*



NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD
NATIONAL FORUM ON EARLY CHILDHOOD POLICY AND PROGRAMS

Center on the Developing Child  HARVARD UNIVERSITY

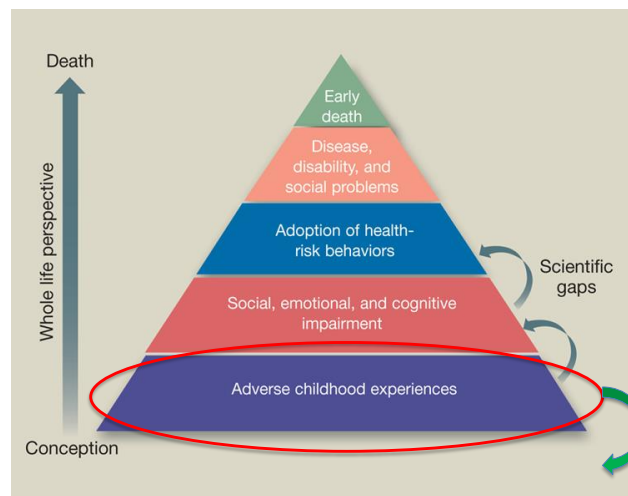
The Foundations of Lifelong Health Are Built in Early Childhood

*“Health in the earliest years – actually beginning with
the future mother’s health before she becomes
pregnant – lays the groundwork for a lifetime of well-
being.”*

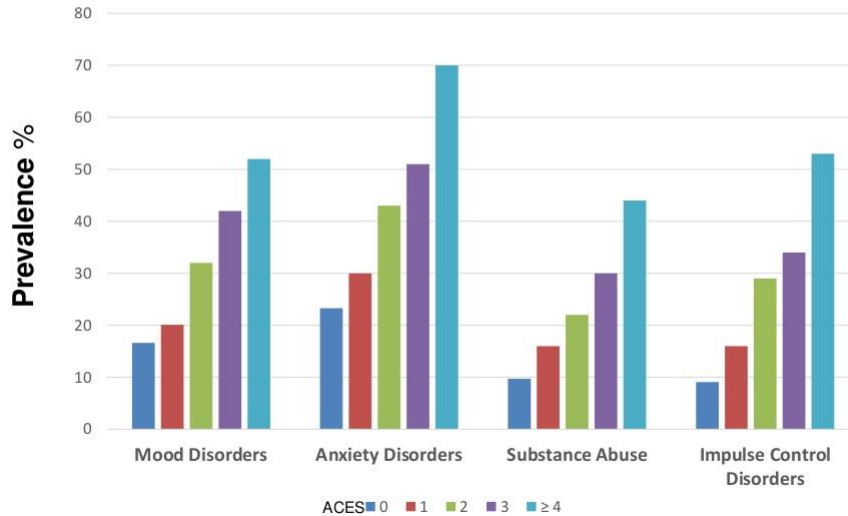


The Primary Care Challenge

- Is there an opportunity to identify children at risk of developing mental health problems within the primary care setting?
- If so, how early can we identify children who would benefit from specific preventive or therapeutic interventions to them and their caregivers to optimize their developmental and behavioral potential?
- What tools are available in primary care to accomplish this function and how should they be administered?



Cumulative ACES & Mental Health^{1,2}



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Healthy Steps at Montefiore 2006-present

- Co-location and integration of mental health specialists in pediatric primary care
 - Universal screening, assessment, treatment, and referral of infant mental health/development and **caregiver** mental health
 - Adverse Childhood Experiences (ACES)
 - Ages and Stages Questionnaires: Social Emotional (ASQ:SE)
 - Patient Health Questionnaire (PHQ-9)
 - Provider education



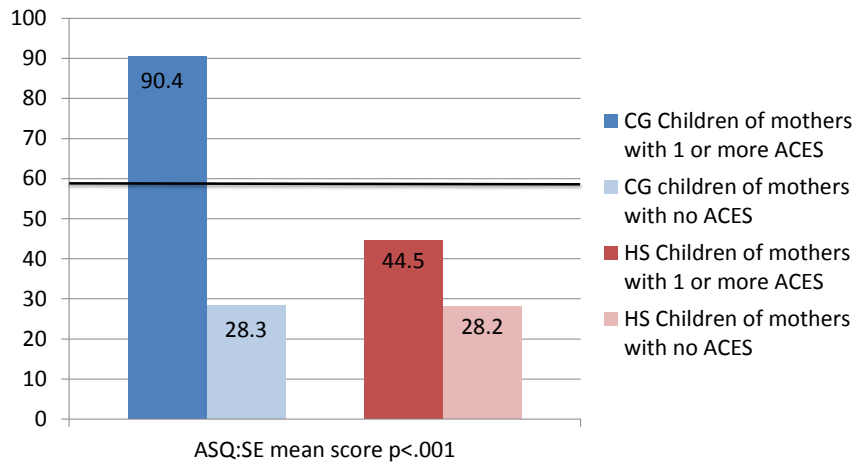
Healthy Steps Program Evaluation



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

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 (present → future)

- 300,000 patients (90,000 pediatric)
- 21 sites (19 pediatric, 21.8 FTE)
- Healthy Steps 0-5, innovative Child and Adolescent programming (CAP), Collaborative Care Initiative model for adults---training needs
- Universal life span behavioral health screening
- Family assessments
- Education of primary care providers (COR)
- Integrated care at each site (hubs and satellites)

Clinical Case Example



CN
COLLECTION

Smoking identification and cessation strategies for multi-generational health

Susanna A. McColley, MD
Professor of Pediatrics
Northwestern University Feinberg
School of Medicine
Ann & Robert h. Lurie Children's
Hospital of Chicago, Chicago, IL



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Background

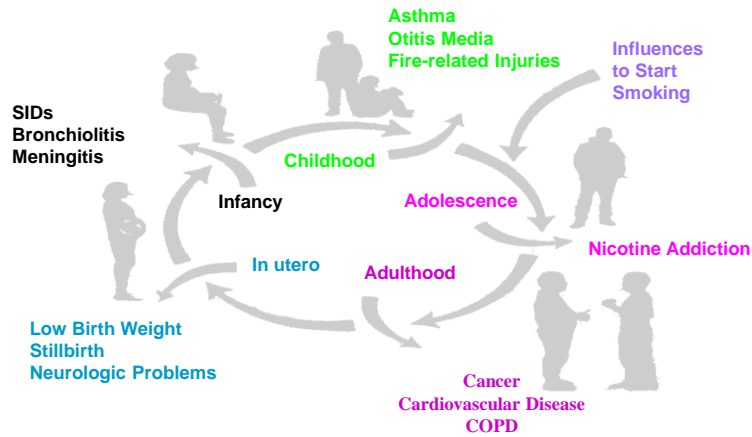
- Each day, > 3,200 children smoke their first cigarette, and ~ 2,100 youth and young adults become daily smokers.
- 9 out of 10 smokers start before the age of 18
- In 2011, an estimated 19% of U.S. adults and 18% of high school students smoked.
- Tobacco use is the leading preventable cause of death in the US
 - Cigarette smoking, including second hand smoke exposure, causes 1 in 5 deaths
- Electronic nicotine devices are rapidly increasing in popularity and also have significant health risks



betobaccofree.hhs.gov

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Smoking is a family health problem



Secondhand and thirdhand smoke

- Secondhand Smoke is the smoke that comes off the end of a smoking cigarette and the smoke that the smoker exhales
- Thirdhand Smoke is the residue left after smoking, and hazardous compounds created when particulate matter from tobacco combines with other gases/ particles



Counseling parents on smoking cessation

- Parental smoking is the main source of children's secondhand smoke exposure.
- **When parents quit smoking, adolescents are less likely to start.**
- Pediatric clinicians have direct contact with ~ 25% of the nation's smokers through child health visits.
- Parental counseling by the child's physician increases rates of parents' attempts to quit.
- Most parents see their child's provider more frequently than their own.



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Brief Intervention

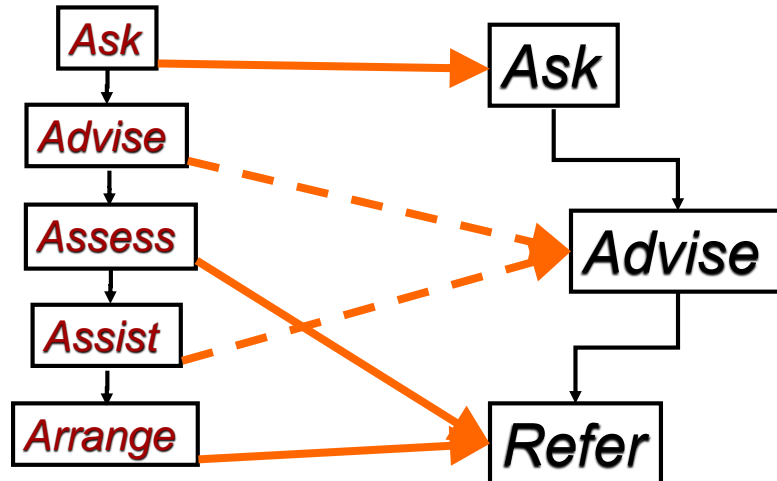
- Minimal interventions (lasting less than 3 minutes) increase overall tobacco use abstinence rates.
Strength of Evidence = A.
- Every tobacco user should be offered at least a minimal intervention, whether or not he or she is referred to an intensive intervention.



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The 5 As

“2As and an R”



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Ask

- Ask about tobacco use and secondhand smoke exposure at **every visit**.
- Use standard documentation, and make asking consistent.
 - At Lurie Children’s Hospital we use a “best practice alert” in the electronic health record
- Be direct - don’t ask leading questions.
 - Do you smoke?
 - Does anyone in your home use tobacco products?
- Ask clear questions.
 - Does anyone ever smoke in your home?
 - Is your child ever exposed to cigarette smoke?



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Ask about it!

- Explore.
 - How much do you smoke?
 - Does anyone in your home use tobacco?
 - Are there former smokers in the home?
- Don't judge.
 - Be aware of your tone of voice and body language.
 - Choose your words carefully.



2 As and an R: *Advise*

Parents of patients should receive counseling on importance of quitting for overall health and the health of children and adults exposed to smoke.



Advise

- Be clear.
 - “I advise you to quit smoking.”
- Strongly advise EVERY tobacco use to quit.
 - “Quitting tobacco is one of the best things you can do for your health. I strongly encourage you to quit. Are you interested in quitting?”
- Provide information about cessation to all tobacco users.
 - Behavioral and Pharmacological therapy.
 - Most effective when used *together*.



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Advise – Personalize, Demythologize!

- Indicate that you care.
- Discuss the health, financial, or cosmetic benefits of quitting.
- Emphasize the impact on the patient, child, or family.
- Use a positive approach.
- Debunk commonly-held smoking myths.
 - Low-tar/lights/filtered cigarettes are not safer.
 - Smoking does not keep weight down in most people.
 - Smoking does not relieve stress (it only satisfies the nicotine craving).



Source: American Academy of Pediatrics Richmond Center
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Behavioral Interventions



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Pharmacologic Interventions



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2 As and an R: *Refer*

- Patients and parents of patients who use tobacco, or whose environmental tobacco use poses a risk to children, should be referred to resources for tobacco cessation
- 1800QUITNOW
- Find state quitlines <http://map.naquitline.org/>
- Online government and nonprofit resources
 - <http://smokefree.gov/>
 - <http://www.lung.org/stop-smoking/i-want-to-quit/how-to-quit-smoking.html>
 - <https://quitsmokingcommunity.org/>



Summary

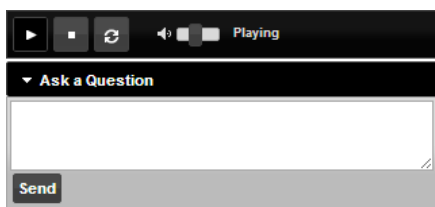
- Brief interventions in primary care can reduce smoking risks to multiple family members
- A simplified approach, Ask-Advise-Refer significantly increases abstinence rates in smokers

**Thanks to the American Academy of Pediatrics
Richmond Center**



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