Improving Children’s Mental Health Care through the Integration of Behavioral Health and Primary Care

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INTRODUCTIONS

OBJECTIVES
• To describe the continuum of integrated models
• To identify strengths and challenges for each point and steps for moving along the integration continuum.
• To recognize and describe the experiences of families who participate in integrated service-delivery.
• To recognize where their organizations/communities are on the integration continuum.
• To identify specific action steps to take in order to begin or enhance integration efforts in their home communities.

The Importance of Multiple Perspectives:
Primary Care Provider, Behavioral Health Clinician, and Family/Caregivers

GROUP ACTIVITY

IS THIS INTEGRATED CARE?
Situation One:
Sarah takes her daughter, Lydia, to her well-child appointment. She is asked to complete the Ages and Stages Social-Emotional Developmental Screening. Dr. Jones reviews the results with Sarah stating that Lydia scored below cut-off signaling a potential concern. Dr. Jones asks a family navigator to come to the exam room and meet with Sarah and Lydia. They review potential community resources that could do further assessment for Lydia. Sarah selects a provider near her home. The family navigator helps her make the appointment before leaving the office and calls Sarah a week later for follow-up and support.

IS THIS INTEGRATED CARE?
Situation Two:
Jim is concerned about his son, Jake. He has very severe tantrums and hurts his little sister. He takes Jake to his pediatrician and discusses his concerns. Dr. Smith tells him that a counselor from the community mental health center has just moved into their practice. He introduces Jim to the counselor with permission. The counselor sets up a follow-up appointment in two weeks to complete intake paperwork and conduct a behavioral health assessment with Jim and his son Jake.
Situation Three:
Linda takes her son, Sam, to the pediatrician for his immunizations. While there, she talks to the doctor about the fact that Sam doesn’t sleep. Dr. Lee asks a few screening questions and recommends that Linda work with Sam on developing a sleep routine. He says that he has a colleague in the office who helps parents with these types of issues and asks Linda if he can introduce her to this person. She agrees. Dr. Lee leaves the room and comes back with a young man whom he introduces as Chris. Chris and Dr. Lee discuss Sam’s sleeping behaviors with Linda. Together they make a plan. Chris sets up a follow-up meeting with Linda to help her troubleshoot any challenges with the plan, to provide support, and any additional interventions as they are needed.

INTEGRATION CONTINUUM
SAMHSA-HRSA Center for Integrated Health Solutions is a great resource to utilize once you return to your home community.
Let’s compare and contrast various models along the continuum.

http://www.integration.samhsa.gov/

CONTINUUM OF INTEGRATION
Coordination: Key Element is Communication
Co-Location: Key Element is Proximity
Fully Integrated: Key Element is Transformed Practice

KALAMAZOO, MICHIGAN
• Southeast Michigan
• Population: 250,000
• Rural, Urban, and Suburban
• Children living in poverty:
  • 16% countywide
  • 45% city of Kalamazoo

EATING DISORDER ASSOCIATION
• Interdisciplinary team
• Individual and family-based treatment
• Coordinated care

MC3 PROJECT
• Improve access to crucial mental health services for children, adolescents and high-risk women of childbearing age
• Encourage appropriate use of evidence-based pharmacotherapy
• Increase primary care provider comfort, knowledge and ability in treating mental health problems
• Decrease utilization of higher levels of care
CARE COORDINATION AND REFERRALS

- Working with private pediatric offices
- Physicians, care manager, or family directly contact KCMHSAS care coordinator
- Care coordinator screens over phone, makes recommendations, and assists with referral
- Care coordinator communicates recommendations and referrals made back to physician

NEONATAL ABSTINENCE SYNDROME

- Better coordinate existing programs and services to make access and navigation easier for affected families
- Increase early identification and effective treatment of pregnant women using opioids
- Increase community awareness and knowledge about effects of opioids on the fetus and infant

SOUTHEAST OHIO

- Rural Appalachian
- High Poverty
- Rates of Mental Illnesses range from 24%-41%
- All Counties are MPSA's

PARTNERING FOR SOLUTIONS

Integrating Professionals for Appalachian Children
A Rural Health Network of Community and Ohio University Partners

Vision: Healthy development for all children in our area.

Mission: By leveraging our expertise and integrating our resources, IPAC will develop innovative, culturally-sensitive programs that address the critical and complex challenges impacting the health and mental health of our region’s children and families.


Written by Integrating Professionals for Appalachian Children (IPAC) and The Ohio Department of Health

LAUNCH promotion of Integration and Screening Efforts in Southeastern Ohio

Lessons learned from clinical, business and policy perspective
How LAUNCH has helped move integration efforts forward?

- Ability to link behavioral health practitioners with physicians/NPs
- Ongoing education regarding interdisciplinary care
- Troubleshooting process/flow challenges
- Resources for emerging agencies
- Personnel support as agencies assess and create a process for financial sustainability

16 sites across 8 counties in Southeast Ohio
All counties are rural, and all are located in Appalachia
140 primary care and behavioral health providers; 4,000 behavioral health clients; and 25,000 primary care patients.
CARF accredited community mental health center and a Joint Commission accredited federally qualified health center
Formed through the recent business merger of Tri-County Mental Health and Counseling Services, Inc. and Family Healthcare, Inc.

CRITICAL COMPONENTS FOR ALL INTEGRATION EFFORTS

MUTUAL RESPECT
“This integration is a success because of the strong relationship and mutual trust developed by the leadership of both FHI and TCMHC. This was developed over time, through a close collaborative relationship, and is based on shared vision, mission, and values which are firmly grounded in a commitment to deliver the best care possible to our mutual consumers/patients.”

GUESS THAT ACRONYM...
EGA  BPD  MI  HIPPA
IVH  MSAF  CAD  FERPA
PPV  NAS  PVD  CAN
BN  DD  PDA  SOB
CTA  DKA  WOB  GDM
ANBP  NKMA  PHI
COMMUNICATION
Clear communication that defines terms is essential—Again, much has been written on this, but it can’t be overstated. Misunderstandings easily occur because similar terms have different meanings in healthcare and mental healthcare. We have often felt like we had reached agreement, only to find that our healthcare partner had been discussing “apples” and our mental health partner had been discussing “oranges.”

ACCREDITATION/GOVERNING BODIES

These measures can be matched to current standards mandated by various accreditation bodies.

SHARED MEDICAL RECORDS/DOCUMENTATION
“...referring to EMR systems touting reduction of labor time that has not yet become a reality. But optimistic that it will get better”

BILLING PRACTICES/FINANCIAL CONSIDERATIONS
The Milliman Research Report (2008) has estimated that “if a 10% reduction can be made in the excess healthcare costs of patients with comorbid psychiatric disorders via an effective integrated medical-behavioral healthcare program. $5.4 million of healthcare savings could be achieved for each group of 100,000 insured members...the cost of doing nothing may exceed $300 billion per year in the United States.”

WHERE DO YOU BEGIN?

READINESS TO WEAR THE SNEAKERS
SELF-ASSESSMENT

Individual Activity

MOVING FORWARD

Small Group Activity

FAMILY VOICES

ADDITIONAL RESOURCES

AAP Addressing Mental Concerns in Primary Care: A Clinician’s Toolkit:
- http://www.integration.samhsa.gov/

Armstrong Pediatrics in Pennsylvania
  behavioral-health-integration-in-primary-care

  PS_DCC_Operational_Manual_Volumes_2_3.pdf

Cherokee Health Systems
- www.cherokeehealth.com

University of Massachusetts/ Dr. Blount
- http://www.umassmed.edu/cipc

THANK YOU FOR YOUR PARTICIPATION

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