



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:
Primary Care Behavioral Health Services*

Donna Marschall, PhD
June 9, 2015

Whole Bear Care at CNHS (launched March '14)

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

Referral Issues

- Depression & Anxiety
- ADHD and behavior issues
- Parenting/family issues
- Medical adherence/chronic illness
- Somatic complaints
- Suicidal Ideation/Behavior
- Substance abuse
- Academic/learning issues
- Eating disorders/obesity
- Developmental Delays

Services

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



NNCPAP

THE NATIONAL NETWORK OF CHILD PSYCHIATRY ACCESS PROGRAMS



- 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

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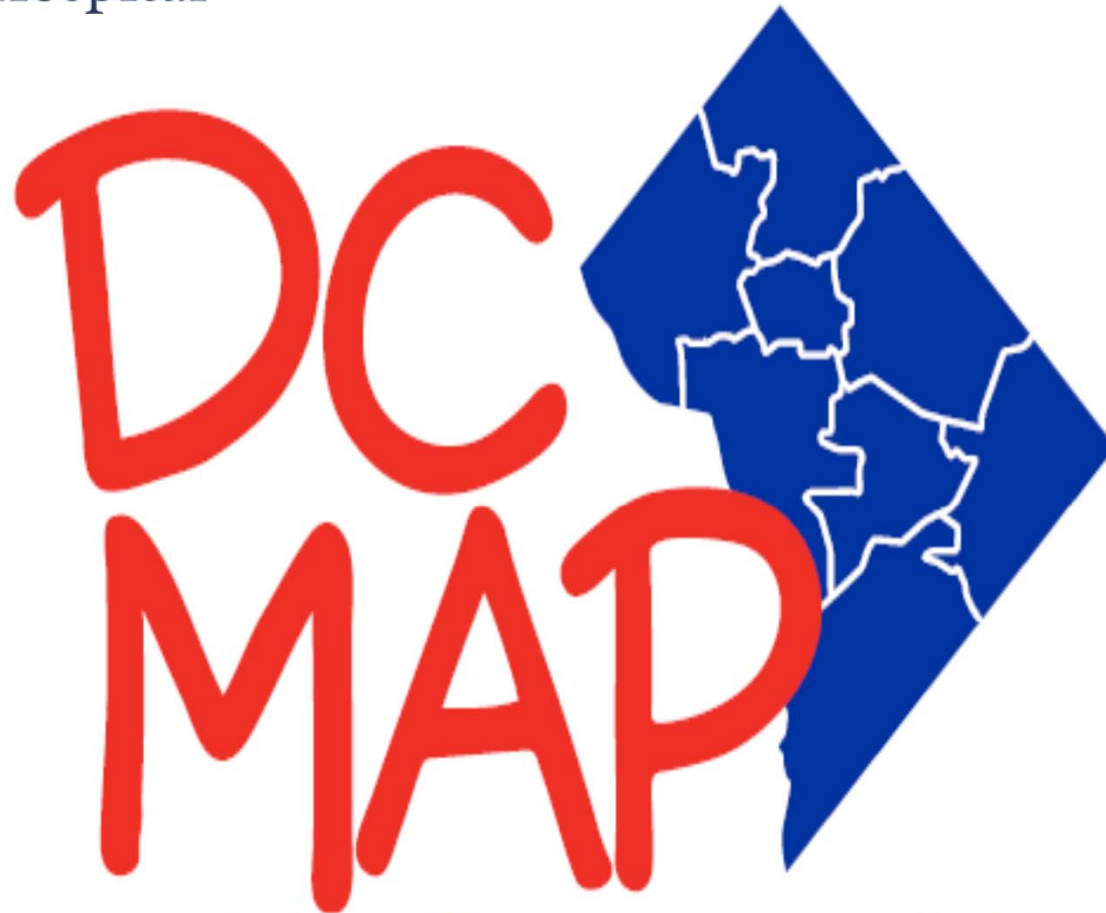




MedStar Georgetown
University Hospital



Children's National™



mental health access in pediatrics

Leandra Godoy, PhD
Project Coordinator, DC MAP

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

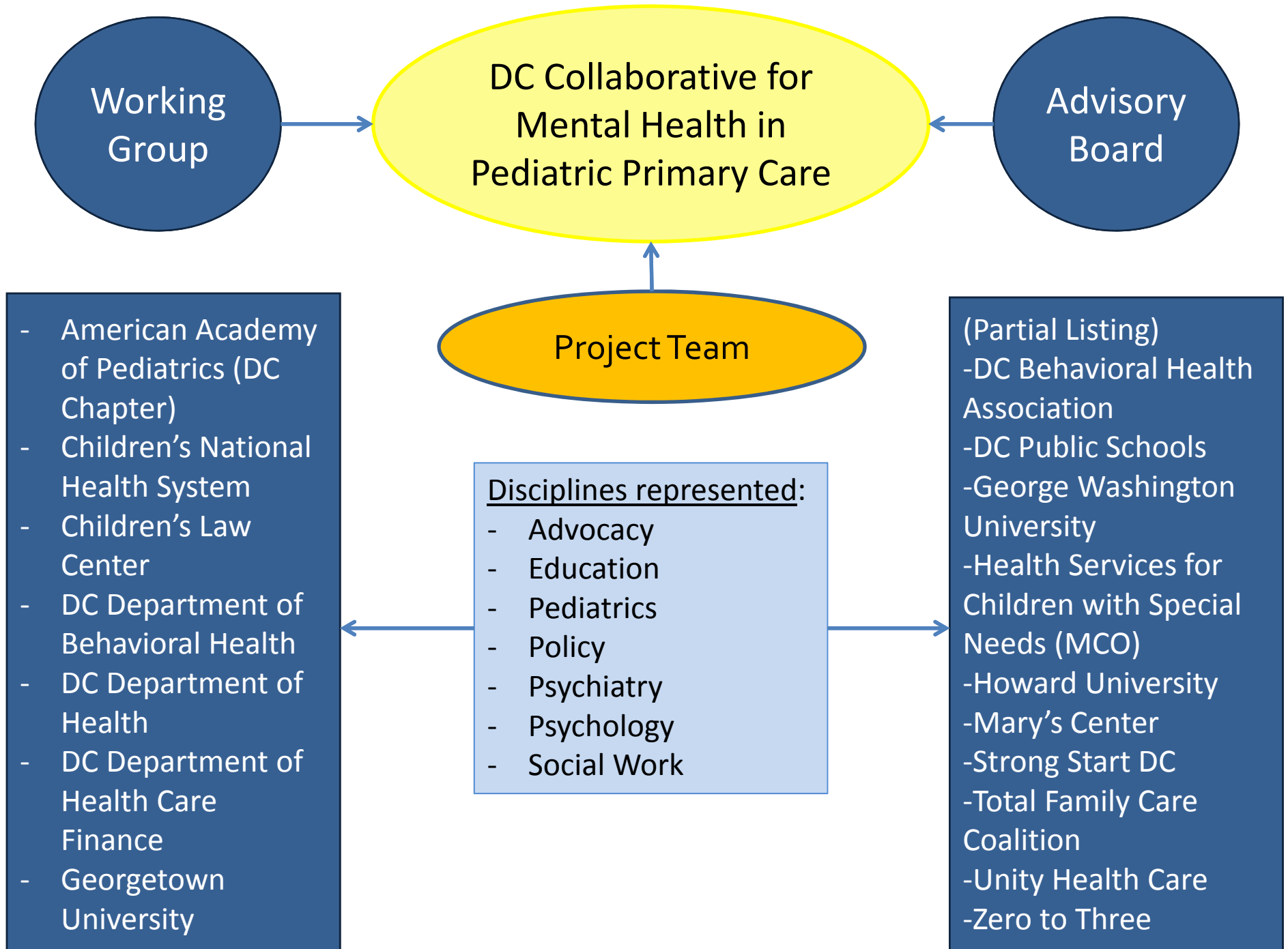


DC MAP



- **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 MAP



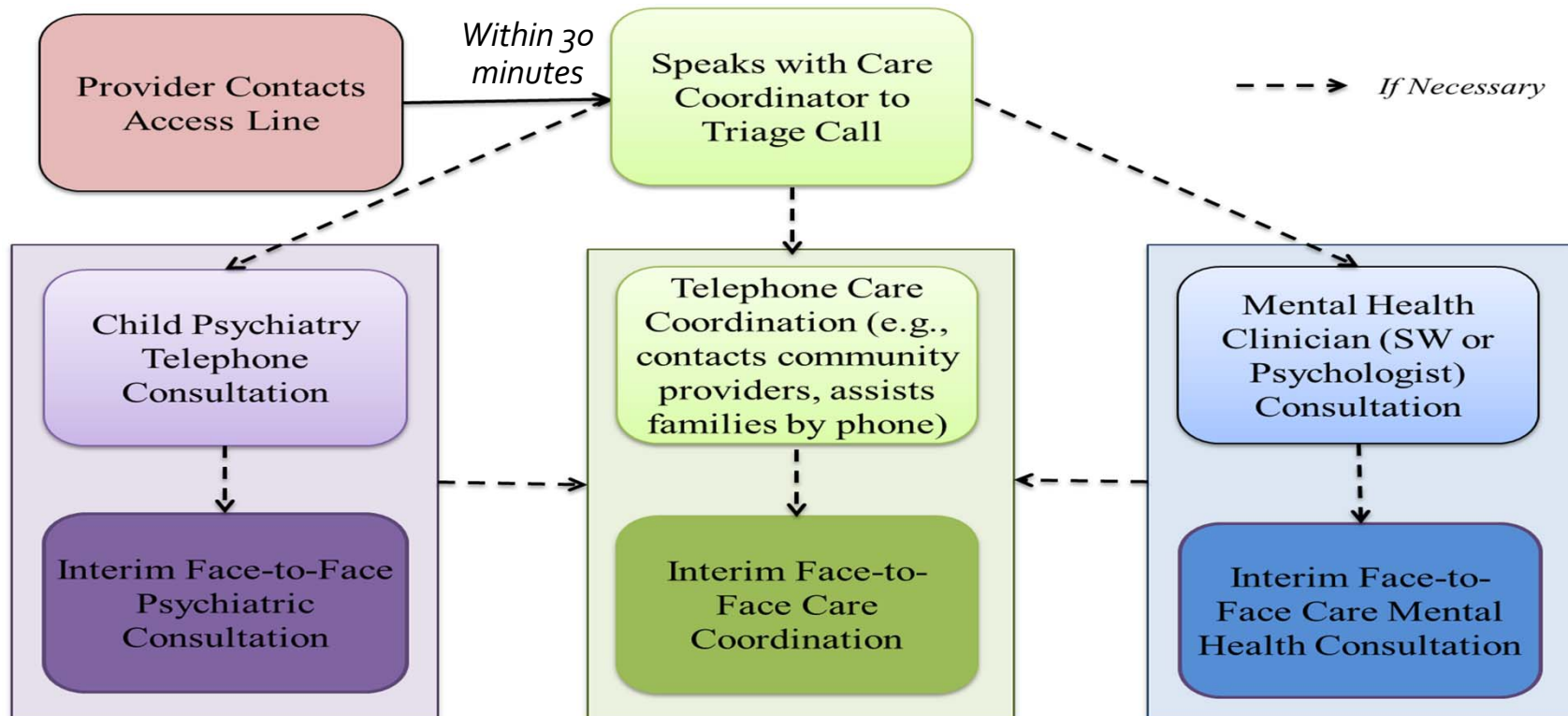
- **Goals:**

- 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

Free!!

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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