Advancing Integrated Behavioral Health: PHN Behavioral Health Initiative Results and Resources

Pediatric Health Network

Children's National

Future of Pediatrics

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No disclosures

Pediatric Health Network

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Learning Objectives

1. Identify resources that practicing pediatric primary care providers can use to address their patients' behavioral health across a wide range of behavioral health conditions
2. Explain strategies pediatric primary care providers can use to implement more structured observations of behavior and development during a primary care visit
3. Describe impacts of Behavioral Health Initiative programming for pediatric primary care practices

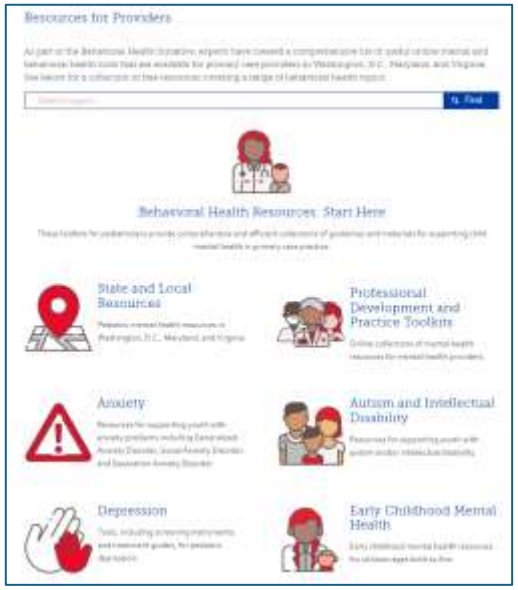
Pediatric Health Network Behavioral Health Initiative

Pediatric Health Network Behavioral Health Initiative

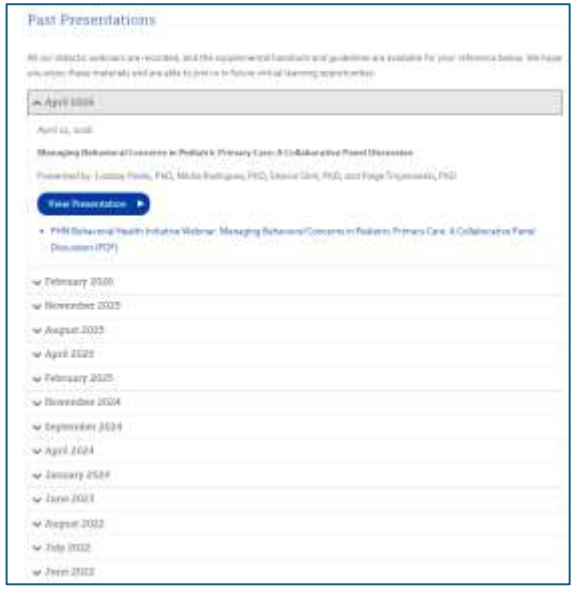
- Three-year program (2023, 2024, 2025), extended to June 30, 2026
- Generously supported by The J. Willard and Alice S. Marriott Foundation
- Primary goals:
  1. Improve access to high-quality behavioral health supports within the primary care setting
  2. Improve behavioral health care systems across the DC Metropolitan Area

Provider Education

Comprehensive Resource Library



Recorded Webinars (Beginner & Intermediate)



Clinical Support Tools

SCAN HERE
For Resources & Webinars

SCAN HERE
For Clinical Support Tools

- https://pediatrichealthnetwork.org/behavioral-health-initiative/

Quality Improvement Project

- Three, ~10-month cohorts of a QI project on BH integration
- 17 of 21 practices (81%) completed
- Example interventions:
  - Hiring/integrating BH providers
  - Care coordination/ communication
  - Referral pathways and workflows

Resources: https://thenationalcouncil.org/resources/the-comprehensive-health-integration-framework/

SCAN HERE For Self-Assessment

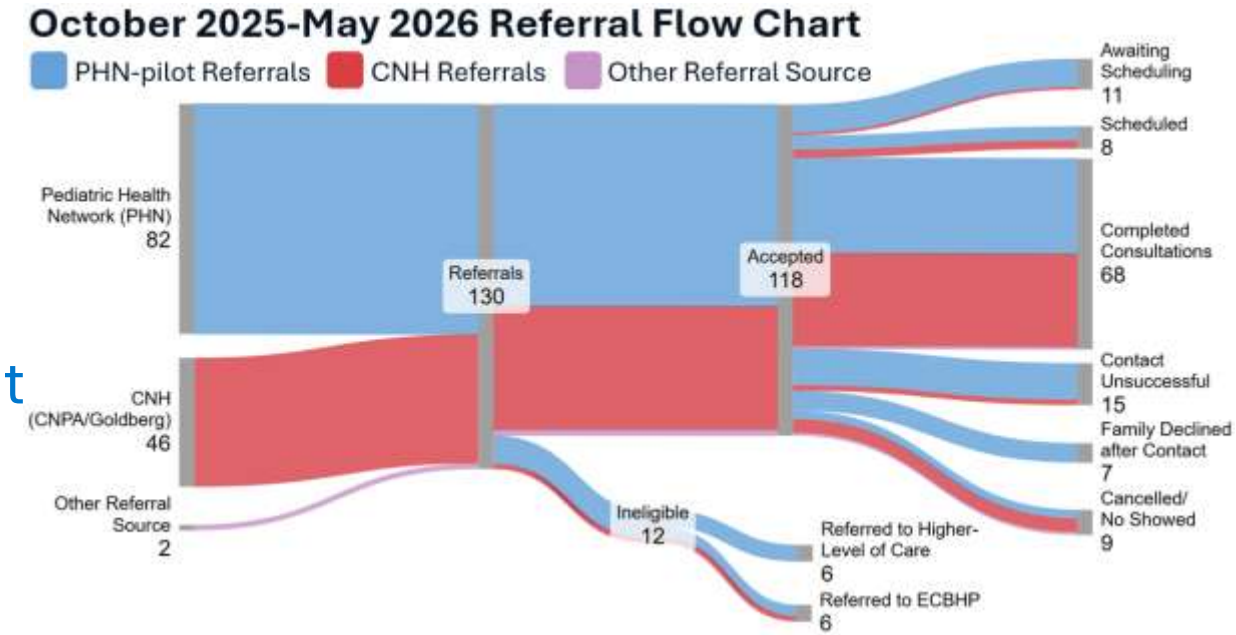
Domain	Subdomain	Level 0	Level 1	Level 2	Level 3
5. Multi-disciplinary team (including patient(s) with dedicated time to provide integrated PH/BH care.	5.1 Care team. 7 practices	Provider team, patient, family caregiver (if appropriate).	Provider team patient, family caregiver. Possibly care coordinator or manager.	BH consultant(s) and care coordinators available to PH team. PH consultant (nurse/care manager) available to BH team. Should be access to a BH psychiatrist/NP or a PCP.	PH/BH staff, with care managers, peers/CHWs, working as integrated teams throughout the continuum with patients/families.
	5.2 Sharing of treatment information, case review, care plans and feedback. 3 practices	No or minimal routine sharing of treatment information and feedback between BH and PH providers in different settings.	Routine release and exchange of info (phone, fax) between PH and BH referral providers on PH and BH issues, without regular chart documentation.	Discussion of assessment and treatment plans in-person, virtual platform or by telephone when necessary and routine PH and BH notes visible for routine reviews.	Regular in-person, phone, virtual or e-mail meetings to discuss complex cases and routine electronic sharing of information and care plans supported by an organizational culture of open communication.
	5.3 Integrated care team training and competency development. 7 practices	None or minimal training of all staff levels on integrated care approach and incorporation of PH/BHI concepts	Basic training of all staff levels on integrated care approach and incorporation of Integrated Care concepts and screening/referral workflows.	Routine training of all staff levels on integrated care approach and incorporation of Integrated Care activities into integrated teamwork, with role accountabilities defined for each team member.	Routine integrated team processes like huddles and care meetings. Systematic annual and continuing training for all staff levels with learning materials that target areas for improvement with integrated teamwork for all categories of staff.

Aggregate pre-project scoring | Aggregate post-project scoring

Psychiatry Consultation Program

- Provides one-time, in person (Takoma-DC), psychiatric evaluations to patients whose mental health needs are managed in primary care
- PCP receives a written report & option for 3 months of provider consultation
- Pilot with 20 PHN practices over ~6 months
- **Now open to all PHN members!**
  - Complete referral link in QR code
  - Share handout with families; let families know to expect phone call and to complete intake packet
  - Report sent via fax after appointment

SCAN HERE To Refer a Patient



Autism Diagnostic Technical Assistance Cohort

- Ongoing, monthly, virtual support for practices that completed the autism diagnosis workshop on the CARS-2 in June 2025 or January 2026
- Two, 6- month cohorts with 33 unique practices across both cohorts
- In-depth su practice and logistics of ewing, scheduling tion

Bedside Maneuvers for Select Social Development Milestones

Principles of Autism Spectrum Disorder (ASD) Screening

Who	A role ALL healthcare professionals play
When	Guidelines are inadequate (American Academy of Pediatrics (AAP) recommends autism screenings at 18 and 24 months) **SCREEN WHEN YOU HAVE CONCERNS!**
How	• Using validated tools • Screening tools vary by age • Requires developmental framework**
System	• **Level 1:** identify children in general population at risk for any type of atypical development (e.g. MCHAT-R/F) • **Level 2:** in individuals already identified as at-risk for developmental disabilities/ASD (e.g. STAT, RITA-T, TELE-ASD-PEDS, SRS-2, SCQ) • Can be used by experienced clinicians with strong impressions of ASD to support a diagnosis

Caveats

- Screeners have high false negative rates: **if you or the family have concerns, even if the screener is negative, still refer for further workup**
- There are ways to press for social concerns in your office, which could help you interpret an MCHAT result or facilitate discussion with families about concerns and/or referrals

Space/Materials Considerations

- Ideally no exam table, otoscope, etc. BUT if this is the only room type, troubleshoot problem areas in advance
  - Define your social assessment space (e.g., table and chair set)
  - Consider seating, reduce distractions (Youth sits with back to window or no windows)
  - Seating for parents outside of the play-based testing space
- Varied toys that give information about developmental level
  - Imitation toys cannot be cause and effect

Response to Name

- Key for social learning and engagement
- Most babies show consistent, active response between 9-12 months

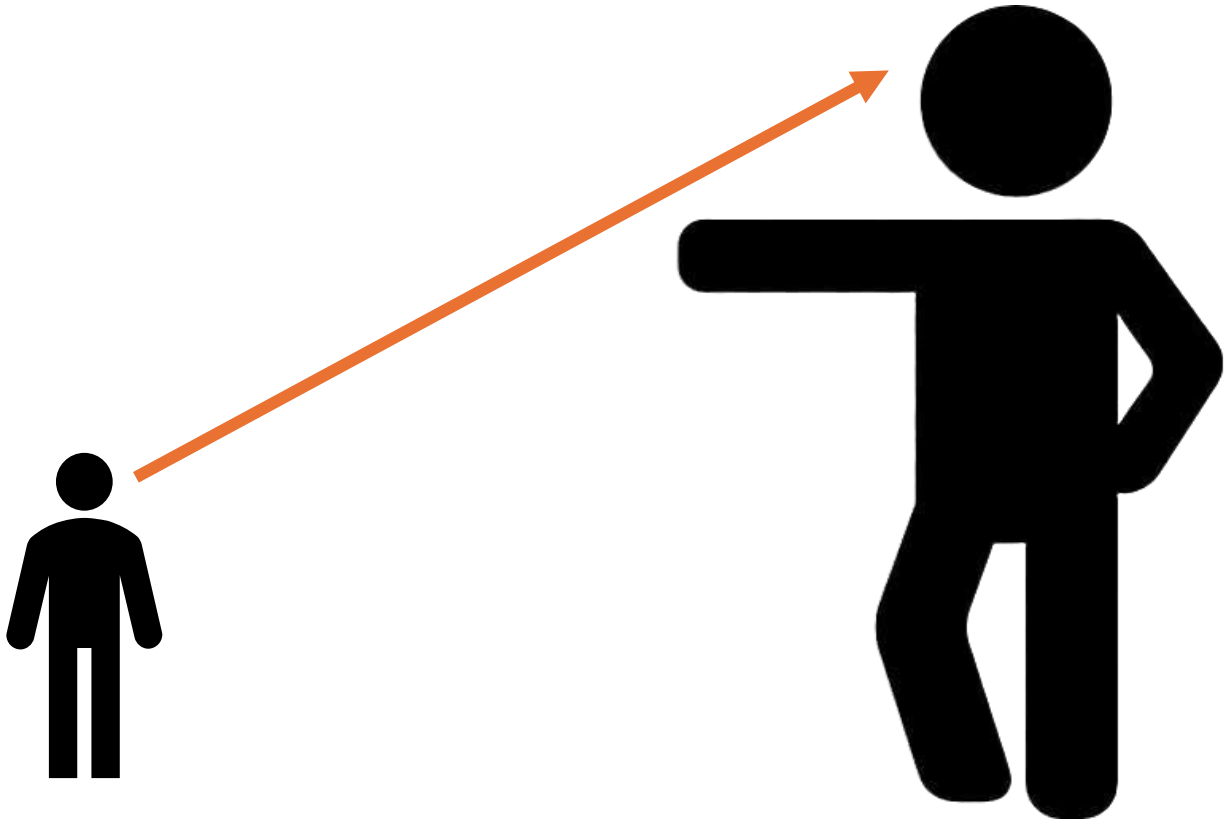
Response to Name

Response to Name	OBSERVE
While child is engaged in an activity, call the child's name up to two times; ask parent to call the child's name two times if no response; ask if they can get their attention using preferred phrases or songs. Do not allow any activation of a phone; only allow social presses	• Response to press with eye contact

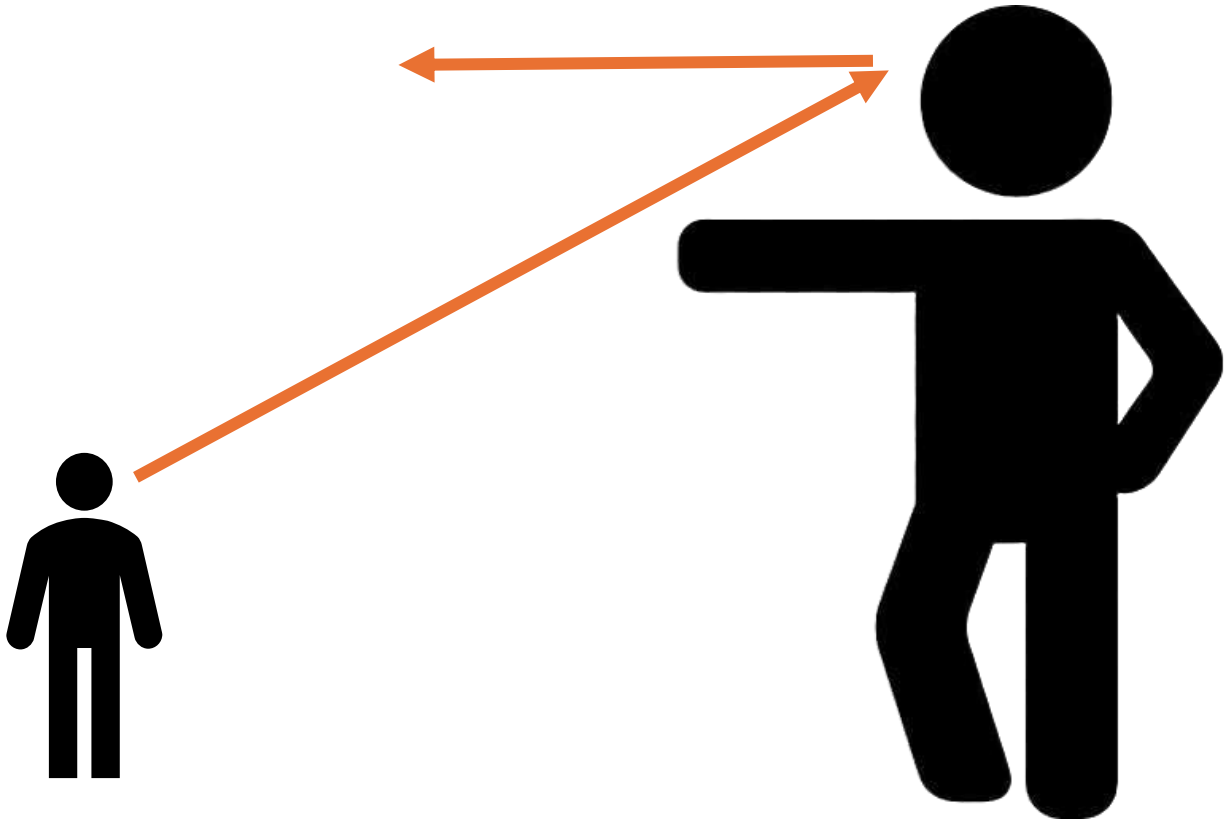
Joint Attention

- Two people paying attention to the same thing, for social purposes
- Complex behavior involving:
  - Theory of Mind – Understanding that other people have their own thoughts, and figuring out their thoughts is a way to predict their behavior
  - Social motivation
  - Early executive function: initiation, cognitive flexibility
- Typically emerges age 5-6 months, reliability improves by 9-11mos

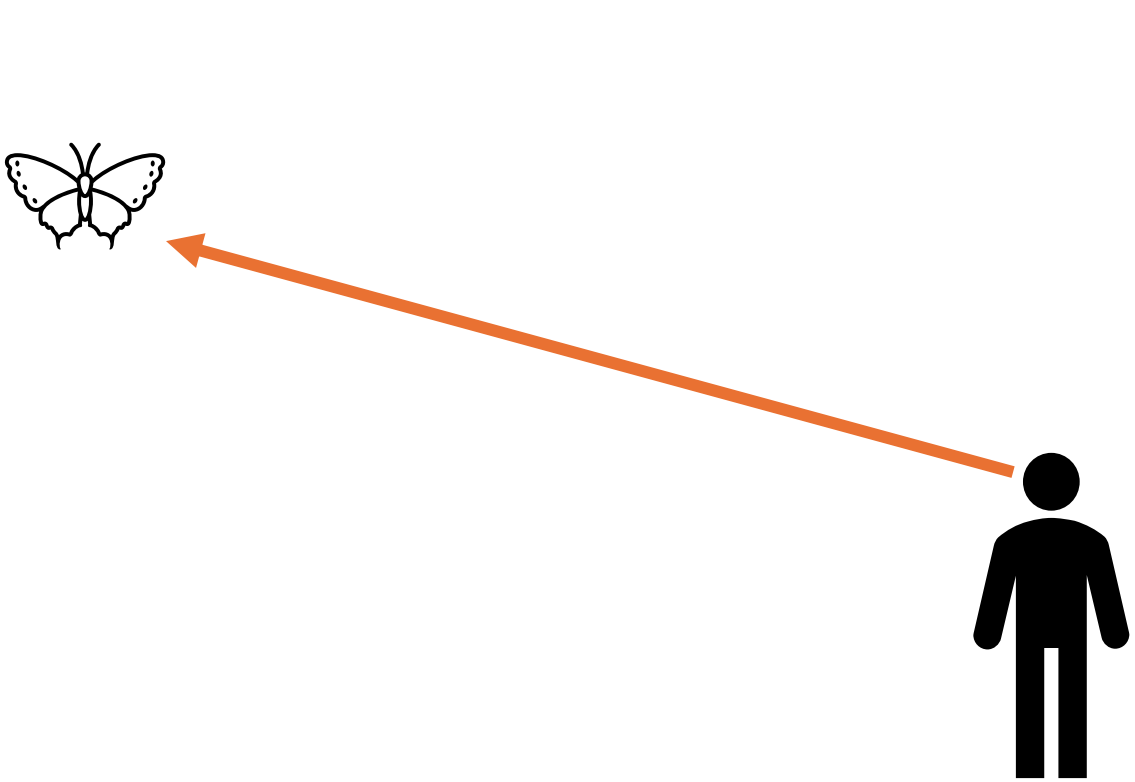
Neurotypical Response

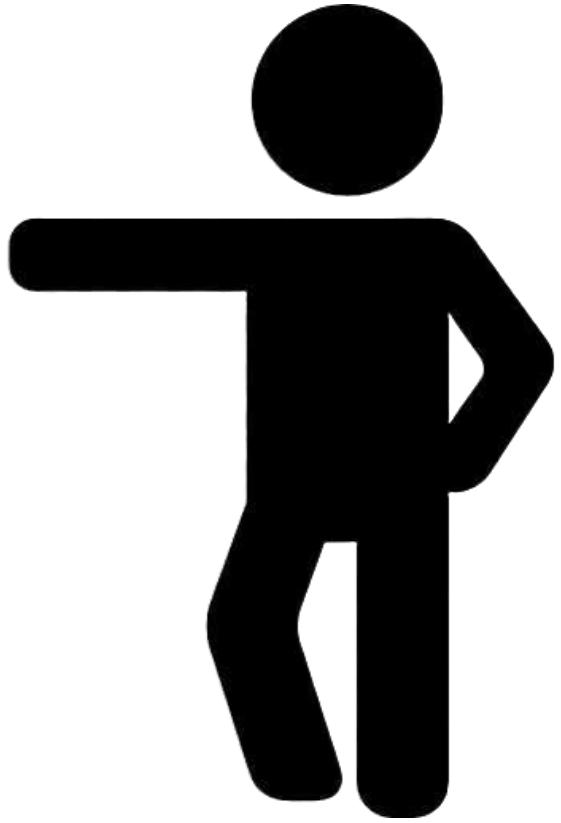


Neurotypical Response

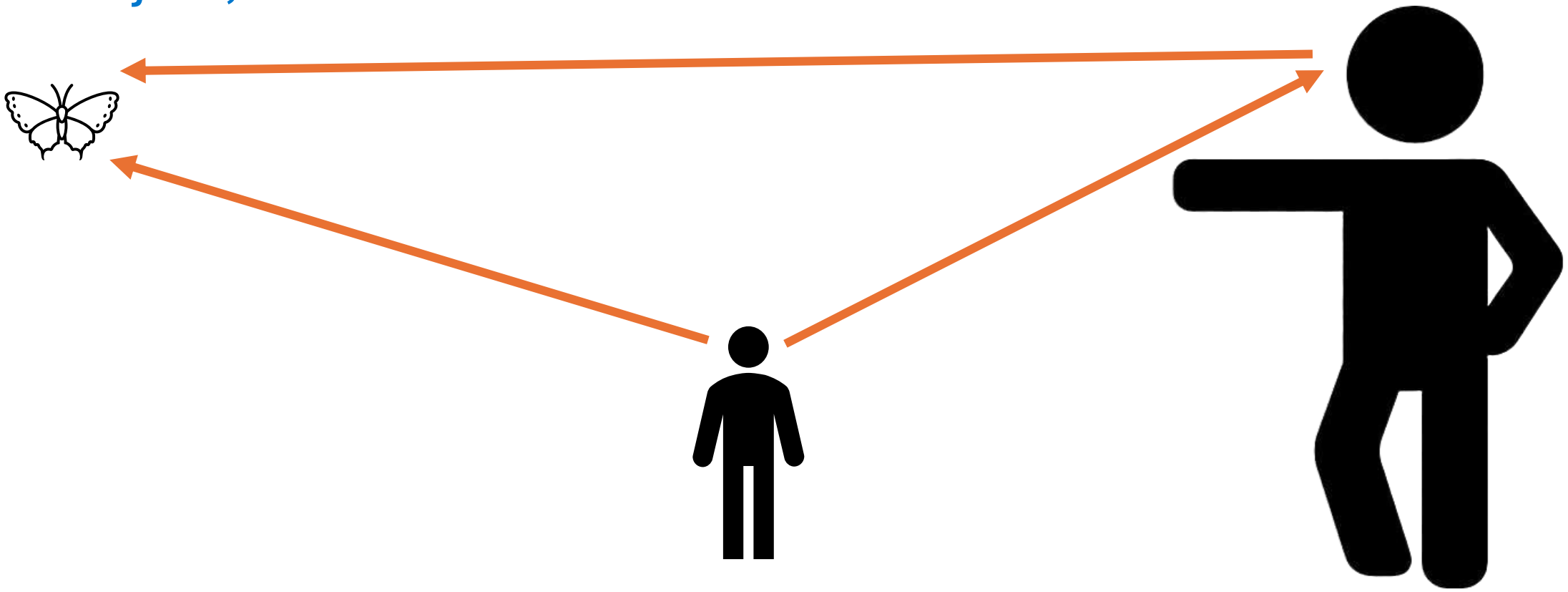


Neurotypical Response

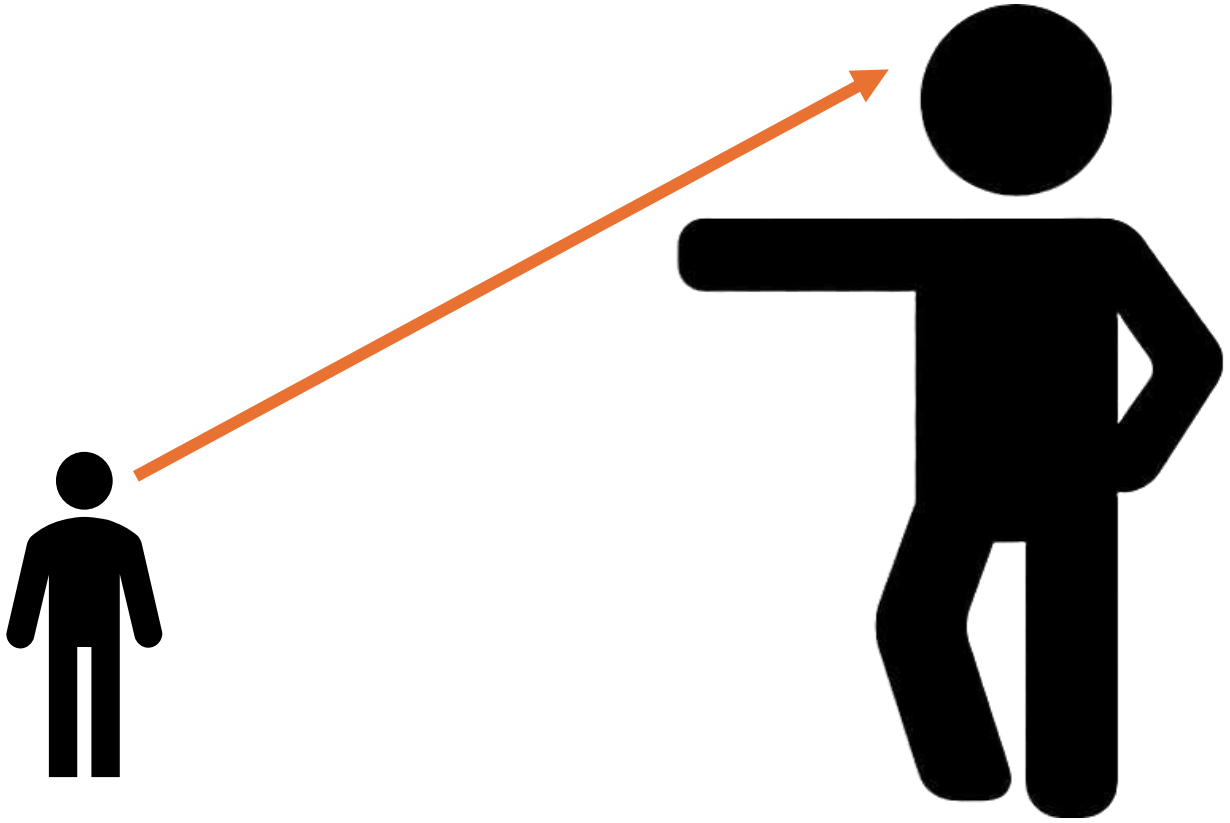




In joint attention, the child looks at the adult, then the object, then back at the adult



Atypical Response



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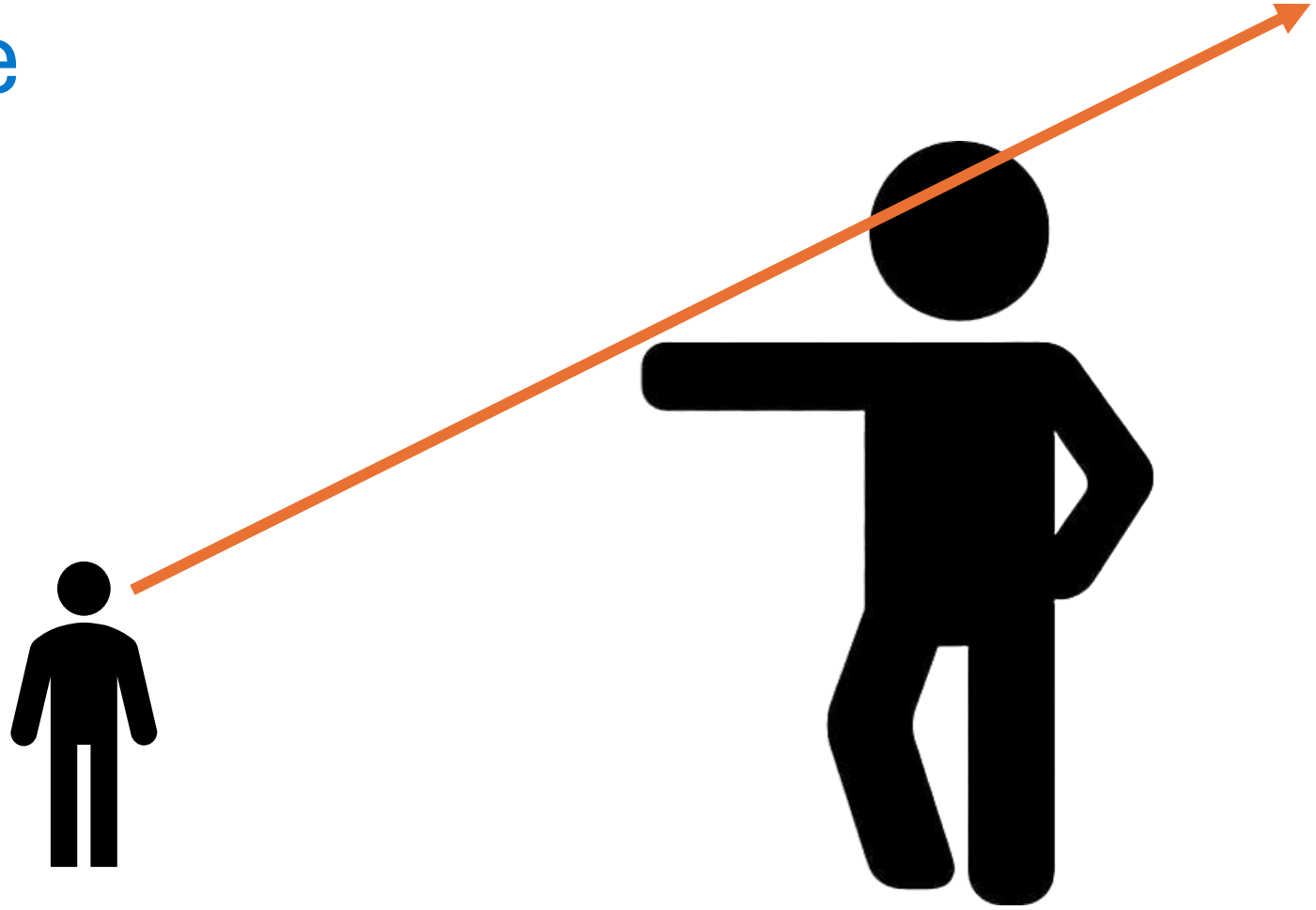
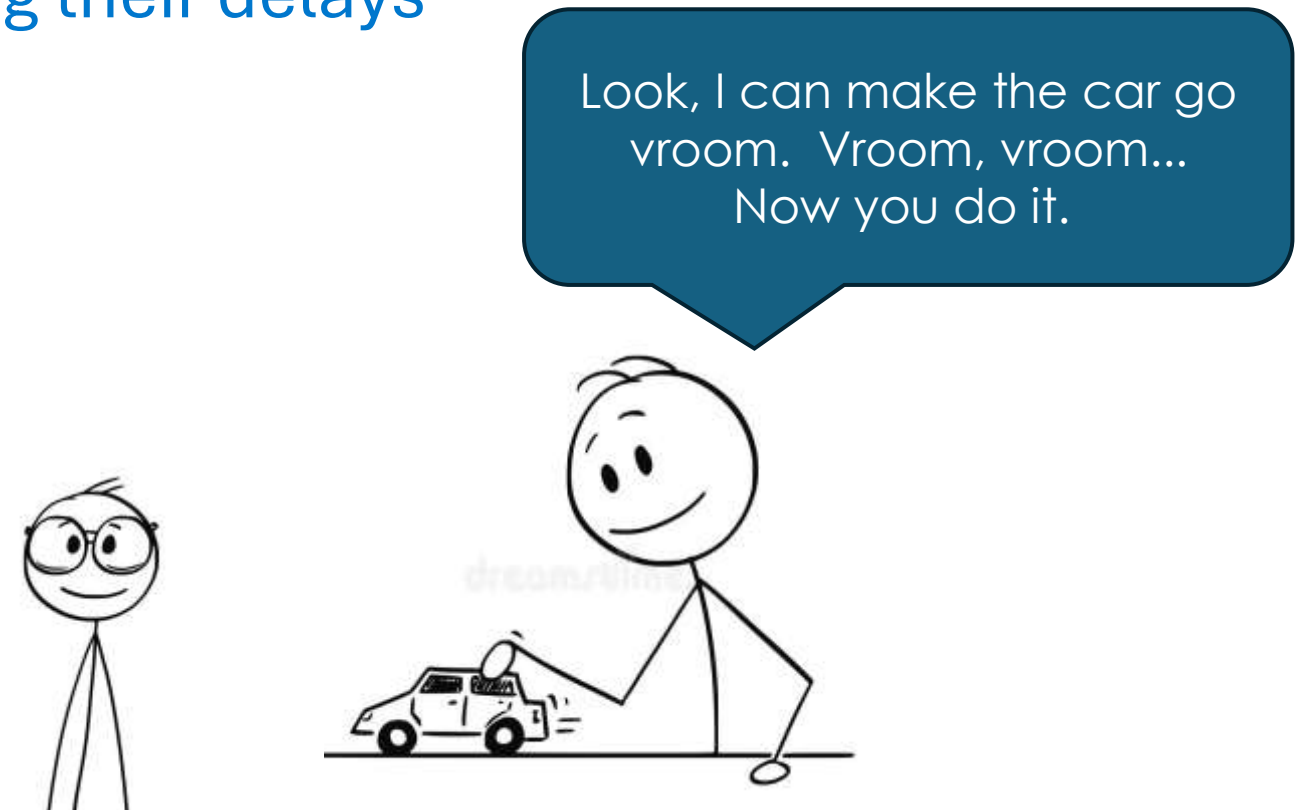


Joint Attention (Following a Point)

Response to Joint Attention	OBSERVE
While child is engaged in an activity, direct the child's attention to something in the room by pointing across your body up to two times	• Whether the child shifts attention in the direction you point • How the child responses when they locate the target (e.g., share enjoyment with you and/or parents, initiate joint attention with you/parent)

Imitation

- Children who have difficulty with imitation miss out on learning opportunities, furthering their delays



Prompting Imitation

Imitation Prompts with 2-3 Objects	OBSERVE

• Prompt child to demonstrate functional use of an object with discrete action, for example:
  • 3 taps of toy hammer
  • drinking from a cup
  • making a toy animal hop 3 times from left to right
• REPEAT 1-2 times with different objects
	• Spontaneous, delayed, and/or partial imitation of acts
	• Adaptive vocal imitation

Screening Questions Related to Play/Object Interests

- How does your child play?
  - Do they pretend with objects (e.g., make a stuffie "talk" or pretend a box is a car?
  - Do they categorize or line up objects?
  - Do they show part- or detail-oriented interests (e.g., wheels on a toy car)?
- What does your child love to do or learn about?
  - Are interests varied vs narrow, intensive vs, flexible
  - Do they have trouble shifting from interests?
- Does your child have unexpected sensory interests in objects (e.g., close visual inspection, smells, mouthing objects)?

Next Steps

- Discuss your concerns with parents and make a plan with the following goals:
  - Raise awareness
  - Educate parents/caregivers in order to partner with them around concerns
  - Address developmental needs
    - Refer to EI programming
    - Refer to insurance-based treatments to target symptoms (speech, OT, PT)
    - Refer for parent-mediated approaches
    - Refer for insurance-based evaluation

Questions?