Behavioral Health Integration 101:

“QTIP, Butterflies, Turtles, and “Then Some”...”

Kristine Hobbs, LMSW
QTIP Mental Health Integration Coordinator

QTIP

“Quality Through Technology and Innovation in Pediatrics”

• Who we are...
• What we do...
About Behavioral Health:
• Why we do it...
• How we do it...
WHO & WHERE:

WHO:
Pediatric Practice Staff Members,
DHHS Staff
[Several Grant Contractors]

What:
Born as a grant:
3 Categories
Continuing with 2 Categories

WHERE:
• Across SC

When:
• Learning Collaborative Sessions
• On-Site Visits
• Quality Improvement Skill Building
• Communication
• Maintenance of Certification (MOC)
**Category A**
Core Measures
Experiment with and evaluate the use of new measures

**Category B**
Health Information Exchange/EHR
Promote the use of HIT and exchange to improve quality

**Category C**
Medical Home / Behavioral Health
Incorporate Mental Health integration/screening within a medical home.

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**Simply:**

**Reality:**
Learning Community

Learning Objectives:

1. Define the need for integrated behavioral health services in a pediatric medical home.
2. Discuss strategies to increase behavioral health services in pediatric medical homes.
3. Identify behavioral health screening tools that can be implemented in a pediatric practice.
4. Identify quality of care measures a community health center can use to establish baselines and track successes related to behavioral health integration in pediatric practices.
The need for integrated care?

Barbara Ward-Zimmerman, Ph.D.
Child Health and Development Institute of Connecticut, Inc.
Society for Research in Child Development, 2009
This, Friends, is the need!

AAP Mental Health Toolkit

Framework for MH Activities

- Community Resources
- Health Care Financing
- Support for Children and Families
- Clinical Information Systems/Delivery Systems Redesign
- Decision Support for Clinicians

This is our Strategy
Community Resources Strategies:

- Visits
- Referral Loops
- Liaison
Referral and Feedback Forms...
Healthcare Financing Strategies:

- Learned from you
- System Level Changes
- Office Flow

SC - Who Pays For Services?
SC - Who authorizes services?

FY 2009
Medicaid
Public
Agencie

2012
LIPS Carved into MCO/ or DMH

2017
Residential Tx Carved into MCO

FY 2010
LIPS
Fee for service/ or
DMH

2016
DMH Carved into MCO

OVERSIMPIFIED
NAMI – “What Families want from Primary Care”

- Resources
- Office Set-Up
- Supportive, non-judgmental atmosphere
- Routine Screenings, questionnaires, and or checklists

Taken from NAMI brochure, “What Families Want from Primary Care”
http://www.nami.org/template.cfm?template=/contentmanagement/contentdisplay.cfm&contentid=120672
Support for Children and Families Strategies:

- Bulletin boards
- Health Education
- Handouts
- Family Advocacy Groups

- Beaufort’s Bulletin Boards
- Pal Peds – handouts at 6-10 yr WCC
H  Hope
E  Empathy
L2  Language
Loyalty
P3  Permission
Partnership
Plan
System Redesign Strategies:

• Quality Improvement Techniques
• Screening Protocols
• Referral and Feedback Loops

Barnwell handout....

Medication Guide
About Using Antidepressants in Children and Teenagers

What is the most important information I should know if my child is being prescribed an antidepressant?

Parents or guardians need to think about 4 important things when their child is prescribed an antidepressant:

1. There is a risk of suicidal thoughts or actions
2. How to try to prevent suicidal thoughts or actions in your child
3. You should watch for certain signs if your child is taking an antidepressant
4. There are benefits and risks when using antidepressants

...handout goes on to explain each of these four statements...

Barnwell handout....

Antidepressant Consent Between Parent/Provider:

A consent has been given to use and explain the risks and benefits of using an antidepressant. I am fully aware there have been instances of increased suicidal thoughts and attempts of patients who are taking antidepressants. I am also aware that if my child does not respond to the counseling schedule set by my provider, antidepressants will no longer be prescribed for me.

Patient Signature ___________________________ Date __________

A consent has been given to me of the risks and benefits of my child taking an antidepressant. I am fully aware there have been instances of increased suicidal thoughts and attempts by patients who are taking antidepressants. I am also aware that if my child does not respond to the counseling schedule set by my provider, antidepressants will no longer be prescribed. I would like to have the antidepressant at this time being fully aware of the risks and benefits. I agree to monitor the administration and attitude of my child while being taking the antidepressant and will report any questionable behavior or their provider immediately.

Parent Signature: ___________________________ Date __________

Provider Signature ___________________________ Date __________

Beaufort Peds - Edinburgh Consent...

HEALTHY MOMMIES make HEALTHY BABIES and WE want to ensure the BEST possible care for our family. I, __________________ (mother’s name), give permission to share this information with my OB or general practitioner if my pediatrician/healthcare provider at Beaufort Pediatrics feels it is in the best interest for me or my infant/children.

EDINBURGH POSTNATAL DEPRESSION SCALE

Today’s Date: _____ / _____ / _____  Weeks pregnant: _____ or weeks postnatal: _____

Baby Name: __________________  Given Name(s): __________________  TOTAL SCORE: _____

INSTRUCTIONS:
Please colour in one circle for each question that is the closest to how you have felt in the PAST SEVEN DAYS.

1. I have been able to laugh and see the funny side of things:
   • As much as I always could
   • Not quite as much now
   • Definitely not so much now
   • Not at all

2. I have looked forward with enjoyment to things:

6. Things have been getting on top of me:
   • Yes, most of the time I haven’t been able to cope at all
   • Yes, sometimes I haven’t been coping as well as usual
   • No, most of the time I have coped quite well
   • No, I have been coping as well as ever
Bright Futures Recommendations:
- Maternal Depression Screening
- Parent and Family Assessment
- Developmental Screening
- Psychological and Behavioral Assessment
- Autism-Spectrum Screening
- Oral Health Screening
- Substance Use Screening

SC QTIP Recommended Routine Screening Protocol

<table>
<thead>
<tr>
<th>Babies and Preschoolers</th>
<th>Elementary School</th>
<th>Adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental Screening</td>
<td>All: PSC report</td>
<td>All: PSC-Y 11+</td>
</tr>
<tr>
<td>ASQ-3 or PEDS-MCHAT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosocial/Environmental Risk Factors – Post-Partum depression screen SEEK-PSQ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEEK-PSQ</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SEEK -- CHEAT SHEET IDEAS**

<table>
<thead>
<tr>
<th>SEEK Topic</th>
<th>Resource Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poison Control</td>
<td>National Hotline Number</td>
</tr>
<tr>
<td>Smoke Detector</td>
<td>Local Fire Department</td>
</tr>
<tr>
<td>Tobacco Smoke</td>
<td>SC DHEC QUITLine</td>
</tr>
<tr>
<td>Food Needs</td>
<td>SC DSS; Local Food Bank</td>
</tr>
<tr>
<td>Parenting Support</td>
<td>First Steps; Home Visitors; Churches Parenting Groups</td>
</tr>
<tr>
<td>Extreme Stress Down, Depressed or Hopeless</td>
<td>Hotline Number; Local DMH; Therapists EAP programs through work Church/Community affiliated groups</td>
</tr>
<tr>
<td>Interpersonal Violence</td>
<td>Domestic Violence Hotline Local Resources</td>
</tr>
<tr>
<td>Drugs or Alcohol</td>
<td>Local DAODAS Center</td>
</tr>
</tbody>
</table>
(SEEK CHEAT SHEET) – Lexington County

<table>
<thead>
<tr>
<th>Topic</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poison Control</td>
<td>National Poison Control # - 1-800-222-1222</td>
<td></td>
</tr>
<tr>
<td>Smoke Detector</td>
<td>Local Emergency Services 803-785-8343</td>
<td><a href="http://www.lex.co.sc.gov/departments/DeptAH/emergencymanagement/Pages/index.aspx">http://www.lex.co.sc.gov/departments/DeptAH/emergencymanagement/Pages/index.aspx</a></td>
</tr>
<tr>
<td>Tobacco Smoke</td>
<td>1-800-QUIT NOW</td>
<td><a href="https://www.scdhec.gov/health/chdpt/tobacco/quit-for-keeps/">https://www.scdhec.gov/health/chdpt/tobacco/quit-for-keeps/</a></td>
</tr>
<tr>
<td>Parenting Support</td>
<td>Saxe Gotha Pres. Church - Respite Care for children with special needs and siblings - monthly - 3rd Sat.– 4:30-7:30; Ginny Aldinger 803.629.5212</td>
<td><a href="http://www.acswebnetworks.com/saxegotha/article229636.htm">http://www.acswebnetworks.com/saxegotha/article229636.htm</a></td>
</tr>
<tr>
<td>Extreme Stress Down, Depressed or Hopeless</td>
<td>Lexington County MHC– 803-359-7206 Suicide &amp; Crisis Hotline 1-800-999-9999 Family Service Center (803) 733-5450</td>
<td><a href="http://www.state.sc.us/dmh/lccmhc/">http://www.state.sc.us/dmh/lccmhc/</a> <a href="http://www.fsconline.org">www.fsconline.org</a></td>
</tr>
<tr>
<td>Drugs or Alcohol</td>
<td>LRADAC, 1068 South Lake Drive; Lexington, SC 29073 – Phone: (803) 726-9400;</td>
<td><a href="http://www.lradac.org/">http://www.lradac.org/</a></td>
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Clinical Decision Making Actions:

- TA Visits
- Psychiatric Consultation
- Skill Building
- Share Resources
  - Online resources
  - Practice developed resources
- Telemedicine
- Grand Strand - Nurses Meeting
- Quarterly MH Calls
  - SDH
  - LGBTQ
  - Cultural Awareness
  - CHOC – Foster Care Topical Call
- Residency Programs –
  - CHOC – FC Call
  - MUSC – Dr. G
Psychiatric Consultation

- As of 5/8/17
  - Used by 10 practices
  - Used by 16 doctors
- Monthly Psychiatric Pearls
- Break out session at Jan/July LC
Two Websites for Evaluation

**AHRQ – Integration Academy**

- **Integration Playbook**: A Guide to Integrating Behavioral Health Care
- **Professional Practices**: Key Competencies for Integrated Care Delivery
- **Atlas** of Integrated Behavioral Health Care Quality Measures
- **Lexicon** for Behavioral Health and Primary Care Integration
- **Videos**: Learn about the Academy and behavioral health integration

**IBHP – Integrated Behavioral Health Project**

**Evaluation**

- Growth in 5 categories of the MH Practice Readiness Inventory
- Increased use of developmental and behavioral health screenings
- Appear to have an increased comfort level in addressing behavior health needs
- Significant change in attitude toward Integrated Behavioral Health occurred in the following areas:
  - Committed to providing integrated primary and behavioral care.
  - Integrated care is a worthwhile investment of practice time, energy and resources
  - Delivering integrated care is a priority in our practice
  - BHSs and PCPs approach patient care with sense of partnership and shared decision making
  - PCPs and BHSs associated with our practice trust and respect.
What Practices Wanted in 2011
What Practices Appreciate in 2014

Top 6 of 21 Options
Practices Chose in July 2011

• Finding ways to access child psychiatry
• Work with community providers to facilitate accessing local resources
• Identify a list of resources for specific needs in your community
• Learning more about billing and coding for mental health services
• Identify appropriate and timely effective assessment and screening tools
• Information about funding/billing options for co-located staff

Most Useful/important/helpful thing we have done to facilitate integration:

- Tangible resources
- Screening protocol
- Reimbursement mechanisms in place for screenings
- Constant discussion and reinforcement

Community Resources
• Community development:
  - QTP
  - Hobbs
  - Family Connection
  - FAPCO

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Healthcare Facilitator
• Provided the following to facility providers:
  - Phone numbers, office locations, websites
  - Access to a physician
  - Access to a psychiatrist
  - Access to a counselor

What Practices Appreciate in 2014

• Ensured phone messages were returned by non-Spanish speakers
• Created a list of community resources available in facilities
• Created a list of tools for face-to-face sessions
• Created a list of tools for diagnostic-specific visits

"And then some..."

"I discovered at an early age that most of the differences between average people and great people can be explained in three words - "and then some." The top people did what was expected of them, and then some. They were considerate and thoughtful of others, and then some. They met their obligations and responsibilities fairly and squarely, and then some. They were good friends, and then some. They could be counted on in an emergency, and then some."

~ James Francis Byrnes