NYC Project LAUNCH Local Brief
Strong families and communities
Promoting social and emotional health
Healthy, happy and successful children
Linking Actions for Unmet Needs in Children's Health:
September 30, 2010 –September 29, 2015

Behavioral Health Integration in Primary Care

Pediatric primary care is a key setting that all young children are expected to visit routinely in their early development. As such, a young child's visits to her or his pediatrician present major opportunities to detect any developmental challenges the child is experiencing and take appropriate steps to intervene. The integration of behavioral health services into primary care can greatly increase the likelihood that at-risk children are identified and treated as early as possible, particularly in early childhood when primary care is the central universal access point and because primary care is a non-stigmatizing environment (American Academy of Child and Adolescent Psychiatry, 2009; Substance Abuse and Mental Health Services Administration, 2013).

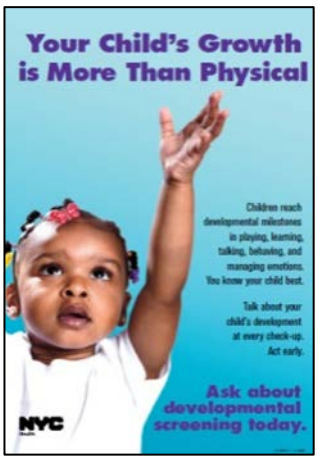
A framework for models of integration developed by the Substance Abuse and Mental Health Services Administration-Health Resources and Services Administration (SAMHSA-HRSA) Center for Integrated Health Solutions describes a continuum of integration of behavioral health into primary care with increasing degrees of collaboration, co-location of services and medical record and system integration (Heath, Wise, & Reynolds, 2013). The framework emphasizes the need for skills and competencies among team members in interpersonal communication, care planning, collaborative teamwork and informatics, among others, for integrated teams to work effectively. Optimally, on-site mental health clinicians in pediatrics are available to address developmental and behavioral concerns and can function as a consultant or even as a primary therapist. Flexible schedules for the clinicians are critical so they can be available for same-day consultations, brief follow-up interventions, supervision of screening and informal consultations (Stancin & Perrin, 2014). Research showing the impact of maternal depression on children's social-emotional development and behavioral health also highlights the importance addressing parental mental health concerns in pediatric settings (Goodman et al., 2011).

In pediatric primary care, NYC Project LAUNCH integrated behavioral health by co-locating mental health clinicians and primary care assistants from an early childhood mental health agency into a pediatric clinic at a municipal hospital in East Harlem and a federally qualified health center in the South Bronx. Behavioral health staff conducted social-emotional screening, mental health consultation, staff training and referrals on specific days of the week. The majority of patients at both large urban sites had Medicaid health insurance coverage. Co-location began at the hospital in East Harlem during the summer of 2011 and was available onsite four days each week and at the health center in the South Bronx during the fall of 2012 and onsite one day each week.

At pediatric clinics, primary care assistants from the co-located mental health agency routinely administered and assisted parents and caregivers in completing screening using the Ages and Stages Questionnaires: Social Emotional (ASQ:SE) for children ages 6 months to 5 years and the Pediatric Symptom Checklist (PSC-17) for children ages 5 to 8 in the waiting room before well-child visits. The mental health clinician provided mental health consultation at the pediatric practice to families with children identified as facing challenges through screening, a parent concern or who were referred by pediatricians. Mental health staff provided mental health assessment and follow-up, including short-term treatment, referral and linkage of children and their families to Early Intervention (EI) for children ages 0 to 3, Committee on Preschool Special Education (CPSE) for children ages 3 to 5, mental health and other community resources, as needed. To increase workforce capacity, mental health clinicians also conducted 36 trainings to staff from the pediatric primary care partner sites on early childhood mental health, how to administer social-emotional and developmental screening, referrals and information about EI and CPSE or other services.

To promote broader awareness of early childhood development and mental health throughout the city, NYC Project LAUNCH and the DOHMH designed and produced a number of health promotion materials in 10 languages. These items address the development and well-being of children ages 0 to 10 for parents and caregivers and the providers that serve them. The materials include strategies to promote social and emotional development through healthy relationships and assess growth through developmental milestones. Additionally, materials include posters for pediatric waiting rooms emphasizing the importance of developmental screening, as shown in Exhibit A. Materials were made available in several languages online and through 311.

Exhibit A: Poster for Pediatric Primary Care Clinic Waiting Rooms



To promote developmental screening in pediatrics citywide, NYC Project LAUNCH wrote a DOHMH City Health Information (CHI) bulletin on developmental screening in pediatric primary care. The CHI includes recommendations based on the American Academy of Pediatrics policy statements and clinical reports (American Academy of Pediatrics [AAP] Committee on Children With Disabilities, 2001; AAP Committee on Psychosocial Aspects of Child and Family Health, 2009; AAP Task Force on Mental Health, 2010; & Earls, 2010), including periodicity tables and guidelines for general developmental, social-emotional, autism-specific and maternal depression screening with validated tools as well as raising awareness about the impact of ACEs, trauma and toxic stress in early childhood. In October 2015, the DOHMH released the CHI by email to more than 27,000 health care providers in New York City and posted the bulletin online: Identifying Developmental Risks and Delays in Young Children (New York City Department of Health and Mental Hygiene, 2015).

Results

In NYC Project LAUNCH communities, an average of 1,018 children were screened by the primary care assistants annually between July 2011 and July 2015 in East Harlem with approximately 19% having positive screens, an indication of a potential social-emotional delay or challenge. Similarly, an average of 197 children were screened annually in the South Bronx between October 2012 and July 2015, with approximately 32% having positive screens (Exhibit B). Families that had a child with a positive screen, a parent concern or a pediatrician referral met with the mental health consultant for assessment, short-term treatment and referral.

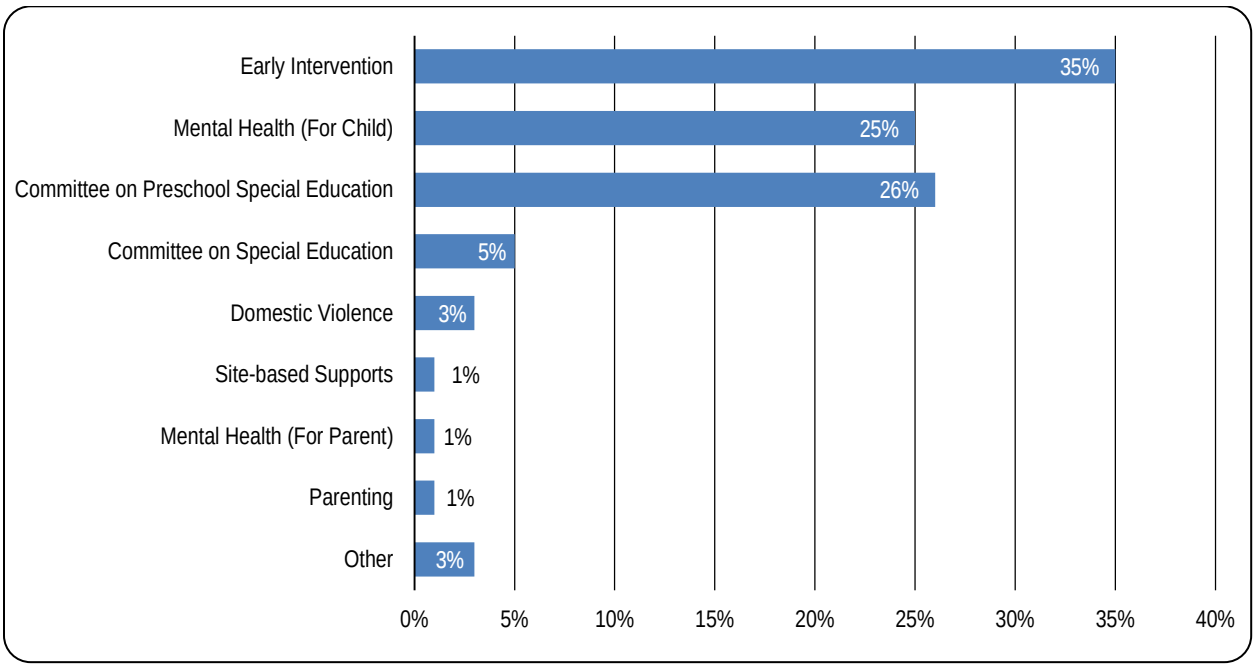
Data indicate that early childhood mental health consultants provided valuable services to a substantial number of families. At the East Harlem site, more than 670 families received a referral to services such as Early Intervention, Committee on Preschool Special Education, child or parent mental health or domestic violence services. Approximately 57% confirmed that they attended the first visit within the grant year they were referred, a linkage rate in line with findings from similar initiatives (Godoy, et al. 2014). In the South Bronx site, more than 115 families received a referral, and approximately 44% confirmed that they completed the first visit within the grant year initially referred.

Exhibit B: Average Number of Children and Families Served, East Harlem (Years 1–5) and South Bronx (Years 3–5)

Annual Averages	East Harlem Site (4 days per week)	South Bronx Site (1 day per week)
Children screened	1,018 children	197 children
Positive screens	19% (190) children	32% (64) children
Families received consultation from mental health clinician	242 families	77 families
Families received referrals	151 families	39 families

The referrals provided by consultants helped connect families with critically important supports to a variety of services including child mental health, EI and CPSE. A summary of the types of referrals made can be seen in Exhibit C. However, given that this model did not include screening for maternal depression, fewer referrals were made for parent mental health, an area of opportunity for future initiatives.

Exhibit C: Types of Referral Made, East Harlem (Years 1–5) and South Bronx (Years 1–3)



Source: Service data collected by New York Center for Child Development (NYCCD)

Pediatric clinic providers reported positive changes in their knowledge about young children's mental health and available services to address mental health problems, with the strongest gains in East Harlem. Some examples of these changes are summarized below.

- In the East Harlem site, where a consultant started in year two, worked four days a week, and provided trainings, among clinic providers (staff physicians, nurses and residents), 87% reported substantial or some change in their knowledge about young children's mental health; similarly 87% reported substantial or some gains in their knowledge about services.
- In the South Bronx site, where a consultant started in year three, worked only one day a week, and provided trainings, fewer clinic providers reported substantial or some gains in these areas: 80% for knowledge about young children's mental health and 70% for knowledge about services.
- In their open-ended responses to a vignette describing a parent's concern about her child's behavior, 59% of clinic providers across the two sites included that they would refer the child to the on-site mental health consultant, suggesting their positive view of the consultation service and its benefit to families.

Evaluation findings concerning the types of referrals that were made suggest that greater attention to parent mental health may be needed. Few referrals were made to address the needs of parents (adult mental health providers), which may have resulted in part from the absence of parent mental health screening. Findings regarding referral and linkage confirmation may be due to a shortage of child mental health providers and long wait lists making it hard to

find accessible referral resources for some families, prompting clinicians to provide short-term treatment until families could see a provider in the community.

Clinic Providers' Feedback on Behavioral Health Integration

"It has made the referral service much quicker and easier. It is a blessing to have them [mental health specialists]. It makes patient care more complete and efficient." —Pediatrician

"Pediatricians knew about referral but not follow-up, before LAUNCH. Many made unsuccessful referrals to Early Intervention. Pediatricians, residents, and attending increased awareness of socio-emotional concerns, know what to ask." —Primary care assistant

"I set up the appointment or hand them off. It comforts patients to see that I have a rapport with the mental health consultants because some parents can be reluctant. I think in this population, families are not as educated about mental health or services, so they can be shy in asking for services. For other referrals like psychiatric, families get lost, do not follow up themselves if they have to keep up with appointments—but Project LAUNCH makes that simple; they are down the hall." —Pediatrician

The evaluation of co-located services in NYC Project LAUNCH neighborhoods shows that the screening, consultation and referral services in the pediatric settings were generally successful in identifying a significant number of young children in need of supports for their mental health. The early childhood mental health consultants were able to provide developmental guidance to help parents better understand and support their children's development; referrals to community mental health, EI and CPSE; and in some cases, brief treatment. Many of the pediatric clinic providers became much more knowledgeable about both young children's behavioral health and services that can address problems.

Successes and Challenges to Behavioral Health Integration in Pediatrics Across New York City, 2013

In addition to implementing direct services and training, NYC Project LAUNCH worked to understand and promote behavioral health integration and screening more broadly in New York City. To better understand models of mental health integration in pediatric primary care practices in the city, NYC Project LAUNCH and the NYC DOHMH conducted a telephone survey in 2013, exploring successes and challenges and systematically examining themes and patterns that emerged. A two-question screening questionnaire about availability of mental health services was sent by email to medical directors of 55 pediatric clinics in the five boroughs, including federally qualified health centers and municipal and non-municipal hospital sites. The survey sample included 16 respondents from medical or behavioral health directors at these health facilities that offered mental health services in their pediatric clinics. Telephone interviews were conducted with closed- and open-ended questions on topics including staffing, communication, financing, clinical services, challenges and successes.

Results of the survey on integrating behavioral health in 16 pediatric clinics in health centers and municipal and non-municipal hospitals in New York City indicate that there are different degrees of integration in these sites with respect to the co-location of mental health staff; ways of staffing these positions (through outside agency, as staff of pediatric department, as staff of psychology department); the use of integrated electronic health records and shared records; and informal versus formal case and programmatic consultations.

Perceived benefits to integrating behavioral health in pediatrics included improved communication among health and mental health providers, easier access to mental health care for families and referring providers, improved effectiveness of the primary care practice, improved child health and mental health outcomes and better experiences for families. Perceived challenges to effectively or fully integrating behavioral health in pediatrics include the lack of integrated treatment plans, inconsistent screening for mental health in children, joining professional cultures within medical and mental health teams and the need for various combinations of sources of payment and funding to cover costs. No practices were able to fully fund behavioral health integration in pediatric primary care through billing alone.

Findings support the need for further site- and system-level strategies for implementing effective models of integration as well as adequate reimbursement, funding and infrastructure support in pediatric primary care practices at hospitals and health centers in New York City.

Lessons Learned and Conclusions

NYC Project LAUNCH found that successful integration required primary care provider buy in, awareness and relationship building as well as development of a coordinated and streamlined system for screening and referrals, including increased capacity for early childhood mental health treatment in the community. Developing a strong working relationship between pediatricians and mental health clinicians is essential to successful integration into primary care. Raising pediatrician and resident awareness through training on early childhood social-emotional development, the importance of prevention and early intervention and the role of the mental health providers are key to building connections across child-serving systems. When the pediatricians have a good understanding of social-emotional development in early childhood, they utilize mental health services more and make appropriate referrals. Including maternal depression screening and pediatrician training on the role of parental mental health on child wellness would further strengthen co-location models. Collaboration between the mental health clinician and the pediatrician on specific cases through open and ongoing communication improves overall care, because all parties are informed of progress and can connect children to services in a timely manner.

Co-locating mental health clinicians from an outside agency or department within a pediatric clinic takes time due to logistics and business arrangements related to onsite space, integrated health records, communication and professional cultural difference, confidentiality and billing issues. In addition, hospital settings may have prolonged clearance processes that can delay integrating services, particularly if there are staffing changes. Project LAUNCH grant funding supported co-located mental health staff from an outside agency onsite at pediatric clinics who conducted routine screening for well-child visits at specific ages. When grant funding ends, transitioning to having pediatric staff conduct screening themselves or develop automated ways to streamline screening into well-child visits requires additional resources for sustainability.

Based on successes and limitations in existing resources, recommendations to enhance and sustain models of mental health integration include developing funding, infrastructure, workforce training and data systems to support site-specific and system-level strategies to support integrated services.

- Site-level: Adequate resources for early childhood mental health consultant(s) to work five days a week to ensure sufficient capacity, especially in settings with a high volume of children with positive social emotional screens; training for pediatric staff in conducting and responding to both child and adult mental health screens; and resources for staff to identify appropriate community services for referrals, including for parental mental health. Funding at the site level can be leveraged from billing, grants and internal operating costs.
- System-level: Identify sources of funding for early childhood mental health consultation in pediatric settings across hospital and health center networks or regions. Potential funding sources include the Mental Health Block Grant, the Maternal and Child Health Block Grant and improving Medicaid and other insurer billing and reimbursement rates. Develop training initiatives to expand the workforce of community-based child mental health clinicians trained in early childhood mental health evidence-based models, including parent-child dyadic treatment. Develop an information system to streamline screening and referrals and improve data collection and quality improvement.

Current federal and state health care reform initiatives, including New York State Medicaid Redesign, present a unique opportunity to promote and monitor the integration of behavioral health into primary care, which is especially important for the prevention of long-term adverse impacts of childhood mental health conditions. Implementing and sustaining mental health integration in primary care is a challenging endeavor, but it is critically important given the prevalence and potential long-term impacts of childhood mental health conditions if not addressed as early as possible. Pediatric primary care providers have an essential role in identifying these conditions, intervening early, and improving the health, mental health and developmental outcomes of children.

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