



# Meeting Adolescents Where They Are: New Directions in Behavioral Health

A GIH Strategy Session

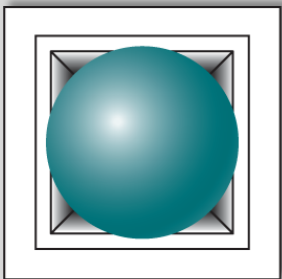
October 23, 2013

# INTEGRATED CARE: THE WHO, WHAT, AND WHERE FOR ADOLESCENTS

Peggy McManus, The National Alliance to  
Advance Adolescent Health

Grantmakers in Health

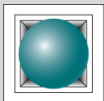
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*THE NATIONAL ALLIANCE  
TO ADVANCE ADOLESCENT HEALTH*

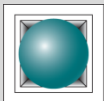
# TEENS TELL US

- *“If you have something geared towards our age, we’d be more likely to go there. It could change the way we think. It could make us care more about how we live.”*



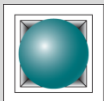
# Integrated Care: The “Who”

- Multidisciplinary team of clinicians and administrative staff who
  - Enjoy caring for teens and are friendly/welcoming
  - Are knowledgeable and experienced in adolescents’ needs
  - Who listen carefully and are not judgmental
  - Who ask about their needs and take their concerns seriously
  - Who give teens enough time during their appointments and explain things in a way that teens can understand



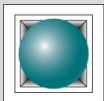
# Who Else?

- Peers their age and those a little bit older
  - “...people who are 18, they can work there..as maybe speakers so that people who actually went through this stuff, they could say how is your life going or whatever. And say what to look for and what to watch out for.”



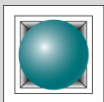
# The “What”

- “Everything under one roof.”
- Assurance of confidentiality
- Sexual and behavioral health services in addition to primary medical services
- Expanded health education and wellness services in and outside of clinic
- Peer support groups
- Organized referrals for specialized services
- Systematic outreach and follow-up
- Case management
- 21<sup>st</sup> century communications
- School and youth development linkages (eg, tutoring, job counseling, legal assistance, GED information)
- Ongoing youth involvement and feedback
- Family education and supports
- Options for free or subsidized care



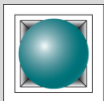
# The “Where”

- In doctor’s offices, school/community/hospital clinics, mobile vans, youth development sites
  - Designated times
  - Separate spaces
  - Comfortable environment
- Convenient, near public transportation
- Examples of innovative programs featured on [www.thenationalalliance.org](http://www.thenationalalliance.org).



# “Build it, and they will come!”

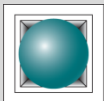
- If health care sites addressed the “who, what, and where,” teens report that they would likely go for care and return for visits.
- Clip from the SPOT in St. Louis  
<http://thespot.wustl.edu/>
  - Founded in 2008 by clinicians at Washington U and St. Louis Children’s Hospital
  - Provides physical, behavioral, and reproductive care as well as social support services and crisis intervention for youth ages 13-24





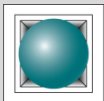
# Why aren't they building it?

- Significant financial disincentives
- Few expectations/low demand among youth and families
- Little outcome and cost-effectiveness evidence on adolescent-centered care versus conventional care
- Low priority among public and private payers
- Lack of federal and private foundation leadership



# RECOMMENDATIONS FOR ADOLESCENT-CENTERED CARE

- Invitational conference on needed research/demonstrations, May 2012
- Funded by AHRQ and Mount Sinai Adolescent Health Center
- Overarching themes:
  - Variety of new and applied interventions needed for high-risk teens since current practice has not been effective
  - Expanded training needed for primary care clinicians in communicating with teens, screening for serious risk, motivational interviewing/behavioral counseling, and treating mental health conditions
  - New and ongoing synthesis and dissemination of effective adolescent-centered primary care interventions needed.
  - Full recommendations are available at [www.thenationalalliance.org](http://www.thenationalalliance.org).





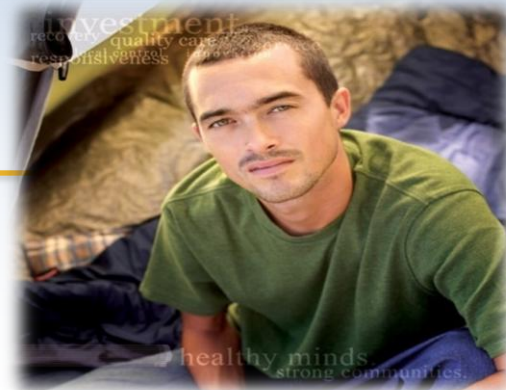
# *SAMHSA-HRSA Center for Integrated Health Solutions*

## **Integrated Care for Adolescents with Behavioral Health Needs**

Grantmakers In Health 2013

**Represents 2,500 community organizations that provide safety-net mental health & substance abuse treatment services to 8M adults, children & families**

**National voice for legislation, regulations, and practices that protect & expand access to adequately funded, effective mental health & addictions services**



# About the Center

*In partnership with Health & Human Services (HHS)/Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources and Services Administration (HRSA).*

## **Goal:**

To promote the planning, and development and of integration of primary and behavioral health care for those with serious mental illness and/or substance use disorders and physical health conditions, whether seen in specialty mental health or primary care safety net provider settings across the country.

## **Purpose:**

- To serve as a national training and technical assistance center on the bidirectional integration of primary and behavioral health care and related workforce development
- To provide technical assistance to SAMHSA PBHCI grantees and entities funded through HRSA to address the health care needs of individuals with mental illnesses, substance use and co-occurring disorders



**SAMHSA-HRSA**  
**Center for Integrated Health Solutions**



# Adolescent Behavioral Health

- Almost 20% of children in the United States suffer from some form of mental illness but only 20% of those receive treatment. National Research Council and Institute of Medicine (2009)
- Half of all lifetime mental illnesses begin by age 14; three quarters by age 24.5. National Comorbidity Survey Replication-Adolescent Supplement (2010)
- The average delay between onset of symptoms and biopsychosocial intervention for children is between 8 and 10 years - critical developmental years in the life of a child. NIMH (2005)

## Questions We Receive

- How do we create health homes for kids?
- Should integration for youth with behavioral issues be in the pediatric primary care setting or in the behavioral health center?
- Where should kids with chronic medical issues and behavioral health disorders be served?
- How do we finance it?
- Who coordinates care?
- Is there a 4 quadrant model for kids?

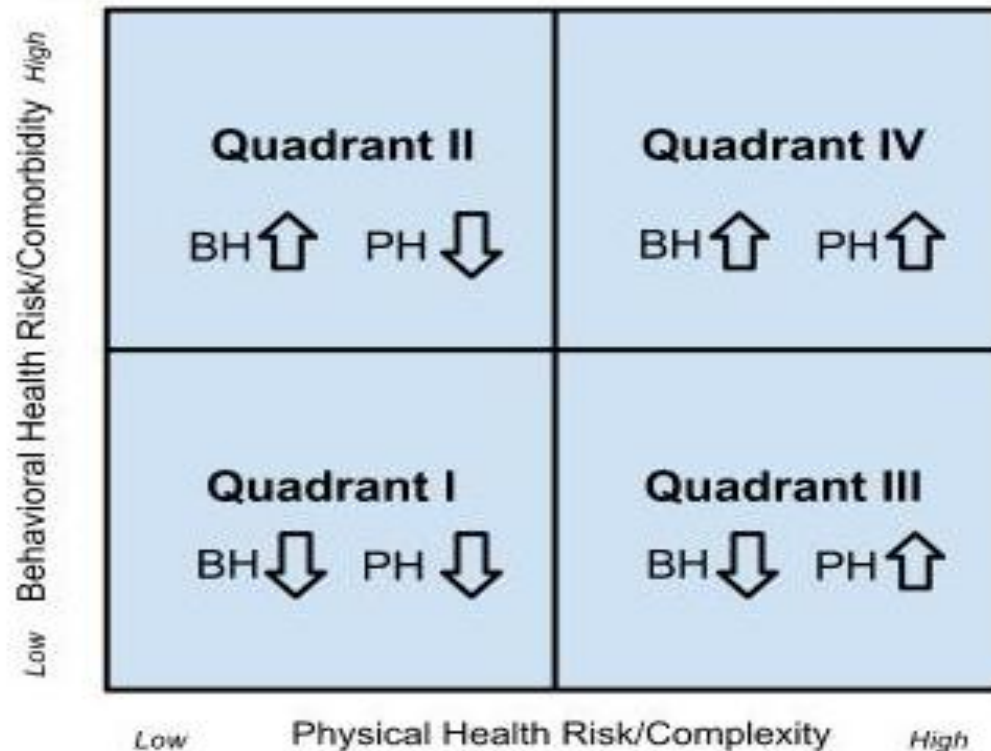


# There Are Multiple Models for Integrating Care for Adolescents

- Pediatrician or Primary Care Providers Medical Home
- Behavioral Health Homes in Behavioral Health Organizations (These are new.)
- School Health Centers
- System of Care- Wraparound
- Adolescent Reproductive Health Clinics

# Where Should Adolescents Receive Care?

**Figure 1: The Four Quadrant Clinical Integration Model**



The National Council for Community Behavioral Healthcare

# Four Quadrant Concept

- **Q1 Low BH and Low PC Needs** includes most teens  
Regular Screening in Well Child Visits in Primary Care
- **Q2 Moderate to High BH and Low to Moderate PC**  
Team includes PCP, BH manager, Psychiatrist & Family & Care Coordination, Possibly Other Agencies (Wraparound)
- **Q3 Low to Moderate BH and Moderate to High PC**  
Team is run by the PC provider with Psychiatric Consultant, Specialty Medical, & Family
- **Q4 Moderate to High BH and Moderate to High PC**  
Team includes all those in Q2 plus medical specialists

*Integrating Behavioral Health and Primary Care for Children and Youth SAMHSA-HRSA Center for Integrated Health Solutions 2013*

# Coordinated, Co-located, or Integrated

- Medical Home Models in Primary Care are providing coordinated care for lower-level needs like ADHD, mild depression, and anxiety.
- Some pediatricians refer out for psychiatric care.
- Pediatricians can contract for psychiatric consultation.
- Psychiatrists can also contract with pediatricians for consultation on physical health conditions.
- Systems of Care for youth with SED bring together Child and Family Teams.

# Differences Between Children and Adults

## Children with SED

- Behavioral health needs drive costs
- Care involves coordination of providers and systems (Child Welfare, Schools, Juvenile Justice etc.)
- Care coordination needs smaller caseloads 1:10
- Care coordination rates have been higher \$780-\$1,300

## Adults with SMI

- Medical needs drive costs
- Care involves coordination of providers, housing, and benefits etc.
- Care Coordination case load sizes in MO were 1:250
- Care coordination rate in MO's Health Home \$78

*Customizing Health Homes for Children with Serious Behavioral Health Challenges, Prepared for SAMHSA by Sheila Pires 2013*

# Common Elements Required to Make Integrated Care Work for Youth

1. Family Focused Care
2. Professional Collaboration Between Providers  
(Primary Care and Psychiatrists/Behavioral Health)
3. Care Plans for adolescents with complex behavioral health needs
4. Care Coordination

Best Principals for Integration of Child Psychiatry into the Pediatric Health Homes  
American Academy of Child and Adolescent Psychiatry 2012



## Gaps to Address

- More education on why integrated care is critical
- Professional expectations related to “shared patients” and communication
- Billing codes for care coordination between providers and schools, families, and agencies.
- Billing codes for developing integrated care plans and consultation
- Training on developing business processes to support integrated care (e.g., MOUs, sharing records)

# Resources

<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/Key-Resources.aspx>

Primary Care Tools

Mental Health Toolkit

Reducing Administrative and Financial Barriers

Bright Futures Resources

National Center for Medical Home Implementation



# Contact

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# Integrated Care: NH Children's Behavioral Health Plan

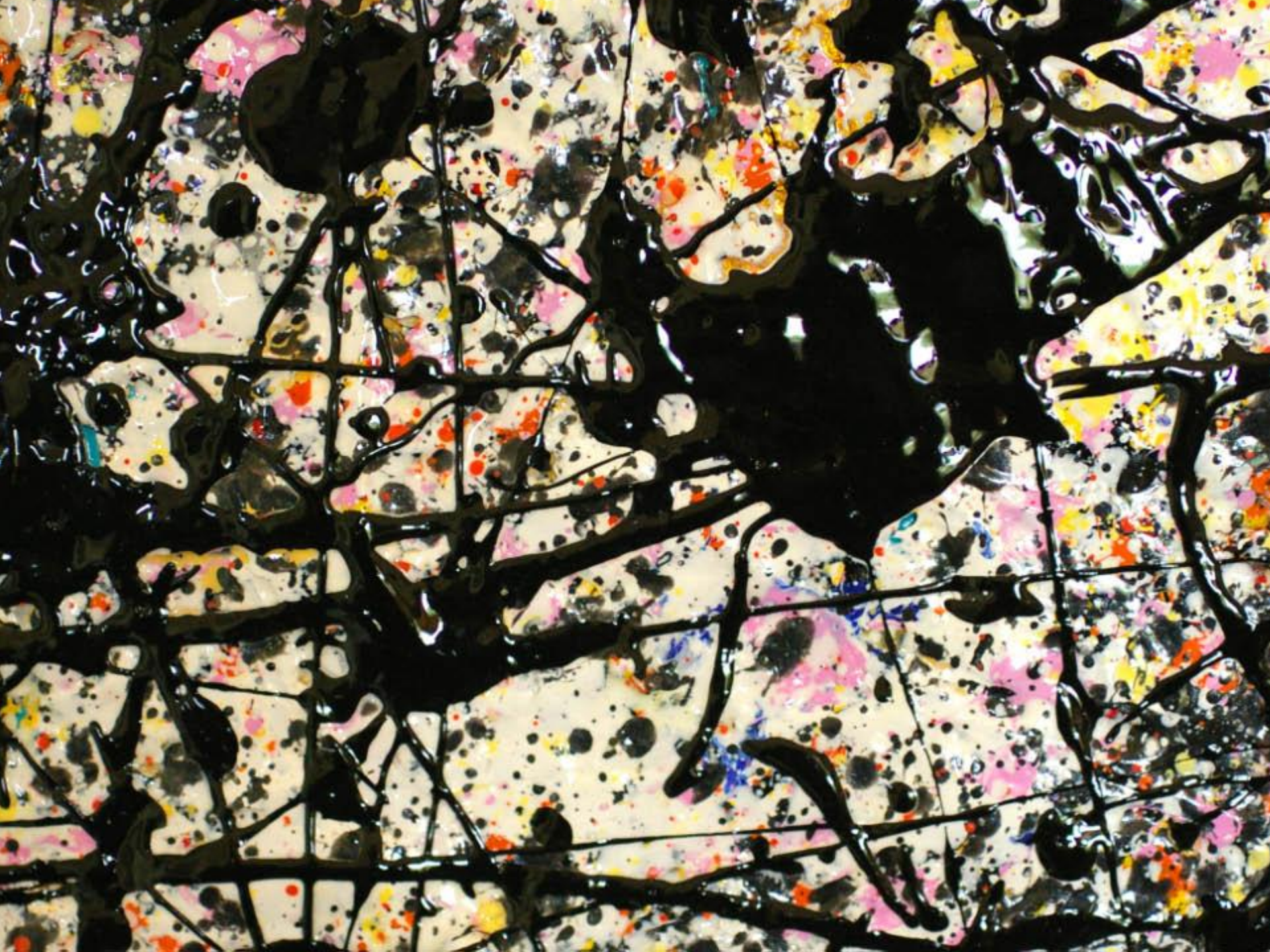
Kim Firth

*Endowment for Health*

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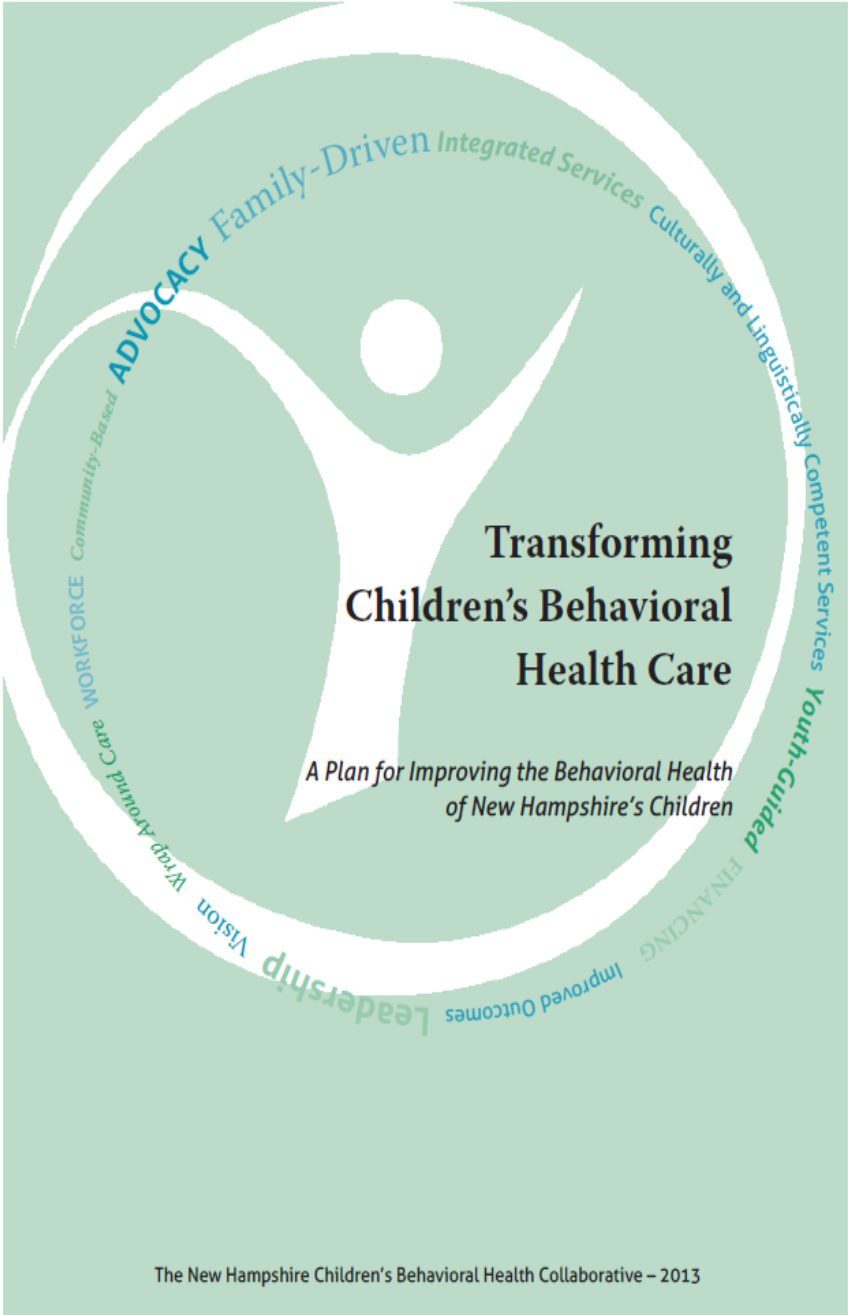
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**REVOLUTION**



# Transforming Children's Behavioral Health Care

*A Plan for Improving the Behavioral Health  
of New Hampshire's Children*

# Herding Cats

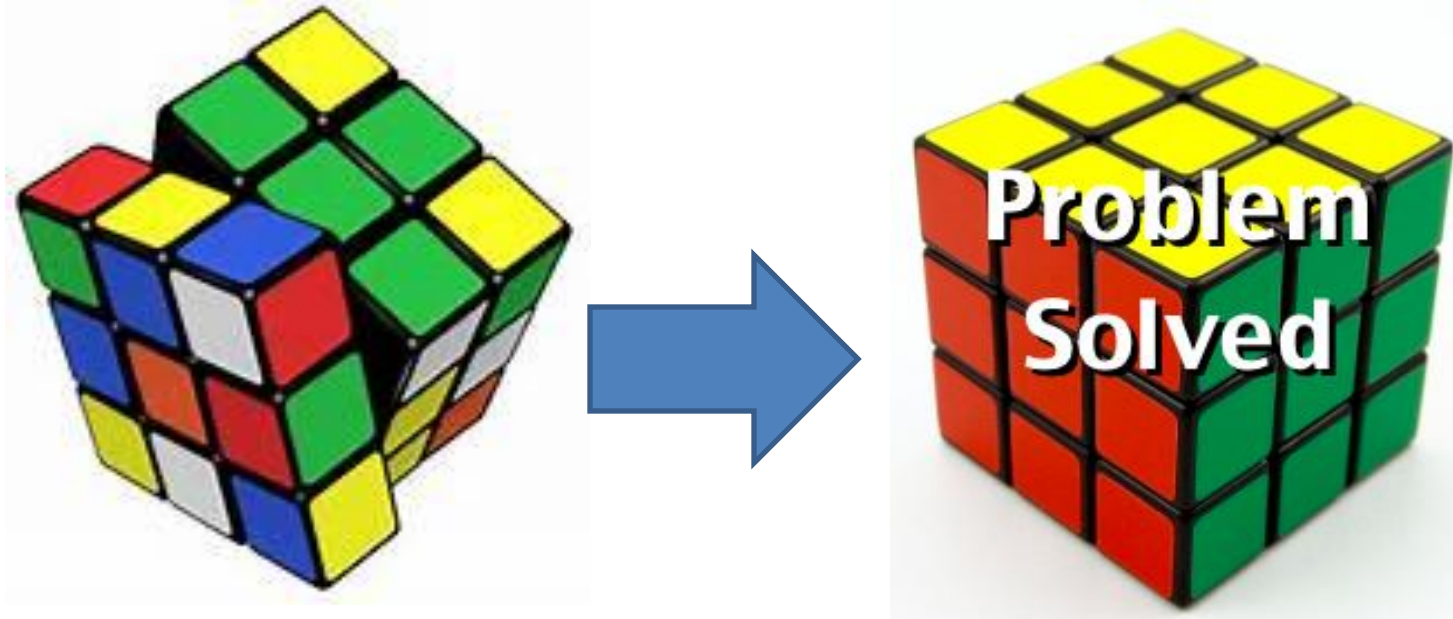


It CAN be done









# Thank You

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