Children’s Mental Healthcare through a Multidimensional Approach to Integrating Behavioral Health and Primary Care

Presenters:

Kristine Gibson, M.D., FAAP
Sherry Shamblin, Ph.D., PCC-S
OBJECTIVES

• To describe the continuum of integrated care models and strengths and challenges for each.

• To explain roles of mental health clinicians, primary care providers, researchers, and policy specialists in furthering implementation of integrated care models.

• To recognize and describe the experiences of families who participate in integrated service-delivery.

• To recognize where their organizations/communities are on the integration continuum.

• To identify specific action steps to take in order to begin or enhance integration efforts in their home communities.
CONTINUUM OF INTEGRATION

Facilitated Referral / Coordination: Key Element is Communication

Co-Location: Key Element is Proximity

Fully Integrated / In House Model: Key Element is Transformed Practice
COMPETENCIES

• FAMILY AND YOUTH-GUIDED TEAMS WITH CARE COORDINATION CAPABILITY
• INDIVIDUALIZED AND COORDINATED CARE PLANS
• USE OF EVIDENCE-BASED GUIDELINES
• ESTABLISHED AND ACCOUNTABLE RELATIONSHIPS WITH OTHER ENTITIES
• DATA-INFORMED PLANNING
KALAMAZOO AREA

- Urban – City of Kalamazoo
- Suburban – Portage and surrounding areas
- Rural – South and West areas of the county
KALAMAZOO INITIATIVES

Our journey began with a SAMHSA System of Care grant

CMH Systems Change and Identifying individual physician champions

Southwest Michigan Eating Disorders Association (SMEDA)

Kalamazoo County Mental Health Coalition
EXPANSION OF KALAMAZOO INITIATIVES

MC3 Grant – Partnership with Univ of Michigan Pediatric Psychiatrists for physician consultations (Level I and Level II) and care coordination services for Medicaid and guidance for commercial insurance patients

Care Coordination and Referrals at point of care – CHM MSW now embedded with private pediatric office that was not participating in the past

Collaboration with Western Michigan University Programs – Psychology PhD candidates may spend a semester with a Pediatrician

Pre-clinical medical students have an active citizenship project partnering with community agencies
KALAMAZOO EXPANSION

Neonatal Abstinence Syndrome Prevention and Treatment Project

Multiple medical disciplines, DHS, CPS, CMH, Education, Industry

Larger WK Kellogg Foundation Grant targeting Health Equity and working on community systems change

Nearing end of planning grant phase. Looking at 5 year project
SOUTHEAST OHIO

- Rural Appalachian
- High Poverty
- Rates of Mental Illnesses range from 24%-41%
- All Counties are MPSA’s
PARTNERING FOR SOLUTIONS

Integrating Professionals for Appalachian Children

A Rural Health Network of Community and Ohio University Partners

Written by Integrating Professionals for Appalachian Children (IPAC) and The Ohio Department of Health

LAUNCH promotion of Integration and Screening Efforts in Southeastern Ohio

Lessons learned from clinical, business and policy perspective
16 sites across 8 counties in Southeast Ohio

All counties are rural, and all are located in Appalachia

140 primary care and behavioral health providers; 4,000 behavioral health clients; and 25,000 primary care patients.

CARF accredited community mental health center and a Joint Commission accredited federally qualified health center

Formed through the recent business merger of Tri-County Mental Health and Counseling Services, Inc. and Family Healthcare, Inc.
CRITICAL COMPONENTS FOR ALL INTEGRATION EFFORTS
MUTUAL RESPECT

“This integration is a success because of the strong relationship and mutual trust developed by the leadership of both FHI and TCMHC. This was developed over time, through a close collaborative relationship, and is based on shared vision, mission, and values which are firmly grounded in a commitment to deliver the best care possible to our mutual consumers/patients”
COMMUNICATION

Clear communication that defines terms is essential—Again, much has been written on this, but it can’t be overstated. Misunderstandings easily occur because similar terms have different meanings in healthcare and mental healthcare. We have often felt like we had reached agreement, only to find that our healthcare partner had been discussing “apples” and our mental health partner had been discussing “oranges.”
ACCREDITATION/GOVERNING BODIES

The Agency for Healthcare Research and Quality has produced an Atlas of Integrated Behavioral Health Care Quality Measures

http://integrationacademy.ahrq.gov/atlas

These measures can be matched to current standards mandated by various accreditation bodies.
SHARED MEDICAL RECORDS/DOCUMENTATION

“...referring to EMR systems touting reduction of labor time that has not yet become a reality.. But optimistic that it will get better”
BILLING PRACTICES/FINANCIAL CONSIDERATIONS

The Milliman Research Report (2008) has estimated that “if a 10% reduction can be made in the excess healthcare costs of patients with comorbid psychiatric disorders via an effective integrated medical-behavioral healthcare program. $5.4 million of healthcare savings could be achieved for each group of 100,000 insured members...the cost of doing nothing may exceed $300 billion per year in the United States.”
WHERE DO YOU BEGIN?
ADDITIONAL RESOURCES

AAP Addressing Mental Concerns in Primary Care: A Clinician’s Toolkit

Armstrong Pediatrics in Pennsylvania

INTEGRATING BEHAVIORAL HEALTH AND PRIMARY CARE FOR CHILDREN AND YOUTH: Concepts and Strategies

Cherokee Health Systems
- [www.cherokeehealth.com](http://www.cherokeehealth.com)

University of Massachusetts/ Dr. Blount
- [http://www.umassmed.edu/cipc](http://www.umassmed.edu/cipc)
THANK YOU FOR YOUR PARTICIPATION

Contact Information:

Kristine Gibson  kristine.gibson@med.wmich.edu
Dawn Graham    grahamd@ohio.edu
Sherry Shamblin hornersherry@gmail.com