Youth Services Integration: A Formative Evaluation of a Pediatric Primary Care and Behavioral Health (PC/BH) Integration Program

Community Partners
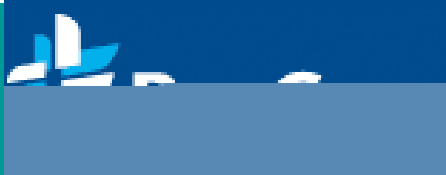Tracy Kaly
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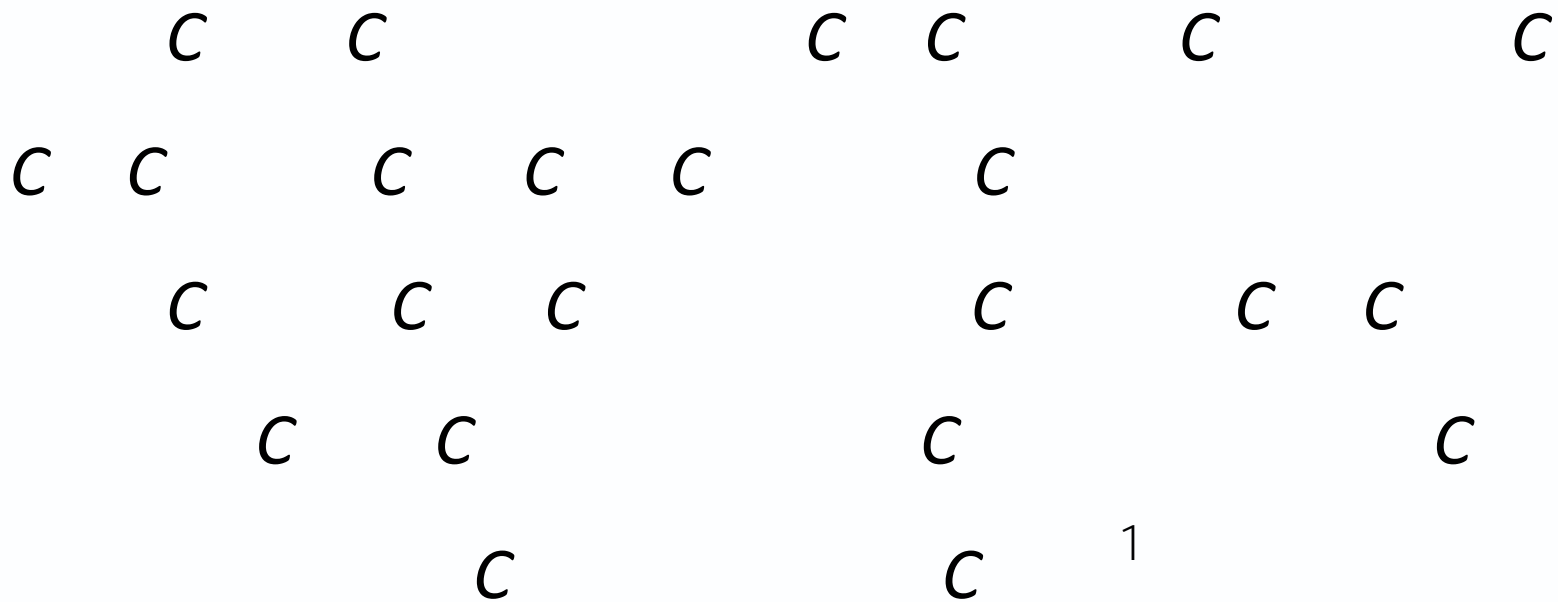
Institute for Translational

Overview of PC/BH integration

Purpose and methodology

Main findings (quantitative and qualitative)

Recommendations for program improvement

Implications for Adolescent Behavioral Health

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C C[1]

1. Peek CJ, National Integration Academy Council. Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. AHRQ Publication No. 13-IP001-1-EF. Rockville, MD: Agency for Healthcare Research and Quality, 2013. Available online at http://integrationacademy.ahrq.gov/lexicon

Increase access to BH care

Increase monitoring/maintenance of BH issues

Reduce stigma

Increase recognition of BH issues by PC

Leads to positive outcomes[2]

Pediatric

<u>Youth and BH disorders</u>:

More than half of all BH disorders appear by age 14[4]

8-10 year delay from symptom onset to intervention[5]

20% of youth have diagnosable BH disorder[6]

Only 20% receive care

Almost half prematurely terminate services due to lack of access, transportation, finances, or stigma

4. Kessler RC, Berglund P, Demler O, et al. Lifetime prevalence and age-of-onset distributions of DSM-IV Disorders in the National Comorbidity Survey Replication.   *c*   *c*   2005; 62(6): 593-602.
5. Schwarz SW. Adolescent Mental Health in the United States: Facts for Policymakers. Available online at http://nccp.org/publications/pdf/text_878.pdf. Accessed March 11, 2014.
6. National Institute for Health Care Management.   *c*   *c*   *c*   *c*   *c*   *c*

Primary research questions:

1. How does a pediatric PC/BH integration program operate?

2. How can this program be improved based on available research and drivers of implementation?

Initial Focus:

Adolescent behavioral health screening

Developed database for tracking outcomes

Expanded Focus:

Children's Integrated Care program

Analysis of available, de-identified client data (quantitative)

Key informant interviews (qualitative)

Screening Data (Adolescent Questionnaire)

Patient Health Questionnaire for Adolescents (PHQ-A)

Spence Children's Anxiety Scale (SCAS)

CRAFFT (Alcohol and Other Drug Screening)

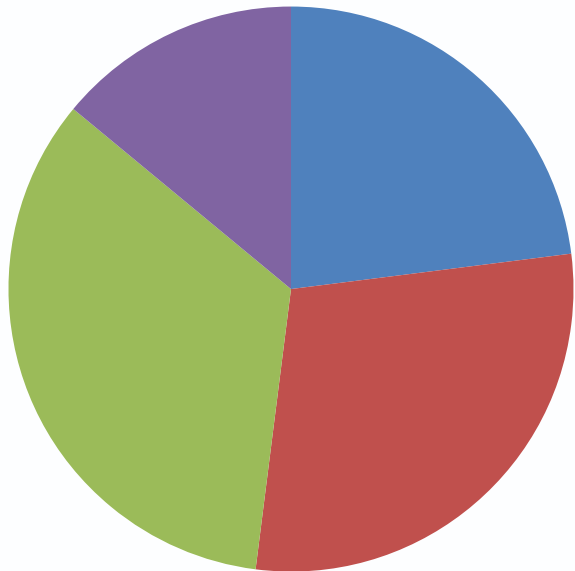# Program Client Data

Age

Gender

Appointment Status

Diagnosis

Date of Referral

Date of 1st Appointment

Clients Referred by Age and Gender

- Female Children
- Male Children
- Female Adolescents
- Male Adolescents

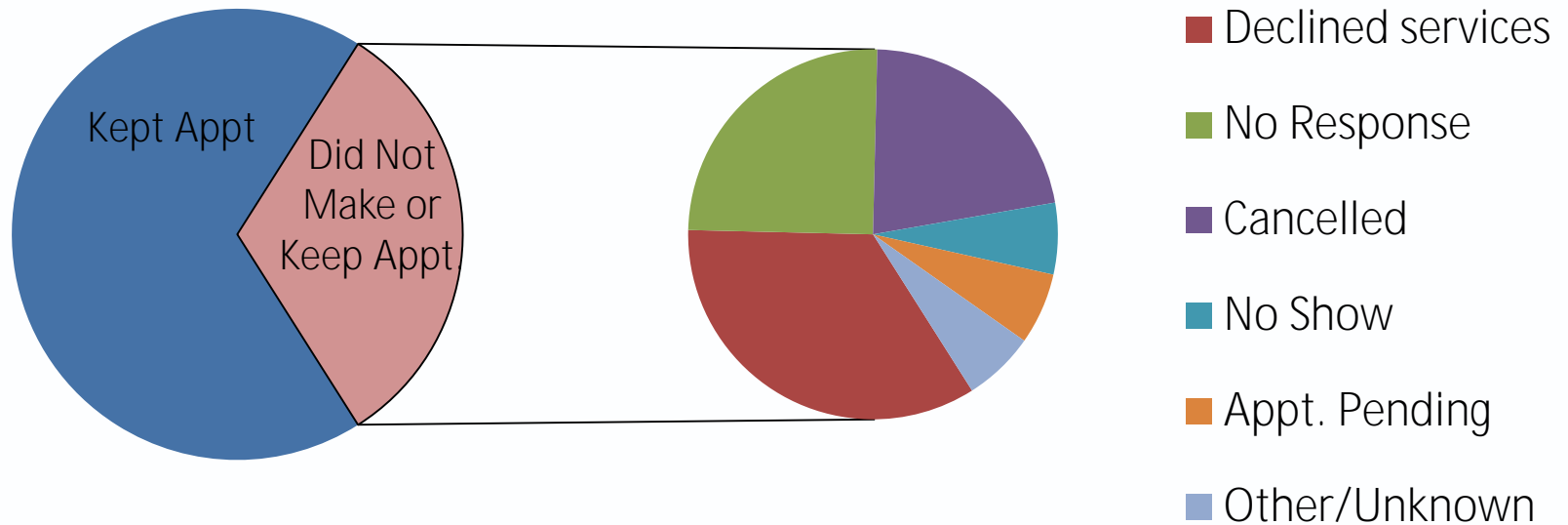Total clients <u>referred</u> = 783

Age Distribution:

- 52% children (<12 years of age)
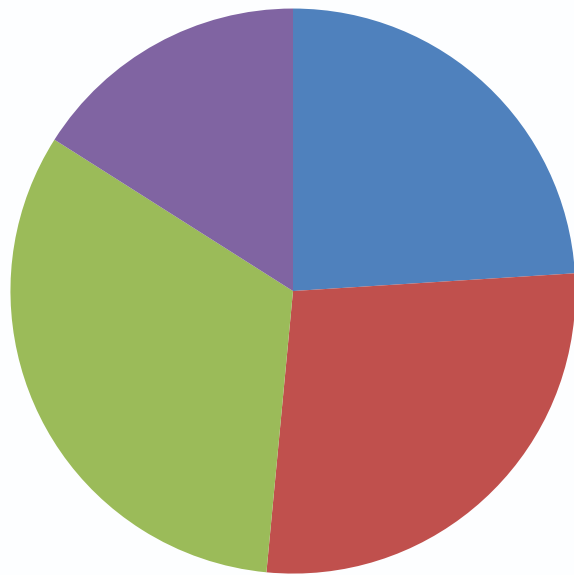
- 48% adolescents (12-20 years of age)

Gender Distribution:

- 57% Female

- 43% Male

Clients Referred by Appointment (Appt.) Status

Clients Served by Age and Gender

- ■ Female Children
- ■ Male Children
- ■ Female Adolescents
- ■ Male Adolescents

Total clients <u>served</u> = 532 (68%)
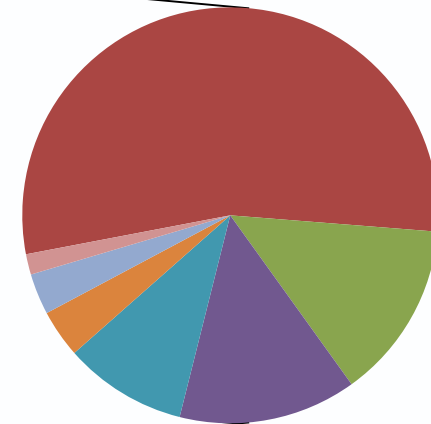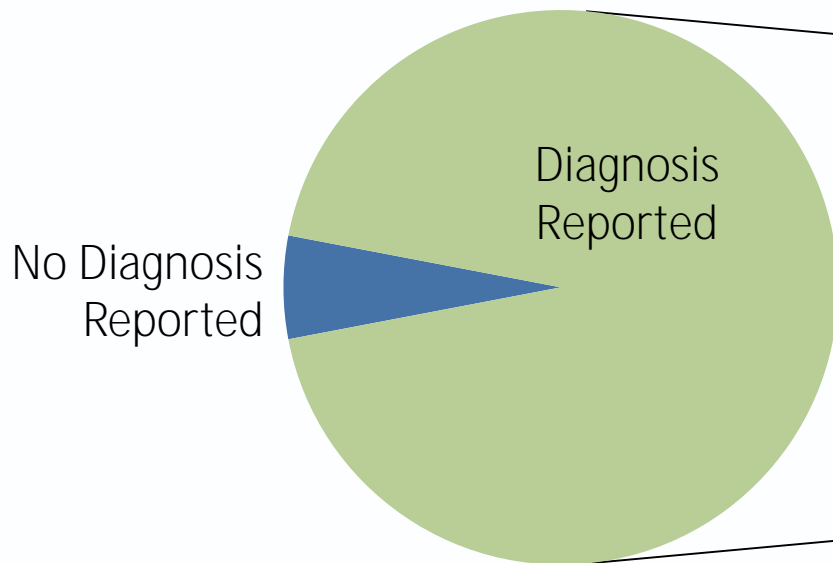
Age Distribution:

–   51% children

–   49% adolescents

Gender Distribution:

–   57% Female

–   43% Male

Average wait time for appt. (624) is 19.21 days (= 19.21;   = 13.4)
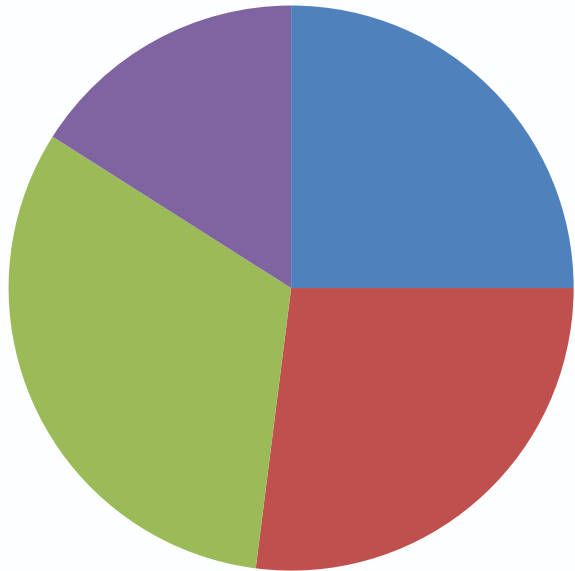
Clients Served by Diagnostic Status

No Diagnosis Reported

Diagnosis Reported

DSM 5 Diagnostic Categories

- Trauma- and Stressor-Related
- Depressive
- Neurodevelopmental
- Anxiety
- Bipolar and Related
- Obsessive-Compulsive and Related
- Disruptive, Impulse Control and Conduct

Diagnosed Clients by Age and Gender

- Female Children
- Male Children
- Female Adolescents
- Male Adolescents

Total clients <u>diagnosed</u> = 502 (94%)

Age Distribution:

- 52% children
- 48% adolescents

Gender Distribution:

- 57% Female
- 43% Male

Audio recorded interviews

Transcribed

Assessed for categories and themes

BayCare Behavioral Health

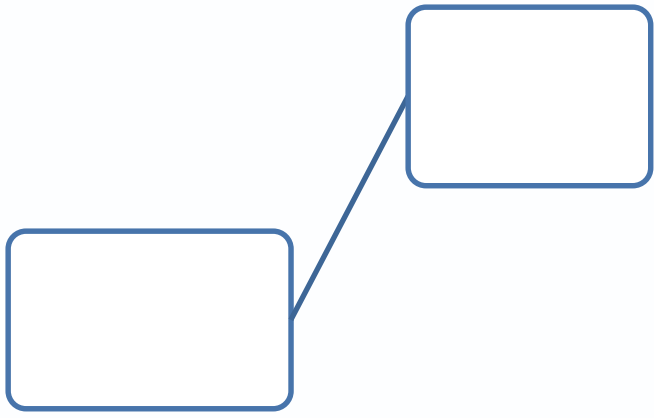- 2 Administrative Staff
- 1 Primary Therapist
- 1 Office Manager

North Pinellas Children's Medical Center

- 2 Physicians
- 1 Care Coordinator
- 2 Triage Nurses

Referral Process:

Referral Specialist

Receives:

- First, Last Name
- DOB
- Insurance Verification

Calls parent to give provider contact information

Choose from designated list of providers based on:

Insurance, Doctor's preference, Specialty, and Access

Initial Appointment

Biopsychosocial Assessment

Patient is referred out:

Psychiatric Evaluation

Occupational Therapy

Further Psychoeducational Evaluation

Summarize what is recommended and decide on plan of treatment

Follow up with Primary Care physician

Topics Covered:

Roles and Responsibilities

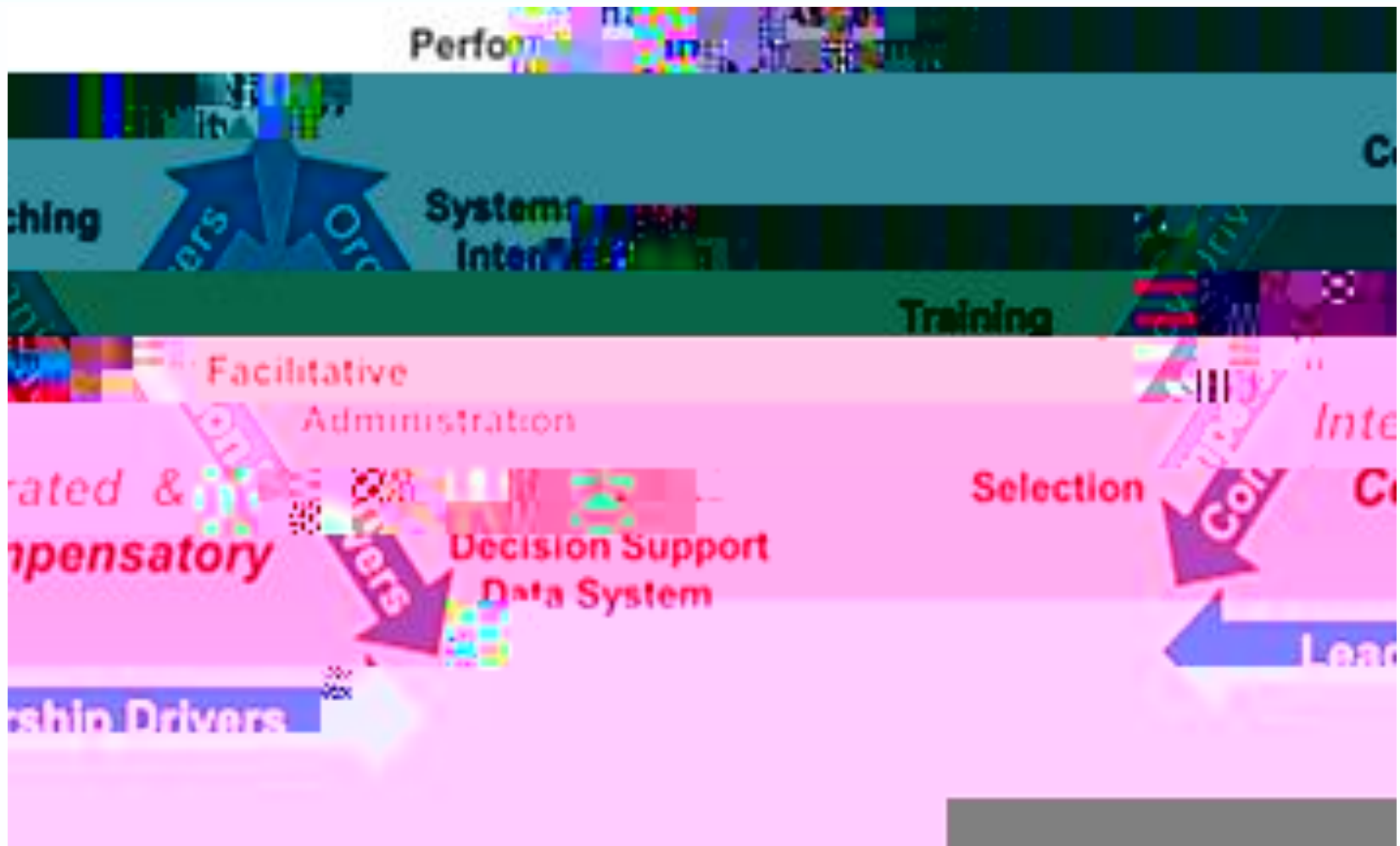Process and Procedures

Implementation Facilitators & Strengths

Challenges to Implementation

Suggestions for Program Improvement

Increased accessibility to mental health services

Physical design/location

7. Fixsen DL, Blasé KA, Naoom SF, et al. Implementation Drivers: Assessing Best Practices. National Implementation Research Network (NIRN), University of North Carolina Chapel Hill, 2015. Available online at http://implementation.fpg.unc.edu/resources/implementation-drivers-assessing-best-practices?o=nirn. Accessed March 12, 2015.

Team meetings

Administrative support

Voicing challenges and suggestions

Recognition of leaders guiding

Promoting and hiring within

Staff training to enhance skill set

Identification

Screening of adolescent substance use

Evaluation of integrated care program providing screening and treatment for adolescent substance use

Inclusion of data/reports from outside providers

Increase dissemination of pediatric PC/BH integration practices

Review of federal/state policy

    Health Information Technology (HIT) practices

    Billing for integrated services

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Tracy Kaly, Program Manager

BayCare Behavioral Health Team

North Pinellas Children's Medical Center Team

Key Informants

Institute for Translational Research

Special Thank You:

    Joy Toscani

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    Kathleen Moore