

Pediatric MH Integration

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Integrated Pediatric Care in Vermont

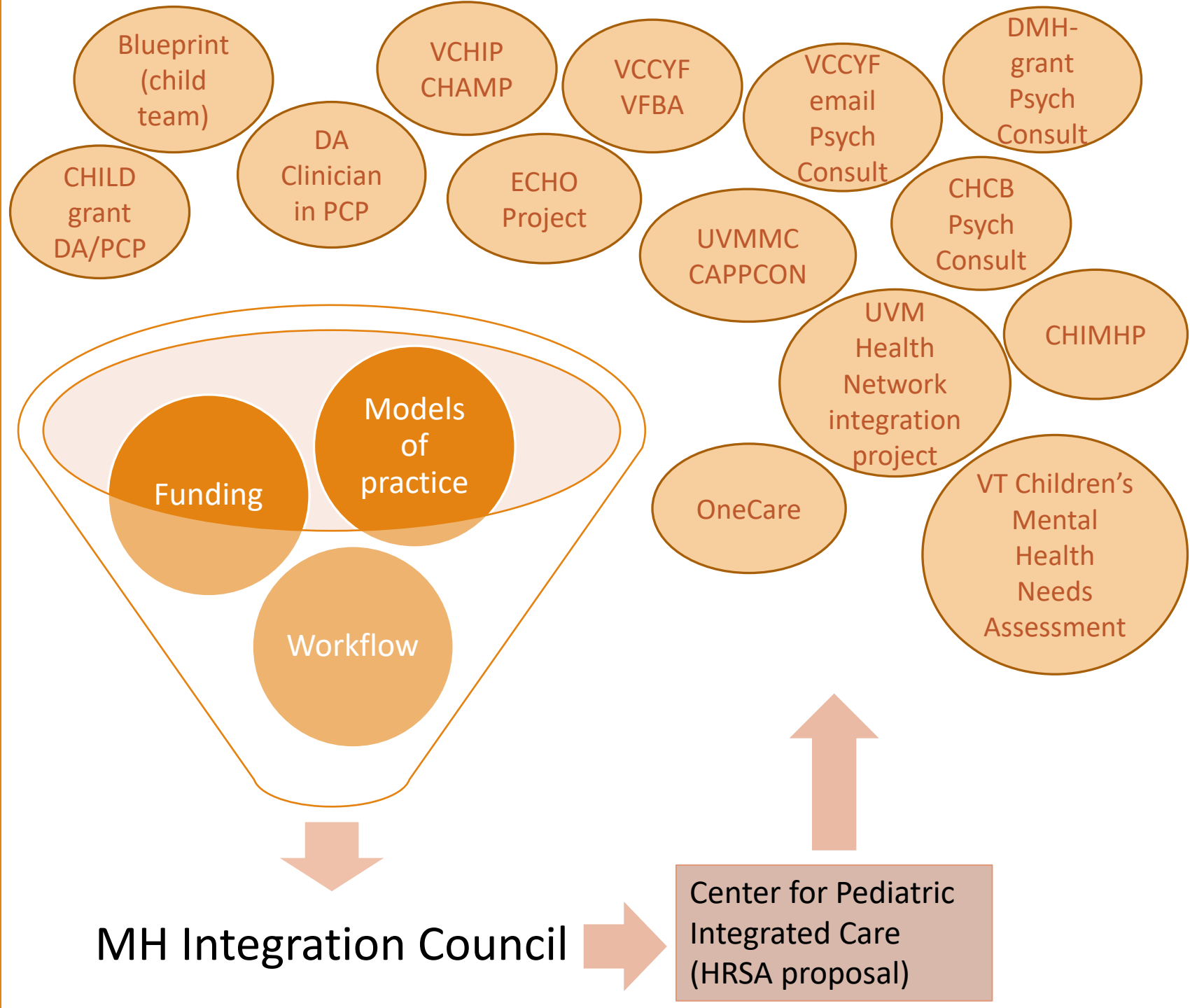
Key partners:

VDH Maternal Child Health division (MCH)

VT Department of Mental Health

Vermont Child Health Improvement Program (VCHIP)

UVM Vermont Center for Children, Youth & Families (VCCYF)



MH Integration Council

Center for Pediatric Integrated Care (HRSA proposal)

Pediatric Integration in Vermont

Historical snapshot

A lot of activity
over the past 2
decades!

- 2003-2008 – VCHIP (CHAMP) ADHD Practice Improvement Project with PCPs to improve ADHD screening through case review, education, and consultation
- 2005-2011 – VCHIP Child Mental Health Initiative on Psychiatric Consultation and Collaborative Models
- 2006 – Upper Valley Pediatrics – successful model of co-location and co-management of patients with mental health needs
- 2006 - ~2013 – Integrated Family Health Care Services (IFHCS) Group started as the Vermont Pediatric Mental Health Group; Created a Vermont Integrated Behavioral Health Project Map
- 2007 – Blueprint – letters sent to 6,000 kids eligible for case management through BP (approximately 25%) of kids
- 2009 – Child & Adolescent Psychiatry Fellowship started with goal of increasing # of CAP in Vermont
- 2009 – VCCYF collaboration with Hagan and Rinehart with pilot integration of Family Wellness Coaches (FWC; began April 2010)
- 2009 – Development of Blueprint Child’s Team (Blueprint started in 2003)
- 2011 – Vermont Center for Children, Youth, and Families trained DAs to serve as FWCs
- 2011 – Collaboration between Vermont’s Blueprint for Health, Integrated Family Services, and Vermont Program for Children, Youth, and Families presentation at DHVA meeting
- 2011-2012 – Vermont Youth Health Improvement Initiative – Mental Health Project
- 2012 – VCCYF Child Psychiatry Consultation Line
- 2012 – Psychiatric Consultation for PCPs – Dr. Greenblatt, Dr. Bentivoglio via DMH grant funding
- 2015-2017 – VCCYF UPeds Collaboration & RCT with FWC
- 2017-2022 – CHILD Grant (SAMHSA’s Promoting Integration of Primary & Behavioral Health Care)
- 2018-19 – Child Health Is Mental Health Partnership (CHIMHP)
- 2019 – Child Psychiatry Consultation Clinic (out of CBHC, now extending to statewide services)
- 2019 – UVMHC Emergency Department: Child & Adolescent Psychiatry and Psychology Consultative Services (CAPPCON)
- 2019 – Vermont Children’s Mental Health Needs Assessment by Michael Hoffnung, DO
- 2020 – ECHO Project on children’s mental health topics for pediatric primary care
- 2021 – “Behavioral & Mental Health in Pediatric Primary Care” meeting, VCHIP, DMH, VDH, PCP & MH providers

What have we learned?



Integration for Children/Youth is not the same as for Adults

People's definition of Integration varies

- Who is integrating? MH clinician, care coordinator, psychiatrist
- What is being integrated?

Integration is not simple, it's more than:

- Embedding a MH provider in PCP office
- Referring to MH for specialty care
- Consulting with MH provider
- Training PCP in MH topics

Providers want more integration but need support and resources to address barriers

Families appreciate immediate, whole person care

Integration is happening in Vermont in various ways with different models & funding structures



Pediatric Integration ingredients

Vision

Culture shift

Workflow

Staffing

Services: Wellness to Intervention

Workforce Development

EHRs

Funding/ Coding

Continuous Quality Improvement

Models for Pediatric MH Integration

One Location, One Visit:

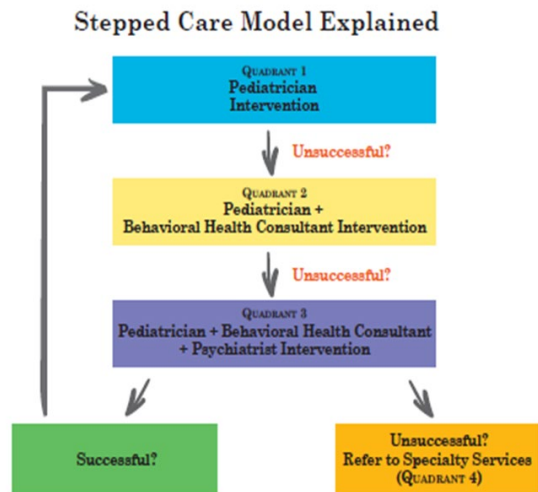
Pediatric Integrated Health Care
Implementation Model

Developed by Michelle Duprey, LMSW

[Pediatric-Integrated-Health-Care-Implementation-Model.pdf](https://www.thenationalcouncil.org/wp-content/uploads/2017/06/Pediatric-Integrated-Health-Care-Implementation-Model.pdf)
([thenationalcouncil.org](https://www.thenationalcouncil.org))

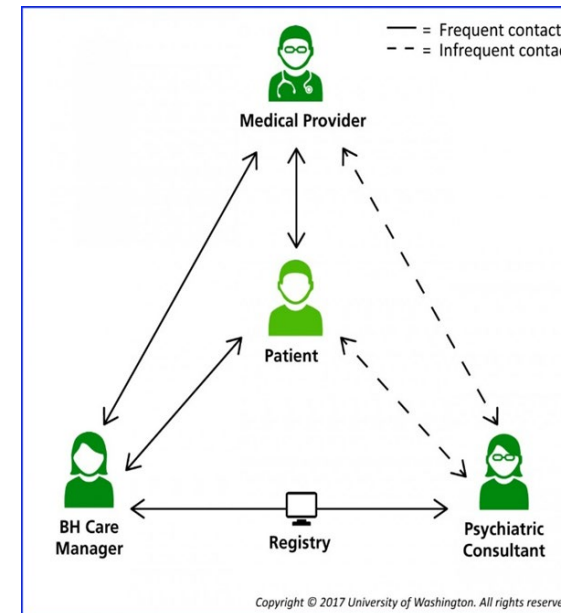
Uses:

4-Quadrant Model &
Stepped Care



Washington, AIMS Center

[Collaborative Care | University of Washington AIMS Center](#)
(uw.edu)

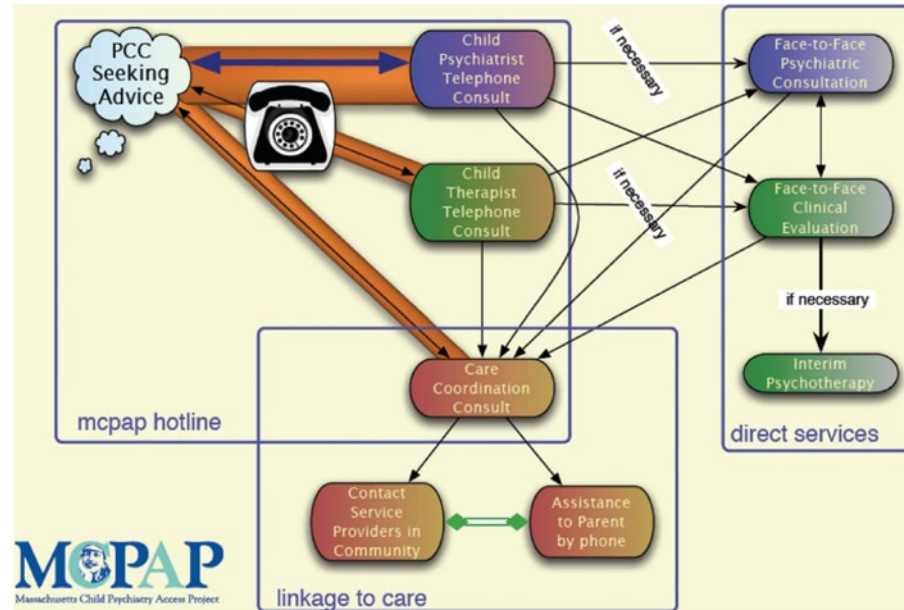


Models for Pediatric MH Integration

Child Psychiatry Access Program

Massachusetts example

<https://www.mcpap.com/>



Case Example

8yo boy with fears of contamination and excessive handwashing that are interfering with his life. The family presents to the pediatrician who suspects obsessive-compulsive disorder (OCD) but is not completely comfortable formally assessing and treating it.

Treatment As Usual

The pediatrician sees the child and with some unease prescribes a medication. The child becomes more irritable and the medication is stopped after 2 months. He then refers to a child psychiatry clinic. There is a waitlist of 5 months. He is evaluated and formally diagnosed with obsessive-compulsive disorder (OCD). The psychiatrist, in line with best practice guidelines, recommends a specific type of therapy called exposure and response prevention before trying another medication. She sends the family to that therapist but there again is a wait of 2 months. After approximately 9 months, the child begins evidence-based treatment.

Psychiatry Access Programs

The pediatrician calls the access line and quickly speaks to the consulting psychiatrist who agrees with the diagnosis of OCD. The consultant mentions exposure and response prevention treatment as a first line treatment and gives the pediatrician the name of someone who does this approach. The pediatrician passes the name and number along to the family. The family calls and gets an appointment after a wait of 2 months.

AIMS; One Location, One Visit

The pediatrician arranges the family to meet with the practice's embedded mental health care coordinator. She gathers some additional information and agrees with the diagnosis of OCD after a discussion with the program's consulting psychiatrist. She identifies a therapist who does exposure and response prevention treatment and assists the family in making an appointment. The child begins treatment within 2 months.

Example from CHILD grant: Springfield

Children's Health Integration Linkage & Detection (CHILD), a 5-year Promoting Integration of Primary & Behavioral Health Care (PIPBHC) grant through SAMHSA

What is the Springfield Family Wellness Program

"The Springfield Family Wellness Team is a group of collaborative providers from HCRS and SMCS who practice integrated care with children and families. We believe that mental and physical health are interconnected; therefore, we integrate care by embracing both equally. Our team strives to empower clients to achieve their treatment goals through a holistic approach."

Slides from:

Matt Schibley, LCMHC
CYF Area Manager
HCRS (DA)

Adam Ameele, Psy D
Director of Behavioral Health
Springfield Medical Care Systems

Springfield Medical Center (SMCS) & Health Care and Rehabilitation Services (HCRS)

The Integrated Team

Renee Kondos LCMHC – HCRS Outpatient Clinician

Sarah Lyon MA – HCRS Outpatient Clinician

Donna Ginter – HCRS Parent Educator/Wellness Coach

Elizabeth Reis – HCRS Care Coordinator

Kathy Shuster RN – SMCS Care Coordinator

Corrine Johnson – SMCS Wellness Coach

Sarah Weidhaas MD – SMCS Pediatrician

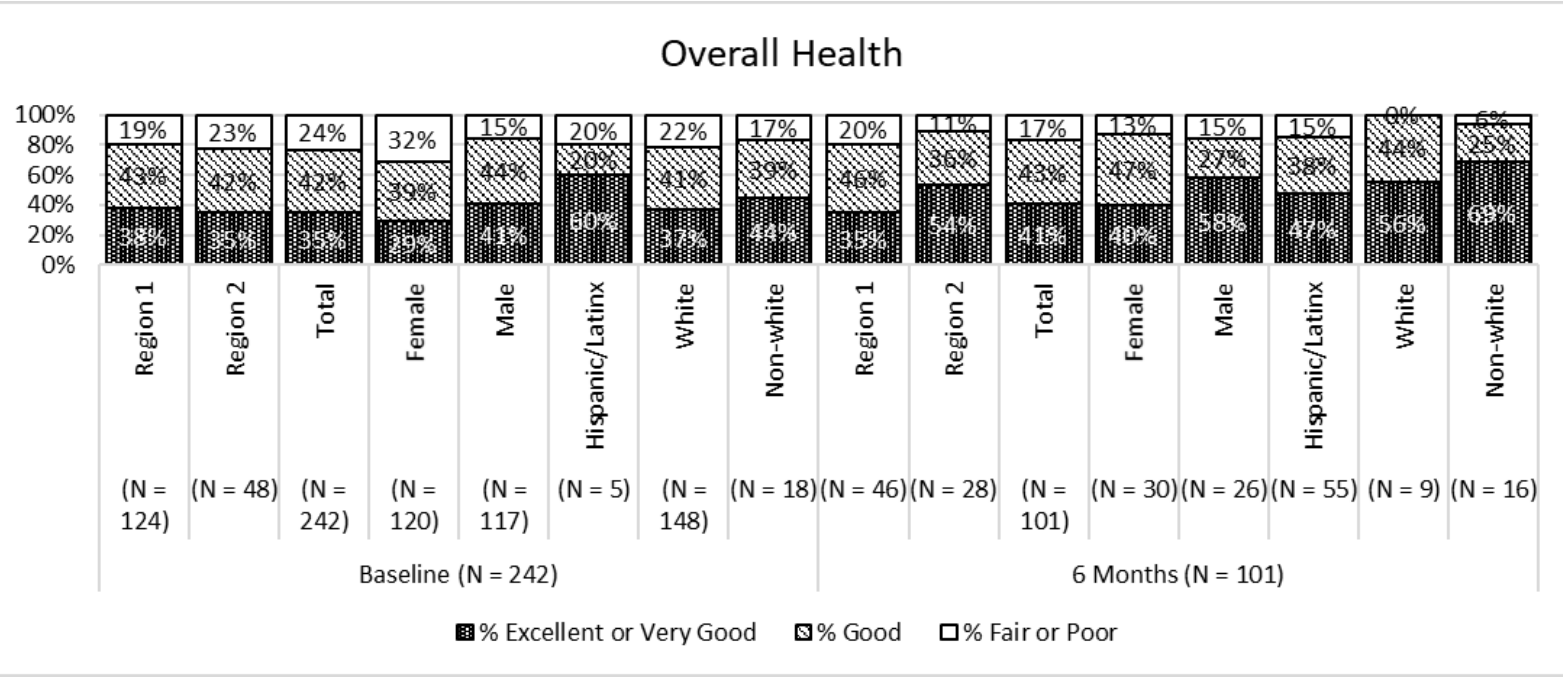
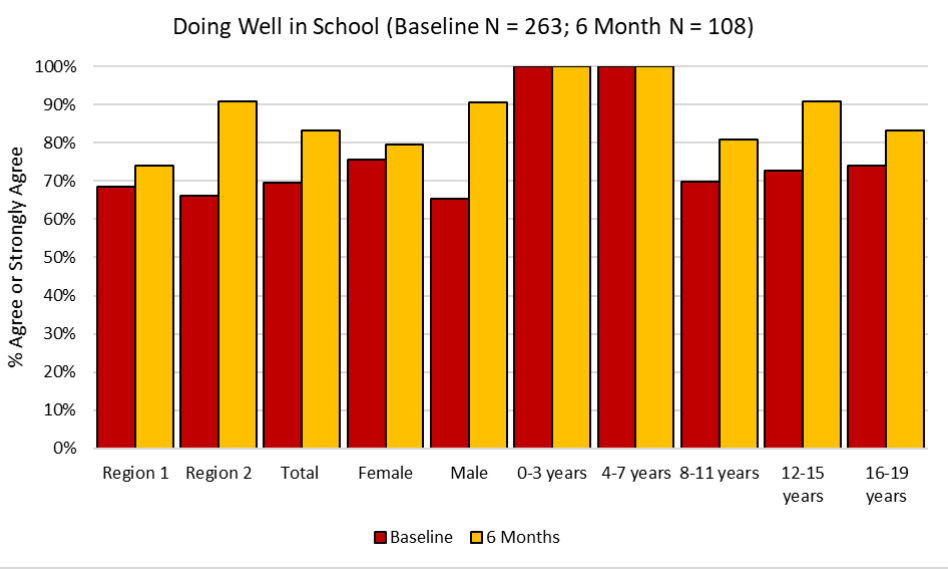
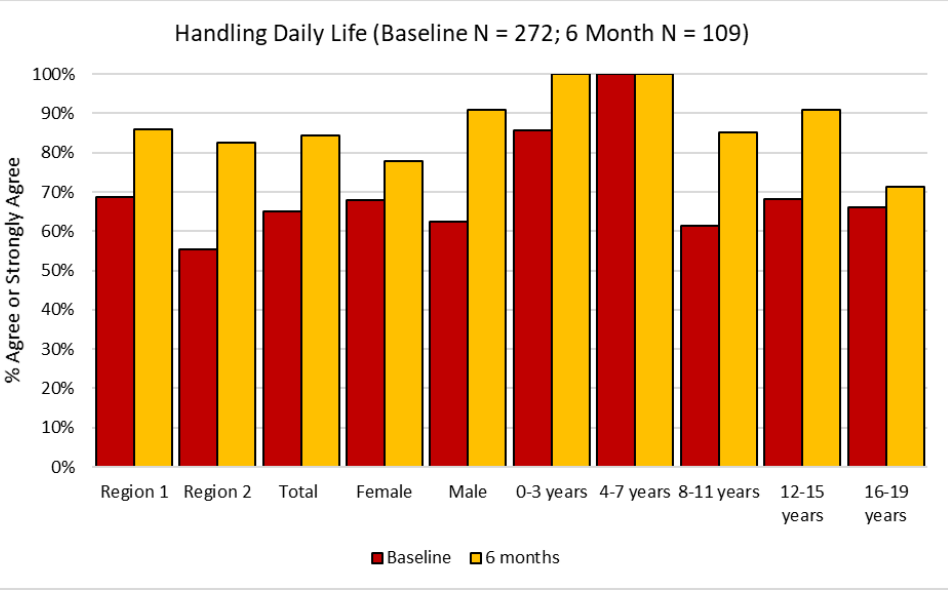
Integration Model/Approach

- One Location/One Visit: Pediatric Integrated Health Care
- Umass Center for Integrated Primary Care (<https://www.umassmed.edu/cipc/>)

EBPs

- Motivational Interviewing
- Collaborative Documentation
- Attachment, Regulation and Competency (ARC) Framework
- Wellness (Dr Sears wellness coaching model; other models)

CHILD grant outcomes: Measure impacts on mental health and physical health



Areas for Continued Focus

Sustainability for integrated care without as much reliance on grant funding

Better coordination and collaboration between integrated care projects and with state

Expansion of integrated care into less resourced practices

More training of integrated care clinicians based on best practice standards

Evaluation of which integrated care model(s) work best for Vermont

Building of workforce both for integrated care and referral clinicians