

Session E7

Early childhood mental health matters: Building capacity for early childhood behavioral health integration in primary care settings

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

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Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.



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Learning Objectives

- At the conclusion of this session, the participant will be able to:
- Characterize four domains of early childhood behavioral health integration activities in primary care settings.
 - Examine the role of primary care in prevention, health promotion, early identification, and intervention with babies, young children, and families.
 - Explore practice transformation strategies used to cultivate the capacity of primary care settings to provide integrated early childhood behavioral health services and enhance the workforce.



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Bibliography / Reference

1. Buchholz, M., Burnett, B., Margolis, K. L., Millar, A., & Talmi, A. (2018). Early childhood behavioral health integration activities and HealthySteps: Sustaining practice, averting costs. *Clinical Practice in Pediatric Psychology*, 6(2), 140-151. <http://dx.doi.org/10.1037/cpp0000239>
2. Becker Herbst, R., Margolis, K.L., McClellan, B.B., Herndon, J.L., Millar, A.M., & Talmi, A. (2018). Sustaining integrated behavioral health practice without sacrificing the continuum of care. *Clinical Practice in Pediatric Psychology*, 6(2), 117-128. <http://dx.doi.org/10.1037/cpp0000234>
3. Talmi, A., Buchholz, M., & Muther, E. F. (2016). Funding, financing, and investing in integrated early childhood mental health services in primary care settings. In R. D. Briggs (Ed), *Integrated Early Childhood Behavioral Health in Primary Care: A Guide to Implementation and Evaluation* (pp. 143 – 164). Springer International Publishing, Switzerland. (DOI: 10.1007/978-3-319-31815-8_9).



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Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.



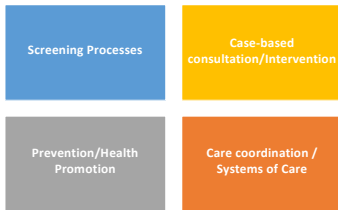
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Learning Objective:

Characterize four domains of early childhood behavioral health integration activities in primary care settings.

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Early Childhood Behavioral Health Integration Framework¹



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• [Video](#)



COLORADO
Office of Behavioral Health
Department of Human Services

EARLY CHILDHOOD DEVELOPMENT IN PRIMARY CARE

Colorado Department of Human Services
Office of Behavioral Health

<https://vimeo.com/300778512>

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Early Childhood Behavioral Health Integration

Screening Processes

- Developmental
- Pregnancy related depression (PRD)
- Psychosocial/Environmental

Case-based consultation/Intervention

- Typical developmental concerns (feeding, sleeping, milestones)
- Behavioral concerns (tantrums, adjustment, adversity)
- Family factors
- Counseling and brief therapy services

Prevention/Health Promotion/Intervention

- Group-based (Centering Pregnancy/Parenting, well-child, Baby & Me)
- Healthy Steps for Young Children, Reach out and Read

Care coordination/Systems of Care

- Identification, triage
- Referral, closing the loop
- Community connection (Bright by Three, home visitation)

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Screening Processes

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graph TD; A[Screening – often the first step in the ECBH Continuum of Care] --> B[Screening leads to Identification and Referral]; B --> C[Can lead to Prevention Health Promotion OR Case-Based Consultation]; C --> D[Closing the Loop through Care Coordination];
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Prevention and Health Promotion

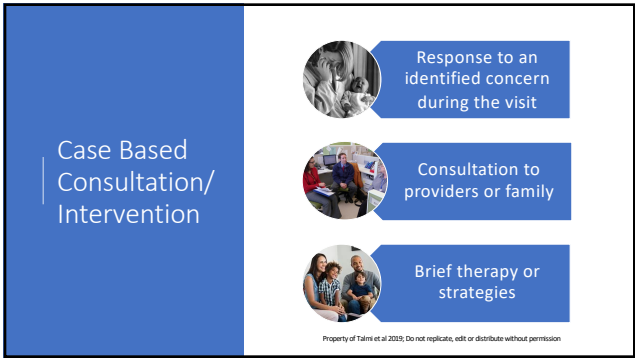
HealthySteps for Young Children

Absence of identified “problem” or concern

Anticipatory Guidance

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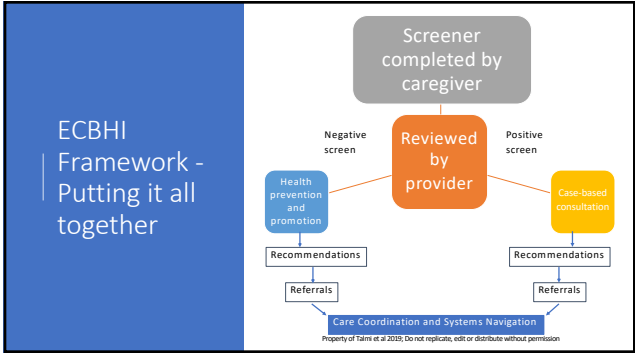
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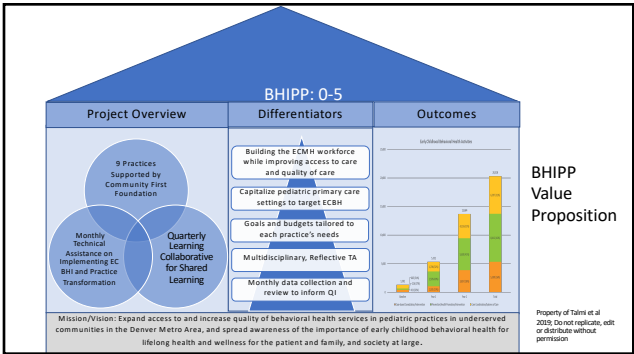


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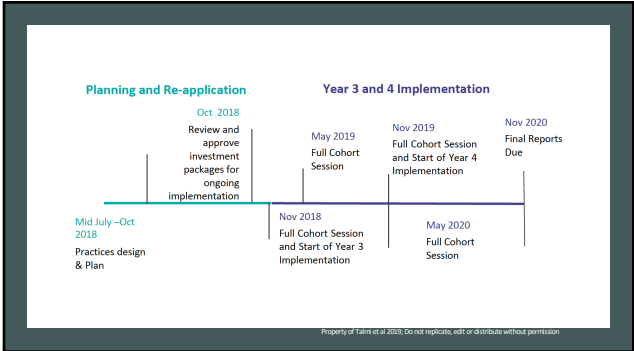
Learning Objective:

Examine the role of primary care in prevention, health promotion, early identification, and intervention with babies, young children, and families.

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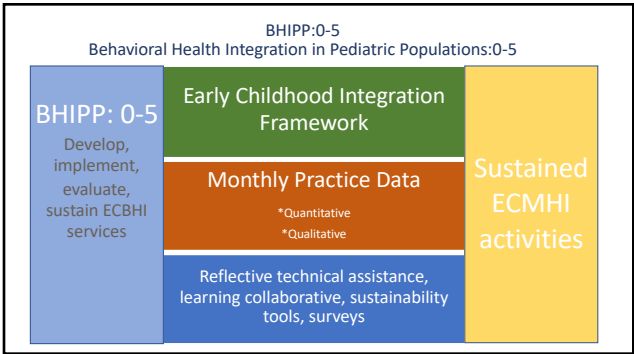
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Learning Objective:

Explore practice transformation strategies used to cultivate the capacity of primary care settings to provide integrated early childhood behavioral health services and enhance the workforce.

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Practice transformation

Strategies for providing reflective consultation around implementing ECBHI and training to cultivate workforce capacity



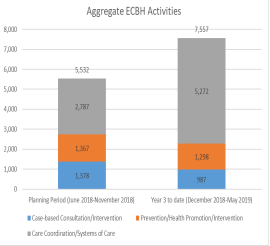
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Evaluate:

Practice: Pulls monthly data

9 Behavioral Health Activity Tracking	
10 Total # BHC Visits	114
11 Total # Pediatric BHC Visits (birth through 17)	114
2 # BHC Visits (for children birth through 5)	10
3 Newborn BH visits	0
4 TBD risk assessment activities	
5 *BHPP Early Childhood Integration Activities	
6 *Screening-related	538
7 *Case-based Consultation/Intervention	26
8 *Prevention/Health Promotion/Intervention	
9 *Care Coordination/Systems of Care	350
10 *Other Psychosocial/Family/Environmental Circumstances	
11 *Ongoing Counseling Visits	88

TA Team: Aggregates Monthly data for cohort meetings, outcome measurement



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Learning Cohort

- Reflections
- Review data
- Small and Large group TA
- Didactics
- Individual TA time

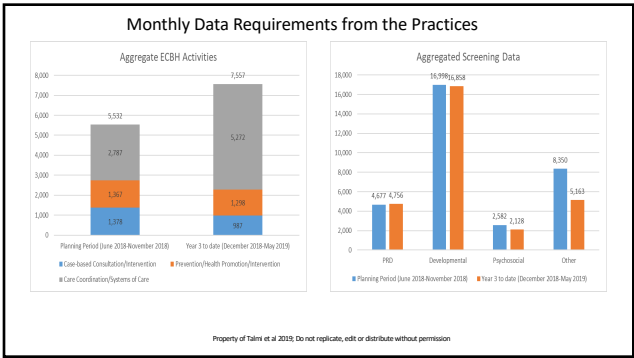
Sample Agenda	
9:00-9:15	Introductions and Reflections
9:15-9:45	Sustainability: The HealthSteps Business Case
9:45-10:45	Population Health 101 and Q&A with Guest Speaker
10:45-11:00	Break
11:00-11:30	Data Discussion
11:30-12:00	Practice Transformation in a Fish Bowl: Peak Pediatrics
12:00-12:15	Break to get Lunch
12:15-1:00	Technical Assistance with your TA Team
1:00	Adjourn

Practice transformation in a fishbowl

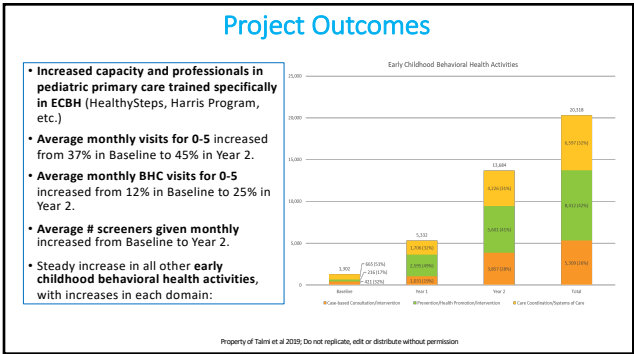


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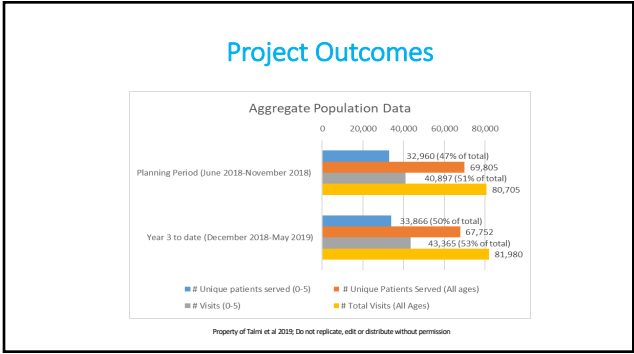
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Early Childhood Behavioral Health Activities and Payment Structures

ECBH Integration Domains	Primary Care Visit Types	Behavioral Health Activities	Payment Structure
Screening Processes	-WCC -Follow Up -Sick	-Screening -Identification -Triage and referral -Referral completion -Types: Developmental, Pregnancy related depression (PRD), Psychosocial/ Environmental	- Fee for service - Example codes: 96110, 96161, 96127
Prevention & Health Promotion	-WCC	-Group-based (Centering Pregnancy/Prenatal, well-child, Baby & Me) -Individualized -Home visitation -Reach, Chat and Read	- Alternative Payment Models (APMs); value based payments, contracts - Example codes: 10021*10021*
Care-based Consultation and intervention	-WCC -Follow Up -Sick	-Typical developmental concerns (feeding, sleeping, milestones)* -Behavioral concerns (trauma, adjustment, adversity factors) -Family factors -Counseling and brief therapy services for identified mental health concerns	- Fee for service - Example codes: 90847, 96151, 96154
Care coordination	-WCC -Follow Up* -Sick*	-Identification, triage -Referral, closing the loop -Connection to community resources	- Per member per month (PMPM); value-based payments contracts

Notes: *Activities billed in this domain may not be reimbursable within a specific visit type.

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Key Findings

- Diverse group of practices benefited from the learning collaborative model
- Individualized technical assistance is essential to enhancing practices' capacity to deliver all domains of ECIBH
- Sustained practice transformation
- Contributions to workforce capacity building

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Acknowledgements


- Community First Foundation
- Project CLIMB Team
- Colorado Children's Healthcare Access Program
- Child Health Clinic, Children's Hospital Colorado
- University of Colorado School of Medicine Departments of Psychiatry and Pediatrics

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Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.



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