

Behavioral Health Integration for Pediatric Populations

BHIPP: 0-5

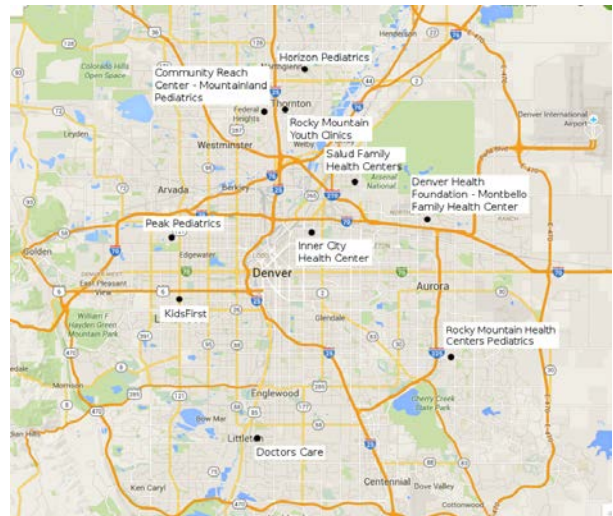
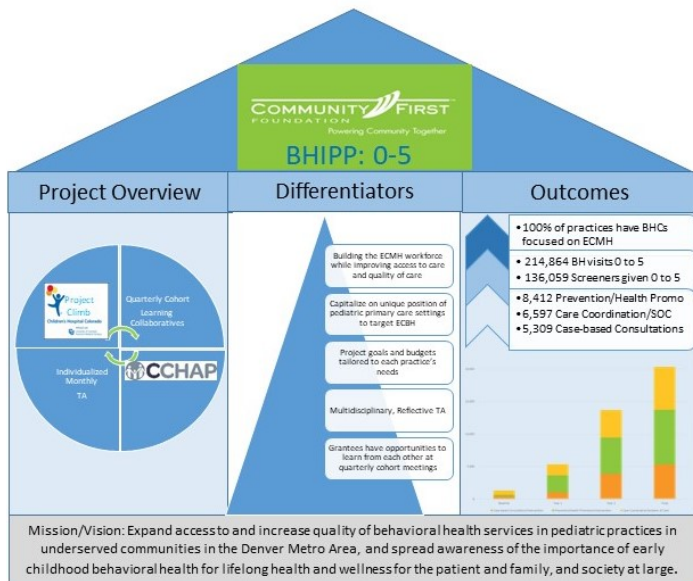


Goal

Increase access to mental health services in underserved pediatric populations and train health professionals in meeting the social emotional and behavioral health needs of young children and their families.

Process

The BHIPP initiative focuses on early childhood behavioral health integration across a diverse group of primary care practices (Federally Qualified Health Centers, safety net clinics, private practices, and non-profit clinics) serving a large portion of publicly insured pediatric populations. Through intensive technical assistance and learning collaborative sessions led by experts in early childhood behavioral health integration, the BHIPP initiative has demonstrated the ability to increase integrated behavioral health among nine pediatric practices as evidenced by rigorous data collection and reporting. The aggregate result has been over 200,000 new or improved behavioral health services to pregnant women, infants, young children, and their families in a 2.5-year timeframe.



Technical Assistance Team (Project CLIMB and CCHAP)

Early childhood behavioral health integration:

- ❖ Identifying current and desired early childhood care delivery model
- ❖ Collection and evaluating data
- ❖ Training and skill building for early childhood service delivery
- ❖ Developing processes and implementing early childhood practice change

Practice transformation:

- ❖ Building data systems for collection and extraction, reporting, rapid cycle QI
- ❖ Change management
- ❖ Risk stratification
- ❖ Parent/patient engagement
- ❖ Team-based care
- ❖ Population health

Early Childhood Behavioral Health Integration

- 1) *Screening Processes:*
 - ~ Pregnancy related depression (PRD)
 - ~ Developmental
 - ~ Psychosocial/Environmental
- 2) *Case-based consultation/Intervention:*
 - ~ Typical developmental concerns (feeding, sleeping, milestones)
 - ~ Behavioral concerns (tantrums, adjustment, adversity)
 - ~ Family factors
 - ~ Counseling and brief therapy services
- 3) *Prevention/Health Promotion/Intervention:*
 - ~ Group-based (Centering Pregnancy/ Parenting, well-child, Baby & Me)
 - ~ Healthy Steps for Young Children, Reach out and Read
- 4) *Care coordination/Systems of Care:*
 - ~ Identification, triage
 - ~ Referral, closing the loop
 - ~ Community connection (Bright by Three, home visitation)



Guiding Questions for Sustainability

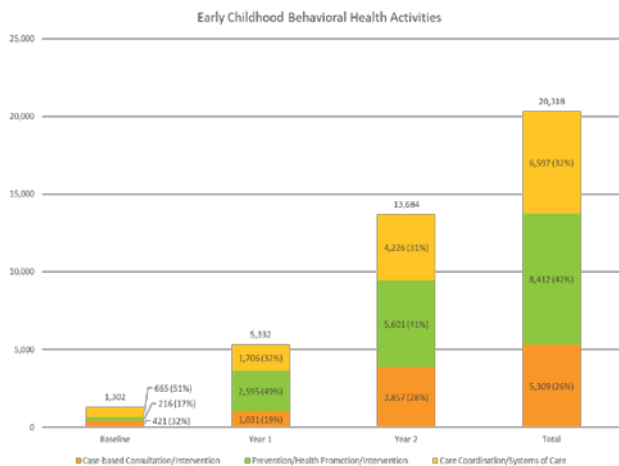
- Does your current business model allow for sustainability of early childhood integration activities?*
- ~If yes, how can you develop a proposal for contracting that supports your business case?
 - ~If no, how can you negotiate to preserve key activities?
 - ~If you don't know, what next steps need to occur at your practice?

What does your practice need to...

- ~Continue to meet the needs of young children and their families?
- ~Focus on early childhood behavioral health integration activities?
- ~Be successful under the new RAE structure?
- ~Develop sustainable ECBH integration practices?

How could your practice contribute to...

- ~Expansion of BHIPP:0-5 activities in other settings?
- ~Sharing the impact of the initiative with others?
- ~Engaging funders and payers?
- ~Innovating and implementing effective strategies to deliver early childhood behavioral health integration?



Planning and Re-application

Mid July – Oct 2018
Practices design & Plan

Oct 2018
Review and approve investment packages for ongoing implementation

Year 3 and 4 Implementation

Nov 2018
Full Cohort Session and Start of Year 3 Implementation

May 2019
Full Cohort Session

Nov 2019
Full Cohort Session and Start of Year 4 Implementation

May 2020
Full Cohort Session

Nov 2020
Final Reports Due