

BACKGROUND

- Trauma, depression, and anxiety are incredibly harmful to children and adolescents ¹⁻⁴
- Rates of depression and anxiety are increasing, yet most children and adolescents who need help do not get it¹
- Integrated, team-based mental health services within a primary care pediatrics office offers an effective way to ensure children and adolescents receive the physical, behavioral and mental health care they need^{5,6}
- Rady Children's Hospital - San Diego (RCHSD) and Children's Primary Care Medical Group (CPCMG) created an integrated delivery system to provide behavioral and mental health care within primary care pediatric clinics

METHODS

1. Describe the design and implementation of RCHSD-CPCMG integrated behavioral health program
2. Assess primary care provider (PCP) opinions and experiences with behavioral and mental health treatment before and 4 months after a behavioral/mental Integrated Health Therapist (IHT) is embedded in a CPCMG clinic

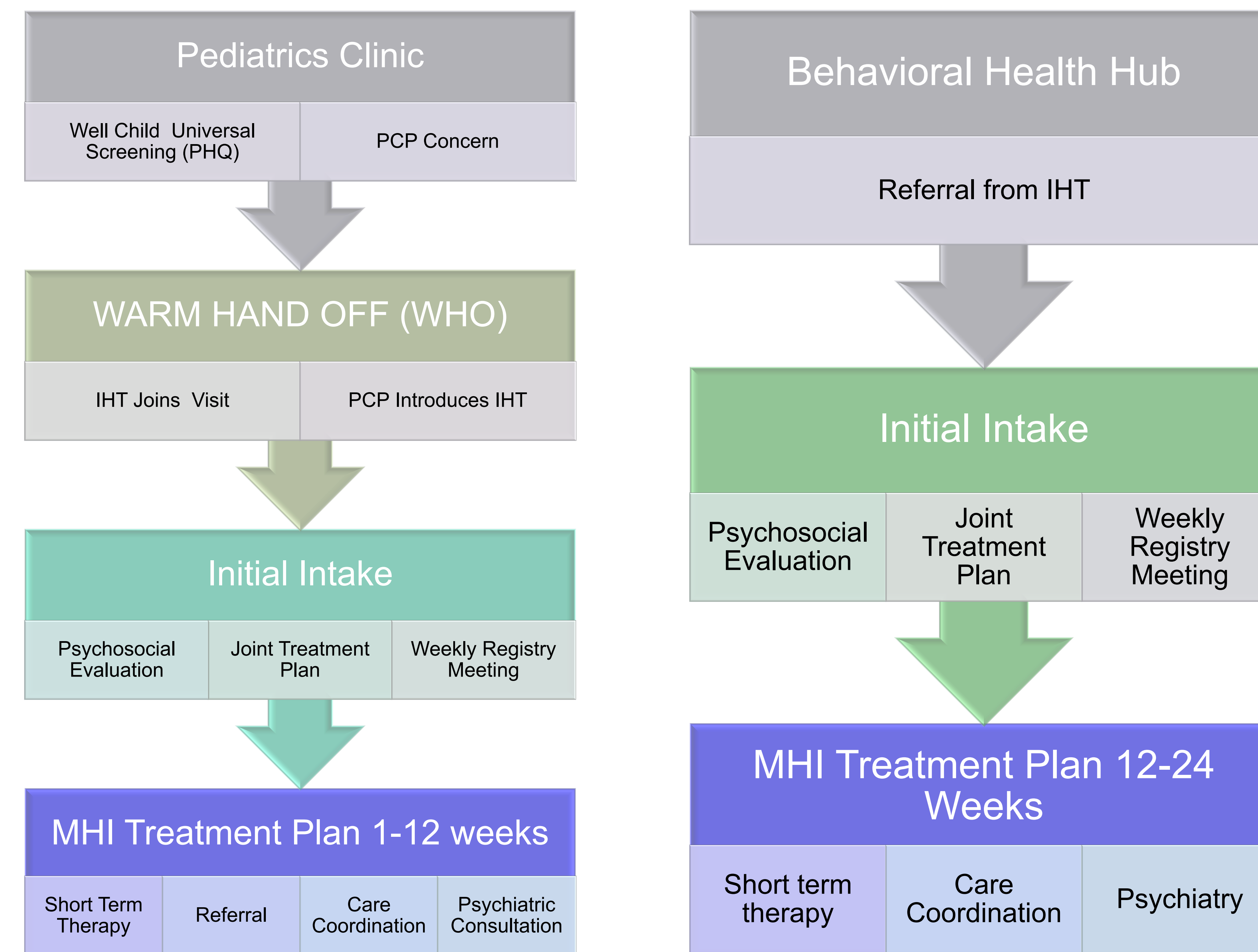
Program Genesis and Implementation

- Built infrastructure with stake-holders
- Drew from evidence supporting integrated care models for children and adolescents
- Emulated components of Collaborative Care and Primary Care Behavioral Health models
- Phased program implementation across multiple clinics
- First fully integrated, embedded site began clinical care June 10th, 2020

Program Goals

- Improve access to behavioral and mental health services for children and adolescents
- Improve patient health outcomes

A Medical and Behavioral Health Home



RESULTS

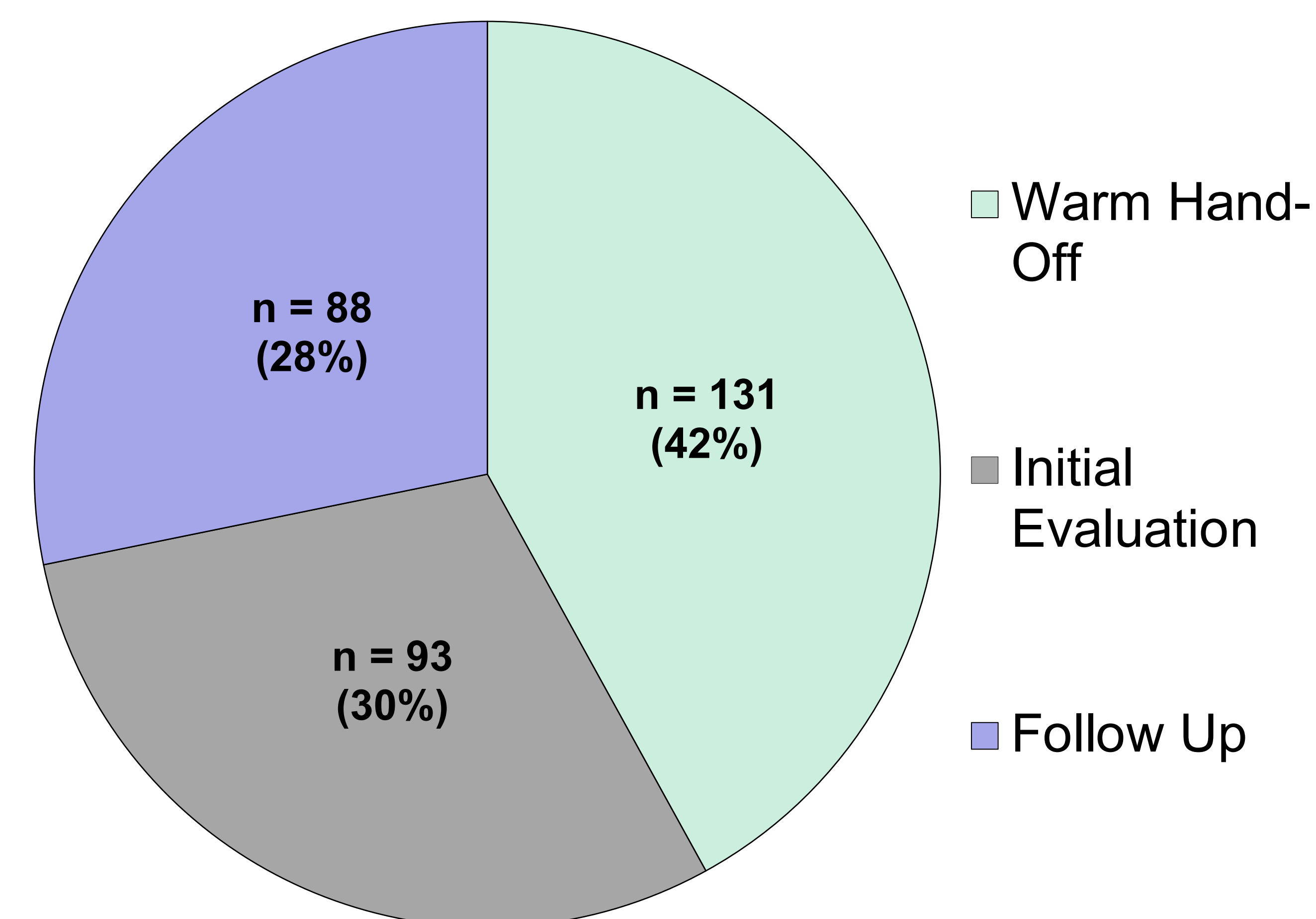


Figure 1. IHT patient encounters for initial 10 weeks at CPCMG.

PCP Survey

- Assess PCP attitudes and experiences regarding IHT integration before and 4 months after embedding IHT
- Pre-survey sent to two initial PCP clinics
- 100% feel some responsibility for identifying common BH conditions
- 100% excited about mental health integration

Comfort Level Treating Behavioral Health Patients

- 7.7% do not feel comfortable diagnosing depression
- 38.5% do not feel comfortable starting depression medications
- 7.7% have enough time with patients to provide good BH care

Patient Needs Before IHT Implementation

- 23.1% have timely access to BH evaluation
- 7.7% have timely access to BH therapy
- 8.3% believe patients have timely access to psychiatric medication management

Perceived/Expected Benefit of IHT

- 100% directly benefit my patients
- 100% improve my ability to treat patients
- 84.6% ease my workload

CONCLUSIONS

- PCPs want to care for mental health needs of their patients, but find it hard to access timely Behavioral Health Treatment
- PCPs are excited to work with IHTs, and have been actively referring to the IHT
- Integrated care model has led to 131 WHO's and 93 intakes, a promising start to increasing access to mental health services
- Study of patient outcomes is needed
- Monitoring of expansion of services is needed

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