

Southcentral Foundation's Mission, Vision, Values and Culture

- *Mission: Working together with the Native Community to achieve wellness through health and related services*
- *Vision: A Native Community that enjoys physical, mental, emotional and spiritual wellness*
- *Key Points: Shared Responsibility, Commitment to Quality, Family Wellness*



Operational Principles

- Relationships between customer/owner, the family, and provider must be fostered and supported
- Emphasis on wellness of the whole person, family and community (physical, mental, emotional and spiritual wellness)
- Locations convenient for customer/owners with minimal stops to get all their needs addressed
- Access optimized and waiting times limited
- Together with the customer/owner as an active partner
- Intentional whole-system design to maximize coordination and minimize duplication.
- Outcome and process measures to continuously evaluate and improve
- Not complicated but simple and easy to use.
- Services are financially sustainable and viable
- Hub of the system is the family
- Interests of customer/owners come first; the system is created around what works best for customer/ owners
- Population-based systems and services
- Services and systems that are culturally appropriate and build on the strengths of Alaska Native cultures



Pre-conception to Age Five: Strategies for Enhancing Early Childhood Mental Health through Primary Care

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Learning Objectives

- Understand the purpose and principles of integrated primary care
- How integration has been developed at Southcentral Foundation
- Integration in Women's Health Clinic
- Integration in Primary Care Clinics and Pediatrics



What is Integrated Care?

- **"Integrated Care is a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion. Integration is a means to improve the services in relation to access, quality, user satisfaction and efficiency."** WHO European Office for Integrated Health Care Services. Integrated Care. Working Definition. 2001



Why Integrate Behavioral Health in Primary Care?

- Behavioral and Psychosocial factors in etiology and treatment of physical disease
- Primary Care as the locus of treatment for mental health disorders
- Financial Advantages
- Improved quality of care
- Customer-Owner & provider satisfaction



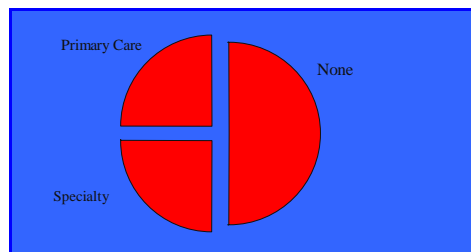
Why Integrate Behavioral Health in Primary Care?

- Illustrates Biopsychosocial model
- Meets Customer-Owners “where they are”
- Unifies medical and mental health practice
- Stigmatism surrounding going to “mental health”



Mental Healthcare in US

Strosahl, K. (1996) Primary Mental Healthcare: New model for integrated services, *Behavioral Healthcare Tomorrow*, October, 93-96.



A Framework to Integrated Care

- Behavioral Health is ROUTINE component of medical care (charts are integrated)
- Shifting Boundaries of Care
 - » Location
 - » Staffing
 - » Skills
- Co-location and Design
 - » BHC's share offices w/PCP, CM, CMS
 - » Behavioral consultation in the medical exam room, 15-20 minute appts



What We Do

- Consultation and education to providers and case managers on behavioral health issues
- Psycho-educational materials and workbooks to aid in treatment and understanding
- Screening, assessment, brief intervention, education and follow-up/monitoring for Customer-Owners experiencing mental health issues and/or life stresses
- Joint visits with providers or case managers for complex cases
- Consultation with specialists, referral for longer term therapeutic interventions



Levels of Integrated Care

- Level 1 – Consultation, brief targeted interventions, and management in primary care setting
- Level 2 – Time limited focused interventions in primary care setting
- Level 3 – Referral for longer term therapeutic interventions with collaboration with primary care



Clinician Characteristics


- Match primary care pace and style
- Respect cultural differences
- Be FLEXIBLE
- Communication skills
- Consultant skills
- Team Player
- Be visible and available



Clinician Skills

- Knowledge of Integrated Care Model
- Strong traditional clinical skills
- Bio-psycho-social model of health
- Solution-Focused Treatment
- Brief, creative, and effective treatment
- Evidence-based Treatment
- Prevention and Customer-Owner Education


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Benefits

- Reduce number of mental health related office visits
- Frees providers' time and resources to allow for more efficient use of limited appointment time
- Provides Customer-Owners with a more comprehensive evaluation of symptoms and issues
- Offers providers an in-clinic specialty resource for challenging cases
- Customer-Owners have immediate access to BHC (no hoops to jump thru), and f/u same day access

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Benefits of Co-location and Design

- Offices for behavioral providers in primary care area
- Behavioral consultation in the medical exam room
- Pt seen in the exam room

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Communication Model

- Co-location and Design
- Integrated Charts
- Regular, face to face verbal feedback
- Brief consultations
- Formal treatment team/case conference... in process
- Phone/Telemedicine Consultation


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Integrated Care vs. Social Work

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ Hospital SW: <ul style="list-style-type: none"> • Provide psychosocial support for individuals/families • Discharge Planning • Care Coordination • Arrange for in-home services • Evaluation for certain services | <ul style="list-style-type: none"> ▪ Integrated Care: <ul style="list-style-type: none"> • Work with PCP's • Mental Health Focus • Can do 'social work' type work • Assessments or evaluations • Targeted interventions |
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Obstacles

- Lack of acceptance of model
- Paradigm shift for Medical Providers, Mental Health Providers, and Customer-Owners
- Lack of exam rooms
- Recruitment... finding the right fit
- Providers not using the BHCs

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Integrated Care at Southcentral Foundation

- Primary Care Clinic-Anchorage, AK
- Primary Care Clinic-Valley
- Primary Care Clinic-Women's Health
- Primary Care Clinic-Pediatrics



Women's Health

- *It is evident, however, that attachment behavior is in no way confined to children. Although usually less readily aroused, we see it also in adolescents and adults of both sexes whenever they are anxious or under stress. No one should be surprised, therefore, when a woman expecting a baby or a mother caring for young children has a strong desire to be cared for and supported herself. (Bowlby, 1988)*



Women's Health/OB-GYN at Southcentral Foundation

- State-wide program
- 11 MDs and 12 Midwives/CNMs
- Prenatal: 8 weeks to 6 weeks post partum
- Specialty oncology and chronic pain
- Pregnancy testing through Primary Care, unless from outside Anchorage
- Nutaqsiiviik Home Visitation Program
- Lactation consultations



Groups Targeted for Behavioral Health

- All first OB appointments
- 18 & under
- History of mental health issues or substance abuse
- History of domestic violence
- Significant environmental stressors



Screening Tools

- Depression: Prime MD
 - Administered at first OB visit & 6 wks post partum
 - Score of 15 or higher
- Substance Use: SBIRT
 - Screening Brief Intervention Referral Treatment
 - Administered first OB
 - Score of 7 or higher for alcohol or indication of drug abuse



Interventions

- Motivational Interviewing
- Cognitive Behavioral Therapy
- Behavior Modification
- Stress Management
- Brief counseling (individuals and couples)
- Education
- Referrals & Coordination



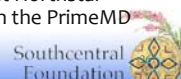
Transfer of Care

- Coordination with other BHCs before delivery
- “Discharge” to Primary Care and/or Pediatrics
- Depression screening at 2-week well-baby



Case #1: Crystal

- Crystal is a 19 year-old female who recently moved to Anchorage from a village in the Bristol Bay region. She is 14 weeks pregnant and has a 18 month-old son in her care. Her partner is incarcerated. She is unemployed but looking for work. She is currently staying with an aunt, but the aunt is also pregnant and Sarah will need to move once the aunt has her child next month. Crystal has not seen a mental health professional in over 4 years, but she did spend 6 months at Northstar when she was 13. She scored a 15 on the PrimeMD and a 2 on the SBIRT.



Pediatrics

- 2 week and 2 month Well visits
- Anticipatory Guidance
- Developmental Screening



2 week and 2 month well visits

- Prime MD screening
- Anticipatory Guidance
- Referrals and Resources



Postpartum Depression

- Use of Prime-MD
- Impact of maternal depression on child welfare:
 - Stress
 - Failure to Thrive
 - Behavioral issues
 - Accidents
 - Child abuse/neglect



Anticipatory Guidance

Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Third Edition



Anticipatory Guidance

- Using Bright Futures
 - "... is a set of principles, strategies and tools that are theory-based, evidence-driven, and systems-oriented that can be used to improve the health and well-being of all children through culturally appropriate interventions that address the current and emerging health promotion needs at the family, clinical practice, community, health system and policy levels."



Anticipatory Guidance (AG)

Using Bright Futures Guidelines

- First priority is to attend to concerns of parents
- In addition, Bright Futures gives age specific topics for discussion per visit



Example: 2 year Anticipatory Guidance Topics

PRIORITIES FOR THE VISIT

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

- Assessment of language development (how child communicates, expectations for language)
- Temperament and behavior (sensitivity, approachability, adaptability, intensity)
- Toilet training (what have parents tried, techniques, personal hygiene)
- Television viewing (limits on viewing, promotion of reading, promotion of physical activity and safe play)
- Safety (car safety seats, parental use of safety belts, bike helmets, outdoor safety, guns)



What is developmental screening?

- Using a standard way to determine if a child is meeting their milestones
- Identify any problems early



What are developmental milestones?

- The development of skills in 5 major areas
 - Communication
 - Gross Motor
 - Fine Motor
 - Problem Solving
 - Personal Social



How do you do developmental screening?

- Review medical history
- Use developmental screening tool
 - Ages and Stages Questionnaire (ASQ)
- Keep a record of developmental progress
- Observe child and parent-child interactions
- Identify risk and protective factors
- Refer to agencies if needed



ASQ-3

- Using a formal developmental screen, has a higher rate of identification of developmental delays and other issues than relying only on provider visit.
- Standard of Care
- EPSDT
 - Early and Periodic Screening, Diagnosis and Treatment—preventive screening for all customers

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What are some causes for developmental delay?

- Family/parent and child relationships
- Medical problems
- Physical problems
- Pregnancy problems
- Birth defects
- Learning disabilities

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Which children should undergo developmental screening?

- All children
- Children who are thought to be developing normally
- Children with known developmental delays can be referred without screening

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Autism

- ASQ results are used to determine Customer-Owners needing MCHAT screening
- MCHAT-Modified Checklist for Autism in Toddlers

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Autism

- Brain-related disorder
- Delays in behavior, social, and communication skills
- Signs early in infancy
- Unknown cause
- Treatable not curable

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When should children undergo developmental screening?

- 2 weeks
- 6 weeks to 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 2 years
- Once a year after age 2, up to 6 years old

CHAM manual, copyright 1998.

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What is developmental resilience?

- Ability of a child to overcome a risk factor for developmental delay because of a supportive and nurturing environment



Why do developmental screening?

- Rate of delay
- Rate of delay picked up before school
- Importance of Early Intervention



Importance of Early Intervention

- Before kindergarten are more likely to:
 - graduate from high school
 - hold jobs
 - live independently
 - avoid teen pregnancy
 - avoid delinquency
 - avoid violent crime



The Individuals with Disabilities Education Act (IDEA)

- States must provide services to infants and toddlers with:
 - developmental delays
 - conditions that can cause delays
 - children at risk for developmental delay

<http://www.cdc.gov/ncbddd/child/devtool.htm>



Results...

- Recent Screening Rates:
 - January 2010—Screened 211 pts: 89%
 - February 2010—Screened 232 pts: 99%
 - March 2010—Screened 418 pts: 94%
 - April 2010—Screened 339 pts: 97%



Case #1

- 12 month old male “Matthew”
- Not pointing to things
- Not cruising furniture
- Not drinking from a cup
- Not eating table food but jarred baby food
- Not saying “ma ma” or “da da”
- Discussion



Discussion-Case #1

- Other developmental questions?
- Is this child delayed?
- If not delayed then how can you help?
- When would you see them back?



Case #2

- 2 year old male "Daniel"
- Seen at least 5 times during this past winter for otitis media
- Mother reports that "he is a delightful, friendly kid who gets along great with his brother, sister, and the dog"
- Mother states, "He is my quiet one, he talks less than the others but of course they always talk for him"
- You ask Daniel some questions and he smiles at you but his speech is difficult to understand and the mother has to "translate" for you
- Discussion



Discussion-Case #2

- How many words should he have at 2 years?
- What are other forms of communication that this child may have?
- What other developmental milestones happen at 2?
- What tests/referral may be helpful?
- What questions might you ask about play with siblings?



Case #3

- 3 year old female Customer-Owner- "Eleanor"
- Not interested in potty training
- Been attending a playgroup but prefers to play by herself
- Unable to name a friend other than "Mommy"
- Doesn't point to pictures but smiles and repeats "meow" when you ask "which one says "meow"
- Can't stand on one foot
- Says some two word phrases
- Discussion



Discussion-Case #3

- What would you identify as concerning?
- What would you do?
- Who would you refer to?



Case #4

- 4 year old female Customer-Owner-"Anna"
- Presents for a preschool screen
- Comes in with her older sister and mother and they describe her as always "talking"
- Anna starts the conversation with the following:
 - "Are you my doctor? Are you going to check my heart?"



Discussion of Case #4

- Is this child delayed?
- Do you still need to ask developmental questions?
- Should you rescreen at next well child visit?



Case #5

- 5 year old male Customer-Owner- "John"
- Starting kindergarten in the fall
- Talking in sentences.
- Nighttime bedwetting.
- Unable to write his name and only knows his first name.
- Can only count to 10.
- Able to answer questions such as:
 - When you throw a ball up, it comes _____ (down).
 - Ice is cold and fire is _____ (hot).
 - The cow is big but the mouse is _____ (small).



Case #5 Discussion

- Kindergarten expectations:
 - Potty training
 - Use pen/pencil like an adult
 - Dress self
 - Good behavior
 - Turn taking, sharing, compliance
 - Sleep through night



Questions?

- Members from referral agencies?
- Any specific Customer-Owners you would like to talk about?

