Integrating Behavioral Health and Primary Care for Youth and Young Adults: Recommendations and Resources for Providers in California and Beyond

Behavioral health care for youth and young adults presents challenges for a variety of health providers. Behavioral health problems are often complex, and providers are concerned about their level of training, the availability of resources, and adequate reimbursement. Many tools and models have recently been developed to address the need for integrating behavioral health and primary care, along with numerous approaches and strategies. This brief will provide a general outline of available recommendations and resources, in order to assist health providers in their efforts to initiate or advance integrated care for adolescents in California and beyond.

Why Focus on Behavioral Health with Youth and Young Adults?

- ✔ Approximately one in five children and adolescents in the US experience mental health problems, and only 20% to 25% receive treatment.[i]
- ✔ Up to fifty percent of all lifetime cases of mental illness begin by age fourteen, and seventy-five percent by age 24.[ii]
- ✔ Youth and young adults with unidentified mental disorders are at the highest risk for committing suicide, the third most common cause of death among adolescents in the US following unintentional injuries and homicides.[iii]
- ✔ Ninety percent of teens who die by suicide were suffering from an identifiable mental disorder at their time of death, typically depression.[iv]
- ✔ Adolescents with unidentified mental disorders are in generally poorer physical health and engage in more risky behaviors than their peers, such as unsafe sexual activity, fighting, and weapon carrying.[v]
- ✔ Adolescents with untreated mental disorders represent a disproportionately large segment of the populations in the juvenile justice and adult criminal justice systems.[vi]
- ✔ A range of effective psychosocial and pharmacologic treatments are available for adolescents experiencing many common mental health disorders including depression, anxiety, attention-deficit/hyperactivity disorder (ADHD), and substance use.[vii]

Why Integrated Care?

- ✔ Integrating mental health and primary care services is the most viable way to close the treatment gap for untreated mental illnesses.[viii]
- ✔ Most adolescents diagnosed with mental health disorders are now seen in the primary care setting, making the management of mental health issues a growing responsibility for pediatric practice.[ix]
- ✔ Pediatric primary care providers will play an increasingly important role in promoting the social-emotional health of adolescents, providing treatment, and serving as an entry point to specialty treatment,[x]
- ✔ Support and assistance for establishing and improving integrated service models is available for a range of providers, practices, health plans, and communities (see policy and resource recommendations).

KEY TERMS

Providers: includes primary care, mental/behavioral health, school, public systems, and community based health professionals.

Primary Care: includes promoting wellness, preventing illness, diagnosing and treating illness.

Mental Health Care: addresses social, emotional, and behavioral issues.

Behavioral Health Care: includes mental health and substance use issues.

Integrated Care: systematic coordination of physical and behavioral health services.

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A Continuum of Integrated Service Models

Adolescent health providers can establish and improve behavioral health integration through a variety of collaborative service approaches. It is assumed that adolescents may move along the continuum of services, based on their changing needs, and that their providers will adapt care plans accordingly.

SERVICE MODEL	DESCRIPTION/EXAMPLES	BENEFITS	LIMITATIONS
Collaborative Integration	Primary care practice has mental health clinicians on staff to assess and treat adolescents and families and facilitate case conferences. Integrated practice recognizes the link between medical and mental health in every primary care encounter and provides integrated care for co-occurring conditions.	A comprehensive approach that enables primary care to provide the full continuum of services: screening, assessment, and treatment.	Challenges include financial sustainability of mental health staff and billing complexities.
Co-location	Primary care and mental health clinicians are physically located in the same treatment setting. Mental health providers may be employed by systems other than primary care, such as schools and public mental health.	Primary care clinicians who have a co-located mental health professional have reported a greater likelihood of consultation and referral than those who do not have a co-located mental health professional.[xiv]	Co-location does not guarantee collaboration or an integrated practice approach.
Shared Care	Primary care and one or more mental health specialists share the mental health care through monitoring symptoms, response to therapy, and medication, if prescribed.	Care can be shared between adolescent psychiatrists, social workers, case managers, and/or school-based providers, to provide a continuum of coordination.	It can be difficult to establish clear communication protocols and roles between providers and family members.
Primary Care with Consultation	Mental health experts are available by telephone or videoconferencing to provide one or more of the following: consultation on medication management; referrals to local mental health specialists; and in some cases direct mental health consultation to adolescents and families.	Increases pediatric access to adolescent psychiatrists and other mental health specialists, particularly in underserved communities with mental health workforce shortages; improves prescribing practices.	Consultation does not provide psychotherapy and evidence-based behavioral health services for adolescents.
Primary Care Only	Adolescents can be assessed and managed appropriately and successfully in the primary care practice.	The primary care practice works directly with adolescents and families in developing, implementing, and monitoring care plans.	Adolescent mental health needs have to be clear and uncomplicated by comorbidities.

*Adapted with permission from the National Institute for Health Care Management. The full August 2009 Issue Paper *Strategies to Support the Integration of Mental Health into Pediatric Primary Care* can be accessed at: http://nihcm.org/pdf/PediatricMH-FINAL.pdf

Levels of Intervention for Integrated Behavioral Health Care

Three levels of intervention are necessary to provide comprehensive, integrated, behavioral health care within primary care settings:

1) Prevention and health promotion: promotes social and emotional development and emotional wellness, builds resilience in youth and young adults, and reduces stigma related to needing, accessing, and receiving mental health services.[xi]

Examples of prevention and health promotion include:
- ✔ Anticipatory guidance and education for parents/caregivers
- ✔ Resilience, asset building, and healthy coping mechanisms for youth

2) Early intervention: focuses on early detection of mental health problems and interventions for youth and their families in order to prevent or mitigate the adverse effects of emerging mental health problems.[xii]

Examples of early intervention include:
- ✔ Screening, assessment, and brief interventions based on clinical guidelines

3) Treatment: psychopharmacologic and therapeutic services for youth and young adults who are diagnosed with specific mental health disorders.[xiii]

Examples of treatment include:
- ✔ Referrals for community support/involvement
- ✔ Medication treatment/management by primary care providers
- ✔ Collaboration with and referrals to mental health and substance use providers

Service Model Strategies: Things to consider while assessing and preparing for integrating mental health into primary care

Prior to establishing or expanding a collaborative model, adolescent health providers can assess their current practice and choose to prioritize recommendations from one or more of the following five areas:

1) Community Resources
- ☐ Become knowledgeable about available community resources
- ☐ Create a resource guide of community mental health and substance use resources, and types of payment accepted
- ☐ Develop collaborative relationships with providers of key services

2) Health Care Financing
- ☐ Provide a realistic business framework for mental health services
- ☐ Gain access to mental health and substance use provider lists and authorization procedures of major public and private health insurers
- ☐ Prepare the practice to code and bill effectively to ensure payment for mental health services

3) Support for adolescents and families
- ☐ Ensure that adolescents and families with mental health concerns have a positive first contact with primary care
- ☐ Promote the concept of mental health as integral to the care of adolescents in the medical home
- ☐ Address stigma
- ☐ Assure adolescents and families about confidentiality
- ☐ Prepare to address mental health and substance use needs of adolescents
- ☐ Engage adolescents and families in seeking help
- ☐ Offer self-help interventions
- ☐ Support families in the referral process
- ☐ Prepare to address the mental health and substance use needs of special populations within primary care
- ☐ Ensure the family friendliness of the practice
- ☐ Periodically assess the quality of care provided to adolescents with mental health issues and take action to improve care

4) Clinical information systems/delivery system redesign

- ☐ Use monitoring, prescribing, and tracking systems for psychosocial therapy and psychotropic drugs
- ☐ Put a plan into place for managing psychiatric and social emergencies
- ☐ Put office systems in place to support screening, assessment, and collaboration
- ☐ Collaboratively develop care plans
- ☐ Consider co-locating a mental health specialist

5) Decision support for clinicians

- ☐ Select validated functional assessment tools for use in identifying mental health problems and in monitoring adolescent's and family's progress toward therapeutic goals
- ☐ Select instruments for the assessment of adolescents whose screening results or clinical findings suggest the presence of a mental health or substance use issue
- ☐ Identify reliable, current sources of information concerning diagnostic classification of mental health problems and evidence about the safety and efficacy of treatments
- ☐ Develop and implement evidence-based protocols
- ☐ Establish a relationship with mental health specialists, including therapists and psychiatrists, who have experience with adolescents
- ☐ Routinely screen for mental health and substance use issues in adolescents and families
- ☐ Use acute care visits to elicit mental health concerns

*Adapted with permission from the Academy of Pediatrics Task Force on Mental Health. The full *Mental Health Practice Readiness Inventory* can be accessed at: http://pediatrics.aappublications.org/cgi/reprint/125/Supplement_3/S129

Support for Integration

Adolescent health providers can play a critical role in advocating for improved systems and structures to support the integration of behavioral health and primary care services. The following policies, regulations, and laws provide examples of support for local integration efforts:

Minor Consent and Confidentiality

Mature adolescents deserve more opportunities to consent for mental health services and receive confidential care. See SB 543 Minors Consent to Mental Health Treatment.[xv]

Prevention and Early Intervention

Primary care providers should be compensated for the mental health services they provide, including prevention and early intervention services. See 1915(b) Medi-Cal Mental Health Managed Care Waiver.[xvi]

Consultation

The cost of consultation between two or more providers around the issue of one individual should receive adequate reimbursement, including care and treatment planning among primary care providers and mental health specialists. See team conference reimbursement codes (CPT 99366-99368).[xvii]

Same Day Billing

Primary care and mental health providers should be reimbursed for providing multiple services to adolescents and young adults on the same day and/or at the same site. See AB 1445 Medi-Cal: federally qualified health centers and rural health clinics.[xviii]

Expanded Parity

Mental health benefits and services should receive similar reimbursement rates as medically related benefits and services. See US Mental Health Parity Law.[xix]

Research for Evidence Based Care

Research is needed to further measure integrated practice performance and outcomes, in comparison to primary care practices without mental health components, and to assess integration approaches. See California Primary Care, Mental Health, and Substance Use Services Integration Policy Initiative.[xx]

Resource Recommendations

There are many resources available to assist providers with the integration process, including practice assessment and improvement tools for an individual practice, health care systems, and communities.

Primary Care and Mental Health Practice Tools

The American Academy of Pediatrics Supplement on Enhancing Pediatric Mental Health Care

http://pediatrics.aappublications.org/content/vol125/Supplement_3/

The supplement includes: 1) strategies for preparing a community; 2) strategies for preparing a primary care practice; and 3) algorithms for primary care. In addition, there is an appendix of over 13 tools and resources including the Mental Health Practice Readiness Inventory; Mental Health Screening and Assessment Tools for Primary Care; Evidence-Based Child and Adolescent Psychosocial Interventions; Sources of Specialty Services for Children with Mental Health Problems and Their Families; Health Care Financing Resources; and Coding for the Mental Health Algorithm Steps.

The American Academy of Pediatrics Bright Futures Practice Guide

http://brightfutures.aap.org/mentalhealth/

The guide outlines approaches to addressing developmental and mental health needs based on age and stage of development including the three levels of intervention necessary to provide a full spectrum of mental health care: 1) prevention and health promotion; 2) early intervention; 3) and treatment.

The AHWG Behavioral Health Toolkit Module

http://www.ahwg.net/assets/library/98_behavioralhealthmodule.pdf

Developed by and for busy health care providers, this toolkit takes a closer look at common adolescent mental health and substance use issues and includes: screening and assessment tools; twelve mental health and substance use issue briefs; evaluation and treatment algorithms for general behavioral health concerns, depression, and Attention-Deficit Hyperactivity Disorder (ADHD); brief office interventions and counseling guidelines; health education materials for teens and their parents/adult caregivers; and online resources and hotlines.

Advocacy and Implementation Tools

California Primary Care, Mental Health, and Substance Use Services Integration Policy Initiative

http://www.cimh.org/Initiatives/Primary-Care-BH-Integration.aspx

The Integration Policy Initiative (IPI) is a collaborative project led by the California Institute for Mental Health (CiMH), the California Primary Care Association (CPCA) and the Integrated Behavioral Health Project (IBHP). Reports and webinars include national and CA specific models and strategies for integration.

Partners in Health: Primary Care/County Mental Health Collaboration Tool Kit

http://www.ibhp.org/uploads/file/IBHP%20Collaborative%20Tool%20Kit%20final.pdf

The tool kit highlights various collaborative relationships forged between primary care and county mental health agencies throughout California including practical advice from early adopters; operational forms; sample MOU's, contracts and agreements; issues to consider when brokering agreements; mutual role descriptions; screening instruments; process and outcome measures and more.

The American Academy of Pediatrics Strategies for System Change in Children's Mental Health: A Chapter Action Kit

http://www.aap.org/sections/ypn/r/advocacy/Chapter%20Action%20Kit%20Promo.pdf

Within each core action area, information is included on the overall issue, implications for AAP chapter work, suggested chapter strategies, selected tools, and resources for further information.

Acknowledgements

This project was made possible through funding from the Maternal, Child, and Adolescent Health (MCAH) program of the California Department of Public Health.

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October, 2010

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