# CARING TOGETHER

## MODELS FOR IMPROVING THE MENTAL WELL-BEING OF YOUNG CHILDREN AND FAMILIES

children FIRST
THE ADVOCATE FOR KIDS

# Today's Agenda

| |
|---|
| **Welcome** |
| **The State of Dyadic Care in Pennsylvania**<br>Sally Kozak, Deputy Secretary, Office of Medical Assistance Programs, PA Dept. of Human Services |
| **The Promise of Dyadic Care Models**<br>Alex Briscoe, Principal, California Children's Trust |
| **Piloting HealthySteps**<br>Children's Hospital of Philadelphia<br>Emma Golub, Policy Analyst<br>Dr. Minto, Pediatrician |
| **Integration of Therapists in Pediatric Primary Care**<br>University of Pittsburgh Medical Center<br>Dr. Schlesinger, Chief of Child and Adolescent Psychiatry and Integrated Care |
| **Question and Answer** |
| **Closing** |

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# NAVIGATING AN UNPRECEDENTED REFORM LANDSCAPE:

## *YOUTH MENTAL HEALTH SYSTEMS CHANGE AND THE SCALING OF DYADIC PRACTICES IN PEDIATRIC PRIMARY CARE*

October 2024

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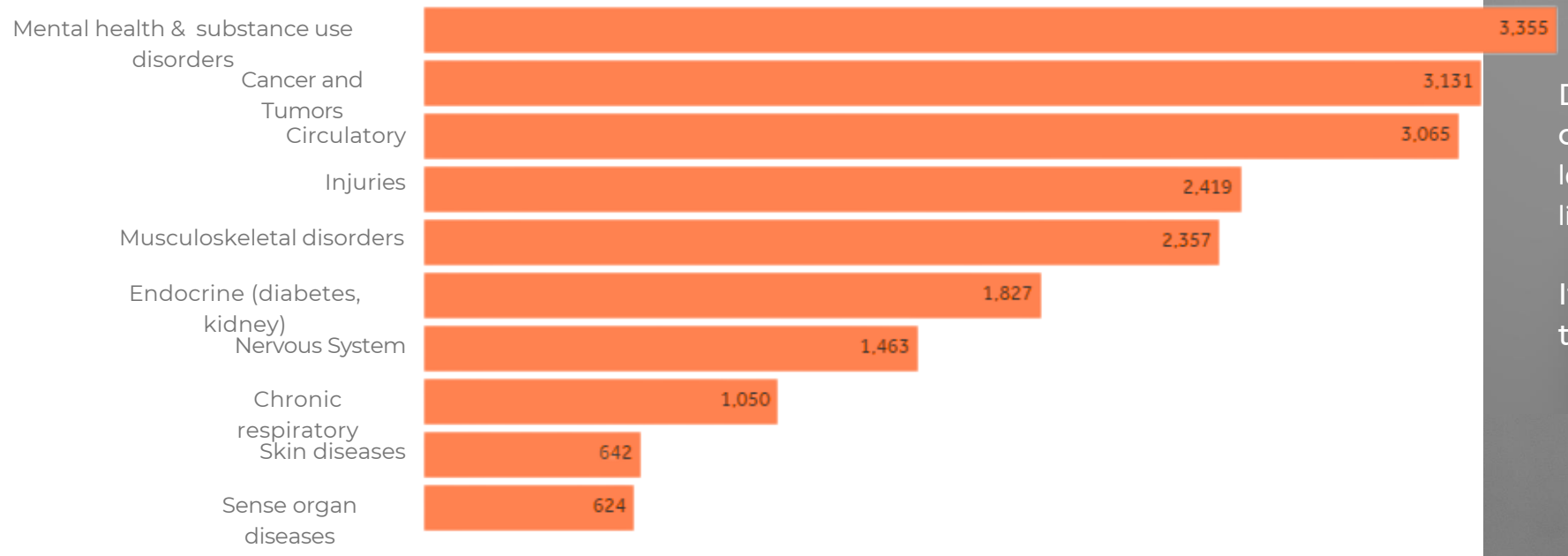
# MENTAL HEALTH & SUBSTANCE USE DISORDERS

## ARE THE LEADING CAUSES OF DISEASE BURDEN IN THE US

DALY, or the Disability-Adjusted Life-Year, is a metric that combines the burden of mortality and morbidity (non-fatal health problems) into a single number. One DALY can be thought of as one lost year of "healthy" life.

AGE STANDARDIZED **DALYS RATE** PER 100,000 POPULATION, BOTH SEXES, 2015




DALYs measure the total impact of a disease by combining the years of life lost due to early death and the years lived with disability.

It's calculated by adding these two together: DALY = YLL + YLD.

Source: KFF: What are the current costs and outcomes related to mental health and substance abuse disorders?

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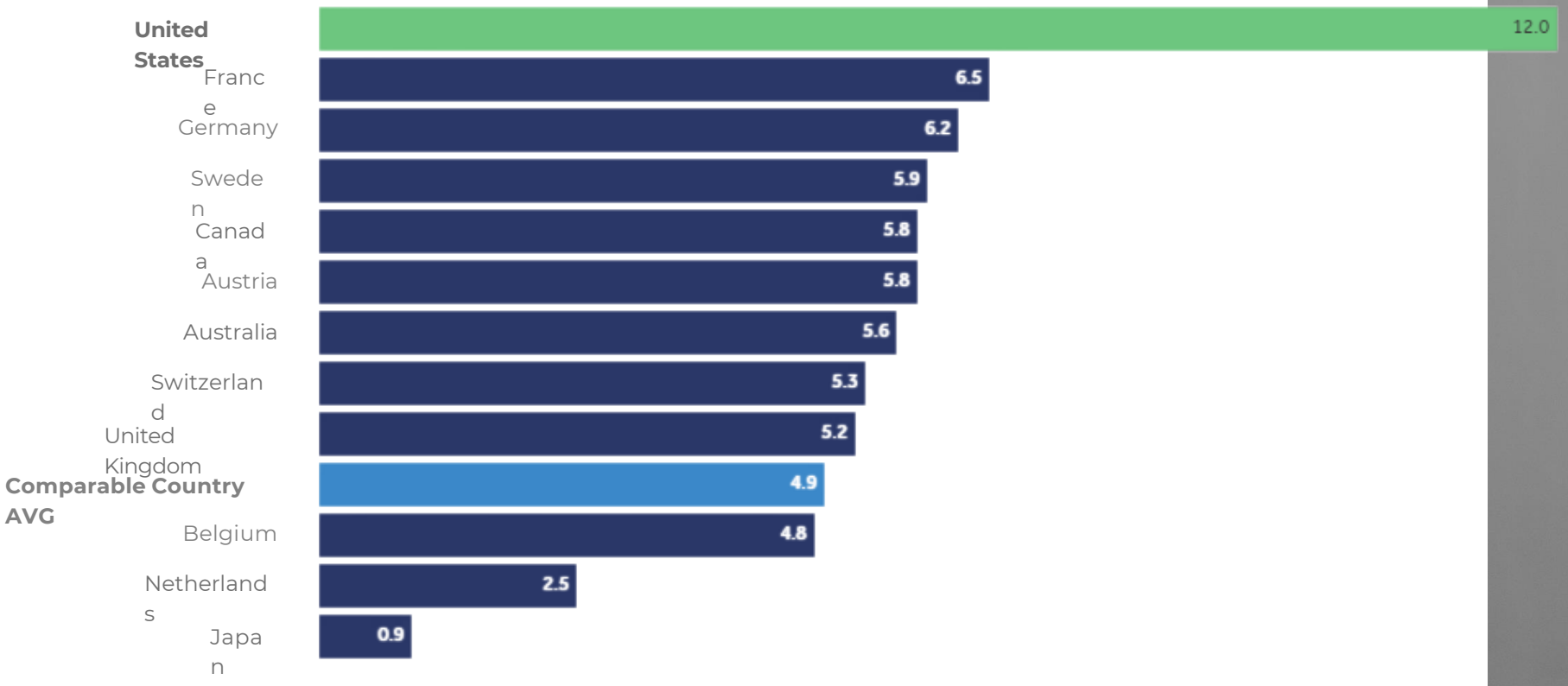
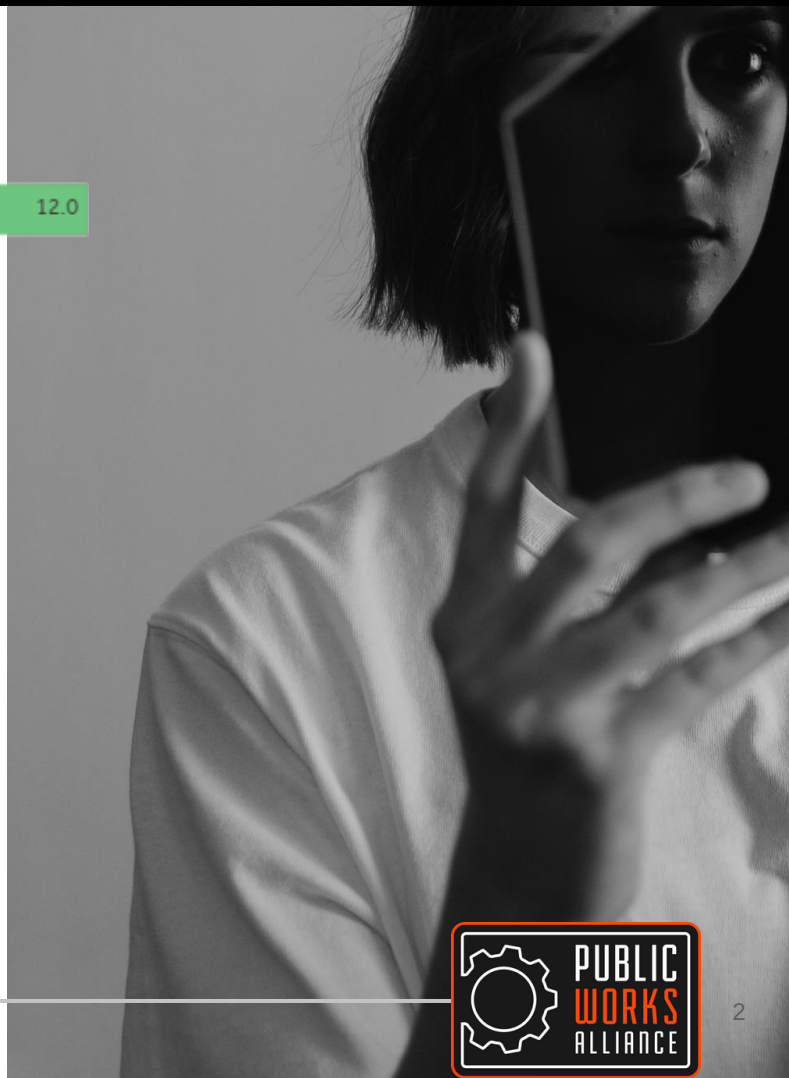
# MENTAL HEALTH & SUBSTANCE USE DISORDERS

## AMONG COMPARABLE COUNTRIES, THE U.S. HAS THE HIGHEST RATE OF DEATH

THE AGE-STANDARDIZED **DEATH RATE PER 100,000 POPULATION** DUE TO MENTAL HEALTH AND SUBSTANCE USE DISORDERS, BOTH SEXES, 2015



Source: KFF: What are the current costs and outcomes related to mental health and substance abuse disorders?

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# YOUTH ARE IN CRISIS

CONSIDER THE FACTS BEFORE COVID-19:

**104%** ▲

Increase in inpatient visits for suicide, suicidal ideation, and self-injury among children aged 1-17.

**151%** increase for those aged 10-14.

**61%** ▲

**Increase in the rate of self-reported mental health needs** since 2005

**50%** ▲

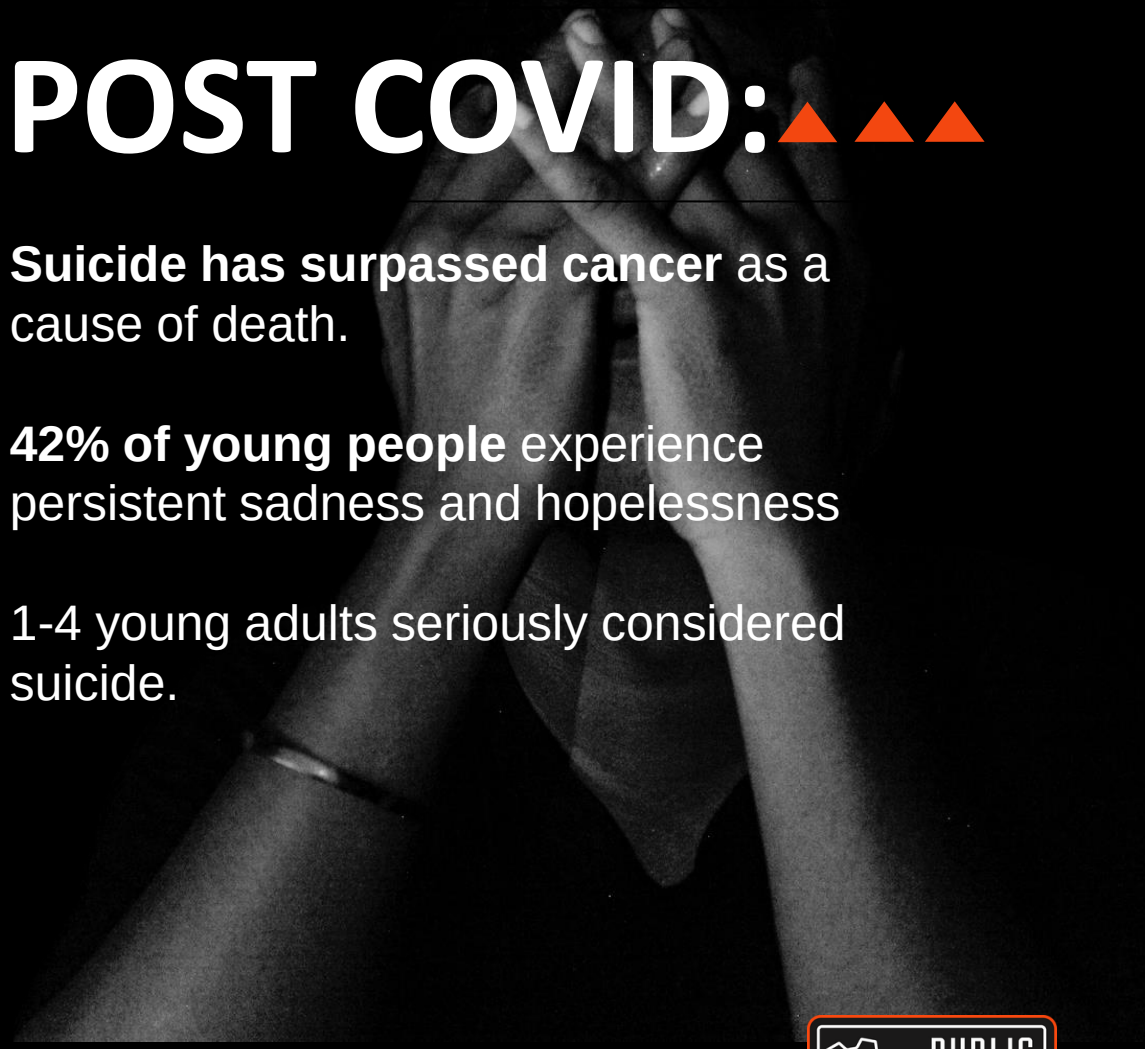
**Increase in mental health hospital days** for children since 2006

## POST COVID: ▲▲▲

**Suicide has surpassed cancer** as a cause of death.

**42% of young people** experience persistent sadness and hopelessness

1-4 young adults seriously considered suicide.



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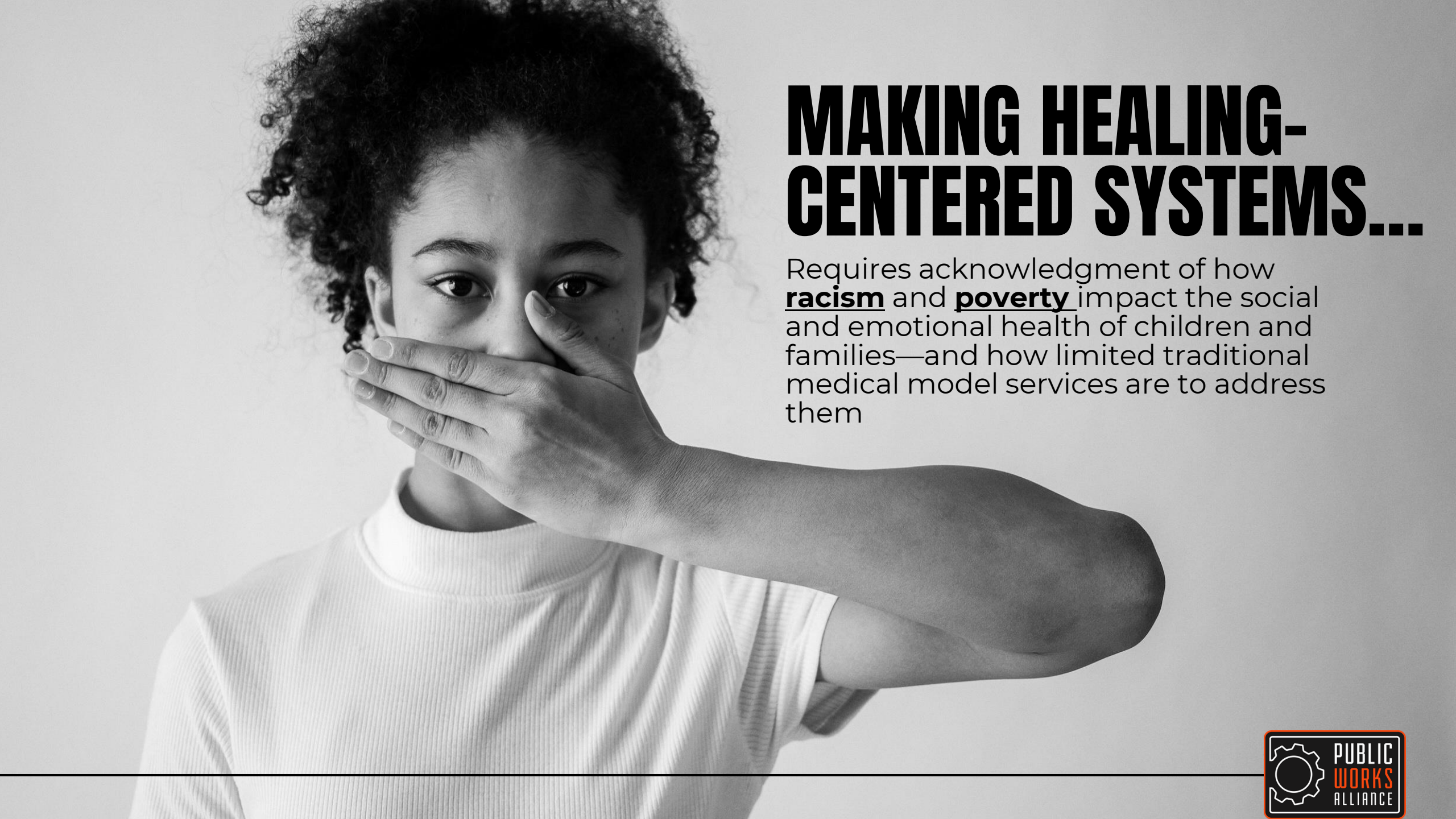

# MAKING HEALING-CENTERED SYSTEMS....

Requires acknowledgment of how **racism** and **poverty** impact the social and emotional health of children and families—and how limited traditional medical model services are to address them

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# TAKING ACTION

There is a real opportunity to address a crisis in the lives and experiences of vulnerable youth. Public opinion and policymaker agendas **are currently aligned.**

## POLITICAL WILL

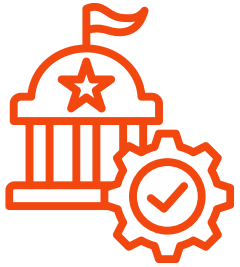
State and Federal administrations have established a focus on child and family well-being driven by COVID, the youth mental health crisis, and decades of evidence from the SDOH movement

## EMERGING CONSENSUS AND CONSCIOUSNESS

Exploring the impact of adversity, structural racism, and the pandemic on the social and emotional health of children and families

## COMMUNITY SUPPORT

Half (52%) of all Californians and 87% of Georgians say protecting and supporting the MH of children is a critical issues for their state to address.



## UNPRECEDENTED REFORM & INVESTMENT

A Reform Landscape with Unprecedented Level of Investment and a shifting payor landscape.

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# There is hope…and it comes from an unlikely place…

## MEDICAID

**By making a few essential changes to medicaid we can** transform the experience of children and families and begin to address…and these changes are all within the existing regulatory authority of state Medicaid agencies.

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# CALL TO ACTION

## 5 ESSENTIAL MEDICAID STRATEGIES

### Remove Diagnosis

**Remove** diagnosis as a **requirement** for treatment (expand Medical Necessity Criteria in the context of EPSDT and ACES)

### Reimagine the Workforce & Its Model

**Add new provider types** to the Medicaid state plan and reimagine the behavioral health workforce. *Leverage* lived experience and shift the economic benefit of safety systems to the people they were **intended to serve.**

### Treat Parents & Their Kids

Low-income Americans interact with the healthcare system **12 to 15 times on average** in the *first* three years of their child's life. Make schools and primary care a healing and anti-racist center of support.

### Make Schools In-Network For All Health Plans

**Reach kids** where they **spend** the *majority* of their **time**. *Leveraging* essential community provider status and health plan portability requirements makes schools **equivalent** to **emergency departments**. Health plans must reimburse for services provided there regardless of network.

### Hustle: Get Your Fed Matching ($$$)

Medicaid's **unique entitlement for kids** is an **opportunity** to fund the needs of the child welfare system. Pursuing the funding requires *grit* and *determination*.

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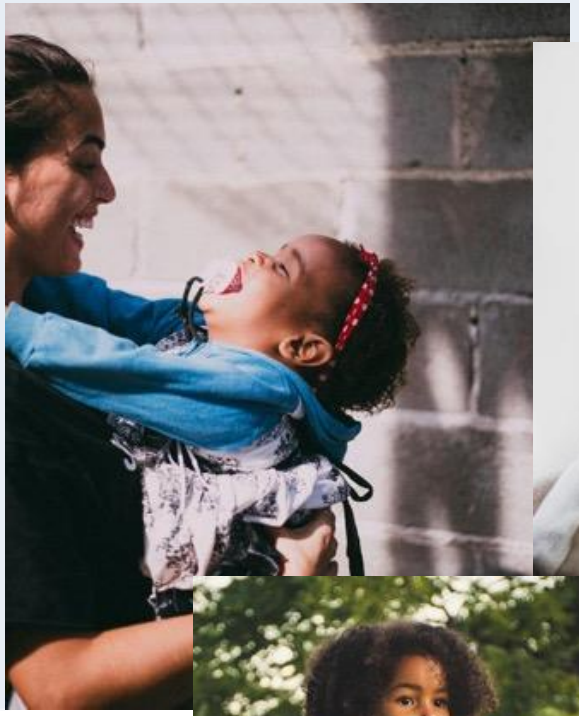
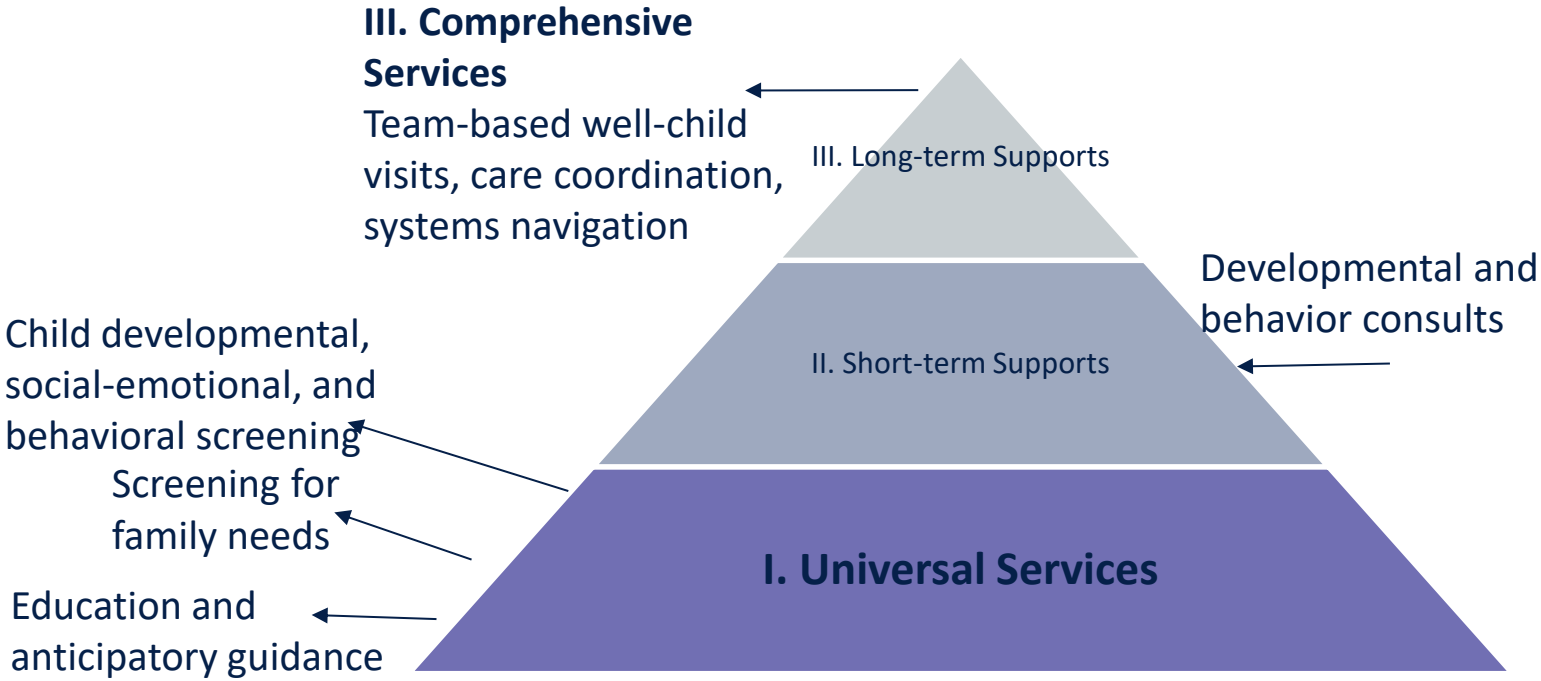
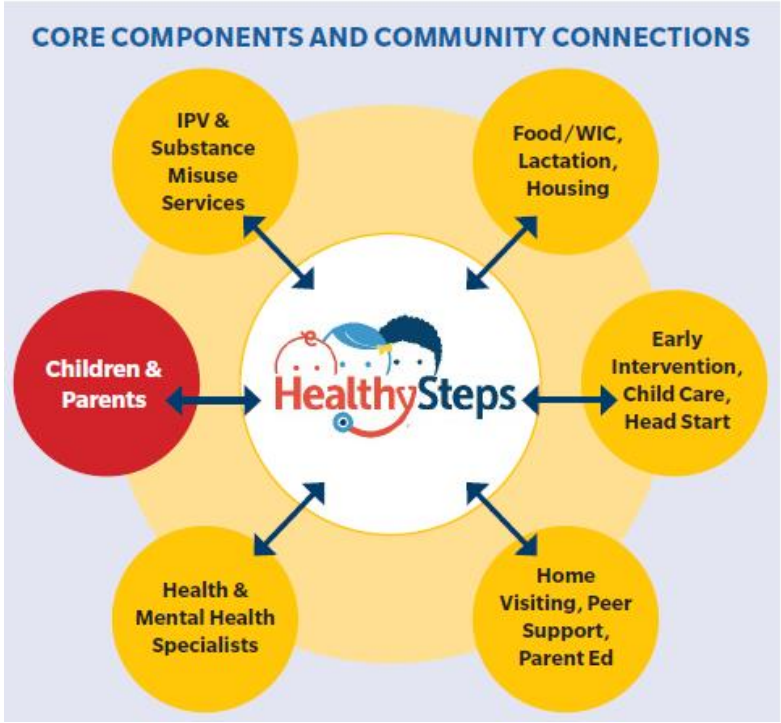


# Dyad: a child and their parent(s) or caregiver(s)

# Dyadic Evidence-Based Approaches to Behavioral Health Care for Young Children

# Healthy Steps at a Glance



# Babies Don't Go to the Doctor By Themselves:

## Innovating a Dyadic Behavioral Health Payment Model to Serve the Youngest Primary Care Patients and Their Families


AUTHORS

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## Proposal Summary

The caregiving and family context is the most

- A statewide demonstration project to align reimbursement with clinical best practices in early childhood mental health
- Essential support for proven dyadic models
- Improving health outcomes for young children and their caregivers
- Pioneering clinical best practices to inform state-level guidance
- Demonstrating partnership with safety-net clinical leadership

# TREAT PARENTS WITH THEIR KIDS:

## THE WHY OF DYADIC CARE

Children 0-5 have the **lowest access** behavioral health access rates of *any* demographic in Medicaid.

**Low Income** Families Interact with the health care system **the most frequently** in the *first* 3 years of their child's life

Babies don't go to the doctor by themselves—-but **caregivers are invisible** to reimbursement systems *despite* being <u>in</u> the room

Dyadic Models are **evidence - based practices** that *improve* maternal and pediatric health outcomes.

States use various models to change this, such as **defined benefit**, **PMPM**, and **per-visit rate enhancement**.

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**The parent[caregiver]-child connection is the most powerful mental health intervention known to mankind**

*Bessel van der Kolk*
Psychiatrist

POLICYLAB

October 25, 2024

# PILOTING HEALTHYSTEPS AT CHOP AND EXPLORING POLICY TO SUPPORT SUSTAINABILITY

**Emma Golub, MPH and Natalie Minto, MD**

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Children's Hospital of Philadelphia℠
PolicyLab

# 1. ADDRESSING CHILD AND FAMILY HEALTH IN PEDIATRIC PRIMARY CARE

2. Public financing models for HealthySteps

3. Key considerations for states aiming to sustain and scale HealthySteps

# ADDRESSING CHILD & FAMILY HEALTH IN PEDIATRIC PRIMARY CARE

- A person's health and well-being throughout their life are profoundly impacted by their early years and family context
- Pediatric primary care is the cornerstone of a family's interaction with the health care system
- Dyadic interventions support children's health by also supporting caregivers – many of whom do not prioritize their own health care during their child's early years

# WHAT IS HEALTHYSTEPS?

- Evidence-based dyadic care model that integrates a child development expert into the primary care team
- ***HealthySteps Specialist*** offers psychoeducation, anticipatory guidance, counseling, and referrals for common and complex parenting challenges
- Nurtures the physical and emotional growth of young children (birth through 3) within the context of their families
- Evaluations of HealthySteps demonstrate positive outcomes for children, families, and providers

# HEALTHYSTEPS AT CHOP

- PolicyLab at CHOP is leading a project to implement, evaluate and explore long-term funding solutions for HealthySteps in the CHOP Primary Care network
- Launched in June 2023 at Cobbs Creek location – serves ~3,000 children birth through 3
- Patients often face complex social issues; require clinical, therapeutic, and social services beyond typical capacity of primary care providers
- Payment pathways are needed to support program sustainability


Our HealthySteps Specialist (Nora) and Community Health Navigator (Sharda)



Children's Hospital of Philadelphia PolicyLab

# PROVIDER PERSPECTIVE

## Pediatric Medical Home

"A medical home is **not** a building or place; it extends beyond the walls of a clinical practice. A medical home builds partnerships with clinical specialists, families and community resources. The medical home recognizes the family as a constant in a child's life and emphasizes partnership between health care professionals and families." *American Academy of Pediatrics*

## Provider Surveys

- **80% of providers** agree or strongly agree that HealthySteps has **helped improve the clinic workflow and efficiency in the practice**
- **73% of providers strongly agree** that HealthySteps has helped reduce their **work stress**
- **60% of providers** strongly agree that HealthySteps has helped **improve their personal job satisfaction**, more than a **2-fold increase** from baseline

# PROVIDER FOCUS GROUP

"I can't even begin to describe how lucky I feel that we have this. Our families are getting connected to services in a way that I don't think I've ever seen before [...] it's because Nora literally calls over and over and over again until the kids have services. Not just calling the parents. She calls DCIU. She calls Elwyn. She calls preschools. She is incredible."

# PATIENT & FAMILY EXPERIENCE

"I really appreciate you and you following up. I'm so grateful to know that someone from my son's doctors office is thinking about all of our family's needs, not just his medical concerns, and that there is a dedicated person like you there to spend time with families to talk through these concerns. If it wasn't for you I wouldn't have gotten my son enrolled in early intervention and I appreciate the support you gave me after his autism evaluation"

# PAYMENT POLICY LIMITS SCALABILITY OF HEALTHYSTEPS IN PA

- Most dyadic behavioral health services delivered in the pediatric setting are only reimbursable for children ***diagnosed with mental health disorders*** – but few young children's symptoms warrant a DSM-5-TR diagnosis
- HealthySteps Specialist aims to help prevent the development of behavioral health disorders

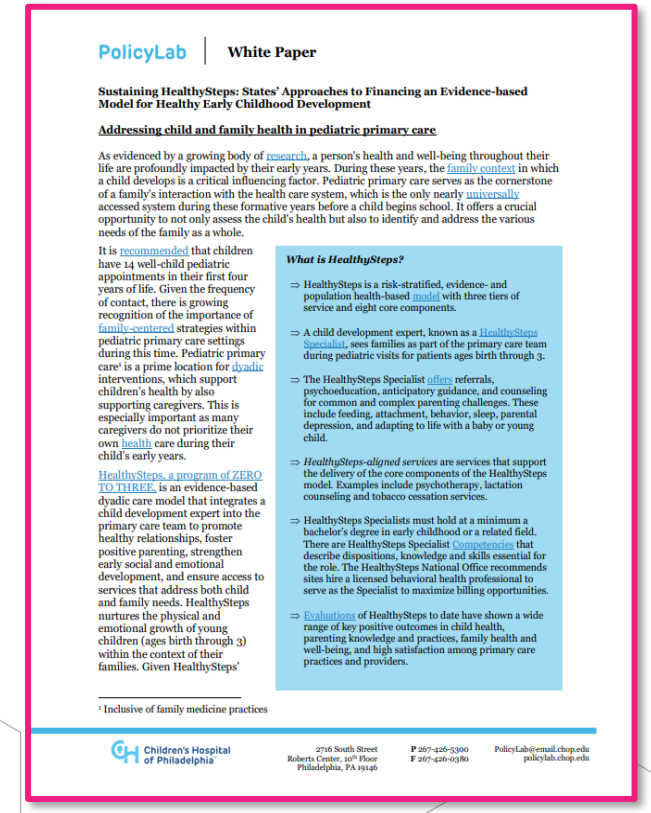
**Improving child health outcomes requires rethinking the delivery and payment of health care services, particularly in Medicaid and CHIP**

1. Addressing child and family health in pediatric primary care

2. **PUBLIC FINANCING MODELS FOR HEALTHYSTEPS**

3. Key considerations for states aiming to sustain and scale HealthySteps

# POLICYLAB'S WHITE PAPER



PolicyLab | White Paper

**Sustaining HealthySteps: States' Approaches to Financing an Evidence-based Model for Healthy Early Childhood Development**

**Addressing child and family health in pediatric primary care**

As evidenced by a growing body of research, a person's health and well-being throughout their life are profoundly impacted by their early years. During these years, the family context in which a child develops is a critical influencing factor. Pediatric primary care serves as the cornerstone of a family's interaction with the health care system, which is the only nearly universally accessed system during these formative years before a child begins school. It offers a crucial opportunity to not only assess the child's health but also to identify and address the various needs of the family as a whole.

It is recommended that children have 14 well-child pediatric appointments in their first four years of life. Given the frequency of contact, there is growing recognition of the importance of family-centered strategies within pediatric primary care settings during this time. Pediatric primary care[1] is a prime location for dyadic interventions, which support children's health by also supporting caregivers. This is especially important as many caregivers do not prioritize their own health care during their child's early years.

HealthySteps, a program of ZERO TO THREE, is an evidence-based dyadic care model that integrates a child development expert into the primary care team to promote healthy relationships, foster positive parenting, strengthen early social and emotional development, and ensure access to services that address both child and family needs. HealthySteps nurtures the physical and emotional growth of young children (ages birth through 3) within the context of their families. Given HealthySteps'

***What is HealthySteps?***

⇒ HealthySteps is a risk-stratified, evidence- and population health-based model with three tiers of service and eight core components.

⇒ A child development expert, known as a HealthySteps Specialist, sees families as part of the primary care team during pediatric visits for patients ages birth through 3.

⇒ The HealthySteps Specialist offers referrals, psychoeducation, anticipatory guidance, and counseling for common and complex parenting challenges. These include feeding, attachment, behavior, sleep, parental depression, and adapting to life with a baby or young child.

⇒ *HealthySteps-aligned services* are services that support the delivery of the core components of the HealthySteps model. Examples include psychotherapy, lactation counseling and tobacco cessation services.

⇒ HealthySteps Specialists must hold at a minimum a bachelor's degree in early childhood or a related field. There are HealthySteps Specialist Competencies that describe dispositions, knowledge and skills essential for the role. The HealthySteps National Office recommends sites hire a licensed behavioral health professional to serve as the Specialist to maximize billing opportunities.

⇒ Evaluations of HealthySteps to date have shown a wide range of key positive outcomes in child health, parenting knowledge and practices, family health and well-being, and high satisfaction among primary care practices and providers.

[1] Inclusive of family medicine practices

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**Examines the state funding initiatives for HealthySteps and HealthySteps-aligned services that are relevant for Pennsylvania and provides an analysis of sustainability pathways**

https://policylab.chop.edu/tools-and-memos/sustaining-healthysteps-states-approaches-financing-evidence-based-model-healthy



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# MEDICAID ENHANCED PAYMENT MODELS: MARYLAND

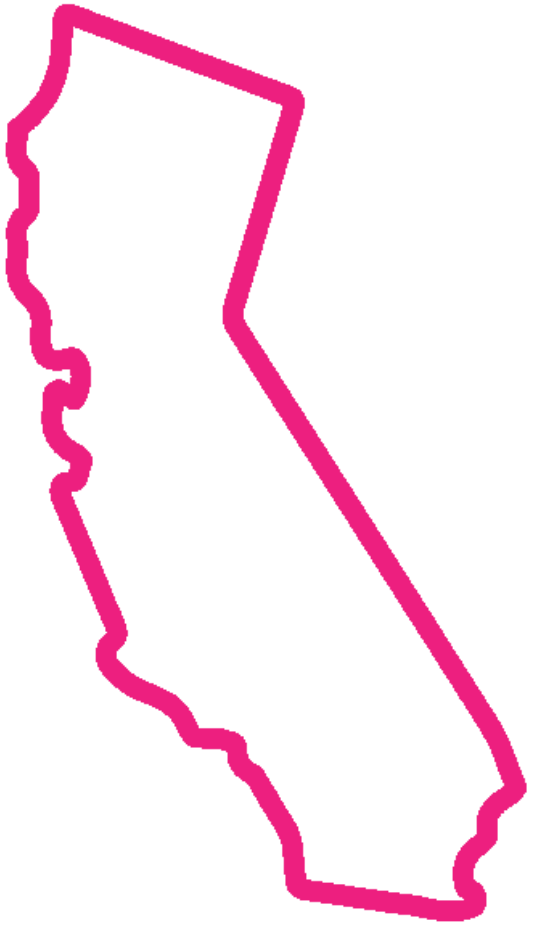
**Effective January 1, 2023, MD Medicaid provides an additional $15.00 for well-child and sick visits for children birth—3 who seek care at a practice implementing HealthySteps**

Maryland by Tom Fricker from Noun Project (CC BY 3.0)

- Medicaid behavioral health services are carved out; enhanced payment is furnished by physical health MCOs
- Uses HCPCS code H0025 (“Behavioral health prevention education service”)
- Launched with funds from Governor’s 2021 maternal and child health care transformation initiative

- Starting in 2024, enhanced payment is wrapped into the Medicaid capitated rate
- Enhanced payment does not currently cover all HealthySteps costs; sites braid it with funding from philanthropy, grants and health system investment

# A MEDICAID FEE-FOR-SERVICE MODEL: CALIFORNIA



California by Tom Fricker from Noun Project (CC BY 3.0)

## Medi-Cal's $800 million dyadic benefit package is based on HealthySteps

- **Dyadic services and dyadic caregiver services** are covered as of January 1, 2023
- **Z-codes for psychotherapy:** Since 2020, individual, family and group psychotherapy can be covered by Medi-Cal for children who ***do not have a mental health diagnosis***
- HealthySteps is most easily sustained when HealthySteps Specialists have degrees/licensures that permit them to bill for these services
- Expected to cover much of HealthySteps' cost

1. Addressing child and family health in pediatric primary care

2. Public financing models for HealthySteps

# 3. KEY CONSIDERATIONS FOR STATES AIMING TO SUSTAIN AND SCALE HEALTHYSTEPS

# THE MOST PROMISING PATHWAY TO SUSTAINING HEALTHYSTEPS

**Medicaid dyadic benefits package or**
**Medicaid enhanced payment**

**Medicaid coverage of Z-codes for psychotherapy**

# APPLYING LEARNINGS TO PENNSYLVANIA

- Expanding and sustaining families' access to evidence-based dyadic care models such as HealthySteps would be an effective way to leverage continuous Medicaid coverage for young children
  - MD's and NJ's enhanced payments are administered through ***physical health*** MCOs
- OMHSAS and Community Behavioral Health allow FQHCs in Philadelphia to utilize Z-codes for preventive behavioral health
- It is critical for HealthySteps sites to work in coordination with other early childhood programs and services as part of a larger system that supports children and families

Pennsylvania by Andrejs Kirma from Noun Project (CC BY 3.0)

# QUESTIONS AND COMMENTS?

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# UPMC CCP Behavioral Health

October 25, 2024

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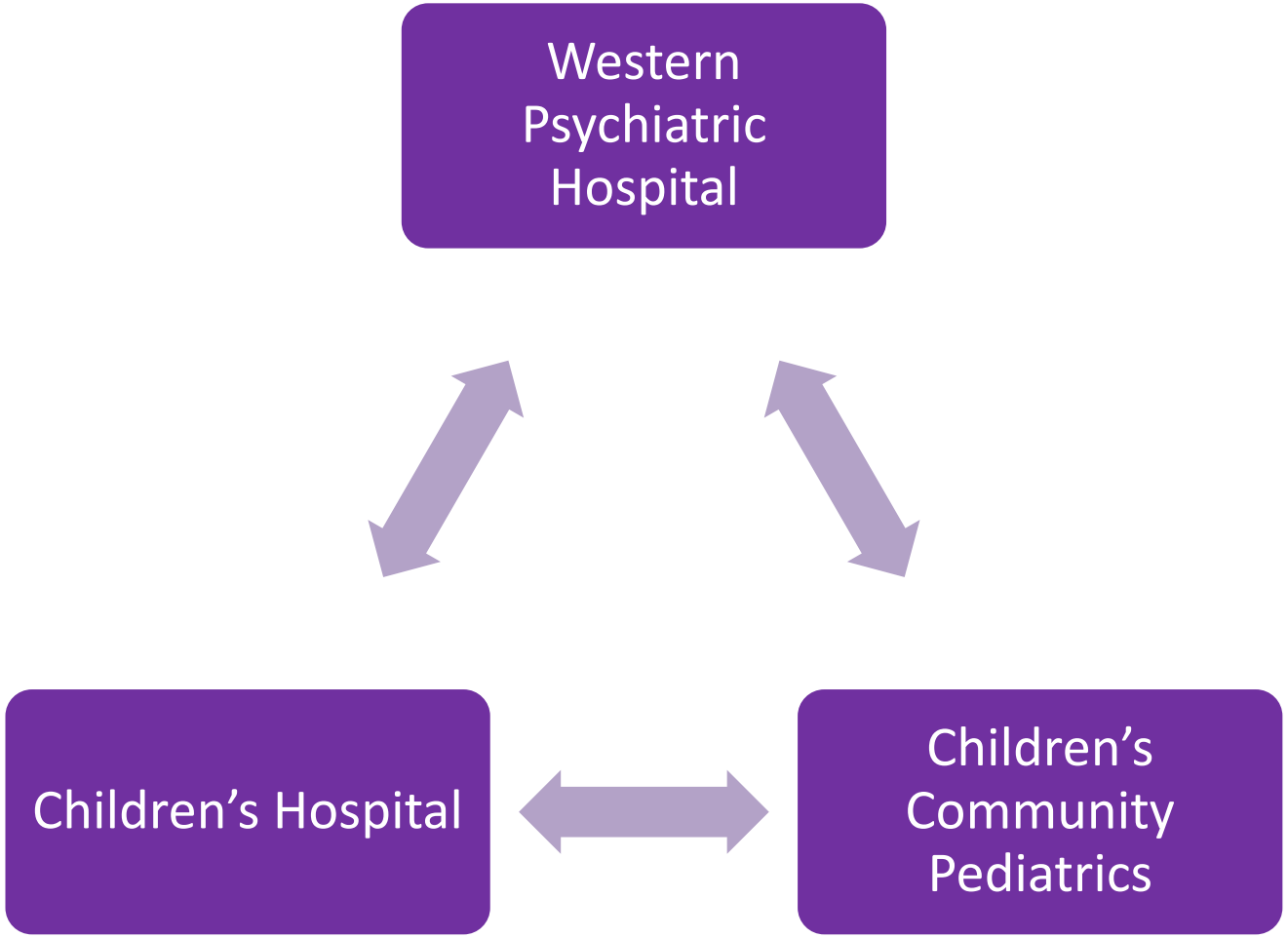
UPMC | WESTERN PSYCHIATRIC HOSPITAL

UPMC | CHILDREN'S COMMUNITY PEDIATRICS

# Why Integrate Behavioral Health in Medical Systems

**Better Behavioral Health = Better Outcomes**

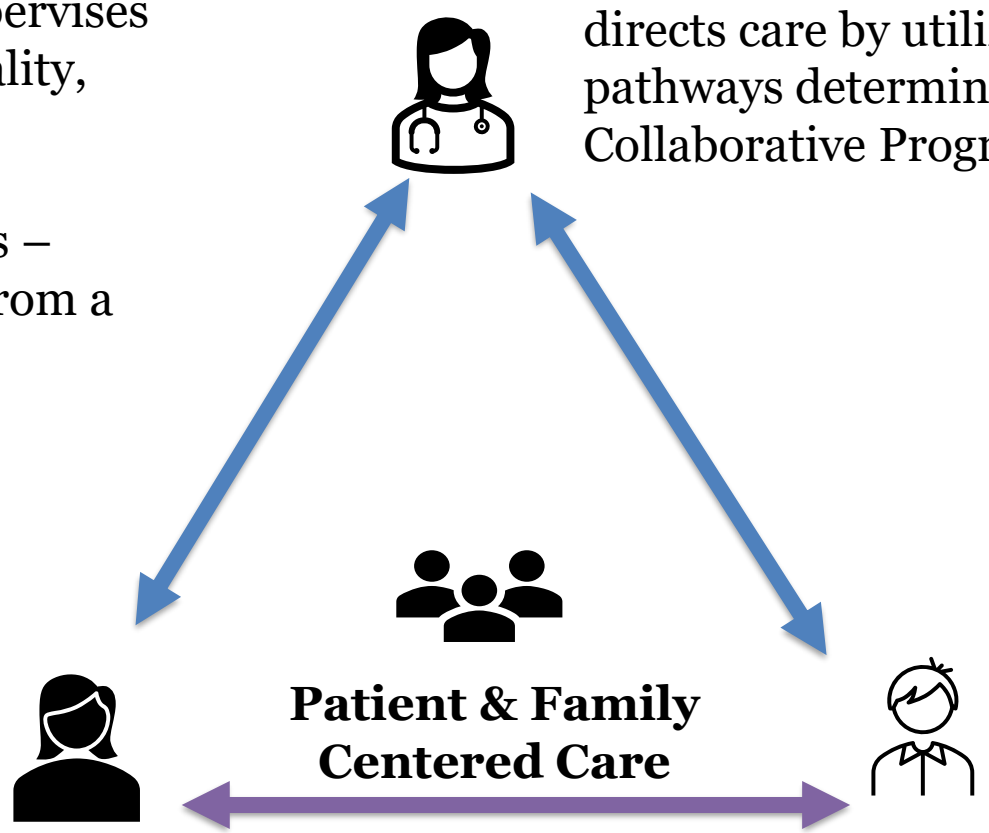
# A Successful Collaboration



# CCP Behavioral Health Care

**CCP BH Program:**
Program Director – supervises therapists, oversees quality, safety, education.
Medical Director & BH Champion Pediatricians – education & oversight from a pediatrician view point

**Medical Provider** – Initiates and directs care by utilizing workflows and pathways determined by CCP BH Collaborative Program



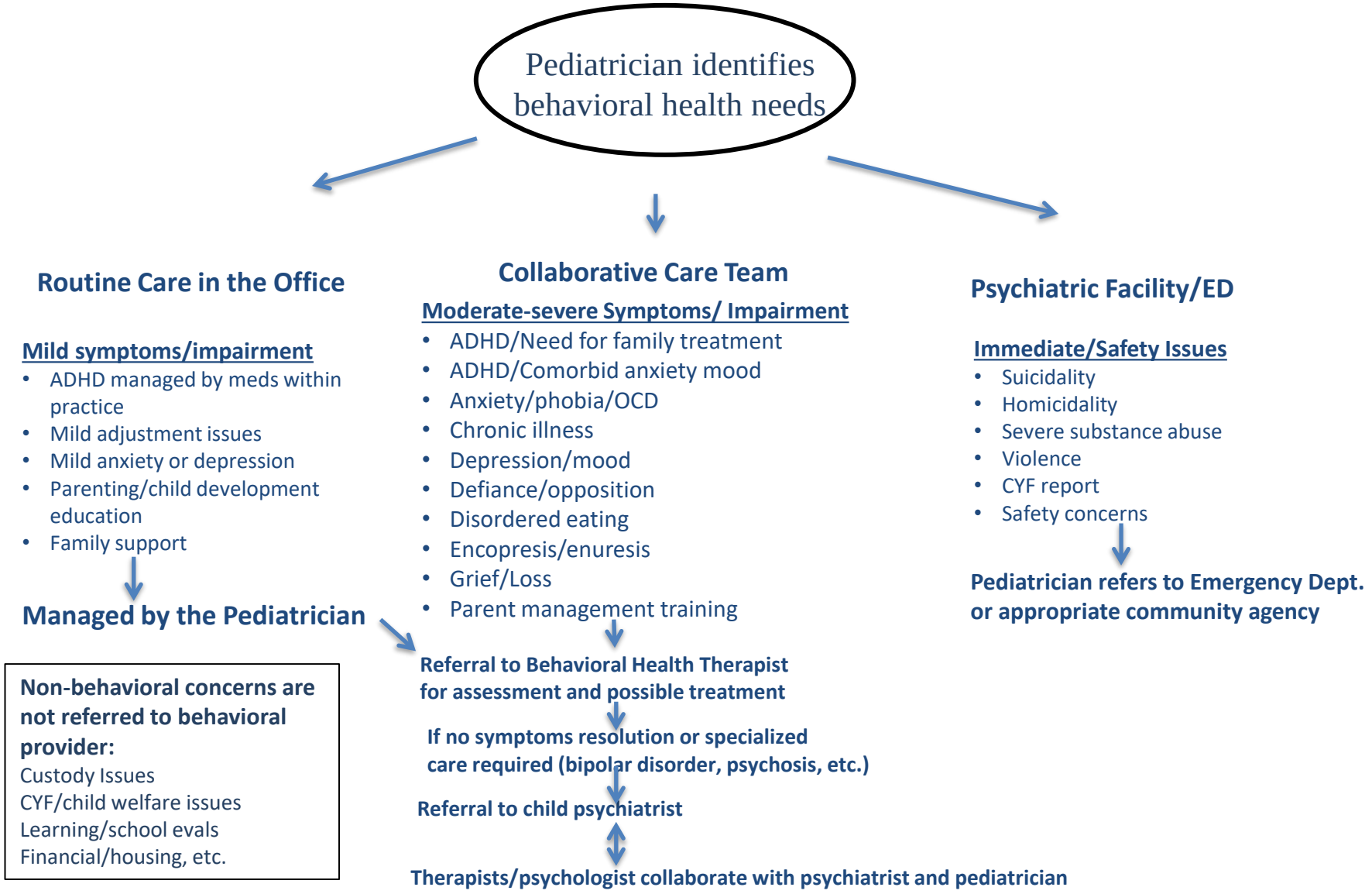

**Psychiatrist:**
Built in psychiatric supervision, assessment, option for treatment for complex patients who are active in CCP BH treatment.

**BH Therapist** – provides evidenced based care under the direction of PCP.

UPMC | CHILDREN'S COMMUNITY PEDIATRICS

# Breaking Down Barriers & Stigma

- Communication – Integrated Record
- The patient is a member of the pediatric practice
  - Checks in just like all primary care patients
  - Schedules just like they were scheduling with PCP
- Avoiding hand-offs –Not “your patient” or “my patient” but our patient
- Shared resources –
  - Behavioral Health Billing Specialist, credentialing
  - Supervision, education


Pediatrician identifies behavioral health needs
Routine Care in the Office
Mild symptoms/impairment
• ADHD managed by meds within practice
• Mild adjustment issues
• Mild anxiety or depression
• Parenting/child development education
• Family support
Managed by the Pediatrician
Non-behavioral concerns are not referred to behavioral provider:
Custody Issues
CYF/child welfare issues
Learning/school evals
Financial/housing, etc.
Collaborative Care Team
Moderate-severe Symptoms/ Impairment
• ADHD/Need for family treatment
• ADHD/Comorbid anxiety mood
• Anxiety/phobia/OCD
• Chronic illness
• Depression/mood
• Defiance/opposition
• Disordered eating
• Encopresis/enuresis
• Grief/Loss
• Parent management training
Referral to Behavioral Health Therapist for assessment and possible treatment
If no symptoms resolution or specialized care required (bipolar disorder, psychosis, etc.)
Referral to child psychiatrist
Therapists/psychologist collaborate with psychiatrist and pediatrician
Psychiatric Facility/ED
Immediate/Safety Issues
• Suicidality
• Homicidality
• Severe substance abuse
• Violence
• CYF report
• Safety concerns
Pediatrician refers to Emergency Dept. or appropriate community agency

# Outcomes

- ⬇ Median Age of Treatment
- ⬇ Number of children going to specialty care
- ⬇ Cost (To the healthsystem and the family)

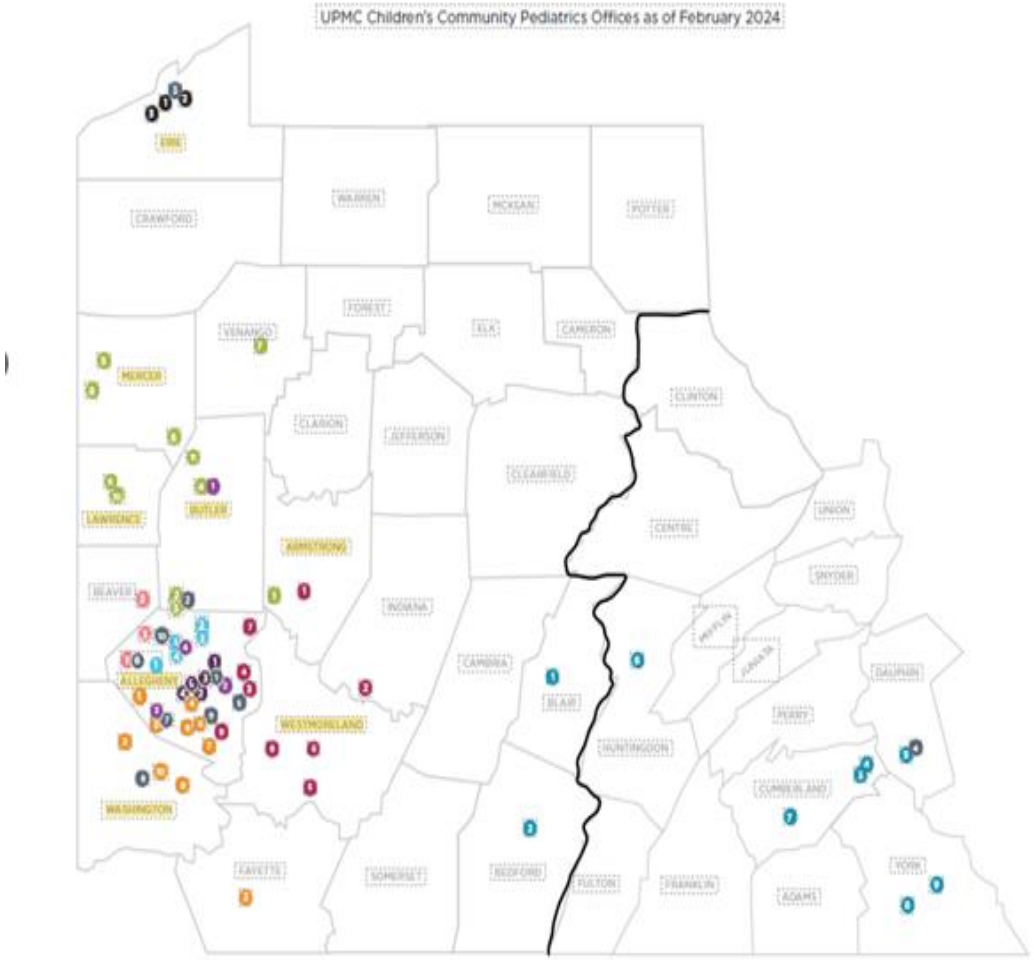
- ⬆ Screening with validated tool – autism, adolescent depression, anxiety, substance risk, suicide risk
- ⬆ Patients receiving evidence-based care

- ⬆ Trying new Models

# CCP Footprint

**Data as of Sept 30, 2024**

- 30 practices
  - 100s of pediatricians and APPS
  - >200,000 distinct patients seen this year
- 26.7 therapists
  - 6,298 indiv BH patients seen this year
  - 18,956 appointments this year (on target for over 28,000 visits this year)



# Children's Telephonic Services - TiPS

- Funded by HealthChoices
- Available to any primary care doc serving youth with Medicaid, CHIP or any UPMC plan in PA
- We serve the 27 counties in western PA
- **Telephonic Consultation (pediatrician to the child psychiatrist**
  - Education and support
  - Medication guidance & recommendations (TiPS does not prescribe medication)
  - Virtual evaluations (therapist + psychiatrist) for diagnostic clarity, level of care determination, or more complex medication questions (10-20%)
  - Brief, targeted & time limited virtual interventions with a TiPS BH therapist
- **Training**
  - 1:1 or small group
  - Weekly/monthly huddles
  - Primary Care BH Learning Series
  - Yearly Conference
- **Family Support**
  - TiPS Care Coordination Program

UPMC | CHILDREN'S COMMUNITY PEDIATRICS

# New Coordinated and Collaborative Models

- **Pediatricians and Therapists use SBIRT** (Screening, Brief Intervention, Referral to Treatment)
  - Validated Tools - S2BI/CRAFFT
  - Brief Intervention
- **Shared Family Support Specialist when concerns re: substance use in pediatric patient**
  - Family Support (individual or group)
  - Referral by provider or family (call TiPS)
  - Online videos for families re: substance use
- **Shared Provider trained in Nicotine CessationConsultation**
  - One-time virtual consult (additional support can be provided)
  - Provider places referral order (Epic)
  - Recommendations sent back to referring provider
- **Collaborative Care pilot**
  - Patients and families seen by early career therapist
  - Therapist meets with psychiatrist every week
  - Psychiatrist makes recommendations back to pediatrician

UPMC | CHILDREN'S COMMUNITY PEDIATRICS

# Quality: Pediatric Primary Care Behavioral Health Skills

- **Assess, diagnosis, provide brief intervention, and monitor mild-moderate behavioral health concerns**
- **Provide evidenced based/protocol driven care when appropriate**
- **Utilize validated BH screening tools (Children/Adolescents/Perinatal)**
- **Provide Trauma informed care**
- **Recognize lifestyle/familial/environmental factors/SDOH that contribute to behavioral health concerns**
- **Provide tailored approaches to development and psychosocial needs in adolescent patients**
- **Assist children/families in obtaining appropriate level of behavioral health services**
- **Prescribe and Manage medication for anxiety, depression, and ADHD (SSRI, Stimulants, Alpha-Antagonist).**
- **Address BH needs at the same level as medical needs.**
- **Care Planning**
  - **Follow Safety Assessment/Suicide Protocol – Creating Safety Plans**
  - **Post ER/Hospitalization Follow up - Be able to bridge a patient's medication needs post hospitalization with assistance of CCPBH Care Team --embedded therapist, TIPS Psychiatry (when appropriate).**
  - **Utilize Care Management**

***As defined by the AAP, pediatricians should demonstrate these foundational skills in pediatric primary care practice. Review: Mental Health Competencies for Pediatric Practice | Pediatrics | American Academy of Pediatrics (aap.org)**

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# What's Next?

## What do Pediatricians Need/Want?

- Patients to have access to high quality behavioral health care integrated into their office.
- Ability to connect their patients to different levels of behavioral health supports
- Psychiatry
- Safety Net

## What are the barriers?

- Financial/Physical Space
- Credentialling/Insurance
- Time/Workflow
- Variability among practice implementation

## Ideas

- Data to prove successful outcomes
- Technology – patient self management
- Improve Workflow/Understanding and Utilization of Services
- Expansion of population health monitoring

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# Question and Answer

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# Thank you!

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