WCAAP Position Statement on Project 2A: Behavioral Health Integration into Primary Care | 2017

Integrating behavioral health care within primary health care for children and adults is essential to providing timely access to care and improving overall health. Half of adults with behavioral health disorders developed symptoms by adolescence, cementing the importance of good pediatric care in addressing all behavioral health care needs. Although one out of every ten children is diagnosed with a behavioral disorder compromising functional ability, only 20% of these children receive adequate mental health services. An additional 16%-25% of children experience behavioral health problems not rising to the level of diagnosis. Barriers to diagnosis and treatment include shortages of behavioral health providers; inadequate insurance coverage for their services; poor communication between medical and behavioral health providers; and insufficient clinician training in diagnosis and management.

The primary care provider (PCP) office is integral to providing behavioral health care. Nearly 20% of all PCP visits are for behavioral concerns, and PCPs prescribe the majority of psychoactive medications. Many patients are referred to specialist behavioral health providers and agencies, but studies show that most patients only make a single appointment with specialists or may not follow through on the referral at all.

The WCAAP advocates for Washington State and the Accountable Communities of Health (ACHs) to invest in evidence-supported behavioral health care within primary care for children in our state. The Bree Collaborative minimum standards and the collaborative care model set out as a standard in the Waiver Toolkit is an evidence-supported model employing critical principles for success, including: practice-based and telemedicine-based behavioral health providers working closely under the guidance of PCPs and psychiatry consultants; brief interventions; consultation on psychotropic medications and appropriate psychotherapies; and population health tracking over time. It is essential that these elements of integrated care be appropriately applied to children and that waiver dollars are utilized to employ this model for children. Collaborative care for children would include the following elements:

- Staff support for an in-office or tele-accessed behavioral health provider (BHP).
    - Assist with care management and care tracking for the most high-volume behavioral health cases, including disruptive behavior disorders, ADHD, anxiety, and depression.
    - Assist with referral and follow-up for more complex patients, or those requiring long-term intervention.
- Brief evidence-supported psychotherapeutic treatments integrated with the medical home.
    - Brief psychotherapy for common conditions, prioritizing availability for new patients but not replacing more intensive, longer term care best delivered by behavioral health agencies The BHP collaborates with a (usually off-site) child mental health psychiatric consultant to support primary care office prescribing.
- Care tracking and referral assistance.
    - BHP and/or psychotherapist tracks care progress using evidence-based tools (e.g. PHQ-9, GAD-7) and actively adjusts treatment to reach outcome targets.
    - Identify and maintain relationships with community mental health providers.
    - Ensure reimbursement is obtained per quality and outcomes measures.

- Bidirectional communication of patient care plans between the primary clinician and behavioral health specialists.
    - Generate shared care plans for individuals, and facilitate medication management.
- We recommend that the ACHs set aside resources to support training and supervision for integrated behavioral health providers to improve access for Medicaid eligible children.

References and Resources for Mental and Behavioral Health Integration

AAP Chapter Action Toolkit: "Strategies for System Change in Children's Mental Health." 2007. https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/finalcak.pdf

Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Co-morbidity Survey replication. *Arch Gen Psychiatry.*2005;62 (6):593– 602.

"The Future of Pediatrics: Mental Health Competencies for Pediatric Primary Care." Committee on Psychosocial Aspects of Family Health and Task Force on Mental Health Pediatrics. July 2009, 124 (1) 410-421.

Washington State Robert Bree Collaborative. Behavioral Health Integration Report and Recommendations." March 2017. http://www.breecollaborative.org/about/reports/.