

Pediatric Integrated Health Care Manual

MDHHS Transformational Health Grant

Michelle Duprey, LMSW

Amanda Beck, LLPC

Debrah Lee, LLMSW

Starfish Family Services

Transforming the Health Care System through education, intervention, and collaboration with Primary Care to help Patients achieve their optimal quality of life.

Integrated Health Care (IHC) provides a full spectrum of behavioral and physical health services to patients utilizing a one location, one visit philosophy. Through the Michigan Department of Health and Human Services Transformational Health Grant, the Office of Integrated Health Care at Starfish Family Services sought to transform health care delivery to child and adolescent patients utilizing the Pediatric Integrated Health Care Implementation Model created by Michelle Duprey, LMSW. Pediatric Integrated Health Care seeks to provide services that address the whole body health and wellness of pediatric patients. To achieve this fundamental change in the conceptualization of patients and quality patient care, Behavioral Health Consultants (BHCs) were placed in pediatric primary care settings to provide direct services to patients – facilitating early detection, diagnostic clarification, and appropriate referrals for behavioral health concerns including anxiety, depression, ADHD, and trauma, as well as providing evidence-based brief interventions related to health behaviors – for example, healthy lifestyle choices and medication adherence. The BHCs also guided the integration of pediatric practices through education, collaboration, and intervention.

Education. With the shared goal of providing patients with a more comprehensive approach to health care, the BHCs provided education regarding the value of IHC and the integration process to clinic administration and medical staff.

Collaboration. Together, the BHCs and the medical providers implemented a new workflow integrating behavioral health screenings and assessments to further engage their patients in addressing behavioral health concerns during their visit.

Intervention. Utilizing their time and unique expertise, BHCs worked as on-site consultants to medical staff in the assessment and management of patient's behavioral health needs – providing brief behavioral health interventions to patients during their appointments.

Through its implementation, the Pediatric Integrated Health Care Model is **removing the silos that prevent whole body health and wellness by guiding medical practices through physical and behavioral health care integration.** Included in this manual is information that represents practical experiences of integration at the following pediatric clinics and school-based health centers:

Primary Care Clinic	School-Based Health Center
Brentwood Pediatrics	Beaumont – Adams Child & Adolescent Health Center
Henry Ford Medical Center – Ford Road – Child and Adolescent Medicine	Beaumont – Westwood Teen Health Center
Henry Ford Medical Center – New Center One Detroit – Pediatrics	Beaumont – Romulus Teen Health Center
Woodhaven Pediatrics	Beaumont – River Rouge Teen Health Center
Oakwood Healthcare Center – Garden City – Family Medicine & Pediatrics	Beaumont – South Redford School-Based Health Center

Environmental Analysis and Organizational Readiness

Best Practice: Educate potential clinics about IHC and the services available through the Office of Integrated Health Care. This can be done informally by dropping off information folders, a one-on-one meeting, and/or a lunch and learn opportunity.

Lessons from the field... Know your audience and target the education about IHC accordingly. For example, pediatricians may be interested in potential time savings, while medical assistants may be more interested in the management of behavioral health referrals.

Best practice: Formally address the integration process with stakeholders and medical staff. Assess their readiness based on their existing procedures, questions, and interest level.

Lessons from the field... Always speak the medical staff's language to build rapport and gain credibility. Use medical terminology and common medical acronyms (and avoid using behavioral health jargon and acronyms.)

Best practice: Identify "champions" or members of the practice's staff who are interested in being leaders throughout the integration process.

Lessons from the field... Get the entire team involved by selecting champions from a number of different roles, including administration, providers, medical assistants, etc.

Sample Documents

Appendix A: Recommended websites and resources for information on Integrated Health Care

Implementation Plan

The Pediatric Integrated Health Care Implementation Model consists of two tiers – comprised of five task areas – that are implemented by a BHC through collaboration with the primary care team in a progressive, non-linear approach. Tier one relates to the basic integration activities and tier two involves more advanced activities. There is no strict timeline in which the tiers or tasks need to occur as the process is highly individual to the setting in which the model is being implemented.

For a comprehensive guide to the implementation of the Pediatric Integrated Health Care Model, please refer to the manual created by Michelle Duprey (LMSW, Director of Integrated Health Care, Starfish Family Services) referenced under the sample documents for this section. This publication will be available for purchase at a future date.

Implementation Model – Tier One

Tier One: Educate

Pediatric Integrated Health Care, including relevant evidence-based information and models, is introduced to relevant stakeholders and all staff. Education regarding the benefits of Pediatric Integrated Health Care is done formally to increase provider and staff awareness and investment in the transformation of health care delivery, as well as informally as integration progresses.

Lessons from the field... Based on the setting, meetings may be held with different groups of stakeholders and staff; however, everyone must eventually be aware of the fundamentals of Pediatric Integrated Health Care. In a school-based health center, relevant stakeholders may include school administrators, such as the principal, or school counselors. In major medical and private pediatric settings, relevant participants may include everyone from the office manager and biller to the front desk staff.

Tier One: Logistics

To introduce a BHC to a new primary care setting, there are logistical considerations such as a Memorandum of Understanding (MOU) or contract, space, scheduling, and Electronic Medical Record (EMR) access that need to be addressed. BHCs conduct assessments of current workflow – the process a clinic uses to move a patient through their visit – for each clinic site and facilitate appropriate adjustments.

Lessons from the field... Some logistical considerations, such as the MOU and space, should be addressed before the BHC's "start date" at a clinic. Logistics such as EMR access and scheduling may be addressed at a later date.

Tier One: Develop & Implement

Following an assessment of existing workflow, the BHC will provide appropriate information such as screening tools or psychoeducation materials, establish procedures, and determine a new workflow through collaboration with the staff for the benefit of the staff and patients.

Lessons from the field... Pediatric Integrated Health Care is a different concept for patients and their families. Facilitating the integration of the model also includes having information available so that patients and families know that they may ask their provider to speak with a BHC.

Tier One: Workflow Review and Adjustment

Adjustments to the workflow are made throughout the integration process based on feedback from staff and patients.

Lessons from the field... Feedback regarding workflow may be obtained informally through conversations with providers and patients; however, a formal method of providing feedback – such as anonymous satisfaction surveys – may provide valuable insight as well.

Tier One: Evaluate

Throughout the process of implementing Pediatric Integrated Health Care, the BHC continues to examine the effectiveness of implementation through a review of initial goals and objectives, determining and reviewing positive outcomes, and indicators of success.

Lessons from the field... It is important to share results from the evaluation and patient success stories with the staff. This could be done briefly in a team huddle, staff meeting, or an e-mail blast.

Implementation Model - Tier Two

Tier Two: Educate

The BHC provides education on topics related to integrated health care, including health behavior referrals, common health concerns, population health, the mind/body connection, and staff development.

Lessons from the field... School-based health centers – with their smaller staff size – provide a unique educational environment. In this setting, the BHC is able to work closely with both physical health and mental health providers to promote greater understanding and appreciation for the connection between behavioral and physical health concerns that arise in the pediatric setting. Educational opportunities may include staff meetings or lunch and learns. Ultimately,

providers in an integrated school-based health center will have the tools and ability to train incoming staff on the Pediatric Integrated Health Care model unique to their site.

Lessons from the field...in primary care clinics education can be provided during lunch and learns and team meetings but it is likely the BHC will be given a shorter amount of time and it may not always be possible for everyone to attend. With this in mind, the BHC must work to deliver a concise message in a short period of time. Handouts with bullet-points or infographics should be created to summarize the information. Handouts will help keep the BHC deliver a targeted message and can also be quickly reviewed with staff members who were unable to attend on an individual basis.

Tier Two: Logistics

The BHC continues to work with providers and staff to fit Pediatric Integrated Health Care into the practice by addressing concerns such as scheduling, resources for the PCP, and managing referrals.

Lessons from the field... In an integrated system, medical providers play a key role in identifying patients with behavioral health concerns – having a BHC onsite will not replace that responsibility. Educating providers on the BHC's role and scope of practice is an ongoing process. Medical staff also learn to utilize the BHC for behavioral interventions for behaviorally driven physical health concerns as well.

Reflection: "When we started the process of Integrated Health Care, we had a specialist, and I think most of us did not know how to use her properly. I think occasionally with the obvious child who was having a problem we'd reach out and have her come see a kid....reflecting back, I think we got more used to the process it became a more proactive process in fact, looking for things or seeking out a parent's issues as opposed to just seeing if it was just going to come up at all."

- Dr. Van Momon, Pediatrician and Division Head
Pediatric and Adolescent Medicine, Henry Ford Medical Center – Ford Road

Tier Two: Develop & Implement

The BHC continues to develop tools, procedures, and implement a functioning workflow. This may be achieved through collaborative communication both within and outside the clinic.

Lessons from the field... It is helpful to compile handouts and brochures for commonly used community resources in order to provide quick referrals to patients. These resources should be easily accessible to all staff. It may be necessary to create your own handouts for the specific needs or concerns of your population. For example, a rack-card was created for teens about Internet health literacy, "The Best Health Info Online." Feedback was gathered from teens about the layout, design, and text.

Tier Two: Workflow Adjustment

Utilizing feedback from staff and patients, as well as outside sources, the BHC continues to monitor all procedures and adjust workflow barriers.

Lessons from the field... Integration is a continuous process, and it is important to anticipate and be prepared to address workflow barriers that may arise even after the workflow has been “going well” for a period of time. A mid-way evaluation meeting may be helpful to provide staff with a more comprehensive understanding of what has been completed and what lies ahead, i.e. an area for growth. A formal progress report that includes utilization data, completed objectives, and areas for continued growth may be used to further clarify this task.

Example of Area for Growth: Increase referrals related to health behaviors such as medication adherence, obesity/nutrition, risk behaviors, reproductive health, etc.

Tier Two: Evaluate

The BHC continues to examine the effectiveness of implementation by reviewing goals and outcomes, as well as measures of success. Other relevant indicators may include financial and utilization data.

Lessons from the field... Evaluation is a continuous process, and it is as important to obtain provider feedback and satisfaction as it is to obtain patient feedback and satisfaction. The evaluation process is one way to facilitate a discussion among staff regarding successes, challenges, goals, and changes to the workflow.

Sample Documents:

Pediatric Integrated Health Care Implementation Model: One Location, One Visit
Developed by Michelle Duprey, LMSW, Integrated Health Care Director, Starfish Family Services
Availability: for purchase, date TBD

Appendix A: Recommended websites and resources for information on Integrated Health Care

Appendix B: Recommended websites for information on pediatric physical and behavioral health concerns

Appendix C: Sample final report – River Rouge School-Based Health Center

Appendix D: ADHD protocol

Appendix E: Psychoeducation handout – parenting

Performance Monitoring & Feedback

Best practice: Establish both short and long term goals intermittently throughout the implementation process – including goals inherent to the implementation of PIHC and those identified by providers and staff. Involvement of the clinic staff is crucial to the development of final goals and objectives in transitioning from a non-integrated to a fully integrated clinic. The formation of goals may occur in the initial education phase of the implementation model and will subsequently be revisited during available opportunities, such as staff meetings.

Lessons from the field... All providers and staff in the clinic should be aware of the goals and objectives for the clinic and be kept informed of the progress toward those goals in order to maintain momentum and sustainability. A graphic that depicts the goals can be useful to be posted in a staff area.

*Example of Goals: Provide anticipatory guidance to children, adolescents, and families;
Refer to specialty mental health*

Best practice: Develop a continuous quality improvement process – i.e. workflow adjustment. Each clinic will determine specific outcomes related to data collection at the beginning of the process and this metric can be adjusted over time to track service provision by the BHC.

Lessons from the field... Determine the data to be tracked monthly at the beginning of the implementation process. Common data points may include:

- Number of patients seen face to face by BHC
- Number of referrals made by provider (per provider)
- Number of referrals to mental health services (including level of care)

Best practice: It is valuable to collect data at different points during the implementation process, including pre- and post-implementation data. This information is relevant to demonstrating potential impacts as well as providing guidance in the identification of areas for growth.

Lessons from the field... Pre-implementation surveys may be utilized with both providers and patients. When used with patients, it may be helpful to design a tool that can also serve as a needs assessment. For example, a patient survey may include a question allowing patients and families to identify behavioral health concerns that they are currently experiencing or would be helpful to discuss. This information can be used by the BHC to prepare psychoeducational materials and additional clinic goals. Surveys with providers can be used to identify perceived

barriers to the implementation process that can be used by the BHCs as they guide clinics through integration.

Sample Documents

Appendix F: Sample parent feedback survey

Marketing & Communication Plan

Best practice: Know your story. Create a “why statement” that exemplifies the significance of IHC.

Lessons from the field... Invite your partners to share their stories as well:

“I truly believe that having the integrated BHS is a necessary part of a large office that we have with so many people and so many needs.”

- Dr. Kathleen Blumer, Pediatrician
Pediatric and Adolescent Medicine, Henry Ford Medical Center – Ford Road

“It has been a great success we have seen outstanding outcomes, patient satisfaction rates, but more so than anything it provides an additional opportunity for the students to really have their needs met.”

- Jeff Cook, Child & Adolescent Health Director
Beaumont Health System

“The future of integrated health... I would love this to be in every pediatric office there is – definitely.”

- Dr. Van Momon, Pediatrician and Division Head
Pediatric and Adolescent Medicine, Henry Ford Medical Center – Ford Road

Best practice: Invite others to be part of your success – use connections from relevant organizations and/or systems that have already been implemented. Marketing plans for the education of physicians, the community, and behavioral health systems on the importance of Integrated Health Care are essential.

Lessons from the field... Through the Transformational Health Grant, the Office of Integrated Health Care at Starfish Family Services created a video demonstrated the impact of the office’s work that will be widely distributed to the community through email and social media. Not all members of the physical and behavioral health community are aware of the importance of integrated health care. Many marketing materials are designed to also advocate for the importance of integrated health care.

Best practice: Create marketing materials such as posters, brochures, rack cards, and videos to educate patients and providers about the program. The Office of Integrated Health Care created a number of marketing and educational brochures, boards, and packets to help educate patients, physicians, and the community. These materials are used at each clinic site.

Sample Documents

Starfish Family Services Office of Integrated Health Care. (2016, May 23). *Starfish Office of Integrated Health Care* [video file]. Retrieved from <https://www.youtube.com/watch?v=IfHOBvXYD-o&feature=youtu.be>

Appendix G: Anti-stigma poster

Appendix H: FAQ for potential partner clinics

Sustainability

Best practice: View grants as only short term "pilot funding". There are some billing codes that may be used to reimburse the work that is done by BHCs, primarily in Federally Qualified Health Centers (FQHC). There is a continued need for advocacy to allow for the work that is done by BHCs to be considered billable in primary care settings that are not FQHCs. Mental health carve outs, credentialing with insurance panels, and billing Medicaid Qualified Health Plans (QHP) continue to be a concern for services that can be provided for people with mild to moderate behavioral health issues.

Lessons from the field... The data that is collected regarding utilization of the BHC may be used as an advocacy tool for BHCs to be able to bill QHP codes that will not take away from the twenty allowable mental health visits for patients. Similarly, the data on BHC utilization may be used to demonstrate increases in productivity, which may ultimately translate to increased revenue.

Best practice: Develop multiple revenue streams. Grants are still necessary for complete Integrated Health Care implementation in the community.

Lessons from the field... Financial analysis indicates that the BHC role is only partially sustainable through billing. While there are alternative models – where a BHC may also assume a dual role as a therapist to offset some of the cost – at this point in time, grants are necessary for sustainability.

Best practice: Partner with larger organizations and communities

Lessons from the field... Starfish Family Services has developed a relationship with the Integrated Health Care Learning Community at the University of Michigan's School of Social Work. Scholars from the IHC program are placed at community sites that are transitioning towards the IHC model for practicum experience. Once trained, and with continuing supervision, interns can be part of a successful sustainability plan.

Sample Documents

Appendix I: SCHA-MI behavioral health billing codes

Appendix A

Recommended websites and resources for information on Integrated Health Care

SAMHSA-HRSA Center for Integrated Health Solutions

Website: <http://www.integration.samhsa.gov/integrated-care-models>

SAMHSA-HRSA: Center for Integrated Health Solutions. (2015). A Quick Start Guide to Behavioral Health Integration for Safety-Net Primary Care Providers. Retrieved from http://www.integration.samhsa.gov/integrated-care-models/CIHS_quickStart_decisiontree_with_links_as.pdf

Cherokee Health Integrated Care Training Academy

Website: <http://www.cherokeehealth.com/>

University of Michigan School of Social Work

Web-Based Certificate in Integrated Behavioral Health and Primary Care

Web-Based Certificate in Pediatric Integrated Health Care

(2012). Wayne County Pediatric Integrated Health Care Concept Paper. Retrieved from http://www.integration.samhsa.gov/integrated-care-models/2012_Wayne_County_Peds_Four_Quad_Integration_Concept_Paper.pdf

Appendix B

Recommended websites for information on pediatric physical and behavioral health concerns

SAMHSA-HRSA Center for Integrated Health Solutions – Children and Youth

Website: <http://www.integration.samhsa.gov/integrated-care-models/children-and-youth>

HealthyChildren.org

Website: <https://www.healthychildren.org/English/Pages/default.aspx>

KidsHealth

Website: <https://kidshealth.org/>

Child Mind Institute

Website: <http://childmind.org/>

ZERO TO THREE

Website: <https://www.zerotothree.org/>

Appendix C

Sample final report – River Rouge School-Based Health Center

**MDCH- Transformational Health Care Grant
Office of Integrated Health Care
Starfish Family Services
18316 Middlebelt, Livonia, MI 48152**

**Site: Beaumont Teen Health Center River Rouge
Final Report
BHC: Amanda Beck, MA, LLPC**

MOU Completed: 07/31/15

Start Date: 01/04/16

Completion Date: 05/17/16

Office of Integrated Health Care Mission:

Transforming the Health Care System through education, intervention, & collaboration with primary care to help Patients achieve their optimal level of quality of life.

Introduction:

The Office of Integrated Health Care at Starfish Family Services partners with providers in primary care settings to transform the way in which health care is delivered to child and adolescent patients by providing a full spectrum of behavioral and physical health services in one location, in one visit.

From January 2016 through May 2016 a Behavioral Health Consultant (BHC) was made available to the Beaumont Teen Health Center River Rouge and served as a consultant to the Nurse Practitioner (NP) in the assessment and management of behavioral health needs. The BHC worked to provide patients with a more holistic approach to health care – one that addressed both behavioral and physical health needs.

Additionally, the BHC partnered with the Teen Health Center to implement their goals for patient care including:

- A) Understanding of behavioral health and why it needs to be utilized
- B) Follow-up referrals
- C) Patient/parent satisfaction
- D) Having teens become involved in their health through technology

Included in this Final Report is information that represents what was accomplished during this timeframe as well as recommendations for the future.

Integrated Health Care

Below is a table describing factors of a practice that is providing integrated health care. As you can see, upon initial assessment of the Teen Health Center it was clear that the common factors of a successful integration were already in place; the clinic had a part-time therapist, there were plenty of brochures on behavioral health topics and RAAPS screenings were being given to all patients etc.

Common Factors of a Successful Integration
Doctors are talking to patients about Behavioral Health Services
Staff are referring to BHC
Staff are asking questions about Behavioral Health
Staff are reminding patients to fill out screening forms
Screenings are being completed
Patients are asking for Behavioral Health Services
Integrated workflow procedures are part of new staff trainings
Behavioral Health services are viewed as a routine component of the practice and the patient experience

The Role of the BHC

During the integration period, a temporary BHC was made available to the Teen Health Center.

The BHC has the knowledge, tools and the expertise to:

- Provide functional, short assessments & support for PCP screenings
- Provide short, focused interventions with 1-5 follow up sessions
- Provide psycho-education & supportive materials/tools for all identified issues
- Provide anticipatory guidance
- Provide follow up services/care coordination for behavioral health referrals

Clinic Workflow

The NP continued to provide the majority of assessments, psycho-education, brief counseling for mild concerns and referrals to the therapist or nutritionist for concerns with greater severity for

most all identified physical and behavioral health issues. In addition to the Site Totals below the BHC completed a number of other activities, including clinic outreach and professional development.

Site Totals:

Total # patients seen by BHC	19
# of Functional Assessments provided by the BHC	1
# of patients referred to Outside services	12
# of follow up visits	12
Number of days per week in the clinic	2

Integration Initiatives Specific to River Rouge Teen Health Center

Update and enhance the clinics behavioral health resource including their directory of community agencies/resources, psycho-education materials and mental health assessments.

- Resources gathered at local community resource fairs
- Created a sustainable and user friendly collection of community resources
- Posters: Provided IHC posters to Clinic in rooms and in waiting room
- Organized Psychoeducation Binder for site review
- Organized Site-Review Binder
- Created Condom Access Cards
- Addressed through HVP text message reminder system

Complete outreach activities that increase patients/school's awareness of behavioral health issues.

- ✓ Attended Advisory Board meetings
- ✓ Lunch Table Promotion
- ✓ Engaged 112 students in THC promotion through giveaways, conversation and parent consent distribution
- ✓ Distributed 110 pieces of psycho-education RE: Heathy Snack/Whole Grains

Provided behavioral health resources and trainings to staff

- ✓ Completed Lunch and Learn behavioral health trainings
- ✓ Provided therapists with a number of resources, books, and psycho-education posters

Formal Assessment and Evaluation

- ✓ A formal assessment of the clinics integration was provided to the Integration Champions; Maureen Murphey, NP on 4/18/2016. Having reviewed the status of their goals the clinic was satisfied with their current practices regarding integrated services. Final tasks for the BHC to complete prior to project completion were identified.

Additional Activities:

- ✓ Informational Meeting with Medicaid Coordinator at the Information Center
Created Packets for Consent Forms
- ✓ Beaumont HealthStreams:
Hazard Communication Updates, Use of the Stryker Evacuation Chair, Oakwood Health- IT Manage Your Outlook Account, How to Keep Patient Data and Oakwood Information Private and Secure, Infection Control, What Everyone Needs to Know about Patient Safety, New Employee Orientation Survey, OHI Mission, Vision, Values, CREDO, Code of Conduct, Behavioral Standards Acknowledgement, Hand Hygiene, Feedback Pro Complains and Compliments, Environment of Care ,Corporate Compliance Refresher, Conflict of Interest and Gifts, Confidentiality Acknowledgement ,Clinical Language Services, Back Safety & A Guide to HealthStream
- ✓ RAAPS Screening Conversion
- ✓ Attended American Counseling Association National Conference, Cherokee Behavioral Health Consultant Training and the Adolescent Health Initiative Conference

Clinic Strengths

- ✓ Patients/parents are generally receptive to behavioral health services provided directly out of the school health center care due to; easy access, low/no cost services, confidential services and the stigma associated with outside mental health.
- The majority of integration objectives were met prior to the integration of the BHC, for example; posters and rack-cards on behavioral health, common health problems and mental health topics.
- RAAPS screening is completed by 100% of patients.
- LGBTQ Affirmative clinic

- Clinic is completing outreach activities to encourage more teens to utilize the clinic more often
- Clinic representative provides educational groups that address common behavioral health concerns expressed by students.
- Clinic staff approach challenges as opportunities for growth
- Clinic staff take pride in their work, maintain positive attitudes and value teamwork

Recommendations

- In the absence of a BHC, the Teen Health Center's therapist should absorb the BHC role including patient interventions that take place in the exam room and providing consultation to medical staff.
- Website inclusion of information regarding teen's right to *confidential* physical and mental health services.
- If the medical staff continues to provide the majority of behavioral health counseling, continued or advanced training in Motivational Interviewing is recommended.

Other Beneficial Trainings: Mental Health First Aid, Anxiety, Trauma Responses, PS Reporting/working with DHS Protective Services and the impact of foster care placements.

Additional Materials Provided in this Report:

- Baseline Clinic/Site Information
- Integration Report
- Review of IHC Notes from 4/11/16

Submitted by: Amanda Beck, MA, LLPC
Behavioral Health Consultant
Starfish Family Services

Appendix D
ADHD protocol

ADHD protocol

BHC role: the BHC will confirm that a patient meets DSM-5 criteria for ADHD and will distribute & interpret information obtained through secondary sources, i.e. Vanderbilt screening tool

The BHC will provide:

- psychoeducation re: ADHD
- guidance to appropriate services to address patient/family concerns
- behavior management strategies for ADHD

1. Refer to BHC for any concern related to ADHD
2. BHC will conduct a brief assessment:
 - a. If complex, BHC will refer out to appropriate services
 - b. If not ADHD, BHC will provide appropriate intervention/referral to services
 - c. If ADHD likely, BHC will provide Vanderbilt screening tools with instructions
3. Parent/teacher Vanderbilt screenings should be brought/faxed to clinic as soon as completed – if verified by screening tool, BHC will follow-up to inform parent to proceed with appointment with PCP for medication management
 - a. BHC will inform parents that lab work: blood and EKG are required before prescription of medication
4. Medication management appointment will be scheduled with provider, BHC will coordinate with parents to identify behavioral goals/measures/follow-up Vanderbilt screening tools
 - a. Parent/patient can continue to follow-up with BHC re: behavior management
 - b. Pt/parent should schedule intermittent f/u to monitor effectiveness of medication

Appendix E
Psychoeducation handout – parenting

Parenting Tips for Managing Child Behavior

→ **Model behaviors** you would like to see in your children.

Children learn by watching everyone around them, especially their parents. When you use manners and good coping strategies, you teach your children to do the same.

- *Point out sharing among adults.*

"Daddy is sharing his drink with mommy. Good job sharing, daddy."

- *Model good ways to calm down.*

"Mommy is really frustrated right now. Please help me calm down by taking 10 deep breaths with me."

- *Teach children to say how they feel.*

"It looks like you're feeling sad."

→ **Think about the goal of the misbehavior:** Children misbehave for a reason, such as stress, need for nurture, or frustration.

- Enforce consequences, but later meet the need that may have triggered the bad behavior.
- When children get enough *positive attention* from you, they don't need to act out to get attention.

Try to stay calm and don't take it personally. Usually, children don't misbehave to "get" you, but their behavior will worsen when you get angry and yell.

Take a deep breath! Calm problem solving works better than accusations and punishment.

BEHAVIOR + ATTENTION = MORE BEHAVIOR

The best way to improve behavior is to **give children a lot of attention when they are doing something you like and remove your attention when they're doing something you don't like.**

Describe the positive behavior and praise the effort. (*Praise behaviors instead of traits.*) Use repetition to continually reinforce good behavior. For example,

"Good job listening the first time!"

"Good job using your inside voice!"

→ Build structure and routine into your child's day.

→ Use discipline strategies (removing privileges, time out, reward system) to guide and teach instead of punish – be **consistent!**

→ **Be prepared** – anticipate and plan for situations and your child's behavior. Misbehavior can sometimes be avoided by giving *clear and simple* instructions.

GIVING YOUR CHILD INSTRUCTIONS

- Keep instructions **short and to the point** – fit the developmental age of the child
- Always **role model** – use your manners and say "please" and "thank you"
- **Never** frame instructions as a question – don't give your child the chance to opt out
- Give your child **simple choices**
- Get your child's attention before giving instructions: *get down on their level, say their name, make eye contact, gently touch their arm, and use a stronger voice so they notice a difference in your tone*
- **MOST IMPORTANT:** praise your child for following instructions (or attempting to)

Appendix F
Sample parent feedback survey

1. What is your children's ages: _____ yrs

2. Do the providers at in this practice...	<i>Definitely Yes</i>	<i>Mostly Yes</i>	<i>Mostly No</i>	<i>Definitely No</i>
a. <u>listen carefully</u> to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <u>explain things</u> in a way you can understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ask about your child's <u>behavior or emotional</u> health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <u>spend enough time</u> with you and your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. give <u>practical advice</u> about parenting your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. address <u>all</u> your questions or concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. The providers at New Center One are working with a behavioral health consultant, who can talk with parents and children about a variety of behavior issues. What topics might be helpful to you or your child? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> child feeling very sad or worried | <input type="checkbox"/> problems with schoolwork or organization |
| <input type="checkbox"/> temper tantrums / anger | <input type="checkbox"/> parent stress / family conflicts |
| <input type="checkbox"/> getting along with other children | <input type="checkbox"/> autism and/or developmental delay |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Other _____ |

4. When you bring your child to a visit, do you...	<i>Often</i>	<i>Sometimes</i>	<i>Rarely/Never</i>
a. bring a list of questions you want to ask the doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ask about your child's behavior or emotions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. wish you had more time to talk with a provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. leave with some questions that were not answered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. feel like you didn't get as much help as you wanted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix G
Anti-stigma poster



Choir member.
Animal lover.
Overachiever.
I am not my mental illness.

Over 20% (1 in 5) of youth have a **mental disorder.**

Issues with panic attacks, depression, and anxiety are not things a teenager can simply "get over" or "deal with."
I asked for help.

EDUCATE. HEAL. EMPOWER.
Erase the stigma of living with...
MENTAL ILLNESS


STARFISH
FAMILY SERVICES

We can help!
Ask to speak with a Behavioral Health Consultant today!



Appendix H
FAQ for potential partner clinics

The Office of Integrated Health Care

Frequently Asked Questions

➤ **What is The Office of Integrated Health Care?**

The Office of Integrated Health Care is the result of a 3 year grant provided by the Michigan Department of Community Health and the Michigan Department of Education and is affiliated with the Michigan Primary Care Association. The purpose of the grant is to fund transformational health care delivery models for children and adolescents throughout the State of Michigan. Starfish Family Services was awarded the grant based on our proposal to provide integrated health care services to Pediatric and/or Family Medicine clinics to support their goal of moving from a non-integrated clinic to a fully integrated clinic.

➤ **What is Integrated Health Care?**

Integrated Health Care is no longer a concept. It is a way of providing health care and doing business. It provides for the patient to receive the full spectrum of behavioral health and physical health services in one location, in one visit. Primary Care and Behavioral Health services are provided together, at the same site where the Behavioral Health Consultant (BHC) and the PCP are part of the same team with one treatment plan and a shared medical record. The role of the Behavioral Health Consultant is to serve as a consultant to the PCP and assist them with assessment and management of psychological health needs through short, focused interventions, skill training and resource linking/coordination. The BHC will also work with patients who have physical health needs that are impacted by their behaviors.

➤ **What does the Office of Integrated Health Care offer?**

Starfish Family Services has developed an Integrated Health Care Implementation Model that will be utilized by a Behavioral Health Consultant to provide the tools, staffing and technical assistance to fully integrate a non-integrated health care clinic.

➤ **What are the eligibility guidelines for a clinic to participate in the grant and become an integrated clinic?**

The clinics that will be chosen to participate in the grant and receive the Behavioral Health Consultant services will be Pediatric or Family Medicine clinics that have a high volume of children and adolescents. The clinics must accept Medicaid insurance. The main focus of the grant is to provide integration services to clinics that might not otherwise have the resources (knowledge, finances, and tools) to integrate their clinics. Most FQHC's, Hospital clinics and University Clinics will not qualify due to the availability of resources, however each site will be considered on an individual basis and decisions will be made based on available resources identified.

➤ **What makes Starfish Family Services qualified to help integrate a clinic?**

Starfish Family Services (SFS) is a leader in Pediatric Integrated Health Care in Wayne County. The agency has had an integral part in shaping and advocating in the county and the

State though the involvement and partnerships with the Detroit Wayne County Community Mental Health Systems of Care and the Wayne County Integrated Health Care Collaborative. SFS chaired the Wayne county Pediatric Integrated Health Care workgroup and Michelle Duprey, SFS's Integrated Health Care Manager, was the lead author in the "Wayne County Pediatric Integrated Health Care Concept Paper" which is included in this packet. Michelle Duprey also created the Implementation Model and has facilitated a demonstration project funded by the Flinn Foundation to integrate 4 Pediatric clinics Wayne County.

SFS is also currently partnered with our local Federally Qualified Health Center to develop and manage the behavioral health services at their two sites.

➤ **If a clinic is chosen as a site, how long will the Behavioral Health Consultant be at our clinic?**

Each clinic is different and unique and there is no set time schedule for implementation. We will be with the clinic for as long as it takes to implement all aspects of the implementation model, but in general, implementation should take from 6 to 12 months. The Behavioral Health Consultant will work with each practice to develop an individual sustainability plan and technical assistance will be available to all sites for the life of the grant.

➤ **Does the grant have an evaluation component?**

Yes, the program and the implementation model will be evaluated by the University of Michigan. The Behavioral Health Consultants will provide most of the data to the evaluators, but the practices will likely have to participate in some pre and post assessments and satisfaction surveys; however, the evaluation plan has not yet been finalized.

➤ **What are some other benefits of participating in this grant?**

As a participant in the grant, the practices will also have the opportunity to become a member of WCHAP (Wayne Children's Healthcare Access Program). WCHAP is a proven medical home improvement model that works to improve quality, access and child health outcomes; strengthen provider, family and community partnerships; and reduce costs and advance systems change. By becoming a member of WCHAP, patients have access to a number of health programs focusing on health issues such as obesity and asthma, parent education and support and provider education and support.

➤ **If we are interested in becoming a grantee site, what are the next steps?**

Please contact Michelle Duprey at **248-615-9730 extension 4033** or via email at **mduprey@sfish.org** and an informational meeting can be scheduled for your team to hear more about the benefits of integrated health care and the implementation model. Once it is agreed upon to move forward, an MOU will be signed that will outline the expectations of both the clinic and the grant. A Behavioral Health Consultant will then be assigned to begin implementation at the agreed upon date.

Appendix I
 SCHA-MI behavioral health billing codes



Behavioral Health Billing
 Codes 2015

CPT Code	Code Description		Max Fee
90785	Add-on code to be used in conjunction with codes for primary service: psychiatric diagnostic evaluation (90791); psychotherapy (90832, 90834, 90837); and group psychotherapy (90853)		\$9.11
90791	Psychiatric diagnostic evaluation		\$72.31
90832	Psychotherapy, 30 minutes with patient and/or family member	30 minutes	\$36.05
90834	Psychotherapy, 45 minutes with patient and/or family member	45 minutes	\$47.35
90837	Psychotherapy, 60 minutes with patient and/or family member	60 minutes	\$70.13
90839	Psychotherapy for crisis, first 60 minutes	60 minutes	\$73.50
90840	Add on for each additional 30 minutes of psychotherapy for crisis, used in conjunction with code 90839	each additional 30 minutes	\$35.26
90847	Family psychotherapy, with patient present		\$59.03
90853	Group psychotherapy		\$14.26
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist the patient		\$49.33
**96101	Psychological testing (includes psycho-diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology eg, MMPI, RORSCHACH, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing report		\$44.37
96102	Psychological testing (including psycho-diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology eg, MMPI, RORSCHACH, WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face		\$35.46
96103	Psychological testing (including psycho-diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology eg, MMPI, RORSCHACH, WAIS), administered by a computer, with qualified health care professional interpretation and report		\$15.25
96110	Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report		\$9.20
96111	Developmental testing; extended (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report		\$71.32
**96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, e.g., acquired knowledge, attention, language, memory, planning and problem striving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing report		\$51.70
**96118	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales, CNS Vital Signs and Wisconsin Card Sorting Test), per hour of the qualified healthcare professional time, both face-to-face time administering tests to the patient, time interpreting and preparing report		\$54.28
96119	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales, CNS Vital Signs and Wisconsin Card Sorting Test), with qualified health care professional with interpretation and report		\$44.97
96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test, CNS Vital Signs), administered by a computer, with qualified health care professional interpretation and report		\$26.55

96150	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	15 minutes	\$26.00 15 min = 1 unit \$104.00 (4 unit max)
96151	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment	15 minutes	\$26.00 15 min = 1 unit \$103.00 (4 unit max)
96152	Health and behavior intervention, each 15 minutes, face-to-face, individual	15 minutes	\$25.00 15 min=1 u. \$96.00 (4 unit max)
96153	Health and behavior intervention, each 15 minutes, face-to-face, group (2 or more patients)	15 minutes	\$5.00 15 min(1 unit) \$22.00 (4 unit max)
96154	Health and behavior intervention, each 15 minutes, face-to-face, family (with the patient present)	15 minutes	\$24.00 15 min = 1 u. \$96.00 (4 unit max)
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15-30 minutes	15-30 minutes	\$33.41
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	>30 minutes	\$65.51

****Psychologists only**