Care Integration Opportunities in Primary Care for Children, Youth, and Young Adults with Behavioral Health Needs

Executive Summary

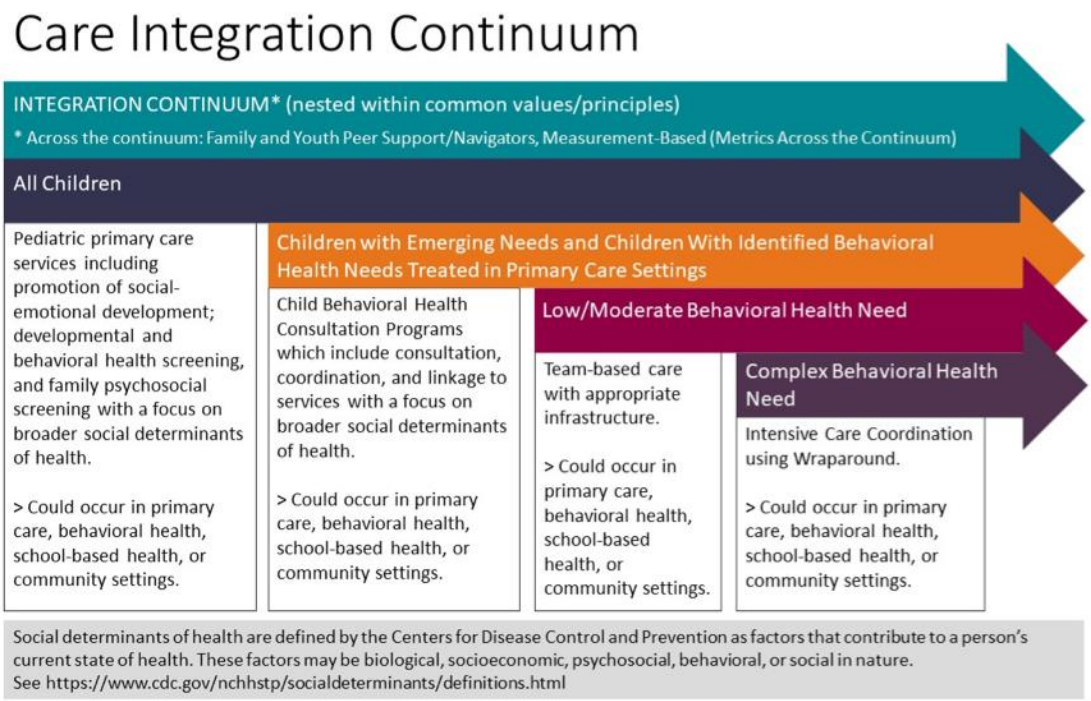
In June 2017, the National Technical Assistance Network for Children's Behavioral Health (TA Network) convened a group of experts to identify ways to improve the physical and behavioral health care integration continuum for children, youth, and young adults with behavioral health challenges enrolled in Medicaid, the Children's Health Insurance Program (CHIP), and other safety net programs. This document presents a summary of the main conclusions of that meeting; the full report can be found on the TA Network's website.

Background

Despite the growing understanding of the importance of care integration, there remains a lack of consensus in the pediatric primary care and behavioral health fields about the most effective integrative approaches for children. Building an effective care integration continuum is challenging because (1) the population is so diverse (for example, in age, race, ethnicity, severity of behavioral health condition(s), and level of involvement with other child-serving systems) and (2) children and youth differ meaningfully from adults in that they do not experience the same level of chronic physical health conditions, and require the engagement of caregivers and other systems such as schools to optimally address their care integration needs.

The pediatric care setting can provide an effective point of care integration for children and youth — three quarters of children with diagnosed mental health conditions are seen in a primary care setting and many families, particularly racially and ethnically diverse families, are comfortable accessing care through their pediatricians. However, primary care practices often struggle with managing child behavioral health conditions, and there is a dearth of literature examining which children could benefit from which care integration approach. Therefore, in the absence of substantial research, the intent of this meeting was to bring together experts to achieve consensus on the key elements of a care integration continuum for children, youth, and young adults with behavioral health needs.

The Care Integration Continuum



The graphic above represents a Care Integration Continuum that reflects the consensus from the expert convening. This continuum is intended to support developmentally appropriate care and seamless transitions as children's behavioral health needs change throughout their development, and incorporate family and youth peer support and system navigation.

The meeting participants also agreed upon a number of common values and principles that should underlie the continuum for all children, youth, and young adults in all settings. Their vision is for a continuum that is:

- *Family-driven and youth-guided* – Care should be guided by the child and family's assessment of their needs, strengths, natural supports, level of functioning, goals, etc. rather than dictated by the child's diagnosis.
- *Culturally and linguistically competent* – Care must be responsive to the community and the sub-populations served.
- *Trauma-informed* – All providers should have a familiarity with adverse childhood experiences.
- *Focused on health promotion, prevention, and recovery*, including a focus on social determinants of health.
- *Metrics-based, data-informed, and committed to continuous quality improvement* – The participants agreed that there should be a minimum core set of performance and outcome measures across the continuum, though they did not reach consensus on which measures should be used for this purpose. A list of possible measures is available on page 10 of the full report.
- *Team-based* – Team-based care operates under the principle that multiple health providers should work together with the patient and one another to meet shared goals. For children and youth with significant behavioral health conditions, a more intensive model such as Intensive Care Coordination with Fidelity Wraparound may be beneficial given that these young people are often involved in multiple systems.

Financing, Infrastructure, and Workforce

- *Electronic Health Records (EHR)* – EHR have the potential to track both individual and population health measures while providing a communication portal for families and caregivers, clinicians, and others involved in providing care. However, it is expensive to acquire, maintain, and customize such a system, which presents a significant barrier for some care providers.
- *Documentation* – Tools such as common consent forms, memoranda of understanding, and data-sharing agreements can facilitate a less disruptive experience for the child and family when systems are working together.
- *Strong staff partnerships* – Strong relationships among the team members involved in care coordination are critical. Practices such as cross-training, coaching, and mentoring can help build and support these connections. The inclusion of "practice extenders", such as community health workers, "system navigators", and peer support partners can also foster team-based care and contribute to culturally and linguistically competent care.
- *Financing* – As with other forms of behavioral health care, there is no one simple, straightforward way to finance integrated care. Doing so requires creative and resourceful approaches to fund the variety of services and supports that make up a robust continuum.
  - *Blending and braiding funds* – New Jersey and Milwaukee, WI implemented these approaches. (See full report for more details.) Strong political will and support from state leadership are necessary to succeed in this approach.
  - *Medicaid and managed care* – Increasingly, states are moving all Medicaid-enrolled children and youth into integrated managed care arrangements — risk-based approaches that include physical and behavioral health Medicaid dollars. A major goal of these arrangements is better integrated care at the child and family

level. However, in the absence of specific attention to the care integration needs of youth with behavioral health challenges, particularly those with serious behavioral health conditions, integrated, risk-based managed care arrangements do not necessarily lead to improved care integration at the practice level.

- *Value-Based Payment* – Value-based payment (VBP) arrangements, such as pay-for-performance or shared risk models that tie some portion of reimbursement to quality, costs, and/or outcomes, have the potential to lead to improved care integration. However, choosing appropriate measures to demonstrate these outcomes is challenging because 1) there is a lack of robust, nationally recognized child and youth behavioral health measures and 2) it is hard to attribute success or failure to any specific provider or agency given the integrated nature of the work.

Conclusion

Issues and challenges remain to achieve effective care integration for children with behavioral health challenges. However, the Care Integration Continuum that emerged from the expert panel provides a useful framework for national, state, and local policymakers and providers to identify the core components that need to be in place, as well as the values that should govern care integration approaches.

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