

# INTEGRATING BEHAVIORAL HEALTH AND PRIMARY CARE FOR CHILDREN AND YOUTH

## Concepts and Strategies



**SAMHSA-HRSA**  
***Center for Integrated Health Solutions***

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# KEY CONSIDERATIONS

This resource summarizes the key components of Integrating Behavioral Health and Primary Care for Children and Youth: Concepts and Strategies.

The full report details:

- ▶▶ Models for integrating care
- ▶▶ Five core competencies of integrated care systems that serve children with behavioral health issues
- ▶▶ State financing mechanisms to support integrated care for youth

All citations for information and statistics referenced in this overview are included within the full report.

To access the full report, visit <http://www.integration.samhsa.gov/integrated-care-models/children-and-youth>.

## An Unmet Need: Behavioral Health Supports for Children & Youth

	KEY CONSIDERATIONS
Human and Financial Costs of Business as Usual	<p>Rates of mental illness and drug use rise as youth move into young adulthood.</p> <p>Adults with serious mental illnesses and substance use disorders die earlier than the general population.</p> <p>Several chronic physical health conditions are closely linked with youths' behavioral health conditions. Treating the underlying behavioral health conditions can effectively manage the physical health condition.</p> <p>To close the early mortality gap associated with behavioral health issues, there must be a shift in focus to identification of early onset of behavioral health concerns.</p>
Bridging the Gap between Primary Care and Behavioral Health	<p>70% of children and adolescents who need mental healthcare do not receive it.</p> <p>Children and youth with mental health conditions that result in functional problems are more likely to see their primary care provider than a specialty mental health provider.</p> <p>There is a need for preventive and early identification strategies in primary care.</p> <p>Organizations providing integrated care to children with behavioral health conditions must have several core competencies in place to serve those children.</p>
Integrated Care Systems, Health Homes, and Other Terminology	<p>Multiple terms have been used over several decades to represent comprehensive, holistic, and coordinated healthcare services for people across the age span, including:</p> <ul style="list-style-type: none"> <li>▶▶ Medical home</li> <li>▶▶ Patient-centered medical home</li> <li>▶▶ Person-centered healthcare home</li> <li>▶▶ Person-centered health home</li> <li>▶▶ Integrated care system</li> </ul>

## Choosing a Service Delivery Structure

	KEY CONSIDERATIONS
Four-Quadrant Clinical Integration Model	<p>Integrated care systems for youth with behavioral health conditions must plan to address the needs of different populations with different levels of medical and behavioral health conditions.</p> <p>The four-quadrant model serves as a conceptual planning tool for local systems. It should be assumed that child and family needs and preferences may change over time and in differing circumstances and that children may shift from one quadrant to another.</p> <p>The four quadrants:</p> <ul style="list-style-type: none"> <li>▶▶ Quadrant I: For children with low to moderate behavioral health problems and low to moderate physical health conditions</li> <li>▶▶ Quadrant II: For children with moderate to high behavioral health problems and low to moderate physical health conditions</li> <li>▶▶ Quadrant III: For children with low to moderate behavioral health conditions and moderate to high physical health conditions</li> <li>▶▶ Quadrant IV: For children with moderate to high behavioral health conditions and moderate to high physical health conditions</li> </ul>
Organizational Integration	<p>The collaborative physical-behavioral healthcare aspects of integrated care system responsibilities can be delivered through one of three general types of arrangements:</p> <ul style="list-style-type: none"> <li>▶▶ the facilitated referral model, where screenings are completed for both primary and behavioral health items in one setting, but specific primary or behavioral healthcare services are delivered within separate settings;</li> <li>▶▶ the colocated partnership model, where behavioral health practitioners and primary care clinicians have distinct facilities, but behavioral health professionals work on-site in a separate organization's primary care office, or vice versa; and</li> <li>▶▶ the in-house model, where primary and behavioral services are incorporated into the clinic flow.</li> </ul>

## Core Competencies: Integrated Care for Children with Behavioral Health Conditions

	KEY CONSIDERATIONS
Chronic Care Model	<p>The chronic care model is an evidence-based framework for providing care to individuals with chronic health conditions. It outlines a series of clinical elements that should be built into the treatment provided to youth with behavioral health conditions seen in an integrated care system.</p> <p>The essential elements include:</p> <ol style="list-style-type: none"> <li>1. Self-management support</li> <li>2. Delivery system design</li> <li>3. Decision support</li> <li>4. Clinical information systems</li> <li>5. Community linkages</li> <li>6. Health systems</li> </ol>
System of Care Approach	<p>The system of care approach is a philosophy for providing a spectrum of effective, community based services and supports for children with serious emotional disorders and their families. It highlights the importance of family and youth engagement, as well as collaboration with other child serving agencies.</p> <p>Three core values drive the approach:</p> <ol style="list-style-type: none"> <li>1. Family-driven and youth-guided</li> <li>2. Community based</li> <li>3. Culturally and linguistically competent</li> </ol>
The Core Competencies	<p>When combined, the chronic care model and the system of care approach help illustrate the core competencies of an integrated care system for children with behavioral health conditions, regardless of what specialized population of children and youth is served, the severity of their condition(s), or which clinical integration model is adopted.</p> <p>The core competencies are distilled from the clinical and structural elements of the chronic care model, along with the youth/family engagement and systems-level focus of system of care. They include:</p> <ol style="list-style-type: none"> <li>1. Family and youth-guided multidisciplinary teams with care coordination capability</li> <li>2. Individualized and integrated care plans</li> <li>3. Use of evidence-based guidelines</li> <li>4. Established and accountable relationships with other primary or specialty care entities</li> <li>5. Data-informed planning</li> </ol>

## Financing Integrated Care Systems for Children & Youth

	KEY CONSIDERATIONS
Financing Integrated Care Systems for Children & Youth	<p>A variety of sources and methodologies can be used to fund integrated care systems for youth with behavioral health conditions and the associated care coordination services, including:</p> <ul style="list-style-type: none"><li>▶▶ Affordable Care Act Section 2703 Health Homes</li><li>▶▶ Targeted case management</li><li>▶▶ 1915(a) voluntary managed care waivers</li><li>▶▶ 1115 waivers</li><li>▶▶ Coordinating Medicaid with other funding streams</li><li>▶▶ HRSA funding for children and youth with special healthcare needs through the Maternal and Child Health Title V Block Grant.</li></ul>