BHIP: Behavioral Health Integration Program at Montefiore- Across the Pediatric Lifespan

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Healthy Steps at Montefiore 2006-present

• Co-location and integration of mental health specialists in pediatric primary care
  – Universal screening, assessment, treatment, and referral of infant mental health/development and caregiver mental health
  – Adverse Childhood Experiences (ACES)
  – Ages and Stages Questionnaires: Social Emotional (ASQ:SE)
  – Patient Health Questionnaire (PHQ-9)
  – Provider education
Healthy Steps at Montefiore

- First time mothers and their children and partners enrolled either prenatally or before the child is 2 months old
- Co-management of well child visits
- “Baby and Me” group
- Home visits
- Adult mental health services
Healthy Steps Program Evaluation
Design

- Quasi-experimental longitudinal follow up of children enrolled in a Healthy Steps (HS) program at their primary care pediatric setting and a comparison group (CG) from a matched clinic who met enrollment criteria, but did not receive the intervention
Objective and Method

- Determine the relationship between maternal ACES and maternal report on the ASQ:SE at 36 months
- General linear model and logistic regression (LR) analyses
- Adjusted for baseline differences between HS and CG and between study completers and drop-outs
Results – Impact of Intervention on 36 month ASQ:SE scores

Behavioral Health Integration Program

Behavioral Health

Pediatric Primary Care
Our model (present→future)

- 300,000 patients (90,000 pediatric)
- 21 sites
- Healthy Steps 0-5, innovative Child and Adolescent programming (CAP), Collaborative Care Initiative model for adults
- Universal life span behavioral health screening
- Family assessments
- Integrated care at each site (hubs and satellites)
- Challenges
CAP Study Objectives

• Understand the feasibility of implementing integrated behavioral health services on a large scale in pediatric clinics with a particularly vulnerable population

• Understand the effectiveness of CAP in improving the mental and physical health Montefiore’s pediatric patients

• Understand the effectiveness of CAP in reducing health care utilization and costs
Outcome measures

- **Primary outcomes:**
  - Mental health symptoms – measured using PSC-17
    - 4-month follow-up administered by research assistants
    - Only among primary sample: patients at BOPS clinics with positive PSC-17
    - Better Health
  - Medical service utilization – sick visits and ED utilization
    - Lower Costs
  - Steroid prescriptions for asthma – as a proxy for asthma control
    - Better Health
Outcome measures

- **Secondary outcomes:**
  - Patient satisfaction
    - two questions modified from the Strengths and Difficulties Questionnaire
  - Provider satisfaction
    - Online survey (comfort with behavioral health issues and satisfaction with the mental health care provided)
  - Process measures – measuring success of implementation
    - % of patients referred to mental health providers
    - % of patients referred who came to the first mental health visit
    - number of days between referral and the first mental health visit
    - number of mental health visits patients attended
    - number of patients who successfully completed treatment
BHIP Conclusions

• It is feasible and efficacious to integrate pediatric behavioral health into primary care pediatrics/family medicine settings

• HS as a moderator between ACES in parents and SE development in children

• Early data from CAP:
  – Sept-Nov 2014: 19.6% of children presenting for HCM were referred to BHIP (N=833 referrals)
  – at least 55% of those children came in for separate visits with the BHIP provider.
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"I wish I’d started therapy at your age."