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Integrated Behavioral Health Services: A Collaborative Care Model for Pediatric Patients in a Low-Income Setting

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Abstract

Almost 50% of Americans will meet the criteria for a DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4th ed) disorder in their lifetime, with most cases starting in childhood and adolescence.1 Approximately 25% of adolescents meet criteria for a disorder with severe impairment across their lifetime.2 With common mental disorders emerging in childhood and adolescence, there is growing recognition of the need for prevention and early treatment. Yet there is tremendous unmet need among children and adolescents, particularly among Latinos and the uninsured.3 This shortfall is exacerbated by the shortage of child and adolescent psychiatrists, particularly in counties with a high percentage of children and adolescents living in poverty.4 The relationship of mental disorders with increased morbidity and decreased economic success heighten the importance of improving services.5,6 Increasingly, the integration of pediatrics and child and adolescent psychiatry is seen as a means to providing more and higher-quality care.7 Across the United States, pediatricians, psychiatrists, and other clinicians, are developing collaborative care models for delivering behavioral health services to children and adolescents.8,9

This study reports on a novel collaborative care model in East Palo Alto, California, called Integrated Behavioral Health Services (IBHS). IBHS expands on existing models by including child and adolescent psychiatry fellows and by placing a clinician in the community. We conducted semistructured interviews with the clinical and administrative staff to inform the descriptive analysis of IBHS and to better understand its successes and challenges.

Methods

Ravenswood Family Health Center

This study was conducted at the Ravenswood Family Health Center (RFHC). RFHC has a total staff of 140, and its service area includes East Palo Alto and parts of Menlo Park and Redwood City. In 2011, more than 10,000 patients were registered with RFHC, with approximately 40% of the patients younger than 18 years; 73% identify as Latino, and 76% prefer a language other than English. Almost 90% live below the federal poverty line, and a majority lack health insurance. Behavioral and mental health concerns are a common presentation at RFHC. Depression and other mood disorders constitute one of the major diagnoses. Recognizing the unmet needs of its patients, RFHC created IBHS in 2008. IBHS works collaboratively with primary care providers to provide behavioral health services for children, adolescents, and adults. IBHS has support from Kaiser Permanente San Mateo Community Benefit, the Atkinson Foundation, and the Office of Community Health at the Stanford University School of Medicine.

Participants and Procedure

The IBHS team includes 3 psychiatrists, a clinical psychologist, 2 licensed clinical social workers, a project director, and an administrative director. The entire IBHS team is bilingual (English and Spanish), except for 2 of the psychiatrists who use interpreters. All the psychiatrists are affiliated with the Department of Psychiatry at Stanford University. This study focused on those involved in providing services for children and adolescents, including the collaborating pediatricians. Using semistructured interviews that covered specific domains, clinicians and administrators were asked about the goals of IBHS, the comanagement of services between IBHS and pediatricians, professional responsibilities, and barriers to implementation and service delivery. Participants

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The licensed clinical social workers provide short-term counseling and help families with crisis situations and need for social services and parenting support. The clinical psychologist receives the majority of referrals for short-term counseling and does evaluations and assessments. The psychiatrists act as consultants and provide evaluations and interventions for patients. Treatment is limited, with 1 to 5 visits being typical. Additional visits are available for patients who cannot be referred to an adequate outside provider. Visits are typically 30 minutes long and include the child or adolescent and at least 1 parent. The IBHS clinicians are available to patients Monday through Friday. They work at RFHC part-time. The program director, however, is a full-time employee and coordinates communication between the pediatricians, IBHS clinicians, and patients and their families. The administrative director is also a full-time employee and oversees the operations of IBHS.

Novel features of IBHS include its inclusion of child and adolescent psychiatry fellows and the placement of a clinician in the community. By exposing these fellows to clinical work at RFHC, IBHS seeks to address the severe shortage of child and adolescent psychiatrists in low-income communities. With supervision from a child and adolescent psychiatrist, 3 fellows have provided services with IBHS. In interviews, the fellows expressed satisfaction with their involvement and greater awareness of clinical opportunities at community clinics. A current fellow anticipates applying for a position at a community clinic on finishing her training. As of September 2012, IBHS has placed a licensed clinical social worker in the Boys & Girls Club of the Peninsula (BGCP). The partnership with BGCP is aimed at increasing prevention and early intervention for children and families within RFHC’s service area. In the prior year, IBHS clinicians provided a training program to BGCP staff on behavioral issues and resources at RFHC. Training sessions covered numerous topics, including brain development, resiliency, and the IBHS referral process. In addition, to improving the documentation of behavior-related violations, IBHS worked with BGCP and the Office of Community Health at Stanford University School of Medicine to draft an improved incident report form.

In interviews, the pediatricians and the IBHS team provided consistent feedback on the successes and challenges of the model. The pediatricians reported high satisfaction with the availability and quality of services provided by IBHS. They recognize a significant need for behavioral health and described the short-term interventions and therapy as critical. The ability of IBHS clinicians to handle urgent cases and to assess risk was cited as
an important asset. The IBHS clinicians described referrals from pediatrics as appropriate. When IBHS opened, the pediatricians received training on the referral process and behavioral health. Pediatricians and IBHS clinicians expressed interest in longitudinal training. They view additional training as a means to facilitating greater comanagement. A current limitation is the absence of standardized procedures for transitioning patients from IBHS back to pediatrics. Transitioning patients to outside referral sites is also a challenge because of the scarcity of providers. Pediatricians and IBHS clinicians described their communication as important but an area requiring improvement. Part-time employment of pediatricians and most of the IBHS team makes sustained communication challenging. IBHS is viewed as an integral resource to the children, adolescents, and parents of RFHC. Optimizing the available services will involve increased training and more consistent communication.

Discussion

Collaborative care models published in recent years provide guidance in delivering behavioral health services in primary care settings.\textsuperscript{8,9} IBHS provides further direction with its emphasis on training emerging child and adolescent psychiatrists and on extending services into the community. These components promise to improve access for low-income patients and to strengthen prevention and early intervention. Challenges in operating IBHS and other collaborative care models exist and deserve continued attention. Future research on IBHS is required to understand its value and generalizability. There are many opportunities in the current environment to improve and transform behavioral and mental health services.\textsuperscript{10} Further innovation promises to reduce the tremendous need and disparities of today.

Declaration of Conflicting Interests

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