

Community Partnerships: Improving Behavioral Health Access for San Diego's Youth

Behavioral health challenges are the leading cause of disability and poor life outcomes in young people, with depression, anxiety and suicidal ideation among children growing every year. Rady Children's leaders in 2015 set forth a strategic plan to transform mental health by treating the whole child, integrating physical and behavioral health. Leaders also met informally with a group of 20 local health academics, pediatricians, psychologists, social workers and other community members over the course of two years to develop a multi-pronged model for early detection and treatment of behavioral health needs in young people.

Rady Children's Hospital – San Diego

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According to the National Alliance on Mental Illness, 50% of all lifetime mental illness begin by age 14, and 75% appear by 24. Identifying and treating these illnesses early in life, typically before formal diagnosis, can change the trajectory of a person's health.

Young patients, however, can face access hurdles. Pediatricians typically don't have significant behavioral health training, and behavioral health providers often have long wait times for new patients. The emergency department (ED) is often the first point of treatment for young people struggling with acute behavioral health crises.

Leaders at Rady Children's Hospital - San Diego, faced with their own community behavioral health crisis, knew this well. Between 2011 and 2015, the number of children presenting to the ED for behavioral health concerns at Rady Children's Hospital rose by 500%. They also saw alarming trends among children in their ED, some as young as six years of age, who had attempted suicide or had suicidal thoughts. From 2018 to 2022, the number of children in their ED presenting with suicidal ideation rose by 161%. The Rady Children's team knew that they needed to act.

Community integration

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In 2021, EVBH became Colorado's 18th community mental health center (CMHC); the first organization to receive this designation in over 40 years. Since its inception, leaders added nearly 70 behavioral health positions without any state or federal funding.

Community Partner: Building Hope Summit County

Eagle Valley leaders regularly coordinate with Building Hope Summit County, a neighboring county's community-wide initiative designed to promote emotional health, reduce stigma and improve access to care. After a stream of suicides rocked the area in 2016, community stakeholders, including the family of longtime resident Patti Casey, came together to honor Casey and to help prevent future losses. This group kickstarted the Building Hope Initiative, which now receives support from Summit County government, many local agencies and thousands of residents.

When a donor appeared in 2019 to help them fund this effort, Rady Children's leaders hit the ground running with a plan to integrate behavioral health in primary care clinics, addressing behavioral health needs as early as possible. They also reduced their community's need for emergency behavioral health care services for youth in the process.

Treating the whole person

Rady Children's leaders, in collaboration with Children's Primary Care Medical Group and Children's Physicians Medical Group, partnered with the pediatric primary care providers in its provider network. Their goal was to create a new primary care Mental Health Integration (MHI) model to care for the whole child.

As part of the Transforming Mental Health Initiative (its primary care mental health integration is a key program of the Initiative), Rady Children's leaders embedded integrated health therapists (IHTs) — or

therapists who work alongside primary care providers to identify patients' psychosocial needs early and provide evidence-based goals and solutions-focused mental health treatment — in eight of its network primary care offices.

In addition to mental health services, intentionally integrated behavioral health therapy can also help to address managing the health of patient populations with chronic medical conditions or other barriers to improve adherence to a treatment plan, such as diabetes or asthma, says Domonique Hensler, senior director of Care Redesign Planning and Mental Health Integration.

A primary care provider (PCP) can immediately ping an integrated health therapist located less than 30 feet from the exam room for mild to moderate behavioral health care. A warm handoff from PCP to a behavioral health clinician can destigmatize behavioral health care and helps patients more quickly access medical and behavioral health services in one comfortable environment of the primary care medical home.

Integrated health therapists co-manage a patient's mild to moderate behavioral health needs with the PCP, working with both PCPs and patients to develop evidence-based treatment plans. When needed, MHI program psychiatrists provide case consultation to PCPs, as well as ongoing training support. Together, the MHI multidisciplinary team — comprising IHTs, psychiatrists, care coordinators and clinical leaders — meets regularly with PCPs to review treatment plan status. The Rady Children's MHI program also offers three regional behavioral health support hubs for MHI patients who may require longer-term therapy. The hubs are staffed with psychiatrists, psychologists and other behavioral health clinicians and offer care coordination. An essential component is coordinating care to address social determinants of health so that primary care and mental health clinicians can practice at the top of their license.

As part of rounding out its continuum of behavioral healthcare, Rady Children's opened a Behavioral Health Urgent Care in 2016; in 2020, the hospital further expanded access by opening a psychiatric emergency department.

Retraining the workforce

Rady Children's worked through an intensive three-day virtual training with the REACH Institute, or The Resource for Advancing Children's Mental Health, to train pediatricians to screen and manage behavioral health needs in youth (thereachinstitute.org). This was followed by six months of sample case-based small work group discussion. So far, more than 170 primary care providers in the Rady Children's Health Network have attended. Rady Children's also conducts biweekly integrated health webinars for primary care providers, as well as provides grand rounds in Child and Adolescent Psychiatry.

"The pediatrician or primary care provider is the quarterback of this child's care," explains Hensler. "The integrated health therapist and other members of the MHI Team meet weekly to review the registry. This includes IHTs, psychiatry, clinical supervisors, and care coordinators who use a population health-based approach to proactively identify and treat all primary care patients that could potentially benefit from integrated care."

Rady Children's leaders say this outcomes-focused model in behavioral health requires a cultural change and shift of mindset.

"We have to retrain the behavioral health workforce that is used to what I call an 'a la carte' model of [care]," Hensler says. Instead of offering patients an ongoing course of therapy, Rady's Children's model starts with a goals-focused comprehensive care plan that is rooted in measurement-based care (MBC). For instance, according to an article in the *Journal of the American Medical Association (JAMA)* in 2019, less than 20% of behavioral health providers use MBC. Rady Children's behavioral health integration evidence-based care model in primary care offices specifies no more than six patient visits. If children

and youth are high-risk, or need more care, IHTs work within Rady Children's integrated health network of care referring them to established regional behavioral health hubs for additional services. The "hub" clinicians work collaboratively on the same whole child treatment plan, focused on measures and improvement.

In addition to prevention, early identification, behavioral health integration and treatment services, the Transforming Mental Health Initiative encompasses advocacy and research. Rady Children's believes that behavioral health integration should be the standard of care in pediatrics. Rady Children's leaders are working on the sustainability of the MHI model through a combination of fee for service codes and philanthropy, as well as exploring case rate payment models. Studies are underway on the impact on health care utilization, including avoided visits to the emergency department, behavioral health urgent care and reduced hospital admissions

Lessons learned

Although culture changes — both for pediatricians and behavioral health providers — has been challenging, they have made an unmistakably positive impact. Among patients participating in the MHI program, screening scores show a 60% reduction in depression. In their clinical integrated delivery system, Rady Children's primary care and hospital leaders believe that early identification and treatment have prevented the escalation of many children's behavioral health crises. Quite honestly, they are changing the trajectories of children's lives.

"One of the things we've seen is, as we train people, we are creating a system of care that can absorb kids who are struggling in real time. Additionally, those pediatricians never want to go back to the way it was before," says Benjamin Maxwell, M.D., interim division director of Child and Adolescent Psychiatry. "Pediatricians are more and more advocates of the behavioral health of their kids that they're seeing and they're not avoiding it anymore."

Hospital leaders seeking to replicate Rady Children's model will need clinical advocates, Hensler says, or "champions that can convince others." Hensler cites "brave soldiers" among Rady's Children's Specialists and Pediatricians who advocated for depression screenings during clinical visits as early as 2016. Champions in its integrated delivery system have made a difference in the widespread, rapid adoption of the behavioral health integration care model.

"It comes down to partnerships, a lot of communication [and a] shared EMR platform and managing the whole child health — both physical and behavioral health needs — together through a population health approach," Hensler says.

To learn more or ask questions, contact:

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