ACTION 4.11

Put in place policies that remove barriers to integrated care, such as eliminating systems that separate/"carve out" mental health care from physical health care, and create payment incentives for practices with mental health professionals integrated as members of the medical team.

INTEGRATE MENTAL HEALTH PROVIDERS

with **PEDIATRIC** and Other **PRIMARY CARE PRACTICES**

Integrating mental and behavioral health services within primary care is an evidence-informed approach to addressing disparities in mental health. Several models, such as Massachusetts Project LAUNCH, exist that focus on integrating early childhood mental health in primary care settings, which shows that it increases access and coordination of mental and physical health services for families with young children, particularly families from low-income communities. Removing carve outs and establishing more value-based payments systems are examples of policies that support integration.

Integrated care settings are particularly important for reducing inequities in children's access to behavioral care. This is because primary care providers practicing in neighborhoods with higher percentages of Black, Hispanic, and low-income families are less likely to have geographically proximate behavioral health professionals.

WHAT WE KNOW

Historically, the behavioral and psychological care delivery system was seen as separate from the physical care delivery system. However, as we increasingly understand the interconnections between physical and mental health, pediatric and primary care clinics are increasingly seen as optimal sites for the delivery of integrated care. Because most pediatricians don't have the knowledge or time to deliver the types of direct child and parenting support interventions that have been shown to improve outcomes for children with psychological and behavioral challenges, an effective care delivery model is to integrate psychologists, social workers, and therapists into one the physical care delivery setting.

NC'S EARLYWELL HAS IDENTIFIED 6 POLICY PRIORITIES FOR 2024

and a 10-year advocacy plan as part of building "a robust, evidence-based, and accessible early childhood mental health system in North Carolina."

Integrating mental health providers into pediatric care settings also creates peer-learning opportunities that can strengthen pediatricians' own capacities to screen, identify, and refer families whose children are exhibiting early signs of mental health distress. There are several models for how pediatric and mental health providers can partner that range from co-location in the same facility to truly collaborative care. Co-located care increases the likelihood of "warm handoffs" from primary to mental health care, facilitates informal consultation among professionals, and increases formal information sharing through a shared medical record. In collaborative care the primary care provider integrates behavioral health providers into the members of their care team and assumes responsibility of delivering care for non-severe behavioral and psychological challenges.

Dive into the Data

North Carolina, like most states, doesn't have any strong data on infant and young children's behavioral and psychological well-being. Without this information, state and local leaders don't know whether their policies, systems,and allocation of resources are meeting children and families' needs for support. *Learn more about* **the need to fill this data gap**. Explore other indicators related to children's need for care and services on the **Pathways Data Dashboard**.

WHAT WE NEED

Because of the improved quality of care and decreased total cost of care that occurs when young children and their families have access to integrated physical and behavioral health care, in 2022, **Blue Cross NC launched Phase 1 of their initiative to support the development of Behavioral Health Collaborative Care for Health Systems**. Their aim is to support the integrated treatment of common mental health conditions such as depression and anxiety that require systematic follow-up due to their persistent nature.

HOW TO SUPPORT

Because it is still rare for pediatricians to have behavioral health staff as members of their care team, most rely on the assistance of state-funded consultation support hotlines like **NC-PAL**, which is a hotline that enables a primary care provider or pediatrician to receive consultation from behavioral health experts. As North Carolina continues to support NC-PAL and identify additional opportunities to increase the integration of physical and behavioral health care for infants and young children, it can learn from what other states are doing to connect psychiatrists with primary care physicians on an 'as needed' basis:

- **Maryland's Behavioral Health Integration in Pediatric Primary Care**
- **Massachusetts' Child Psychiatry Access Project**

These state funded as-needed consultation services provide significant short-term benefits by reducing the likelihood that young children's immediate psychological and behavioral challenges will go untreated and develop into psychiatric disorders, and substantial longer-term benefits by building pediatric and family care doctors' knowledge and capacity to identify and respond to psychological and behavioral health challenges.

LEARNING FROM NATIONAL INITIATIVES

As North Carolina stakeholders strengthen young children's access to behavioral supports, they can learn from **Zero to Three's HealthySteps program, which provides early childhood development support to families where they are most likely to access it: at any clinic where well-child care is provided**. Three tiers of care are provided. Tier 1 is available to all families who attend the clinic and includes child development and social-emotional/behavior screening, maternal depression and family needs screening, and a family telephone support line. The second tier of services is for families with mild concerns, and includes development and behavior specialist consultations with families, care coordination, positive parenting guidance, and early learning resources. The third tier of services is for families with more intensive behavioral challenges, and includes the addition of regular meetings with the family during each well-child visit and at other times, as needed, and referrals to community resources, specialist evaluation, and dyadic treatment. Clinics offering HealthySteps reduced the gap in risk of social-emotional difficulties between children whose mothers had experienced childhood trauma and those whose mothers had not.

Visit the Pathways Action Map to learn more about these and other initiatives leading efforts in this area.