pediatrics NORTHWEST PS
Mary Bridge Children's

HopeSparks
family services

BRIDGE OF HOPE

MENTAL HEALTH INTEGRATION AT THE PEDIATRIC MEDICAL HOME

Forum for Children's Well-Being
National Academies of Sciences, Engineering and Medicine
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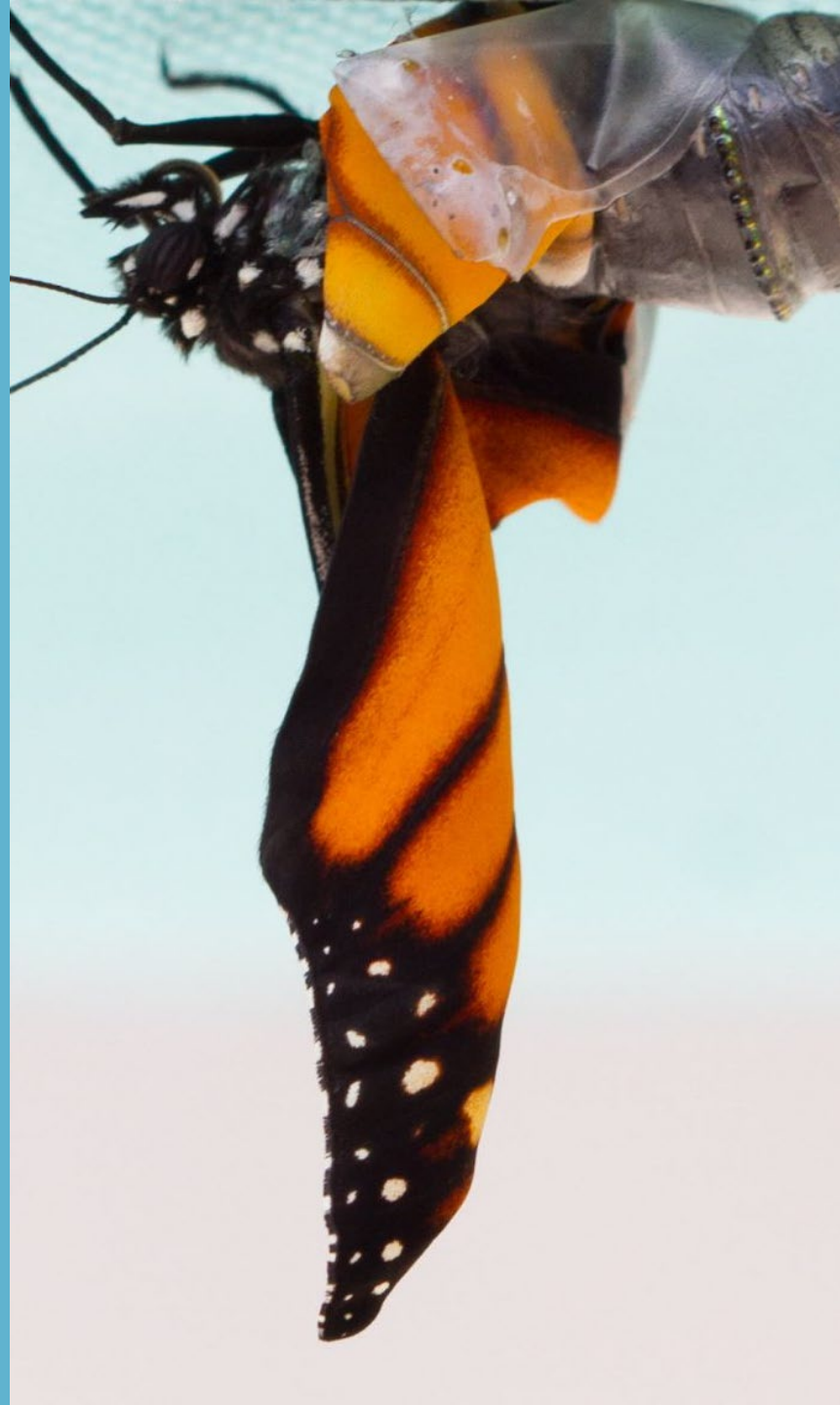
SPEAKERS

- **Mary Ann Woodruff,** MD, FAAP, Director of Mental Health Integration — Pediatrics Northwest
- **Wendy Pringle,** LMHC, Director of Pediatric Healthcare Integration — HopeSparks

OUR GOAL

“You never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete.”

- R. Buckminster Fuller



FROM THE BEGINNING

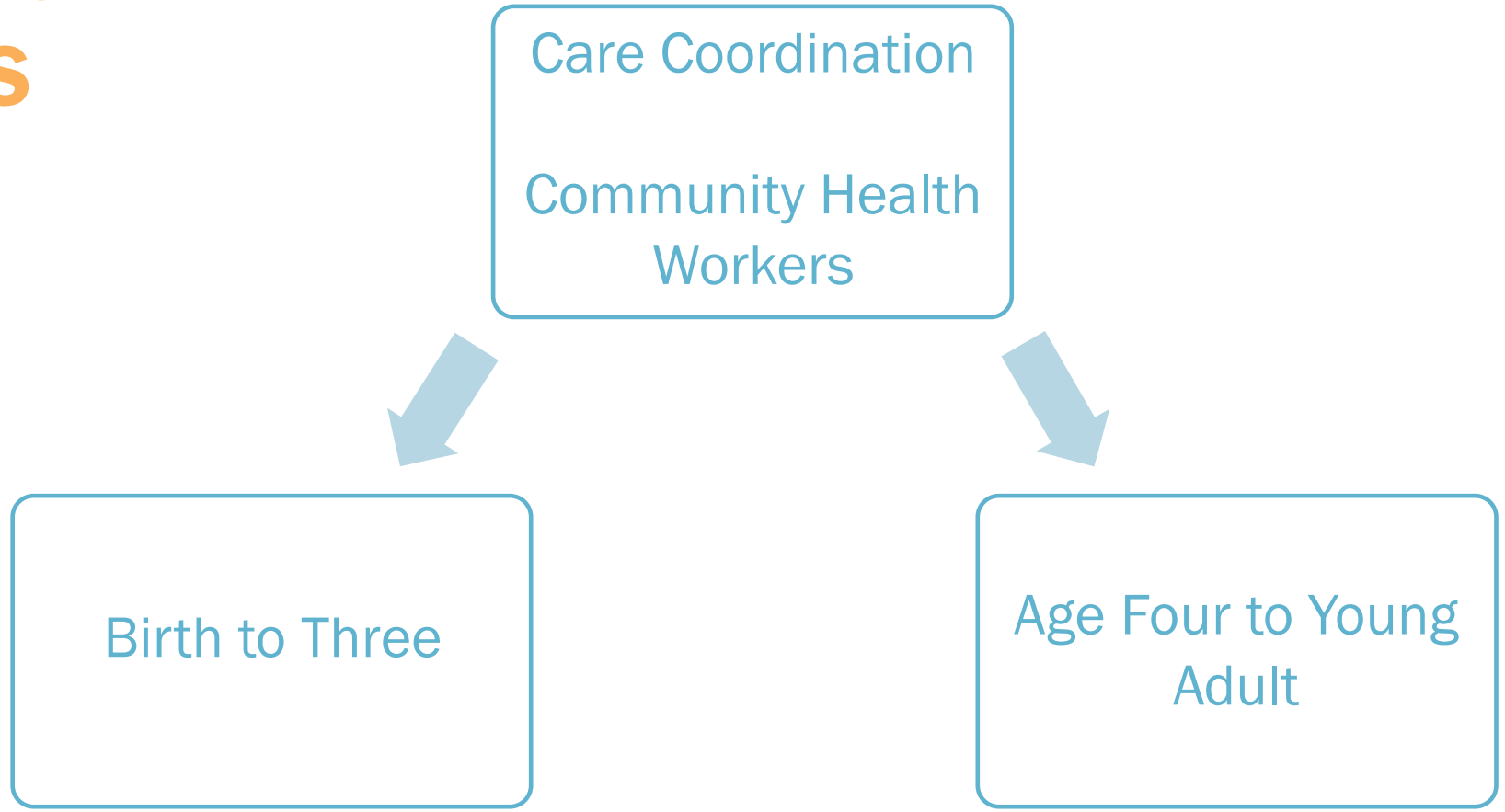
Power of Prevention

Early Identification

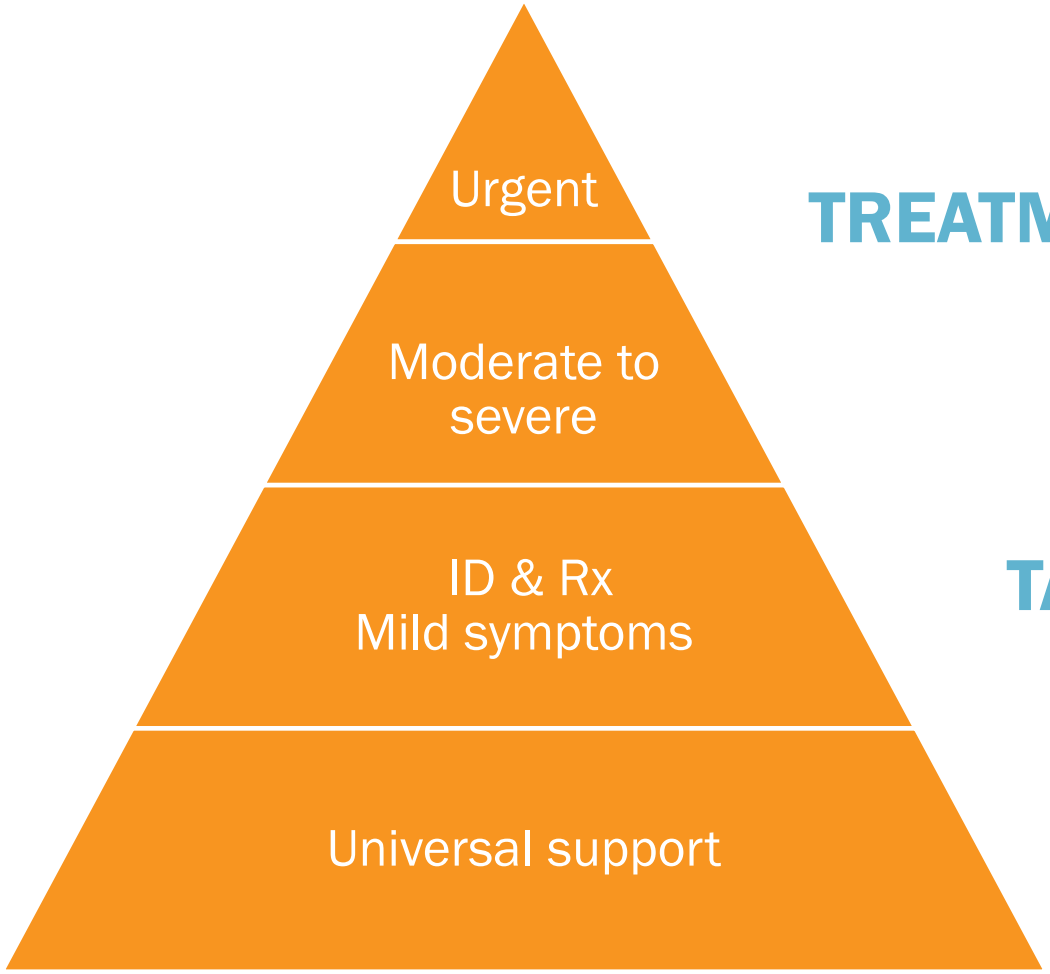
Early Treatment

A Team Approach

DEFINING CARE PATHWAYS



STEPPED CARE STRATIFICATION



TREATMENT

TARGETED

UNIVERSAL

UPSTREAM: BIRTH TO 3

- Creating a Mindset: Early Relational Health
- Screening for Perinatal Mood Disorders
- Surveillance with Reach Out and Read and Promoting First Relationships
- Utilizing the Early Intervention System (ESIT)
- Help Me Grow closed feedback referrals

SCREENING IS FOUNDATIONAL

Birth to 3	4 to 7	8 to 11	12 to 18	19+
▪ Edinburgh ▪ Ages and Stages ▪ M-CHAT	▪ Pediatric Symptom Checklist - 35	▪ SCARED ▪ PSC-35	▪ SCARED ▪ PHQ-9 ▪ ASQ*	▪ PHQ-9 ▪ GAD-7 ▪ ASQ*

Secondary screening: CATS, CTS, Vanderbilt
*ASQ: Ask Suicide-Screening Questions

THE COLLABORATIVE CARE MODEL (CoCM)

- Identification via universal mental health screening at well child visits (validated tools)
- Intended for mild to moderate concerns for ages 4-21 years
- Team approach at the medical home: enhanced communication between team members
- Brief evidence based therapy
- Engagement and progress tracked on a registry
- Shared Electronic Health Record
- Billing collaborative care codes

THE COLLABORATIVE CARE TEAM

- The Child and Family: at the center
- The Primary Care Provider
- The Behavioral Health Care Manager
- The Psychiatric Consultant
- The Registry

FIRST APPROACH SKILLS TRAINING (FAST)

- Psychotherapy curriculum created by Seattle Children's
- Evidence based treatment adapted to primary care realities
- Brief targeted intervention, 20-30 min sessions
- FAST-B (behavior)
- FAST-A (anxiety)
- FAST-D (depression)
- FAST-P (parenting teens)

THUS FAR …

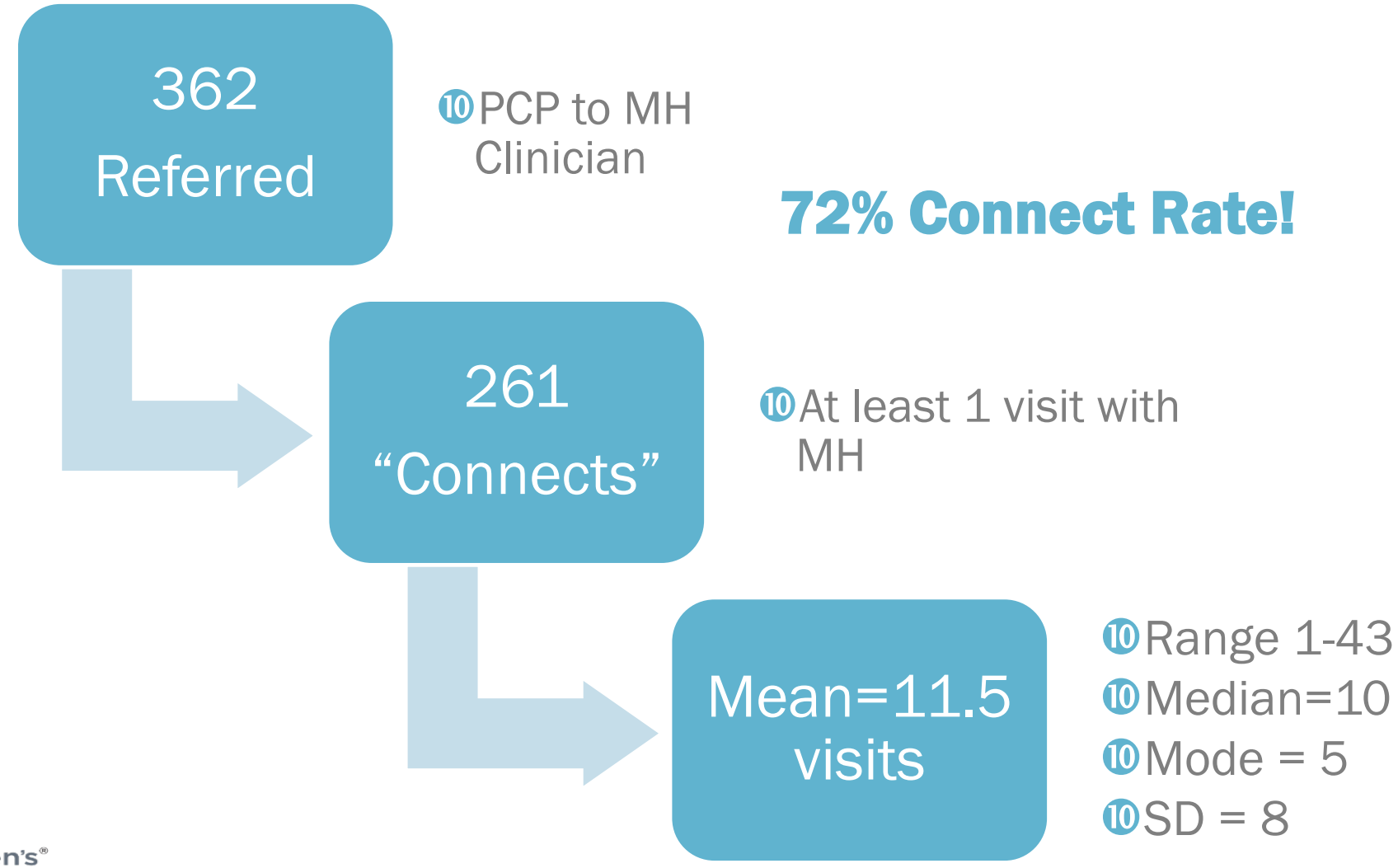
- We started during the Pandemic
- Soaring rates of depression and anxiety
- Behavior concerns abound
- Loss of support
- Material needs

THE DATA: ACCESS

From primary care referral to first contact with Behavioral Health Care Manager

→ 1.78 calendar days

HOPESPARKS REFERRALS FROM MARCH 2020 - JULY 2021



HOPESPARKS DEMOGRAPHICS

Race/Ethnicity	
Asian	1.9%
Black	5.7%
Latinx	7.3%
Indigenous	.8%
White	54.4%
Multiracial	13%
Unknown	15.3%
Sex	56.7% female
Age (M)	11.4 (SD=3.9)

Primary Diagnosis	
Anxiety	46%
Adjustment	24%
Depression/Mood	8%
ADHD	8%
Behavior problems	5%
Other	2%
Unknown	7%

HOPESPARKS PROGRAM OUTCOMES

- Paired Samples t-Tests – First versus last session score

Outcome	Mean Change	St. Dev	St. Error	t	Df	p (2-tail)
PSC-35	7.62	7.66	1.08	7.03	49	.000
SCARED	12.27	11.69	1.23	10.02	90	.000
PHQ-9	3.83	6.14	.79	4.84	59	.000
GAD-7	2.87	4.74	.76	3.79	38	.001

HOPESPARKS PROGRAM OUTCOMES

- Paired Samples Effect Sizes

Outcome	Effect Sz.	Standardizer	Pt. Est.	95% CI
PSC-35	Cohen's d	7.66	**1.0**	.65 – 1.33
	Hedge's	7.72	**.99**	.65 – 1.32
SCARED	Cohen's d	11.69	**1.10**	.79 – 1.32
	Hedge's	11.74	**1.05**	.79 – 1.30
PHQ-9	Cohen's d	6.14	.63	.35 - .90
	Hedge's	6.18	.62	.34 - .89
GAD-7	Cohen's d	4.74	.61	.26 - .95
	Hedge's	4.78	.60	.26 - .94

- Effect Sizes
  - Small = .2
  - Med = .5
  - Large = .8 +

- Behavior, depression and anxiety symptoms change after IBH+FAST!

DULY NOTED

None of the CoCM enrolled children had ED visits for mental health concerns while in treatment

IN THEIR WORDS

- **From a Family:** We felt hopeless after calling everywhere trying to find a mental health appointment for our child. Denial after denial. Then we saw our pediatrician and said yes to the Collaborative Care Model. Our child is enrolled and mental health treatment started right away. We are grateful and once again hopeful.
- **From one of the Behavioral Health Care Managers:** I love my work because I see kids getting better every day.
- **From one of the Pediatricians:** What I most appreciate about the Collaborative Care Model is being part of a team that knows and trusts one another and EFFECTIVELY cares for our mutual patients in a timely way.

DISCOVERIES

- When help is offered, families embrace it
- Access to care is vastly improved with CoCM
- As access is improved, equity is addressed
- CoCM has triage capabilities
- CoCM addresses scarcity of resources
- Improved patient outcomes
- Improved patient experience
- Improved provider experience
- Scalable
- “I didn’t know how much these worries were taking up my time!” from a teenager completing her treatment in Collaborative Care

“AT FIRST PEOPLE REFUSE TO BELIEVE THAT A STRANGE NEW THING CAN BE DONE. THEN THEY BEGIN TO HOPE IT CAN BE DONE. THEN IT IS DONE AND ALL THE WORLD WONDERS WHY IT WAS NOT DONE CENTURIES AGO.”

- FRANCES HODGSON BURNETT, *THE SECRET GARDEN*

Thank You

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