Little River Medical Center: Incorporating Behavioral Health in Pediatric Practice
Addressing Behavioral Health Needs for Adolescents (13-18 yrs. old)
Presented By:
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Introduction
- Knew there was a behavioral health need
- Conversation about integration began in Oct. 2011
- We did not have a specific process in place for screenings
- Lots of options for screenings; QTIP recommendations - CRAFFT, PSC, PHQ-9, SCARED, etc.
- Confidential Health Survey for Adolescents
  Go To: [http://www.adolescenthealth.org](http://www.adolescenthealth.org) Click On: Professional Resources → Clinical Care Resources → Screening Questionnaires → Health Survey or Provider Information Manual
- Time appropriate/efficient/screening tool/not a full assessment
- HSFA focuses on: Safety, Body Image, School, Substance Abuse, Risk Taking Behaviors, Violence, Mental Health, Sexual Health
- Started screening at WCC in March 2012
- Initially started with age 11-18 yrs; Modified to 13-18 yrs based on parental response

Process
- Teenager comes in for Well Child Check
- PCP provides physical, along with education and Health Survey For Adolescent Screening
- Ask parents to leave the room for review
- Health professional should review the information with the adolescent
- The questionnaire is intended to help identify areas for further exploration
- Reviews of screening may take up to 10 mins., depending on result of screening
- Patient is referred to BH counselor based on survey responses (i.e. Drugs, Self-Harm, Violence, Depression, SI)
- BH Counselor facilitates "warm-hand off" if available and reviews survey and assess if crisis counseling is needed
- Refer using diagnosis of Adjustment Disorder
- Scan screening into patient’s chart and document screening procedure
- BH Referrals are made in-house in BH counselors schedule upon patient’s cooperation
- Make referrals to outside resources as needed (i.e. ER, Psychiatrist)
- BH Counselor provides complete assessment and uses additional screening tools (PHQ-9, CRAFFT, SCARED)
- Total # ABHS is based upon CPT code and does not accurately reflect true number
Strengths

- Teens are getting MH services that may help prevent full blown MH problems
- We are giving comprehensive care
- Supporting parents and reinforcing what they may be doing
- "Warm hand off" increases the follow through of the referral
- BH provider can provide counsel to patients on coping techniques needed to deal with frustrations or conflicts
- If a patient needs a referral to Psychiatrist or Outside MH, our nurse case manager schedules appointment for patient to ensure that the services are received.

Limitations

- Still need to work on pulling "smart data" from EMR
- Difficult follow through (Parents, transportation, scheduling, etc.)
- Insurance Issues - delay in obtaining authorizations
- "Stigma" of mental health
- The visit can be lengthy when an adolescent has many issues
- Question raised - If MH is incorporated in WCC visit can we not lengthen visit to 20-30 mins. instead of screening in 15 min visit? Otherwise it will be difficult to be consistent with delivering comprehensive care.

Questions

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<table>
<thead>
<tr>
<th>BH Referrals from Teen Screening</th>
<th>April 2013 - June 2013</th>
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<tbody>
<tr>
<td>Positive Screenings Tracked</td>
<td>30</td>
</tr>
<tr>
<td>Referred for BH Services</td>
<td>25</td>
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<tr>
<td>Declined BH Services</td>
<td>2</td>
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<tr>
<td>Referral to Psych</td>
<td>1</td>
</tr>
<tr>
<td>Not Needing BH referral</td>
<td>2</td>
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<tr>
<td>Crisis Counseling at Screening Date</td>
<td>6</td>
</tr>
<tr>
<td>Consultation at Screening Date</td>
<td>22</td>
</tr>
<tr>
<td>Teens Completed MNS</td>
<td>10</td>
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<tr>
<td>Teens MH Diagnosis</td>
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</tr>
<tr>
<td>Adjustment Disorder</td>
<td>6 out of 10</td>
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<tr>
<td>Depression</td>
<td>3 out of 10</td>
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<tr>
<td>Anxiety Disorder NOS</td>
<td>2 out of 10</td>
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<tr>
<td>ADHD</td>
<td>1 out of 10</td>
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<tr>
<td>Disruptive Behavior Disorder</td>
<td>1 out of 10</td>
</tr>
<tr>
<td>Cannabis Abuse</td>
<td>1 out of 10</td>
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