

## **DC Collaborative for Mental Health in Pediatric Primary Care**

The DC Collaborative for Mental Health in Pediatric Primary Care (“the Collaborative”) aims to improve the integration of mental health<sup>1</sup> in pediatric primary care for children in the District of Columbia. We are committed to addressing the mental health needs of diverse children and their families through culturally competent, family-focused initiatives. We acknowledge that the unmet mental health needs of young children, especially those who have not yet entered school, are great. Thus, although we aim to address the mental health needs of all children and youths, we are particularly focused on infants, toddlers, and preschoolers. The Collaborative has been working to support and/or implement several initiatives that are broadly focused on: (1) supporting primary care practices/clinicians; (2) supporting families; (3) integrating mental health services into primary care; (4) and engaging in related policy/advocacy efforts. We also strive to evaluate the initiatives in which we are engaged to inform our efforts and assess the potential impact of our work. The following describes several initiatives in greater detail:

**Community Needs Assessment:** We surveyed pediatric primary care clinicians<sup>2</sup> and pediatric mental health clinicians<sup>3</sup> to learn more about their attitudes, beliefs, and practices related to children’s mental health. We also completed follow-up interviews with clinicians and leaders from key organizations that provide medical and/or mental health services to children in the District. The results underscore the high rate of unmet mental health needs among children in the District and the many obstacles to addressing children’s mental health. Findings also highlight several ways to improve mental health care, many of which we are currently undertaking (e.g., developing a resource guide, improving collaboration between primary care and mental health providers). Providers surveyed also expressed interest in participating in collaborative efforts to improve mental health care for children. We will continue to use the findings to inform our efforts and we plan to conduct community needs assessments again in the future.

**Mental Health Screening in Primary Care:** Consensus is emerging among researchers, professional organizations (such as the American Academy of Pediatrics), and policymakers that screening in pediatric primary care can help to increase early identification and treatment of mental health problems. We have been supporting the District’s efforts to expand universal, routine mental health screening at pediatric well child visits by making recommendations on screening tools to be used and by providing consultation related to screening implementation.

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<sup>1</sup> The term “mental health” is intended to encompass social-emotional, behavioral, and substance use issues. We use the terms “mental health” and “behavioral health” interchangeably.

<sup>2</sup> The term “primary care clinician” is meant to capture any clinician who provides primary care health services to children and adolescents and may include (but is not limited to) pediatricians, nurse practitioners, family physicians, and physician’s assistants.

<sup>3</sup> The term “mental health clinician” is meant to capture any clinician who provides mental health services to children, adolescents, and families, and may include (but is not limited to) psychiatrists, psychologists, clinical social workers, and licensed mental health counselors.

**Educational Support for Primary Care Clinicians:** As pediatric primary care providers are increasingly being called upon to identify and address childhood mental health problems, there is a heightened need to provide complementary educational training. Such training has the potential to bolster provider knowledge and improve practices related to children’s mental health. We are implementing a 9-month web-enabled Quality Improvement Learning Collaborative with pediatric practices in the District (February-October 2014) designed to enhance practices’ ability to identify and address mental health problems via universal, annual mental health screening. We plan to continue providing education and training opportunities for primary care clinicians related to children’s mental health.

**Mental Health Access in Pediatrics (DC MAP):** Across the country and in the District, there is a shortage of mental health professionals, which results in long wait times and delays in the implementation of mental health care. Moreover, there are many mental health issues (e.g., subclinical or mild issues) that pediatric providers could more effectively identify and address in primary care with increased support. Consequently, over 25 states have begun implementing child mental health access projects through which a mental health consultation team is available by telephone to respond promptly to primary care clinicians who need assistance with managing patients’ mental health needs. The consultation team provides clinical consultation to enhance primary care providers’ abilities to evaluate, treat, co-manage, and refer children with mental health problems. We are working to establish such a program—DC MAP (Mental Health Access in Pediatrics) in the District with the hope of beginning to implement the program in FY2015.

**Child Mental Health Resource Guide:** Primary care clinicians site lack of access to up-to-date mental health resources to which they can refer families as a major barrier to providing high-quality care. In April 2014, we released a comprehensive guide of child & adolescent mental health resources in the Washington metropolitan area for pediatric practices. To ensure that the guide accurately reflects the mental health landscape, we plan to keep this guide up-to-date via quarterly updates.

**Integrated Mental Health Care in Primary Care:** As a longer-term goal, we plan to increase and improve the extent to which mental health services are embedded within pediatric health settings. Such collaborative or integrated care programs, in which mental health professionals provide direct services (e.g., consultation, treatment) in pediatric settings, have been successfully implemented across the country and are increasingly being piloted across the District.

**Collaborative Relationships:** We aim to develop and strengthen communication and collaboration between various groups in the District who are working on issues pertaining to children’s mental health and pediatric care. Thus, we currently have representation from more than 25 child-serving organizations in DC on our Community Advisory Board and 7 organizations on our Working Group. We have also been coordinating our efforts with other, related initiatives and projects in the District, including the Department of Behavioral Health’s System of Care grant.

**Financing and Sustainability:** We strive to find ways to finance and sustain the initiatives described above so that they can have a long-lasting impact on children and families in the District. Thus, we have been gathering and summarizing information, including barriers and solutions to further the integration of mental health in pediatric primary care.

### **Who We Are:**

Structurally, the DC Collaborative for Mental Health in Pediatric Primary Care includes a (1) Working Group, which meets monthly and is responsible for the planning, implementation, and evaluation of all the activities described above, (2) the Community Advisory Board, which meets bimonthly, oversees the Working Group by providing feedback that is integrated into the decision-making of the Working Group, and (3) the Project Team, who provides day-to-day support for the efforts of the Collaborative. The Working Group, Community Advisory Board, and Project Team are interdisciplinary and include individuals with backgrounds in psychiatry, pediatrics, psychology, policy, advocacy, and public health.

#### **Working Group:**

- **American Academy of Pediatrics:** Lee Beers, MD; Nancy Schoenfeld, JD
- **Children's National Health System:** Sarah Barclay Hoffman, MPP; Lee Beers, MD; Lisa Cullins, MD; Leandra Godoy, PhD; Sara Gordon, MSW; Sarah Guerrieri, MA; Amy Lewin, PsyD; Aaron Rakow, MD; Cathy Southammakosane, MD; Monica Steele, MPH; Mark Weissman, MD
- **Children's Law Center:** Rebecca Brink, JD
- **DC Department of Health:** Vinetta Freeman; Fay Van Hook, MA
- **DC Department of Health Care Finance:** Colleen Sonosky, JD
- **DC Department of Behavioral Health:** Tricia Mills, MA; Marie Morilus-Black, LCSW; Chris Raczynski, MD
- **Georgetown University:** Bruno Anthony, PhD; Matthew Biel, MD

#### **Community Advisory Board:**

- **AmeriHealth DC:** Mark Fracasso, MD, MBA
- **CentroNia:** Rosa Moraes
- **Children's National Health System:** Launeice Allen, LICSW; Laura Anthony, PhD; George Cohen, MD; Stacy Hodgkinson, PhD; Darcel Jackson; Megan McCormick King, PhD; Tininka Rahman, BSN; Melissa Rojas; Kristine Schmitz, MD; Lisa Tuchman, MD, MPH
- **DC Action for Children:** HyeSook Chung
- **DC Advisory Neighborhood Commission:** Debbie Smith-Steiner
- **DC Behavioral Health Association:** Shannon Hall, JD
- **DC Child and Family Services Agency:** Sandra Gasca-Gonzalez
- **DC Council Representative:** Rayna Smith
- **DC Department of Behavioral Health:** Carol Zahm, PhD
- **DC Home Visiting Council:** Joan Yengo
- **DC Primary Care Association:** Jacqueline Bowens, MBA; Patricia Quinn

- **DC Public Schools:** Deitra Bryant-Mallory, MA, LICSW; Sean Compagnucci; Art Fields, PhD
- **Family Voices of DC:** Doreen Hodges
- **Fight for Children:** Martine Sadarangani, MPA
- **First Home Care:** Richard Baker, LICSW
- **Georgetown University Center for Child and Human Development:** Neal Horen, PhD; Roxane Kaufman, MA
- **George Washington University:** Olga Acosta Price, PhD
- **Health Services for Children with Special Needs, Inc:** Bruce Ardis, MBA; Christine Golden, PhD
- **Howard University:** Senora Simpson, PT, DrPH, MPH
- **Mary's Center:** Joan Yengo; Lynne McIntyre, MSW
- **National Children's Center Inc:** Otesia Barr, MD
- **Office of the Deputy Mayor for Health and Human Services:** Christian Barrera; Abby Bonder
- **Office of the State Superintendent of Education:** Jennifer Gee, MA
- **Parent Representative:** Alisa Mathis; Jana Monaco; Tosha Terry
- **Postpartum Support International:** Lynne McIntyre, MSW
- **Psychiatric Institute of Washington:** Aarti Subramanian, MBA, LLB
- **Student Support Center:** Carolyn Gardner, MEd
- **Substance Abuse and Mental Health Services Administration (Federal Consultant to Board):** Jennifer Oppenheim, PsyD
- **Total Family Care Coalition:** Gail Avent; Lakeshia Lewis
- **Unity Health Care:** J. Lovey Grider, MD; Kahlil Johnson, MD; Mark Minier, MD, FAAP
- **Wendt Center for Loss and Healing:** Michelle Palmer
- **Zero to Three:** Jennifer Boss, MSW
- **Additional Community Members:** William Geffen, MD, FAAP (Retired Pediatrician)

**Project Team:** Please feel free to contact one of us if you have questions or wish to learn more:

- Lee Beers, MD: Project Lead: [Lbeers@childrensnational.org](mailto:Lbeers@childrensnational.org)
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