

Integrating trauma-informed behavioral health into a primary care child and adolescent clinic

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NACBH

National Association for Children's Behavioral Health

Emerging Best Practices Conference

December 5-6, 2019
St. Pete Beach, FL

Starr Commonwealth – since 1913

Mission

Starr Commonwealth leads with courage to create positive experiences so that all children, families, and communities flourish.

Vision

Universal hope, boundless love, and limitless success for all children.

Core Values

We See Greatness

We Find Courage

We Promote Health

We Foster Healing

We Are Oneness



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Origin



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Funding

- Pilot phase – Wayne County, MI grant funds
- 2 year integration Project 10/2019 – 10/2021 – Michigan Health Endowment Fund
- Sustainability – billing insurance and use grant funds to support under-insured and non-insured children

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Goals & Expected Impact

- **Improve access and quality** of evidence **based behavioral health services** for at-risk children and adolescents by providing fully integrated trauma assessment and intervention for children at the Children's Hospital of Michigan's Child and Adolescent Specialty Clinic.
- **Identify, treat and heal trauma** and pain-based behavior while building **resilience** in youth.
- Overall impact is to **improve whole health** of children and adolescents in Detroit area.

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Key Issues to Address

- **Address ACEs:** Toxic stress and trauma in children are the core drivers of childhood and later life physical and mental health problems which result in significantly lower life expectancy rates than for children who do not experience toxic stress and trauma.
- **Reduce Misdiagnosis:** Toxic stress and trauma exposure manifests in symptoms and reactions that mimic other childhood mental health disorders such as anxiety, depression, ADHD, oppositional defiant disorder and many others. Therefore, we are trying to reduce the number of children who are misdiagnosed.



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Improve Access and Quality of Behavioral Health Services

- Nearly half of all pediatric primary care visits involve behavioral, psychosocial or educational concerns.
- Only 2/3 of referred families are able to access mental health providers within six months of referral from a primary care physician.
- **Behavioral health providers based in primary care help improve the quality and access to behavioral health care.**

(Academy of Pediatrics, 2016)

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Children of Trauma

- **One out of every four children experiences trauma** (CDC, 2017) according to the Adverse Childhood Experiences Study
- The manifestations of adverse childhood experiences are due to disrupted neurodevelopment and can include diabetes, heart disease, depression, substance abuse, a shortened life span, social, emotional and cognitive impairment. (National Childhood Health Survey, 2017).



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Children of Trauma in Detroit, Michigan

Within the city of Detroit and surrounding Wayne County, conditions in a preponderance of neighborhoods contain violence, noise and pollution, lack of food and chaotic family and school environments and schedules.

51% of children living in Detroit in 2016 were living at or below the federal poverty level and 80% were living at or below the 200% of the federal poverty level. **83% of Detroit children were living in high poverty neighborhoods.**

(Annie E. Casey Foundation, 2018)

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Integrated Care

Integrated Practice Level 5/6 according to core description practices published by SAMHSA-HRSA Center for Integrated Health Solutions in the categories of the healthcare provider's work, clinical delivery, patient experience, practice organization, and business model.



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Innovation and how this project is unique

- Integration with primary care setting (includes **Pediatrician**)
- **Sensory-based assessment** modalities (expressive art, play therapy models used)
- **Follow up behavioral health intervention** (8-10 sessions)
- Follow up and ongoing primary care services and collaboration with other specialty clinics

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Innovation and how this project is unique

- **Consideration of trauma and toxic stress impact** on development, emotional and behavioral regulation, symptoms and reactions
- **Transdisciplinary team approach** to assessment
- **Occupational Therapy**
- **Speech and Language**
- **Social Work**
- **Theraplay – Marshak Interaction Method**
- Use of **evidence based trauma assessment and intervention** tools and programs

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Evaluation

We promised *at least*

- Trauma screening for at least **2,000 children** – PSC-17
- 182 Trauma Assessments
- 1750 Trauma Intervention sessions
- **25% Reduction** of ADHD, anxiety and ODD misdiagnosis in overall children referred for trauma assessment from CHM



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Evaluation

- **Reduction of trauma symptomology** (re-experiencing, avoidance, arousal, negative cognitions and mood) from pre to post intervention (DC: 0-5 and Starr's PTSD CAQ)
- **Improvement of resilience characteristics** from pre to post intervention (SEARS-C/P)
 - Self-Regulation
 - Social Competence
 - Empathy
 - Resilience



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Impact on Higher Education

Residents – all 1st year Wayne State University residents rotate through the clinic and spend at least one month in Developmental Pediatrics

We are building trauma certification (didactic coursework, lectures, e-learning and observation of our assessment and intervention process into their rotations).

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What do we hope to learn?

- We hope to learn more about **how to best integrate trauma informed and resilience focused assessment and intervention behavioral health practices** within a primary care setting for at-risk youth.
- How to best **improve access and quality of services** for children and families.
- Ways to **influence higher education** to provide training to physicians and all healthcare practitioners about trauma-informed care.

