

## Wisconsin Project LAUNCH

### Integrating Behavioral Health into Primary Care Settings

Project LAUNCH seeks to improve the lives of children ages 0-8 years and their families. The SAMHSA-funded program works in 35 communities to “increase the quality and availability of evidence-based programs, improve collaboration among child-serving organizations, and integrate physical and behavioral health services and supports for children and their families.” Wisconsin Project LAUNCH has focused on 12 high-risk ZIP codes in the city of Milwaukee, implementing the five LAUNCH strategies: home visiting, family strengthening, mental health consultation, developmental assessment, and integration of behavioral health into primary care settings.

**Wisconsin’s integration of behavioral health strategy** has focused on five initiatives:

1. Provider Training
2. Behavioral Health Integration Pilot Project/Brief Module Development
3. Joint Release of Information Form
4. Primary Care Provider Consultation Line
5. Governor’s Early Care and Education Advisory Council



### Provider Training

In Year 2, Quarter 4, Wisconsin Project LAUNCH began the first trainings for physician practices, each focused on Developmental Screening and Surveillance within Well-Child Care. Over the years, additional trainings have been provided to medical providers and care teams, as well as to policymakers and health system administrators. Topics include integrating behavioral health care into primary care and pediatric mental health screening tools.

**Key Partners:** Dr. Arianna Keil; Brad Holman (*Children’s Hospital of Wisconsin Southeast Regional Center, Children and Youth with Special Health Care Needs*)

#### Total Workforce Trained (includes all topics)

Quarter	Total Trained	Number of Providers Trained	Number of Others Trained	% trained from Milwaukee
Y2Q4	37	13	24	100%
Y3Q1	3	3	0	100%
Y3Q2	21	7	14	100%
Y3Q3	151	21	130	21%
Y3Q4	117	59	49	15%
Y4Q1	139	38	101	10%
Y4Q2	125	50	75	18%
Y4Q3	64	16	48	13%
Y4Q4	74	18	56	4%

#### Notable Successes

**First Step:** Maternal and child health hotline (partnership with Gundersen Health System), staffed by parent-peer specialists. In Y4Q1, 18 hotline staff were trained to answer parent questions and provide needed referrals (medical and other) based on concerns about child development/ASQ-3 results.

**Webinars:** LAUNCH has reached over 80 providers and professionals statewide through webinars. Topics covered: child psychiatry access line for primary care physicians, Birth to 3 referrals, joint release of information, and outreach strategies to promote early identification and referral.

#### Project Outcomes

In early 2012, 10 providers in Milwaukee who had received the Developmental Screening and Surveillance within Well-Child Care training responded to a survey about the training. Because of the training:

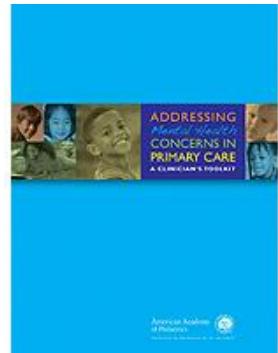
- All reported “some” or “a lot of” change in their practice’s approach to screening children’s development.
- 100% indicated their understanding of how to integrate the ASQ-3 in their practice had increased.
- 70% indicated their understanding of how to integrate the M-CHAT in their practice had increased.
- 70% reported a better understanding of how to make a referral to their local Birth to 3 agency
- 60% reported increased knowledge of community resources for families, and how to refer families.

**131+** Milwaukee children reported as screened (Year 2-3) as a result of provider training

## Behavioral Health Integration Pilot

The Integration Pilot worked intensely with two Milwaukee primary care pediatric practices to integrate behavioral health into each practice. The program was based on the American Academy of Pediatrics' *Addressing Mental Health Concerns in Primary Care: A Clinician's Toolkit*. The Mental Health Practice Readiness Inventory was completed by each site to develop a work plan focusing on areas identified as the practice's greatest needs. Clinics were also introduced to a mental health consultation model as one approach to increasing capacity. A full report is available upon request.

**Key partners:** Dr. Arianna Keil; Kevin O'Brien (Aurora Family Service)



### Project Participation: Topics and Attendance

*"I really hope the project will be continued. And expanded! Is an excellent resource from top to bottom."*  
—Participant

Session No.	Practice 1 Topic	Practice 2 Topic
1	Readiness Inventory	Readiness Inventory
2	Community Resources	Information Systems Redesign
3	Information Systems Redesign	Community Resources
4	Decision Support for Clinicians	Decision Support for Clinicians
<b>Average Attendance: 3.5</b>		<b>Average Attendance: 4.25</b>

### Selected Clinic Outcomes

Survey Question	Pre-test Avg.	Post-test Avg.
Comfort providing behavioral health services to children 0-8 years old	3.25	4.25
Confidence in the behavioral health services provided by your practice	4	4.75
Knowledge early childhood behavioral health issues	4	4.5
Familiarity with free and low cost local community resources for children and families related to social, emotional or behavioral health issues	3	4

\*Items ranked from 1 ("Not at all") to 5 ("Very").

#### Key Benefits:

- Being introduced to and given the AAP Toolkit.
- Receiving information about community resources for families.

#### Key Challenges:

- Issues of practice capacity and finding time to attend the series of trainings were the most commonly noted challenges.
- Practices also noted challenges finding funding to support mental health consultation beyond the pilot program.

#### Additional Trainings of Interest (Top 2)

- Family Psychosocial Risk Factors
- Social and Emotional Development in EC

#### Next Steps

- Brief modules were developed to cover content, continuing to use AAP Toolkit as a guide.
- Efforts to recruit new clinics have continued, although recruitment has been challenging.

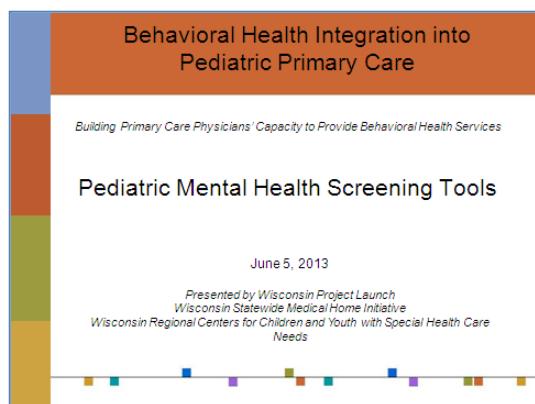
**100%**

Participants Rated the Program as Helpful or Very Helpful

## Behavioral Health Integration Brief Modules

As a result of the Integration Pilot and other work across the state, Wisconsin LAUNCH (in collaboration with the Wisconsin Statewide Medical Home Initiative and Wisconsin Regional Partners for Children and Youth with Special Health Care Needs) started work on brief modules. The modules respond to some of the core needs identified by the Pilot and its evaluation efforts. These presentations can be provided to primary care practices in shorter doses. To date, work has started on two presentations: Pediatric Mental Health Screening Tools and Pediatric Mental Health Community Resources.

**Key partners:** Dr. Arianna Keil; Amy D'Addario (Children's Hospital of Wisconsin)



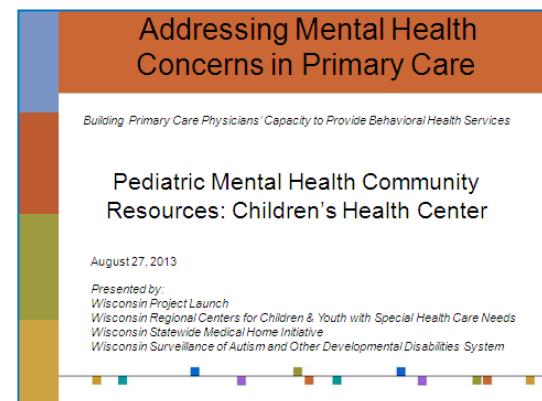
### Pediatric MH Screening Tools: Learning Objectives

- Be aware of the resources in the AAP's Mental Health Toolkit
- Understand the AAP Task Force on Mental Health's recommendations for pediatric mental health screening
- Learn about 3 validated pediatric mental health screening tools
- Understand a few key community resources to support children with behavioral health concerns
- Begin to consider how to incorporate mental health screening into well-child care delivery

### Pediatric MH Community Resources: Learning Objectives

- Be aware of the resources in the AAP's Mental Health Toolkit
- Learn about "Core Services" in the Community Resources section of the AAP's Toolkit (crisis and non-crisis services)
- Understand relevant national and local community resources for children with behavioral health concerns and their families
- Begin to consider how to incorporate use of these resources into care for children with behavioral health concerns

This presentation can be tailored for each Wisconsin community.



### Joint Release of Information Form

Wisconsin LAUNCH identified challenges with information sharing between health providers and the state's early intervention system, Birth to 3. After a state meeting featuring Oregon START (Screening Tools and Referral Training), collaborative work began on developing a joint release to be used by primary care providers and early interventionists. Importantly, the form is both HIPAA and FERPA compliant. The form has been approved by Birth to 3 and DHS.

**Key Partners:** Dr. Arianna Keil; Terri Enters (Wisconsin Birth to 3 Program)

### Outcomes

- The joint release is available on the DHS website: [www.dhs.wisconsin.gov/forms/F0/f00688.doc](http://www.dhs.wisconsin.gov/forms/F0/f00688.doc)
- A letter co-signed by all key program partners was distributed over the Wisconsin State Medical Home Initiative listserv in September 2013.

### Next Steps

- Evaluation efforts to track use and perception of the tool will be planned and implemented.

*"In the past, if a pediatrician had a developmental concern for a child...and would do the referral to Birth to 3, it didn't necessarily mean that they'd ever know what happened [after the referral occurred]."*

*—LAUNCH Coordinator*

## Wisconsin Child Psychiatry Consultation Line

After a year-long strategic planning process, the Wisconsin LAUNCH State Council identified the development of a child psychiatry consultation line, accessible to primary care clinicians working with children, as a priority area for LAUNCH. A steering committee was convened to identify strategic opportunities to develop the consultation line. Activities have included information sharing (notably through two stakeholder meetings with keynote speaker Dr. John Straus from Massachusetts), developing work groups to advance efforts, drafting a strategic plan, and working with outside partners to share information about the line with the legislature.

**Key Partners:** Dr. Arianna Keil; Dr. Rick Immler; Kia LaBracke (AAP); Marie Danforth (DHS); Rebecca Wigg-Ninham (DHS); Kim Eithun-Harshner (DCF); Tracey Oerter (Children's Hospital of Wisconsin); Nathan Berken (Medical College of Wisconsin)

### Meeting Data



### Kickoff Stakeholder Meeting Feedback (N=53)

- All attendees supported the creation of a child psychiatry consultation line.
- All felt the meeting was worthwhile.
- Learning about models, breakout session discussions, and networking were noted as most valuable.

### Outcomes

- Guiding principles for a Wisconsin program have been developed
- Based in part on testimony from LAUNCH partners to the Speaker's Task Force on Mental Health and guiding principles developed with stakeholders, a recommendation to start a consultation line was advanced to the legislature. **On November 12, 2013, the state Assembly approved Assembly Bill 452.** Senate Bill 359 has been referred to the Committee on Health and Human Services.

### Next Steps

- Two additional stakeholder meetings are scheduled for January – one in Milwaukee (January 8, 8:30-10:30) and one in Stevens Point (January 9, 8:30-10:30). The meetings will include a presentation from staff of the Minnesota Psychiatric Consultation Service.
- Work groups continue to meet on a monthly basis.
- Project partners continue to monitor the legislation and other opportunities for funding and advocacy.

## Governor's Early Care and Education Advisory Council

Many state council members have been active participants in the various committees convened under the "ECAC" for years. The State LAUNCH co-chairs the Screening and Assessment Project Team. Currently, the team is working to develop priority recommendations and opportunities to expand and improve screening and assessment throughout Wisconsin. They are currently developing a work plan to guide their activities for 2014.