NC Project LAUNCH

Supporting families in promoting early child mental health

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Introduction & History
NC Project LAUNCH

- Public health approach
- For children 0-8 and their families
- Improving systems that serve young children to promote physical, social, cognitive & emotional growth
- Grantee - NC DPH/Women & Children’s Branch
- Local implementation site - Alamance County (Lead Agency – Department of Public Health) 1/2012
- 55 SAMHSA-funded sites
5 Prevention & Promotion Domains

1. Screenings: Child Social-Emotional Development & Parental Depression
2. Integration of behavioral health and support with Primary Care
1. Home Visiting
2. Early Childhood MH Consultation
3. Family Strengthening
Alamance LAUNCH FCMH Sites

Burlington Pediatrics
- 3 locations
- 27 medical staff
- Annual 0-8 served = 3,000
- Medicaid ~ 60%
- ECMH Team
  Start Date – July 2012

Kernodle Pediatrics
- 1 location
- 7 medical staff
- Annual 0-8 served = 1,500
- Medicaid ~ 60%
- ECMH Team
  Start Date – October 2012
Foundations of the NC LAUNCH Family Centered Medical Home Model
Family Centered Medical Home

- An approach, not just a place
- Pediatric care team works in partnership with child & family to assure medical & non-medical needs are met
- Helps the family access, coordinate, & understand specialty care, educational services, family support, other community services to promote overall health of child & family
What is Triple P?

- Triple P is a parenting support resource used all over the world. It suggests simple routines and small changes that can make a big difference for families. It helps parents understand the way their family works and uses the things parents already say, think, feel and do in new ways that:
  - Create a stable, supportive and harmonious family
  - Encourage behavior parents like
  - Deal positively, consistently and decisively with problem behavior
  - Build positive relationships with children, so that conflict can be resolved
  - Plan ahead to avoid or manage potentially difficult situations
  - Take care of the parent as well as the children
How the Model Works
NC LAUNCH Family Centered Medical Home Model

✓ Pediatrician
✓ Family Centered Health Navigator
✓ Early Childhood Mental Health Specialist
✓ Child/Family
✓ Community

Pediatric Medicine + Public Health Approaches
(Tier 1) FCMH Flow Chart

**Well Child Visits**

**Family-Centered Medical Home**

- **Pediatrician**
- **Nurse**
  - Warm handoff
  - ECMH TEAM

**Health Promotion & Prevention**

**Social – Emotional Screening**

**Family Priorities**

**SUPPORT & ASSISTANCE**

**Family Centered Health Navigator**
- Engagement & partnership
- Peer support
- Assess/address Social Determinants
- Care coordination
- School-based support
- Lactation Counseling

**Early Childhood MH Specialist**
- Psycho-Ed
- Assess/address behavioral health needs
- Evaluation
- School-based support
- Brief Interventions
- Clinical referrals
Family-Centered Health Navigator

- Engagement & partnership
- Peer support
- Assess/address Social Determinants
- Care coordination
- School-based support
- Lactation Counseling
Early Child Mental Health Specialist

- Psycho-Ed
- Assess/address behavioral health needs
- Evaluation
- School-based support
- Brief Interventions
- Clinical referrals
(Tier 2) Community Resources

Is comprised of:

- Community partners
- Early Childcare & Education
- An array of Early Childhood EBPs

Is connected and supported through collaboration, common language and approach (Triple P)

Advances continuity of care for children and their families, promotes adoption of more comprehensive care by pediatric practices
- Referral Network
- Continuity of Care
- Collaboration

CCNC/Access Care
Children’s Developmental Services Agency (CDSA)
Centro La Comunidad
Dept. of Social Services
Exchange Club Family Center
Housing Authority
Health Department
Horizons
NC Families United
Partnership for Children
School System (ABSS)
Social Work & Nursing
Developing a Common Language & Approach to promote Positive Parenting for all families of children 0-8
What are the Results?

Duke University Center for Child and Family Policy Independent Evaluation
# Promotion of Early Identification of Risks through Social-Emotional Screenings

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<th>Before LAUNCH</th>
<th>With LAUNCH</th>
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<td><strong>Burlington Peds</strong></td>
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<td>PEDS</td>
<td>Addition of ASQ-SE, PSC in WC visits</td>
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<td>No Parental depression screening</td>
<td>Since February 2014 and after full implementation of the new electronic medical record, PHQ-2s have been conducted routinely during all well-child visits at 1 and 2 months</td>
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<td><strong>Kernodle</strong></td>
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<tr>
<td>ASQ</td>
<td>Addition of ASQ-SE, PSC in WC visits</td>
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<td>No parental depression screening</td>
<td>Kernodle Clinic was eager to introduce the PHQ-2 screening early on at the following well-child visits: 2-weeks, 2, 4 and 6 months, and began using it consistently in 2013</td>
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## Family Strengthening/Triple P in Primary Care

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<td>Neither practice had access to an evidence-based parenting support/family strengthening approach to integrate in routine care for their patients and families</td>
<td>Project LAUNCH trained/accredited 9 doctors and nurses at <strong>Burlington Pediatrics</strong> (2 trained providers left Burlington Pediatrics after their training; 29% of all staff currently trained) and 5 at <strong>Kernodle Clinic</strong> (56% of all staff).</td>
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<td>Both practices now routinely incorporate Triple P informed guidance (w/Triple P materials) into their anticipatory guidance in well-child visits</td>
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More Comprehensive Care through On-Site Early Childhood MH Teams

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<td>Neither practice had access to on-site resources to provide family support,</td>
<td>With the on-site Early Childhood Mental Health Teams, the practice and</td>
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<td>home visiting, school-based assistance, clinical services, psychoeducation</td>
<td>patients/families of the practice gained an array of family support and</td>
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<tr>
<td>or mental health/developmental assessments.</td>
<td>treatment resources.</td>
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<tr>
<td>• The Burlington Peds ECMH Team received 962 referrals.</td>
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<tr>
<td>• The Kernodle Clinic Peds ECMH Team received 605 referrals</td>
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<td>• Burlington Pediatrics was received National Committee for Quality</td>
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<tr>
<td>Assurance (NCQA) Level 3 Accreditation as a Family Centered Medical Home</td>
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Families now use the teams as an ongoing, periodic resource to address emerging concerns (91% of Burlington Peds and 80% of Kernodle Clinic families returned to the teams for more services after a 3-mo. or longer period of no services)

Moreover, families who initially declined services from the teams come back and receive services (80% at Burlington Peds and 72% at Kernodle Clinic)

- Families like having easy access to the teams within their pediatrician’s office and will go to them for services when they need them
- The ECMH teams are becoming more entrenched as a ‘normative service’ in the practices
Feedback from Practitioners

• Physicians feel less pressured to handle behavioral and social-emotional issues in the 10 minutes they have to address a patient’s concerns and feel they can practice medicine again.

• Doctors are confident that “families will be taken care of and taken care of well”

• Procedurally, it is much easier to make referrals for social/emotional concerns – the process is faster, more personable and efficient.

• The Team took pressure off clinic staff by handling families’ social/emotional concerns.

• The Team helps decrease barriers for families in accessing community services by helping families fill out the necessary paperwork together. Follow up on referral outcomes is now possible.
Feedback from Practitioners

- The team’s knowledge and expertise around parenting issues is a great addition to the practice.
- "I feel more comfortable bringing up something myself, because I can do something about it. Before (the Team), I couldn't do anything about it."
- "Our role is more complete. It gives us more insight into the families we serve and makes us more sensitive to the issues that are going on."
- "I feel the same about the Team as I would if I needed a surgeon and did not have one easily available to me. I feel it [the Team] is just as important."

(Duke Evaluation Focus Groups)
Feedback from Families

- It helped my family with issues with both children not just the one.
- This is a wonderful program!! The therapist was very supportive and helped me get my daughter back into OT. This program is very helpful to parents and is very beneficial to the community.
- Our child has shown a tremendous improvement since the start of this service. The most helpful part of the services was the one-on-one attention our child received.
- Every pediatrician's office should have program like this.
- Just knowing that I do have someone I can talk to without judgment. The phone calls to let me know that y'all care. Thanks so much.
- So great to have help; very friendly staff. So nice not to feel alone in this situation. The most helpful thing was the guidance and positive parenting help.
Evidence-Based Training – Triple P

• NC LAUNCH advanced Family Strengthening resources for all families with young children through community-wide training: Triple P 3 Primary Care, Triple P 4, Triple P Level 2 Seminar, Triple P 3 Discussion Group, Level 3 Stepping Stones, and Level 3 Lifestyles

• Providers trained to deliver Positive Parenting/Triple P across the community (many in multiple levels): 197

• Children/Families that received Positive Parenting/Triple P services across the community: 2500
Lessons learned - ECMH teams and integration into primary care

- ECMH team needs to adapt to the host practice’s daily functions
- ECMH team needs to establish good relationships with administrative staff and nurses
- It is helpful to have both practice staff and ECMH teams trained in Triple P, so families get the same positive parenting messages from everyone.
- Consideration needs to be given to logistics:
  - Practice size and sites
  - Practice’s organizational structure
  - ECMH team’s access to electronic medical record
  - Provision of a private space for ECMH team to see clients
  - ECMH teams need schedule flexibility beyond 8:00 to 5:00