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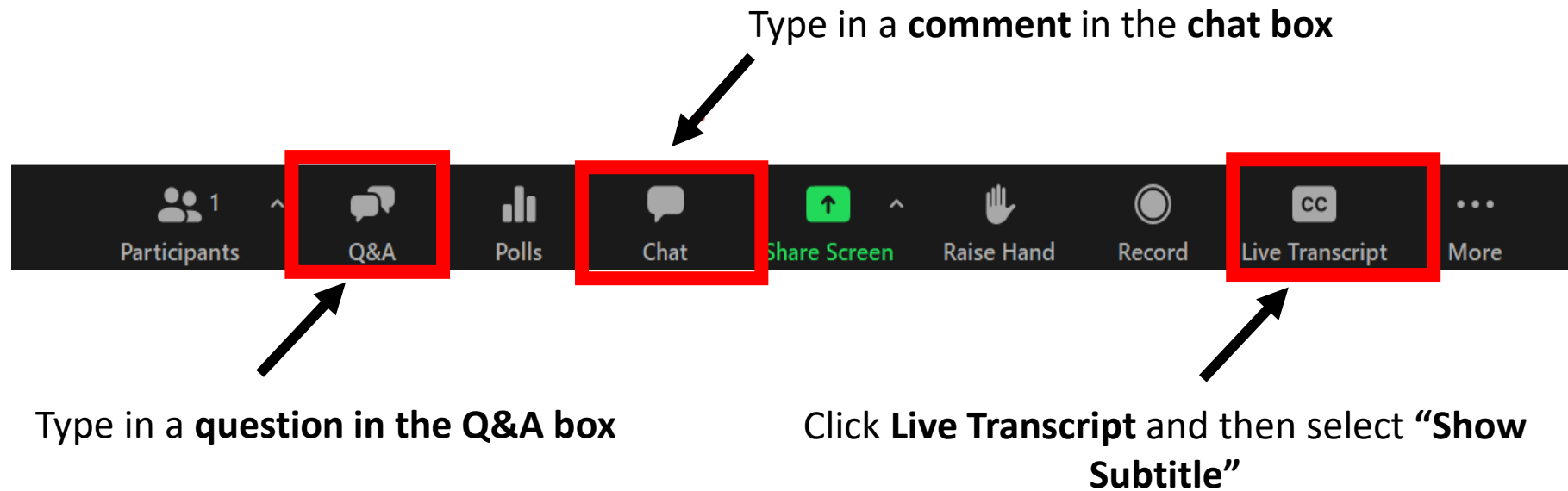
# CoE-IHS Webinar: The Youth Mental Health Crisis and Opportunities for Integrated Care

Thursday, November 30, 2023  
2-3:30pm ET

**CENTER OF EXCELLENCE** for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

# Questions, Comments & Closed Captioning



# Disclaimer

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# ***SAMHSA***

Substance Abuse and Mental Health  
Services Administration

[www.samhsa.gov](http://www.samhsa.gov)

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# Pediatric Integration Webinar Series



- Thursday, December 21st from 2-3pm ET: [Pediatric Integration Part 2](#)
- Thursday, January 25th from 2-3pm ET: [Pediatric Integration Part 3](#)
- Thursday, February 29th from 2-3pm ET: [Pediatric Integration Part 4](#)

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# Introductions



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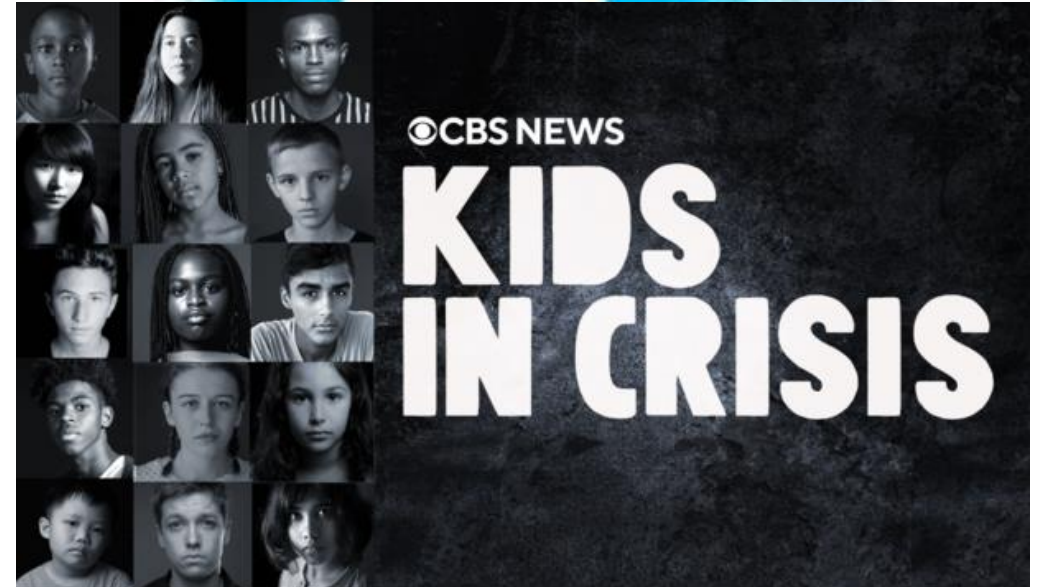


# Learning Objectives

- Identify factors that impact the youth mental health crisis.
- Understand the rationale and need for integrated pediatric care to improve access to comprehensive health services for children and young people.
- Recognize and understand varying opportunities for integrated care in pediatric settings and understand the benefits of implementing integrated care models.
- Gather different evidence-based integrated care models and tools for implementation in pediatric settings.



# Aspects: The Youth Mental Health Crisis



# How Do Adverse Childhood Events (ACEs) Impact You?

**ACEs can have multiple impacts on long-term physical and mental health**

- Obesity
- Diabetes
- Depression/Anxiety
- Suicide Attempts
- STD
- Cancer
- Asthma/COPD
- Smoking
- Alcohol/Drug Use
- Relationship issues
- Workplace issues (i.e., absenteeism)
- Heart disease
- Stroke



Sources:

- [Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults](#)
- [A Science-Based Framework for Early Childhood Policy](#)





# ACEs & The Youth Mental Health Crisis

## Abuse



Physical abuse



Sexual abuse



Verbal abuse

## Neglect



Emotional neglect



Physical neglect

## Growing up in a household where:



There are adults with alcohol and drug problems



There are adults with mental health problems



There is domestic violence



There are adults who have spent time in prison



Parents have separated

## What Impact Do ACEs Have?

As the number of ACEs increases, so does the risk of negative health outcomes



### Possible Risk Outcomes:

#### BEHAVIOR



Lack of Physical Activity



Smoking



Alcoholism



Substance Abuse



Missed Work

#### PHYSICAL & MENTAL HEALTH



Severe Obesity



Diabetes



Depression



Suicide Threats



STIs



Heart Disease



Cancer



Stroke



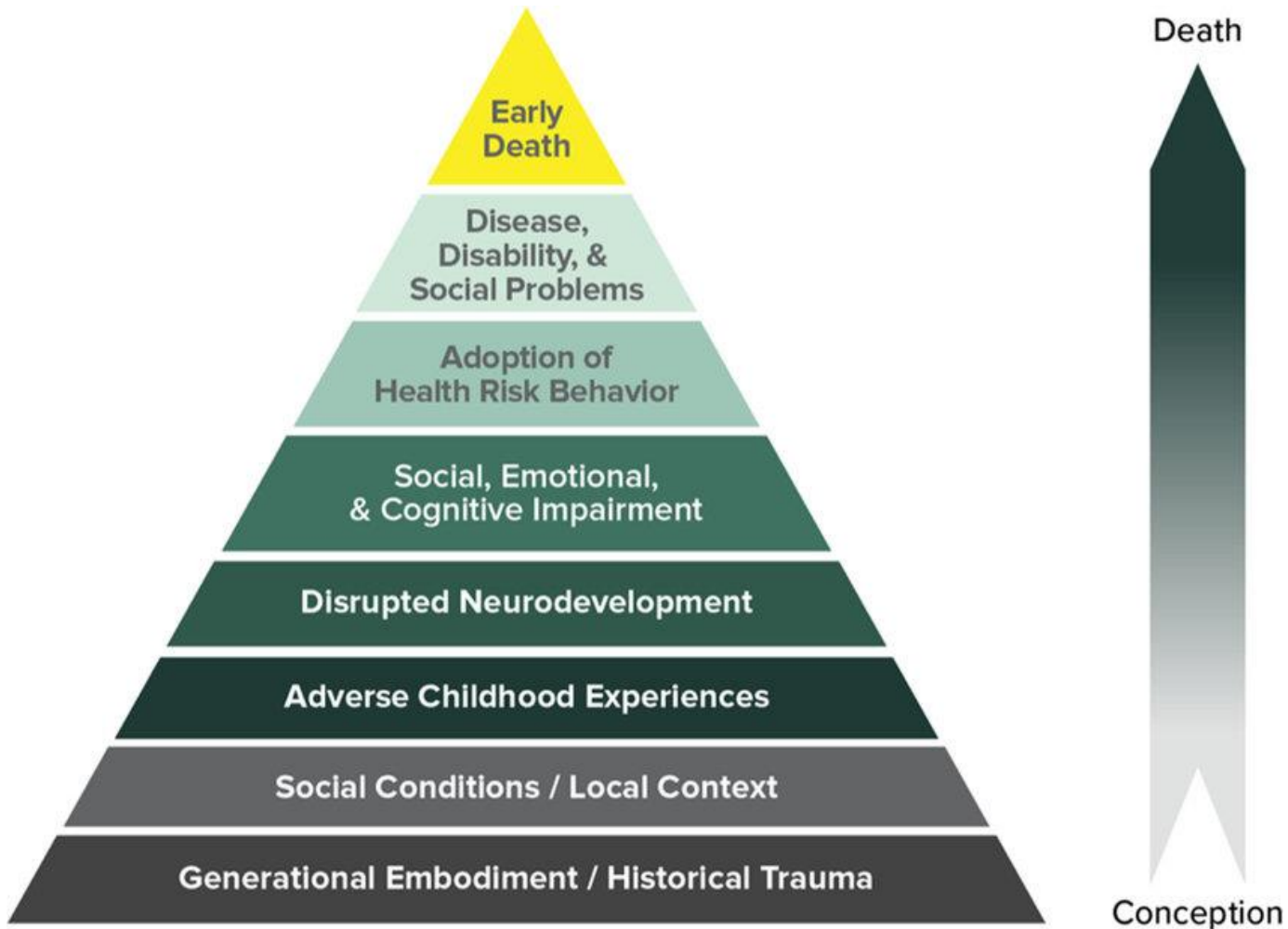
COPD



Broken Bones

#### Sources:

- [What are Adverse Childhood Experiences ACEs?](#)
- [Adverse Childhood Experience Study](#)



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Source: [Adverse childhood experiences: Mechanisms of risk and resilience in a longitudinal urban cohort](#)

# Impact of ACEs on Youth

There is not a clear scientific explanation for the progression from ACEs to early death, but the study proposed a potential pathway for negative outcomes resultant from ACEs. Intervention through a pediatric integrated care approach can prevent youth from progressing to the top of the pyramid.

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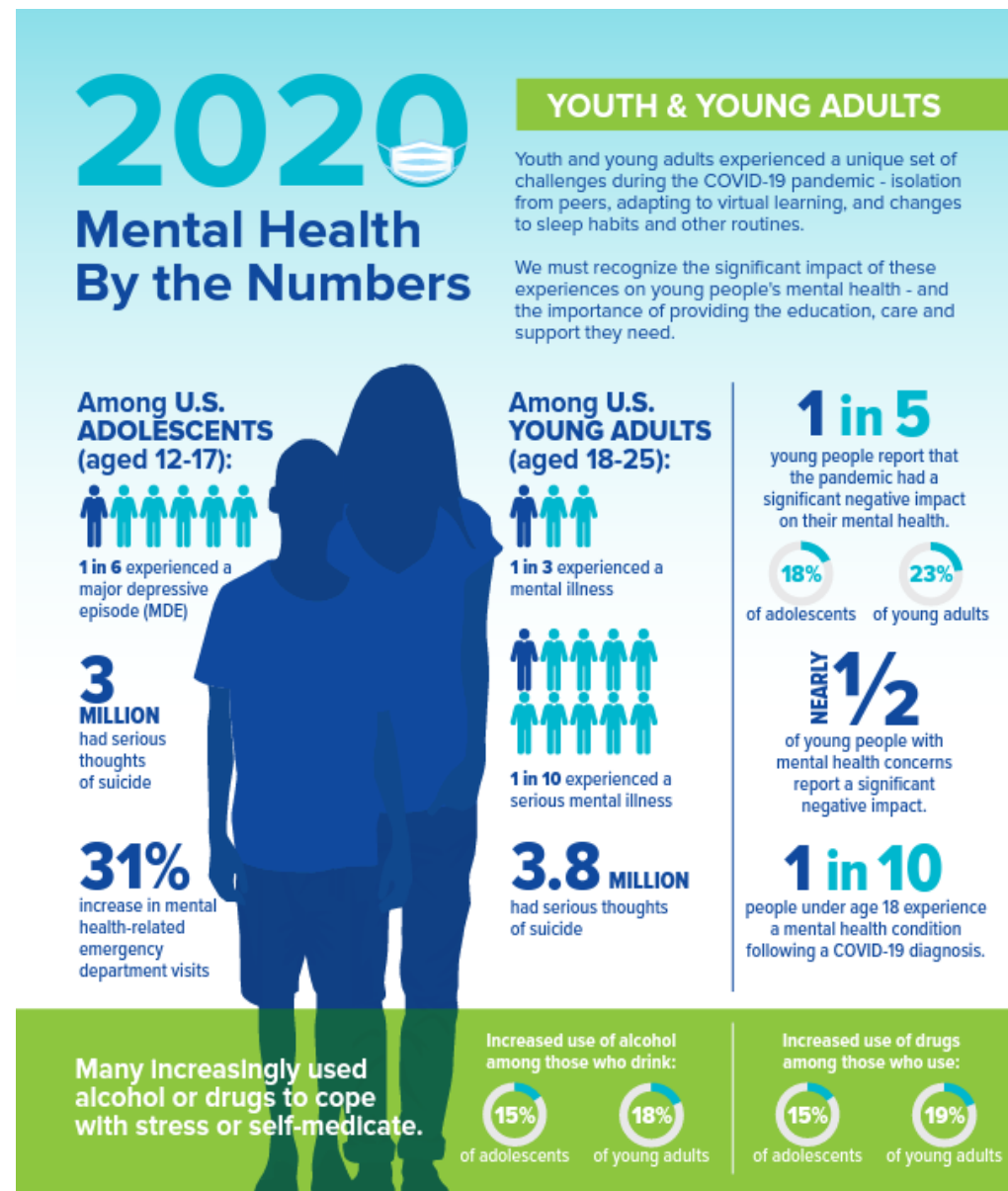


# The Rationale & Need for Pediatric Integrated Care

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# Mental Health by the Numbers



Source: [Mental Health 2020. Youth by the Numbers Infographic](#)

# A National State of Emergency

American Academy of Pediatrics   
DEDICATED TO THE HEALTH OF ALL CHILDREN®

**AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health**

**A declaration from the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children's Hospital Association:**

As health professionals dedicated to the care of children and adolescents, we have witnessed soaring rates of mental health challenges among children, adolescents, and their families over the course of the COVID-19 pandemic, exacerbating the situation that existed prior to the pandemic. Children and families across our country have experienced enormous adversity and disruption. The inequities that result from structural racism have contributed to disproportionate impacts on children from communities of color.

This worsening crisis in child and adolescent mental health is inextricably tied to the stress brought on by COVID-19 and the ongoing struggle for racial justice and represents an acceleration of trends observed prior to 2020. Rates of childhood mental health concerns and suicide rose steadily between 2010 and 2020 and by 2018 suicide was the second leading cause of death for youth ages 10-24. The pandemic has intensified this crisis: across the country we have witnessed dramatic increases in Emergency Department visits for all mental health emergencies including suspected suicide attempts.

The American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP) and the Children's Hospital Association (CHA) have declared a National State of Emergency in Children's Mental Health.

Source: [Declaration of a National Emergency in Child & Adolescent Mental Health](#)



# COVID-19's Impact on an Evolving Crisis

## 2020 Surveys And Research Findings

**6,600** suicide deaths  
in young people age 10 to 24

**69%** said the pandemic  
was the worst thing to  
happen to their child

**71% of parents**  
said the pandemic had  
taken a toll on their child's  
mental health

**~30% increase**  
in emergency room visits for  
mental health for youth age  
12 to 17; 24% for children  
age 5 to 11

**33% increase**  
in anxiety and/or depression  
(12% in 2016 and 16% in 2020)

## Pre-Pandemic Statistics

**~20%** of children  
ages 13-17 had a mental,  
emotional, developmental,  
or behavioral disorder

**1:3 high school  
students** reported  
persistent feelings of  
sadness or hopelessness

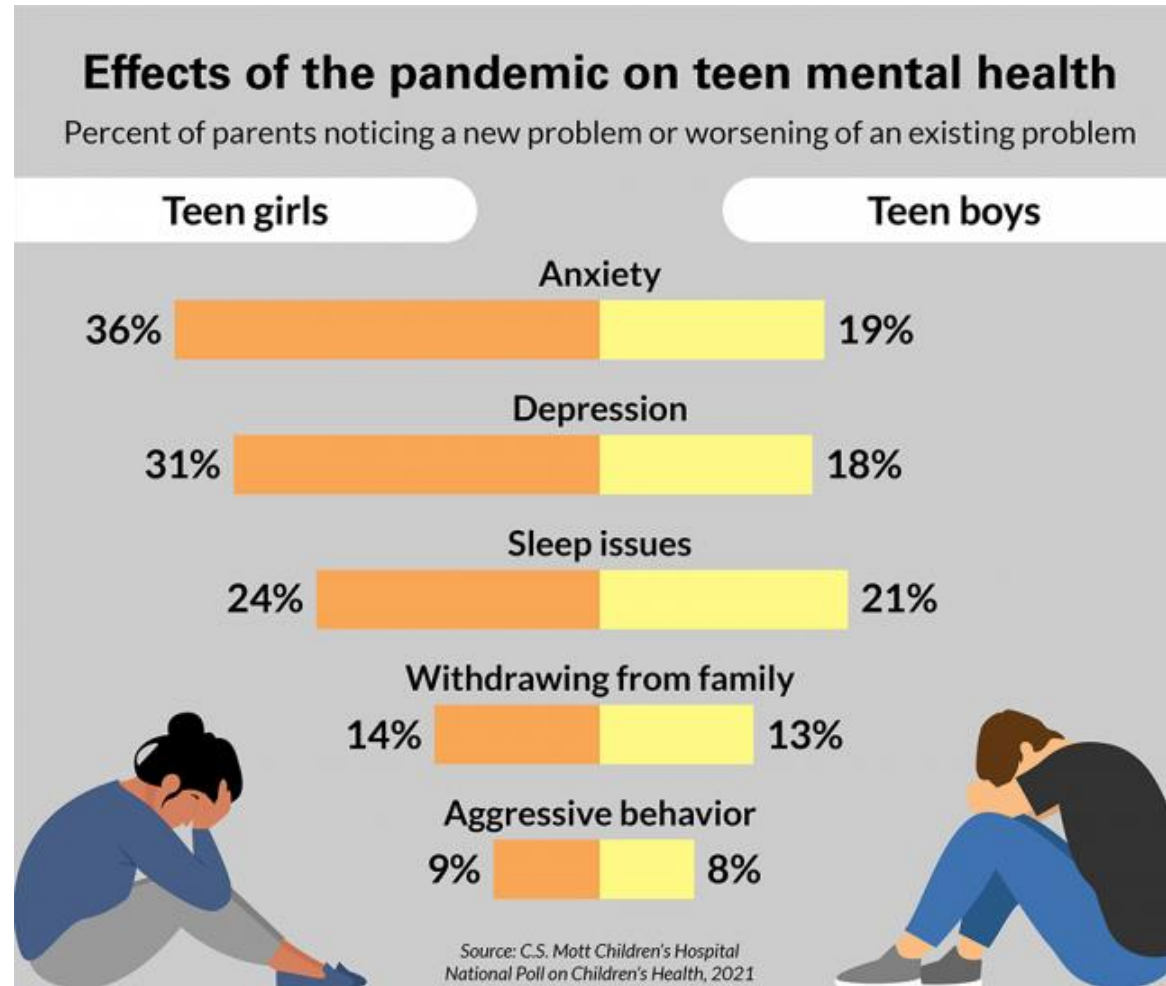
**19%** seriously considered  
attempting suicide, increasing  
36% in a decade

**~16%** had made  
a suicide plan in the  
prior year, increasing  
44% in a decade

Source: [The Mental Health of Children & Young Adults: Effects of the Pandemic](#)



# COVID-19 & Teen Mental Health



Source: [National Poll on Children's Health Infographics](#)



# Mental Health Among Children

One in five children will experience a mental health disorder at some point in their life.

Of those children diagnosed with mental health disorders, 75 percent of children are currently seen in primary care settings, demonstrating the growing role primary care settings have in addressing behavioral health issues.

At the same time, it is estimated that 75-80 percent of children in need of mental health services do not receive them.

Source: [National Institute of Mental Health: Mental Illness](#)





# Mental Health & Early Childhood



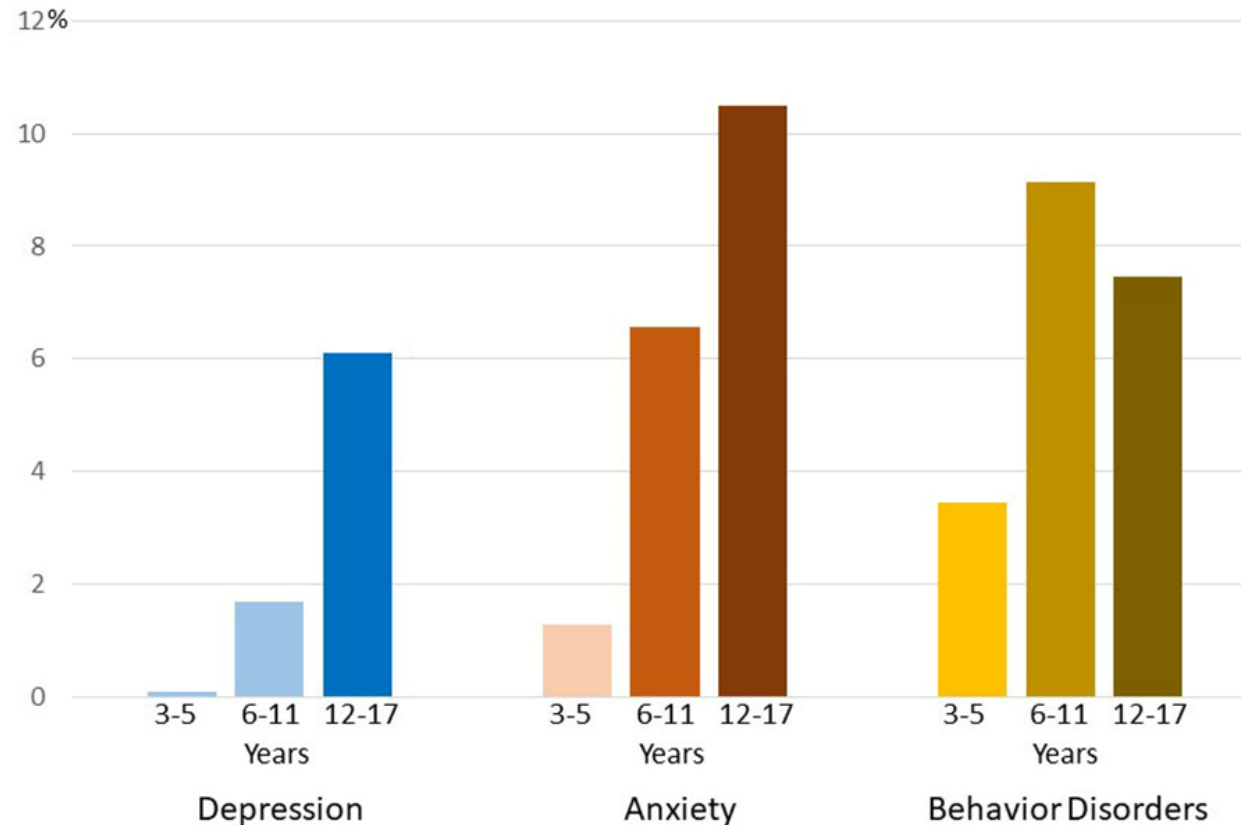
1 in 6 children aged 2-8 years  
has a mental, behavioral, or  
developmental disorder.

Source: [Strategies to Support the Integration of Mental Health into Pediatric Primary Care](#)



# Mental Health Disorders by Age

Depression, Anxiety, Behavior Disorders, by Age



Source: [Strategies to Support the Integration of Mental Health into Pediatric Primary Care](#)

# Occurrence in the U.S.

## **Some conditions are co-occurring. For example, among children aged 3-17 years in 2016:**

- Having another mental disorder was most common in children with depression: about 3 in 4 children with depression also had anxiety (73.8%) and almost 1 in 2 had behavior problems (47.2%).
- For children with anxiety, more than 1 in 3 also had behavior problems (37.9%) and about 1 in 3 also had depression (32.3%).
- For children with behavior problems, more than 1 in 3 also had anxiety (36.6%) and about 1 in 5 also had depression (20.3%).

Source: [Centers for Disease Control & Prevention: Children's Mental Health](#)



# Youth Mental Health: Related Factors

- **Many family, community, and healthcare factors are related to children's mental health**
  - Among children aged 2-8 years, boys were more likely than girls to have a mental, behavioral, or developmental disorder.
  - Among children living below 100% of the federal poverty level, more than 1 in 5 (22%) had a mental, behavioral, or developmental disorder.
  - Age and poverty level affected the likelihood of children receiving treatment for anxiety, depression, or behavior problems.
- **Adverse childhood events (ACEs) are associated with children's physical and mental health. In 2016-2019, among children aged 6-17 years:**
  - Children who were discriminated against based on race or ethnicity had higher percentages of one or more physical health conditions (37.8% versus 27.1%), and one or more mental health conditions (28.9% versus 17.8%).
  - Racial/ethnic discrimination was almost seven times as common among children with three other ACEs compared to those with no other ACEs

Source: [Centers for Disease Control & Prevention: Children's Mental Health](#)



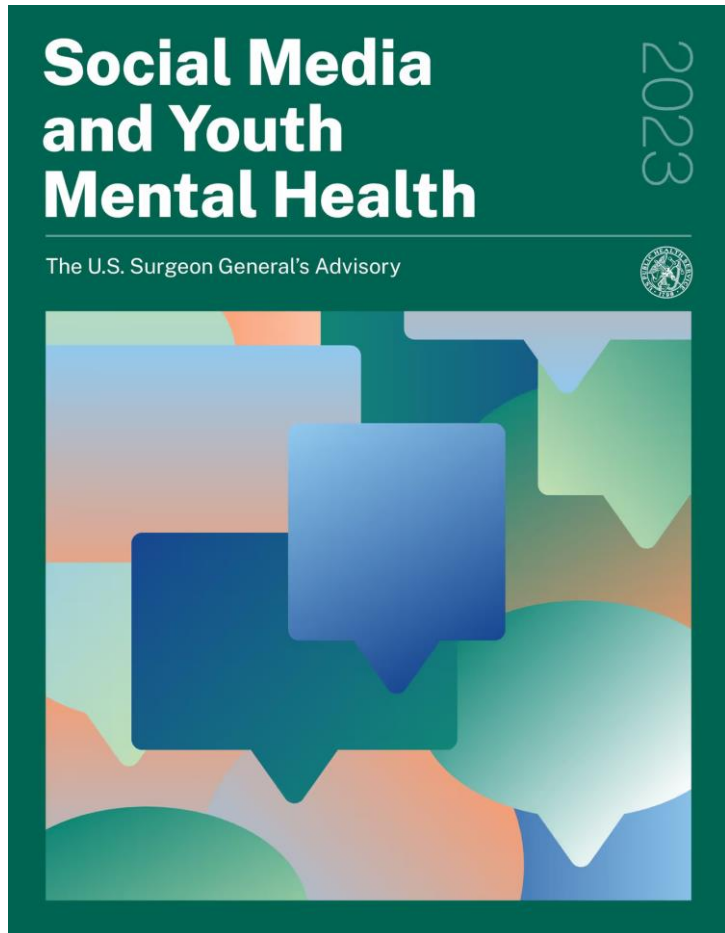
# Youth Mental Health: Related Factors cont.

- Toxic stress
- Abuse or neglect
- Substance and/or family history of SU
- Maternal depression
- Parental substance use
- Family violence
- Incarceration prior to age 18
- Teen pregnancy
- Housing or food insecurity
- Discrimination based on sexual orientation & gender identity
- Chronic childhood illness
- Involvement in foster care systems
- Involvement in criminal justice system
- Cyberbullying
- Gun violence and witnessing violence in schools & the community
- General safety; racism/anti-racism, etc.
- Parental absenteeism (i.e., military families)

Source: [Mental Health Surveillance Among Children – United States 2013-2019](#)



# Social Media & Youth Mental Health



"Children and adolescents who spend more than 3 hours a day on social media face double the risk of mental health problems including experiencing symptoms of depression and anxiety.<sup>3</sup> This is concerning as a recent survey showed that teenagers spend an average of 3.5 hours a day on social media.

"Up to 95% of young people aged 13-17 report using a social media platform. Nearly two thirds of teenagers report using social media every day and one third report using social media "almost constantly."

Source: [Social Media and Youth Mental Health. The U.S. Surgeon General's Advisory](#)



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# Social Media & Youth Mental Health cont.

**46%** of adolescents aged 13–17 said social media makes them feel worse

**40%** said it makes them feel neither better nor worse, and only **14%** said it makes them feel better

**64%** of adolescents are “often” or “sometimes” exposed to hate-based content

**Nearly 2 in 3 adolescents** are “often” or “sometimes” exposed to hate-based content on social media

Studies have found a **connection between social media cyberbullying and depression** among young people.

**Teen girls and LGBTQ youth** are more likely to experience **cyberbullying and online harassment**, which can lead to negative emotions.

Among **adolescent girls of color, one-third or more** report exposure to racist content or language on social media platforms.

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Source: [Social Media and Youth Mental Health. The U.S. Surgeon General's Advisory](#)



# Impacts of Social Media

Higher levels of social and digital media use among children and adolescents are linked to adverse effects, including:

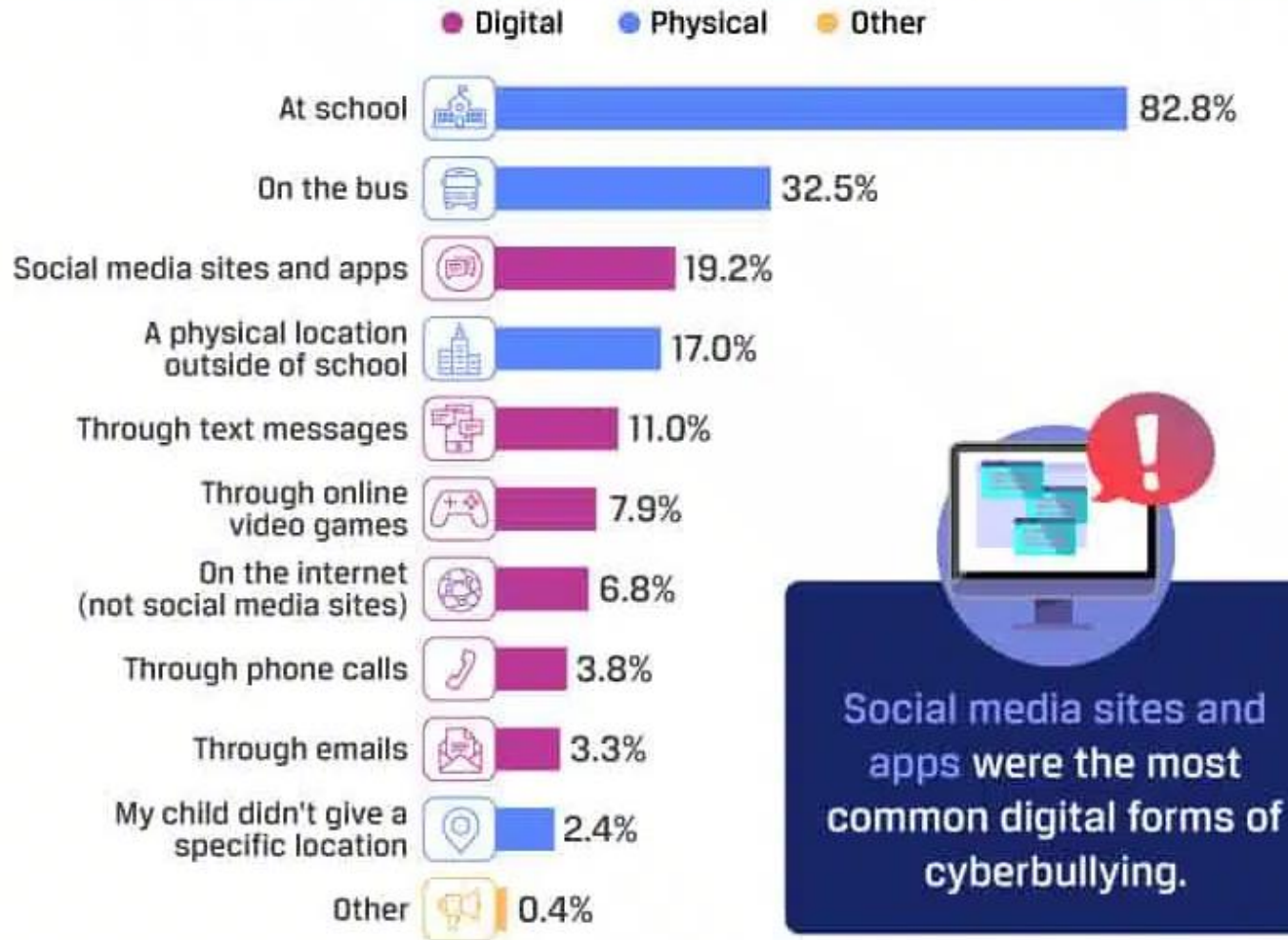
- Depression and anxiety
- inadequate sleep (which can disrupt neurological development)
- suicidal behaviors
- low self-esteem
- poor body image
- eating disorder behaviors and online harassment
- These risks are greater for girls versus boys and for those already experiencing mental health issues.

Source: [Social Media and Youth Mental Health. The U.S. Surgeon General's Advisory](#)





## LOCATIONS WHERE KIDS REPORTED BULLYING HAPPENED



# Cyberbullying

When youth experience cyberbullying, they are more than **4x** as likely to verbalize suicidal thoughts and make attempts compared to those who didn't.

This increased risk of cyberbullying related suicidal ideation and suicide attempts persists, regardless of whether you have experienced in-person bullying.

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Source: [Association of Cyberbullying Experiences & Perpetration with Suicidality in Early Adolescence](#)

# Rural Youth in Crisis



**WELL BEINGS**

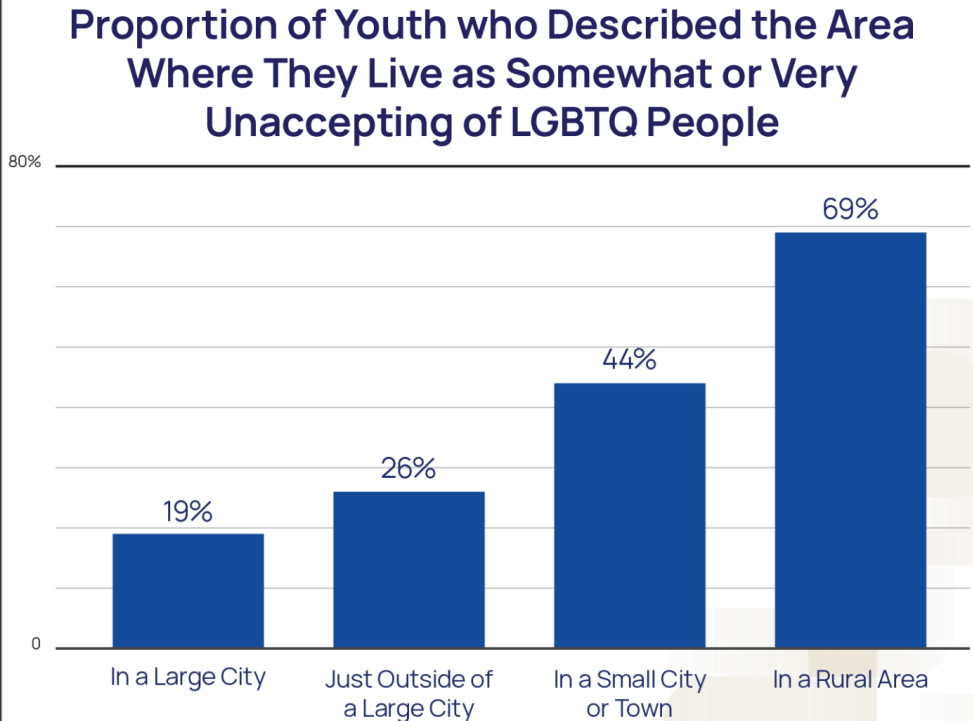
In 2017-2018, depression, anxiety, and behavioral conditions were more prevalent among rural children ages 3-17 compared to urban children.



Rural Americans are **less likely** to seek mental health services because of a prevailing sense of **shame and stigma** around mental illness.

**WELL BEINGS**

Src: Psychiatry Advisor



- Sources:
- [Facts & Figures: Mental Health in Rural America](#)
  - [LGBTQ Youth in Small Towns and Rural Areas](#)



# Gun Violence & Youth Mental Health

A 2021 study showed that 25% of children who survived gun-related injuries were subsequently diagnosed with new mental health disorders within the next year.

These diagnoses encompassed a range of issues, from trauma-induced disorders to substance use and disruptive behavioral conditions.

School-aged children also face anxiety attending school due to gun violence. A Pew Research Center survey revealed that 57% of 13-17 year olds experience persistent anxiety and worry about the possibility of a mass shooting.

Black children and teenagers experience gun violence at an alarmingly higher rate, constituting 46% of childhood victims.

Black children in the United States are about five times more likely to die from gun violence than their white counterparts.

84% of gun-related deaths among Black youth are homicides, compared to twenty-four percent among white children and teenagers.

# Gun Violence & Youth Mental Health cont.

The average monthly number of antidepressant prescriptions written to youth under age 20 by providers located near schools that experienced a fatal shooting was 21.3 percent higher relative to providers located farther away in the two to three years following a shooting than in the two years before.

School shootings also lead to an increase in student absenteeism and the likelihood of needing to repeat a grade in the two following years.

Students exposed to shootings at their schools are less likely to graduate high school, go to college, and graduate college, and they are less likely to be employed and have lower earnings in their mid-20s.



Source: [Surviving a School Shooting: Impacts on the MH, Education & Earnings of American Youth](#)

# Substance Use & Youth Mental Health

- Undetected substance use among youth: only **33-43%** of pediatricians and **14-27%** of family practitioners routinely asked adolescent patients about alcohol use.
- **50%** of the US population over the age of 12 consumes alcohol.
- The National Survey on Drug Use and Health (NSDUH) estimates that **1.7 million youth** aged 12-17 are not receiving treatment that they need for a substance use disorder (SUD).
- Among youth who have been identified with a SUD, the overall rate of unmet need for intervention was **92.3%**, but significantly worse for adolescents under 15 years of age (**96.3%**)

Source: [National Survey on Drug Use and Health. SAMHSA. \(2021\).](#)



# LGBTQ+ Youth & Mental Health

**TRAUMA:** Hate in all forms;  
Bullying, Discrimination,  
Homophobia, Biphobia,  
Transphobia

**HOMELESSNESS:** 120% Higher  
risk of becoming homeless  
due to familial rejection due  
to religious beliefs, etc.

**SUBSTANCE USE – 2X more  
likely to develop SUD than  
heterosexual youth**

**SUICIDE:** 4x more risk of an  
attempted suicide than  
heterosexual youth

Source: [Facts About LGBTQ+ Youth Suicide](#)



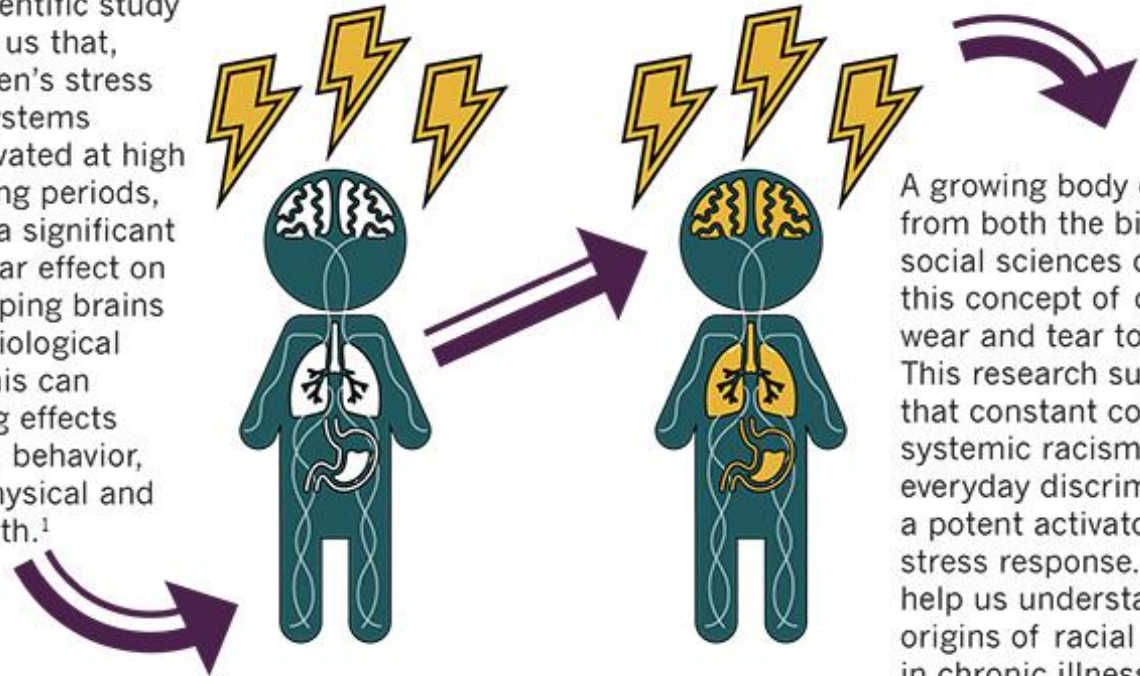
# Racial Disparities and Youth Mental Health

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## HOW RACISM CAN AFFECT CHILD DEVELOPMENT

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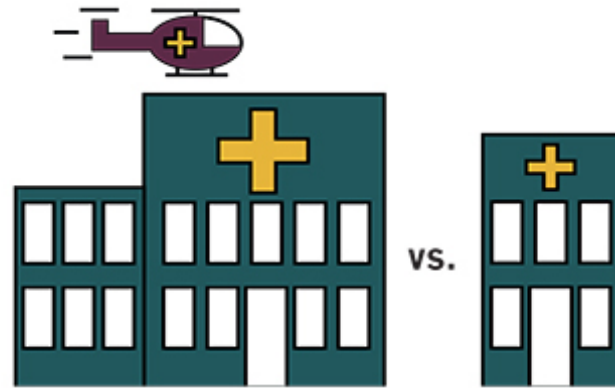
Years of scientific study have shown us that, when children's stress response systems remain activated at high levels for long periods, it can have a significant wear-and-tear effect on their developing brains and other biological systems. This can have lifelong effects on learning, behavior, and both physical and mental health.<sup>1</sup>



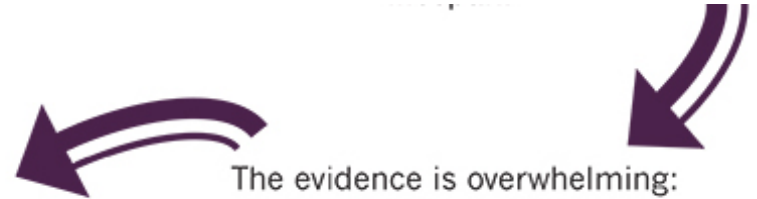
A growing body of evidence from both the biological and social sciences connects this concept of chronic wear and tear to racism.<sup>2</sup> This research suggests that constant coping with systemic racism and everyday discrimination is a potent activator of the stress response. This may help us understand the early origins of racial disparities in chronic illness across the lifespan.

# Racial Disparities and Youth Mental Health

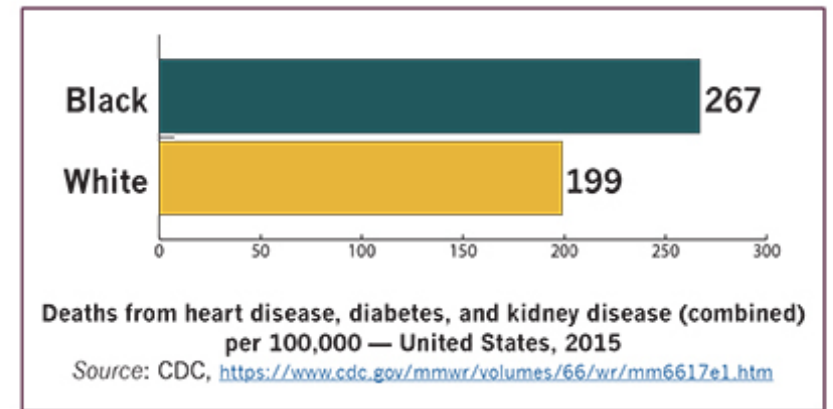
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People of color receive unequal treatment when they engage in systems like health care and education, and also have less access to high-quality education and health services, economic opportunities, and pathways to wealth accumulation.<sup>4</sup> All of these reflect ways in which the legacy of structural racism in the U.S. has created conditions that disproportionately undermine the health and development of children and families of color.



The evidence is overwhelming: Black, indigenous, and other people of color in the U.S. have, on average, more chronic health problems and shorter lifespans than whites at all income levels.<sup>3</sup>





# Racial Disparities and Youth Mental Health

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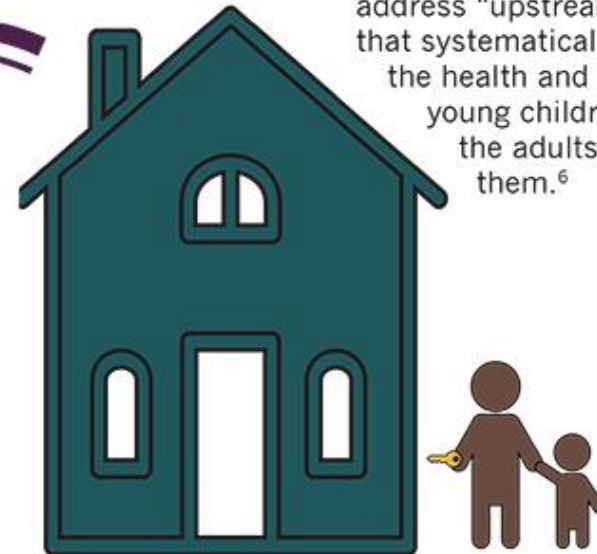
Multiple studies have documented how the stresses of everyday discrimination on parents or other caregivers, such as being associated with negative stereotypes, can have harmful effects on caregiving behaviors and adult mental health.<sup>5</sup> And when caregivers' mental health is affected, the challenges of coping with it can cause an excessive stress response in their children. But we can prevent lasting harm if we work together.



To address these challenges, we must not only provide needed services for all young children and families, but also create new strategies to address “upstream” inequities that systematically threaten the health and well-being of young children of color and the adults who care for them.<sup>6</sup>



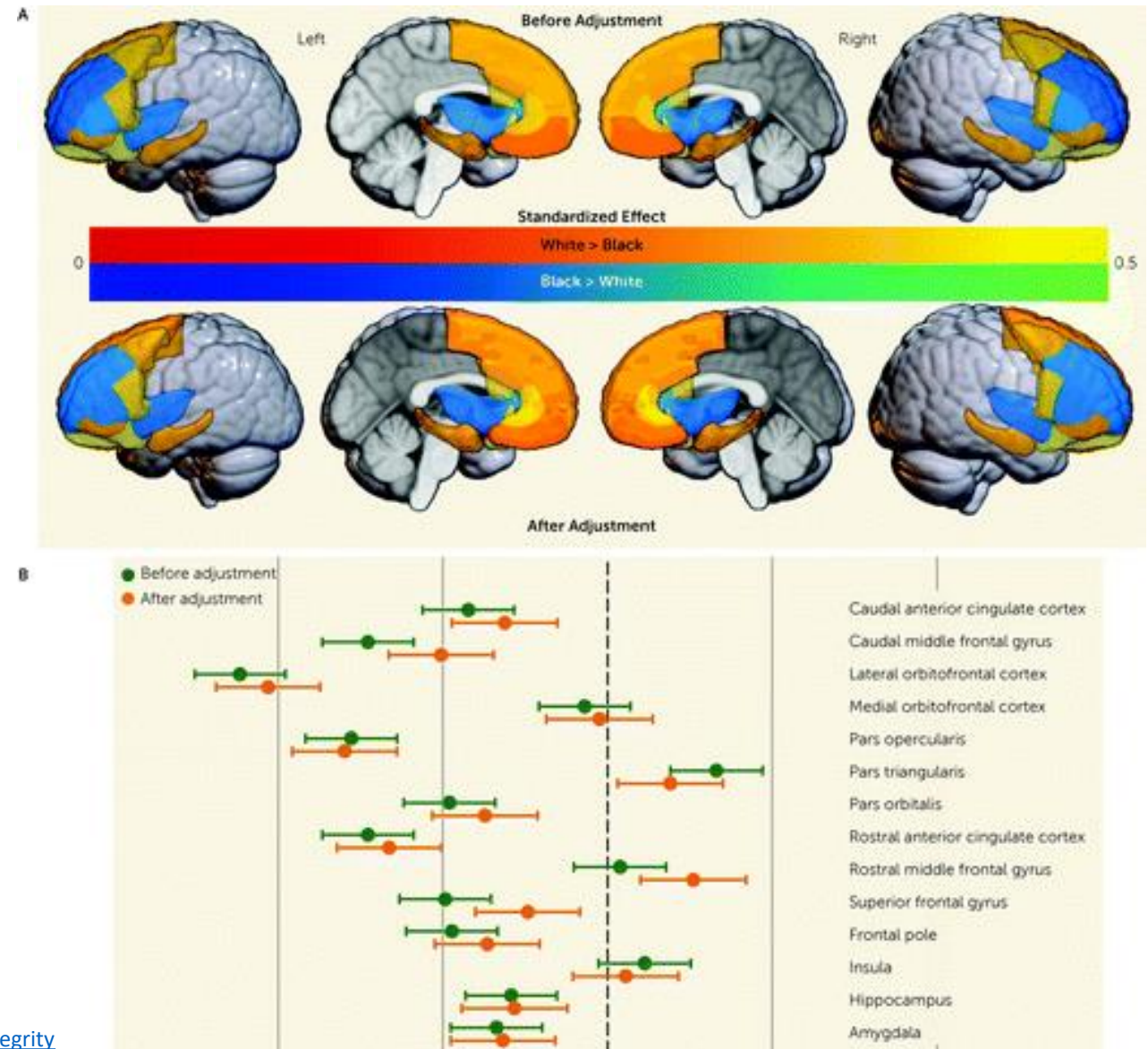
This means actively searching for and reducing unseen, restrictive biases in ourselves and in economic and social policies through initiatives such as fair hiring and lending practices, housing and home ownership programs, anti-bias training, and community policing initiatives.<sup>7</sup>



# Racial Disparities & Toxic Stress

"Research provides substantial evidence of the effects structural racism can have on a child's developing brain, and these small differences may be meaningful for their mental health and well-being through adulthood,"

"Racial discrimination may increase risk for medical disorders via neuroplastic effects on microstructural integrity of stress-sensitive prefrontal white matter tracts. Racial discrimination–related changes in these tracts may affect health [behaviors](#), which, in turn, influence vulnerability for medical disorders. "

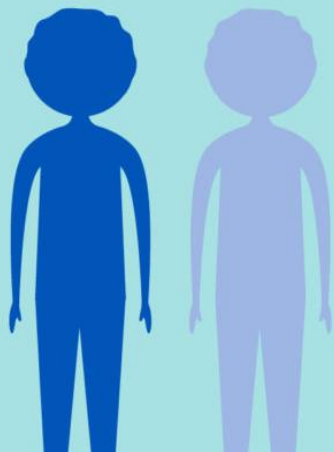


Sources:

- [Understanding Black Youth Suicide: Steps Towards Prevention](#)
- [Indirect Effects of Racial Discrimination on Health Outcomes Through Prefrontal Cortical White Matter Integrity](#)
- [Racial Disparities in Adversity During Childhood & the False Appearance of Race-Related Differences in Brain Structure](#)

# Understanding Black Youth Suicide

## UNDERSTANDING BLACK YOUTH SUICIDE



↑  
↑  
THE RATE OF SUICIDE IN  
BLACK YOUTH  
< 13 YEARS OLD  
IS APPROXIMATELY  
**2X HIGHER**  
COMPARED TO  
WHITE PEERS

..... 2008 .....

SUICIDE  
**5TH LEADING  
CAUSE OF DEATH**  
AMONG  
BLACK YOUTH  
5-18 YEARS OLD

5
4
3
2
1

..... 2018 .....

SUICIDE  
**3RD LEADING  
CAUSE OF DEATH**  
AMONG  
BLACK YOUTH  
5-18 YEARS OLD

3
2
1

..... 2009 - 2019 .....

**PERCENTAGE OF BLACK HIGH SCHOOL STUDENTS WHO**

↑ CONSIDERED SUICIDE INCREASED FROM 12.95% TO 16.89%

↑ MADE A SUICIDE PLAN INCREASED FROM 9.79% TO 15.02%

↑ ATTEMPTED SUICIDE INCREASED FROM 7.94% TO 11.85%

Source: [Understanding Black Youth Suicide: Steps Towards Prevention](#)



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# The Elements & Benefits of Integrated Care

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# Barriers in Traditional Primary Care Settings

- Historically **highly fragmented health care systems in the U.S.**, leading to individuals and families having to navigate multiple systems to receive care, with little or no coordination between providers
- **Confusion and lack of clarity** about provider roles, within one health system and between different health systems
- Limited ability **to bill** for appropriate and needed integrated services, specifically behavioral health services
- Lack **sufficient training** in the use of standardized screening tools, and referrals to treatment
- Limited **time** during appointments to implement screenings

Source: [Research Brief: The Integration of Behavioral Health into Pediatric Primary Care Settings](#)



# Pediatric Integration

Behavioral health integration refers to:

- The care that results from a practice team of primary care and behavioral health clinicians
- Coordinated care - working together with patients and families to provide comprehensive health services
- Using a systematic and cost-effective approach
- Patient-centered care for a defined population.



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# Benefits of Pediatric Integrated Care



66% probability of better outcomes from receiving integrated medical-behavioral treatment than a randomly selected youth receiving traditional care



Improved primary care provider confidence in assessing and treating mental health conditions



Improved interactions between PCPs and mental health clinicians



Increased patient satisfaction



Enhanced health-related quality of life



Improved care quality (medication adherence)

Sources:

- [Integration of Behavioral & Physical Health Services in Medicaid](#)
- [Key Components of Effective Pediatric Integrated Mental Health Care Models: A Systemic Review](#)



# Features of Pediatric Integration

care team  
expertise tailored  
to patient  
population

shared clinical  
workflow

systematic patient  
identification

patient and family  
engagement

treatment  
monitoring

leadership  
alignment

operational  
reliability

business model  
sustainability

data collection  
and use

patient  
experience

Source: [Preventative Intervention for Early Childhood Behavioral Problems: An Ecological Perspective](#)





# Comprehensive Health Integration Framework

## CHI Framework Characteristics:

- Broad application to both PH and BH settings, and adult and child populations
- Evidence-based domains of integration
- Measurable standards for integration
- Self-Assessment Tool
- Flexibility of achieving successful progress in integration
- Connection of progress in integration to metrics demonstrating value
- Connection of payment methodologies to improving value by improving and sustaining integration



# 8 Domains of CHI



Integrated Screening,  
Referral, and Follow-up



Prevention and Treatment of  
PH/BH Conditions



Care coordination and Care  
Management



Self-Management Support



Multi-Disciplinary Teamwork



Systematic Quality  
Improvement



Linkage with Community and  
Social Services



Sustainability

Source: [Comprehensive Health Integration Framework](#)



# Three Integration Constructs

## Integration Construct 1: Screening and Enhanced Referral

- Optimizes screening and “enhanced” referral processes
- Does not require significant investment
- Best practice for smaller practices/programs with fewer resources

## Integration Construct 2: Care Management and Consultation

- Includes robust program commitment to a set of screening and tracking processes with associated on-site care coordination and care management

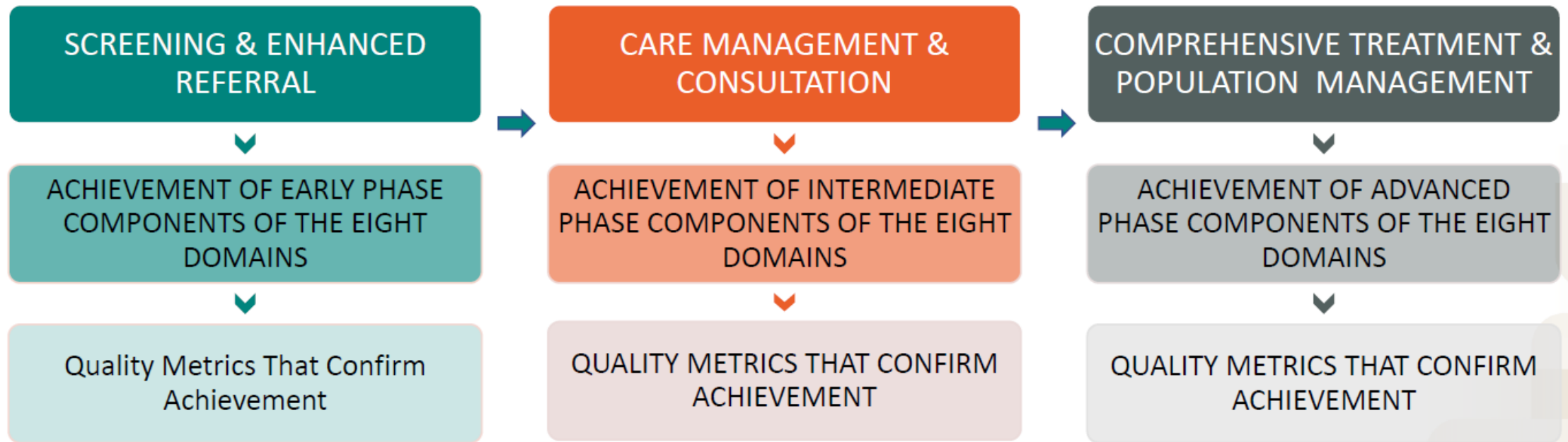
## Integration Construct 3: Comprehensive Treatment and Population Management

- Typically requires comprehensive PH and BH staffing in a single organization (hospital, independent clinical practice, FQHC, etc.)
- Measures improved health outcomes along the Domains

Source: [Comprehensive Health Integration Framework](#)



# Eight Evidence Based Integration Domains Within Each of the Three Integration Constructs



Source: [Comprehensive Health Integration Framework](#)



# The Underlying Aim of Pediatric Integration



to fundamentally change how care is delivered by increasing provider knowledge,



reinforcing the importance of the whole-care continuum,



providing coordinated care



identifying behavioral health conditions sooner, promoting collaboration among providers,



improving patient education and satisfaction.

Source: [Lexicon for Behavioral Health & Primary Care Integration](#)



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# Social Coherence & Pediatric Integrated Care



"Social coherence is reflected as a stable, harmonious alignment of relationships that allows for the efficient flow and utilization of energy and communication required for optimal collective cohesion and action."



How we engage one another in cooperative efforts with open, supportive, and innovative strategies predicts the sustainability and success of our endeavors.



Our efforts to address the youth mental health crisis must move beyond collaboration and incorporate the goal of social coherence, promoting well-being for child, caregivers, community, clinicians and systems.

Source: [Science of the Heart: Exploring the Role of the Heart in Human Performance](#)



# References (1 of 3)

- [Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. The Adverse Childhood Experiences \( ACE\) study](#)
- [A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children, Center on the Developing Child at Harvard University](#)
- [What are Adverse Childhood Experiences ACEs?](#)
- [Adverse Childhood Experience Study \( ACES\)](#)
- [Adverse childhood experiences: Mechanisms of risk and resilience in a longitudinal urban cohort](#)
- [Centers for Disease Control and Prevention \(CDC\). Mental health surveillance among children](#)
- [National mental health emergency declared for young people due to pandemic](#)
- ["It`s life or death" Teen mental health in crisis](#)
- [AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health](#)
- [National Institute of Mental Health: Mental Illness](#)
- [The Mental Health of Children & Young Adults: Effects of the Pandemic](#)
- [C.S.Mott Children`s Hospital: National Poll on Children`s Health](#)



# References (2 of 3)

- [Strategies to Support the Integration of Mental Health into Pediatric Primary Care](#)
- [CDC: Children`s Mental Health Data and Statistics](#)
- [CDC: Surveillance of Children`s Mental Health](#)
- [US Surgeon General: “Social Media and youth MH Advisory”](#)
- [Association of Cyberbullying Experiences and Perpetration With Suicidality in Early Adolescence.](#)
- [National Institutes of Health: Rural youth often lack access to suicide prevention services](#)
- [Fact and Figures: Mental Health in Rural America](#)
- [Surviving a school shooting: Impacts on the mental health education, and earnings of American youth](#)
- [Substance Abuse and Mental Health Services Administration. \(2022\). Key substance use and mental health indicators in the United States](#)
- [Understanding Black Youth Suicide: Steps Toward Prevention](#)
- [Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions](#)





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- [Integrated Models for Behavioral Health & Primary Care](#)
- [Launching forward: The integration of behavioral health in primary care as a key strategy for promoting young child wellness](#)
- [Project LAUNCH Issue Brief: The Integration of Behavioral Health into Pediatric Primary Care Settings](#)
- [Integrated Medical-Behavioral Care Compared With Usual Primary Care for Child and Adolescent Behavioral Health: A Meta-analysis](#)
- [Integration of Behavioral and Physical Health Services in Medicaid](#)
- [Key Components of Effective Pediatric Integrated Mental Health Care Models: A Systematic Review](#)
- [Science of the Heart: Exploring the Role of the Heart in Human Performance](#)
- [The Impact of Gun Violence on Children and Adolescents](#)
- [LGBTQ Youth in Small Towns and Rural Areas](#)
- [Facts About LGBTQ Youth Suicide | The Trevor Project](#)



# End-of-Session Poll Questions

See pop up box for **poll questions**.





# Questions and Discussion



[TheNationalCouncil.org/program/Center-of-Excellence](https://www.thenationalcouncil.org/program/center-of-excellence)

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# Tools & Resources

- [A Guide to Building Collaborative Mental Health Care Partnerships in Pediatric Primary Care](#)
- [Pediatric Integrated Health Care Implementation Model](#)
- [Youth Screening, Brief Intervention, and Referral to Treatment \(ySBIRT\)](#)
- [\*\*Building Integration in Pediatric Settings\*\*](#)
- [A Decade of Integrated Pediatric Behavioral Health- Taking Prenatal-Adolescent Programming to Scale](#)
- [\*\*Consultation for Kids- Models of Psychiatric Consultation in Pediatric Primary Care\*\*](#)





# Upcoming Events & Helpful Links

**Dec. 14**

from 12-1pm ET

CoE-IHS Equity in  
Action Session

*Registration Link  
To Be Shared*

**Dec. 21**

from 2-3pm ET

CoE Webinar:  
Pediatric  
Integration  
Webinar Series-  
Session #2

[Register Here](#)

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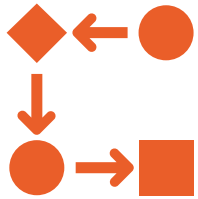
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# CHAT WITH AN EXPERT!

*Schedule a free call with an integrated care expert to discuss:*



**Implementing  
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**Health Equity  
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Development**



**Integrated Care  
Financing &  
Operations**

**Diversity, Equity and Inclusion**

**Ongoing Impacts of COVID-19 Pandemic**

***Submit a Request!***

# Thank You

## Questions?

Email [integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org)

SAMHSA's Mission is to reduce the impact of substance abuse and mental illness on America's communities.

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