

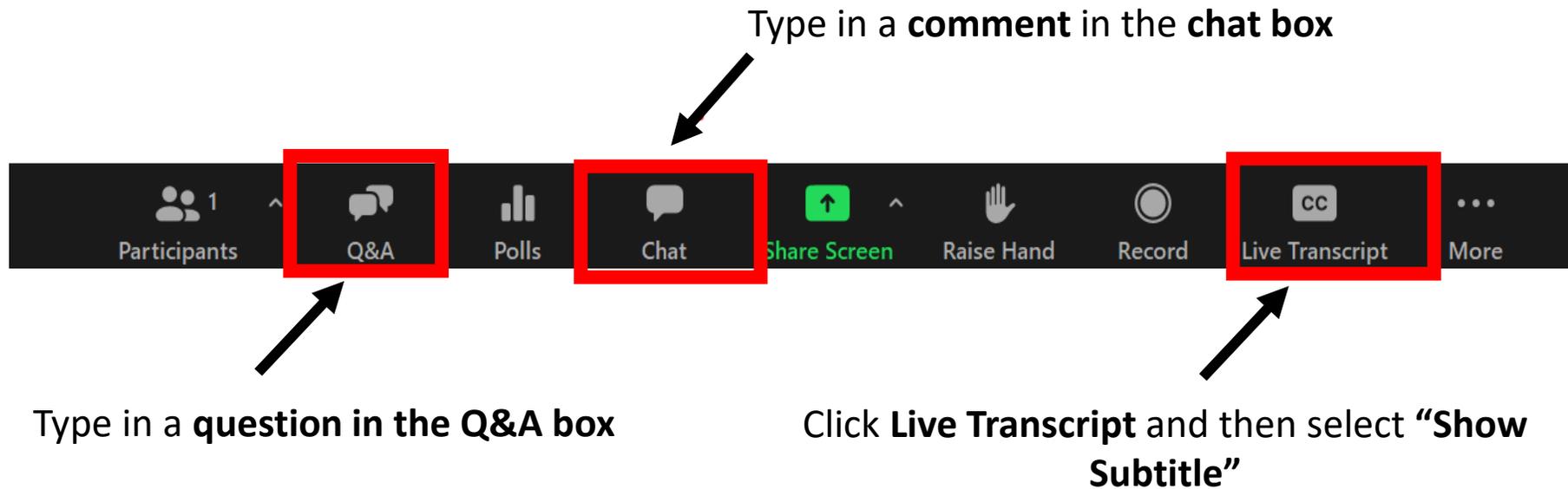
CoE-IHS Webinar: Pediatric Integration Opportunities in Early Childhood

Thursday, December 21, 2023
2-3pm 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

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

SAMHSA

Substance Abuse and Mental Health
Services Administration

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Pediatric Integration Webinar Series



Upcoming Sessions

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

Previous Session Recordings

- [Part 1: The Youth Mental Health Crisis & Opportunities for Integrated Care](#)

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Introductions



Mari Aceves, EdD, DSW, BCBA
Consultant
National Council for Mental Wellbeing



Tiona Praylow, MD, MPH
Medical Director, Three Rivers Midlands



Learning Objectives

- **Understand** the importance of the first 3 years of child development and the need for comprehensive integrated care.
- **Recognize** the connection between maternal health and early childhood health, and the impact of comprehensive perinatal health integration on early childhood health outcomes.
- **Understand** how pediatric integrated care approaches positively influence early childhood brain development and health outcomes later in life.
- **Explore** protective factors, risk factors, and health disparities that exist when accessing pediatric integrated care.
- **Identify** various successful pediatric integration models influencing early childhood.



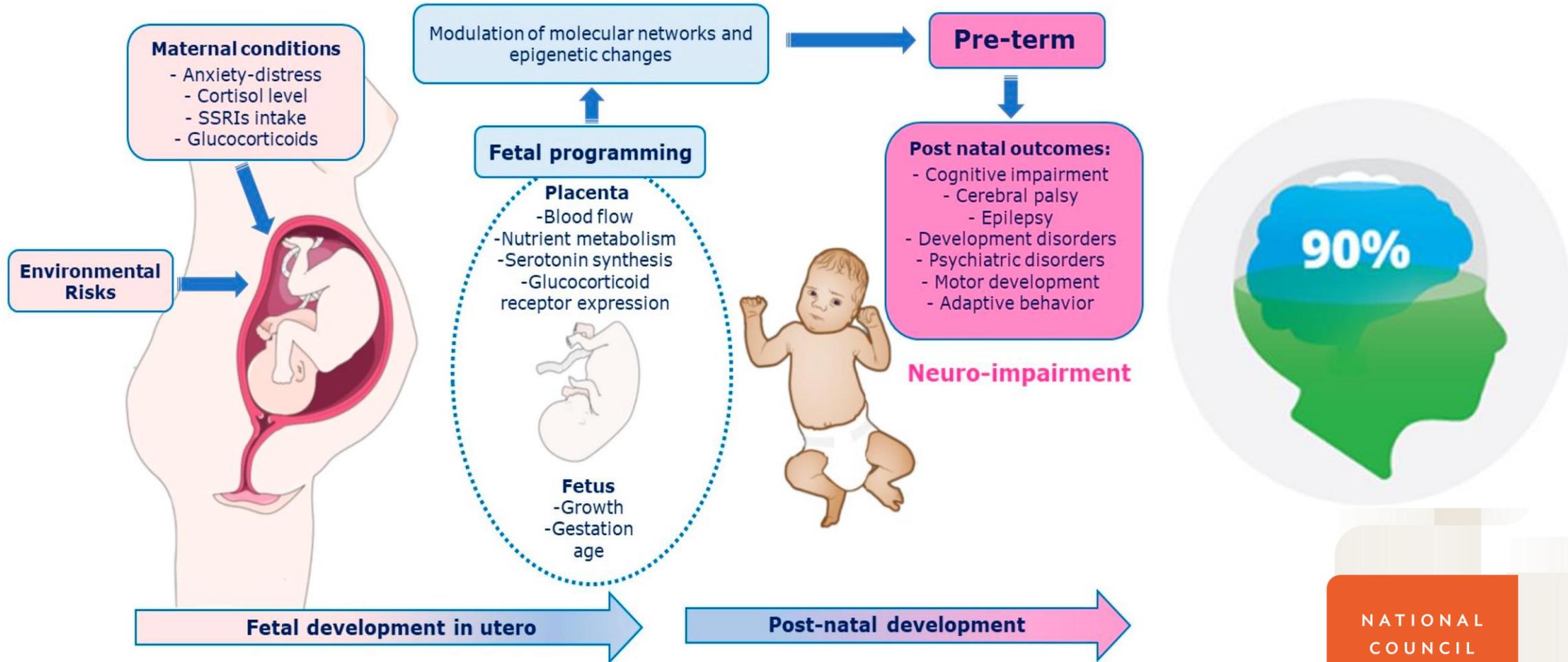
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Early Childhood Development

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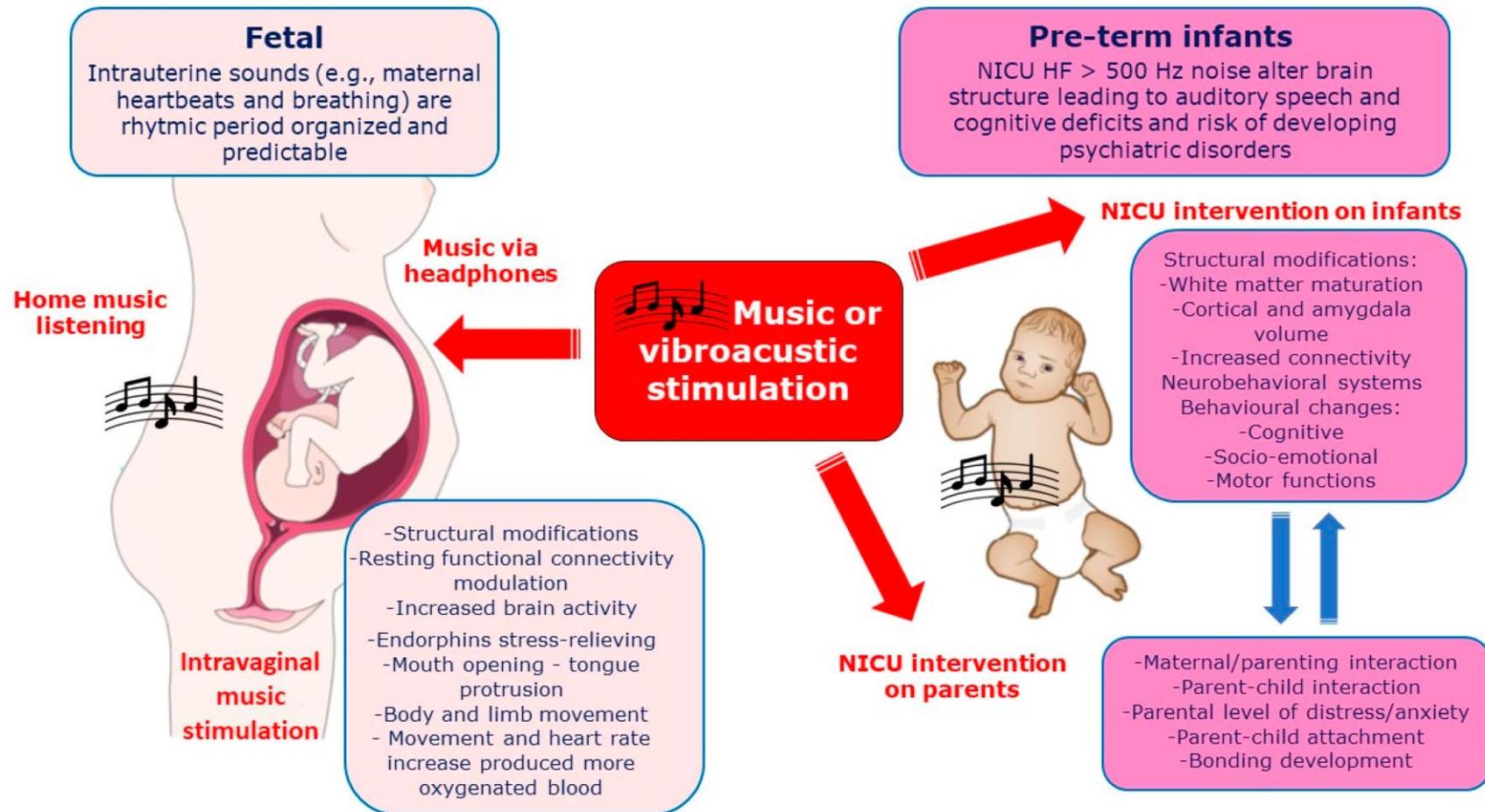
Early Childhood Brain Development



Sources: [Effect of Musical Stimulation on Placental Programming and Neurodevelopment Outcome of Preterm Infants: A Systematic Review](#)



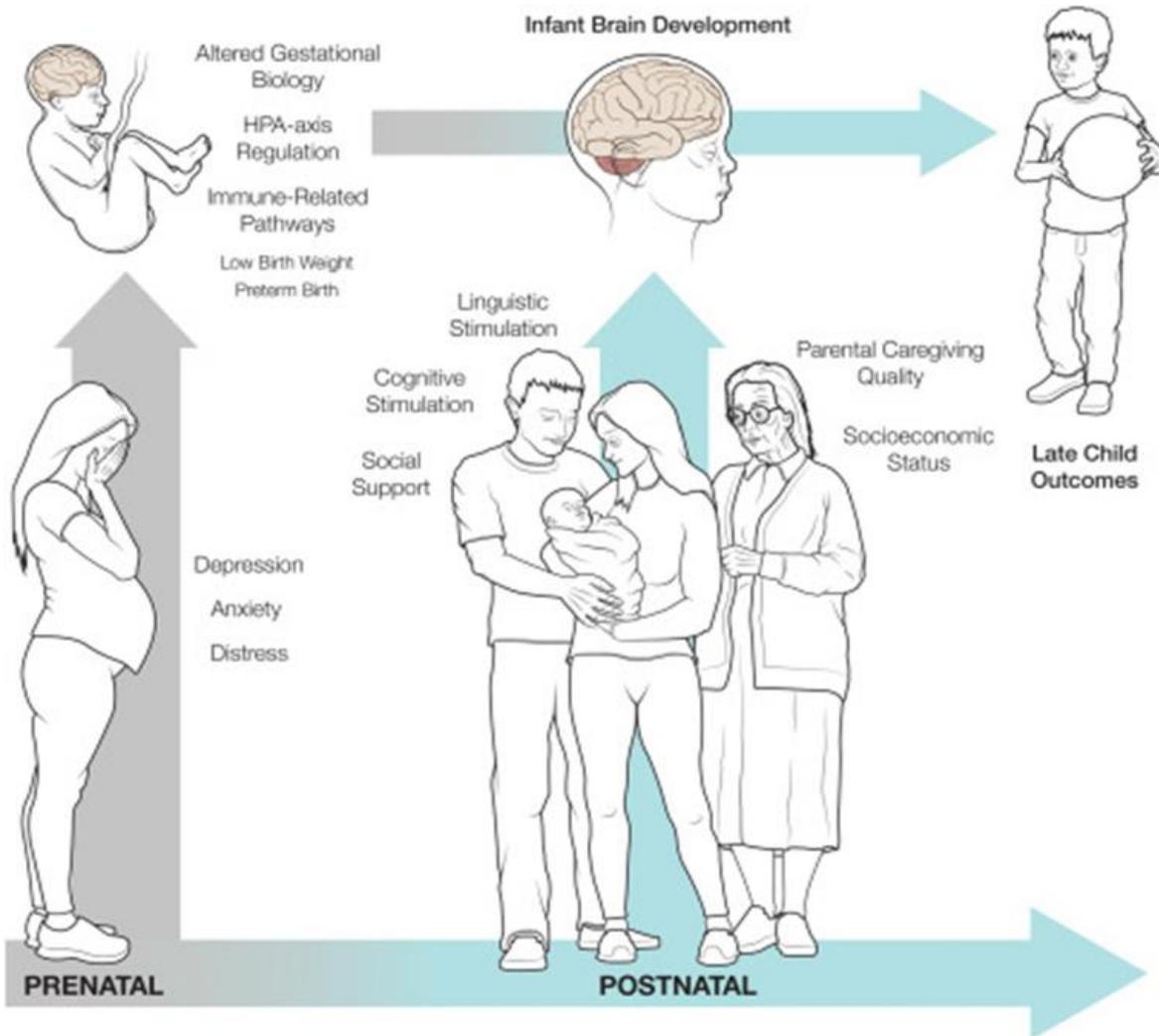
Early Childhood Brain Development



Sources: [Effect of Musical Stimulation on Placental Programming and Neurodevelopment Outcome of Preterm Infants: A Systematic Review](#)

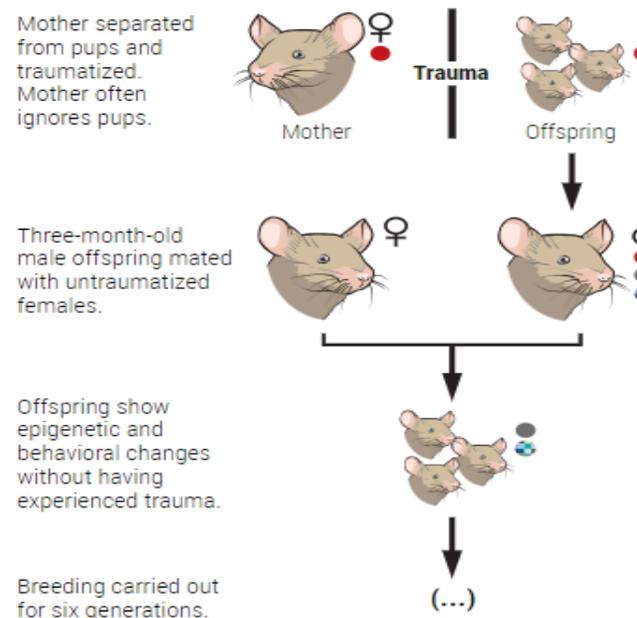


Early Childhood Brain Development



To explore how trauma affects generations of mice, researchers stressed mother mice. Their pups then exhibited both molecular and behavioral changes, such as taking more risks on an elevated maze. These changes persisted for up to five generations.

- Trauma experienced
- Behavioral changes
- Epigenetic changes, such as methylation of DNA and alteration of RNA

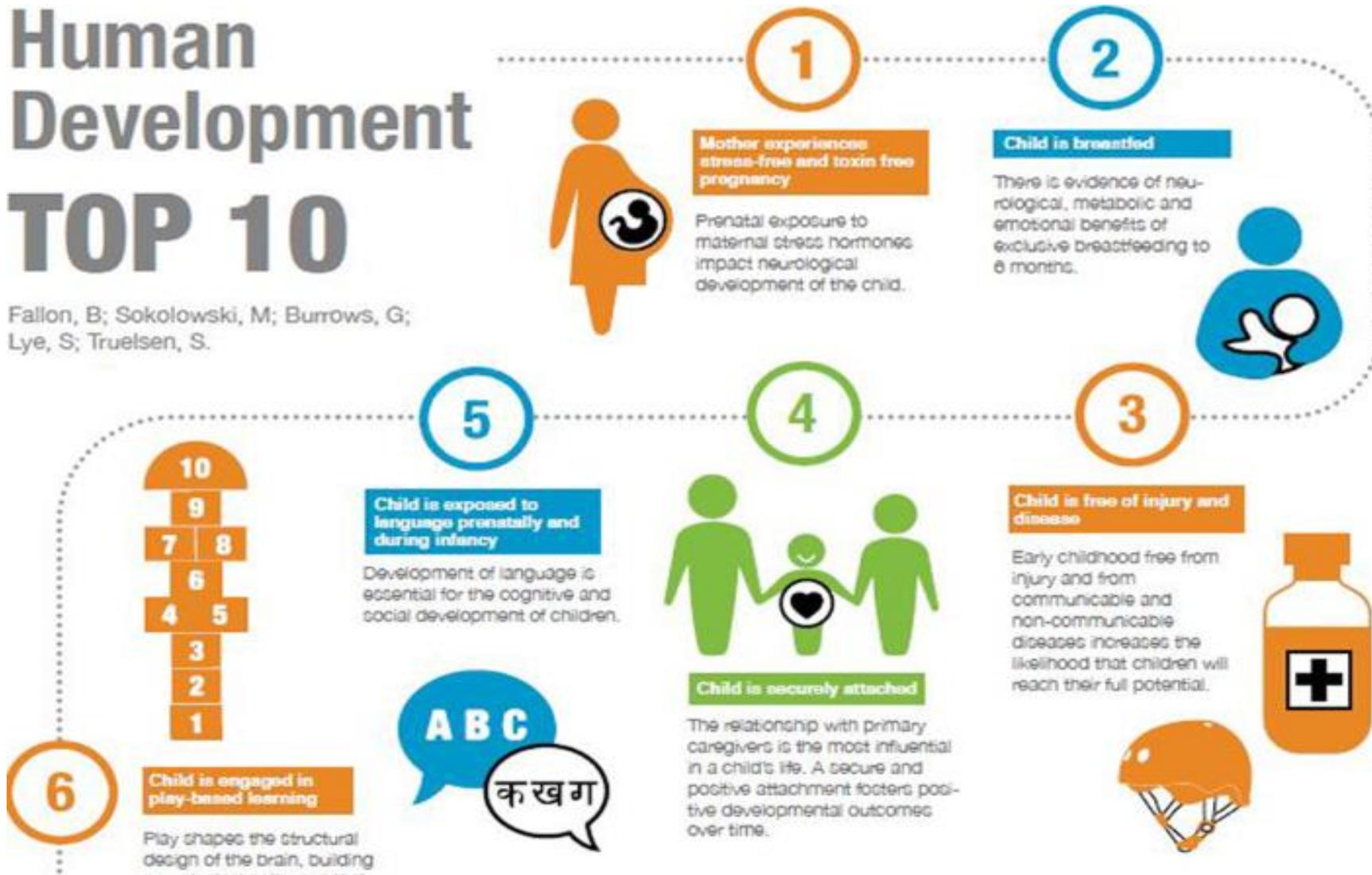


V. ALTOUNIAN/SCIENCE

Sources: [Prenatal Stress and the Developing Brain: Postnatal Environments Promoting Resilience](#)

Human Development TOP 10

Fallon, B; Sokolowski, M; Burrows, G; Lye, S; Truelsen, S.

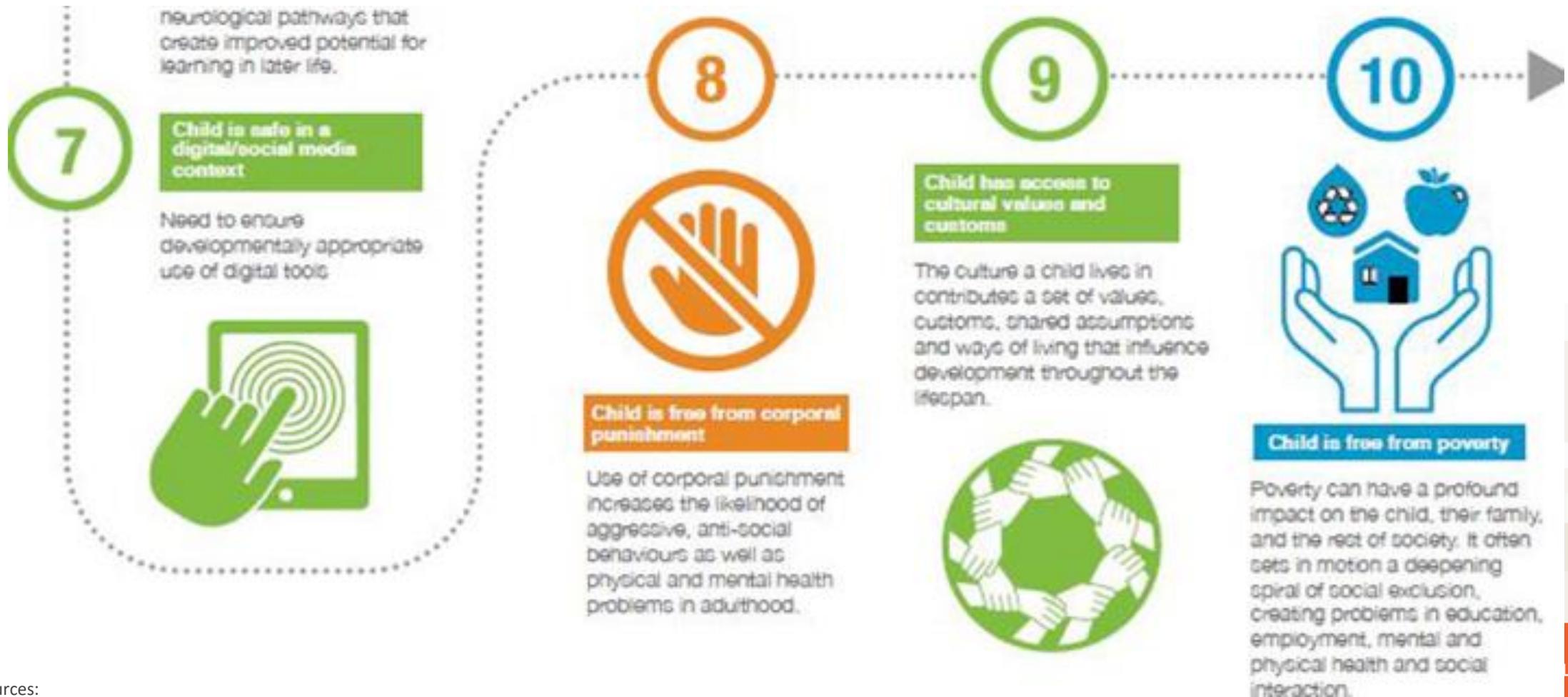


Early Childhood Risk and Protective Factors

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Sources:
[Neuroscience of Childhood Poverty: Evidence of Impacts & Mechanisms as Vehicles of Dialog With Ethics](#)
[10 Things Children Need for Healthy Development](#)

Early Childhood Risk and Protective Factors cont.



Sources:

[Neuroscience of Childhood Poverty: Evidence of Impacts & Mechanisms as Vehicles of Dialog With Ethics](#)
[10 Things Children Need for Healthy Development](#)

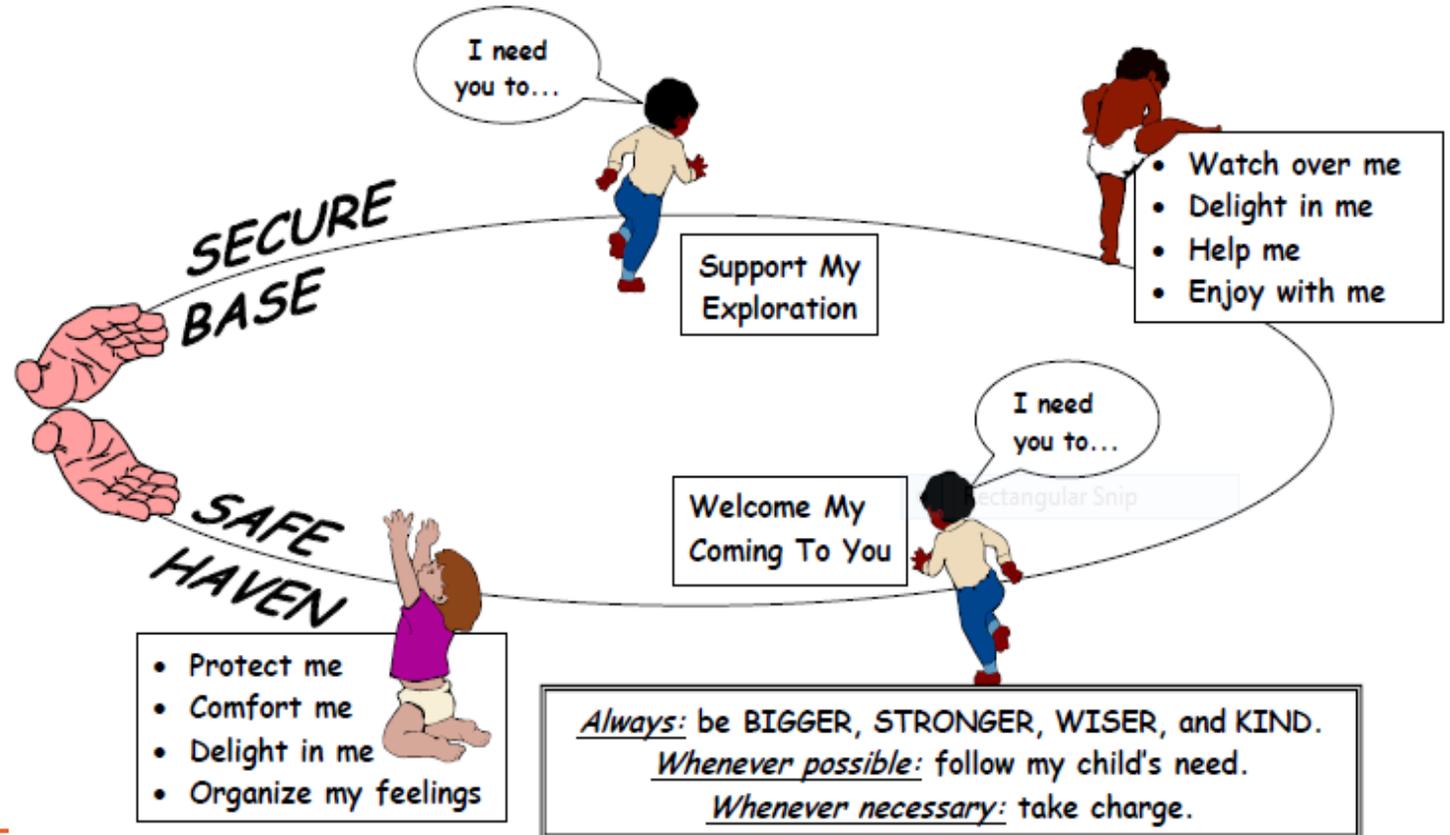


Attachment & Early Childhood Brain Development

CIRCLE OF SECURITY

PARENT ATTENDING TO THE CHILD'S NEEDS

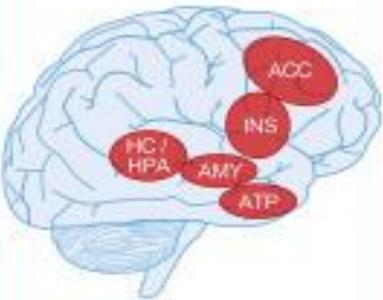
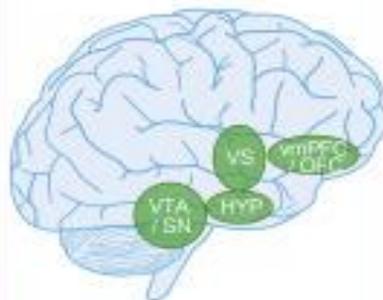
- Proximity maintenance
- Safe haven.
- Secure base
- Separation distress



Source: [Crowe Associates: Attachment Theory](#)



Importance of Early Emotional Bonds

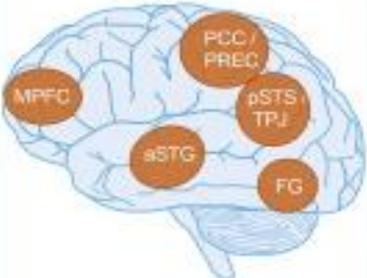
Module	Secure Attachment (balanced de- and hyper-activation)	Avoidant Attachment (de-activation)	Anxious Attachment (hyper-activation)
<p data-bbox="333 354 565 382">Aversion Module</p> 	<ul data-bbox="695 335 1187 678" style="list-style-type: none"> • Beneficial stress-reducing influence of secure-based social interactions, priming, and mental representations (anatomy, function, and connectivity) • Short- and long-term effects • Protective effect of readily available social (co-)regulation during stress & generally lower likelihood of early adversity <p data-bbox="904 763 980 835">↓</p>	<ul data-bbox="1245 335 1737 749" style="list-style-type: none"> • Lower activation during social exclusion due to expectation of rejection by others • Increased activation during negative social information processing when inhibition/suppression as emotion regulation strategy cannot be employed • Indication of long-term elevated stress / HPA axis modification • Limited efficiency of de-activating strategies <p data-bbox="1439 763 1541 835">↑↓</p>	<ul data-bbox="1793 335 2285 749" style="list-style-type: none"> • Higher activation during the processing of negative social information • Anatomical alteration pointing to long-term elevated stress / HPA axis modification • This pattern is consistent with hyper-activating strategies that increase the saliency of social cues pointing towards social rejection / the unavailability of others during stressful situations <p data-bbox="1987 763 2063 835">↑</p>
<p data-bbox="326 878 573 906">Approach Module</p> 	<ul data-bbox="695 871 1187 1278" style="list-style-type: none"> • Activation generally reflecting positive motivational attributes towards, and affective representations of others – especially under conditions of threat and stress, i.e. when others are needed to (co-)regulate negative states • This pattern accords with a positive model of others characteristic for attachment security <p data-bbox="904 1249 980 1320">↑</p>	<ul data-bbox="1245 871 1737 1220" style="list-style-type: none"> • Generally decreased approach module activation (both across close and more distant social contexts) • Role of oxytocin and/or endogenous opioids, apart from dopamine, in such processes • Pattern reflects negative other-model associated with attachment avoidance <p data-bbox="1452 1249 1528 1320">↓</p>	<ul data-bbox="1793 871 2285 1249" style="list-style-type: none"> • Only limited evidence of altered approach module functionality • Some findings point to increased (automatic) processing of positive social cues, particularly when they occur unexpectedly, i.e. when social rejection is anticipated but does not occur • Pattern agrees with a partially positive other-model / wish for closeness and care <p data-bbox="1987 1249 2063 1320">↑</p>

Sources:

[Attachment Theory: Bowlby & Ainsworth's Theory Explained](#)

[A functional neuro-anatomical model of human attachment \(NAMA\): Insights from first- and second-person social neuroscience](#)

Importance of Early Emotional Bonds cont.

Module	Secure Attachment (balanced de- and hyper-activation)	Avoidant Attachment (de-activation)	Anxious Attachment (hyper-activation)
<p data-bbox="392 319 642 376">Emotion (Self-) Regulation Module</p> 	<ul data-bbox="754 301 1212 654" style="list-style-type: none"> • Emotion (self-)regulation appears functional and efficient (successful aversion module down-regulation through physical contact as well as by positive mental representation of significant others) • Indication of better connectivity between the emotion regulation and aversion modules • Mental state representation <p data-bbox="955 829 1026 901">↑</p>	<ul data-bbox="1281 301 1740 843" style="list-style-type: none"> • Preferential use of inhibition / suppression when dealing with (social) emotions, both positive and negative • Emotion regulation appears ineffective when inhibition / suppression cannot be employed – e.g. cognitive re-appraisal fails in down-regulating aversion module activity during negative social information processing • Social (co-)regulation appears ineffective and may even exacerbate aversion module activity during stressful situations <p data-bbox="1480 829 1551 901">↓</p>	<ul data-bbox="1809 301 2275 829" style="list-style-type: none"> • Increased activation during natural processing of (social) negative information • No consistent indication of emotion down-regulation difficulties • Both cognitive re-appraisal and suppression / inhibition appear functional when properly instructed • Social (co-)regulation under stress also seems effective • Pattern points to dependence on external contribution towards emotion regulation associated with a negative self-model <p data-bbox="1989 829 2061 901">↓</p>
<p data-bbox="366 943 672 1001">Mental State Representation Module</p> 	<p data-bbox="792 939 1098 968">seems to develop early</p> <ul data-bbox="754 982 1154 1139" style="list-style-type: none"> • Predominantly positive representations of others • More extensive (functional) connectivity with the other modules <p data-bbox="955 1258 1026 1329">↑</p>	<ul data-bbox="1281 925 1753 1253" style="list-style-type: none"> • Only very limited evidence • One study implies less mentalizing (RMET) • Possible tendency for hyper-mentalization due to the need for an early assessment of social situations so that inhibition / suppression can be employed if deemed necessary • More data is still needed <p data-bbox="1480 1282 1551 1329">↓</p>	<ul data-bbox="1809 925 2262 1189" style="list-style-type: none"> • Only very limited evidence • One study in adolescents indicates both activation in- and decreases as a function of both mentalization content valence (positive versus negative) and focus (self versus close other) • More data is still needed <p data-bbox="1989 1282 2086 1329">↕</p>

Sources:

[Attachment Theory: Bowlby & Ainsworth's Theory Explained](#)

[A functional neuro-anatomical model of human attachment \(NAMA\): Insights from first- and second-person social neuroscience](#)



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Perinatal Care & Early Childhood

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Importance of Perinatal Care

- Healthy babies begin with healthy and supported parents.
- Healthy pregnancy and healthy maternal care is one of the best ways to promote a healthy birth.
- Pre-pregnancy and prenatal care can help prevent complications in birth and early stages of the child's life.
- **However, many barriers exist for families when accessing needed perinatal care, specifically mental health and substance use care.**



Source: [National Institute of Child Health and Human Development](https://www.nimh.nih.gov/health/topics/perinatal-care/)



Impacts of Untreated Perinatal MH & SU Needs

- Reduced engagement in perinatal care
- Increased substance use
- Increased risk of poor mother-infant attachment
- Stillbirth
- Premature birth
- Low birth weight
- Delayed cognitive and emotional development for infants
- Behavior concerns later in life

Source: [Prenatal Mental & The Effects of Stress on the Fetus and Child](#)





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The Golden Opportunity: Pediatric Integration

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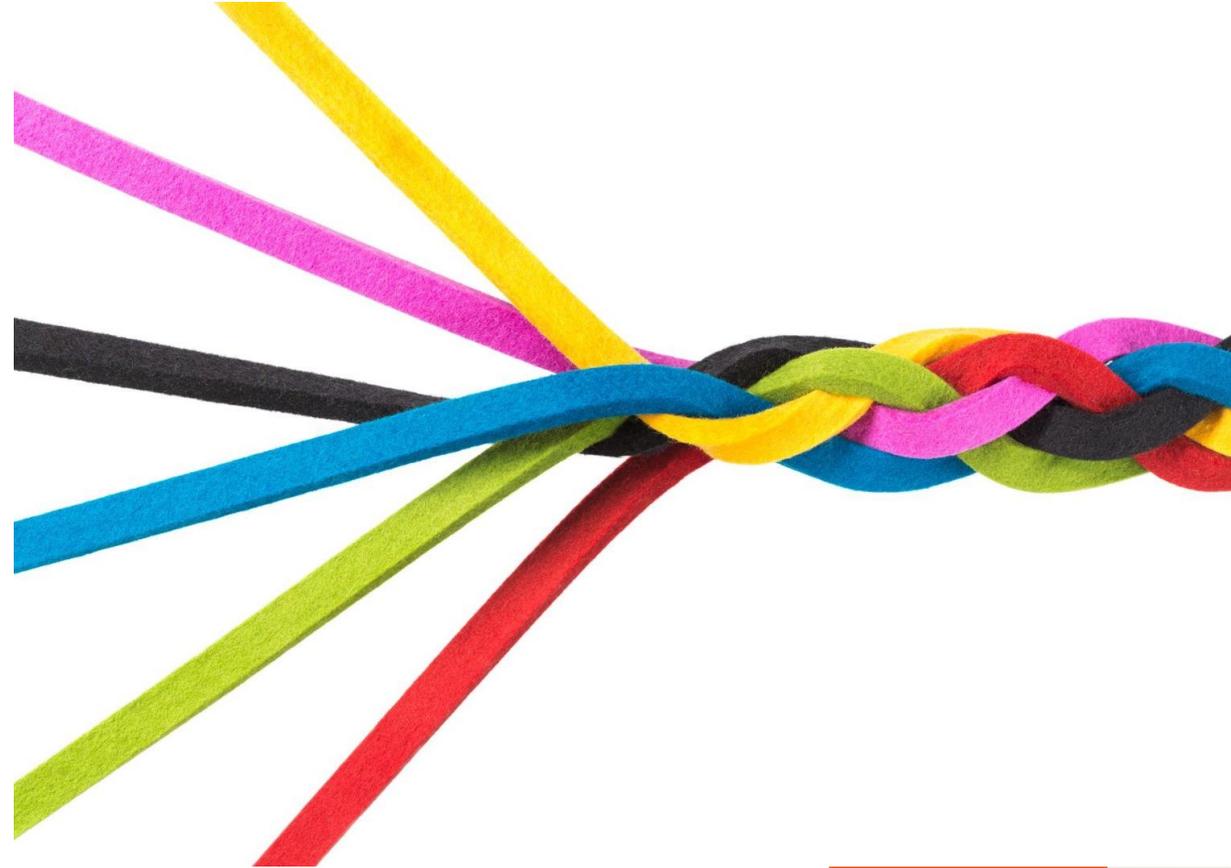
Pediatric Integration

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.

Sources:

- [Preventative Intervention for Early Childhood Behavioral Problems: An Ecological Perspective](#)
- [Launching forward: The Integration of Behavioral Health in Primary Care](#)



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Integrated Perinatal Care

High-quality prenatal care can prevent or lead to timely recognition and treatment of maternal and fetal complications

The three main components of prenatal care integration:

- Risk assessment
- Health promotion and education
- Therapeutic intervention



Source: [National Library of Medicine - Integrated Person-Centered Health Care for All Women During Pregnancy](#)

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Pediatric Integration: Early Intervention

- Integration with pediatric care enhances greater coordination and collaboration among early childhood providers to support early identification and referrals to needed care.
- Early intervention can serve as a protective buffer against multiple adverse influences hindering developmental progress.



Source: [Zero to Three: Early Intervention for Infants and Toddlers with Disabilities](#)



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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

Sources:

- [Preventative Intervention for Early Childhood Behavioral Problems: An Ecological Perspective](#)
- [Launching forward: The Integration of Behavioral Health in Primary Care](#)

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8 Domains of Comprehensive Health Integration (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](#)



8 Evidence Based Integration Domains Within Each of the Three Integration Constructs



Source: [Comprehensive Health Integration Framework](#)

Culturally Responsive Integrated Care

What is Culture?

- The beliefs, customs, arts, etc., of a particular society, group, place or time.
- A particular society that has its own beliefs, ways of life, art, etc.
- A way of thinking, behaving, or working that exists in a place of organization (such as a business).



Source: [Merriam Webster Dictionary: Culture](#)



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Culturally Responsive Integrated Care cont.



Cross cultural communication

- Language accessibility

Improve patient experiences

- Rapport building
- Increase patient attendance
- Increase treatment adherence
- Decrease risk management

Reduce care disparities

- Retain diversity in teams
- Adapt to new populations
- Tailored treatment plans

Source: [How to Improve Cultural Competence in Health Care](#)

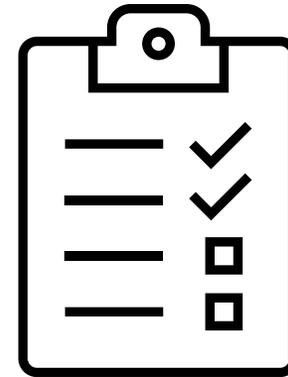


Social Determinants of Health (SDoH) Needs

SDoH needs impact perinatal and early childhood care outcomes:

- history of adverse childhood experiences (ACEs) increases risk of perinatal anxiety and/or depression
- intimate partner violence (IPV)
- disparate access to care
- transportation barriers
- food and housing insecurity
- social support needs

Universal screening for IPV, ACEs, and other SDoH needs is essential for identifying and supporting people in the perinatal period and their families.



Source: [Perinatal Depression: Prevalence, Screening Accuracy, & Screening Outcomes](#)



Racial Equity and Implicit Bias

- Research indicates women of color are more likely to experience poor communication in perinatal health care, and less likely to seek need treatment.¹
- Black women have a twofold higher risk for severe material morbidity and threefold higher risk for pregnancy related deaths when compared to White women.¹
- Racism and implicit bias can directly impact an individuals' access to needed care.²
- Provider training on implicit bias, cultural humility, and health equity, as well as improved DEIB provider recruitment, can improve provider interactions.¹



Sources:

1. [National Library of Medicine: Rethinking Bias to Achieve Maternal Health Equity](#)
2. [Kirwan Institute: Implicit Bias](#)



Racial Equity in Early Childhood

Access to early intervention care:

- Research suggests that **access and referrals to needed health care and early intervention** are lower for Black and Hispanic children, compared to White children.¹
- Black children are **less likely to receive needed services** when compared to White children.¹
- Some indications point to providers' **dismissal of parents' developmental concerns** and abnormal developmental screening results, and attribute them to social rather than clinical risk for Black families compared to White families.¹
- Children of color often receive unequal treatment in health and education settings, impacting child development, health outcomes, and educational opportunities.²

Source:

1. [Early Childhood Technical Assistance Center: Advancing Racial Equity in Early Intervention and Preschool Special Education](#)
2. [Center on the Developing Child: How Racism Can Affect Child Development](#)



The 3 Pillars of Cultural Humility



Source: [EthnoMed: Practicing Cultural Humility when Serving Immigrant and Refugee Communities](#)



Trauma-Informed Integrated Care

Principals of Trauma-Informed Care:



Safety

Throughout the organization, patients and staff feel physically and psychologically safe



Trustworthiness + Transparency

Decisions are made with transparency, and with the goal of building and maintaining trust



Peer Support

Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery



Collaboration

Power differences — between staff and clients and among organizational staff — are leveled to support shared decision-making



Empowerment

Patient and staff strengths are recognized, built on, and validated — this includes a belief in resilience and the ability to heal from trauma



Humility + Responsiveness

Biases and stereotypes (e.g., based on race, ethnicity, sexual orientation, age, geography) and historical trauma are recognized and addressed

Source: [Trauma-Informed Care Implementation Resource Center](https://www.nationalcouncilonmentalwellbeing.org/trauma-informed-care-implementation-resource-center)



Successful Integration Models

Red Cliff Band of Lake Superior Chippewa Indians

- Education
- Employment training & placements
- Childcare & Elderly support
- Family violence prevention
- Food distribution
- Warming shelter
- Medicaid
- Temporary Assistance for Families in need

Native America Community Health Center

- Primary medical services
- Dental services
- Behavioral health services
- WIC, community health and wellness services
- Partnership with local food bank
- YouTube channel
- Online youth education

Vision for Children at Risk

- Coordination and collaboration across family and child serving systems;
- Early intervention and caretaker education
- Increase parent education on social and emotional development

Sources:

1. [Red Cliff Band of Lake Superior Chippewa Indians](#)
2. [Native America Community Health Center](#)
3. [Vision for Children at Risk](#)

Infant and Early Childhood Mental Health Consultation (IECMHC) Network



IECMHC offers consultation services, professional development supports, and resources for childcare and early education providers, including:

- center-based program staff
- family childcare providers, and family, friend, and neighbor caregivers

Any childcare and early education provider or program that cares for young children ages birth to five and their families are eligible to receive services through the IECMHC Network at no cost.

Source: [Infant and Early Childhood Mental Health Consultation Network](#)



Zero to Three – Safe Babies Focus

- Safe Babies works upstream on crucial promotion and prevention efforts within communities.
- Safe Babies keeps families together by preventing the need for babies and toddlers to enter out-of-home care.
- Safe Babies strengthens the services and supports families need so they can experience healing and less involvement with courts and the child welfare system.
- Parents with lived experience inform all levels of Safe Babies as Parent Leaders. Parent Leaders are integral members of the team, creating systems change through their engagement and leadership.



Safe Babies
A Program of ZERO TO THREE



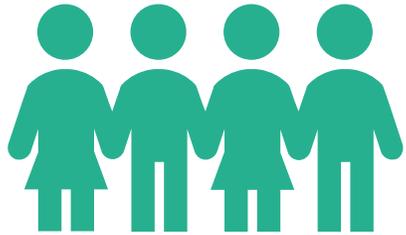
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Source: [Zero to Three: Safe Babies](#)



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

Safe Babies Works



No differences in key outcomes by race or ethnicity



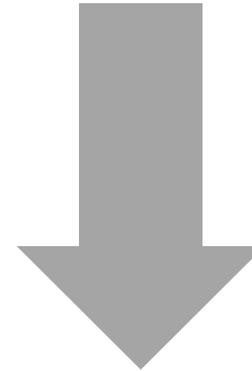
Nearly 60% of children exit foster care to reunification or relative guardianship

Parents with highest ACE scores



30% reunified

Maltreatment recurrence within 12 months



is consistently lower than the national standard

Median time to reunification is 9-10 months



Sources:

- [Evaluation in Multiple Sites of the Safe Babies Court Team Approach](#)
- [The Effect of the Zero to Three Initiative](#)



End-of-Session Poll Questions

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





Questions and Discussion

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References (1 of 3)

- [Attachment Theory: Bowlby & Ainsworth's Theory Explained](#)
- [CDC-Kaiser Adverse Childhood Experiences Study](#)
- [CDC – Risk & Protective Factors | Violence Prevention](#)
- [Center on the Developing Child: How Racism Can Affect Child Development](#)
- [Child Welfare Information Gateway: Protective Factors and Adverse Childhood Experiences](#)
- [Comprehensive Health Integration Framework](#)
- [Early Childhood Technical Assistance Center: Advancing Racial Equity in Early Intervention and Preschool Special Education](#)
- [First Things First: Brain Development](#)
- [Evaluation in Multiple Sites of the Safe Babies Court Team Approach](#)
- [How to Improve Cultural Competence in Health Care](#)
- [Identifying Polysubstance Use in Pregnancy](#)
- [Kirwan Institute: Implicit Bias](#)



References (2 of 3)

- [Launching forward: The Integration of Behavioral Health in Primary Care](#)
- [Merriam Webster Dictionary: Culture](#)
- [National Library of Medicine - Integrated Person-Centered Health Care for All Women During Pregnancy](#)
- [National Library of Medicine: Postpartum Psychosis](#)
- National Library of Medicine: [Pregnant Women and substance use: fear, stigma, and barriers to care](#)
- [National Library of Medicine: Rethinking Bias to Achieve Maternal Health Equity](#)
- [National Institute of Child Health and Human Development](#)
- [Native America Community Health Center](#)
- [Neuroscience of Childhood Poverty: Evidence of Impacts and Mechanisms as Vehicles of Dialog with Ethics](#)
- [Perinatal Mental Illness: Definition, Description & Aetiology](#)
- [Perinatal Depression: Challenges and Opportunities](#)



References (3 of 3)

- [Perinatal Depression: Prevalence, Screening Accuracy, & Screening Outcomes](#)
- [Pregnant and Postpartum Women and Behavioral Health Integration](#)
- [Prenatal Mental & The Effects of Stress on the Fetus and Child](#)
- [Preventative Intervention for Early Childhood Behavioral Problems: An Ecological Perspective](#)
- [Red Cliff Band of Lake Superior Chippewa Indians](#)
- [Stages of Prenatal Development](#)
- [Vision for Children at Risk](#)
- [Zero to Three](#)
- [Zero to Three: Early Intervention for Infants and Toddlers with Disabilities](#)
- [The Effect of the Zero to Three Initiative](#)



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

Jan. 25

from 2-3pm ET

**CoE Webinar:
Pediatric
Integration
Webinar Session
#3**

Register Here

Feb. 29

From 2-3pm ET

**CoE Webinar:
Pediatric
Integration
Webinar
Session #4**

Register Here

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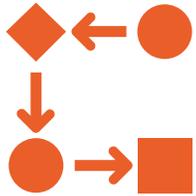
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CHAT WITH AN EXPERT!

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



**Implementing
Models of
Integrated Care**



**Health Equity
through Integrated
Care**



**Population Health
in Integrated Care**



**Workforce
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

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