Implementing Screening, Brief Intervention, and Referral to Treatment in Primary Care Settings

Resources & Research:

See Evidence Table

Key Barriers

- Measurement: underdeveloped measurement of
- Supply: of primary care providers and community behavioral health providers to meet the needs of youth and families
- Time: Lack of time to provide brief interventions in clinic visit
- Infrastructure: documentation system barriers to document screening, results, diagnosis, and facilitate referrals, and aggregate trends for quality improvement with both individual providers and systems
- Comfortability/Competency: Providers feeling uncomfortable with identifying/intervening/managing behavioral health concerns in their patients,
- Rural barriers: provider availability, transportation, broadband internet availability, and access to psychiatric consultation

Guidelines

All systems

- **Family & Youth Driven**: Engage families as active partners in decision-making whenever possible. Seek community feedback on changes in service delivery and payment.
- **Community-based:** Services are provided in least-restrictive setting, such as the home, school, primary care clinic or other community-based setting
- **Culturally and linguistically inclusive**: Prioritize adapting agencies, services, and supports to the cultural, racial, ethnic, and linguistic diversity of the young people and families they serve to provide care that meets individual needs, including those shaped by culture and language, and to ensure equity in access, quality, and effectiveness of services. (e.g., using linguistically appropriate screening tools for families who do not speak English)

Primary Care Settings

Setting Type	Interim Steps	Ideal Setting
Large urban health systems		
Small health systems/individual clinics/rural clinics		

a. Health Delivery Systems: Primary Care Settings

i. Prepare primary care practices to implement screening, brief intervention and referral to treatment protocols.
    1. Train staff and providers on protocols and workflow
    2. Develop pathway for accessible consultation for primary care providers. Team-based management with onsite behavioral health providers and psychiatric consultation is ideal, but if not feasible consider alternative methods.
        a. Teleconsultation services (e.g., PALS)
    3. Define roles of the team in the workflow, including individual responsible for
ii. Universally screen annually for common childhood behavioral health concerns (anxiety, depression, ADHD, trauma, substance use) according to most updated clinical guidelines (Bright Futures, AAP) using a validated instrument(s) including:
    1. Depression (e.g., PHQ-2, PHQ-3 and/or PHQ-9)
    2. Anxiety (e.g., GAD-2, GAD-7)
    3. Trauma (e.g., Child Trauma Screen)
    4. Disruptive Behavior (e.g., Pediatric Symptom Checklist, Strengths and Difficulties Questionnaire)
    5. Substance Use (e.g., CAGE AID, CRAFFT)
    6. Consider using screening instruments validated in specific populations (e.g…)
iii. For youth with a positive screening result, presenting with a behavioral health related complaint, or for which there is strong clinical suspicion of a behavioral health concern despite a negative screen, perform a comprehensive assessment.
    1. Assess for comorbid behavioral health concerns (e.g., co-occuring anxiety and depression, ADHD and behavioral concerns, history of trauma and substance use, etc)
    2. Consider other symptoms not included on all validated screening tools, such as social isolation and loneliness, when assessing behavioral health concerns. These symptoms are not always recognized using validated instruments which can contribute to underdiagnosis.
    3. Assess for functional impairment in key areas (home, school, peers, etc) and use functioning and quality of life to guide treatment planning
iv. At a minimum, provide evidence-based brief intervention for patients (and family) with mild-moderate symptoms.
v. Develop a treatment plan with patients and families and set specific goals in key areas of functioning (e.g., home, peer, and school settings) that follows current clinical practice guidelines (American Academy of Child & Adolescent Psychiatry)
    1. All treatment plan should include safety plans in the case that symptoms deteriorate
vi. Refer to onsite behavioral health or conduct a supported warm handoff to offsite behavioral health. If not available in office, refer to behavioral health

provider as appropriate offering evidence-based treatment for particular concern. Evidence-based therapies include:

1. Depression – Cognitive Behavioral Therapy, Interpersonal Psychotherapy for Adolescents
2. Anxiety - CBT
3. Trauma/PTSD – TF-CBT
4. Disruptive Behavior – for younger children (parent behavior training), family-level interventions
5. Substance Use

vii. Monitor patient response to treatment plan using repeated validated symptom measuring instrument to assess whether targets are being met (Examples -)

viii. Establish and familiarize staff with safety protocols for patients expressing As clinically appropriate, establish a safety plan that includes limiting access to lethal means and developing emergency communication mechanism should the patient deteriorate.

ix. Consider connecting patient to behavioral health providers that can provide evidence-based services

x. Practice teams use validated behavioral health symptom rating scales in a systematic and quantifiable way to determine whether their patients' symptoms are improving.

xi. Provide practice enhancements that support delivery of behavioral health services in primary care.

1. Directory of mental health and substance use disorder referral sources, school-based resources, employer-based resources such as Employee Assistance Programs, and parenting and family support resources in the region;
2. Electronic health record prompts and culturally and linguistically appropriate educational materials to facilitate offering anticipatory guidance and to educate youth and families on mental health and substance use topics and resources;
3. Routines for gathering the patient's and family's psychosocial history, conducting psychosocial and/or behavioral assessment;
4. Registries, evidence-based protocols, and monitoring and/or tracking mechanisms for patients with positive psychosocial screen results, adverse childhood experiences and social determinants of health, behavioral risks, and mental health problems;
5. Mechanisms for coordinating the care provided by all collaborating providers through standardized communication; and
6. Tools for facilitating coding and billing specific to mental health.

xii. Evaluation. Systematically analyze the practice by using quality improvement methods with the goal of behavioral health practice improvement.

Behavioral Health Agencies

- Develop relationships with regional clinical partners to support warm handoffs for patients and families with identified behavioral health concerns
- Ensure health information infrastructure can support shared care planning between primary care and behavioral health providers through pathways for warm handoffs and regular communication between providers
- Ensure appropriate documentation of evidence-based therapies in conjunction with billing codes

Health Insurance Plans

Setting Type	Interim Steps	Ideal Setting
Large urban health systems		
Small health systems/individual clinics/rural clinics		

- Ensure plans cover all reasonable and necessary costs for whole-person health. Increase reimbursement rates for screening, brief intervention and referral to treatment.
- Include reimbursement for follow up after screening within 6 weeks of a positive screen?
- Decline to contract with primary care settings that do not offer screening, brief intervention and referral to treatment.
- Support clinics without quality improvement teams by internally tracking screening, brief intervention, referral to treatment and follow-up rates by organization and if possible at the provider level. Share findings with clinical sites to use for quality improvement for delivering screening and brief interventions.
- Create point of care access to up-to-date lists of mental health providers available for referral.

Employer Purchasers

- In benefit design, include funding for outreach and patient navigation services in contracts.
- Work with plans or third party administrators to make benefit design changes to:
    - Adopt performance-based contracting for identification, treatment and follow up for children and families with behavioral health concerns
    - Decline to contract with primary care settings or providers that do not offer screening, brief intervention and referral to treatment.
- Explore alternative payment models that incent meeting goals in universal screening and follow up care after a positive screen.
- Incent documentation of evidence-based practice codes in billing for psychotherapy to better track service delivery. Incent early access to EBPs, such as introducing an upside risk for timely connection to care.
- Educate members on common youth behavioral health concerns, such as depression, anxiety, trauma/PTSD, disruptive behaviors, ADHD and substance use.

Washington State Health Care Authority

- Support primary care offices in setting up coding and billing practices for screening and brief intervention by providing technical assistance, outreach and other methods
- Include annual screening metrics in value-based contracts to drive universal annual screening

Washington State Legislature

Health Services Academic Training Programs

- For providers training in primary care, ensure behavioral health is a core competency.