Integrating Primary and Behavioral Health Services

Part Two
About McSilver Institute:

The McSilver Institute for Poverty Policy and Research at New York University Silver School of Social Work is committed to creating new knowledge about the root causes of poverty, developing evidence-based interventions to address its consequences, and rapidly translating research findings into action through policy and practice.
Primary Care Development Corporation (PCDC) is a national nonprofit organization and a community development financial institution catalyzing excellence in primary care through strategic community investment, capacity building, and policy initiatives to achieve health equity.
Today’s Objectives:

• Why is integration for children and youth needed?

• What does integration look like for children and youth?

• How can integration make a difference?
Brief Review: What is Integrated Behavioral Health?

- Physical health
- Substance use
- Mental health
HALF of the ~7.7 million children in the United States with a treatable mental health disorder do not receive needed treatment, with some states seeing rates of treatment gaps over 70%.
...but it’s not just mental health needs

- Over 6 million children under 18 have been diagnosed with asthma, the leading chronic illness among US children
- Asthma leads to 14 million school absences annually, and is the third leading cause of hospitalizations for children under 15
- Children living with asthma are 18 times more likely to have mental health problems and 14 times more likely to have developmental difficulties
- 2 million adolescents in the US have a chronic health conditions that limits daily activity, while depression is a leading cause of overall disability


Arif & Korgaonkar, 2016, J Asthma.
Researchers identify early home and family factors that contribute to obesity

MARY ANN LIEBERT, INC./GENETIC ENGINEERING NEWS

New Rochelle, NY, February 11, 2019—A new 21-year longitudinal study identified multiple risk factors related to the family and home environment associated with the timing and faster increase in body mass index (BMI), ultimately leading to overweight or obesity in adulthood. The effects of the home and family characteristics on BMI can emerge as early as age 5, according to the study published in *Childhood Obesity*, a peer-reviewed journal from Mary Ann Liebert, Inc., publishers.

Click here to read the full-text article free on

---

Vaping among teens skyrocketed in the last year as cigarette use declined, new CDC study shows

---

Homelessness in New York Public Schools Is at a Record High: 114,659 Students
One out of every 10 students lived in temporary housing during the last school year.

---

Parent training effective for reducing behavior problems in autism spectrum disorder

Woodruff Health Sciences Center | April 21, 2015

---

‘No one can do this alone:’ Postpartum depression clouding motherhood draws new concern, treatment

Postpartum depression and related mood disorders are pervasive, affecting one in five expectant and new mothers; yet many suffer in silence, undiagnosed and untreated. Some have come forward to share their stories.

MARY CALLAHAN
THE PRESS DEMOCRAT | February 16, 2019, 11:57PM

---

McSILVER INSTITUTE FOR POVERTY POLICY AND RESEARCH

---

NYU SILVER
The largest study of its kind, that examined the health and social effects of adverse childhood experiences over time.

Involved over 17,000 participants at Kaiser Permanente in California.
• ACES increase likelihood of:
  • Long term physical health problems (e.g., diabetes, heart attack)
  • Risk for suicide, depression, poor sleep, risky sexual behavior
  • Poor dental hygiene (beginning in childhood)
  • ACE-exposed mothers bearing children with decreased birth weight and early birth, fetal mortality

Substance Abuse and Mental Services Administration (SAMHSA), 2019
Why Integrate?

- 40 – 60% of all pediatric medical visits have a behavioral component
- Limited behavioral health access available for rural/non urban areas
- Pediatricians report feeling unable to manage behavioral needs
- Pediatricians also report that they don’t have enough time

Adapted from Austen, J., 2018; (Kessler et al., 2005), (Burka, Van Cleve, Shafer, & Barkin, 2014; Cooper, Valleley, Pohala, Begeny, & Evans, 2006), (Miller, Petterson, Burke, Phillips, & Green, 2014)
How does integration differ from ‘treatment as usual’ for children and youth?
Core Integrated Care Components for Children and Youth

1. FAMILY AND YOUTH-GUIDED TEAMS WITH CARE COORDINATION CAPABILITY. A coordinator is designated to communicate, coordinate, & educate. Family members and youths are considered important participants and advisors throughout the process.

2. INDIVIDUALIZED AND COORDINATED CARE PLANS. Care plans are individualized: & guided by family/youth input, including their values, preferences, & available resources.

3. USE OF EVIDENCE-BASED GUIDELINES. Use EBP’s, screening, & assessment tools, follow the guidance of the Bright Futures initiative of the American Academy of Pediatrics for well child visits until the age of 21.

4. ESTABLISHED & ACCOUNTABLE RELATIONSHIPS WITH OTHER ENTITIES. Organizations establish relationships with outside entities including formal agreements on topics such as communication standards, wait times, or responsibility for development of care plans.

5. DATA-INFORMED PLANNING. Organizations have clinical information systems that support proactive planning & informed decision making on both individual and population levels.
• Well-child visits = early intervention opportunity!
• Identify and address ACES, ADHD, behavioral problems, and intellectual disabilities
• Parent training, support
• Manage chronic health conditions (obesity, asthma)
• Address substance use (may include medication AND behavioral health)
• Connection to community resources

A wide range of opportunities for integrated care

• ....These are all related!
What Types of Services can be brought together in integrated settings to address the needs of children and youth?
## Children 0 – 5 Years

<table>
<thead>
<tr>
<th>Health/Development Needs</th>
<th>Behavioral Consultation</th>
<th>Care-Coordination</th>
<th>Co-Location</th>
</tr>
</thead>
</table>
|                          | Typical Developmental Screenings  
|                          | - Help with toilet training  
|                          | - Help with weaning  
|                          | - Help with diet/ nutrition | Locating services | In-house Speech Language Pathologist/ Occupational Therapy |
| Mental Health            | - ACES (Adverse Childhood Experiences Study)  
|                          | - Attachment/bonding | Parenting groups  
|                          |                        | Referrals to mental health  
|                          |                        | or intensive in home parenting help  
|                          |                        | Substance Use | - Substance Use Treatment  
|                          |                        |                  | - Family therapy |
| Complex/Co-Occurring     | - Parenting skills for differences in development  
|                          | - Family Support | | |

Adapted from Austen, J., 2018
## Children 6 – 12 Years

<table>
<thead>
<tr>
<th>Health/Development Needs</th>
<th>Behavioral Consultation</th>
<th>Care-Coordination</th>
<th>Co-Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enuresis/encopresis</td>
<td></td>
<td>Referrals for Sleep Studies</td>
<td></td>
</tr>
<tr>
<td>Needle phobia</td>
<td></td>
<td>Child Development Programs</td>
<td></td>
</tr>
<tr>
<td>Healthy Eating/Picky Eating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autism Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Mental Health

- ADHD
- Emotional regulation skills
- Social Skills
- Sleep issues
- Brief Grief and Trauma
- Behavioral issues

### Complex/Co-Occurring

- Parenting skills for children with chronic illness
- Health Empowerment
- Assessing level of needs

- Coordination with youth services
- Coordination with schools
- Family therapy, In-home intensive therapy

Adapted from Austen, J., 2018
<table>
<thead>
<tr>
<th>Behavioral Consultation</th>
<th>Care-Coordination</th>
<th>Co-Location</th>
</tr>
</thead>
</table>
| **Health/Development Needs**                                                            | - Consent and medical decision-making  
- Sexual health  
- Needle phobia  
- Healthy Eating  
- Autism Screening                                                                 | - Referrals to obesity programs, nutritionist, sleep studies, family planning | - Brief therapy for chronic illness, support for pregnancy. |
| **Mental Health**                                                                       | - ADHD (still!)  
- Emotional regulation skills  
- Social Skills  
- Sleep issues  
- Brief Grief and Trauma  
- Behavioral issues  
- Substance use  
- Depression & Anxiety                                                             | - Parenting groups  
- Referrals to mental health or intensive in home parenting help  
- Collaboration with schools and other community stakeholders | - Substance Use Treatment  
- Family therapy  
- Individual therapy  
- Parent-child interaction therapy |
| **Complex/Co-Occurring**                                                                 | - Parenting skills for children with chronic illness  
- Health Empowerment  
- Assessing level of needs                                                                 | Coordination with schools, juvenile justice  
- Help with launching, college | Individual therapy, family therapy, systems-level interventions |

Adapted from Austen, J., 2018
End Goal: Whole Person Care

Right treatment + Right time + Right person + Right place = Integrated Care
The Right Treatment

High Priority Health Conditions for Integrated Care

• Managing chronic diseases and conditions

• Tobacco/smoking reduction

• General health promotion: physical activity and nutrition

• Substance use
Evidence Informed Wellness Programs: Where to Start

- Person-centered
- Non-judgmental
- Consider impact of trauma, adversity, social factors
- Wholistic (medicine may be a component but not the only one!)
- Coordination between types of care and providers
Evidence Informed Wellness Programs

1. Nutrition/Exercise
   - Nutrition and Exercise for Wellness and Recovery (NEW-R)
   - Diabetes Awareness and Rehabilitation Training (DART)
   - Solutions for Wellness
   - InSHAPE
   - Achieving Healthy Lifestyles in Psychiatric Rehabilitation (ACHIEVE)

2. Tobacco Cessation
   - DIMENSIONS Tobacco Free Program
   - Learning About Healthy Living
   - Intensive Tobacco Dependence Intervention for Persons Challenged by Mental Illness: Manual for Nurses

3. Chronic Disease Self-Management
   - Whole Health Action Management (WHAM)
   - Stanford University Model
Screening & Early Intervention Tools

SPENCE CHILDREN’S ANXIETY SCALE

Your Name: ____________________________ Date: ____________

PLEASE PUT A CIRCLE AROUND THE WORD THAT SHOWS HOW OFTEN EACH OF THESE THINGS HAPPEN TO YOU. THERE ARE NO RIGHT OR WRONG ANSWERS.

1. I worry about things. Never | Sometimes | Often | Always
2. I am scared of the dark. Never | Sometimes | Often | Always
3. When I have a problem, I get a funny feeling in my stomach. Never | Sometimes | Often | Always
4. I feel afraid. Never | Sometimes | Often | Always
5. I would feel afraid of being on my own at home. Never | Sometimes | Often | Always
6. I feel scared when I have to take a test. Never | Sometimes | Often | Always
7. I feel afraid if I have to use public toilets or bathrooms. Never | Sometimes | Often | Always
8. I feel anxious about being away from my parents. Never | Sometimes | Often | Always
9. I feel afraid that I will make a fool of myself in front of people. Never | Sometimes | Often | Always
10. I worry that something bad will happen.
11. I am pepul.
12. I am afraid.
13. I suddenly feel uneasy.
14. I have a hard time calming down.

BRIGHT FUTURES TOOL FOR PROFESSIONALS

Center for Epidemiological Studies Depression Scale for Children (CES-DC)

INSTRUCTIONS
Below is a list of the ways you might have felt or acted. Please check how much you have felt this way during the past week.

DURING THE PAST WEEK
Not At All | A Little | Some | A Lot
--- | --- | --- | ---
1. I was bothered by things that usually don’t bother me.
2. I did not feel like eating, I wasn’t very hungry.
3. I wasn’t able to feel happy, even when my family or friends tried to help me feel better.
4. I felt like I was just as good as other kids.
5. I felt like I couldn’t pay attention to what I was doing.

PHQ-9: Modified for Teens

INSTRUCTIONS: How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an “X” in the box beneath the answer that best describes how you have been feeling.

<table>
<thead>
<tr>
<th>Not At All</th>
<th>Several Days</th>
<th>More Than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>(0)</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
</tr>
</tbody>
</table>
1. Feeling down, depressed, irritible, or hopeless?
2. Little interest or pleasure in doing things?
3. Trouble falling asleep, staying asleep, or sleeping too much?
4. Poor appetite, weight loss, or overeating?
5. Feeling tired, having little energy?
6. Feeling bad about yourself—or feeling that you are a failure, or that you have let yourself or your family down?

Severity Measure for Generalized Anxiety Disorder—Child Age 11–17

Name: ____________________________ Age: ______ Sex: Male ☐ Female ☐ Date: ____________

INSTRUCTIONS: The following questions ask about thoughts, feelings, and behaviors, often tied to concerns about family, health, finances, school, and work. Please respond to each item by marking (√ or x) one box per row.

<table>
<thead>
<tr>
<th>During the PAST 7 DAYS, I have...</th>
<th>Never</th>
<th>Occasionally</th>
<th>Half of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
<th>Item score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. felt moments of sudden terror, fear, or fright</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td></td>
</tr>
<tr>
<td>2. felt anxious, worried, or nervous</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td></td>
</tr>
<tr>
<td>3. had thoughts of bad things happening, such as family tragedy, ill health, loss of a job, or accidents</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td></td>
</tr>
<tr>
<td>4. felt a racing heart, sweaty, trouble breathing, faint, or shaky</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td></td>
</tr>
</tbody>
</table>

McSilver Institute for Poverty Policy and Research

Links included in Resources Section

NYU Silver
Screening & Early Intervention Tools

**BEARS Sleep Screening Algorithm**

The "BEARS" instrument is divided into five major sleep domains, providing a comprehensive approach in the 2- to 18-year-old range. Each sleep domain has a set of age-appropriate criteria.

- **B** = bedtime problems
- **E** = excessive daytime sleepiness
- **A** = awakenings during the night
- **R** = regularity and duration of sleep
- **S** = snoring

**Examples of developmentally appropriate behaviors**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Toddler/Preschool (2-5 years)</th>
<th>School-aged (6-12 years)</th>
<th>Adolescent (13-18 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bedtime</td>
<td>Does your child have any</td>
<td>Does your child have</td>
<td>Do you have any</td>
</tr>
<tr>
<td>problems</td>
<td>problems going to bed?</td>
<td>problems going to bed?</td>
<td>problems falling asleep</td>
</tr>
<tr>
<td></td>
<td>Falling asleep?</td>
<td>Falling asleep?</td>
<td>at bedtime?</td>
</tr>
<tr>
<td>2. Excessive</td>
<td>Does your child seem</td>
<td>Does your child have</td>
<td>Do you sleep</td>
</tr>
<tr>
<td>daytime</td>
<td>overtired or sleepy a lot</td>
<td>difficulty waking in the</td>
<td>during the day or take</td>
</tr>
<tr>
<td>sleepiness</td>
<td>during the day?</td>
<td>morning, seem</td>
<td>naps?</td>
</tr>
<tr>
<td></td>
<td>Does she still</td>
<td>sleepy during the day</td>
<td>(P) Do you feel tired a</td>
</tr>
<tr>
<td></td>
<td>take naps?</td>
<td>or day or take naps?</td>
<td>lot? (C)</td>
</tr>
<tr>
<td>3. Awakenings</td>
<td>Does your child wake up a lot</td>
<td>Does your child seem</td>
<td>Do you have</td>
</tr>
<tr>
<td>during the night</td>
<td>at night?</td>
<td>to wake up a lot at night</td>
<td>any problems during</td>
</tr>
</tbody>
</table>

**NICHQ Vanderbilt Assessment Scale—PARENT Informant**

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child’s behaviors in the past 6 months.

Is this evaluation based on a time when the child □ was on medication □ was not on medication □ not sure?

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Never</th>
<th>Occasionally</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does not pay attention to details or makes careless mistakes</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>with, for example, homework</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Has difficulty keeping attention to what needs to be done</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Does not seem to listen when spoken to directly</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Does not follow through when given directions and fails to finish</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>activities (not due to refusal or failure to understand)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Has difficulty organizing tasks and activities</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Avoids, dislikes, or does not want to start tasks that require ongoing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>mental effort</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant**

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors:

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Never</th>
<th>Occasionally</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fails to give attention to details or makes careless mistakes in</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>schoolwork</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Has difficulty sustaining attention to tasks or activities</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Does not seem to listen when spoken to directly</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Does not follow through on instructions and fails to finish schoolwork</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(not due to oppositional behavior or failure to understand)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Has difficulty organizing tasks and activities</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Avoids, dislikes, or is reluctant to engage in tasks that require</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>sustained mental effort</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Loses things necessary for tasks or activities (school assignments,</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>pencils, or books)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Is easily distracted by extraneous stimuli</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Is forgetful in daily activities</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. Fidgets with hands or feet or squirms in seat</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. Leaves seat in classroom or in other situations in which remaining</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>seat is expected</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Runs around or climbs excessively in situations in which remaining</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>seat is expected</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Has difficulty playing or engaging in leisure activities quietly</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14. &quot;Is on the go&quot; or often acts as if &quot;driven by a motor&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15. Other unreasonable behavior</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Integrated Case Management

- Increase points of contact to manage complex behavioral and medical needs of patients
- Utilize population and patient-level tracking
- Decreases outpatient utilization
- Address obstacles and barriers to treatment
- Improve self-management skills
- Maintain patient engagement
- Provision through **NYS Medicaid**

Sabik et al., 2016, Medical Care
Characteristics of the most effective approaches to promote physical and behavioral health in an integrated system of care.

- All about the quality of the patient-provider relationship
- Aligned with a person’s readiness level
  - Pre-contemplation
  - Contemplation
  - Active treatment
  - Maintenance
- Addresses the emotional issues related to health management
- Mobilizes helpful social supports
- Addresses lifestyle changes
- Explores the use of medication combined with counseling and psychological therapies
- Focuses on the person’s felt needs for change and high priority goals
- Respects the person’s cultural, religious and personally meaningful values
- Considers the person’s day to day realities (what’s realistic)
- Includes a way of monitoring improvements
- Involves peers where possible
What is the benefit of integrated care?

• Improvement in provider satisfaction in quality and access to services
• High patient and family satisfaction
• Improvement in early recognition and treatment of issues, such as mental health
• Promising outcomes for improvement of parenting skills, obesity, sleep, and other issues.

Adapted from Austen, J., 2018
The Integration of Behavioral Health into Pediatric Primary Care Settings

SAMHSA-funded project supporting integration in primary care for children and families

- Providers must be met “where they are” to establish long-lasting changes
- Behavioral health resources and enhanced referral systems facilitate provider buy-in for transitioning to an integrated model
- Embedding mental health consultants supports higher screening rates, increased provider and patient satisfaction, and improved children’s social-emotional functioning
- Leveraging existing infrastructure is key to ensuring integration efforts lead to sustained change

Project Launch
We are making progress!

New CMS model aims to improve child behavioral health services, tackle opioid abuse

MISSION

To strengthen and support the ability of New York’s pediatric primary care providers (PCPs) to deliver care to children and families who experience mild-to-moderate mental health concerns.
Further Reading/Resources

- Johns Hopkins PICC Toolkit: http://web.jhu.edu/pedmentalhealth/PICC%20TOOLKIT%201.pdf


- Project Launch: https://healthysafechildren.org/topics/integration-behavioral-health-primary-care-settings
Further Reading/Resources


• http://www.integration.samhsa.gov/ (Great resource on everything integration)

• http://www.integratedcareresourcecenter.com/ (Website detailing what is happening with health reform in each state)

• http://www.chcs.org/ (Website focused on publicly funded healthcare and the transformations underway)

• http://www.h2rminutes.com/main.html (Updates on the ACA for professions—great site to sign up for email notices)

• http://integrationacademy.ahrq.gov/atlas (1. Framework for understanding measurement of integrated care; 2. A list of existing measures relevant to integrated behavioral health care; & 3. Organizes measures by the framework and by user goals to facilitate selection of measures).
Further Reading/Resources


• CREEPING AND LEAPING FROM PAYMENT FOR VOLUME TO PAYMENT FOR VALUE [Webpage](https://www.thenationalcouncil.org/capitol-connector/2014/09/creeping-leaping-payment-volume-payment-value/)


• Seven Steps to Performance-based Services Acquisition/Contracting [http://159.142.160.6/comp/seven_steps/index.html]

• CMS Innovation Center: Health Care Payment Learning and Action Network [http://innovation.cms.gov/initiatives/Health-Care-Payment-Learning-and-Action-Network/]

Further Reading/Resources

Screening & early intervention tools:

- Severity Measure for Generalized Anxiety Disorder: [https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Severity-Measure-For-Generalized-Anxiety-Disorder-Child-Age-11-to-17.pdf](https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Severity-Measure-For-Generalized-Anxiety-Disorder-Child-Age-11-to-17.pdf)
Thank you!