



Institute for Community Health

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When policy meets practice: Crossing discipline borders to improve child mental health.

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The continuum of behavioral health screening, referral, assessment, and care is a community responsibility that no one sector can achieve independently. This presentation will discuss the challenges and benefits to a system when statewide policy meets local practice and its unexpected outcomes.

The Cambridge Health Alliance, an integrated public health care system, began screening for behavioral health in pediatric practices in 2003. With a grant to integrate behavioral and physical health, a validated tool-the Pediatric Symptom Checklist-was piloted at 2 of 11 sites. The rollout required education of physicians, practice management changes, relationship building between Pediatrics and Child Psychiatry, conversion of data to the electronic medical record, and ongoing compliance reporting. System-wide spread was slow. Additionally, relationships with community mental health and substance abuse providers were required to improve issues related to referral and communication and ensure that identified children received services. Despite efforts, competition and system obstacles continued to impede progress.

In 2007, as a result of a major case related to child mental health, "Rosie D et al. v. Patrick", MassHealth (Medicaid) required all pediatric primary care providers to use validated tools to screen children 0-21 years at their preventive visits. MassHealth would also provide reimbursement for screening.

The decision jumpstarted existing efforts and resulted in unexpected outcomes including the willingness to adopt screening and the deepening of relationships among disciplines. Collaborative efforts with other community providers are improving as it becomes clear that primary care and behavioral health providers must work together to implement the policy change.