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Meet TABBICAT™: A framework for Advancing Mental Health Services



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Director of Behavioral Service Line
Akron Children's Hospital**

Professor of Psychiatry, Pediatrics, and Medicine
NEOMED and University of Pittsburgh

Federally funded clinical researcher

Eighteen years of experience in leadership roles at UPMC
integrating behavioral health into medical specialties for children
and adults

Implementation science, technological innovation, and leveraging
multi-disciplinary clinical teams



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Douglas W. Straight M.A Ed., MBA, LPCC-S
Clinical Operations Director
Department of Psychiatry and Behavioral Health

Employee of Akron Children's Hospital for 30+ years, all in Behavioral Health

Clinical work has focused on high acuity patients and families in both inpatient and outpatient settings

Previous administrative roles have included managing both the Partial Hospitalization and Intensive Outpatient Programs

Currently responsible for the operational oversight of inpatient and ambulatory services across the behavioral health service line



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Disclosures

- The following speakers have no relevant financial relationships or conflicts of interest to disclose:
 - Doug Straight
 - Eva Szigethy



Learning Objectives

- Describe evidence-based components of a pediatric behavioral integration model of Triage, Assessment, Brief Behavioral Interventions, Care coordination, and Tracking (TABBICAT™).
- Discuss how to set up administrative, data registry, and successful tracking of outcomes and iterative process pivots.



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AT-A-GLANCE



2

CHILDREN'S HOSPITALS



44

PEDIATRIC OFFICES



4

URGENT CARES



50

PRIMARY & SPECIALTY LOCATIONS



TOTAL VISITS



99,045

ER VISITS



587,541

PRIMARY CARE VISITS



1,376,276

TOTAL OUTPATIENT VISITS



10,591

INPATIENT ADMISSIONS



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The Need in Behavioral Health in Eastern Ohio

- 15% increase in behavioral health volume for inpatient and 9% for outpatient predicted over next 5 years
- 19,000 visits in last year for high-risk behaviors including addiction
- 4,500+ youth seen in our emergency departments over past year; 1,000+ hospitalized on our inpatient unit
- 26% screened positive for depression across our pediatric practices



Even with Political Influences at the Federal and State Levels, the Following are True:

- There is a growing rift within Behavioral Healthcare of knowing what is therapeutic/healing for kids and what insurance will cover
- Behavioral Healthcare is moving toward expectation of more frequent and objective measures of progress
- Care is moving from siloed, fragmented, reactive care to more integrated, holistic, and preventive care

❖ Akron Children's Behavioral Health Department has thus focused a major part of its Behavioral Health transformation in the past year on building out Behavioral Health Integration in Primary Care

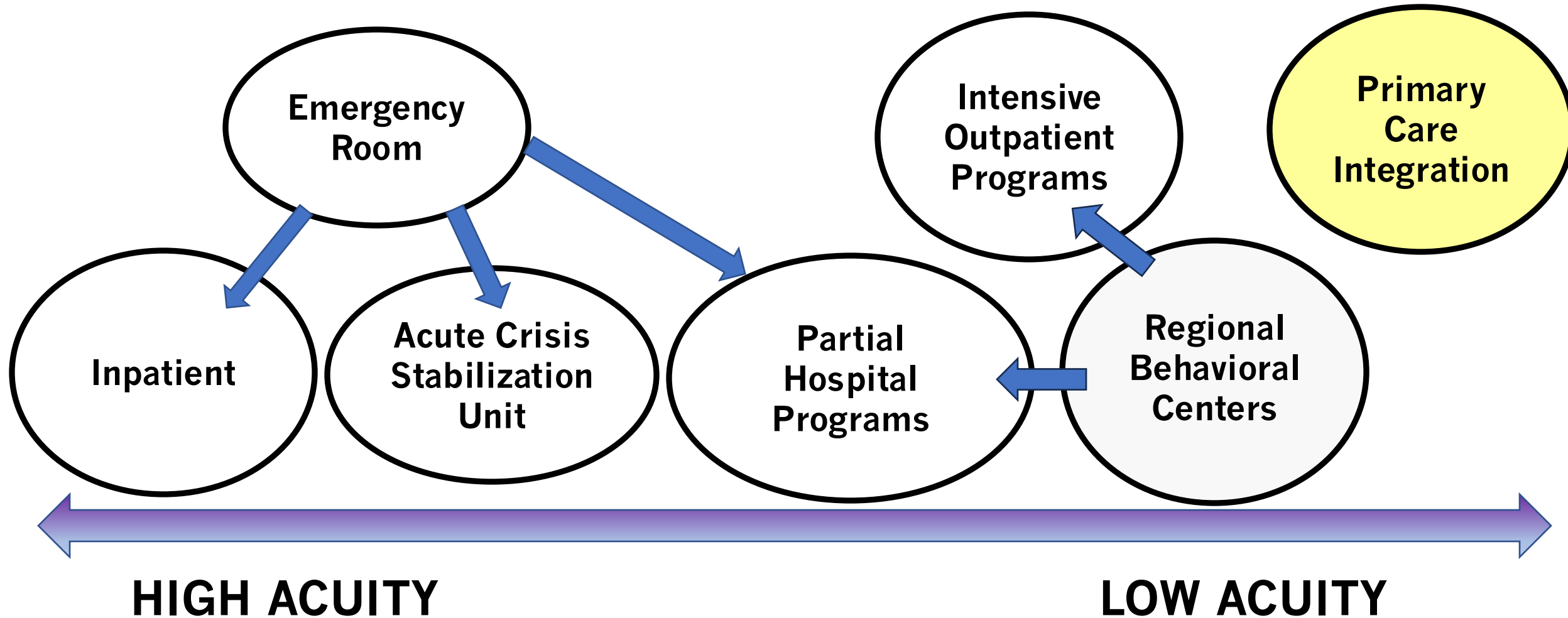


Elements to Achieve Successful Behavioral Health Continuum of Care

People	Products	Space	Process
• Supportive visionary administrators • The right leadership infrastructure within the Department • Cultivating the right workforce internally	• The right evidence-based programming • Smart use of technology, including building the right data dashboards to track process and outcomes	• Capacity to provide care in spaces that are therapeutic yet safe and continue to blend face-to-face care with telehealth	• Using implementation science to build models of behavioral health integration that are standardized, measurable, and sustainable • Increase provider access through warm hand-offs and crisis slots



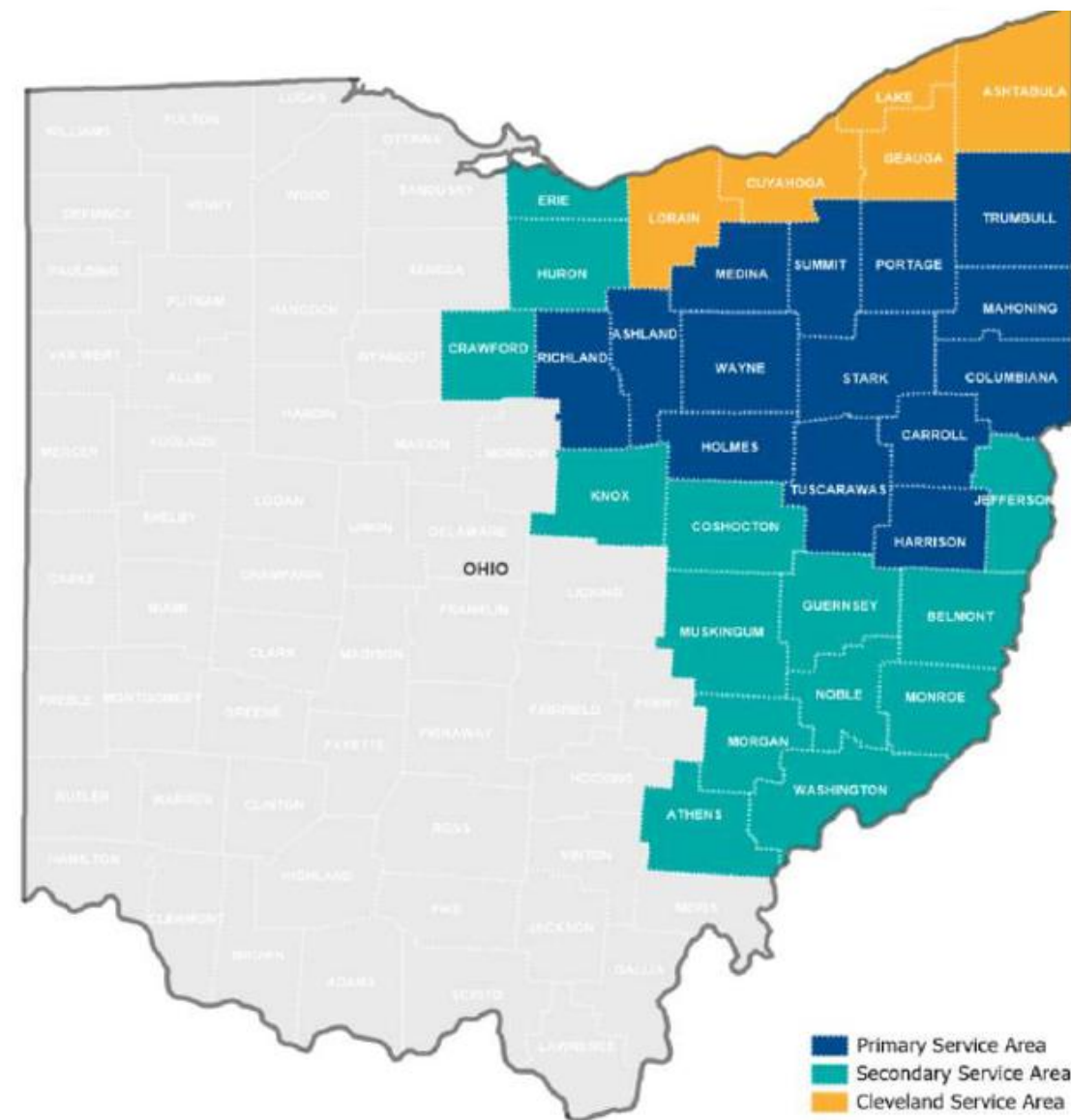
Build on existing programs to establish new care models across the health continuum



Behavioral Health Care Close to Home: Primary Care

- Intended for patients with mild-moderate behavioral health needs
- 44+ pediatric practices
- 200 pediatricians
- Integrated mental health therapists at each practice
- Approximately 300,000 youth treated

Over 25% of these youth have a behavioral health diagnosis



Behavioral Health in Primary Care Prior to September 2022

CO-LOCATION NOT INTEGRATION

Mental Health Therapists were co-located at 14 primary care locations but were siloed rather than integrated in the practice

POOR SCREENING PROCESS

PHQ-9 questionnaire added at well visits, but high scores often led to fragmented care without coordination

INSUFFICIENT EDUCATION ABOUT MEDICATIONS

Primary care providers uncomfortable prescribing psychotropic medications

POOR CARE COORDINATION

Inconsistent follow through and feedback about behavioral health treatment

OVERUSE OF ED

Many patients sent to the ED due to pediatric providers discomfort managing behavioral health concerns

85% of youth who were referred for services in 2022 never engaged in treatment, and only 10% of youth who had an urgent behavioral health need were able to be seen within four weeks



Our Response in 2023



Primary Care Integration Steering Committee comprised of leadership from Akron Children's Pediatrics (ACP) and Behavioral Health (BH)



Created a focused BH Integration work group to assist with initial development of the model



Developed a standardized approach to BH Integration that could be scaled to 44+ ACP locations



Goals for Successful Behavioral Health Integration into Primary Care

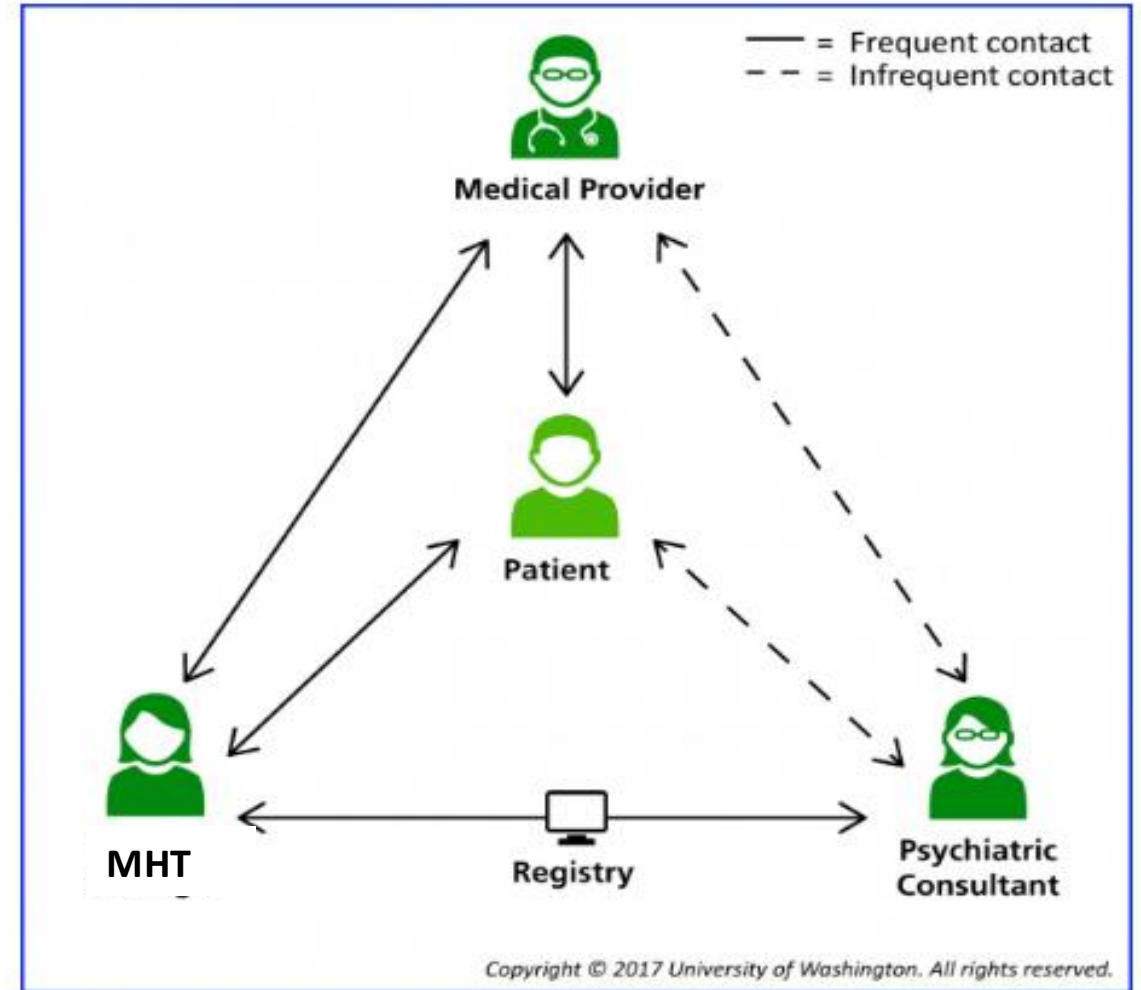


- ✓ Integration of behavioral therapists into primary care
- ✓ Screening for anxiety, depression, substance use, social determinants of health
- ✓ Positive screens connected with right services
- ✓ Brief behavioral interventions for child and care givers by embedded mental health therapists
- ✓ Care Coordination to improve adherence and connect to social resources
- ✓ Appropriate care continuum to reduce ED visits
- ✓ Psychiatrists collaborating with pediatricians directly
- ✓ Longitudinal tracking of objective outcomes



Implementation Playbook

- ✓ Hiring mental health therapists
- ✓ Building cohesive behavioral-medical teams at each practice
- ✓ Education on value-based population health care
- ✓ Efficient care coordination
- ✓ Standardize the integration process across pediatric practices



Evidence-based Behavioral Integration: **TABBICAT™** as an Integration Model

- **Triage**
- **Assessment**
- **Brief Behavioral Intervention**
- **CAre Coordination**
- **Tracking**

RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) framework. ([What is RE-AIM? – RE-AIM](#))



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Overview of Integration Implementation

Introductory meeting with relevant members of the ACP and BH team

Four additional meetings to educate about the integration tools and ways to implement given each ACP's unique needs

In-person kick off meeting

Staff supplied with provider-focused educational tools about each component of the integration model



Triage



Patients receive the right level of care at the right time

- 85% of urgent referrals in January 2025 were seen within the specified timeframe of 2-4 weeks
 - Crisis slots available at primary care practices for higher acuity patients who do not require more intensive services

Average referral rate to Akron Children's behavioral health providers for continuity of care

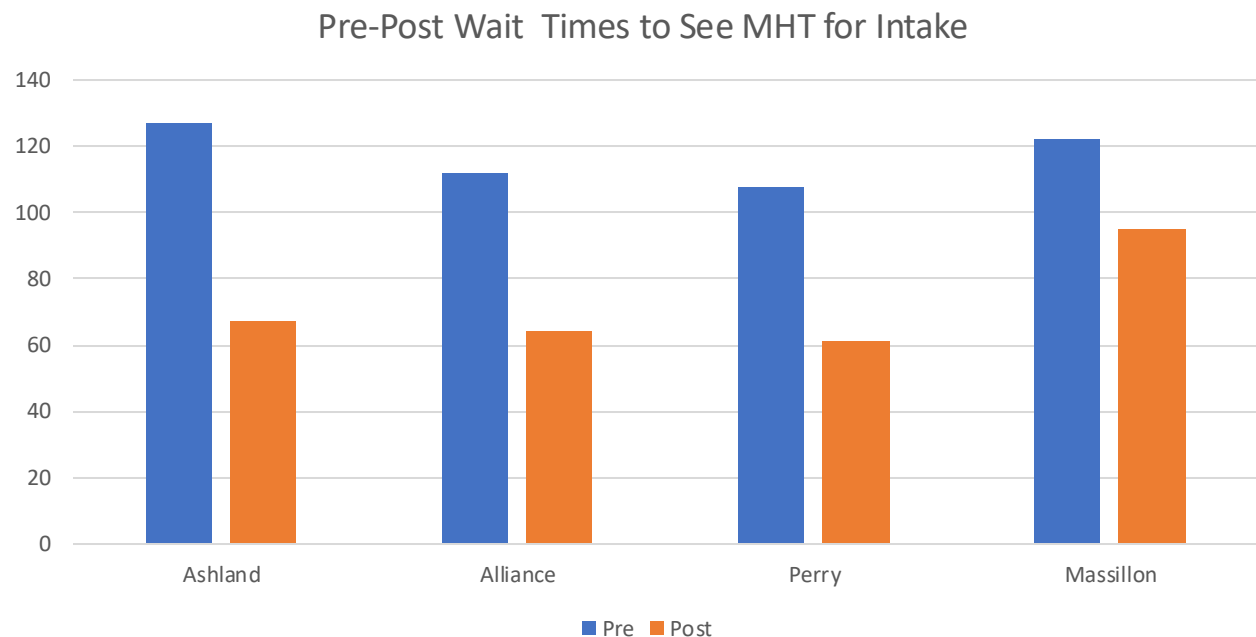
- Pre-integration (November 2023): 55.8% referred internally
- Post-integration (January 2025): **87.4%** referred internally

- ❖ Within 48 hours the patient's parent/guardian is connected with Care Coordinator to schedule the appointment

Integrated Pediatric Practice	Percent of Crisis Slots Scheduled
Alliance	86%
Ashland	91%
Perry	69%
Massillon	96%



Intake Wait Time Since Integration Implementation



❖ Pre integration is three months prior to integration



Assessment

Screening

Primary Care (PHQ-9 for depression)

- 96.2% of patients 12 and older (N=50,008) were screened in 2024
- 10.3% (N=5,147) screened positive for depression
- 80.6% (N=4,151) of patients who screened positive received a follow-up plan meaning that psychotropic medication was ordered or referral to behavioral health

Behavioral Health

- All patients are sent evidence-based anxiety and depression screeners prior to intake appointment
 - Anxiety Related Disorders (SCARED Child and Parent/GAD-7)
 - Depression (Mood and Feelings Questionnaire)

Ongoing assessment

- Evidence-based outcome measures (n=14)
- Clinical Global Impression Severity (CGI-S) and Clinical Global Impression Improvement (CGI-I) are completed at every behavioral health session



Brief Behavioral Interventions



First Approach Skills Training (FAST) Program

The Why?

- Improve access/capacity in our system
- Brief behavioral interventions (BBI) are more effective in reducing symptoms of anxiety and depression when provided in a pediatric primary care setting compared to referral to an outside agency (Schwartz, et.al., 2023)

The How?

- All MHT trained in:
- **First Approach Skills Training**
 - Evidenced based/Brief treatment of:
 - Anxiety
 - Depression
 - Trauma
 - Behavior
- Brief Strategic Family Therapy



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Care Coordination



- Behavioral Health Care Coordinators serve as liaisons among the MHT, Akron Children's pediatric practices, In-Patient providers, ED providers, and family
- Connect patients to Akron Children's services (ex. PHP, Bridge Clinic, Outpatient Therapy) as well as services in the community when needed
- Communicate with families to navigate barriers to accessing care
- Coordination is non-billable and allows providers time to focus on behavioral health and medical care
- **Over 1500 patient/families were offered behavioral health care coordination since January 2024**





Tracking

Process Tracking

- Warm Hand-Offs
- Crisis Slots
- Time from referral to intake (access)
 - Referrals that successfully lead to intakes
 - Number of days between referral to intake
- Collaborative Care tracking
- Recommendations of digital emotional support tool

Patient Tracking

- Demographic Information
- Clinical Global Impression assessment scores
- PHQ-9 score
- Social Determinants of Health

Tracking tools

- Power BI Dashboards
- Webi and Clarity automated reports



More Access to Psychiatrists: Collaborative Care



Goals

- Increase comfort level of pediatricians managing psychiatric medications
- Collaborate with mental health therapists who can facilitate PCP/psychiatrist communication/updates
- Track patient outcomes of those receiving care as part of collaborative care model
- **OVERARCHING GOAL:** Become cohesive integrated collaborative team at each practice

How

- Monthly meeting for collaboration with psychiatrist, pediatric practice providers, mental health therapist, and care coordinator
- Learnings from CHA Leadership Collaborative



Role of Technology in Behavioral Care Continuum

Patient Support: Digital Behavioral Tool

To fill a gap in getting all youth emotional support anywhere, anytime, as part of care

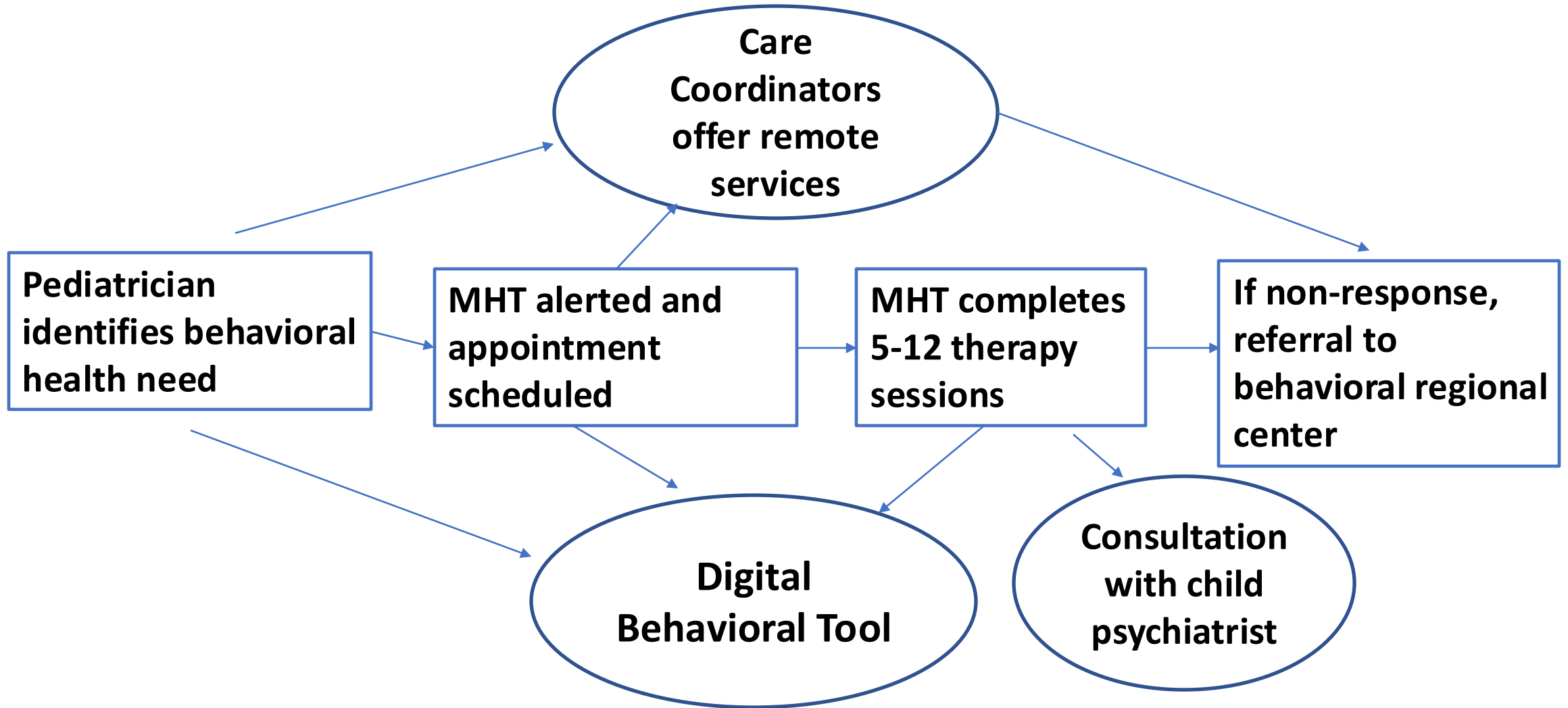
- Fully-automated emotional support tool for adolescents 13-17 years old with depression, anxiety, and stress
- Recommended by pediatric provider at visit
- 75% of adolescents used app outside clinical hours
- 77% of users completed at least 3 sessions
- Significant improvement in anxiety and depression across 8 weeks

Staff Support: Abridge

- AI tool that acts as a “digital scribe” that records a provider’s clinical encounter and creates a clinical note based on conversations during the visit
- Clinical note is imported into Epic
- Helps reduce administrative burden on providers- decreases “pajama time”
- The technology is actively being piloted



Planned Stepped-Care Workflow



Behavioral Health Integration 2024



31 primary care practices with co-located Akron Children's mental health therapist (MHT)



20 practices currently fully integrated

26 total practices expected to be integrated by December 2025



MHT template changes to increase access

32 clinical facing hours per week for 1 MHT FTE, which includes warm hand off and crisis slots



Behavioral Health Integration Care Coordinator

Increase to four to work with primary care practices; Care Coordinator in the Behavioral Health ED; Care Coordinator in the Inpatient Unit, 2 Care Coordinators for the four Behavioral Health Regional Centers



Psychiatry collaborative care pilot in 8 practices for case consultation discussions



MHTs received education and training about acute and maintenance phase therapy



Woebot digital emotional support tool available in 3 practices with planned expansion



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2025 Akron Children's Initiatives to Increase Access and Improve Patient Follow-Through



Primary Care

Continue to collaborate with other institutions to learn/share best practices

Develop Parent Advisory Council to develop a model that best meets the needs of the community

Develop a plan for follow up with integrated practices to ensure adherence to the model

Determine additional mental health therapist FTE needs for practices

Continue to track how model is promoting health equity

Rapid integration expansion across the hospital system

Refine and scale psychiatry collaborative care model



Obstacle	Solution
Obtaining buy-in about the model from behavioral health and primary care providers	Discuss their concerns and problem-solve how to best integrate in their pediatric practice. Establish steering committee of behavioral health leadership that meets regularly to address barriers with implementation and assess progress
MHT implementation of Brief Behavioral Intervention strategies	Education about the how and why
ACP schedulers unfamiliar with how to schedule BH intakes	Behavioral Health schedulers provide in-person training
Having enough Care Coordinators for all practices that are integrated	Determine the caseload a Care Coordinator can manage and hire accordingly
Space limitations at pediatric practices	Capital restraints at some existing locations. As we look at future locations that we are acquiring, it is with the mindset that we need space for behavioral health
Funding to cover the cost of non-billable services and Care Coordinators	Donor funds, grant funds, and hard funds
Therapist Capacity	Central scheduling , Abridge, and data driven decision making



Financial Considerations for Long-term Sustainability



- Philanthropic/grants/operations – “braided”
- Provider productivity – breakeven threshold and positive margin contributions
- Cost savings through population health lens – how to reach more patients
- Advocacy for reimbursement of collaborative care CPT codes in Ohio



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