

Pediatric Behavioral Health Integration

Monday, August 25, 2025

12:00 to 1:00 p.m. ET

Submitting Questions and Comments

- Submit questions by using the questions-and-answer (Q&A) feature.
- If you experience any technical issues during the webinar, please message us through the chat feature or email bphc-ta@bizzellus.com.

Continuing Education (CE)

- We offer behavioral health (BH) continuing education units (CEUs) for participation in BH/substance use disorder (SUD) integration technical assistance (BH/SUD TA) events.
- You must attend the event and complete the online Health Center TA Satisfaction Assessment Form after the event (2–3 minutes).
- A link with instructions will be provided at the end of the session.
- CE certificates will be sent within 5 weeks of the event from the Health Center BH/SUD TA Team via Smartsheet <user@app.smartsheet.com>.



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Presenters



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Objectives



Participants of today's session will be able to:

- Explore why pediatric behavioral health and early intervention matter.
- Examine current practices that support integration of pediatric mental health into primary care, including approaches to overcome common challenges.
- Identify some examples of screening tools, referral processes, and interdisciplinary collaboration strategies to enhance mental health outcomes for children.

Polling Question #1:

Which of the following options best characterizes the status of your health center's integrated services for pediatric patients with behavioral health needs?

- a. We have a fully integrated and comprehensive program.
- b. We have made progress but still have room for improvement.
- c. We are in the early planning stages.
- d. We have not yet started integrating services.



What Is Pediatric Behavioral Health (BH)?

- Wellbeing
- Reaching developmental and emotional milestones
- Implementing healthy social skills
- Coping when there are problems
- Positive quality of life across settings
- Begins prenatally
- Complex
- Both mental health and substance use disorders
- Ages birth to 19



What is Early Childhood and Infant Behavioral Health?



- Development of secure relationships
- Supports cognitive and physical development
- Development of emotional regulation
- It is about the child, the caregivers and the relationships
- Even infants and very young children can have behavioral health conditions
- With support, can help set children on a path to secure relationships, healthy development, and resilience

- Stress related disorders
- Depression
- Anxiety
- Autism
- ADHD
- Behavioral disorders
- Eating disorders
- Obsessive-compulsive disorder
- Intellectual disability
- Learning disorders

Examples of Childhood Disorders



Polling Question #2:

What age group(s) does your work primarily serve?

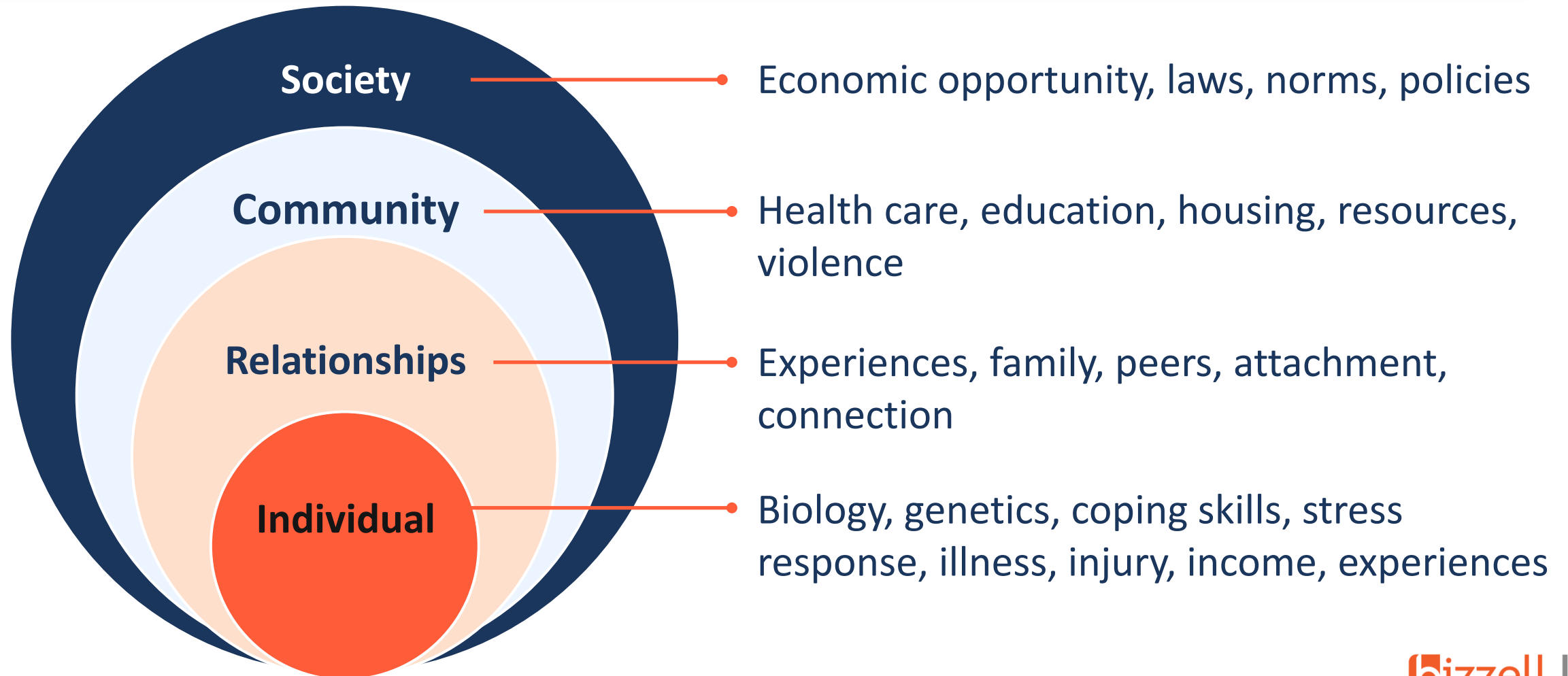
- a. Infants – less than 1 year
- b. Toddler – 1-3 years
- c. Preschool – 3-5 years
- d. Grade school – 5-12 years
- e. Teen/Adolescent – 12-18 years
- f. Young adult – 19-21 years



Why Talk About Pediatric BH?

- Most common mental health disorders begin in childhood or adolescence.
 - 1/2 show signs before 14
 - 3/4 begin before age 24
 - CDC estimates that 13% of American children ages 3-17 have a diagnosable condition.
- Attention deficit hyperactivity disorder (ADHD), anxiety, depression, and behavior problems are the most common mental health conditions in children.
 - Suicide is the second leading cause of death among those age 10–14 and third among those age 15–19.

Influences on BH and Well-Being



What is Attachment?

- Aids in survival as infants and young children cannot provide for many of their needs or their safety
- Long lasting emotional bond connecting one person to another
- Psychological connectedness



Why Attachment?

- Attachment provides a framework for future relationships
- Healthy attachments with a primary caregiver support healthy relationships with others
- Unhealthy attachments with a primary caregiver may lead to emotional and behavioral problems and problems with relationships



Attachment Formation



We are “wired” to attach—our brain circuitry ensures that we will attach to assist us with survival.

Occurs between 6-9 months and is focused for up to 12 months, but sensitive beyond this to 3-5 years of age.

Nurturing, sensitive, predictable caregiving wires the brain for secure attachment. Child is comfortable in the world.

Neglectful and/or abusive caregiving still produces attachment, but this attachment is not necessarily secure or comforting to the child.

Transmission of Attachment



The brain dedicates itself to learning ways to stay connected to attachment figures and to determine if they are consistently safe or not.



This is called developing an attachment style.



Attachment style is an interplay between genes and environment.



Adults have specific brain signatures associated with attachment styles.



It means that you cannot give what you didn't get (without intervention).

Stages of Attachment

ASOCIAL (0-6 WEEKS)

Many kinds of stimuli, both social and non-social, produce a favorable reaction such as a smile

INDISCRIMINATE (6 WEEKS-7 MONTHS)

Babies enjoy human company and respond equally to any caregiver but get upset when they get no response; at 3 months smile more at familiar faces

SPECIFIC (7-9 MONTHS)

Baby looks to a specific caregiver for comfort and protection, shows fear of strangers and unhappiness when separated from the caregiver

MULTIPLE ATTACHMENTS (10 MONTHS)

Baby can have and is dependent on several attachments; usually formed with those who can read their cues the best

Impact of Development

What Does Secure Attachment Do For Us?

Provides the brain
with sensory
stimulation to help
the brain grow

Allows the baby to be
soothed when
s/he is in distress

Gives the baby a
sense of belonging

Reduces stress
hormone release
in the baby

Teaches the baby
that the world is a
safe place to explore

Helps the baby grow
up to have secure
relationships

Unpredictable or Frightening Caregiving

- Regulatory issues
- Arousal issues
- Reduced capacity to explore the environment and master age-appropriate tasks
- Eventual straying from developmental trajectory- regressive behaviors
- Blame themselves for the frightening events due to magical thinking and lack of understanding of cause and effect



Attachment as a Regulator



- Secure attachment can help a child when negative events occur by their caregiver's ability to soothe distress
- Caregiver's response to the scary or unpredictable event influences how the child perceives the events
- Secure attachment provides the regulator for the child in the form of the caregiver and their regulated emotions and response

Domains of Symptomology in Pediatric BH

Emotional Symptoms

Behavioral Symptoms

Cognitive Symptoms

Physical Symptoms

Relationships

Developmental

School Age Children

Ages 6-12

Emotional Symptoms

Low mood

Irritability

Worry

Withdrawal from
social situations

Sadness

Anger

Behavioral Symptoms

- Difficulty with focus
- Aggressive behavior
- Sleep issues
- Eating issues
- School problems
- Risky behavior



Cognitive and Physical Symptoms



Thoughts of self harm/suicide



Learning issues



Concentration problems



Headaches, stomachaches



Changes in weight



Excessive, difficulty with or disruptive sleep

Adolescence

Age 12 to 19

Developmental Awareness

Adolescents are not younger adults.

Developmentally, adolescents are:

- Becoming more independent
- More tolerant of risk



Adolescent Specific Behaviors



Substance use



Risky sexual behavior



Excessive rule/law
breaking



Self-harm behavior



Unhealthy
relationships



Hygiene issues

Polling Question

What practices is your health center currently integrating to address pediatric behavioral health? (Select all that apply)

- Screening
- Referral
- Care coordination
- Interdisciplinary collaboration
- Patient-centered care



Key Components of Pediatric Integrated BH Care

Population-based care

- Makes a systemic effort to identify, respond to, and track outcomes
- Uses validated tools to screen

Evidence-based care

- Uses evidence-based practices and models for treatment

Measurement-based care

- Tracks, coordinates, and conducts ongoing evaluation of care

Care management

- Patient and family-centered care
- Coordination
- Communication
- Collaboration

Patient- and Family-Centered Practices

- Build a relationship that values family voice and expertise
 - View family as decision-making partners
- Build and hold hope
 - Reinforce progress and strengths
- Match needs to services
- Engage in cross-system care coordination to meet needs
 - System of care



Screening and Assessment

- Early identification and intervention are key
- Screen for needs, mental health concerns, and substance use
- Understand the Americans with Disabilities Act and other federal and state policies, such as:
 - Medicaid Early and Periodic Screening, Diagnostic, and Treatment benefit
 - Laws which give entitlement to services from birth to 3 years

Differences Between Screening and Assessment

Screening

- Should be short
- Can be self-report or caregiver/other report
- Positive screen indicates the need for referral to a provider for an assessment and further support
- Screening looks different depending on the age and concern

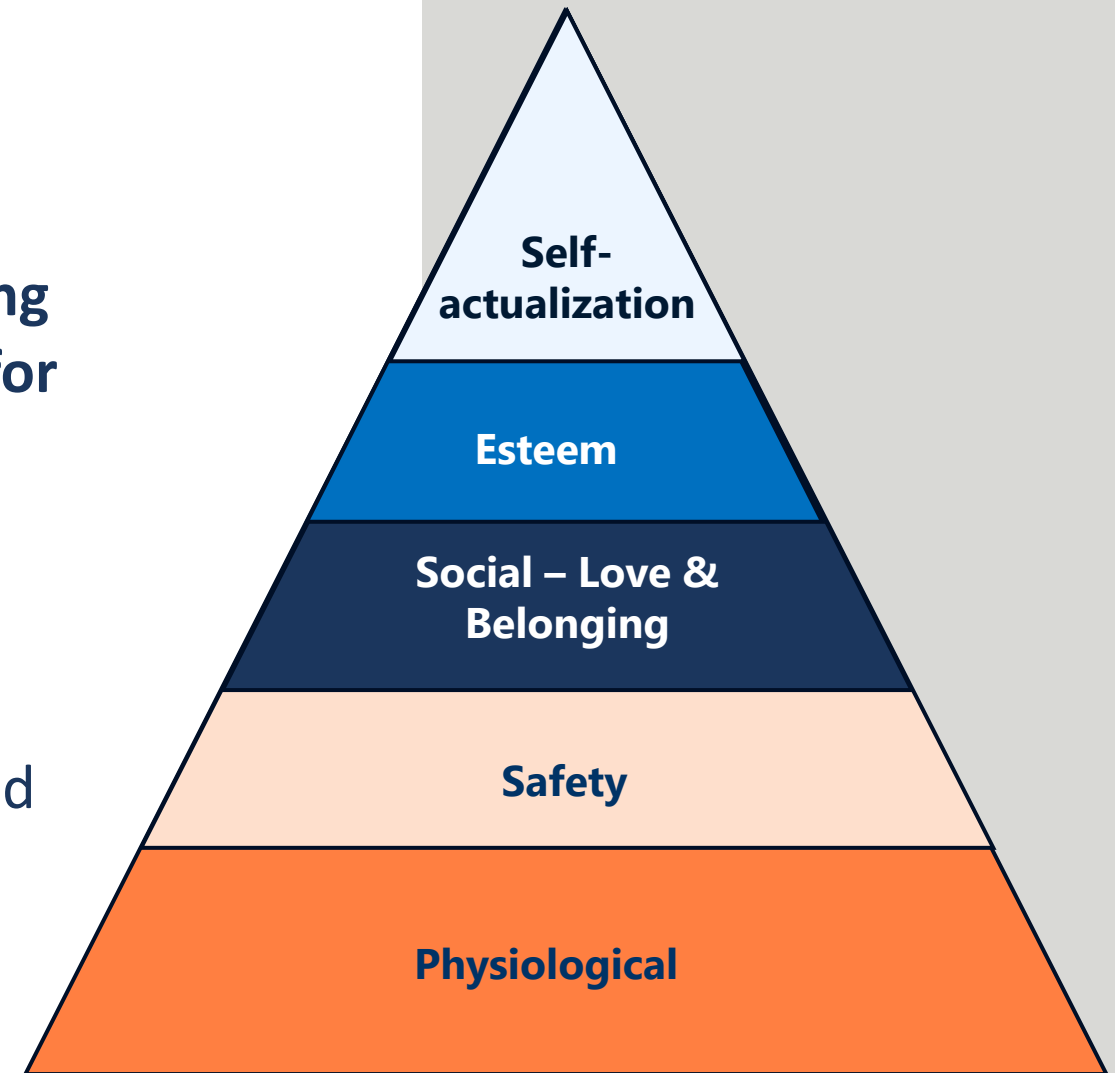
Assessment

- Longer and comprehensive
- Should be developmentally appropriate and family centered
- Generally, looks at motor, cognitive, emotional, and social development using validated tools, observation, and clinical interview
- Multiple sources of information

Referral and Care Coordination (1)

Take time to provide feedback on screening and information about available options for resources and services

- Gather input from child and family
- Highlight strengths
- Be clear
- Have a collaborative conversation and provide options:
 - Motivational interviewing
 - Active listening
- Prioritize needs



Maslow's Hierarchy of Needs

Referral and Care Coordination (2)

- Conduct a warm handoff or connection
 - Know who you are referring to
- Be mindful of data access concerns
- Provide follow-up communication and share information

Wraparound is a common approach:

- High Fidelity Wraparound
- Intensive Care Coordination for Children and Youth with Complex Mental and Substance Use Disorders: State and Community Profiles

Health Resources and Services Administration (HRSA) Programs – Early Childhood

- Home Visiting Programs
- Support the development and well-being of children and families
 - Varied range of outcomes related to maternal health, child health and development, child maltreatment prevention, and family economic self-sufficiency
 - Can be used from the prenatal period through age 5 years, depending on the program
 - Specific programs and their effectiveness on the HHS Home Visiting Evidence of Effectiveness site

HRSA Programs – Early Childhood

Healthy Start Programs

- Prenatal period through age 18 months
- Care coordinator
- Focused on reducing infant deaths
- Meets family-specific needs



Sample Models

- **Primary Care Behavioral Health Model** – BH services directly into primary care settings.
- **Pediatric Mental Health Care Access Programs** – Primary care consultations with child psychiatrists.
- **Consultation Liaison Psychiatry** – Consultative psychiatrists.
- **Collaborative Care Model** – Primary care, care managers, and psychiatric consultants working together.



Q&A



Accessing Training and TA Opportunities



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Resources: Evidence-Based Programs (1)

Slides 31-39

Substance Abuse and Mental Health Services Administration (SAMHSA). (2025, January 10). *Integrating Behavioral Health Services Within Specialty Practices Serving Adults and Pediatric Populations* / SAMHSA Library. <https://library.samhsa.gov/product/integrating-behavioral-health-services-within-specialty-practices-serving-adults-pediatrics/pep25-06-001>

Slides 33-34

National Institute of Mental Health. (n.d.). *What mental disorders can affect children?* <https://www.nimh.nih.gov/sites/default/files/documents/health/publications/children-and-mental-health/children-and-mental-health.pdf>

Resources: Evidence-Based Programs (2)

Slide 37

Health Resources and Services Administration (HRSA). (2024, December 9). *Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program* | MCHB.

<https://mchb.hrsa.gov/programs-impact/maternal-infant-early-childhood-home-visiting-miechv-program>

US Department of Health and Human Services (HHS) Administration for Children and Families. (2025). *What is Home Visiting Evidence of Effectiveness?* | *Home Visiting Evidence of Effectiveness*. <https://homvee.acf.gov/>

Slide 38

HRSA Maternal & Child Health. (2024, July). *Healthy Start* | MCHB.

<https://mchb.hrsa.gov/programs-impact/healthy-start>

Resources

Slide 39

Administration for Children and Families. (n.d.). *Title IV-E Prevention Services Clearinghouse*.

<https://preventionservices.acf.hhs.gov/>

Institute of Education Sciences. (2024). *What Works Clearinghouse*. <https://ies.ed.gov/ncee/wwc>

Substance Abuse and Mental Health Services Administration. (2016). *Evidence-Based Practices Resource Center*. <https://www.samhsa.gov/libraries/evidence-based-practices-resource-center>

National Institute of Justice Crime Solutions. (2024). *Reliable Research. Real Results*.

<https://crimesolutions.ojp.gov/>

Office of the Assistant Secretary for Planning and Evaluation. (n.d.). *Infant Attachment: What We Know Now*. <https://aspe.hhs.gov/reports/infant-attachment-what-we-know-now-0>

Office of Juvenile Justice and Delinquency Prevention. (n.d.). *Model Programs Guide*.

<https://ojjdp.ojp.gov/model-programs-guide/home>

References (1)

Slide 11: Why Talk About Pediatric BH?

Centers for Disease Control and Prevention (CDC). (2024, October). *About Children's Mental Health*. <https://www.cdc.gov/children-mental-health/about/index.html>

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CDC National Center for Health Statistics. (2024, November). *Adolescent health*. <https://www.cdc.gov/nchs/fastats/adolescent-health.htm>

SAMHSA. (2024). *Mental health: Get the facts*. <https://www.samhsa.gov/mental-health/what-is-mental-health/facts>

Slide 12: Influences on BH and Well-Being

CDC. (2024, August). *About mental health*. <https://www.cdc.gov/children-mental-health/about/index.html>

SAMHSA. (2024). *Mental health: Get the facts*. <https://www.samhsa.gov/mental-health/what-is-mental-health/facts>

References (2)

Slide 13: What is Attachment?

Colin, V., & Low, N. (1991, June 28). *Infant attachment: What we know now*. HHS.
<https://aspe.hhs.gov/reports/infant-attachment-what-we-know-now-0>

Slide 15: Attachment Formation

Colin, V., & Low, N. (1991, June 28). *Infant attachment: What we know now*. HHS.
<https://aspe.hhs.gov/reports/infant-attachment-what-we-know-now-0>

Slide 31: Key components of Pediatric Integrated BH Care

SAMHSA. (2025). *Integrating behavioral health services within specialty practices serving pediatric populations*. <https://library.samhsa.gov/product/integrating-behavioral-health-services-within-specialty-practices-serving-adults-pediatrics/pep25-06-001>

References (3)

Slide 32: Patient- and Family-Centered Practices

Child Welfare Information Gateway. (2021). *Family engagement: Partnering with families to improve child welfare outcomes*. HHS Administration for Children and Families, Children's Bureau.

https://cwlibrary.childwelfare.gov/discovery/delivery/01CWIG_INST:01CWIG/1218705970007651

Slide 33: Screening and Assessment

SAMHSA. (2025). *Integrating behavioral health services within specialty practices serving pediatric populations*. <https://library.samhsa.gov/product/integrating-behavioral-health-services-within-specialty-practices-serving-adults-pediatrics/pep25-06-001>

Slide 36: Referral and Care Coordination (2)

SAMHSA. (2025). *Integrating behavioral health services within specialty practices serving pediatric populations*. <https://library.samhsa.gov/product/integrating-behavioral-health-services-within-specialty-practices-serving-adults-pediatrics/pep25-06-001>

References (4)

Slide 36: Referral and Care Coordination (2)

Title IV-E Prevention Services Clearinghouse. (2022, January). *Intensive care coordination using high fidelity wraparound*. <https://preventionservices.acf.hhs.gov/programs/660/show>

Slide 39: Sample Models

SAMHSA. (2025). *Integrating behavioral health services within specialty practices serving pediatric populations*. <https://library.samhsa.gov/product/integrating-behavioral-health-services-within-specialty-practices-serving-adults-pediatrics/pep25-06-001>

Thank You!

