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**CONFERENCE ABSTRACT****Creating an integrated behavioral/developmental care partnership:  
financing and measuring effective change**17<sup>th</sup> International Conference on Integrated Care, Dublin, 08-10 May 2017

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A new template for improved behavioral healthcare delivery for children in areas with limited resources will be presented. The Center for Advancement of Youth (CAY) was created at the University of Mississippi Medical Center in partnership with the Division of Medicaid (a jointly funded state-federal health insurance program for the needy) in response to the overwhelming need for services for children with developmental and behavioral disorders in our region. Mississippi has more than 30,000 children with developmental and behavioral disorders and has traditionally been a desert for behavioral healthcare, with limited services and qualified providers. Increasing numbers of children have been placed on medication for developmental/behavioral difficulties without adequate monitoring or behavioral intervention services. As developmental and behavioral disorders are on the rise, the resources for parents and children in many areas remain insufficient. The lack of resources ultimately puts pressure on the primary care provider to manage and treat intricate disorders with pharmaceutical interventions. In our state, rate of diagnosis for conditions such as ADHD is very high (<http://www.cdc.gov/ncbddd/adhd/prevalence.html>), as well as the rate of medication use (<http://www.pharmacytimes.com/news/State-ADHD-Medication-Rates-Vary-Widely>).

Medicaid provided funding to help remake behavioral care for children in our state in order to achieve better, more efficient care while improving patient and caregiver satisfaction. The CAY model provides integrative child and adolescent behavioral health services across the state of Mississippi, a geographically large and predominately rural state, through a centralized location. Children referred by their medical home enter into an intensive triage and screening protocol with case management designed for efficiency. Telehealth and onsite visits are used. The majority of children receive services near their home town. Results have shown a diminished wait time, robust behavioral improvement and fewer medications dispensed. The goal of the CAY Center is to give children in our region access to appropriate services quickly, while avoiding redundant or unnecessary services through coordinated care and continuing to encourage the medical home concept. In this session, we will discuss the problem of providing ease of access into the behavioral care system for children and their families. We will also discuss the building process that is required, by describing the partnerships that lead to better results. Finally, we will discuss the positive outcomes that can be achieved by examining and restructuring healthcare delivery to these children. The

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learner will be provided a template for improved behavioral healthcare delivery in areas with limited resources.

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