Addressing FAQs of the PPC

What it is, How it Works, and Why it Can Help You and Your Patients
Co-Presenters

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Jersey Shore University Medical Center

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Clinical Program Manager,
Hackensack Meridian Hubs @ Jersey Shore UMC & St. Peter’s Family Health Center

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Attending Psychologist, Dept. of Psychiatry
Cooper University Health Care

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Pediatrics Day & Night, Hamilton, NJ
Funder & Partners

New Jersey Department of Children and Families

Hackensack Meridian Health

Cooper University Health Care

The Children’s Hospital

Atlantic Health System
Goryeb Children’s Hospital

St. Joseph’s Health

American Academy of Pediatrics
New Jersey Chapter
There Are No Disclosures
Goals for Today:

- Describe the challenges impacting children’s mental/behavioral health
- Understand the vision for integrating psychiatric and pediatric primary care
- Become familiar with the Pediatric Psychiatry Collaborative (PPC) operating in 20 counties in NJ, with funding from NJ Dept. of Children & Families
- Benefits of and requirements for your participation in the Collaborative
Setting the Stage: Epidemiology of Pediatric MH Issues, Service Gaps, Collaborative Care, Intro to PPC
Mental/Behavioral Health Concerns: A National Epidemic

- 50% of all lifetime cases of mental illness begin by age 14 and 75% begin by age 24
  - Median age of onset:
    - Anxiety disorder = 6 years old
    - Behavior disorders = 11 years old
    - Mood disorders = 13 years old
    - Substance abuse = 15 years old

**Fact:** 1 in 5 children ages 13-18 have, or will have a serious mental illness.¹

- 20% of youth ages 13-18 live with a mental health condition¹
- 11% of youth have a mood disorder¹
- 10% of youth have a behavior or conduct disorder¹
- 8% of youth have an anxiety disorder¹

The average delay between onset of symptoms and intervention is 8 to 10 years

National Alliance on Mental Illness
Suicide is the second leading cause of death in youth ages 10-24

Suicide rates have increased in nearly every state over the past two decades
  • Half of states have seen suicide rates increase more than 30%

National Alliance on Mental Illness
Adverse Childhood Experiences (ACEs)

Three Types of ACEs:

- **ABUSE**
  - Physical
  - Emotional
  - Sexual

- **NEGLECT**
  - Physical
  - Emotional

- **HOUSEHOLD DYSFUNCTION**
  - Mental Illness
  - Incarcerated Relative
  - Mother treated violently
  - Substance Abuse
  - Divorce

*Source: Centers for Disease Control and Prevention*
*Credit: Robert Wood Johnson Foundation*
Opportunity to Identify Mental Health Issues in Children & Adolescents Earlier

The average delay between onset of symptoms and intervention is 8 to 10 years!

Overall goal:
To identify mental/behavioral health and substance use concerns of your patients earlier and reduce the gap between identification of a problem and treatment initiation.
Impact of Mental Illness in Youth

- The disease burden of mental illness is among the highest of all diseases

37% of students with a mental health condition age 14 and older drop out of school—the highest dropout rate of any disability group.¹

70% of youth in state and local juvenile justice systems have a mental illness.¹

National Alliance on Mental Illness
Service Gaps in Mental/Behavioral Health Care Services

**Identification:**
- Less than 50% of children & adolescents receive developmental & psychosocial surveillance
  - 20% - 40% identified in primary care (Kessler; Dulcan)

**Referral and treatment:**
- 70% of children/adolescents in need of treatment do not receive mental health services

**Infrastructure:**
- No system in place to track & follow chronic problems
- Lack of community-based coordination hinders access to care
Service Gaps in Mental/Behavioral Health Care Services, Nationwide

- Critical nationwide shortage of child & adolescent psychiatrists (CAPs)
  - Approximately 8,300 practicing CAPs in the U.S.
  - 15 million+ children & adolescents who are in need of mental/behavioral health care
Service Gaps in Mental/Behavioral Health Care Services, New Jersey

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Population of Children Under 18: 1,978,978
Total CAPs in New Jersey: 324
Number of CAPs/100,000 Children: 16
Average Age of CAPs: 52
Impact on Pediatric Primary Care

• By 2020-2030 an estimated 40% of patient visits will involve long term chronic disease management of physical, psychological/behavioral conditions.

• In 2020 pediatricians will possess a wider array of skills including more in-depth knowledge of and comfort treating behavioral, developmental and mental health interventions (now established aspects of pediatric care).
Benefits of the Collaborative Care Model

- Emphasis on managing mental disorders as chronic disease rather than treating acute symptoms or complaints

- Core Elements:
  - Timely access to consultation
  - Direct psychiatric service
  - Care coordination
  - Primary care physician education

- Patient remains in the care of the primary care physician with the support of the child psychiatrist
- Use of non-physician staff for case management
- Referral tracking
Building NJ’s Collaborative Pediatric Psychiatry Access Program

Advocacy

Pilot: 2015-2017

Statewide Sustainability
Pediatric Psychiatry Collaborative (PPC) Overview

- Funded by NJ DCF – A partnership between multiple health centers/hospital systems and the NJ Chapter, American Academy of Pediatrics
- Co-Principal Investigators:
  - Ramon Solhkhah, MD, Chairman, Dept. of Psychiatry, Jersey Shore UMC
  - Steven Kairys, MD, MPH, FAAP, Chairman, Dept. of Pediatrics, Jersey Shore UMC
- The program is open to any pediatric provider serving children up to age 18 or as long as patient is under physician’s care
- Child psychiatrist available for diagnostic evaluation and medication consultation free of charge
- Licensed social workers and psychologists are available to facilitate referrals to appropriate services in the community
Pediatric Psychiatry Collaborative (PPC) Purpose & Goals

- **Encourage** and improve screening for behavioral/mental health and substance use issues in primary care
- **Aid** the pediatrician with patient care via medication consultation and care coordination
- **Address** the need for quick access to psychiatric evaluations and consultation
- **Facilitate** referrals for accessing mental and behavioral healthcare
Pediatric Psychiatry Collaborative

Regional Hubs

Legend

⭐ Atlantic Health Hub @ Newton Medical Center
⭐ Atlantic Health Hub @ Goryeb Children’s Hospital
🌟 Hackensack Meridian Hub @ Hackensack University Medical Center
🌟 Hackensack Meridian Hub @ Palisades Center
🌟 Hackensack Meridian Hub @ Saint Peter’s Family Health Center
🌟 Hackensack Meridian Hub @ Jersey Shore University Medical Center
🌟 Cooper Hub @ Cooper University Medical Center
🌟 Cooper Hub @ Pennsville

*Essex County served by Rutgers University Behavioral Health Care.*
Meet Your PPC Hub Staff

Atlantic Health @ Newton Medical Center and Goryeb’s Children’s Hospital:
- Jennifer Abramson, MD
- Kerri Bossardet-West, LCSW
- Christine Anderson, LPC
- Karen Morley, LCSW
- Nicole Gordon, LPC, NCC, ACS
- Amanda Thorpe
- Kristina Fallon

Cooper Health @ Cooper UMC and Pennsville:
- Michael Roberts, Psy.D.
- Rama Rao Gogineni, M.D.
- Philip Fuentes, PhD
- Norell Hamilton, MSW, LSW
- Melanie Pierce, MSW, LSW

Hackensack Central @ Jersey Shore UMC and St. Peter’s Family Health Center:
- Raymond Hanbury, Ph.D., ABPP
- Theodore Petti, MD
- Peter Ganime, MD
- Kristine Horn, MSW, LCSW
- Sue A. Doran, BS, CSW
- Lisa Berbig, LPC
- Marzena Kobyloszynski, MSW, LCSW
- Marie Leskaskas, MA
- Vanessa Entrekin, LCSW

Hackensack Meridian @ Hackensack UMC and Palisades:
- Jose L. Posos, M.Ed., LPC, NCC
- Tara Cardinale, MSW, LCSW
- Jillian Convery, MA
- Kimberly Miller
**PPC Hub Benefits**

- A child and adolescent psychiatrist available for consultative support through the Child Psych Consult line, staffed Mondays-Fridays during office hours. After hours telephone coverage is available 24/7.

- A psychologist/social worker available to:
  - Assist the pediatrician with diagnostic clarification and medication consultation, as well as with care coordination to ensure linkage from the pediatrician’s office to appropriate community mental health resources of support.
  - Speak with a referred child’s family regarding the child’s mental health concerns and to assist in providing diagnostic clarification.
If a case is considered urgent, the PPC Hub will offer a one-time evaluation by a child and adolescent psychiatrist (CAP) at no charge to the patient. Based on the recommendation of the CAP, the PPC Hub staff will work with the family to develop the treatment and care coordination plan.

PPC Hub staff will perform routine follow-up phone calls with referred families to monitor patient progress.

Continuous education opportunities in care management and treatment in the primary care office for the common child mental health issues: ADHD, depression, anxiety, etc.
PPC Requirements for Primary Care Providers

In order to participate in your designated PPC Hub, PCPs must agree to:

1) Conduct universal mental/behavioral health screening for all children, using the SWYC, PSC/PSC-Y, and CRAFFT.
   ◦ Online training webinar will be available
   ◦ Ongoing support provided by NJAAP and Hub staff

2) Submit a brief screening log on a weekly basis, as well as complete pre and post demographic surveys

3) Attend webinars to increase competence and comfort in addressing MH issues
PPC Webinar Series – October 2018-June 2019

- Case based webinars, presented by participating PPC providers alongside PPC Hub staff
- Incorporating evidence based care management and treatment guidelines for mental/behavioral and substance use issues
- All PPC providers encouraged to listen either live or to recorded webinars
- One CME credit and One MOC part 2 point awarded – after viewing webinar and completing post-webinar survey
- Available through NJAAP website
- Your timely submission every week is key!
Integrating Behavioral Health into Pediatric Primary Care for Young Children and Families – The Pediatrician’s Role
Social Emotional Development: What is Early Childhood Mental Health?

- Inter-relatedness of domains
- Intimately tied to caregivers mental health
- Core tasks: Attachment, Behavior, Competence
- The social, emotional and behavioral well-being of young children and their families
- The developing capacity to experience, regulate, express emotion
- Form close, secure relationships
- Explore the environment and learn
Well Child Visits – A Prime Opportunity for Mental Health Prevention & Intervention

- McCune et. al. reported that **81% of parental questions for pediatricians concerned psychosocial issues**.

- In their study, parenting issues were parents' predominant concern:
  - 70% of mothers were more worried about some aspect of their parenting or their child's behavior than they were about their child's physical health
Promotion Opportunities Within the Clinical Setting

- Encourage families to consider emotional development prior to visit (by using questionnaires, DVDs, newsletters, community events, parent groups etc.)
- Develop or promote a mental health section on your Web site (include questions, facts, resources etc.)
- Hang posters and other materials to help reduce stigma on mental/behavioral health disorders, and encourage families to ask about a child’s social-emotional health as well as physical health.
Pediatrician Perspective

- The value of the PPC for providers
- Relationship w/ PPC Hub Child & Adolescent Psychiatrist
- Coordinating care
- On the job learning
- Support for patients and families
- Training & education opportunities through NJAAP:
  - Learning sessions with peer networking
  - Training on new screening tools
  - Technical assistance calls/webinars
  - In-office technical assistance visits
The Importance of Standardized Screening

1) Not all cases will be identified via routine interview, or “eye-balling” patient/family
   - 70-80% of children with developmental problems will be missed if a standardized approach is not applied.
   - Alternatively, if a structured, standardized instrument is used, 70-80% will be identified.

2) Parents Often Underestimate Symptoms
   - Children may withhold complaints because of concerns they are abnormal, or to protect parents who are upset
   - Parents may not think professionals are interested or assume “normal reactions to abnormal event”
   - Stigma related to mental illness

AAP Periodic Survey #53, 2002
Barriers to Universal Mental/Behavioral Health Screening

- Time, time, time
- “One more thing”
- Payment
- Education and knowledge
- Perceived or real lack of community resources
- “I’ve identified an issue, now what?”
Strengths of Tools Using Parent Report

- Gives parents and providers information on children’s actual skills: Enhances parents’ sense of a true collaboration with professionals
- Helps parents learn important developmental milestones, creates a “teachable moment” for them, and reduces “doorknob/oh, by the way...” concerns
- Illustrates strengths and weakness in development
- Frees up professional time for more important things... Increases positive parenting practices
- Gives providers confidence in decision-making and makes it easier to give difficult news

Setting the Stage for Success. Presentation by Marian Earls, MD, FAAP, Guildford Child Health, Inc., Greensboro, NC, 2007
PPC Required Mental/Behavioral Health & Substance Use Screening Tools

Validated, standardized tools:

✓ **Survey of Wellbeing of Young Children (SWYC)**
  - For babies, toddlers & preschoolers 2 months – 5 years
  - Comprehensive first-level tool for routine use in regular well-child visits

✓ **Pediatric Symptom Checklist (PSC-35 & Y-PSC)**
  - For older children & adolescents 6 – 18 years of age
  - Psychosocial screen designed to facilitate recognition of cognitive, emotional, & behavioral problems so appropriate interventions can be initiated

✓ **CRAFFT 2.1**
  - A behavioral health screening for use with children/adolescents ages 12 to 21 to assess substance use, recom. by AAP Comm. on Subs. Use
Considerations for Implementation

- Set a goal
- Choose a screening tool to start with
- Assess your work flow, including EMR if applicable
- Identify roles for your practice team members
- Set up a plan for tracking
- Get to know community providers
Communicating Results & Next Steps for Resources and Referral

**Communicating Results:**
1. Attend to parent/patient concerns
2. Communicate your concerns in the context of specific patient and family strengths

**Next steps:**
1. Delineate clear action steps
2. Link families to resources and referral sources:
   - Anticipatory guidance – parent resource handouts on social emotional development and mental/behavioral health concerns from Zero to Three/AAP and Bright Futures – available on our website
   - Consider PPC Hub Referral
   - Consider other resources such as PerformCare when referral to PPC Hub is not warranted but extra support for patient and family can be helpful
3. Discuss a “fall back” plan
4. Provide ongoing support
How might screening look in your practice?

Pediatric Well Visit

Initial Mental/Behavioral Health Screening
- Front desk hands out the screening tool
- Nurse scores it before doctor sees patient

Optional: Based on results, possible secondary screening (this can be done by Hub as well, based on provider preference)

Based on results, discussion with parent and possible decision to refer to Hub

Hub reviews referral, performs intake with family, and makes recommendations for further referrals, or other services
Referring to the Pediatric Psychiatry Collaborative Hub – Process and Case Studies
Factors to Consider in PPC Hub Referrals

- Screening tool results are positive
- Parent has concerns regarding their child/adolescent’s social, emotional, or developmental health (regardless of screening outcome)
- You have concerns regarding the child/adolescent’s social, emotional, or developmental health (regardless of screening outcome)
- You feel a psychiatric medication is warranted at this time
- You have questions regarding mental health symptoms or diagnosis
Collaborative PPC Hub Procedure

- Referring to the PPC Hub: After required routine screening and/or based on clinical judgement following the exam, providers can fax the PPC Hub. Providers should send a complete referral form, screening tools, and any other clinically relevant information.

- What Does the PPC Hub Staff Need? All of the information the PPC Hub staff needs is on the referral form, including relevant background information, current clinical picture, demographic information, and reason for referral. Some providers may choose to send notes from previous visits as well, which can be very helpful, but is not required.

- Communicating with the Family: Please be sure you have discussed the PPC Hub with the patient and family prior to faxing a referral to the PPC Hub, so that the family is aware that a PPC Hub staff psychologist/LCSW/other mental health specialist will be contacting them to discuss current concerns and suggestions for support/treatment.
What will the PPC Hub Staff Do?

- PPC Hub staff will call the patient’s family and complete a clinical intake. The family will discuss their main concerns. Case managers will evaluate for severity and level of care. Depending on the patient’s needs, PPC Hub staff will:

  - **Recommend** an appropriate level of care (inpatient, PHP, IOP, or outpatient) - family is sent list of referrals for therapy services to address current MH concerns.
  - **Match** the patient with therapist based on insurance and geographic location - referrals are researched by staff psychologists/LCSWs, and most often accept patient insurance.

- “Closing” the Loop: PPC Hub staff will communicate with you, sending you notes on what occurred with the family. They will also encourage the family to call them back if they need another resource. PPC Hub staff will also follow-up with referred families 3 and 9 months after initial referral.
Psychiatric Evaluation Protocol

- Cases may be referred to the psychiatrist for diagnostic clarification, second mental health opinion, and/or medication consult

- Medication is always carefully considered by all parties involved and education is provided
  - Parents, pediatrician, psychiatrist, case manager, etc.

- Although we are short term case management, the patient is seen by the psychiatrist until he/she is stabilized on medication

- Parents are always strongly advised to enroll their child in counseling in addition to any medications prescribed

- A copy of the psychiatric evaluation is faxed to the pediatrician once it is complete
Here’s an example . . .

Case Study #1
Demographics

- Male in second grade
- English speaking, Black/African American & White
- No psychiatric diagnosis
- No history of psychiatric medications
- Symptoms of aggression, attention issues, disruptive behaviors, mood problems, social issues, school issues
- PSC score of 42
### Referral Form

**Pediatric Psychiatry Collaborative**

**Meridian Hubs at Saint Peter's and Jersey Shore Consult Form**

Please have the **entire form** completed by RN or office staff using patient's chart (Patient/carer is not to complete).

Fax to (732) 776-4794

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**Type of Insurance**

| Medicaid | Amerigroup | UnitedHealthcare Community Plan | Horizon NE Health
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**Screening Tool and Score/Result**

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**Reason for Referral/Contact**

- Behavioral Health/TV Consult
- Collaborative Consult
- Case Management Consult
- School Guidance Consult
- Other

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**Symptoms/Problems Leading to Referral/Contact**

- Apprehension
- Anxiety
- Depression
- Intense Arousal
- Impulsive/Aggressive
- Impaired Impulse Arrestation
- Agitated
- Sleep Problems
- Social Isolation
- Self-harm
- School Isolation
- Self-Injurious Behavior
- Suicidal

**Existing Diagnosis at Time of Contact**

- Physical Abuse
- Emotional Abuse
- Neglect
- Substance Use Disorder
- Other

**Medication History**

- List current psychiatric medications:
- List past psychiatric medications:

**Other**

---

**Form Completed By**

Any questions, call (732) 981-0410. Thank you!

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Please note that the HUB is not a crisis center. If your patient is in crisis, please send them to the nearest emergency room, call 911, or call Mobile Response at 1-877-652-7624.
Clinical Intake – At Home

- Adopted by paternal grandparents at 1.5 years of age
  - Patient believes maternal father is his brother
- Behavioral issues at home including, yelling hitting, and throwing items
- High risk behaviors: touching hot grill, tried to drink “tire shine,” running into middle of street
- Socially gets along well with other children
Clinical Intake – In School

- Has an IEP for speech and occupational delays
  - In self contained class with 3 teachers and 6 students
- Receiving average grades
- Teachers reported that he is having some behavioral issues for the past 3 weeks
  - Pushing and hitting children, difficulty focusing, hyperactive
Clinical Intake – Medical History

- Born full term, natural delivery
- Weighed 7 lbs
- Both biological parents are active drug users, with history of bipolar disorder and depression in family
- Mother used methadone during 3rd trimester
  - Spent time in the NICU while withdrawing and was later admitted inpatient for 2 months
  - Placed on Phenobarbital at time of discharge
Initial Recommendations

Adoptive parents were open to any and all recommendations from the HUB.

- Contact Perform Care for in home counseling
- Scheduled with HUB psychiatrist for evaluation and medication consult
Psychiatric Evaluation

- Evaluation was complete with patient and paternal grandmother/adopted mother
- Diagnostic Impression: ADHD combined type, Oppositional Defiant Disorder
- Perform Care services highly recommended in home
- Family given informational hand outs regarding medication and was encouraged to take some time to think it over
  - Follow-up appointment scheduled
- At parents request and psychiatrist recommendation, he was prescribed Methylphenidate at 5 mg titrating up to 60 mg
Results

- Currently taking 40 mg of Methylphenidate administered over the course of one day
- Patient was stabilized on the medication through follow up appointments with psychiatrist before transitioning care back to pediatrician
- Perform Care is providing ongoing in-home counseling session
- Pediatrician was faxed a copy of the psychiatric evaluation. They were also updated on additional recommendations given to the family prior to case being closed.
Additional Case Dispositions

• Hub staff may refer children ages 3-6 to Perform Care, parenting classes, other counseling resources
• Children under age 3 with positive developmental domain on SWYC or other behavioral problems should be referred by the provider directly to Early Intervention (888-653-4463)
• Families with troubled dynamics will be given the option of Family Success Centers or family counselors
PPC Evaluation Results & MOC Part 4
Quality Improvement Opportunity
The PPC at the start of Year 4

**Participation:**

- 467 primary care providers across 11 counties
- 100,000 patients screened by primary care providers for mental/behavioral issues
  - 5,000 mental health consultation services provided by the Hubs
  - Less than 13% of consultations led to medication being prescribed. Most referrals were for some of the following needs: parent guidance, community referral, behavioral health consult, school guidance, diagnostic clarification.
The PPC Hub - Program Evaluation Findings

According to the results of a program evaluation survey conducted among participating pediatricians (50% response rate) at the end of the second year:

- **Nearly 90%** of participating pediatricians reported being either very satisfied or satisfied with the quality of support they received from the Collaborative.
- **Over 80%** of participating pediatricians reported that the program behavioral health team responded to their initial request in a timely manner.
- **Nearly 85%** of participating pediatricians reported that their patients had either a great deal more access or somewhat more access to psychiatric care compared to before they joined the Collaborative.
- **Nearly 85%** of participating pediatricians reported that, as a result of the Collaborative, they are able to provide more effective and appropriate referrals to their patients.
What Practices Are Saying About their Experience with the PPC Hub

“I love the Hub! It has really helped us provide immediate access to mental health services for our patients. Now our patients' mental health issues are addressed in a timely manner. I was so impressed that the child psychiatrist called me for consults about my at-risk teens.”

Jocelyn Bautista, MD, Colts Neck Pediatrics

“We are now identifying kids that might have slipped through the cracks, and giving parents resources when they had nowhere else to turn.”

CHOP Gibbsboro

"Using the screening tools captured more patient information and streamlined the referral process when assistance was needed for the family. Because of this project, we are now very effective in caring for the whole child. And we have reached 100% screening!"

Dr. Charles Flores, Pediatrics Day & Night
What Families are Saying About Their Experience with the PPC Hub

"The program has been a godsend. I am so thankful for this program!"
- Mother of a 16-year-old Monmouth County patient

“I was fortunate that when I spoke with my pediatrician again, he told me about the Cooper Hub and explained to me that he could put in a request to seek assistance from them regarding my son’s anxiety disorder. Within two weeks of putting in the referral, I had a call from a wonderful post-doctoral fellow telling me they were working on finding a local resources and a mental health provider in my network. I soon received an email from the Hub with information for a psychologist who was in my network and could see my son for therapy.”

– Amy Kratchman, parent of 3 children
Optional Benefit of PPC Participation

NJAAP’s Collaborative Mental Health MOC Part 4 Program

Participants may also opt to join NJAAP’s Collaborative Mental Health Program. This ABP Approved Maintenance of Certification (MOC) Part 4 Program is aimed at helping pediatricians increase use of mental/behavioral health screening tools, anticipatory guidance, referrals & care coordination to support the early detection of mental/behavioral health and substance use issues, and the improvement of mental/behavioral health care in the primary care setting.

Participants will receive:

- Training and hands-on technical assistance for implementing mental/behavioral health and substance use screening
- Provider and family resources
- Opportunities to network w/colleagues, experts, & community organizations
- 25 ABP Part 4 MOC points upon program completion
NJAAP’s Collaborative Mental Health MOC Part 4 Program

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<td>October 23, or 29, or 30, 2018</td>
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<td>November 2018 – March 2019</td>
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<td>March - April 2019</td>
<td>Learning Session 2: 5:00pm-9:00pm in various locations</td>
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Overall Screening Documentation Between Baseline & End of Program, Years 1-3

**Mental and Behavioral Health Screening**

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<td>End of Program</td>
<td>70.0%</td>
<td>85.5%</td>
</tr>
</tbody>
</table>
The PPC Win/Win

- Healthy, thriving children as a result of building lifelong health
- Opens up professional doors and opportunities for you and the families and communities you serve
- It’s fun and rewarding!!!

INTERESTED? For more information, email MHC@njaap.org, call 609-842-0014, or visit http://njaap.org/programs/mental-health/ppc/ to register for participation
Thank You!

Questions?

Please contact:

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609-842-0014
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