FAQs of the PPC: How to Integrate Mental/Behavioral Health in Your Pediatric Primary Care or Specialty Practice
Today’s Co-Presenters

Steven Kairys, MD, MPH, FAAP
Co-PI, Pediatric Psychiatry Collaborative
Medical Director, NJ Chapter, American Academy of Pediatrics

Roji Andrews, MD
Participating Member,
Pediatric Psychiatry Collaborative
Med4Kids Pediatrics
Somers Point, New Jersey

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

Marcela Betzer, MPH
Director, Mental Health Collaborative
PPC Education & Technical Assistance
NJ Chapter, American Academy of Pediatrics
There Are No Disclosures
Learning Objectives for Today:

Participants will be able to:

- Understand the importance of integrating mental/behavioral health care screening and care coordination into routine pediatric primary or specialty care

- Describe the *Pediatric Psychiatry Collaborative (PPC)* operating as a state-wide network of consultative support for pediatricians, with funding from NJ Dept. of Children & Families

- Identify the benefits of and requirements for participation as a member in the Collaborative

- Describe NJAAP's partner role in providing opportunities for education, training, and technical assistance in practice quality improvement
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 condition²
- 11% of youth have a mood disorder³
- 10% of youth have a behavior or conduct disorder⁴
- 8% of youth have an anxiety disorder⁵

National Alliance on Mental Illness
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.
Pediatric Psychiatry Collaborative (PPC) Seeks to:

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

**FUNDING:**
- Original and continued funding by NJ DCF

**LEADERSHIP:**
- Partnership between multiple health centers/hospital systems with Hackensack Meridian Health as the lead, and the NJ Chapter, American Academy of Pediatrics
- Co-Principal Investigators:
  - **Ramon Solhkhah, MD**, Chair, Dept. of Psychiatry, Jersey Shore UMC & Founding Chair, Dept of Psychiatry & Behavioral Health, Hackensack Meridian School of Medicine at Seton Hall University
  - **Steven Kairys, MD, MPH, FAAP**, Founding Chair, Dept. of Pediatrics, Hackensack Meridian School of Medicine at Seton Hall University

**THE PROGRAM:**
- Open to any pediatric clinician serving children up to age 18 (or as long as patient is under physician’s care)
- Child psychiatrist available to pediatric providers for diagnostic clarification, medication consultation, and a face-to-face evaluation with a patient, if needed, free of charge
- Licensed social workers and psychologists available to facilitate referrals to appropriate services in the community
Pediatric Psychiatry Collaborative

Regional Hubs

- 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.

PPC Hub Benefits

- A child and adolescent psychiatrist available for consultative support through the Child Psych. consult line

- A psychologist/social worker available to:
  - Assist the pediatrician with diagnostic clarification and medication consultation,
  - Speak with a referred child’s family regarding the child’s mental health concerns and to assist in providing diagnostic clarification.

- One-time evaluation by a child and adolescent psychiatrist (CAP) at no charge to the patient when appropriate.
  - Based on the recommendation of the CAP, the PPC Hub staff will work with the family to develop the treatment and care coordination plan.

- Continuous education opportunities in care management and treatment in the primary care office for the common child mental health issues: ADHD, depression, anxiety, etc.
The PPC at the start of Year 6

Participation:

- Over 588 primary care clinicians across 20 counties
- Over 177,997 patients screened for mental/behavioral health & substance use issues
- Over 10,983 mental/behavioral health consultation services provided by the PPC 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.
PPC Requirements for Pediatric Primary Care Clinicians

1) Conduct universal mental/behavioral health and substance use screening at all well visits, using the SWYC, PSC-35/PSC-Y, & CRAFFT 2.1.

2) Submit a brief electronic screening log on a weekly basis, as well as an initial practice demographic survey and annual participation surveys

- Encouraged to participate in monthly webinars to increase competence and comfort in addressing MH issues
Onboarding

Once registered on njaap website, new participants receive a welcome email with:

1) Request to schedule a virtual mandatory Orientation Session
2) The Pediatric Care Clinician Acknowledgement of Collaborative Role/Responsibility *(to be signed during orientation/onboarding process)*
3) Link to practice demographic survey (on survey monkey) - *can be completed by office staff*
4) Link to introductory webinar on the PPC-approved screening tools:
   • *The Why & How: PPC-approved Screening Tools for Identifying Social-emotional, Behavioral, Substance use and Suicide Concerns in the Primary Care Setting*
5) Private website link to all PPC program resources – screening tools, anticipatory guidance materials, literature, parent handouts, etc.
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-37)**
  - 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 Substance Use)
Weekly Electronic Screening Log

Weekly Screening For John Clark
Week Ending 06/01/2019

Please enter each of the totals being requested and click Submit

- Total Patient Well Visits: 150
- Total Mental Health Screenings: 100
- Total Substance Use Screenings: 50
- Total Referred to the Hub: 3

For help please contact Pam Kelley at (732) 742-8908.
Education/Training: PPC Webinar Series

- Case based and didactic webinars, presented by PPC Child and Adolescent Psychiatrists and other subject-matter experts, and PPC participants
- Incorporate evidence-based care management and treatment guidelines for mental/behavioral and substance use issues
- Available to view live with opportunity to participate in Q & A as well as a recorded/archive version
- One CME credit and One MOC part 2 point awarded after viewing webinar and completing post-webinar survey
- Available through NJAAP website
<table>
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<tr>
<th>Month</th>
<th>2019 -2020 PPC Webinar Topics</th>
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<tbody>
<tr>
<td>July 2019</td>
<td>“ARFID: Extreme Picky Eating, Co-Morbid Mental/Behavioral Health Issues, and How to Address Nutrition In Primary Care”</td>
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<td>August 2019</td>
<td>“FAQs of the PPC and MOC: How to Integrate Mental/Behavioral Health in Your Pediatric Primary Care or Specialty Practice”</td>
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<td>September 2019</td>
<td>“Curbside Consult with a CAP: Comprehensive Assessment and Management of Depression in Youth”</td>
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<td>“Infant and Early Childhood Social Emotional Health and Developmental Delays Through a Trauma Informed Lens”</td>
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<td>“OCD, Tics and Tourette Syndrome”</td>
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<td>“Curbside Consult with a CAP: Identifying and Treating Anxiety and Co-Morbidities in Pediatric Primary Care”</td>
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<td>January 2020</td>
<td>“Supporting Your Pediatric Patients and Their Families Through Experiences of Grief and Loss”</td>
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<td>February 2020</td>
<td>“Identifying and Supporting Parents Experiencing Postpartum Depression”</td>
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<td>March 2020</td>
<td>“Curbside Consult with a CAP: Identifying and Treating ADHD in Pediatric Primary Care”</td>
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<td>April 2020</td>
<td>“Curbside Consult with a CAP: Responding to Increased Anxiety in Pediatrics as a Result of the COVID-19 Pandemic”</td>
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<td>May 2020</td>
<td>&quot;Advancing Telepsychiatry in NJ Pediatric Primary Care Through the Use of the PPC&quot;</td>
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<td>June 2020</td>
<td>“Exploring Clinical Aspects of Mood Dysregulation through Case Studies: A Panel Discussion with Child and Adolescent Psychiatrists.”</td>
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<td>July 2020</td>
<td>“Curbside Consult with a CAP:” Suicide Risk Assessment in the Pediatric Care Setting: A Brief Guide to Becoming Comfortable Talking about an Uncomfortable Topic</td>
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<td>August 2020</td>
<td>&quot;Re-opening Schools with Children's Mental Health In Mind: A Psychiatrist and School Counselor in Conversation&quot;</td>
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Integrating Behavioral Health into the Pediatric Practice:
The Pediatrician’s Role
Pediatrician Perspective: Roji Andrews, MD

The value of the PPC for pediatricians and pediatric clinicians:

- Relationship w/ PPC Hub Child & Adolescent Psychiatrist
- Care coordination
- On the job learning
- Support for patients and families
- Training & education opportunities through NJAAP:
  - Monthly didactic and case-based webinars w/subject matter experts
  - MOC part 4 program . . .

The value of the NJAAP MOC program for pediatricians:

- Learning Collaborative sessions with peer networking
- In-office technical assistance visits
- Clinician and family tools and resources
How might the process look in a practice?

Pediatric Well Visit or Sick Visit (office determines protocol if screening is not covered by patient insurance)

Initial Mental/Behavioral Health Screening
- Front desk hands out the screening tool (option for adolescent to receive in exam room)
- Nurse/MA scores it before doctor sees patient

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

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

PPC Hub reviews referral, performs intake with family, and makes recommendations for further referrals, or other services
Factors to Consider in PPC Hub Referrals

- Screening tool results are positive
- Parent or pediatrician has concerns regarding their child/adolescent’s social-emotional, behavioral, or developmental health (regardless of screening outcome)
- Pediatrician:
  - has questions regarding mental/behavioral health symptoms or diagnosis
  - needs assistance with medication initiation and/or management
Referring to the Pediatric Psychiatry Collaborative Hub

Process and Case Studies
Collaborative PPC Hub Procedure
Krissy Lubas, MSW, LCSW

What’s the Pediatrician’s Role?

• Conduct universal screening

• If a referral to the PPC Hub is needed, a consult/referral form is faxed, along with screening tools, and the pediatrician discusses the PPC with the family and obtains consent to refer

What will the PPC Hub Staff Do?

• 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. Based on the patient’s needs, Hub staff will:
  • Recommend an appropriate level of care (inpatient, PHP, IOP, or outpatient) and share a list of referrals with the family for therapy services to address mental health concerns.
  • Match the patient with a therapist based on their insurance and geographical location – referrals are researched by staff psychologists/LCSWs, and most accept patient insurance.

Follow-up/“Closing” the Loop: Hub staff will communicate with you, sending you notes on what occurred with the family. They encourage families to call back if they need additional resources.
Psychiatric Evaluation Protocol

• Cases may be referred to the child & adolescent psychiatrist (CAP) for diagnostic clarification, second mental health opinion, and/or medication consult

• This appointment is a consultation between the family and the CAP to determine what the appropriate plan of care will be

• Outcomes of this appointment will vary on a case to case basis and the pediatrician is included in the continuing plan of care

• A copy of the psychiatric evaluation is faxed to the pediatrician once it is complete
On referring, warm hand-off & smooth transition between Pediatrician and the Child & Adolescent Psychiatrist (CAP)

The CAP reviews the consultation question on the pediatrician referral form, the screening tools & the psychosocial done by the case navigator.

Depending on the complexity of the consultation question there will be a phone conversation between the CAP and the Pediatrician before and after seeing the patient (warm hand-off).

The collaborating pediatrician will bridge care, with the support of the HUB CAP until patient can be smoothly transitioned to the care of a CAP in the community (the Navigator will provide resource/name of the therapist and CAP in the community to the patient, family and the pediatrician).

The Pediatrician will get a written report from the HUB CAP within 24 hrs. of the psychiatric evaluation – with the diagnosis and the recommendations.

The case navigator reviews the psychiatry evaluation and incorporates the recommendations and community resources into a disposition letter which is sent out to the pediatrician and the patient’s family.
Case presentation on a PPC Hub referral from a pediatrician...
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
### Patient Name

**Page 1 of 2**

**Referring Practice**

- **Practice Name:** 
- **Referring Physician:** 
- **Referring Specialty:** 

**County**

- **For Hackensack Meridian Health:** 
- **Referring Panel:** 

**Patient Information**

- **Patient Demographics Page:** 

| Last Name | First Name | DOB | Gender | Race | Spanish/surname | Spanish/surname | Spanish/surname | Spanish/surname | Spanish/surname | Spanish/surname | Spanish/surname | Spanish/surname | Spanish/surname | Spanish/surname | Spanish/surname |
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**Parent/Contact Information**

- **Patient Information:** 

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**Primary Language**

- **English**
- **Other**

**Patient Screening Tool**

- **Screening Tool:** 
- **Screening Tool Results:** 
- **Screening Tool Notes:** 

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**New Jersey Chapter
American Academy of Pediatrics
Incorporated in New Jersey
Dedicated to the Health of All Children**

**Hackensack Meridian Health**
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 PPC Hub.

- Contact Perform Care for in home counseling
- Scheduled with PPC 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

• HUB psychiatrist consulted with pediatrician and supported them in prescribing Methylphenidate at 5 mg titrating up to 60 mg
Results

• Currently taking 40 mg of Methylin administered over the course of one day
• Psychiatrist worked with pediatrician to stabilize child on medication
• 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
NJAAP's Educational Opportunities
Years 1 - 5 of the PPC: MOC Part 4 QI Learning Collaborative

- **ABP-approved quality improvement program:**
  - training and technical assistance to pediatric practices to increase mental/behavioral health and substance use screening, anticipatory guidance, referrals & care coordination

- **Program activities:**
  - Opening Learning Collaborative Session
  - Data Collection
  - Webinars
  - Facilitated QI
  - Closing Learning Collaborative Session
Mental/behavioral health screening increased:

• For children under age 6:
  ◦ 22.4% at Baseline
  ◦ 75.1% at end of program

• For children ages 6-18
  ◦ 27.8% at Baseline
  ◦ 80.5% at end of program
This Year - Virtual Learning Collaborative Program

Level 1 Learning Collaborative – Fall 2020 – 6 biweekly sessions (3 months)
- For those who have joined but would like to become more active, increase comfort with screening and referral. In-depth on screening tools, hub referral, practice-based implementation, office flow and systems/processes, coding/billing

Level 2 Learning Collaborative – Spring 2021 – 6 biweekly sessions (3 months)
- For those who are actively involved and looking to increase their skills. Diagnostic clarification, medication management, motivational interviewing, developing a practice care coordination system

Features:
- Small cohorts
- QI coaching & collaborative sharing successes/challenges
- Didactic and case-based learning w/experts, including PPC Hub staff, CAPs, & MD champions
- Pre/post surveys
- Virtual office visit for technical assistance
- Weekly screening log to check quantitative measure of progress/success
Thank you! Questions?

To Register to Participate: http://njaap.org/programs/mental-health/ppc/

Please contact:
NJAAP
Mental Health Collaborative
609-842-0014
mhc@njaap.org