Mental/Behavioral Health Virtual Learning Collaborative

Spring 2021

Session #4

JUNE 2, 2021

12:30-1:30 P.M.

Learning Collaborative Faculty/Advisors

- **Steven Kairys, MD, MPH, FAAP**

NJAAP Medical Director & Co-Principal Investigator, NJ Pediatric Psychiatry Collaborative

- **Anthony L. Rostain, MD, MA**

Chair, Department of Psychiatry and Behavioral Health, Cooper University Health Care

- **Ruth S. Gubernick, PhD., MPH, PCMH CCE**

Quality Improvement Coach

- **Puthenmadam Radhakrishnan MD, MPH, FAAP**

Bellevue Pediatrics, Ewing, NJ

- **Melissa Wallach, MD, FAAP**

Hackensack Meridian Health Medical Group - Neptune Pediatrics & Asbury Park Pediatrics

Learning Collaborative Participants	
Advocare West Deptford Pediatrics Dr. Angela Knestaut	Happynest MD. LLC Dr. Beth Gelman
Advocare West Morris Pediatrics Dr. Michele Davide	Howard Neil Kornfeld Dr. Howard Kornfield
Bergen West Pediatric Center Dr. Kathleen Cerkvenik	Integrated Pediatrics Dr. Sunita Gulati
Child Health Associates PA Dr. Mana Somasundaram	Jersey Shore University Medical Center Dr. Chee Tan
Children's Health Center Dr. Nancy Denicola	Luz Romero, MD, LLC Dr. Luz Romero
Complete Care Pediatrics Dr. Grace Yia	Mahi Pediatrics Uma Kanikicharla
Dr Neil Gittleman, MD Dr. Inna Lekht	Med 4 Kids Dr. Roji Andrews
Elite Pediatrics Dr. Sarah Elfanagely	Morris Pediatric Care, LLC Dr. Aradhana Rajkumar
Excel Pediatrics Dr. Anjana Dravid	My Whole Child Pediatrics Dr. Naveen Mehrotra
Florham Park Pediatrics Dr. Ellen Ganek	NeurAbilities Healthcare Dr. Amir Miodovnik

Learning Collaborative Participants

New Jersey Department of Health Lisa Jenkins	Tribeca Pediatrics Dr. Riddhi Thaker
Nurture Pediatrics Dr. Leena Benoy	Trinity Pediatrics PCPA Dr. Kia Grundy
Pediatricare Associates Dr. Sapna Shah	Valley Hospital Dr. Marivic Santiago
Plaza Family Care Dr. Ankita Trivedi	Dr. Radhakrishna and Associates Dr. Vijaya Radhakrishna
PM Pediatrics Dr. Khushbu Shah	Westfield Pediatrics Dr. Nicole Fersa
Premier Medicine and Wellness Ann Willitts & Dr. Jodi Peska Mosseri	Williamstown Pediatric Practice Dr. Mary Mathew
Princeton Nassau Pediatrics Dr. Payal Hemrajani & Dr. Wendy Rivers	Monmouth Medical Center Dr. Kristen Pyne
Rutgers RWJMS Dr. Natalia Karpova	West Deptford Pediatrics Dr. Heather Ruddock
Southern Jersey Family Medical Center Dr. Lillian Mekhail	

Session Agenda

- Welcome, Roll-Call, and Introductions – 5 minutes
- Brief Lecture/Didactic – 15 minutes
- Q.I. tools and strategies – 10 minutes
- Case Presentation #1 – 10 minutes
- Clarifying Questions and Discussion – 15 minutes
- Summary and Close – 5 minutes

Session #4:
"Community Resources and Communicating with Families about Mental/Behavioral Health Concerns"

Learning Objectives:

Participants will be able to . . .

- Effectively communicate about mental/behavioral health screening results with the patient and family, and appropriately refer at-risk patients to their local PPC Hub or other resource
- Locate and match families with supportive community resources
- Discuss a case presentation of a patient identified with mental/behavioral health concerns
- Identify quality improvement strategies for testing and implementing mental/behavioral health patient services in their practice

Community Resources and Communicating with Families about Mental/Behavioral Health Concerns

STEVEN KAIRYS, MD, MP, FAAP

NJAAP Medical Director & Co-Principal Investigator,

New Jersey Pediatric Psychiatry Collaborative

PUTHENMADAM RADHAKRISHNAN MD, MPH, FAAP

Bellevue Pediatrics, Ewing, NJ

Importance of Screening

- A third of children present with signs or symptoms of behavioral issues
- 50% of mental health concerns start before age 14
- 75% of mental health concerns start by age 24
- Average time lag between first onset of symptoms and intervention is 11 years

Early, Comprehensive, Standardized Screening

- Early screening leads to early intervention and better outcomes
- Information obtained on comprehensive tools includes development, social determinants, emotional and behavioral red flags
- Using standardized tools for screening leads to objective data that can be obtained in a non-judgmental interaction
- Referrals based on tools convey better information to specialists

Hesitancy

- Hesitancy extends to every aspect of health care.
- Hesitancy in participating in screening for mental health starts with the stigma attached to diagnosis of conditions such as Autism, Depression, Bipolar disorder, ADHD
- As with any other procedure in a medical home, every member of the team should be well versed in the importance of the screening tool and when to administer. Any member of the practice should be able to answer general questions about why is this tool important. (Disney institute)

Range of Parent Reactions to Screening Results Conversation

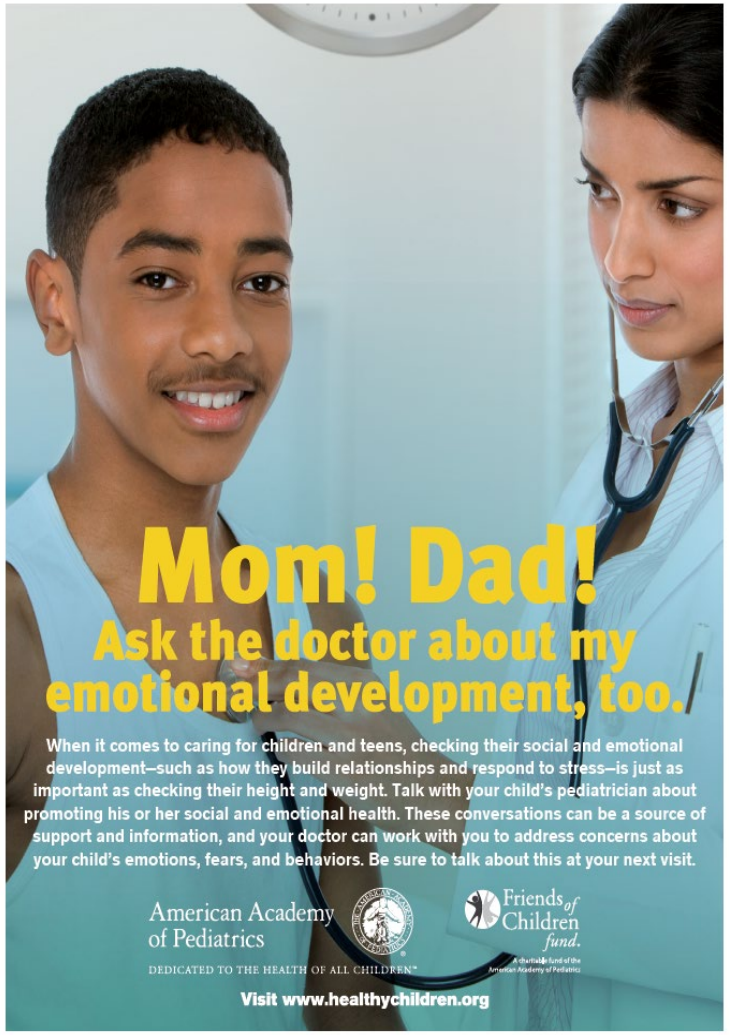
- Parental reactions can range from concern, affirmation of suspicions, related questions, to . . .
- Denial, refusal to participate in screening to refusal to discuss results,
- Anger, shame and feelings of guilt
- Trying to assign blame

Tips for Communication with Parents

- Provide positive and encouraging statements
- Encourage referrals to specialists and resources
- Listen to parental concerns
- Address the concerns listed
- Emphasize the need for timely intervention *(parents sometimes procrastinate in the hope that the situation will resolve itself)*

Creating a Safe Space for Families

- Develop or promote a mental health section on your Web site (include questions, facts, resources, etc.)
- Display posters and have informational materials available in your office to help reduce stigma on mental/behavioral health disorders and help encourage families to ask about a child's social-emotional health as well as physical health.
- Encourage families to consider emotional development prior to visit (by using questionnaires, DVDs, newsletters, community events, parent groups etc.)
- Share digital resources, i.e. webinars, zooms, podcasts, or websites, youtube videos, etc.



The Screen was Positive - What now?

- Be prepared with what to do with a positive screen
- Involvement in programs is to give you the tools for such an encounter
- Believe in what you do
- Know your resources
- The best pediatrician is not one that knows how to treat every condition in every child. It is one that uses the resources available for the best care for the child.

Community Resources

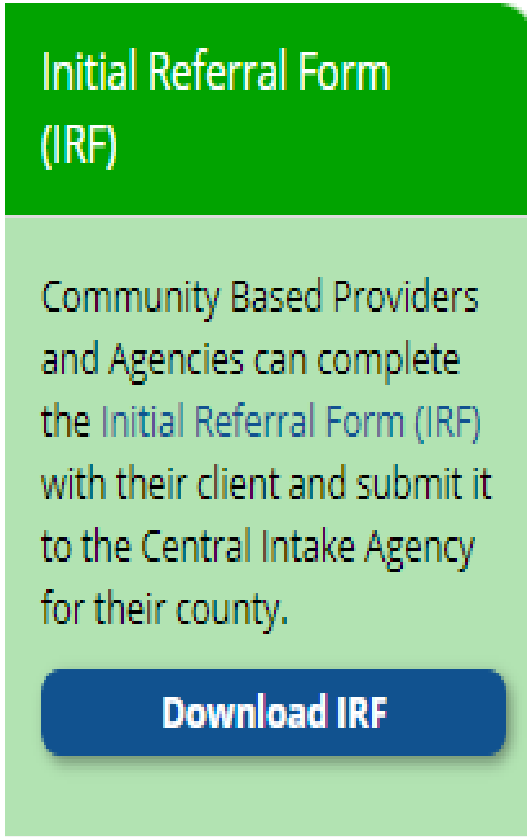
New Jersey 211

- NJ Helps Screening Tool
- Affordable Housing
- Utility Assistance
- Health Care support
- Don't Go Hungry
- Diabetes Management
- Transportation Options

Central Intake: NJ Department of Children and Families

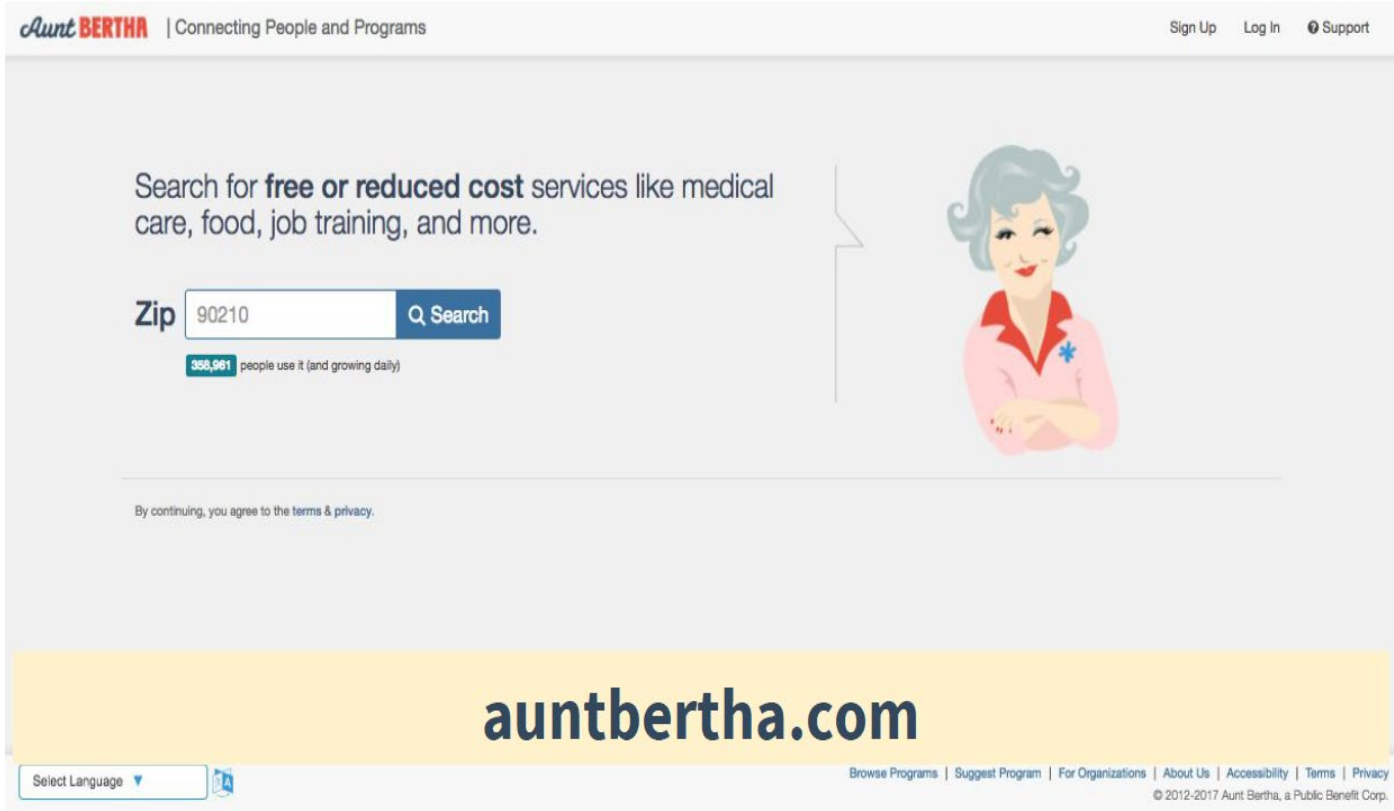
https://www.nj.gov/health/fhs/maternalchild/outcomes/

- Easy Access - single point of entry - one toll free number for information, eligibility, assessment and referral for services
- Support families to improve prenatal care, early learning, medical home, prevention and early access to services
- Call results in a trained worker talking to the family and families assessed for most appropriate services - home visiting, Early Head Start, preschool, Early Intervention, WIC, etc.
- Focus on pregnancy to age 5
- Services are voluntary



NJ Aunt Bertha

- A national social care network with 470,000 locations with over 1,300 resources for each county.
- Free of charge and open to anyone to search the site: findhelp.org
- Covers medical care, food, job training, social needs, etc.



Aunt Bertha

Share Aunt Bertha with your community

Now Pow

- In NJ, used by RWJBarnabas and by Hackensack Meridian Health
- Tied into EMR such as EPIC
- Connects for telehealth, personalized referrals
- Addresses SDOH as a partnership between the health system and community organizations
- Comprehensive, credible local resource directory that reflects the unique assets of each community

https://www.nowpow.com/nowpow-platform/

MonmouthResourceNet.org

- Provides a wide range of information about resources and services
- Each county has its own version of MonmouthResourceNet: Bergen, Burlington, Camden, Cape Atlantic, Essex, CGC, Hudson, Mercer. Middlesex, Morris, Sussex, Ocean, Passaic, TriCounty (Warren, Hunterdon, and Somerset)
- Clinicians can find access to services by: insurance type, language, location, camps, basic needs, support groups
- Weekly events listed
- Can use the internet site or call and talk to a person live during the week

Children with Disabilities

In NJ, students between ages 14 - 21 who have an IEP are eligible for transition services

- Transition planning begins no later than the school year at age 14
- At that time, the IEP must include graduation requirements and statement of student strengths, interests, and preferences along with strategies and activities to attain post-secondary goals
- The team needs to include the parents and the student
- By age 15, the IEP team must include the student and the team must provide them with information about their rights. Regardless of ability, students become their own decision makers at age 18
- By age 16 the IEP must include measurable goals based on transition assessments: education, employment, independent living, community participation

Children with Disabilities *(continued)*

<u>An IEP must include:</u>

- Post-Secondary vision
- Disability related needs
- Action plan outlining how the student will develop self-determination skills and be prepared to transition

- Two years prior to graduation, students should register with the Division of Vocational Rehabilitation Services to determine eligibility for adult services.

SPAN Parent Advocacy Network

SPAN's *vision* is that all families will have the resources and support they need to ensure that their children become fully participating and contributing members of our communities and society.

Our *mission* is to empower and support families and, inform and involve professionals interested in the healthy development and education of children and youth.

Empowered Parents: Educated, Engaged, Effective!

SPAN

Statewide Parent Advocacy Network

Empowering families, professionals, and others interested in the well-being and education of children and youth

SPAN FACT SHEET

One of the major purposes of the Individuals with Disabilities Education Act (IDEA) is to ensure that all students with disabilities are prepared for further education, employment, and independent living.

TRANSITION TO ADULT LIFE

TRANSITION is the formal process of long-range cooperative planning that will assist students with disabilities to successfully move from school into the adult world.

In this fact sheet:

- *What are Transition Services?*
- *Where are transition services provided?*
- *How does transition affect the IEP?*
- *What are the graduation requirements for a student with disabilities?*
- *What should be considered before accepting a diploma?*

{and more}

What are Transition Services?

"Transition services" are a coordinated set of activities designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including post-secondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, and community participation.

Services must be based on the child's need, taking into account his/her strengths, preferences and interest.

Transition services include instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and, if appropriate, acquisition of daily living skills and a functional vocational evaluation.

Where are transition services provided?

Transition services must be provided in the "least restrictive environment" (LRE). LRE is likely to be the "real world" – the community in which the student will live and work after high school graduation. A student's transition goals may include learning to ride a bus, learning to shop for groceries, learning to access community-based recreational activities and learning how to apply for a job.

The IEP team must consider and provide any supplementary aids and services needed to allow the student to participate in services and programs with those who do not have disabilities.

When does transition planning begin?

In New Jersey, transition planning begins in the school year in which a student will be 14. At that time, the IEP must include a statement of the graduation requirements that the student is expected to meet. In addition, it must include a statement of the students' strengths, interests and preferences, along with a course of study and related strategies and activities designed to help students develop or attain post-secondary goals.

How does transition affect the IEP?

An IEP meeting in which transition is discussed should begin with the student's vision for his/her future and include considerations such as where he/she wants to live; what kind of work he/she wants to do; and whether he/she plans to go to college. (continued on page 2)

SPAN
35 Halsey St., 4th floor
Newark, NJ 07102
VOICE: (973) 642-8100
FAX: (973) 642-8080
TOLL-FREE: (800) 654-7726

VISIT US ONLINE SPANADVOCACY.ORG

Early Intervention and Special Child Health Services

https://www.state.nj.us/health/fhs/sch/

- If a child is born with a medical diagnosis, the child should be referred by the hospital to EI and SCHS
- Many hospitals miss these steps and therefore, pediatric clinicians can help fill in this gap by ensuring the family has the resource information.
- EI – In home services for children 0-3: OT, PT, SP, DI (Developmental Intervention/ABA)
  - Evaluations for eligibility are Free
  - Service cost is based on family size and income

Special Child Health Services

https://www.state.nj.us/health/fhs/sch/

SCHS – Care Management

- Provided to eligible individuals by a community-based support coordinator working within a Medicaid/DDD approved support coordination agency.
- Through person-centered planning, the support coordinator helps individuals
- Support coordinator works with the individual and service planning team to develop the Individualized Service Plan (ISP).
- Support coordinators also conduct monthly monitoring and follow-up to:
  - ensure the individual is receiving the services authorized in the Individualized Service Plan
  - ensure the services continue to meet the individual's needs
  - provide follow up as needed
  - check in on the individual's health and safety

QI Tools & Strategies

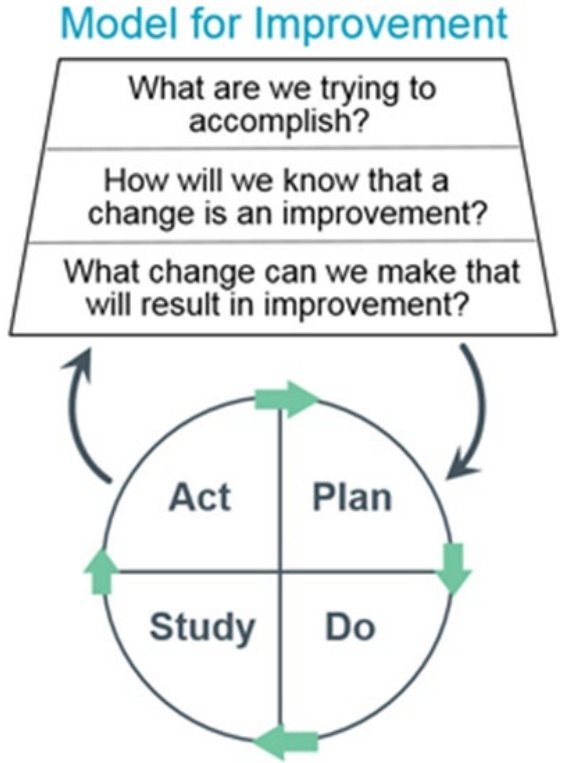
Ruth S. Gubernick, PhD., MPH, PCMH CCE

Quality Improvement Coach

How can my practice team effectively communicate about mental/behavioral health screening results with the patient and family, and appropriately refer at-risk patients to their local PPC Hub and/or other supportive community resources?

Apply Quality Improvement (QI) Methodology!

- Form a QI team
- Meet
- Assign responsibility for key tasks
- Identify at least 1 best practice strategy or idea you want to test during your patient visit
- Plan and conduct small test(s) of change



Institute for Healthcare Improvement. http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx.

Test the use of Communication Strategies with the next patient/parent/caregiver you see!

- Provide positive and encouraging statements
- Encourage referrals to specialists and resources
- Listen to parental concerns
- Address the concerns listed
- Emphasize the need for timely intervention

The Screen is Positive - What now?

- Be prepared, as a team, with what to do with a positive screen!
- Know your resources
  - As a practice team, learn about community-based support resources and referral criteria
  - Get feedback from patients/families who are referred to services

Children with Disabilities – Strategies to Support Transition Planning

In NJ, students between the ages of 14 and 21 who have an IEP are eligible for **transition services**

- Be aware and *test* discussing as part of Adolescent well-care when Transition planning needs to begin (no later than the school year at age 14)
- Be familiar with the requirements for the student and document and discuss when they need to happen
- Develop a relationship with your patient's IEP Team

Use Rapid-Cycle Small Tests of Change!

PDSA Worksheet for Testing Change

Aim: (overall goal you wish to achieve)

Every goal will require multiple smaller tests of change

Describe your first (or next) test of change:	Person responsible	When to be done	Where to be done

Plan

List the tasks needed to set up this test of change	Person responsible	When to be done	Where to be done

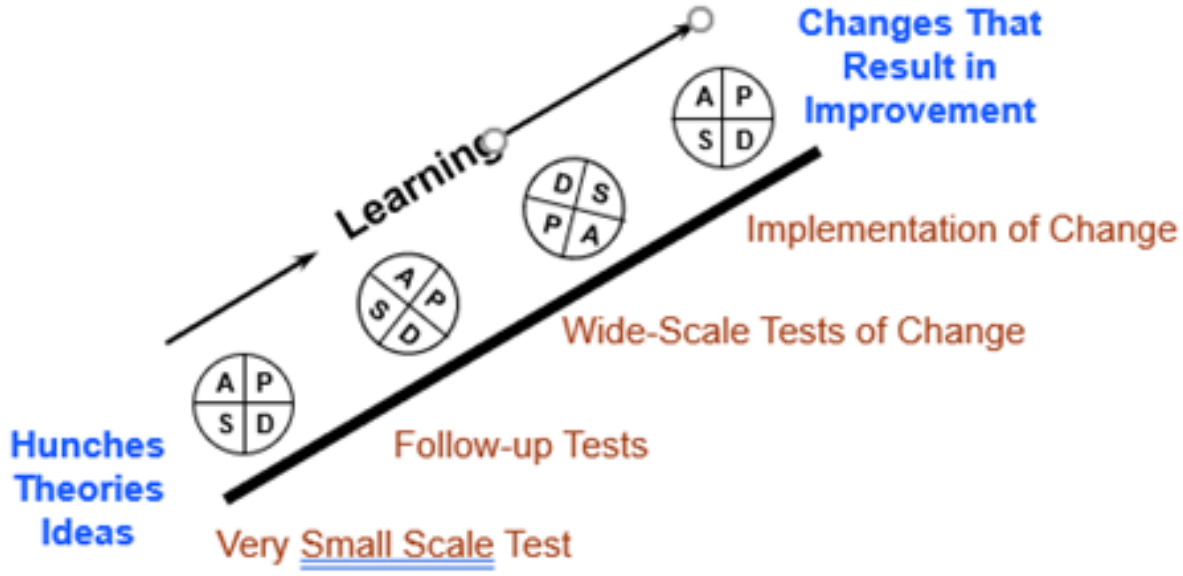
Predict what will happen when the test is carried out	Measures to determine if prediction succeeds

Do **Describe what actually happened when you ran the test**

Study **Describe the measured results and how they compared to the predictions**

Act **Describe what modifications to the plan will be made for the next cycle from what you learned**

Institute for Healthcare Improvement



A 19-year-old with worsening depression and anxiety due to isolation in the COVID-19 pandemic

CHRISTINE PAGANO, MD

TENAFLY PEDIATRICS

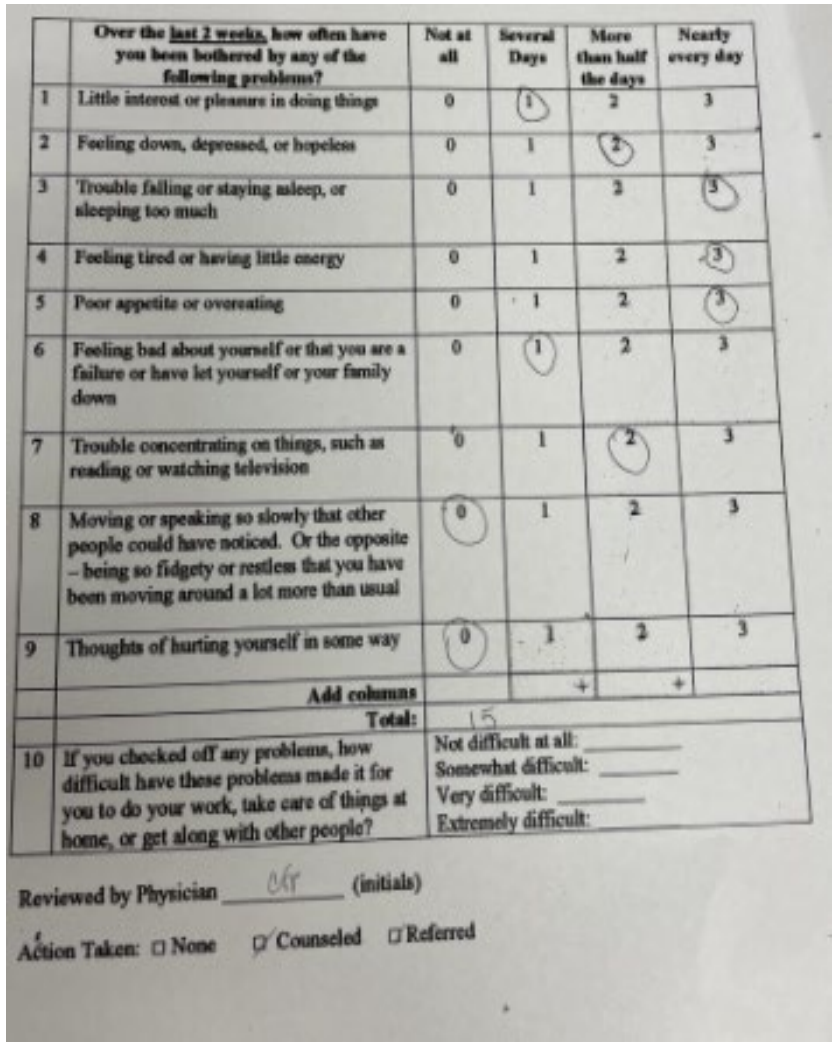
1135 Broad Steet, Clifton, NJ

Patient Case Presentation

- **Age**: 19
- **Gender: F**emale
- **Reason for Presenting Case:** Coaching requested for this challenging case
- **How long has the child been in your care**? She has been a patient of the practice since age 7. I have cared for her and her twin sister since they were about 12.
- **Child's current diagnosis(es) and age of onset (if there is one) and Current Medication**: I began treating her for symptoms of depression with Prozac. She also has a history of CHARGE association, learning difficulty, and chronic anxiety.
- **Pertinent Past Medication/Treatment:** No medication was prescribed previously. She received counseling at school-based mental health clinic. She received therapy at Children's Specialized. Her mother got social work services through Children's Specialized.
- **Additional Information on Case: What standardized M/B Health Screening Tool(s) was conducted?** PHQ-9

  What was the score? Jan 2020 - **8**; Mar 2021- **15;** May 2021**-19**
- **Concerns identified?** Tearfulness, insomnia, weight gain, sedentary behavior, isolation, menstrual cycle changes, increased frequency of nocturnal enuresis, increased anxiety

PHQ-9: 3/2/21



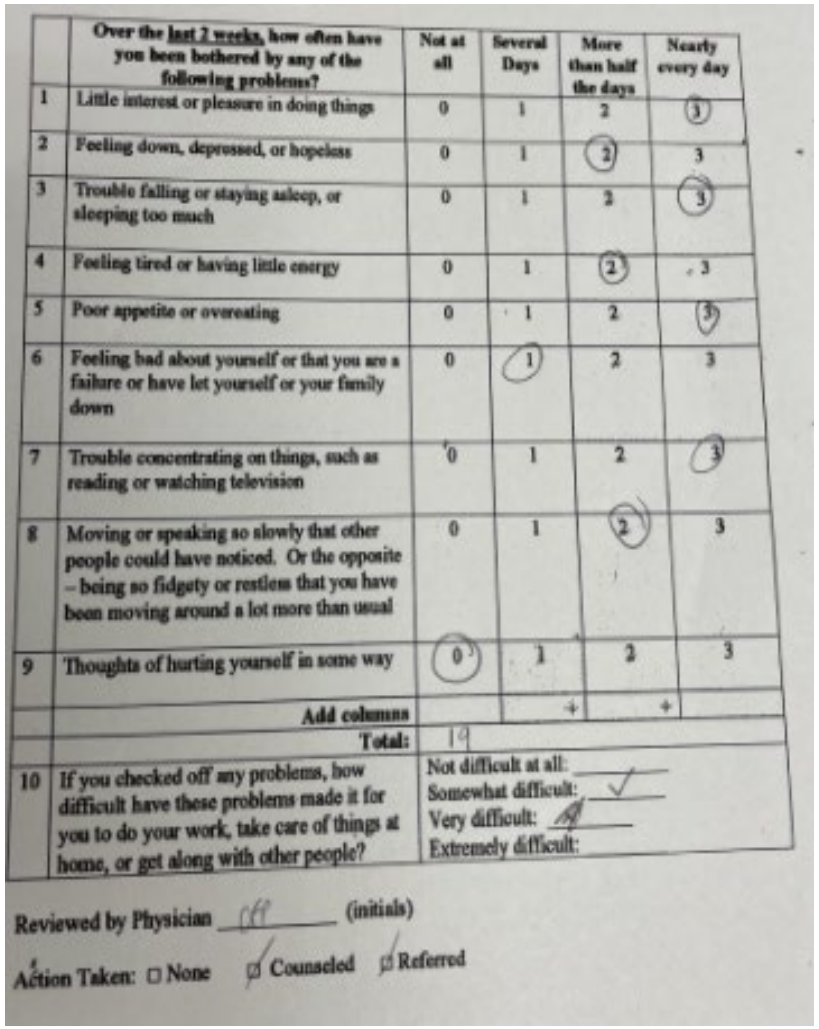
	Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several Days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed, or hopeless	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4	Feeling tired or having little energy	0	1	2	3
5	Poor appetite or overeating	0	1	2	3
6	Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3
7	Trouble concentrating on things, such as reading or watching television	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9	Thoughts of hurting yourself in some way	0	1	2	3
	Add columns		+	+	
	Total:	15			
10	If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all: _____ Somewhat difficult: _____ Very difficult: _____ Extremely difficult:			

Reviewed by Physician _____ (initials)

Action Taken: ☐ None ☑ Counseled ☐ Referred

TOTAL SCORE: 15

PHQ-9: 5/25/21



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4	Feeling tired or having little energy	0	1	2	3
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	Add columns		+	+	
	Total:	19			
10	If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all: _____ Somewhat difficult: ✓ Very difficult: _____ Extremely difficult:			

Reviewed by Physician _____ (initials)

Action Taken: ☐ None ☑ Counseled ☑ Referred

TOTAL SCORE: 19

Patient Case Presentation *(continued)*

Risk factors:

- Dysmorphic features. History of difficult peer relationships.
- Loss of previously enjoyed social supports: ROTC, church group
- Loss of high-school-based counseling (graduated from high school)
- Loss of therapy at Children's Specialized (transferred to "Adult Care")
- Economic stress- loss of mother's job as a medical assistant
- Mother's language barrier
- Parental divorce
- Learning difficulty, starting community college virtually with none of her usual school supports

Protective factors:

- Lives with twin sister, 2 older half-sisters, and mother
- Father pays for private health insurance
- Relates well to adults

What else do you want to know about this case?

Please post your answers in the chat box . . .

Patient Case Presentation *(continued)*

- **Actions taken:** Patient was referred directly to a community resource (PerformCare, student health service) as well as a psychiatrist who takes her insurance. Patient is receiving treatment/care coordination only by me.

- **What Worked/Successes:** Building a longitudinal relationship and trust with the family.

- **What Didn't Work/Barriers:** Regular follow ups and follow through. The transition to adult care has not been effective. I don’t know how to help them with the next steps**.** Children's Specialized stopped care when she graduated from high school, with no transition communicated to the pediatrician and there was a lack of communication with school based mental health on transition planning.

Case Summary:

This is a 19-year-old young woman with a history of anxiety and learning difficulty, She is now struggling with depression, complicated by the loss of support and social structure resulting from high school graduation and the pandemic.

Patient Case Presentation

Additional Information

- Patient did not follow-up with the recommended Telehealth follow-up appointment 1 month after the 3/2/21 office visit.
- Office staff contacted patient to set up a follow-up appointment. The patient was seen in the office by the pediatrician on 5/25/21.
- Patient had not yet called Perform Care or made an appointment with the psychiatrist who the pediatrician had referred during the previous appt.
- Patient is now vaccinated and feels more comfortable attending school and appointments in person.
- Patient still scored high (19) on the PHQ-9 at 5/25/21 visit
- Pediatrician provided referral contact information and asked patient to call her back in 1 week with an update (6/1/21)

What are your best tips for how to handle transition to adult care?

Do you have any recommendations for treatment including therapy and/or medication?

Please post your answers in the chat box . . .

values into action
camden county partnership for children
PCE
MonmouthCares
Ocean Partnership for Children
1ST ANNUAL NJ YOUTH
TRANSITION CONFERENCE
SAVE THE DATE
October 1st = professional day
October 2nd = caregiver and youth day
http://www.njyouthtransition.life

Mental Health Collaborative Program Announcements

REMINDERS:

ALL PARTICIPANTS:

- Please complete the Post-Session Survey for CME and MOC part 2 points – link to the survey in the chat box, as well as in follow-up email later today.

Track 2 Participants:

- Please keep an eye out for an email from mhc@njaap.org to complete the Post-LC Participant Survey
- Once all requirements are met, you will receive an email with details on receiving the program incentives, including a book on pediatric psychopharmacology and a mental/behavioral health coding guide

Next opportunity for further learning:
Beginning in Fall/Winter 2021

Advanced Level Mental/Behavioral Health Virtual Learning Collaborative
(option for MOC Part 4 points for those electing it)

- Registration to begin in September 2021
- Emails will be sent out with information to register
- All NJPPC members will be invited; MOC Part 4 points awarded for full participation

Last chance for QI coaching sessions with Ruth Gubernick!

- Please expect an email with scheduling options for June

NEW JERSEY
PEDIATRIC
PSYCHIATRY
COLLABORATIVE

For More Information or to Register for the NJPPC:

Visit:

https://njaap.org/programs/mental-health/ppc

Contact:

NJAAP

Mental Health Collaborative

mhc@njaap.org

NJAAP Membership

Bert Mulder

Chief Marketing Officer

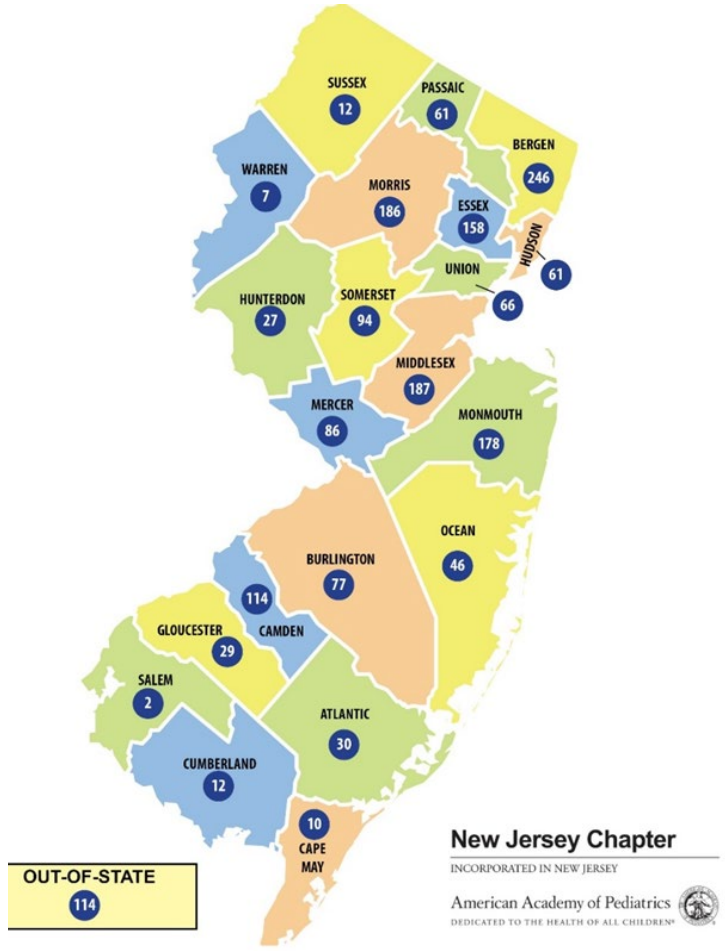
Phone: 609-915-0470

Email: bmulder@njaap.org

3,722

New Jersey Pediatricians

2,399* MEMBERS *Including AAP & NJAAP	1,322 Non Members
	310 Residents



Questions?

Please contact anyone from our MHC team:

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Ashley Saab, MPH, Program Manager, asaab@njaap.org

Jennifer Forster, Administrative Assistant, jforster@njaap.org

Thank you!

Please provide us with feedback on today's session by completing the brief survey at:

https://www.surveymonkey.com/r/NQRK7RH

This is also required for those seeking CME credits/MOC part 2 points for today's session.