Next Steps in Mental/Behavioral Health Integration: Increasing Your Skills in Collaboration with the NJPPC

Today's Co-Presenters

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Funders & Partners

New Jersey Department of Children and Families

Hackensack Meridian
Children's Health at
K. Hovnanian Children's Hospital

NJ Health
New Jersey Department of Health

Cooper
University Health Care

Atlantic
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New Jersey Chapter
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American Academy of Pediatrics
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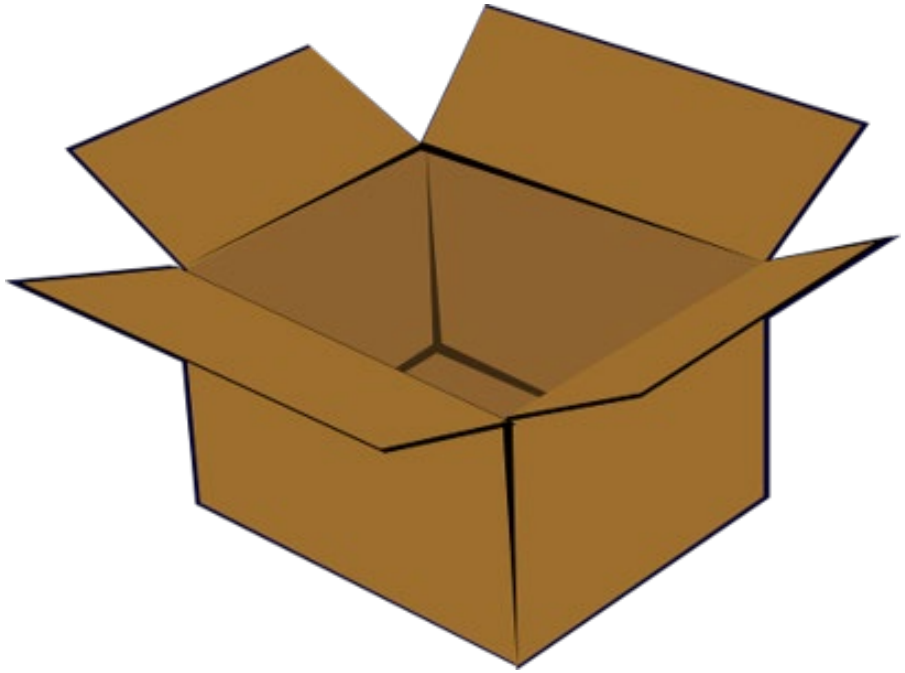
There Are No Disclosures



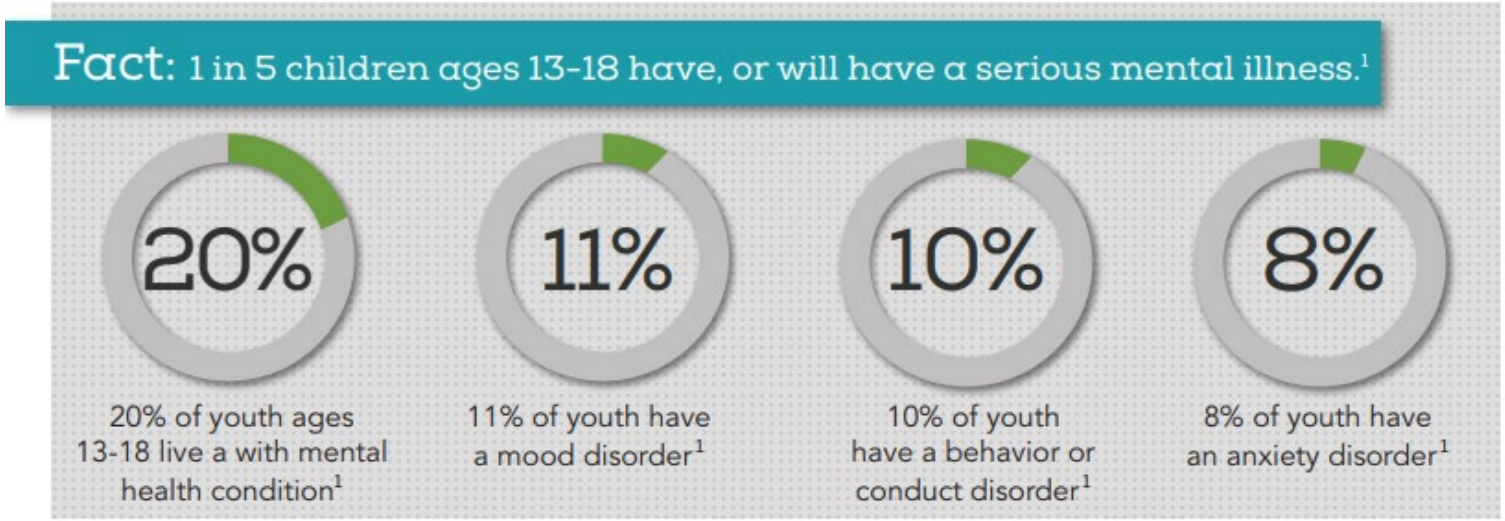
Learning Objectives for Today:

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
- Identify age-appropriate, validated, standardize tools for primary as well as secondary screening for ADHD, anxiety, depression, and other mental/behavioral health issues
- Describe the process for joining and collaborating with the New Jersey Pediatric Psychiatry Collaborative (NJPPC), a network of mental/behavioral health consultative support for pediatric primary care providers and specialists
- Discuss the opportunity to participate in the ABP-approved Mental Health Collaborative Advanced Learning Collaborative for skill advancement and practice quality improvement
- Apply the Model for Improvement framework for practice change

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



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.

New Jersey Pediatric Psychiatry Collaborative (NJPPC) Goals:

- 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

NJPPC Program Funding and Purpose

- Awarded in July 2015 to HMH which is funded by the New Jersey Department of Children and Families (DCF)
- Modeled after the Massachusetts Child Psychiatry Access Project (MCPAP) and other state CPAPs
- NNCPAP – National Network of over 30 states with similar Child Psychiatry Access Programs (CPAPs)
- Nationwide shortage of CAPs
- Behavioral health integration in pediatric primary care and some specialty care
- Program elements of this collaborative care model include pediatric clinician education, timely access to psychiatric consultation, and appropriate referral and care coordination.

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

Serving all 21 Counties State-wide

- **Atlantic Health Hub @ Newton Medical Center**
- **Atlantic Health Hub @ Goryeb Children's Hospital**
- **Hackensack Meridian Hub @ Hackensack University Medical Center**
- **Hackensack Meridian Hub @ Palisades Medical Center**
- **Hackensack Meridian Hub @ Middlesex and Mercer**
- **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.**
  More information on the Essex Hub can be found here: https://ubhc.rutgers.edu/clinical/community/collaborative-behavioral-health-care-project-essex-hub/collaborative-behavioral-health-care-project-essex-hub/collaborative-behavioral-health-care-project-essex-hub.xml

NJPPC Hub Benefits

- A child and adolescent psychiatrist available for consultative support. 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 consultative 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.
- Licensed mental health professionals (e.g., LCSWs & LPCs) available to assist with identification and assessment of symptoms and care coordination.
- Continuous education opportunities in care management and treatment in the primary care office for the common child mental health issues: ADHD, depression, anxiety, etc.

Year 7 of the program . . .

- **Over 700 pediatric primary care and specialty care providers are participating in 9 Hubs across NJ.**
- **Over 182,022 patients have been screened for mental/behavioral health concerns**
- **Over 11,220 patients have been provided services for mental/behavioral health concerns**

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.

NJPPC Requirements for Pediatric Clinician Members

In order to participate in their designated NJPPC regional Hub, PCPs must agree to:

1. Conduct universal mental/behavioral health screening at all well visits, using the SWYC, PSC-35/PSC-Y-37, & CRAFFT 2.1
   - Online training webinar is available
   - Ongoing support provided by NJAAP and Hub staff
2. Submit screening utilization data - TBD
3. Complete an initial practice demographic survey & annual member survey

Providers are also strongly encouraged to participate in webinars and the annual learning collaborative to increase competence and comfort in addressing MH issues

Telepsychiatry Services

Implementation rolling out as an expansion of the NJPPC via HRSA funding

Three platforms to be utilized for patients:

- Face to face
- Telepysch from home
- Telepysch from pediatric offices

  *Curbside Consult with a CAP for providers

Notify your Hub if interested in Telepsychiatry from your office

Integrating Behavioral Health into the Pediatric Practice:

The Pediatrician's Role

Melissa Wallach, MD, FAAP

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 NJPPC Hub staff as well, based on provider preference)

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

NJPPC Hub reviews referral, performs intake with family, and makes recommendations for further referrals, or other services

NJPPC-approved Validated, Standardized Screening Tools for Mental/Behavioral Health & Substance Use

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)

- PSC-35 – for caregivers of older children & adolescents 6 – 18 years of age
- PSC-Y-37 - recommended youth self-assessment for ages 11 and up
- Psychosocial primary screen designed to facilitate recognition of cognitive, emotional, & behavioral problems so appropriate interventions can be initiated

CRAFFT 2.1

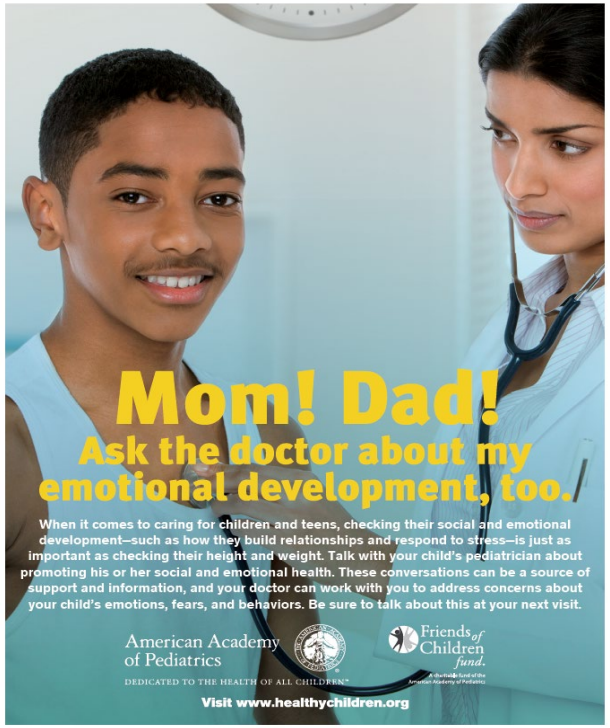
- A behavioral health screening for use with children/adolescents ages 12 to 21 to assess substance use (recom. by AAP Comm. on Substance Use)

Secondary Screening Tools

- **Depression**
  - PHQ-9 modified for Adolescents
  - CES-DC
  - The Mood and Feeling Questionnaire
- **Anxiety**
  - SCARED

- **Attention/Conduct**
  - Vanderbilt
- **Suicidal Thinking & Behavior (STB)**
  - Columbia (C-SSRS)
  - ASQ (Ask Suicide Screening Qs)
  - Brief Suicide Safety Assessment (BSSA)

Pediatrician Perspective:



The value of the NJPPC for pediatricians and pediatric clinicians:

- Relationship w/ NJPPC Hub Child & Adolescent Psychiatrist
- Care coordination
- On the job learning
- Support for patients and families
- Training & education opportunities through NJAAP

The value of the Advanced Mental/Behavioral Health Learning Collaborative *(and optional MOC part 4 project for pediatricians)*

- Monthly virtual Learning Collaborative sessions with peer networking
- Case presentations and discussion on challenging cases
- Clinician and family tools and resources

Referring to the New Jersey Pediatric Psychiatry Collaborative Hub

Jose Posos, M.Ed., LPC

Factors to Consider in NJPPC 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

New Jersey Pediatric Psychiatry Collaborative (NJPPC)

Hackensack Meridian Hubs at
Jersey Shore University Medical Center
Consult Form

-This form must be completed by an office staff member or physician. (Patient/caregiver is **not** to complete this form).

-A NJPPC-approved primary screening tool **must** accompany this form.

-***Any*** missing information will delay our ability to process the consult.

Fax to (732) 776-4794

Any questions, call (732) 481-8498.

Date of Referral/Contact	_____/_____/_____	**Requesting Consult w/CAP Only** ☐ ***Best Date & Time for CAP to Call*** _____	***For Hub use only*** Patient ID: _____ MR #: _____
County of Practice	*For Hackensack Meridian Hub* ____MERCER ____MIDDLESEX		*For Hackensack Meridian Hub* ____MONMOUTH ____OCEAN
Referring Practice	Practice Name: _____ Referring Physician (Attending): _____ Referring Specialist/Specialty (if applicable)_____ Office Phone: _____ Cell Phone:_____		
Patient Information	Last Name: _____ First Name: _____ DOB: _____/_____/_____ Age:____ Gender: ___Male ___Female ___Trans male ___Trans female ___Genderqueer/Nonconforming ____Different Identity (please state)_____ Grade Level: _____ Accommodations: __None __IEP __504 Plan __ Other: _____		
Parent/Caregiver Information ***(Patient information must be provided if patient is 18 or older)***	Last Name:_____ First Name:_____ Phone 1: _____ Phone 2: _____ Email: _____ Street Address: _____ City/State/Zip: _____ Relationship to Patient: ___Mother ___Stepmother ___Adoptive Parent ___Grandparent ___Self ___Father ___Stepfather ___Foster Parent ___OTHER (describe):		
Primary Language	___English ___Non-Verbal ___American Sign Language ___Russian ___French ___Spanish ___French-Creole ___Other: _____		
Hispanic Origin	__NO (Not of Hispanic, Latino, or Spanish origin) __YES __Cuban __Puerto Rican __Mexican, Mexican-American, or Chicano __South or Central American __Other Hispanic/ Latino: _____		
Race	___American Indian or Alaskan Native ___White (Caucasian) ___Asian ___Black or African American ___Native Hawaiian or Other Pacific Islander ___Declined to Answer___ Other: _____		

Form completed by **Physician or Office Staff Member:** _____

Patient Name:_____

Type of Insurance	**Medicaid:** __Aetna Better Health __Amerigroup __Horizon NJ Health __UnitedHealthcare Community Plan __WellCare **Private:** __Aetna __Cigna __Horizon Blue Cross Blue Shield __QualCare __United Health Care Other: _____
Screening Tool and Score/Result ****(Please attach completed screen(s) when submitting this form)***	**Primary Screening Tools REQUIRED, based on ages listed:** SWYC (Caregiver for Up to Age 5) → Milestones: _____ BPSC/PPSC (circle): _____ PSC-35 (Caregiver for Ages 6 and Up): _____ PSC-Y-37 (Ages 11 and Up): _____ PSC-Y (Ages 11 and Up): _____ CRAFFT (Ages 12 and Up): _____ **Please send any/all additional screening tools used or supporting documentation.**
Reason for Hub Referral/Contact ***(check all that apply)***	__Behavioral Health TX Consult __Follow-up __Parent Guidance __Community Referral __Medication Consult __School Guidance __Diagnostic Clarification __Other: _____ **Is the patient currently receiving any mental health/substance use disorder services?** __YES __NO Dept. of Children Protection & Permanency (DCP&P) Involvement: ___YES __NO __PREVIOUSLY (CLOSED) Any suspicion of child abuse/neglect ***must*** be reported to DCP&P at 1-877-652-2873
Identified Symptoms/ Problems Leading to Referral/Contact	**Problems:** __Aggression __Disruptive Behavior __Emotional Abuse __Legal Problems __Physical Abuse __School Issues __School Refusal __Sexual Abuse __Sleep Problems __Social Issues __Substance Abuse **Symptoms:** __Anxiety __Attention Issues __Changes in Appetite/Weight __Changes in Sleep __Depression __Enuresis/Encopresis __Hyperactivity __Mood Changes __Phobias __Psychotic/Delusional Thinking __Vocal/Motor Tics __Other: _____
Existing Diagnosis at Time of Consult	__No Psychiatric Diagnoses __ADHD __Adjustment Disorder __Anxiety Disorder __Autism Spectrum Disorder __Bipolar Disorder __Depressive Disorder __Eating Disorder __Impulse Control, ODD, Conduct Disorder __Intellectual, Social, Learning Disability __Mood Disorder NOS __OCD __Personality Disorder/Trait __Psychotic Disorder __PTSD/Trauma __Substance Use Disorder (please identify substance): _____ __Other: _____
Medication History	**List current psychiatric medications:** _____ **List psychiatric medications in patient history:** _____ _____None
CONSENT	Did the parent and/or child provide written or verbal consent to be contacted by the PPC? __YES __NO
High Risk Factors	***Please note the PPC is not a crisis center. A faxed referral does not generate an immediate response. If your patient is in crisis or may be a danger to themselves or others, please assist them to the nearest emergency room, call 911, or call Children's Mobile Response at 1-877-652-7624.*** **____Suicidal Ideation/Intent/Plan Date of most recent suicidal ideation?_____** ***Please call your hub to discuss if your patient is appropriate for referral at this time.*** **Was the ASQ Assessment administered? _____** **____Homicidal Ideation/Intent/Plan Date of most recent homicidal ideation?_____** ***Please call your hub to discuss if your patient is appropriate for referral at this time.*** **____Self-injurious Behavior Date_____ Method_____** **____Drug Overdose Date_____ Substance_____**

Form completed by **Physician or Office Staff Member:** _____

Collaborative NJPPC Hub Procedure

What's the Pediatrician's Role?

- Conduct universal screening
- If referral to the NJPPC Hub is needed, a consult form is faxed, along with screening tools, and the pediatrician discusses the NJPPC with the family and obtains consent to send the consultation form and screening results

What will the NJPPC 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 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.

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

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

Education/Training:
Webinars & Learning Collaborative Sessions

- Case based and didactic webinars, presented by NJPPC Child and Adolescent Psychiatrists and other subject-matter experts, and NJPPC 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 virtual webinar or learning collaborative session and completing post-webinar survey
- Available through NJAAP website

Quality Improvement Framework

Ruth Gubernick, PHD, MPH, PCMH CCE

It Takes an Effective Team to Do QI Work!

Members representing different kinds of expertise in the practice/organization

- Clinical Leader
- Technical Expertise
- Day-to-Day Leadership
- Administrative Staff
- Patient and/or Parent/Caregiver Partner(s)
- Project Sponsor

Why Use A Quality Improvement Strategy?

- Provides a framework to show us how to get from where we are to where we want to be

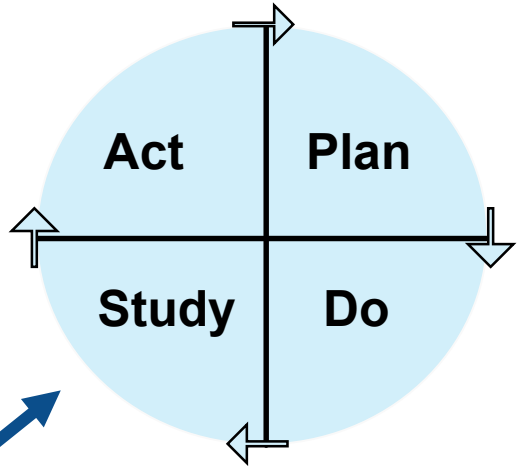
- Uses measurement to show us where we are on the journey and to let us know when we've arrived at our destination

The Model for Improvement

What are we trying to accomplish?
(AIM)

How will we know that changes are an improvement?
(MEASURES)

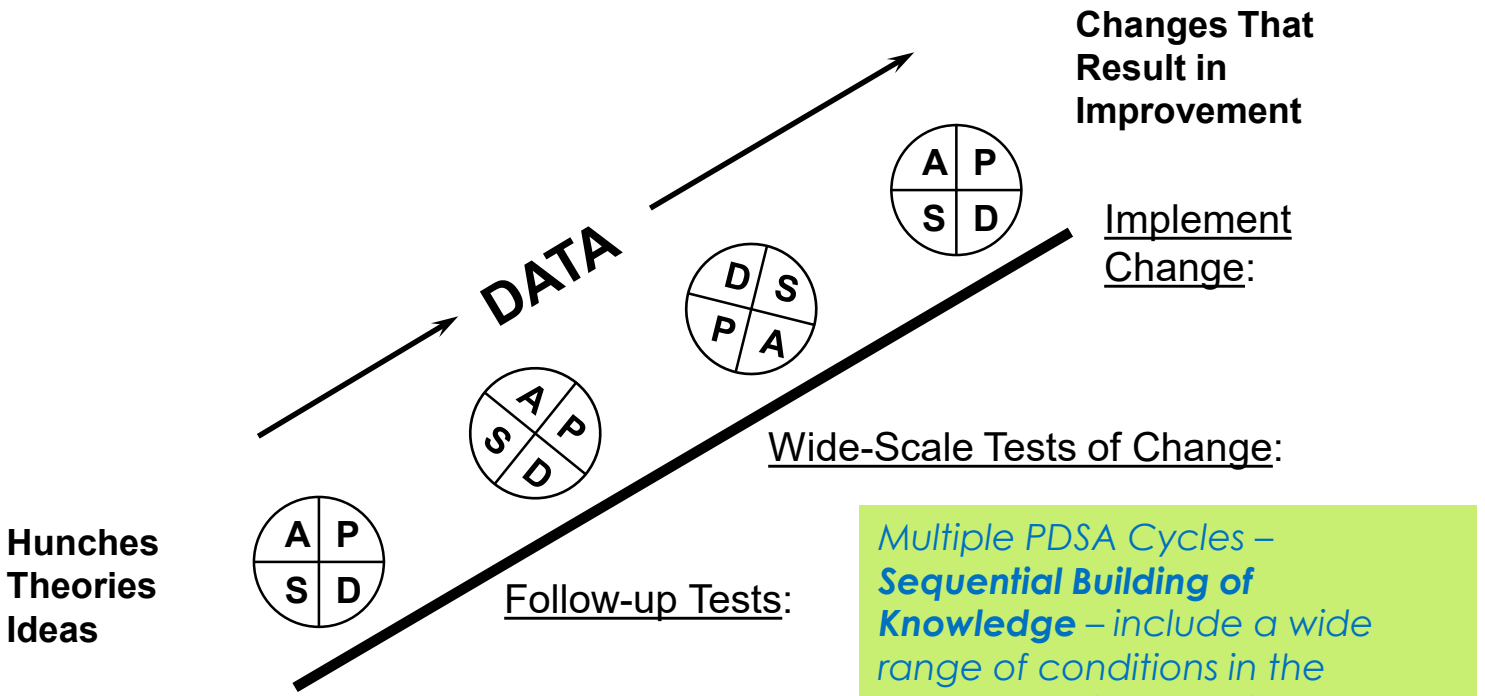
What changes can we make that will result in an improvement?
(CHANGES)



***TEST** ideas & changes with cycles for learning and improvement*

Source: *Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP.

Build a PDSA Ramp



Multiple PDSA Cycles – ***Sequential Building of Knowledge*** *– include a wide range of conditions in the sequence of tests before implementing the change*

Advanced Learning Collaborative
Quality Improvement Objectives

- By the end of the program, 95% of charts will have **mental/behavioral health screening** documented for patients ages 6-18 years old
- Increase **universal substance use screening** at well visits for patients ages 12-18 years old by at least 25% over baseline.
- Increase **use of secondary screening tools for diagnostic clarification** of identified mental/behavioral health issues by 25% over baseline.
- Increase self-report of **comfort/confidence with discussing mental/behavioral health and substance use concerns** with patients/caregivers, for patients ages 6-18 years old by 20% over baseline.
- Increase self-report of **comfort/confidence with collaborative care with psychiatry, initiating treatment and care coordination, including medication management** for patients ages 6-18 years old by 20% over baseline.
- Increase self-report **of referrals to other medical providers/specialists, as well as to community supportive resources for mental/behavioral health and substance use issues** for patients ages 6-18 years old by 25% over baseline.

As A Reminder . . .
How Teams Get Results

- Engage leaders
- Form team
- Assign responsibility for key tasks
- Meet
- Small tests of change
- Use of your technology, including decision-support in your EMR to manage populations of patients.
- Use of ideas, best practices, evidence-based strategies, tools and resources

The First Idea Is Rarely The Best Idea

Advanced Mental/Behavioral Health Virtual Learning Collaborative

Marcela Betzer, MPH

Goals

AIM: Implement and evaluate a comprehensive education and QI program for pediatricians to:

1. Increase knowledge of advanced mental/behavioral health topics and skills

2. Increase integration of secondary screening tools to assist with diagnostic clarification

3. Improve comfort and confidence with providing screening, referral, and care coordination to patients for mental/behavioral health needs.

Advanced Mental/Behavioral Health Virtual Learning Collaborative

Six virtual sessions: November – April 2022, 12:00 – 1:15 pm

Who Can Participate: Pediatric primary care and specialty care clinicians and their practice teams. Whether you are a new NJPPC member or an experienced member wishing to learn from in-depth case-based presentations and focused support for mental/behavioral health implementation, you're welcome to join.

Track 1 - participate as schedule permits on virtual sessions; CME and MOC part 2 points awarded for post-session CME surveys

Track 2 - Optional MOC Part 4 Quality Improvement Project

- For NJPPC members who are actively involved and looking to increase their skills. Diagnostic clarification, treatment initiation, medication management, developing a practice care coordination system
- **Can receive 25 MOC part 4 points upon completion**

Advanced Mental/Behavioral Health Virtual Learning Collaborative continued..

Program Highlights

- Didactic presentations by a subject matter experts
- Case presentations and discussion
- Practice Quality Improvement (QI) coaching and virtual office visit
- CME credits/MOC part 2 points awarded for each session (Total of 8.5 CME credits/MOC part 2 points available)

Faculty includes:

- Child & Adolescent Psychiatrists
- NJPPC Hub Behavioral Health Staff
- QI Expert

Timeline

October	Informational Webinar Orientation Webinar for MOC part 4 project
November - April	QI MOC Part 4 Project - Register individually and gather your QI team - Attend all virtual Monthly Sessions - Participant data submissions + QI activities
May	Conduct participant focus group + post-participation surveys to gather feedback

MOC Part 4 Q. I. Project Participation Requirements

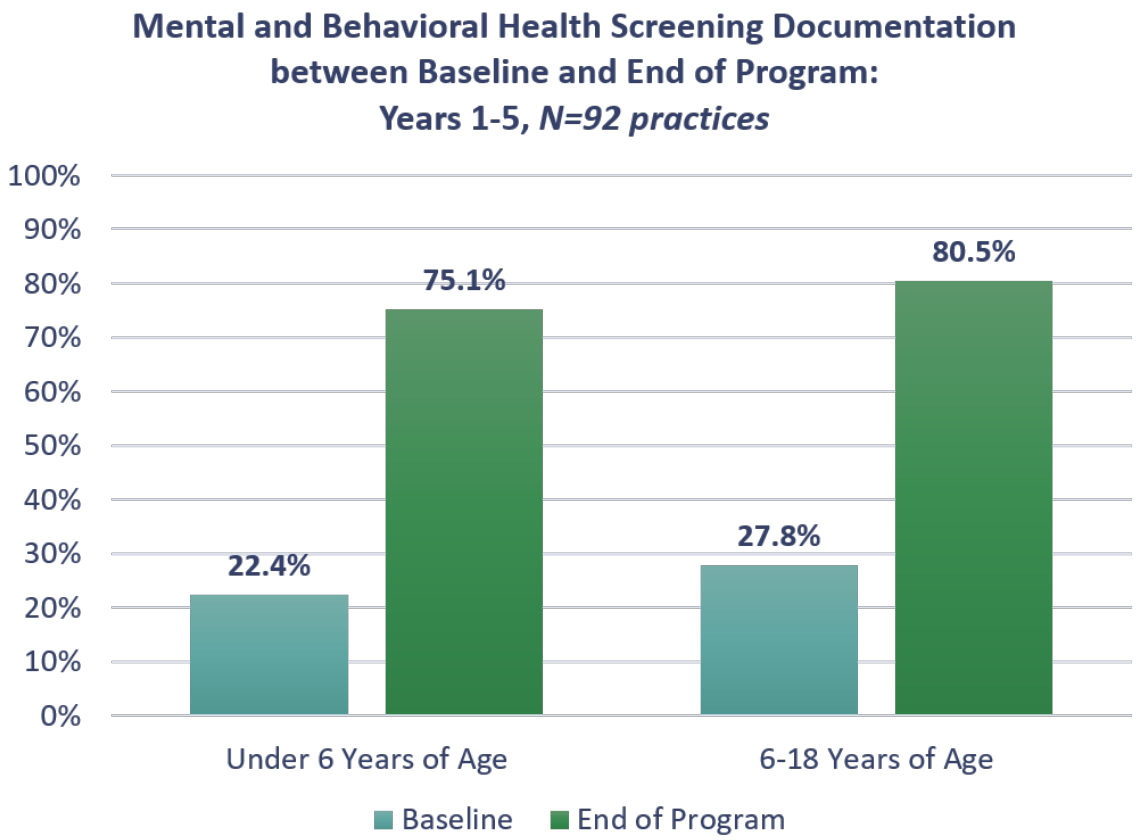
Timing	Tool	Practice Level	Physician Level
Program Start	Informational Webinar		x
	Registration Form		x
	Orientation Webinar		x
Quality Improvement Activities	Monthly Self-Assessment		x
	Case Presentation Form		x
	6 Session Evaluations		x
	Brief Monthly Self-Assessment		x
	QI consultation	x	
	Chart Abstraction Tool	x	
Program End	Post-Participation Survey		x
	Attestation		x
	Exit Focus Group		x

MOC Part 4 Program:
Cumulative Results from First Five Years, N=92 practices

Mental/behavioral health screening <u>increased</u>:

- 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



Next Steps – if interested in Track 2 *(optional MOC part 4 Q.I. project)*

1. To Register to Participate for Track 2 (optional MOC part 4 Q.I. project):
https://www.surveymonkey.com/r/VVWR7NX

(If interested in Track 1 – no need to register – will receive emails about individual registration for each learning collaborative virtual session)

2. Save the date and register for the Orientation webinar:

October 22nd @12 p.m.
https://us02web.zoom.us/meeting/register/tZAuduqtrz0qE9U6pbm_K1xeSiO63XCz3wxD

Questions?

Thank you!

If you have further question,

please contact:

NJAAP Mental Health Collaborative

609-842-0014

mhc@njaap.org