

# **Pediatric Mental Health Care Access Program:**

## **Clinical Demonstration Project Goals, Objectives, Evaluation and Progress**

**Holly Roberts, Ph.D.**

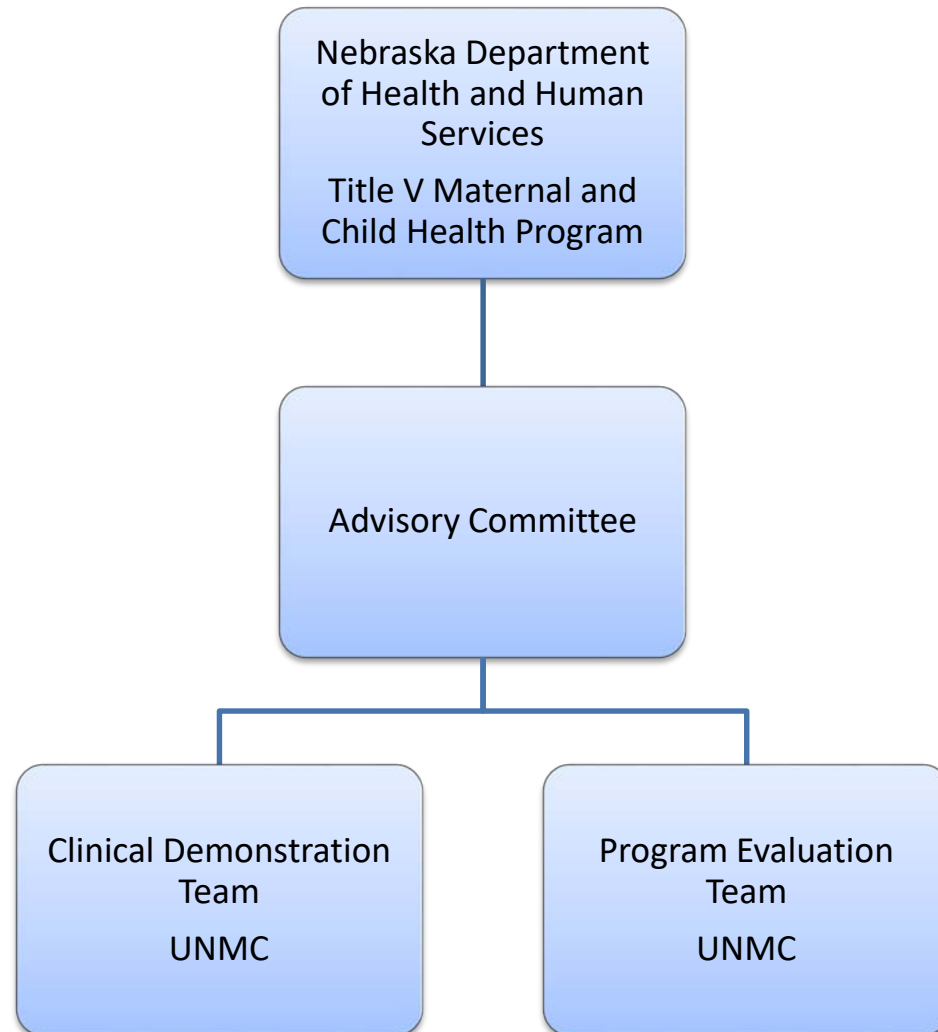
**Christian Klepper, PsyD.**



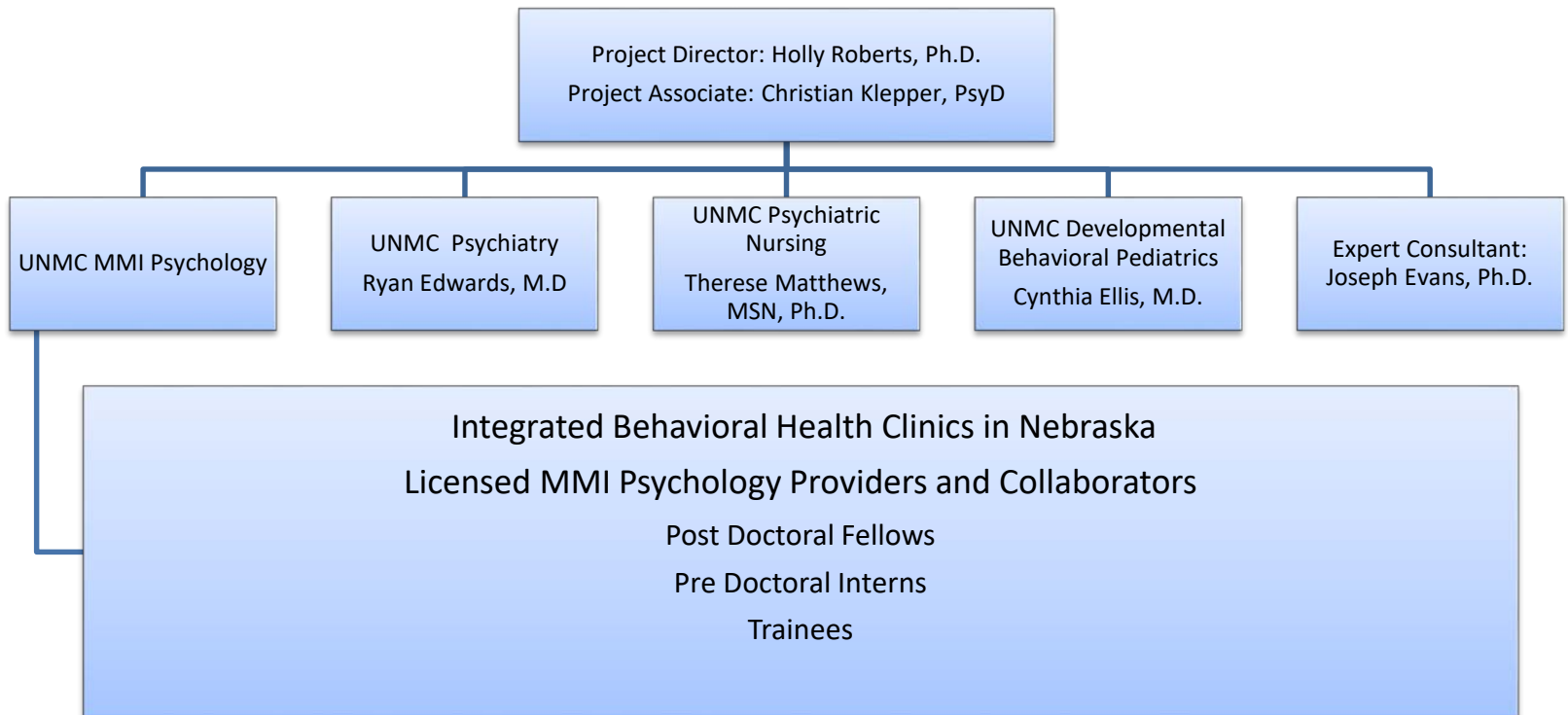
**University of Nebraska  
Medical Center**

MUNROE-MEYER INSTITUTE

# Pediatric Mental Health Care Access Program Organization



# Clinical Demonstration Team Organizational Chart

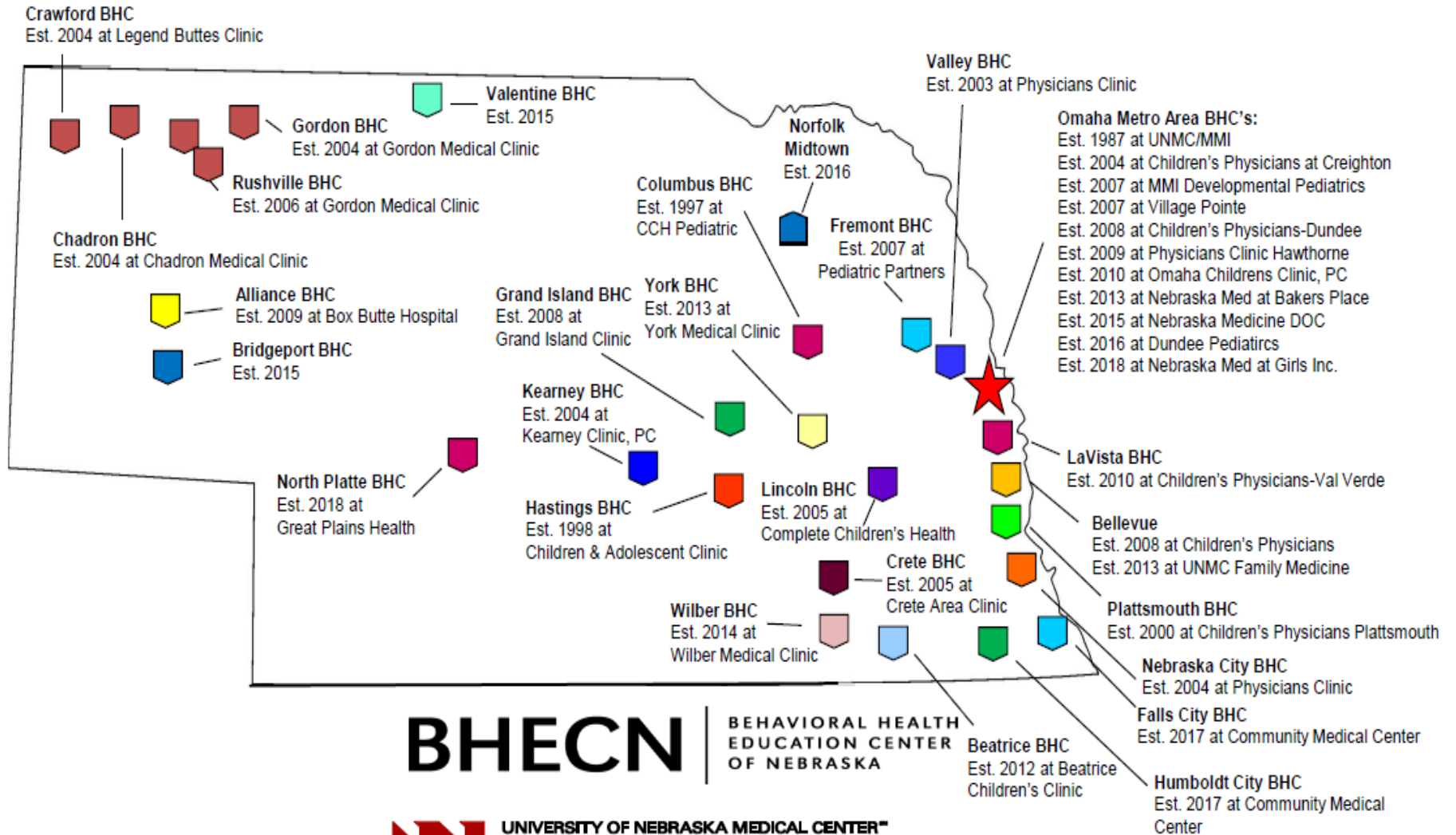


# Clinical Demonstration Project Goal

- To improve access for children and families to pediatric mental and behavioral health services
  - Utilize our existing network of integrated behavioral health clinics across Nebraska



# Munroe-Meyer Institute Department of Psychology Behavioral Health Clinics



**BHECN**

BEHAVIORAL HEALTH  
EDUCATION CENTER  
OF NEBRASKA



UNIVERSITY OF NEBRASKA MEDICAL CENTER  
**MUNROE-MEYER INSTITUTE**

# Clinical Demonstration Project Goals and Objectives

- **Goal 1: Enhance early screening of behavioral health disorders in childhood and adolescence**
- Obj. 1.1CD: Survey PCPs regarding current screening practices for behavioral health needs of children ages 6 months to 16+ years.
- Obj. 1.2CD: Provide evidenced-based protocols for the application of screening tools.
  
- **Goal 3: Conduct a clinical demonstration project in a network of providers to expand and diversify integrated behavioral health provision in PC pediatric and family medicine practices, with a focus upon rural communities**
- Obj. 3.1CD: Offer tele-behavioral health and telephone consultation services to clinics in a network of integrated primary care practices through a sub-recipient agreement.
- Obj. 3.2CD: Increase numbers of rural clinics utilizing an integrated behavioral health in PC approach.
- Obj. 3.3CD: Increase the diversity and cultural competence of the primary care behavioral health providers in integrated care settings.
- Obj. 3.4CD: Expand the scope and scale of the project by creating a network of telehealth hubs and satellite sites to provide expanded access to primary behavioral health care and referral for children and families living in remote and frontier communities.
  
- **Goal 4: Evaluate the overall effectiveness of a clinical demonstration approach to increasing access to PC providers to behavioral health consultation, and network and systemic approaches to improving access of children and youth to behavioral health services.**
- Obj. 4.1CD: Evaluate the effectiveness of the clinical demonstration project with performance and outcome measures.





# **Goal 1: Enhance early screening of behavioral health disorders in childhood and adolescence**



# **Obj. 1.1CD: Survey PCPs regarding current screening practices for behavioral health needs of children ages 6 months to 16+ years**

- Developed a questionnaire to survey primary care providers on current screening practices
- Screening questionnaire development team:
  - Holly Roberts, Ph.D.
  - Therese Matthews, MSN, Ph.D.
  - Cynthia Ellis, M.D.
  - Christian Klepper, Psy.D.
  - Dejun Su, Ph.D.
  - Kathy Karstings, RN, MPH





# Obj. 1.1CD: Survey PCPs regarding current screening practices for behavioral health needs of children ages 6 months to 16+ years

- UNMC Internal Review Board (IRB) approved: February 8, 2019
- See attachments:
  - *Letter of Approval*
  - *Letter to PCP's*
  - *Survey*
  - *Responses will be gathered via Qualtrics and Paper/Pencil and exported into excel*



# Obj. 1.1CD: Survey PCPs regarding current screening practices for behavioral health needs of children ages 6 months to 16+ years

## NEXT STEPS:

- Ready to distribute to network providers
  - List of all network PCP's and addresses generated
  - Each provider in each of the clinics will be asked to complete the survey.
  - May be a standard of practice in screening and only one survey would be gathered per clinic.
  - Will be distributed through behavioral health providers
    - Behavioral Health providers will be given materials electronically and via US mail (if requested)



## **Obj. 1.2CD: Provide evidenced-based protocols for the application of screening tools.**

- UNMC will recommend use of evidence based screening tools
  - Based on screening results and ongoing



## Behavioral Health in Pediatric Primary Care Screening Survey

1. What are your initials? \_\_\_\_\_
2. What is the zip code of your **primary** practice clinic for pediatric patients? \_\_\_\_\_
3. If you practice in more than one clinic for pediatric patients, please provide zip codes of those clinics. Please indicate "N/A" if you see pediatric patients in only one clinic. \_\_\_\_\_
4. What is your gender?
  - a. Male
  - b. Female
  - c. Other/Prefer not to answer
5. What is your Race/Ethnicity?
  - a. White
  - b. Black or African American
  - c. American Indian or Alaska Native
  - d. Asian
  - e. Native Hawaiian or Pacific Islander
  - f. Other
6. What are your primary practice credentials?
  - a. Medical Doctor (MD)
  - b. Doctor of Osteopathy (DO)
  - c. Nurse Practitioner
  - d. Physician Assistant
  - e. Other: \_\_\_\_\_
7. How many years have you been in practice with the credentials in #6? \_\_\_\_\_
8. Please indicate your **primary** practice specialty:
  - a. Pediatrics
  - b. Internal Medicine
  - c. Med/Peds
  - d. Family Medicine
  - e. Other: \_\_\_\_\_
9. Do you screen your **pediatric** patients for lead exposure during well child visits?  
YES    NO
10. How important do you think screening is for behavioral health concerns in **pediatrics**?
  - a. Not at all
  - b. Slightly Important
  - c. Moderately Important
  - d. Very Important
  - e. Extremely Important
11. Are you familiar with the American Academy of Pediatrics' recommendations for screening in primary care?  
YES    NO



12. Are formal behavioral screening tools used in your ***pediatric*** practice (e.g., ASQ:SE, Child Behavior Checklist, Behavioral Assessment Scale for Children, MCHAT)?
- Never
  - Sometimes
  - About half the time
  - Most of the time
  - Always
13. If you currently use or have used a formal behavioral health screening tool for your ***pediatric patients***, please list below which behavioral screening tools you use or have used and what age the tool is usually first used. Several common measures have been entered for your convenience. If you do not use these, please indicate "N/A":

Name of Screening Tool	Currently use or previously used?	At what (patient) age do you start to use this measure?	Who completes the form (i.e., parent, child/patient, or clinician)?
Ages and Stages Questionnaire: Social Emotion (ASQ:SE)			
M-CHAT			
PHQ-9			
Pediatric Symptom Checklist-17 (PSC-17)			
Pediatric Symptom Checklist-35 (PSC-35)			
Edinburgh Postnatal Depression Scale (EPDS)			
Strengths and Difficulties Questionnaire (SDQ)			
Screen for Child Anxiety Related Disorders (SCARED)			

14. If you use/used a screening tool, why do/did you implement this practice? Choose all that apply.
- Institution change/mandated for all providers
  - Recommendation from colleague
  - Recommendation from organization (e.g., US Preventive Services Task Force, AAP)
  - Evidence-based practice
  - N/A – I don't and haven't used screening measures.
15. If you have used a behavioral health screening tool with your ***pediatric*** patients in the past and no longer use it, explain why. \_\_\_\_\_  
\_\_\_\_\_
16. Do you have behavioral health questions that you routinely ask verbally during well child visits specific to respective developmental level?  
YES NO



17. If you use screening (verbally or formally), which of the following behavioral concerns do you screen for in your pediatric patients? Circle all that apply.

Attachment	Friendships	Violence in the home
Attention	Oppositional/noncompliance	Family dysfunction
Anxiety	Conduct disorders	Gender identity
Depression	Bullying	Substance use
Hyperactivity	Sleep disturbance	Child abuse and neglect
Encopresis/enuresis/toileting	Eating disorders	Postpartum depression
Temper tantrums	Repetitive behaviors	Academic or school problems
Social skills	Tics	

Other: \_\_\_\_\_

18. Do you use the Adverse Childhood Events (ACE) Questionnaire or screen for ACEs (i.e., neglect; verbal, physical or sexual abuse; separation or divorce, physical threats, exposed to alcoholism or problem drinker, household member with depression, attempted suicide, or incarceration)?

YES NO

19. If you have used mental/behavioral health screening tools in your practice, do you or have you used this information to make decisions about patient care?

YES NO

20. If yes to #19, how do you integrate the data from screening tools to make decisions for pediatric patients?

- a. I use/used data from a screening tool plus my own clinical judgment to make a decision.
- b. I use/used set/standard cutoffs to refer to specific services.
- c. I don't base decisions about behavioral health care on the screening measures I use/have used.
- d. N/A – I don't and haven't used screening measures.

21. If you are currently using behavioral health screening measures in your clinic with pediatric patients, do you bill for this time with Medicaid patients?

YES NO

22. Have you received any specialty training in psychiatry or related fields? (circle all that apply)

- a. Yes, during school (for MD, DO, NP, or PA)
- b. Yes, during residency or fellowship
- c. Yes, on my own (e.g., CEs) or after training
- d. No

23. Based on your best assessment, what proportion (percent) of the pediatric patients you see have developed mental health symptoms, such as anxiety, ADHD, autism spectrum disorder (ASD), depression, etc.?

\_\_\_\_\_

24. Do you have a behavioral health provider in your clinic?

YES NO

25. If yes to #24, how many days per week is there a behavioral health provider in your clinic? \_\_\_\_\_

26. Do you have access to behavioral health care providers in your community?

YES NO



27. How far away (in miles) from your clinic is the closest non-prescribing behavioral health provider? Indicate "0" if one is in your clinic. \_\_\_\_\_
28. How far away (in miles) from your clinic is the closest prescribing psychiatric provider? Indicate "0" if one is in your clinic. \_\_\_\_\_
29. Are you interested in having direct access to a behavioral health provider? Choose all that apply.
- For consultation
  - To refer
  - To practice in your clinic
  - No
30. Are you interested in having access to consult with a psychiatrist and/or psychiatric nurse practitioner for complex ***pediatric*** cases and/or for psychotropic medication questions?  
YES    NO
31. If you are interested in having direct access to a behavioral health provider in your clinic or consultation services with a psychiatric and/or psychiatric nurse practitioner, please provide your contact information below.
- Name: \_\_\_\_\_
  - Email address: \_\_\_\_\_
  - Clinic name: \_\_\_\_\_
32. Have you used a web-based platform to provide care? (e.g., Vidyo, Zoom, Adobe Connect)?  
YES    NO



**Goal 3: Conduct a clinical demonstration project in a network of providers to expand and diversify integrated behavioral health provision in PC pediatric and family medicine practices, with a focus upon rural communities.**





# Obj. 3.1CD: Offer tele-behavioral health and telephone consultation services to clinics in a network of integrated primary care practices through a sub-recipient agreement.

- **Create an interdisciplinary team:**

- Psychology:
  - Holly Roberts, Ph.D.
  - Christian Klepper, PsyD.
  - Joseph Evans, Ph.D.
- Developmental-Behavioral Pediatrics:
  - Cynthia Ellis, M.D.
- Nurse Practitioner:
  - Therese Mathews, Ph.D., APRN
- Psychiatry:
  - Ryan Edwards, M.D.



**Obj. 3.1CD: Offer tele-behavioral health and telephone consultation services to clinics in a network of integrated primary care practices through a sub-recipient agreement.**

- **Survey PCP's in the clinical network for their needs and preferences for behavioral health consultations**
  - Included in the screening survey
    - *See screening survey*



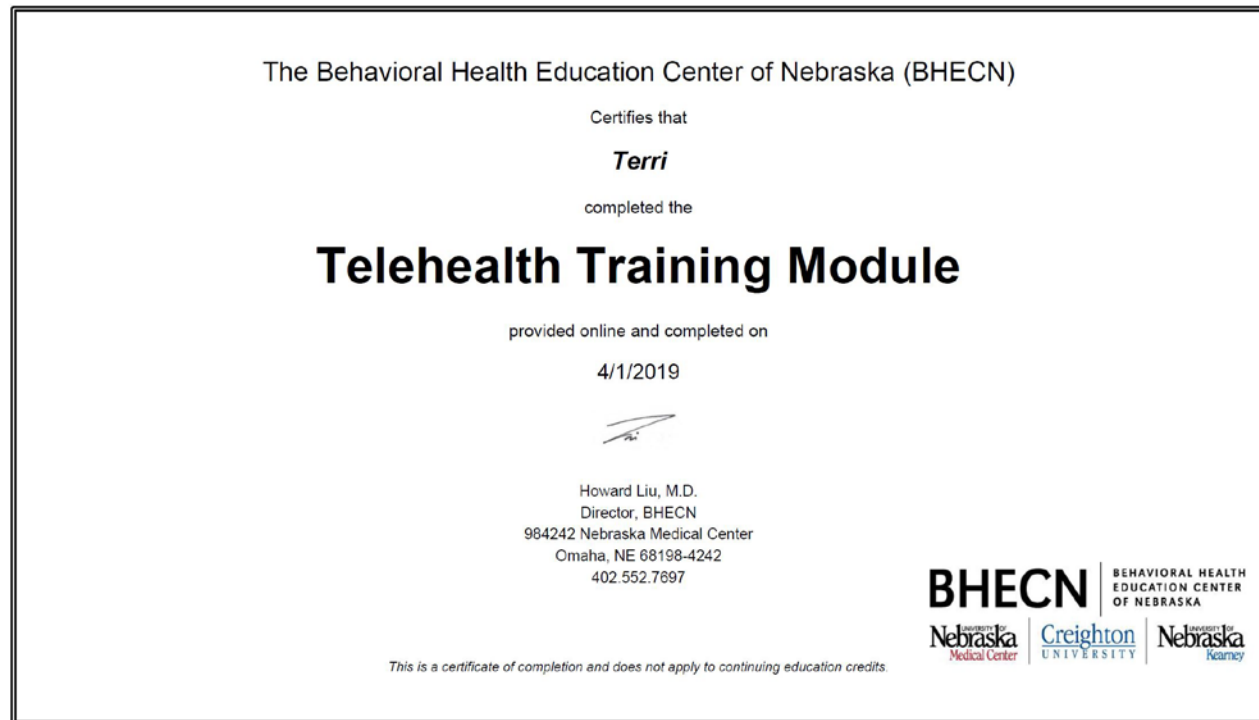
## **Obj. 3.1CD: Offer tele-behavioral health and telephone consultation services to clinics in a network of integrated primary care practices through a sub-recipient agreement.**

- **Train the interdisciplinary expert team and PCP's in the use of telehealth for consultation and referral**
  - Developed a training series in cooperation with BHECN (expert team, post docs, intern, and student provided with request on March 27, 2019)
    - BHECN Telehealth Training Module
    - Zoom training videos (joining, scheduling and hosting controls in zoom)
    - Cultural Competency
  - Completion of trainings are documented and evaluated by the team via Qualtrics
  - See:
    - [https://unmcmmi.co1.qualtrics.com/jfe/form/SV\\_1OdIYRAvckaDPPT](https://unmcmmi.co1.qualtrics.com/jfe/form/SV_1OdIYRAvckaDPPT)



# Obj. 3.1CD: Offer tele-behavioral health and telephone consultation services to clinics in a network of integrated primary care practices through a sub-recipient agreement.

- Train the interdisciplinary expert team and PCP's in the use of telehealth for consultation and referral



# Obj. 3.1CD: Offer tele-behavioral health and telephone consultation services to clinics in a network of integrated primary care practices through a sub-recipient agreement.

- **Establish Schedules of Availability for tele-behavioral health and rapid response**
  - Regularly scheduled meetings to discuss procedures associated with the consultation requests and expert availability
    - Met with the MC3 Team in Michigan on March 5, 2019 to answer a series of questions regarding their consultation service (they have the same grant)
    - Christian maintains an up-to-date schedule of provider availability (most of the week is covered with on-call support)
    - Website Developed (ongoing)
      - Introduces the Consultation Service
      - Allows for “Request of a consultation”
      - See:
        - <http://dev1.unmc.edu/mmi/departments/psychology/psych-patientcare/teleproviderconsult.html>
        - Collects/stores information from request to Qualtrics which can be converted to excel



# Obj. 3.1CD: Offer tele-behavioral health and telephone consultation services to clinics in a network of integrated primary care practices through a sub-recipient agreement.

- **Establish Schedules of Availability for tele-behavioral health and rapid response**
  - NEXT STEPS:
    - Need survey results to initiate the consultation service to address needs with telehealth education for PCP's and expert needs
    - Consultation Procedure Manual (ongoing development)
    - Define Enrolled Provider
      - Two pronged definition: Eligible and Enrolled
    - Website to go live
  - **ACTION ITEMS:**
    - Data Collection on Consultation Service
      - Data gathered at "Request Consultation"
        - <http://dev1.unmc.edu/mmi/departments/psychology/psych-patientcare/teleproviderconsult.html>
      - Data gathered by expert team member following a Consultation
        - (add survey)



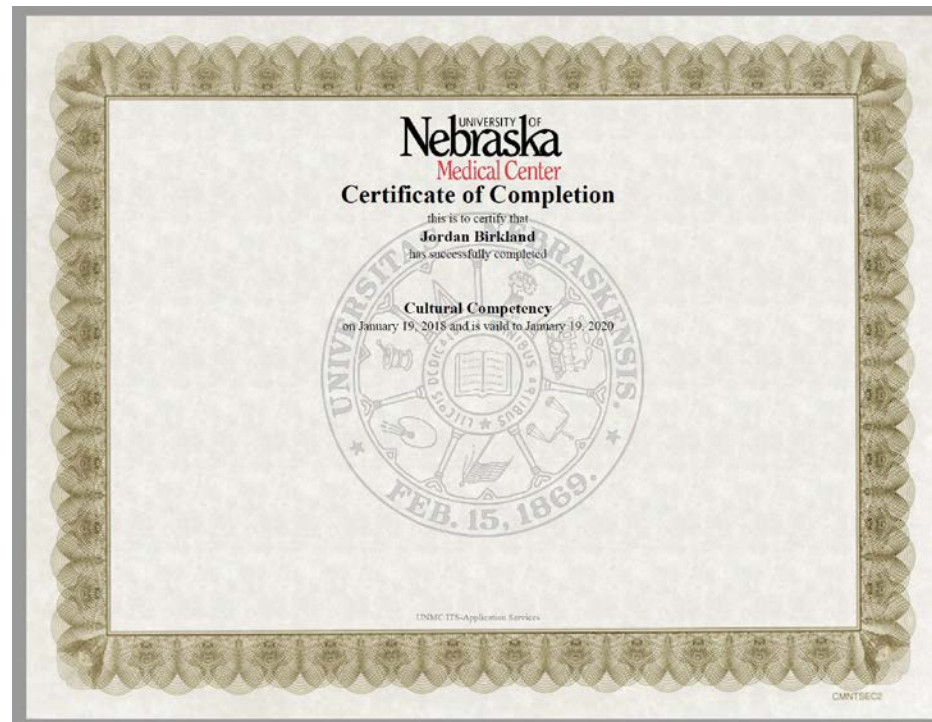
## Obj. 3.2CD: Increase numbers of rural clinics utilizing an integrated behavioral health in PC approach.

- Deployed two post doctoral fellows (Columbus and Omaha)
- Deployed one doctoral intern to Chadron/Alliance
- Ongoing effort for expansion of behavioral health providers integrated in primary care
- Most recent integrated behavioral health in PC development:
  - Great Plains Health (North Platte, NE) in November 2018
  - Beatrice/Gage County Hospital (Beatrice and Wymore, NE): **projected in Fall 2019**
  - Memorial Community Hospital (Blair, NE) presentation in March 2019: **projected in Fall 2019**



# Obj. 3.3CD: Increase the diversity and cultural competence of the primary care behavioral health providers in integrated care settings.

- UNMC requires a Cultural Competency module for employment and continued employment every 2 years.
- Required for all involved with the Access grant
  - Certificates on file





**Obj. 3.4CD: Expand the scope and scale of the project by creating a network of telehealth hubs and satellite sites to provide expanded access to primary behavioral health care and referral for children and families living in remote and frontier communities.**

- Telehealth “Hubs” will be defined as primary care clinics in surrounding villages and towns (especially in rural areas of Nebraska)
  - For instance, there are several clinics served in the western part of the state that are all managed by a single behavioral health provider group



**Goal 4: Evaluate the overall effectiveness of a clinical demonstration approach to increasing access to PC providers to behavioral health consultation, and network and systemic approaches to improving access of children and youth to behavioral health services.**



## **Obj. 4.1CD: Evaluate the effectiveness of the clinical demonstration project with performance and outcome measures.**

- Conduct surveys of state MCH staff to determine mental/behavioral health needs of families served by MCH programs
- Combine staff at UNMC to establish a tele-behavioral health team and network of providers
- Offer telehealth service agreements through the network of integrated mental/behavioral health PC clinics in 25 rural clinics
- Implement an early identification behavioral assessment system to identify potential behavioral/developmental disorders in children for MCH and PC staff
- Provide advanced education in use of telehealth for behavioral health providers comprising the telehealth expert team



## **Obj. 4.1CD: Evaluate the effectiveness of the clinical demonstration project with performance and outcome measures.**

- Educate PCP's and MCH providers in ID and referral procedures for on-site and tele-behavioral health interventions
- Manage initial pediatric and MCH mental/behavioral health referrals on-site and telehealth
- Establish procedures for case management and appropriate referrals to telehealth psychiatric and behavioral interventions for on-site behavioral health/MCH providers
- Provide monthly behavioral health educational programs/case conferences for PCP's and MCH staff
- Develop satellite tele-behavioral health in PC clinics to reach home-bound and/or reside in smaller rural towns





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