

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

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

**Holly Roberts, Ph.D.**

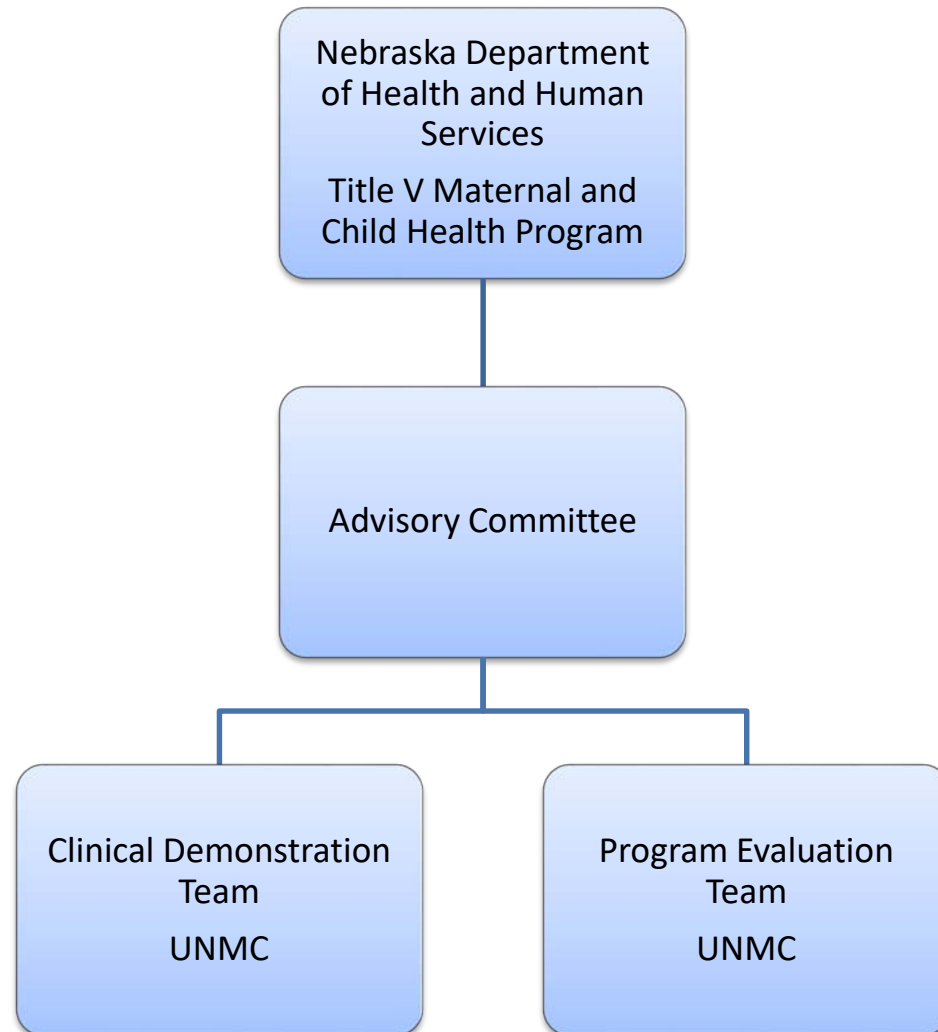
**Christian Klepper, PsyD.**



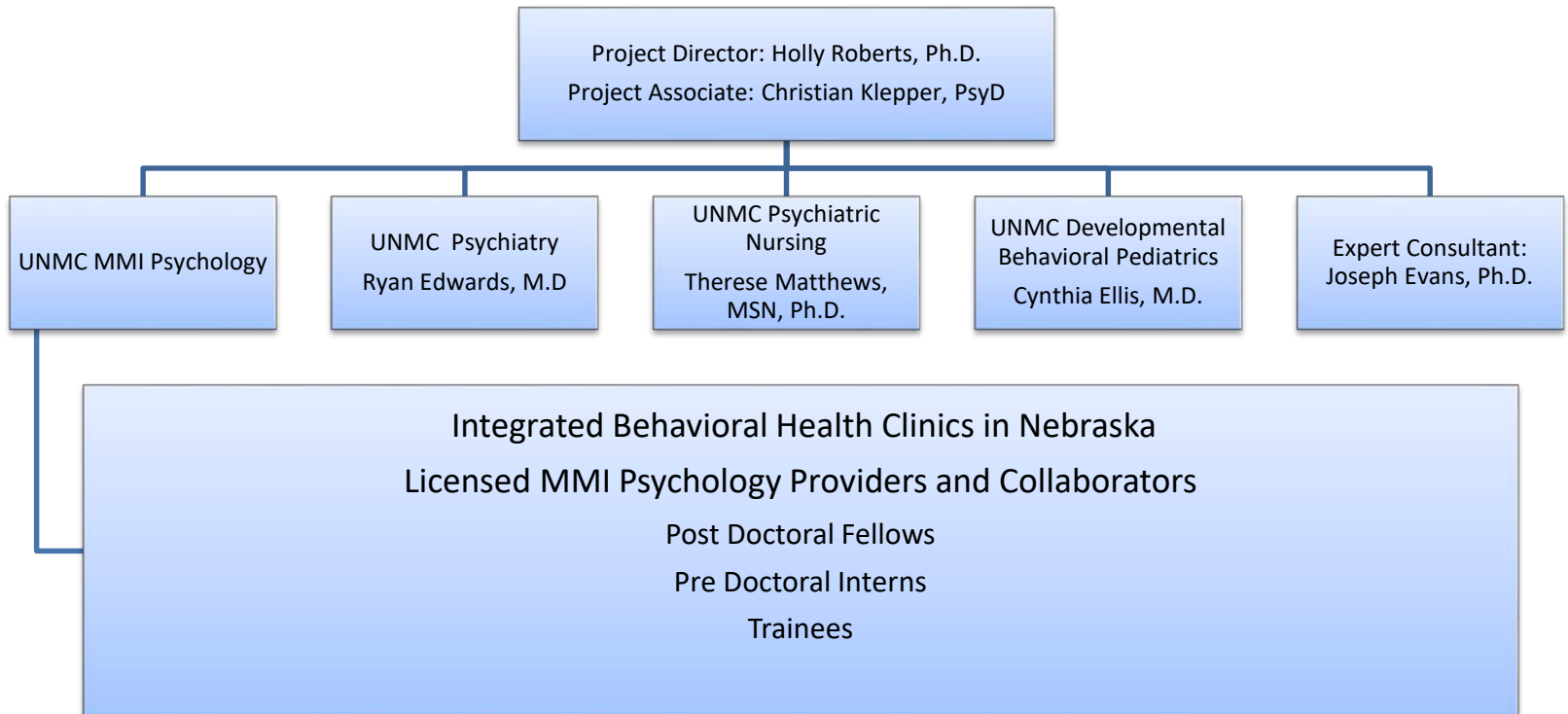
**University of Nebraska  
Medical Center**

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# Pediatric Mental Health Care Access Program Organization



# Clinical Demonstration Team Organizational Chart

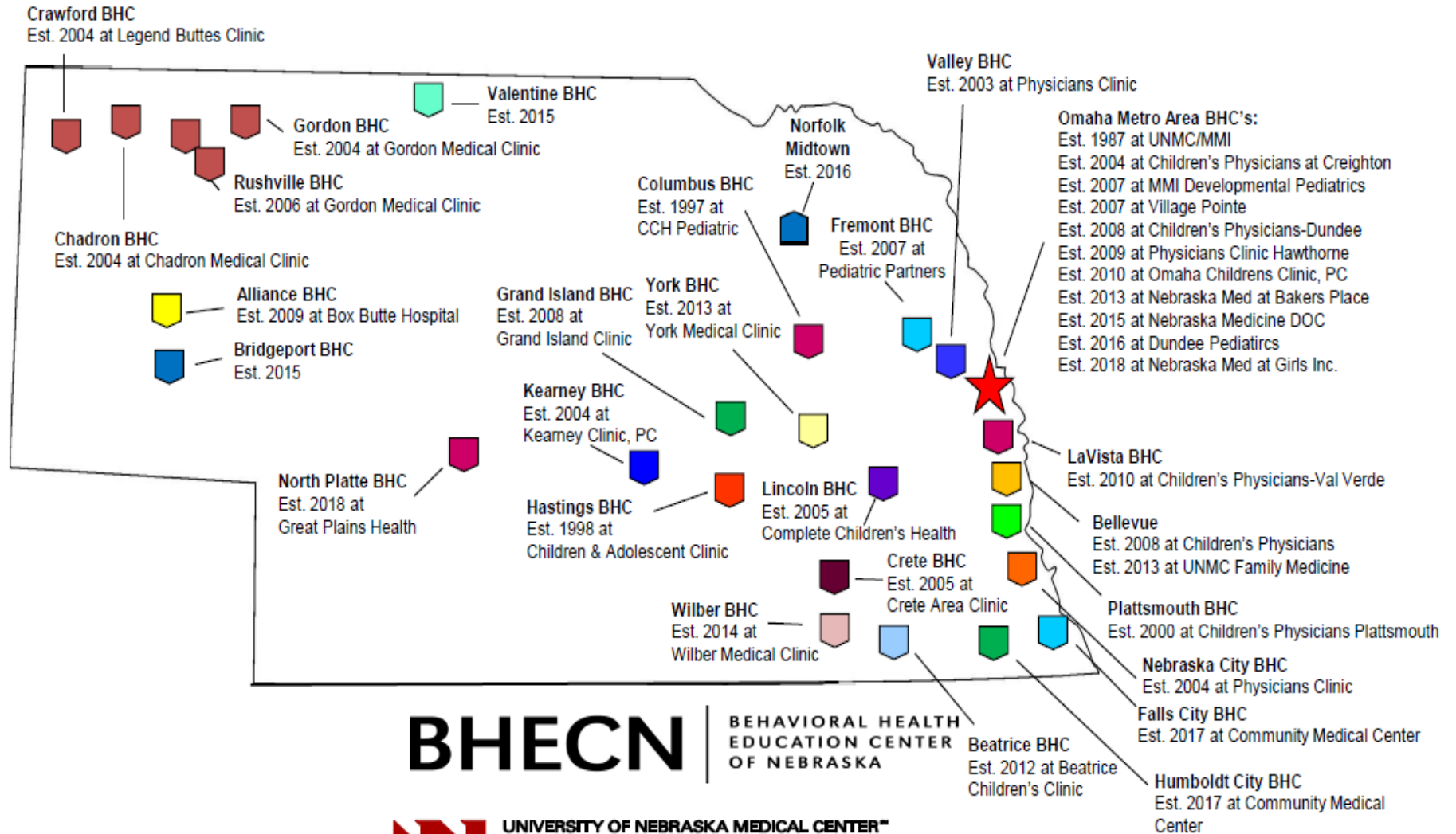


# Clinical Demonstration Project Goal

- 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



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# 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

## Topics covered on the survey:

- Demographic information
- Current developmental, behavioral and depression screening measures
  - Measures used
  - Types of conditions screened
  - Billing practices with screening
- Behavioral health services available to them
- Experience using telehealth
- Interest in psychiatric consultation



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

## Progress to Date:

- UNMC Internal Review Board (IRB) approved: February 8, 2019
- Behavioral health providers in our network were asked to distribute questionnaires to their PCPs
- A follow up mass mailing was conducted
- PCP's who were interested in becoming enrolled providers were asked to complete these questionnaires at enrollment.
- Total surveys returned:70 (69 included in summary)



<b>N=69</b>	<b>Total</b>	<b>Percent</b>
Gender (Female)	50	72.46
<b>Ethnicity</b>		
Caucasian	67	97.10
African American	1	
Other	1	
<b>Practice Credentials</b>		
MD	47	68.12
DO	2	
Nurse Practitioner	11	
Physician Assistant	9	
<b>Practice Specialty</b>		
Pediatrics	52	75.36
Family Medicine	12	
Internal Medicine	1	
Med/Peds	2	
Other	2	
<b>Average Years in Practice</b>	<b>17.52 years</b>	

# Screening Results

- 95% screen for lead exposure
- 94.2% believed it is “very important” or “extremely important” to screen for behavioral health concerns
- 91% were familiar with the American Academy of Pediatrics recommendations on screening
- Are formal behavioral screening tools used in your pediatric practice (e.g., ASQ:SE, PHQ-9, M-CHAT)?
  - Never 1.4%
  - Sometimes 13.0%
  - About half the time 5.8%
  - Most of the time 23.2%
  - Always 56.5%



# Screening Results

- Ages and Stages 43.5%
- M-CHAT 68.1%
- PHQ-9 72.5%



## **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



**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 - ongoing**
- **Train the interdisciplinary expert team and PCP's in the use of telehealth for consultation and referral – completed**
- **Establish Schedules of Availability for tele-behavioral health and rapid response – completed**
- **Interdisciplinary Expert team completes CLAS training and implements CLAS standards - ongoing**



## **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.**

- Consultation service has started
- **Enrolled Providers:**
  - wish to seek tele-behavioral health consultation from the expert team
  - will agree to data reporting requests required by the project
  - will agree to limited requests to participate in training and technical assistance with the project.



**UNMC Tele-Behavioral Health Consultation Team (TBHC) Program Primary Care Provider**

**ENROLLED PROVIDER AGREEMENT**

The enrolled providers: a) wish to seek tele-behavioral health consultation from the expert team; b) will agree to data reporting requests required by the project; and c) will agree to limited requests to participate in training and technical assistance with the project. As part of the TBHC program, you agree to the data reporting required by the project, including information on screening and practice information included in the **Primary Care Practice Quarterly Reporting Template (see attached)**. This reporting information will be collected on a quarterly basis. A member of the TBHC team will contact the coordinator and/or enrolled providers at the end of each quarter to collect this information. As part of the TBHC program, you agree to limited requests to participate in training and technical assistance with the project.

Date: \_\_\_\_\_

Name of Enrolled Provider: \_\_\_\_\_

Signature of Enrolled Provider: \_\_\_\_\_

Name of Clinic: \_\_\_\_\_

Name of Coordinator: \_\_\_\_\_

Please send completed form to Christian Klepper, PsyD by fax to 402-559-6864, or send a scanned copy via email to christian.klepper@unmc.edu.



**Primary Care Practice Quarterly Reporting Template  
Pediatric Mental Health Care Access Grant  
UNMC**

**Clinic Name:**  
**Clinic Zip Code:**  
**Name of Provider:**

Data Element	2/1/19-4/30/19	5/1/19-7/31/19	8/1/19-11/30/19	YTD
# children and youth screened by enrolled provider for Serious Emotional Disorder/Mental Health using validated instrument for age.				
# adolescents (12-18 yo) screened by enrolled provider for major depressive disorder.				
# children and youth (by age group: 12-24 mo., 25 mo.-4y, 5-9 y, 10-14 y, 15-19 y, 20-24 y) seen by the enrolled provider in period.				
# children and youth (by age group and race/ethnicity) seen by the enrolled provider in period. Children age 1-12, Adolescents 12-18 y, Young Adults 18-25 years. AI/AN; Asian; Black or AA; Native Hawaiian or PI; White; more than one race; unrecorded. Hispanic or Latino; not Hispanic or Latino; unrecorded.				
# children and youth screening positive who also screen positive for SDOH issues (Suggest 4 key factors: lack food security, safe housing, transportation, no insurance, unemployment in the home.)				
Primary language if not English in child and youth population served by enrolled provider during the period.				
# and type of referrals provided for children and youth screening positive.				
Percent of adolescent well care visits performed by provider that include screening for MDD.				
Percent of adolescents identified by the enrolled provider with a MDD that receive treatment.				
Percent of adolescents in the population served by the provider with a MDD				



## **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.**

- 2 network primary care practices have physicians who were interested in becoming enrolled providers
- **Total of 8 enrolled providers**
- The following has been created:
  - Enrollment forms for physicians
  - Legal documents defining the consultation service in general
  - Website with the consultation service
  - Databases to store quarterly data for the grant
  - Ongoing communication with enrolled providers and their organizations on collecting data
  - Consultation request document
  - Outcome of consultation document
  - Enrolled provider satisfaction with the consultation service
  - Advertising Materials



## **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.**

- Advertising materials:
  - Website
    - <https://www.unmc.edu/mmi/departments/psychology/psych-patientcare/teleproviderconsult.html>
  - Magnet
  - Brochure
  - Flyer



## ***Behavioral Health Consultation for Primary Care Providers***

The UNMC Tele-Behavioral Health Consultation Team (TBHC) provides psychiatry support to primary care providers in Nebraska who are managing pediatric patients with behavioral health problems. Providers are available to offer guidance on diagnosis, medications, and psychotherapy interventions to assist primary care providers in better managing patients in their practices. Support is available through phone and synchronous audio/video teleconference consultations to referring primary care providers.

### **How Does it Work?**

1. The participating provider or representative initiates a request to Dani Porter at (402) 559-3838 or through the website at [unmcmi.co1.qualtrics.com/jfe/form/SV\\_24e3D1BrNtMg6cB](http://unmcmi.co1.qualtrics.com/jfe/form/SV_24e3D1BrNtMg6cB)
2. A member of the psychiatric team will contact the provider within the same business day to offer guidance.
3. The TBHC is not an emergency service. Emergencies will be routed to local emergency services.
4. The UNMC TBHC psychiatry team does not prescribe medication. They provide support for prescribers.

### **Psychiatry Team Members**

Terri Mathews, Ph.D., APRN-NP



Psychiatric Nurse Practitioner

Ryan Edwards, M.D.



Psychiatrist

Cindy Ellis, M.D.



Developmental-Behavioral  
Pediatrician



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

- Deployed one post doctoral fellow (Beatrice)
- Deployed one doctoral intern to Chadron/Alliance
- Ongoing effort for expansion of behavioral health providers integrated in primary care
- New Integrated Primary Care Clinics:
  - Beatrice Internal Medicine (Beatrice, NE): **established August 2019**
  - Gage County Medical Clinic (Beatrice, NE): **established August 2019**
  - Wymore Medical Clinic (Wymore, NE): **established August 2019**
  - Kimball Health Services Medical Clinic (Kimball, NE): **projected Fall 2019**







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