Pediatric Psychiatry Collaborative

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Building a Culture of Integrated Mental/Behavioral Health in New Jersey
Today’s Presentation

- Describe the challenges impacting children’s mental/behavioral health
- Understand the vision for integrating psychiatric and pediatric primary care
- Become familiar with the Pediatric Psychiatry Collaborative that is expanding to 20 counties in NJ, with funding from DCF, through a variety of perspectives
- Identify statewide resources
Our Challenge for the Future of Healthcare

“Trying harder will not work, changing systems of care will.”

Don Berwick
Former Administrator, CMS
Former CEO, Institute for Healthcare Improvement
Improving Child Outcomes

Building Adult Capabilities to Improve Child Outcomes: A Theory of Change

Jack Shonkoff, MD, Center for the Developing Child, Harvard University

To view this video, visit http://developingchild.harvard.edu/resources/multimedia/videos/theory_of_change/
Building New Jersey’s Collaborative Pediatric Psychiatry Access Program

Advocacy

Pilot: 2015-2017

2017 & Beyond: Statewide Expansion & Sustainability

New Jersey Map

United States Map
Pediatric Psychiatry Collaborative (PPC) Overview

- Funded by NJ Department of Children & Families – A partnership between multiple health centers/hospital systems and the NJ Chapter, American Academy of Pediatrics
- The PPC is open to any pediatric provider serving children up to age 18
- Child psychiatrist available for diagnostic evaluation and medication consultation free of charge
- Licensed social workers and psychologists are available to facilitate referrals to appropriate services in the community and provide follow-up
Pediatric Primary Care Providers
Pediatric Provider’s Role

- Messaging to Caregivers & Families to:
  - Reduce Harmful Stigma of Mental & Behavioral Problems
  - Promote Positive Parenting

- Implement Universal Mental/Behavioral Health Screening

- Implement Universal Mental/Behavioral Health Anticipatory Guidance
The 14 Well Child Visits

- 2 weeks-1 month
- 15 months
- 9 months
- 18 months
- 12 months
- 4 months
- 30 months
- 4 years
- 3 years
- 2 months
- 5 years
- 6 months
- 24 months
- 30 months
- 4 years
- 3 years
- 2 months
- 5 years
- 6 months
- 24 months
Pediatrician Perspective

- The value of the PPC for providers
- Relationship with hub psychiatrist
- Coordinating care
- On the job learning
- Support for patients and families
- Training & education opportunities through NJAAP
  - Learning sessions
  - Training on new screening tools
  - Technical assistance calls/content-rich webinars
  - In-office technical assistance visits
Psychologist Perspective
Adverse Childhood Experiences (ACEs): Childhood Adversity Has Lifelong Consequences

Significant adversity in childhood is strongly associated with unhealthy lifestyles and poor health decades later.

- ACEs study analyzed the relationship between multiple categories of Adverse Childhood Experiences (ACEs), and health and behavioral outcomes later in life.
- Data on over 17,000 participants was gathered from various sources including outpatient medical records, pharmacy utilization records, and hospital discharge records to track the health outcomes and health care use of ACE Study participants.

http://www.cdc.gov/ace/about.htm
Categories of ACEs

- Physical abuse
- Emotional abuse or neglect
- Sexual abuse
- Substance abuse in the household
- Incarcerated household member
- Household member with mental illness
- Mother treated violently
- Parental separation or divorce

http://www.cdc.gov/ace/about.htm
## ACEs Score

Number of individual adverse childhood experiences are summed.

<table>
<thead>
<tr>
<th>ACE Score</th>
<th>Prevalence</th>
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<tbody>
<tr>
<td>0</td>
<td>36.4%</td>
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<tr>
<td>1</td>
<td>26.2%</td>
</tr>
<tr>
<td>2</td>
<td>15.8%</td>
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<tr>
<td>3</td>
<td>9.5%</td>
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<td>4</td>
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<td>3.5%</td>
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<tr>
<td>6</td>
<td>1.6%</td>
</tr>
<tr>
<td>7 or more</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

64% reported experiencing one or more

37% reported experiencing two or more

[http://www.cdc.gov/ace/about.htm](http://www.cdc.gov/ace/about.htm)
How ACEs Impact Health

Early Death

Distress, Disability, and Social Problems

Adoption of Health-risk Behaviors

Social, Emotional, and Cognitive Impairment

Disrupted Neurodevelopment

Adverse Childhood Experiences

Mechanisms by which Adverse Childhood Experiences influence health and well-being throughout the lifespan.

The impact of violence in childhood manifests throughout the entire life course.

Intervention is most effective when issues are identified and treated in early childhood.
Mental Health Disorders in Children and Adolescents

- 20% of youth ages 13 to 18 live with a mental health condition
- 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24
- Disorder among youth:
  - 11% have a mood disorder
  - 10% have a behavior or conduct disorder
  - 8% have an anxiety disorder

National Alliance of Mental Health
Impact of Mental Illness in Youth

- Approximately 50% of students age 14 and older with a mental illness drop out of high school
- 70% of youth in state and local juvenile justice systems have a mental illness
- Suicide is the third leading cause of death in youth ages 10-24

National Alliance of Mental Health
Service Gaps in Mental/Behavioral Health Care Services

**Identification:**
- Less than 50% of children & adolescents receive developmental & psychosocial surveillance
  - 20% - 40% identified in primary care (Kessler; Dulcan)

**Referral and treatment:**
- 70% of children/adolescents in need of treatment do not receive mental health services

**Infrastructure:**
- No system in place to track & follow chronic problems
- Lack of community-based coordination hinders access to care
Opportunity for Early Identification of Patients with Mental/Behavioral Concerns

Median age of onset of . . .

- Anxiety disorder = 6 years old
- Behavior disorder = 11 years old
- Mood disorder = 13 years old
- Substance abuse = 15 years old
Early Identification, Referral, and Treatment is Key!

The average delay between onset of symptoms and intervention is 8 to 10 years
Importance of Collaborative Care

There is strong evidence that the best outcomes for treating common mental health disorders in primary care result from the application of collaborative care.

- Pragmatic approach
- Application of the principles of chronic disease management
- Support systematic diagnosis
- Outcome tracking
- Facilitate adjustment of treatment based on clinical outcomes
Benefits of the Collaborative Care Model

- Emphasis on managing mental disorders as chronic disease rather than treating acute symptoms or complaints

- Core Elements:
  - Timely access to consultation
  - Direct psychiatric service
  - Care coordination
  - Primary care physician education

- Patient remains in the care of the primary care physician with the support of the child psychiatrist
The Pediatric Psychiatry Collaborative “Hubs”

4 Established, Ongoing Hubs in NJ:
- Meridian @ Jersey Shore
- Meridian @ St. Peter’s
- Cooper @ Camden
- Cooper @ Pennsville

Opening in 2017, 4 New Hubs in NJ:
- Bergen
- Somerset/Sussex/Warren/Hunterdon
- Hudson/Union
- Morris/Passaic

- Child/Adolescent Psychiatrist for consultative support
- Psychologist/social worker helps arrange appropriate services, evaluation for urgent cases
- Assessment and evaluation occur at no cost to family (sliding scale for services – after initial consult)
Pediatric Psychiatry Collaborative (PPC) Purpose & Goals

- **Encourage** and improve screening for behavioral and mental health issues in primary care
- **Aid** the pediatrician with patient care via medication consultation and care coordination
- **Address** the need for quick access to psychiatric evaluations and consultation
- **Facilitate** referrals for accessing mental and behavioral healthcare
Hub Benefits

- A child psychiatrist available for consultative support through the Child Psych Consult line, staffed Mondays-Fridays from 8am – 5 pm. After hours telephone coverage is available 24/7.

- A psychologist/social worker available to speak with a referred child’s family regarding the child’s mental health concerns and to assist in providing diagnostic clarification.

- A psychologist/social worker/mental health specialist available to assist the pediatrician with care coordination to ensure linkage from the pediatrician’s office to appropriate community mental health resources of support.
If a case is considered urgent, the hub will offer a one-time evaluation by a child and adolescent psychiatrist (CAP) at no charge to the patient. Based on the recommendation of the CAP, the hub staff will work with the family to develop the treatment and care coordination plan.

Hub staff will perform routine follow-up phone calls with referred families to monitor patient progress.

Continuous education opportunities in care management and treatment in the primary care office for the common child mental health issues: ADHD, depression, anxiety, etc.
Participation:

- 303 primary care providers across 11 counties
- 45,105 patients screened by primary care providers for mental/behavioral issues
- 2,218 mental health consultation services provided by the 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 Primary Care Providers

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

1) Agree to conduct universal mental/behavioral health screening for all children, using the SWYC, PSC/PSC-Y, and CRAFFT tools.
   ◦ Receive online training webinar
   ◦ Receive technical assistance provided by NJAAP and Hub staff

2) Agree to submit a brief weekly screening log
The Importance of Standardized Screening

Not all cases will be identified via routine interview, or “eye-balling” patient/family . . .

- Most clinicians eyeball the child and ask a couple of questions
- May be fine for physical delays, but is not a good way to identify children with mild cognitive/developmental disabilities, communication problems, emotional and behavioral problems, or delays in social development
- 70-80% of children with developmental problems will be missed if a standardized approach is not applied.
- Alternatively, if a structured, standardized instrument is used, 70-80% will be identified
The Importance of Standardized Screening (cont.)

- Provides teachable moments about development with parents, and fosters developmentally appropriate expectations of their children.

- Parents often underestimate symptoms:
  - Children may withhold complaints because of concerns they are abnormal, or to protect parents who are upset.
  - Parents may not think professionals are interested or assume “normal reactions to abnormal event”.
  - Stigma related to mental illness.
Intro to Recommended Mental/Behavioral Health Screening Tools

Validated, standardized tools:

✓ **Survey of Wellbeing of Young Children (SWYC)**
  - For babies, toddlers & preschoolers 2 months – 5 years
  - Comprehensive first-level social-emotional screening instrument for routine use in regular well-child visits
  - Developmental milestones included as well

✓ **Pediatric Symptom Checklist (PSC-35 & Y-PSC)**
  - For older children & adolescents 6 – 18 years of age
  - Psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated
New this year: Substance Use Screening

✓ CRAFFT 2.0 Screening tool:

- A behavioral health screening for use with adolescents ages 12 and older to assess substance use
- Recommended by AAP Committee on Substance Abuse for use with adolescents
- Series of 6 questions developed to screen adolescents for high risk alcohol and other drug use disorders
- Short, effective screening tool meant to assess whether a longer conversation about context of use, frequency, and other risks and consequences is warranted
Co-management

- Established referral relationship
- Knowing when and how to refer
- Warm hand off to both therapist and psychiatrist
- A partnership among primary care and MH professional(s) (e.g., psychiatrist, therapist, school-based personnel, agencies, patient/family)
- Standardized exchange of information with both therapist and psychiatrist (see joint AAP-AACAP resource)
- Shared record if integrated or co-located
- Shared care plan
Delivering Care Coordination

Assessment

Goal Setting

Continuous Monitoring & Improvement

Care Planning & Facilitation

Edward L. Schor, MD, Modified from Antonelli, McAllister, Popp, 2009
Shared Care Plans . . . Background

“Every patient can benefit from a care plan (or medical summary) that includes all pertinent current and historic, medical, and social aspects of a child and family's needs. It also includes key interventions, each partner in care, and contact information. A provider and family may decide together to also create an action plan, which lists imminent next health care steps while detailing who is responsible for each referral, test, evaluation or other follow up.”

From www.medicalhomeinfo.org
Caregivers and Care Plans

Families MUST be involved:

- Families receive copy of care plan at end of visit
- Access via patient portal
- PCP completes care plan and give to parent for review and discussion at the visit
- Families can sign care plan
- Not all practices provide completed care plan to the family
Family Perspective
Parent/Family Perspective

“I was fortunate that when I spoke with my pediatrician again, he told me about the Cooper Hub and explained to me that he could put in a request to seek assistance from them regarding Stephen’s anxiety disorder. **Within two weeks of putting in the referral,** I had a call from a wonderful post-doctoral fellow telling me they were working on finding a local resources and a mental health provider in my network. **I soon received an email from the Hub with information for a psychologist who was in my network and could see Stephen for therapy.”**

– Amy Kratchman
Hub Process – Screening to Disposition

- PSC/SWYC Screening and Consult Form completed and faxed by pediatrician
- Outreach phone call by Hub Staff to family/patient
- Over-the-phone, clinical intake completed
- Determination of available and appropriate resources
- Recommendations provided for family/patient
- Pediatrician updated regarding patient disposition and the care coordination provided
Community Resources - Statewide

- **Early Intervention – 888-653-4463**
  - Free in-home evaluation
  - In-home Developmental Intervention, Occupational, Physical & Speech/Language therapy for qualified children between birth and 3 years of age.
  - Family cost share completed on each family to determine cost for therapy services.

- **DCF and Department of Health Central Intake**
  - Families from pregnancy to age 5 are eligible.
  - Linkage services available for prenatal care, child care, behavioral health, support services, financial need/public assistance
Community Resources – Statewide (cont.)

- PerformCare – 1-877-652-7624
  - Ages 5-21
  - 24/7 Statewide Mobile Response services
  - For qualified families, in-home therapy services on a limited time basis
  - Integrated services for children with developmental disabilities

- SPAN – 800-654-7726
  - Statewide Parent Advocacy Network
  - Assists parents in collaborating with schools and the Child Study Team to coordinate in-school services and accommodations for children.
Community Resources - Local

- Medicaid-Eligible Agencies:
  - Meridian Behavioral Health
  - Children’s Specialized Hospital
  - All Access Mental Health
  - Oaks Integrated Care
  - Positive Reset Mental Health
  - JFK Medical Center: Behavioral Health Center
  - Catholic Charities
  - Preferred Behavioral Health
  - Ocean Mental Health
  - The Pollack Center
Community Resources – Local (cont.)

- Referrals for private therapists given based on:
  - Family Insurance Provider
  - Patient Demographics
  - Presenting Problem
  - Symptoms
  - Therapist Specialties
  - Language Fluency
  - Gender
  - Availability
NJAAP’s Role: Quality Improvement for Pediatricians

Mental Health MOC Part 4 Program

Aimed at helping pediatricians increase use of mental/behavioral health screening tools, anticipatory guidance, referrals & care coordination.

Participants receive:

- Training on implementing mental/behavioral health screening
- Hands-on technical assistance for implementing screening
- Opportunities to network with colleagues and experts
- AAP ADHD Resource Toolkit for Clinicians, and other resources
- 25 ABP Part 4 MOC points upon program completion
Learning Collaborative Sessions

Photo of Dr. Puthenmadam Radhakrishnan, sharing lessons learned with his peers, at the MOC part 4 Learning Collaborative Session on 3/29/17.
Educational Webinars & E-Newsletters

Recent webinar topics include:

- Treatment of Anxiety and Depression in Primary Care
- Evaluation & Management of Common Sleep Problems
- Suicide Prevention
- Treatment of Children & Teens with ADHD in Primary Care
- Social Media and Mental Health

Monthly e-newsletters sent to all participants:

- Highlight mental health issues covered in the news
- Provide links to community resources
- Provide resources for providers to help educate parents.
In Year 2, 18 practices participated in the MOC project, across the 4 Meridian and Cooper Hubs.

Goals:

- Increase mental/behavioral health screening
- Increase mental/behavioral health anticipatory guidance provided to parents/caregivers to address MH concerns
  - Increased from 60% to 72% for children under 6 yrs. of age
  - Increased from 53% to 79% for children ages 6 - 18
- Increase referral of children identified via screening
MHC MOC Participants' Mental and Behavioral Health Screening Documentation between Baseline and End of Program: Years 1 & 2

Under 6 Years of Age
- Baseline: 29.60%
- End of Program: 71.80%

6-18 Years of Age
- Baseline: 36.70%
- End of Program: 77.40%
What Providers Are Saying . . .

“We are now identifying kids that might have slipped through the cracks, and giving parents resources when they had nowhere else to turn.”

CHOP Gibbsboro

“The program increased our referrals, improved patient awareness, and increased screening for all ages.”

Dr. Dina Hanna, Plaza Pediatrics
Questions?
Take Home

If you are a pediatrician or member of a primary care practice health care team you can . . .

- Join your Hub and connect to the collaborative now

If you are a service or resource provider you can . . .

- Help get the word out about this expanding collaborative linking pediatric primary care providers with access to psychiatry.

If you are a caregiver of a child 0 -18 yrs old you can. . .

- Bring this information to your pediatrician and ask them to join their local Hub.
Contact Information:

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