



Focus on Mental Health: QTIP Mental Health 101



Kristine Hobbs, LMSW

hobbs@scdhhs.gov

Mental Health Integration Coordinator, QTIP

January 2019

It's a Jungle out there!

by HAGEN



I see a bright future, a transformation:
Beauty, wings, elegance...

Hagen Cartoons: <http://www.hagencartoons.com>





Artwork – Luke Hobbs, 8 yr old

http://kids.niehs.nih.gov/games/jokes/jokes_galore.htm



Pediatric Visits

Pediatrics, 2006...24% of pediatric primary care visits involve behavioral, emotional or developmental concerns

Suicide

Nationally (2016):

2nd leading cause of death – 10-14 yr olds

South Carolina 2016:

1st leading cause of death – 10-14 yr olds

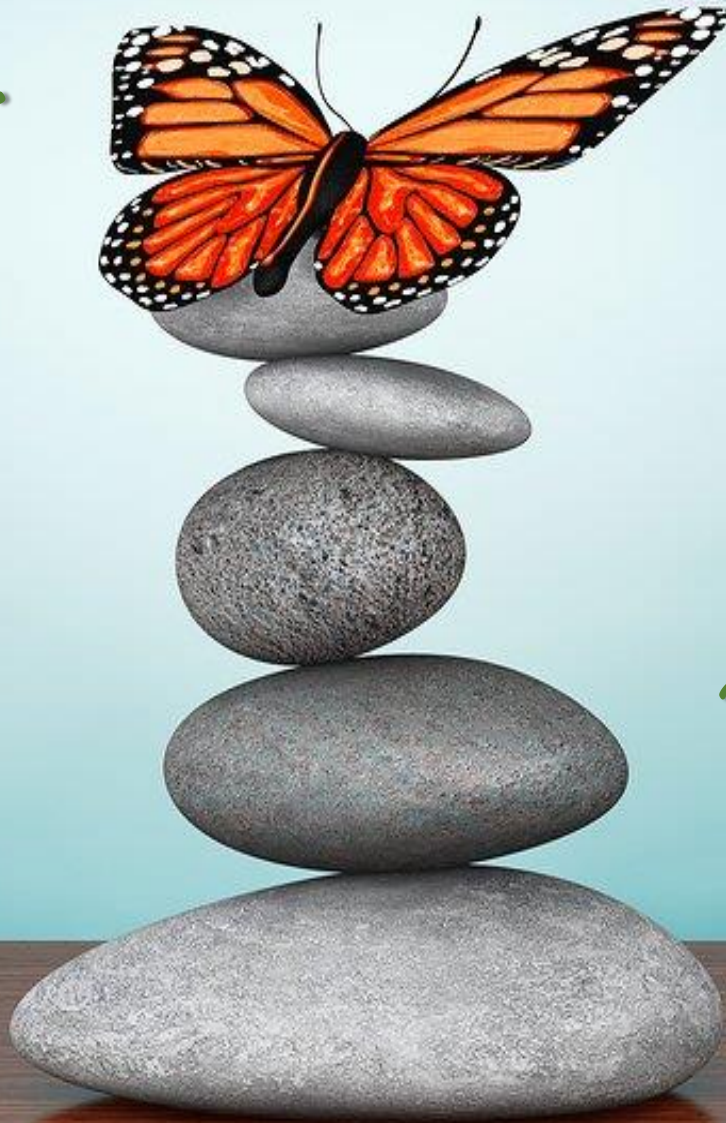


Barbara Ward-Zimmerman, Ph.D.
Child Health and Development Institute of Connecticut, Inc.
Society for Research in Child Development, 2009



50%--by 14yrs

Integration:



a balancing act

AAP Mental Health Toolkit

Framework for MH Activities

- Community Resources
- Health Care Financing
- Support for Children and Families
- Clinical Information Systems/Delivery Systems Redesign
- Decision Support for Clinicians



APPLY

LEARNING COLLABORATIVES

MENTAL HEALTH

PCMH

PRACTICES

QI

STAFF

Home

Mental Health Integration

QTIP Mental Health Integration Activities



BUTTERFLY EFFECT

A very small difference in the initial state of a physical system can make a significant difference to the state at some later time.

Derived from the theoretical example of a hurricane's formation being contingent on whether or not a distant butterfly had flapped its wings several weeks earlier.



AAP Mental Health Readiness Inventory

Addressing mental health concerns in primary care: a clinician's toolkit

MENTAL HEALTH

Community Resources

Health Care Financing

Support for Children and Families

System Redesign

Clinical Decision Making

Presentations

MOST VIEWS

Support for Children and Families

System Redesign

Health Care Financing

Community Resources

Mental Health Integration

<https://mso.scdhhs.gov/qtip/site-page/mental-health-integration>



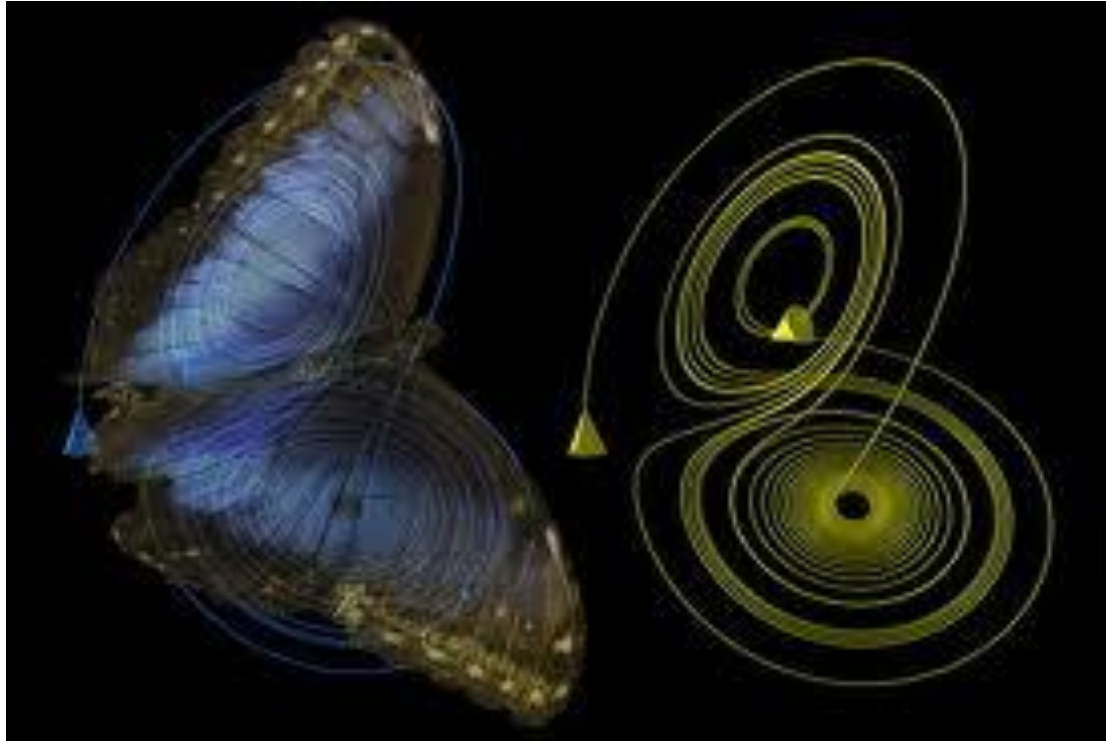
AAP Mental Health Toolkit



Framework for MH Activities

- Community Resources
- Health Care Financing
- Support for Children and Families
- Clinical Information Systems/Delivery Systems Redesign
- Decision Support for Clinicians

The Butterfly Effect



the phenomenon whereby a small change at one place in a complex system can have large effects elsewhere

e.g., a butterfly flapping its wings in Rio de Janeiro might change the weather in Chicago

“One of the benefits of QTIP is that you have started a community dialogue.”

~Ken Fenchel, Sandhills Pediatrics



Community Resources Actions:



- Resource Mining
- Community Visits
- Referral Loops
- Liaisons







Community Site Visits:

Four Questions:

1. What do you do?
2. Who do you do it for?
3. How do we get the RIGHT kids and families to you?
4. If we share kids and families, how do we share appropriate information?

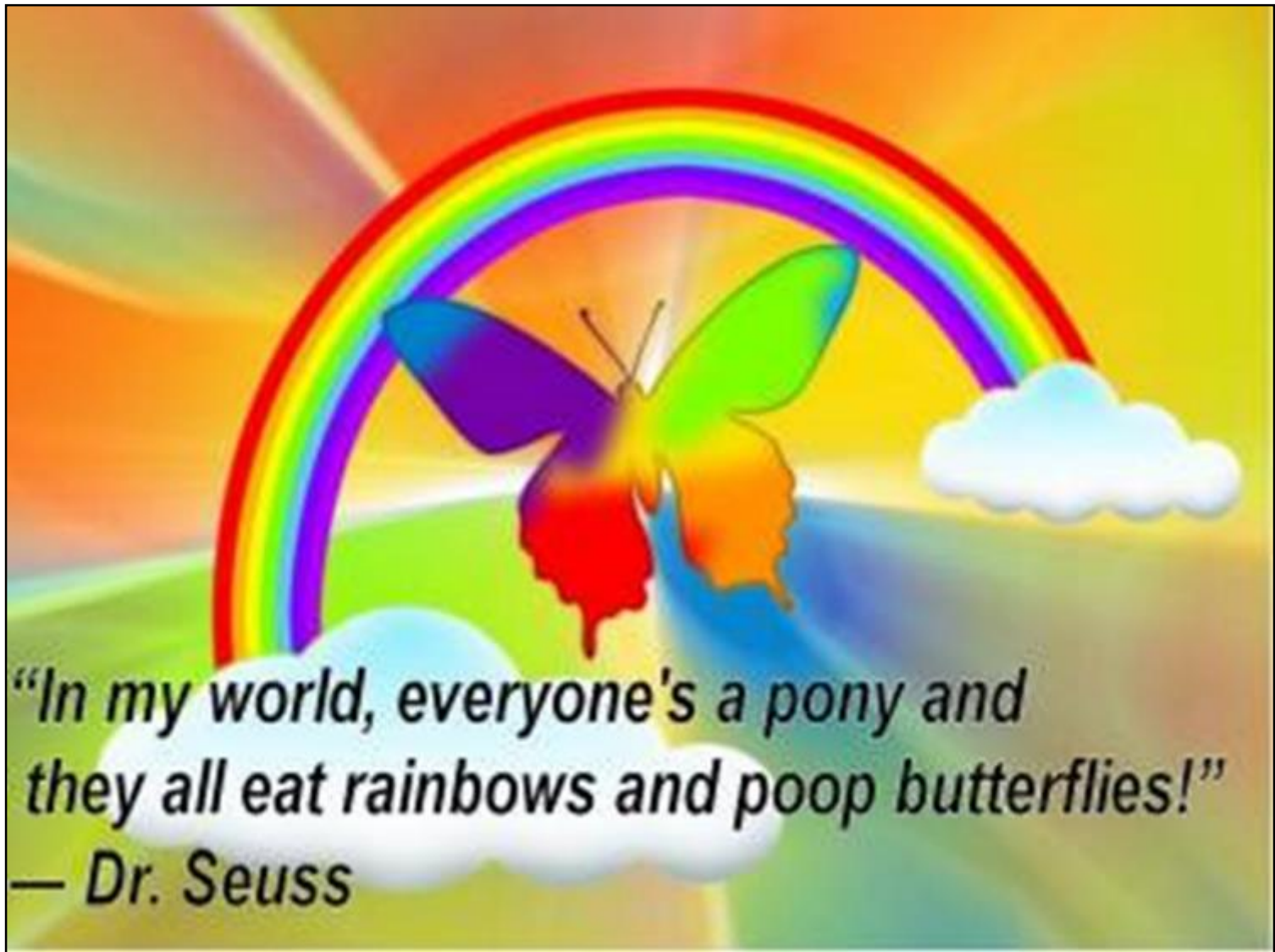
Liaison



“Teaching a child not to step on a caterpillar is as valuable to the child as it is to the caterpillar.”

~Bradley Millar





*“In my world, everyone's a pony and
they all eat rainbows and poop butterflies!”
— Dr. Seuss*

Healthcare Financing Actions:

- Medicaid Bulletins
- Advocate
- Office Flow

*Just living is not enough,
said the butterfly.
One must have
sunshine, freedom
and a little flower.*

- Hans Christian Andersen -



mediawebapps.com

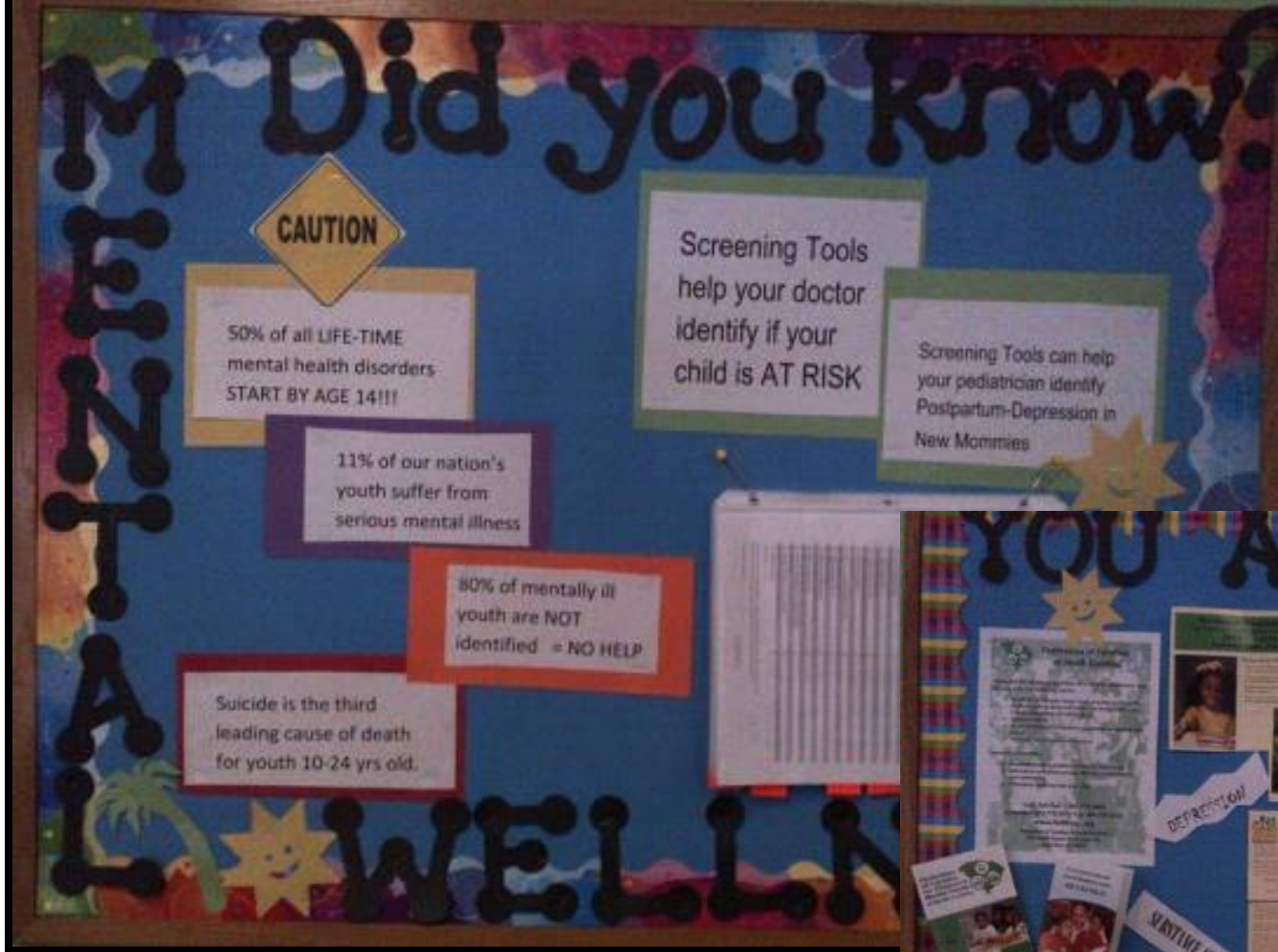
NAMI

“The Family Experience with Primary Care”

- Resources
- Office Set-Up
- Supportive, non-judgmental atmosphere
- Routine Screenings, questionnaires, and or checklists

Support for Children and Families Actions:

- Bulletin boards
- Group Visits
- Handouts
- Family Advocacy Groups



- Beaufort's Bulletin Boards
- Pal Peds –handouts at 6-10 yr WCC

TEEN WELLNESS



At LRMC, our physicians and nurses are trained to respect and protect the special health needs and confidentiality of their teen patients. We provide a well-coordinated, multi-disciplinary approach to the treatment of medical, social, emotional, sexual, educational and nutritional concerns confronting youths 12 to 18 years old.

Teens face a number of barriers to accessing quality health care services, including lack of knowledge about places in the community where they can access information about reproductive health care as well as questions about their rights, privacy, and confidentiality. Our specially trained staff provides confidential services for teens including:

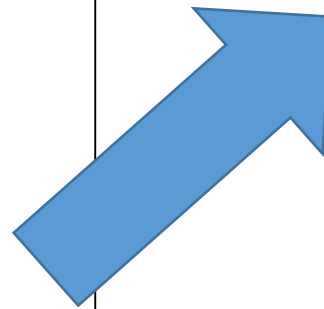
- Physicals and sports physicals
- Immunizations for school or college
- Pap tests
- Pregnancy testing
- Abstinence counseling
- Birth control, including emergency birth control
- STD testing and treatment
- HIV/AIDS testing and counseling

In South Carolina, a minor under the age of 18 has the right to:

- Confidential access to contraceptive services
- Confidential prenatal care, including pregnancy testing and ultrasound services
- Confidential testing and treatment for HIV/AIDS
- Confidential testing and treatment for sexually transmitted diseases (STD's) or sexually transmitted infections (STI's)

In South Carolina, a minor under the age of 18 has the right to:

- Confidential access to contraceptive services
- Confidential prenatal care, including pregnancy testing and ultrasound services
- Confidential testing and treatment for HIV/AIDS
- Confidential testing and treatment for sexually transmitted diseases (STD's) or sexually transmitted infections (STI's)



CHOC and Families...



- Hispanic Families Health Fair...
- Asking families when they leave the office about their experiences that day...



H Hope
E Empathy
L2 Language
Loyalty
P3 Permission
Partnership
Plan





“Adding wings to caterpillars does not create butterflies, it creates awkward and dysfunctional caterpillars. Butterflies are created through transformation.” ~Stephanie Marshall

System Redesign Actions:

- Quality Improvement Techniques
- Screening Protocols
- EMRs
- Clinical Guidelines for Care
- Referral and Feedback Loops

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



Multiple Visits....



Dr. Edwards Group ADHD visits



Barnwell handout....

Medication Guide

About Using Antidepressants in Children and Teenagers

What is the most important information I should know if my child is being prescribed an antidepressant?

Parents or guardians need to think about 4 important things when their child is prescribed an antidepressant:

1. There is a risk of suicidal thoughts or actions
2. How to try to prevent suicidal thoughts or actions in your child
3. You should watch for certain signs if your child is taking an antidepressant
4. There are benefits and risks when using antidepressants

...handout goes on to explain each of these four statements...

Barnwell handout....

Antidepressant Contract Between Parent/Patient/Provider

A handout has been given to me and explained on the risks and benefits of using an antidepressant. I am fully aware there have been instances of increased suicidal thoughts and attempts of patients who are taking antidepressants. I am also aware that if I do not adhere to the counseling schedule set by my provider, antidepressants will no longer be prescribed for me.

Patient Signature _____ Date _____

A handout has been given to me and explained on the risks and benefits of my child using an antidepressant. I am fully aware there have been instances of increased suicidal thoughts and attempts by patients who are taking antidepressants. I am also aware that if my child does not adhere to the counseling schedule set by their provider, antidepressants will no longer be prescribed. I would like to start my child on an antidepressant at this time being fully aware of the explained risks and benefits. I agree to monitor the administration and attitude of my child while he/she is taking the antidepressant and will report any questionable behavior to their provider immediately.

Parent Signature _____ Date _____

Provider Signature _____ Date _____

Beaufort Peds Edinburgh Consent...

HEALTHY MOMMIES make HEALTHY BABIES and WE want to ensure the BEST possible care for our family. I, _____ (mother's name), give permission to share this information with my OB or general practitioner if my pediatrician/healthcare provider at Beaufort Pediatrics feels it is in the best interest for me or my infant/children.

BLACK DOG INSTITUTE



EDINBURGH POSTNATAL DEPRESSION SCALE

Today's Date: ____ / ____ / ____ Weeks pregnant: ____ or weeks postnatal: ____

Baby Name: _____ Given Name(s): _____ TOTAL SCORE

INSTRUCTIONS:

Please colour in one circle for each question that is the closest to how you have felt in the **PAST SEVEN DAYS**.

1. I have been able to laugh and see the funny side of things:

- As much as I always could
- Not quite as much now
- Definitely not so much now
- Not at all

2. I have looked forward with enjoyment to things:

6. Things have been getting on top of me:

- Yes, most of the time I haven't been able to cope at all
- Yes, sometimes I haven't been coping as well as usual
- No, most of the time I have coped quite well
- No, I have been coping as well as ever

7. I have been so unhappy that I have:

More Ideas:

Community Resources

- Community Meetings to
 - DMH
 - First Steps
 - Family Corps
 - McCord
 - NAMI
 - Family Connection
 - PASOs
- Revising and using the AAP Primary Care Referral and Feedback Form
- Invited community providers to lunch so all staff could learn about the services
- Doctor concerned about expulsion rates attended an expulsion hearing
- Nurse called school personnel and held meeting at practice's office to discuss child's behavioral health needs and accommodations
- Successfully used ER tele psychiatry for child in crisis
- Three community pediatric practices partnered to bring a new program to their community
- Hired counselor for practice
- Collaborated with United Way, PASOs, and practice resources to have bi-lingual family health worker
- Used school-based early reading program for children with delays who didn't qualify for [BabyNet](#)
- Track referral loops in the EMR
- Accessed Healthy Steps Workers through Children's Trust Home Visiting Initiative
- Continued work on feedback loops with mental health providers
- Shared community resources developed by QTIP practices with other QTIP practices

Health Care Financing

- Payment for Screenings for private providers
- Spread out MH visit over multiple visits
- Determined how to bill for co-located counselor
- Used PCMH incentive money to hire part-time care manager

Support for Children and Families

- NAMI Brochure
 - http://mdaap.org/public_html/PCMHIntegrationBrochure_Final.pdf
- Bulletin Boards in the Waiting Rooms highlighting screening
- Latino Family Health Fair in Waiting Room
- Brochures available for pick up; distributed at WCC
- Posting Teen Confidentiality Info at Check-In Desk
- Suggestion box in waiting room for private comments
- Created a lending library for families
- Posted instructions in waiting room in both Spanish and English
- Developed a Depression Management Plan for youth and families
- Routed their patient handouts to family members for comment before they went to print
- Medication Contract for youth and families starting on an antidepressant medication

- Ensured phone messages were understood by non-Spanish speakers
- Created a binder of Community Resources available to families; placed in the waiting room
- Created sets of handouts for families for each WCC or for diagnosis specific visits

Systems Redesign

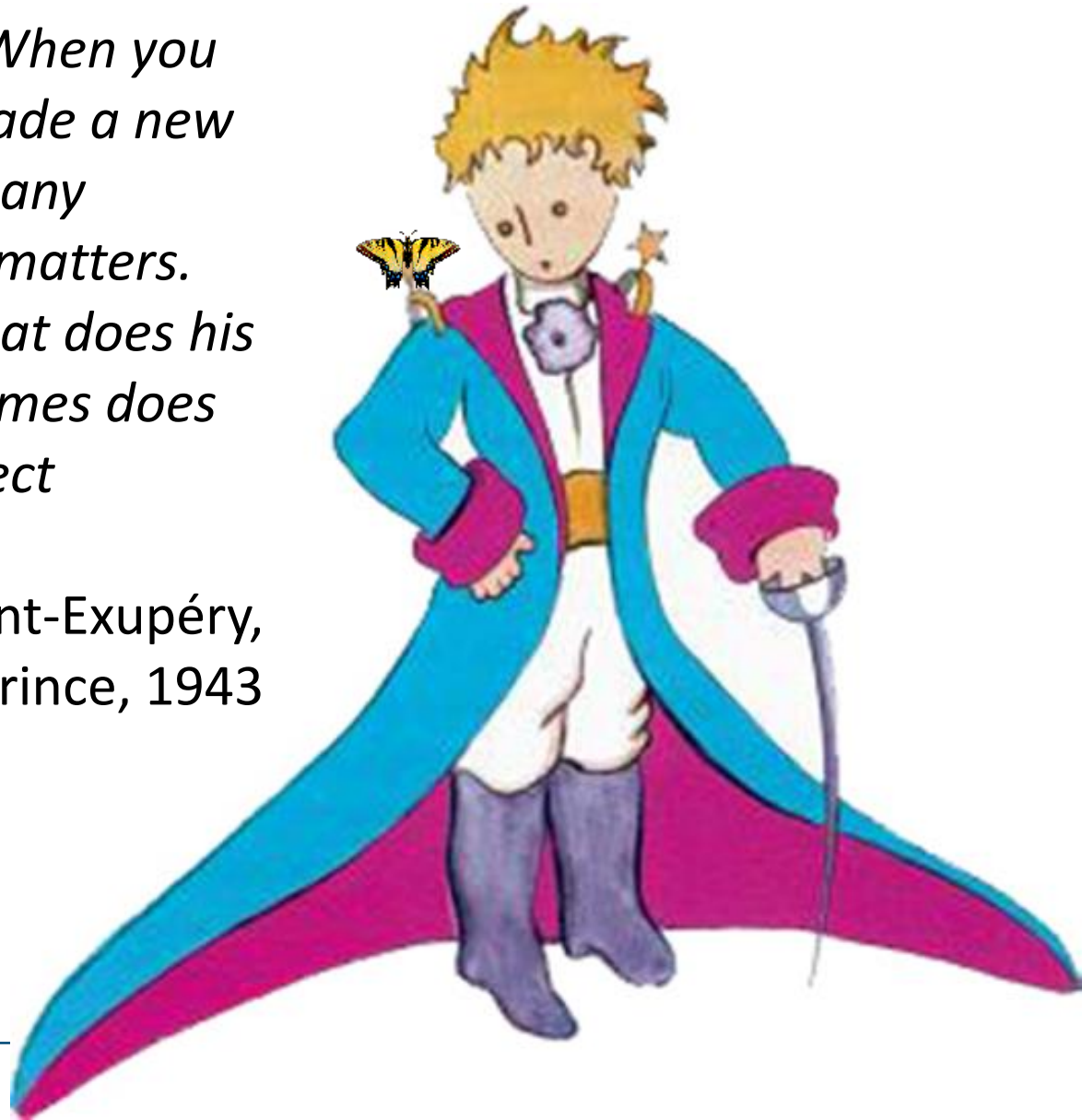
- Provided a handout at each ADHD appointment detailing Rx policies and follow up visit schedule
- Piloted different web-based screening software programs
- Piloted different screening tools for ease of use and utility of information
- Assigned Nurses a specialty population to provide family follow up and education
- Tracked Foster Care status in the medical record using correct V codes
- Developed ways to track positive screenings
- Tracked what items were positive on SEEK and what referrals were provided
- Had staff pay .50 for each missed screening opportunity
- Rather than use an entire screener, specific questions were embedded in the EMR and if positive, the entire screen becomes available
- A practice created a file cabinet and labeled all folders containing handouts
- If PEDS is positive, family is given ASQ in pre-stamped envelope to fill out and return before follow up visit
- Developed practice specific algorithms for specific screeners
- Loaded AAP toolkit on so parent resources can be easily accessed by clinicians
- Created folders of each set of documents for each WCC
- Created bubble sheet for each WCC questionnaire so it automatically loads in doctors computer
- Created a BIG staff notebook complete with screeners, coding, forms, handouts, and questionnaires for new staff orientation
- Created EMR templates of goals and self-management techniques for kids with ADHD
- Created a 'cheat sheet of community referrals' by using screener and linking questions on screener up with appropriate community resource; sheets were laminated and were for the physician's use when screening
- Placed screening scoring and coding cheat sheets in 'baskets' on exam room doors

Clinical Decision Making

- Utilized Dr. Anita Khetpal, Child Psychiatrist Consultant
- Physician attended Dunbar ADHD Mini-Fellowship Program
- Trained staff on Motivational Interviewing Techniques
- Staff trained to provide STAT assessment for children with suspected asthma
- Staff participated in UMass training
- Trauma Informed Care Training provided by SCAAP Foster Care
- Used QTIP staff to train on motivational interviewing during staff lunches
- Provided medication training to doctors via local DMH psychiatrist

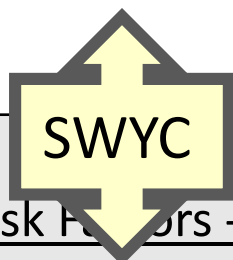
“Grown-ups love figures. When you tell them that you have made a new friend, they never ask you any questions about essential matters. They never say to you, What does his voice sound like? What games does he love best? Does he collect butterflies?”

~Antoine de Saint-Exupéry,
The Little Prince, 1943



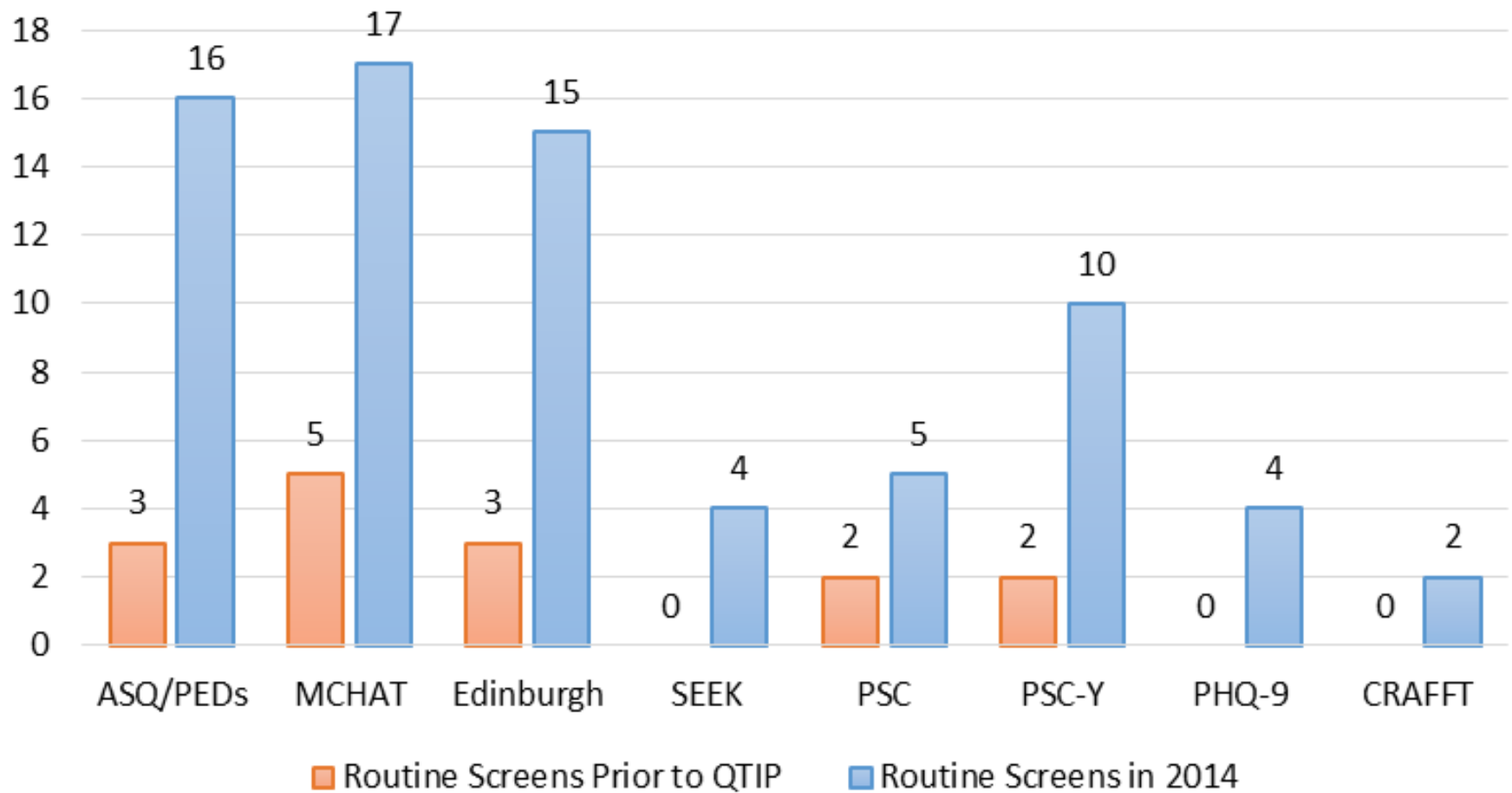
SC QTIP Recommended Routine Screening Protocol

Babies and Preschoolers	Elementary School	Adolescents
<u>Developmental Screening</u> ALL: ASQ-3 or PEDS MCHAT	<u>All:</u> PSC – parent report	<u>All:</u> PSC-Y 11+
<u>Psychosocial/ Environmental Risk Factors -</u> Edinburgh Post-Partum depression screen for moms SEEK-PSQ	<u>If indicated:</u> SCARED – 8+ Vanderbilt	<u>If indicated or desired:</u> Modified PHQ-9 CRAFFT SCARED Vanderbilt

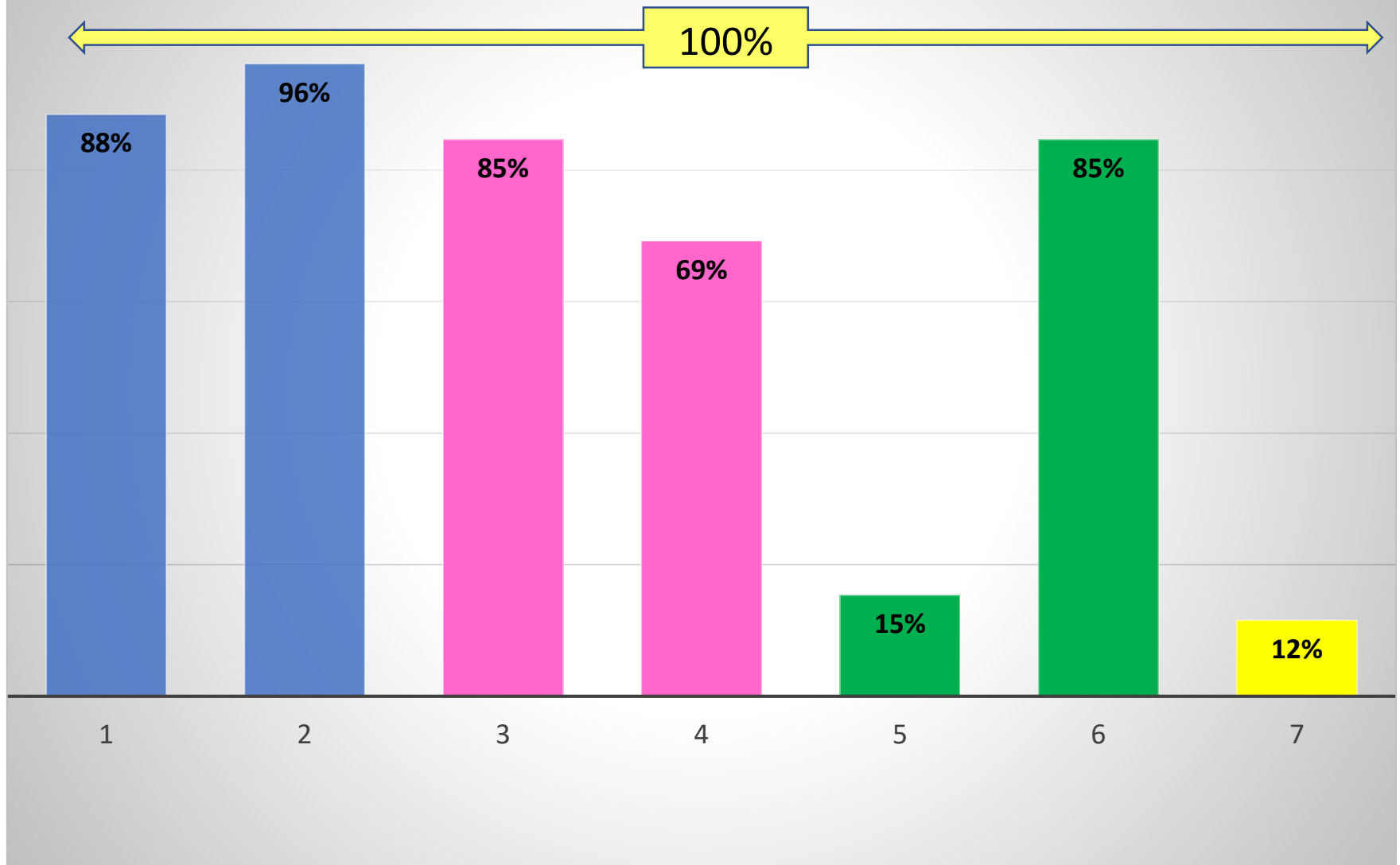


(see website for links)

QTIP Recommended Screening Protocol Self-Report of Routine Screens (n=18)



2018 All QTIP Respondent: Self-report – Screening Protocols, n = 26



Carolina Peds Screening Protocol

Screenings:	Ages:	Given:	Yearly Office Forms
CRAFFT	11-18 years of age	At Well Checks or if Parent/Child expresses a concern (mental, social, etc)	Yearly Well Exams
PSC-Y	11-18 years of age	At Well Checks or if Parent/Child expresses a concern (mental, social, etc)	Yearly Well Exams
PHQ-9		Only if above screenings “flag” for PHQ-9	
SCARED		Only if above screening “flag” for SCARED	
Postpartum	At 2 weeks and 2 months	Given to mother at 2 week well exam for newborn and 2 month well exam.	HIPAA for consent to share with OB/GYN
PEDS	9, 18, 24 Months (unless a screening is missed during that time).	At well checks: see Ages column. 3 screenings can be given by the age of 36 months.	
Ages and Stages		If PEDS screening is positive	

Clinical Decision Making Actions:

- TA Visits
- Psychiatric Consultation
- Skill Building
- Share Resources
- Monthly QTIP calls

Psychiatric Consultation

- On-call consultation
- Monthly Psychiatric Pearls
- Summer Series Calls
- Break out sessions at Jan/July LC

Telepsychiatry

- 8 QTIP sites



Skill Building

- Community Resource development
- Training sessions at the learning collaborative
- Mental Health specific monthly phone sessions
- Information sharing for local trainings
- AAP MH Toolkit
- Coaching on MI and HELP
- Care Guides

Seattle Children's

Primary Care Principles for Child Mental Health

By Robert Hilt, MD, program director, Partnership Access Line
and Rebecca Barclay, MD, associate clinical program director,
Partnership Access Line Seattle Children's Hospital

Version 7.2 — 2018-2019



866-599-7257
Monday - Friday,
8 a.m. to 5 p.m.



PARTNERSHIP ACCESS LINE
Child Psychiatric Consultation
for Primary Care Providers

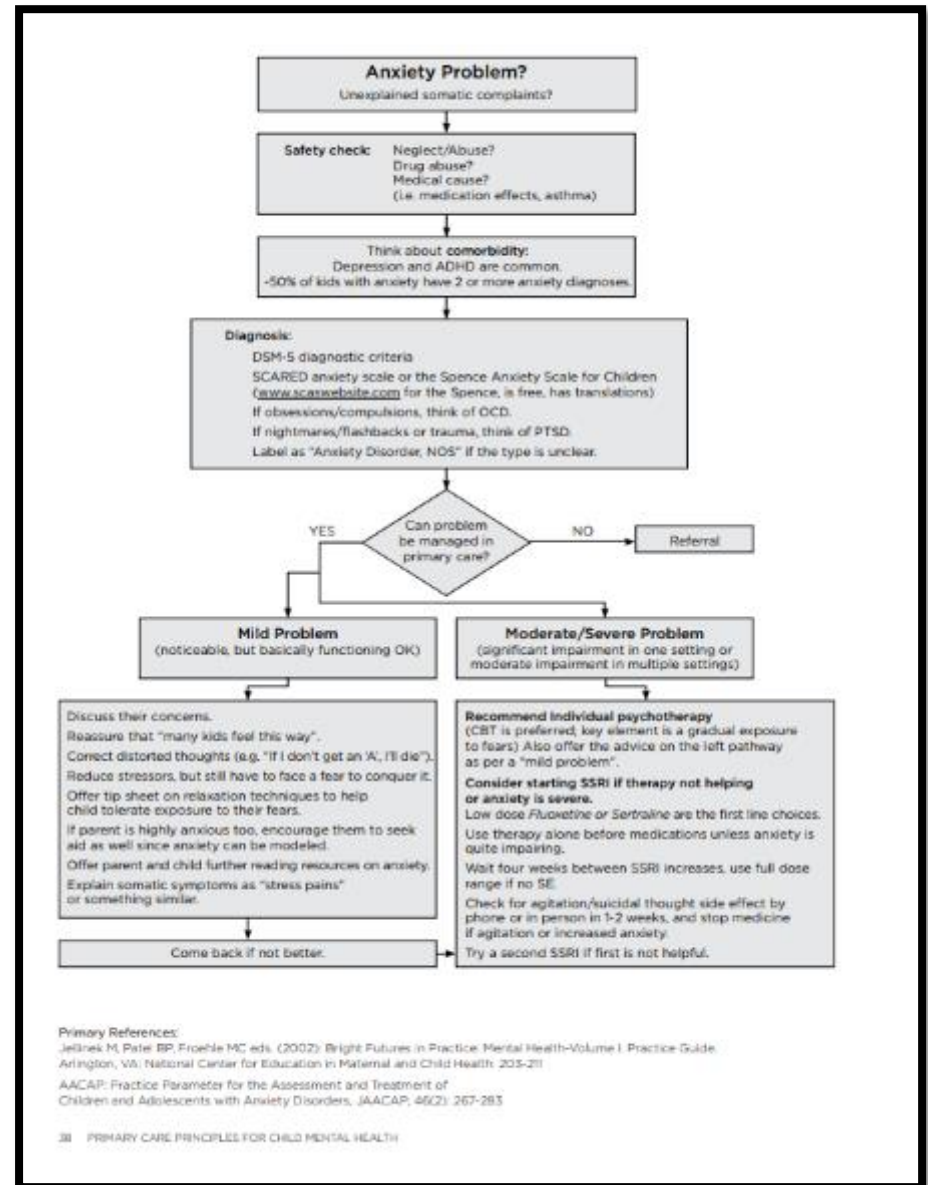
Care Guide Topics:

- Developmental Screenings
- ADHD
- Anxiety
- Autism Spectrum
- Bipolar
- Depression
- Disruptive and Aggression
- Eating Disorder
- Substance Use



Care Guides Include:

- Algorithm
- Rating Scales
- Scoring Instructions
- Medication
- Resources for the child and family



“It's all right to have
butterflies in your
stomach. Just get
them to fly in
formation.”
~Rob Gilbert



AAP Mental Health Task Force

“The PCP has the capacity to have a positive impact on a child’s mental health without knowing precisely the child’s diagnosis”



How will this work...

We will work together to determine:

- ✓ what **you** want for **your** practice;
- ✓ the needs of the families **you** serve;
- ✓ the skills, knowledge, and comfort level of your colleagues;
- ✓ the financing options that fit your business model,
- ✓ **and**, the level of integration that works for you.



WE DO THIS ON A PRACTICE BY PRACTICE BASIS.



“We delight in the beauty of the butterfly, but rarely admit the changes it has gone through to achieve that beauty.” — Maya Angelou







