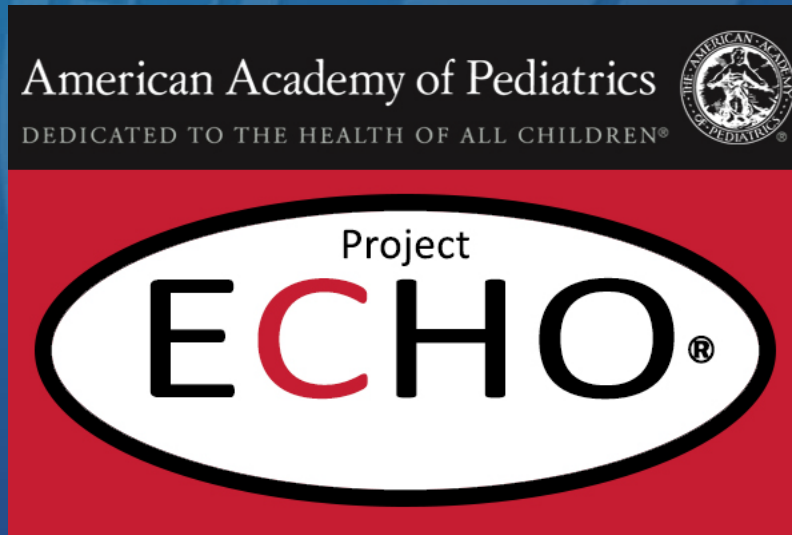


# American Academy of Pediatrics Pediatric Mental Health Care: Access and Capacity Building in Primary Care ECHO



# ACKNOWLEDGEMENT

This project is supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) as part of an award totaling \$1,700,000 with no percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the US Government.



# HOUSEKEEPING

- This session will be recorded for educational and quality improvement purposes.
- Please do not provide any protected health information (PHI) during any ECHO session.
- IT trouble? Chat to AAP Admin

**Please turn on your video!**

**Please enter your name and organization in the chat box.**

**Introduce Yourself**



**Please mute your microphone when not speaking.**

**Microphones**



**Welcome (10 min)**  
**Lecture & Q&A (25 min)**  
**Case/Discussion (20 min)**  
**Close (5 min)**

**Agenda**



# FACULTY TEAM



**Dawn Garzon, PhD, CPNP-PC,  
PMHS, FAANP**



**Barry Sarvet, MD, DFAPA,  
DFAACAP**



**Adwoa Osei, MD, FAAP**



**Prachi Shah, MD, FAAP**



**Ujjwal Ramtekkar, MD, MBA, MPE,  
DFAACAP**

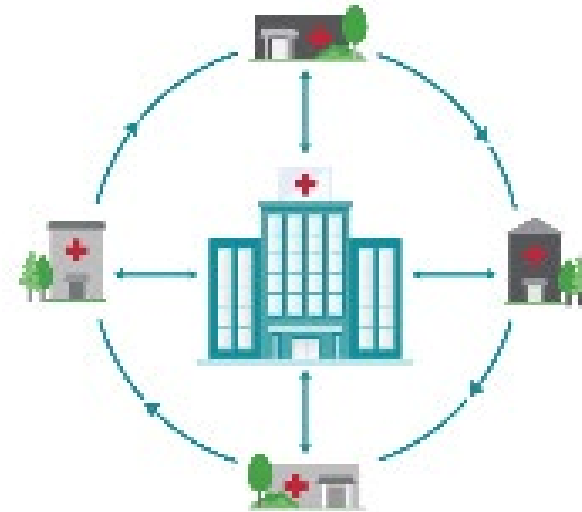


**Amy Starin, PhD, LCSW**

# ECHO

## (EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES)

- A tele-mentoring program designed to create communities of learners by bringing together health care providers and experts in topical areas using didactic and case-based presentations, fostering an "all learn, all teach" approach.
  - Creates partnerships
  - Encourages knowledge exchange
  - Utilizes technology
  - Promotes case-based learning
  - Offers support to members in real-time



# PROJECT OVERVIEW

- **Goal:** To support pediatric primary care professionals (PCP) to **increase their knowledge, competence, and confidence in providing behavioral and mental health care** to pediatric patients and their families. The emphasis will be placed on pediatric PCPs to develop and implement effective strategies to foster long-term relational health and healthy mental development as well as identify, treat, and manage mental and behavioral health concerns in the primary care setting, with a **specific focus on utilization of Pediatric Mental Health Care Access (PMHCA) programs**
- **Primary Audience:** Pediatric primary care professionals
- **Timeline:** This ECHO will be held the 2<sup>st</sup> and 4th Wednesday of the month at 9am PT, 10am MT, 11am CT, 12pm ET from June 28- September 12, 2023



## UPCOMING ECHO SESSION TOPICS

- July 12: Assessment, Engagement and Brief Intervention: Early Childhood
- July 26: Assessment, Engagement and Brief Intervention: School age and Adolescent
- August 9: Psychopharmacology
- August 23: Strategies for Practice Change
- September 13: TBD



# ECHO PARTICIPATION INCENTIVES

Incentives are earned for attending LIVE ECHO Sessions, not listening to ECHO recordings.

- The AAP designates this live activity for a maximum of **6.0 AMA PRA Category 1 Credit(s)**<sup>TM</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- This activity is acceptable for a maximum of **6.0 AAP credits**. These credits can be applied toward the AAP CME/CPD Award available to Fellows and Candidate Members of the American Academy of Pediatrics.
- PAs may claim a maximum of **6.0 Category 1 credits** for completing this activity. NCCPA accepts *AMA PRA Category 1 Credit*<sup>TM</sup> from organizations accredited by ACCME or a recognized state medical society.
- This program is accredited for **6.0 NAPNAP CE contact hours**
- **4 MOC Part 2 points**
  - Need to attend **4** of the **6** ECHO live sessions





# To CLAIM CREDITS, YOU NEED AN AAP ID

## How to Create an AAP ID

- Go to <https://shop.aap.org>
- Click on Create an Account
- Select Individual and complete form (no cost for an AAP ID)
- Send your AAP ID number to Lisa Brock, [lbrock@aap.org](mailto:lbrock@aap.org)



**LECTURE**

**What is the PMHCA Program?  
How to Best Utilize and Partner with your  
PMHCA Program?**

June 28, 2023

**Dawn Garzon, PhD, CPNP-PC, PMHS, FAANP**

**Barry Sarvet, MD, DFAPA, DFAACAP**

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# CONFLICT OF INTEREST DISCLOSURE

- In the past 12 months, I have had the following financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial service(s): no disclosures
- I do not intend to discuss any unapproved/investigative use of a commercial product/device in my presentation.
- The views presented in this didactic do not necessarily represent the views and opinions of the AAP.

**- Dawn Garzon & Barry Sarvet**



# LEARNING OBJECTIVES

By the end of this lecture, participants will be able to:

- Understand the Healthy Mental Development approach to mental health
- Describe the purpose, structure, and function of Pediatric Mental Health Care Access (PMHCA) Programs [also known as Child Psychiatry Access Programs (CPAPs)]
- Understand and discuss best practices for optimizing the utilization of PMHCA Programs (CPAPs) in primary care practice



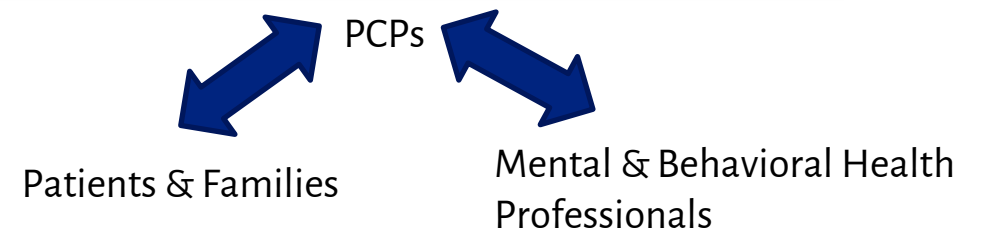
# HEALTHY MENTAL DEVELOPMENT (HMD)

- Healthy Mental Development promotes **social-emotional, behavioral, and psychological wellness** across the lifespan.
- HMD reframes the way that we think and talk about mental health.
- Mental health is not only a diagnosis or an illness to be treated but is a **developmental process that occurs across the lifespan** = Healthy Mental Development.
- HMD raises up and promotes the **importance of relationships in** healthy mental, emotional and behavioral development.



# PEDIATRIC MENTAL HEALTH CARE ACCESS (PMHCA) PROGRAM\*

- Promotes mental and behavioral health integration in pediatric primary care by supporting the development of mental health care teleconsultation access programs
- Provides training & education on the use of evidenced-based, culturally and linguistically appropriate teleconsultation protocols
- Serves as a resource for pediatric primary care professionals (PCPs) and other health care professionals serving children and adolescents



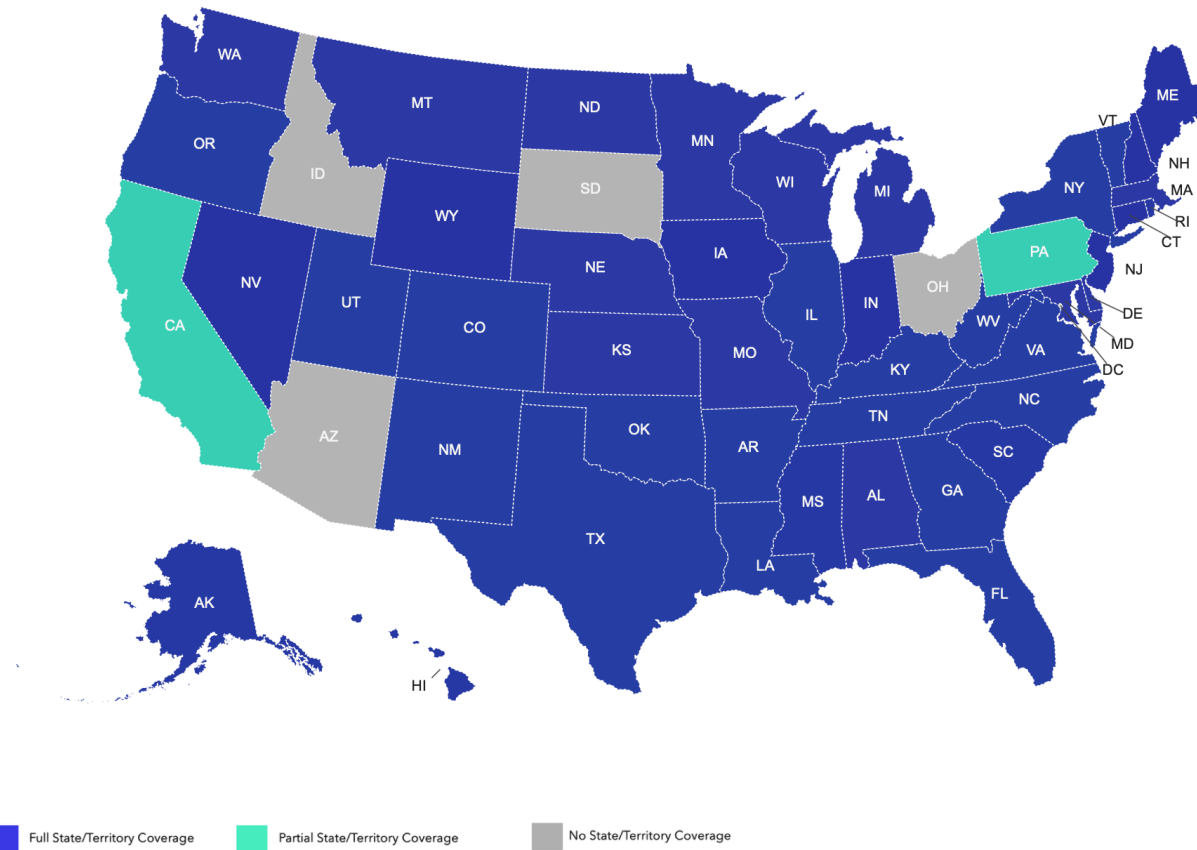
*\*PMHCA programs are also referred to as Child Psychiatry Access Programs (CPAPs)*

**National Network of Child Psychiatry Access Programs**

# PMHCA PROGRAM/CPAP NATIONAL MAP

Child Psychiatry Access Programs in the United States

Please Click on Your State Below:



Source: [NNCPAP.org/map](http://NNCPAP.org/map)

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# MASSACHUSETTS CHILD PSYCHIATRY ACCESS PROGRAM



<a href="#">ABOUT MCPAP</a>	<a href="#">FOR PROVIDERS</a>	<a href="#">REGIONAL TEAMS</a>	<a href="#">BEHAVIORAL HEALTH PROGRAMS</a>	<a href="#">FOR FAMILIES</a>
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## Connecting Primary Care with Child Psychiatry

**MCPAP**  
**About MCPAP**



[PLAY VIDEO »](#)

**FOR PROVIDERS ONLY**  
**Enroll in MCPAP**



[ENROLL NOW »](#)

**MCPAP**  
**Diagnostic Resources**



[USE NOW »](#)

**SWYC/MA Version**  
**Includes PPD Screen**



[ACCESS TOOL HERE »](#)

Source: [mcpap.com](http://mcpap.com)

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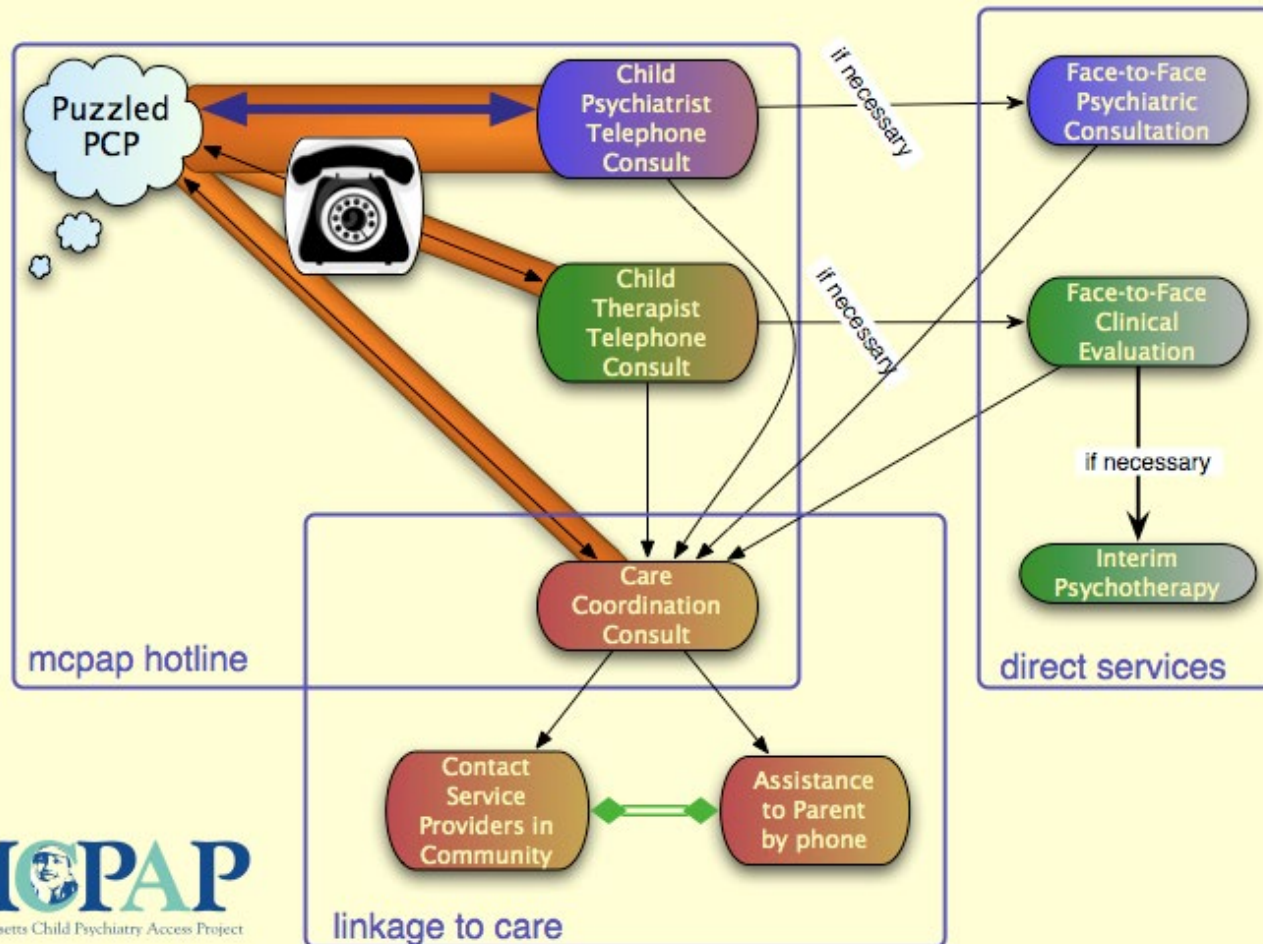
# OVERARCHING PURPOSE OF MCPAP

To Improve Access to Mental Health Care for Children and their Families through:

- Defining and Supporting the role of Pediatric Primary Care professionals (PCP) in addressing mental health needs of children and adolescents in the primary care setting
- Connecting Primary Care Practices to the pediatric healthcare system
- Improving the quality of mental health service delivery in the primary care setting
- PMHCA Programs/CPAPs are systems of relationships



# The MCPAP Clinical Process



Source: [mcpap.com](http://mcpap.com)

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# MCPAP SERVICES



Telephone Consultation



Face to Face Assessment



Resource and Referral



Training and Education

All images from the public domain

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# TELEPHONE CONSULTATION

- Telephone consultation is the primary currency of this relationship and the “engine” of a PMHCA Program (CPAP)
- Telephone consultation is derived from a time-honored tradition of “curbside consultation”



# FACE-TO-FACE ASSESSMENT\*

Reasons may include:

- Diagnostic Question
- Medication Question
- Second Opinion
- Reassurance to PCP
- Bridging
- Followed by a consult letter within 48 hours

\*NOTE: this service may not be available at every state/regional PMHCA Program (CPAP)



# RESOURCE AND REFERRAL

Community services can include:

- Psychiatry
- Psychotherapy
- Child home and wraparound services
- Neuropsychological testing
- Other services such as support groups, group therapy, social skills groups, parent education, early intervention, etc

MCPAP contracts for statewide database of resources



# 3-LEGGED STOOL OF MCPAP

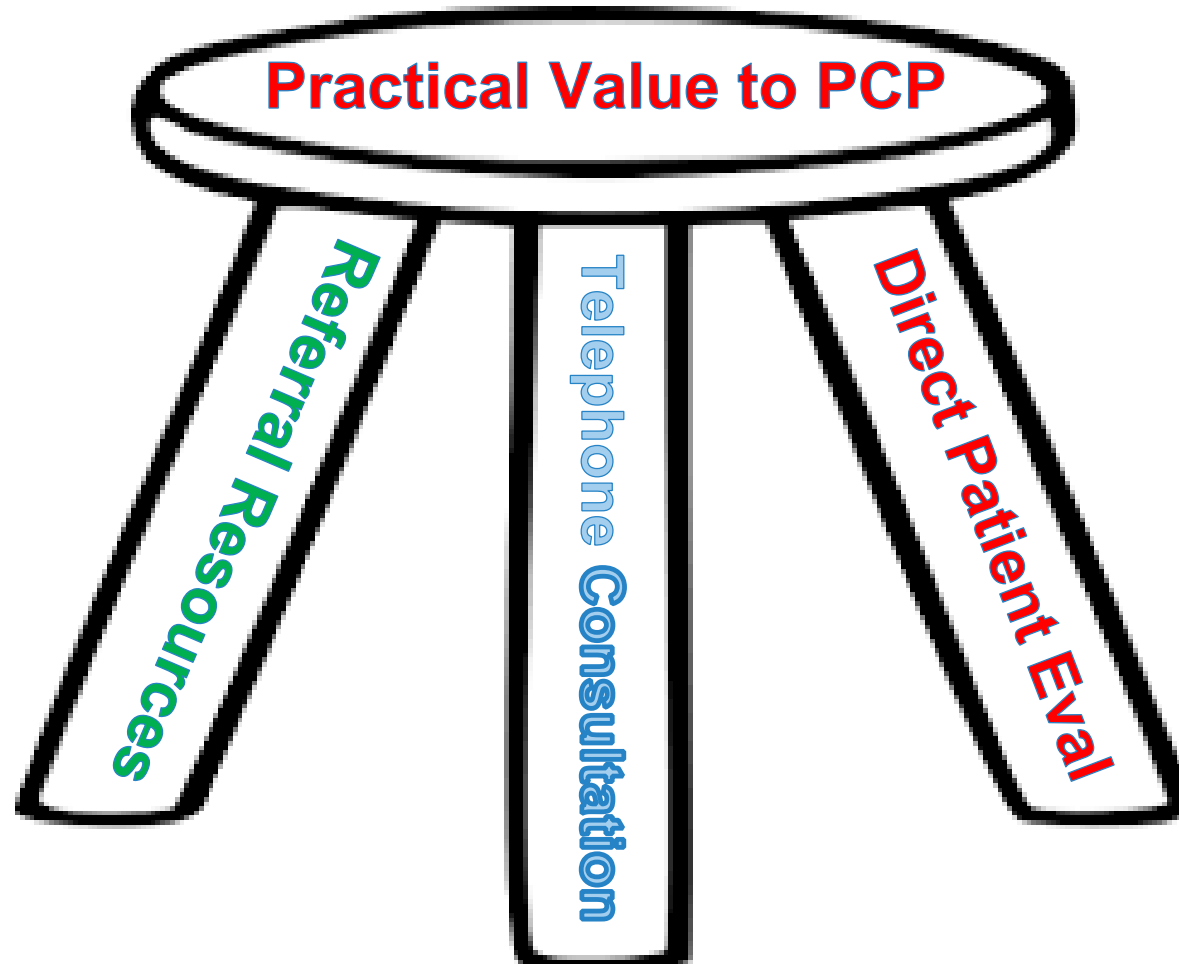


Image source: Barry Sarvet

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**PCP Visit:**

- Screen for behavioral health problems
  - Pediatric Symptom Checklist-17 (cut-points: 15 total, 7 attention, 7 behavior, individual attention, and behavior items)
- If screen is positive, conduct focused assessment
  - If concern for imminent danger, refer to hospital or crisis team for emergency psychiatric assessment
  - Consult with MCPAP CAP as needed

Focused assessment including clinical interview (see *ADHD Clinical Pearls*) and symptom rating scales for (both parent and teacher):

**Parent: Vanderbilt – Initial (age <13):** ADHD cut-points: 6+ "often" or "very often" on items 1-9 (inattentive) and/or 10-18 (hyperactive/impulsive); ODD cut-points: 4+ "often" or "very often" on items 19-26

**Teacher: Vanderbilt – Initial (age <13):** ADHD cut-points: 6+ "often" or "very often" on items 1-9 (inattentive) and/or 10-18 (hyperactive/impulsive); behavior cut-points: 3+ "often" or "very often" on items 19-28

**SNAP-IV 26 Parent and Teacher (age <18):** ADHD cut-points: 13+ for items 1-9 (inattentive) and/or 13+ for items 10-18 (hyperactive/impulsive); ODD cut-point: 8+ for items 19-26

**Sub-clinical to mild ADHD or behavior problem:** Guided self-management with follow-up

**Moderate ADHD** (or self-management unsuccessful): Consider medication;  
**Moderate ADHD with moderate behavior problem** (or self-management unsuccessful): Consider medication and refer to therapy

**Severe ADHD with high-risk behavior problem or other co-morbidity:** Refer to specialty care for therapy and medication management until stable

FDA-approved medications for ADHD (age 6+): (Consider MCPAP consultation on medication treatment for children age <6)

**Methylphenidate**

- e.g., **Oros methylphenidate extended release** – starting dose: 18mg; therapeutic dosage range: 18-54mg; duration of action: ≤12 hrs
- e.g., **Dexmethylphenidate extended release** – starting dose: 5mg; therapeutic dosage range: 5-30mg; duration of action: ≤12 hrs

**Amphetamine**

- e.g., **Amphetamine/dextroamphetamine mixed salts extended release** – starting dose: 5mg; therapeutic dosage range: 5-30mg; duration of action: ≤12 hrs
- e.g., **Lisdexamfetamine** – starting dose: 20mg; therapeutic dosage range: 20-70mg; duration of action: ≤12 hrs

Baseline medical assessment: personal/family cardiovascular history; height, weight, pulse, blood pressure; substance use disorder history  
After 2-3 weeks on starting dose, obtain **Vanderbilt Parent and Teacher Follow-Up** or **SNAP-IV** to assess response

If inattention and/or hyperactive/impulsive scores > cut-points and impairment persists, increase dose to next step (in 18mg increments for Oros methylphenidate, 10mg increments for lisdexamfetamine and 5mg increments for other medications)

After each dosage increase, obtain **Vanderbilt Parent and Teacher Follow-Up** or **SNAP-IV** to assess response before further dosage increase

If scores > cut-points and impairment persists, continue to up-titrate dose stepwise every 2-3 weeks to maximum therapeutic dose as tolerated  
If scores > cut-points at maximum therapeutic dose, consult MCPAP CAP for next steps

If scores < cut-point with mild to no impairment, remain at current dose for remainder of school year

Monitor at least every 3-4 months for maintenance of remission, side effects, and anthropometrics/vitals; consult with MCPAP CAP as needed

Consider off medication on weekends, holidays, vacation days

Consider discontinuation each school year; monitor with **Vanderbilt Parent and Teacher Initial** or **SNAP-IV** for symptom recurrence for several months after discontinuation

*HJ Walter, Department of Psychiatry, Boston Children's Hospital (adapted by MCPAP with permission)*

*Revised August 2018*

*Funding provided by the Massachusetts Department of Mental Health, Boston Children's Hospital, & Sidney A. Swensrud Foundation*

# Sample Guidelines for Pediatric Primary Care Professionals





# FACILITATORS TO INTEGRATED PEDIATRIC BEHAVIORAL HEALTHCARE

- Resources
- Collaboration with other professionals
- Education
- Protective social determinants of patients
- Reimbursement

Sources: O'Brien, Doireann, et al. *British Journal of General Practice* 66.651 (2016): e693-e707; Wakida et al. *Syst Rev* 7, 211 (2018)



# BARRIERS TO INTEGRATED PEDIATRIC BEHAVIORAL HEALTHCARE

- Confidence gap
- Knowledge and skills
- Perceived time
- Reimbursement
- Resources
- Concerns about confidentiality
- Complex social determinants of patients

Sources: O'Brien, Doireann, et al. *British Journal of General Practice* 66.651 (2016): e693-e707; Wakida et al. *Syst Rev* 7, 211 (2018)

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# SUPPORTING PCP STRENGTHS

PCP Role

- Expand beyond screening and diagnosis, ADHD

Time to care



## UTILIZING PMHCA PROGRAMS (CPAP): EXAMPLES

- 13-year-old non-verbal female with level 3 autism who gained 80 pounds on Risperidone
- 9-year-old male with ADHD with multiple failed trials of stimulants
- 11-year-old female with comorbid ADHD, tics, and anxiety
- 7-year-old male with increase aggression and dysregulation at home since school let out for the summer



# TAKEAWAYS

## WHAT YOU CAN DO: TODAY, TOMORROW, NEXT MONTH

### ■ Today

- Locate your state/regional PMHCA Program (CPAP) ([nncpap.org/map](http://nncpap.org/map))
- Tell your colleagues about this ECHO project ([surveymonkey.com/r/PediatricMentalHealthcare](https://surveymonkey.com/r/PediatricMentalHealthcare))

### ■ Tomorrow

- Enroll in your PMHCA Program (CPAP)
- Pilot test: Choose one patient that could benefit from PMHCA Program (CPAP) services
  - Contact your PMHCA Program (CPAP) for an initial teleconsultation

### ■ Next Month

- Participate in trainings and education offered by your PMHCA Program (CPAP)
- Review NNCPAP resources and AAP mental and relational health resources



# RESOURCES

## AAP Related Programs and Resources

- [AAP Algorithm: A Process for Integrating Mental Health Care into Pediatric Practice](#)
- [AAP Mental Health Initiatives Website](#)
- [AAP PMHCA Programs Technical Assistance](#)  
Email Address: [PMHCA@aap.org](mailto:PMHCA@aap.org)
- [Tips for AAP Chapters: Increasing Access to Behavioral Health Care via Telehealth by Partnering with Pediatric Mental Health Care Access Programs](#)
- [Blueprint for Youth Suicide Prevention](#)
- [Bright Futures National Center](#)
  - [Tip Sheet: Promoting Mental Health](#)
- [Early Relational Health](#)
- [Pediatric Mental Health Minute Series](#)
- [Trauma-Informed Care](#)

## AAP Policy

- [AAP Policy Statement: Mental Health Competencies for Pediatric Practice](#)
- [AAP Technical Report: Achieving the Pediatric Mental Health Competencies](#)
- [AAP Clinical Report: Promoting Optimal Development: Screening for Behavioral and Emotional Problems](#)
- [AAP Policy Statement: Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health](#)
- [AAP Clinical Report: Trauma-Informed Care](#)



# RESOURCES

## Selected External Resources

- [National Network of Child Psychiatry Access Programs](#)
- [Pediatric Mental Health Care Access Programs](#)
- [Behavioral Health Integration \(BHI\) Collaborative](#)
- [Guidelines for Adolescent Depression in Primary Care \(GLAD-PC\): Part I. Practice Preparation, Identification, Assessment, and Initial Management Pediatrics \(2018\)](#)
- [National Academies of Sciences, Engineering, and Medicine Tools for Supporting Emotional Wellbeing in Children and Youth](#)
- [Courage to Caregivers](#)
- [The Reach Institute](#)

## Resources Related to Common Elements, Common Factors, and Brief Interventions

- [AAP Addressing Mental Health Concerns in Pediatrics: A Practical Resource Toolkit for Clinicians, 2nd edition](#)
- [Common Factors Approach: HEL2P3 to Build a Better Alliance](#)
- [Common Elements of Evidence-Based Practice Amenable to Primary Care: Indications & Sources](#)
- [Evidence-Based Interventions for Children Younger Than 5 Years](#)
- [Implementing Mental Health Priorities in Practice Motivational Interviewing Videos](#)
- [PracticeWise Evidence-Based Child and Adolescent Psychosocial Interventions](#)



# QUESTIONS





## CASE SUMMARY

5-year-old male seen by a pediatric provider in southeast Michigan.

- Patient is a 5 yo male attending an Early Childhood Center, referred for evaluation of behavior problems.
- He has a history of prematurity, was born at 27 weeks, BW= 2 # 1 oz and has a history of prenatal substance exposure (marijuana, cocaine, alcohol unknown). After 12 weeks in the NICU, he was discharged home to his birth mother, but was placed in foster care at age 2 when his mother was found unresponsive after a drug overdose. He has had 3 foster care placements, which were terminated due to concerns about neglect and exposure to DV, and he was placed in his current placement at 4 yo. Parental rights have been terminated. This is a pre-adoptive home.
- He presents with concerns about hyperactivity, difficulty sustaining attention, and aggressive, violent outbursts. He fidgets, has difficulties playing quietly, has difficulty waiting turn, and has demonstrated angry/violent outbursts including daily temper tantrums which can last for 1 hour, in which he is destructive and will throw furniture. Parents also note symptoms of anxiety, and endorse excessive worry, disturbed sleep and worry about specific fears such as loud noises and clogging faucets. The symptoms began about one year ago.
- Patient has a history of developmental delay, was late to walk, and spoke first words at 30 months. He is in an early childhood classroom, on an IEP, under a diagnosis of developmental delay where he receives speech therapy.
- His PCP diagnosed him with ADHD, started him on methylphenidate, 5 mg po BID without improvement of symptoms



## CASE QUESTIONS

- Are there other diagnoses to consider, in addition to ADHD and developmental delay?
  - Trauma and other stressor disorder
  - Anxiety NOS
  - Autism spectrum disorder
  - FASD?
- Is this child on the appropriate medication dose? Should he be on a higher dose of methylphenidate? Given the aggression, should he be started on an alpha-2 agonist as well?
- What therapies should be recommended for this family? PMBT? CPP?



## THANK YOU AND NEXT STEPS

- Thank you for joining us today. Please complete the [post session evaluation](#).
- Session slides and recording will be shared via [Padlet](#)
- Reminder: Next ECHO session is Wednesday, **July 12, 2023**

