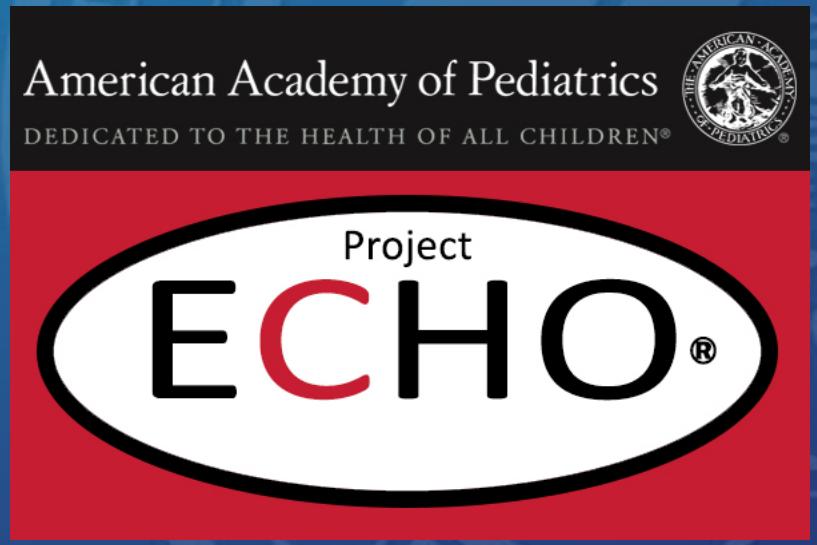
American Academy of Pediatrics
Pediatric Mental Health Care: Access and Capacity Building in Primary Care ECHO



American Academy of Pediatrics
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Acknowledgement

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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

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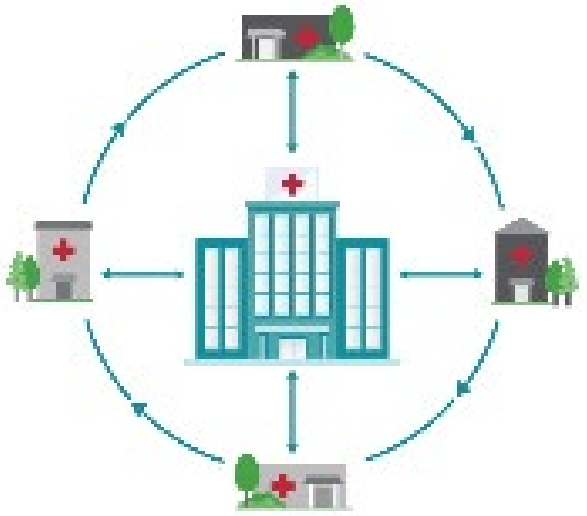
ECHO
(Extension for Community Healthcare Outcomes)

- 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 2st 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)™*. 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™* 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

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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- 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.

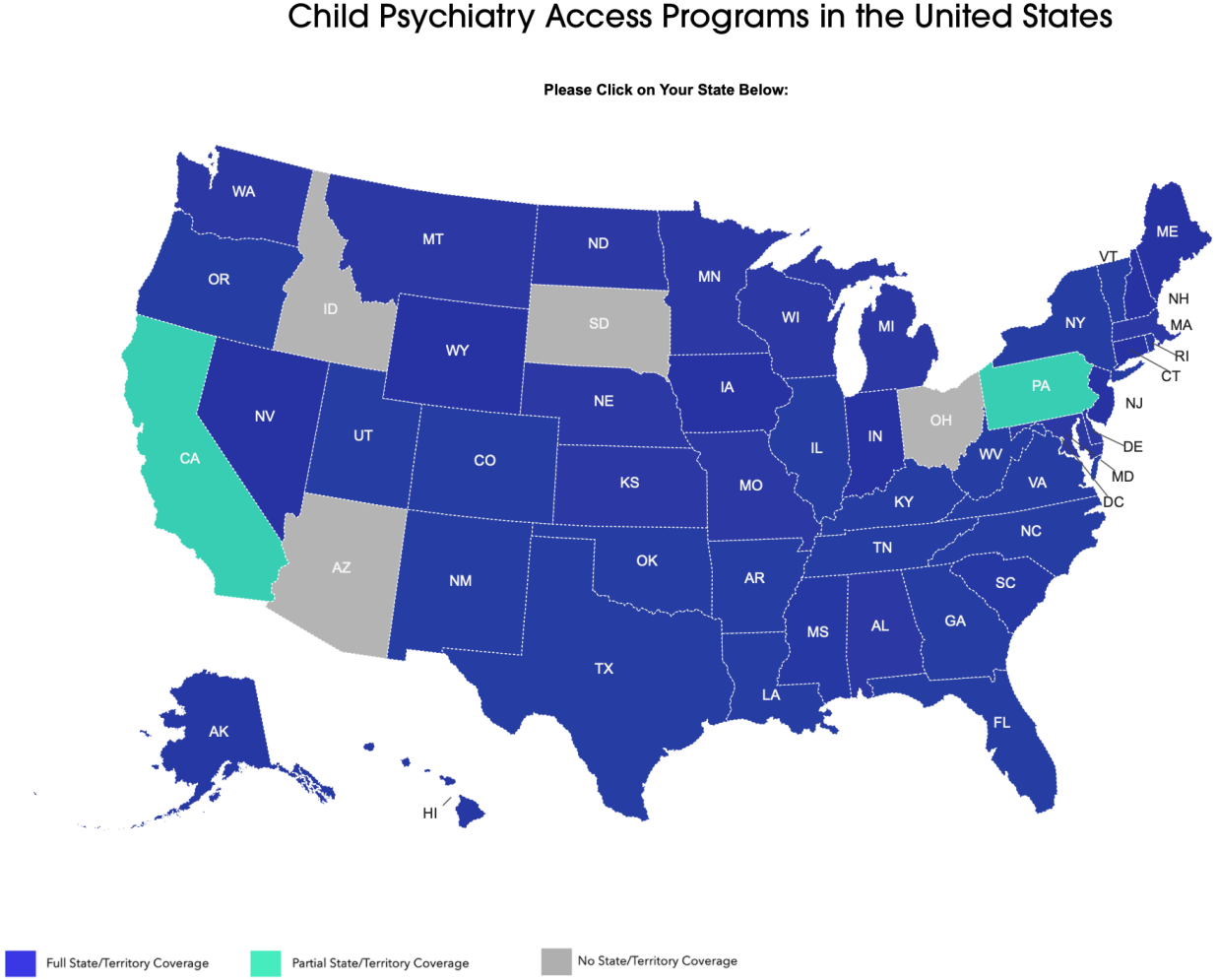
Pediatric Mental Health Care Access (PMHCA) Program*

- 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



Source: NNCPAP.org/map

Massachusetts Child Psychiatry Access Program

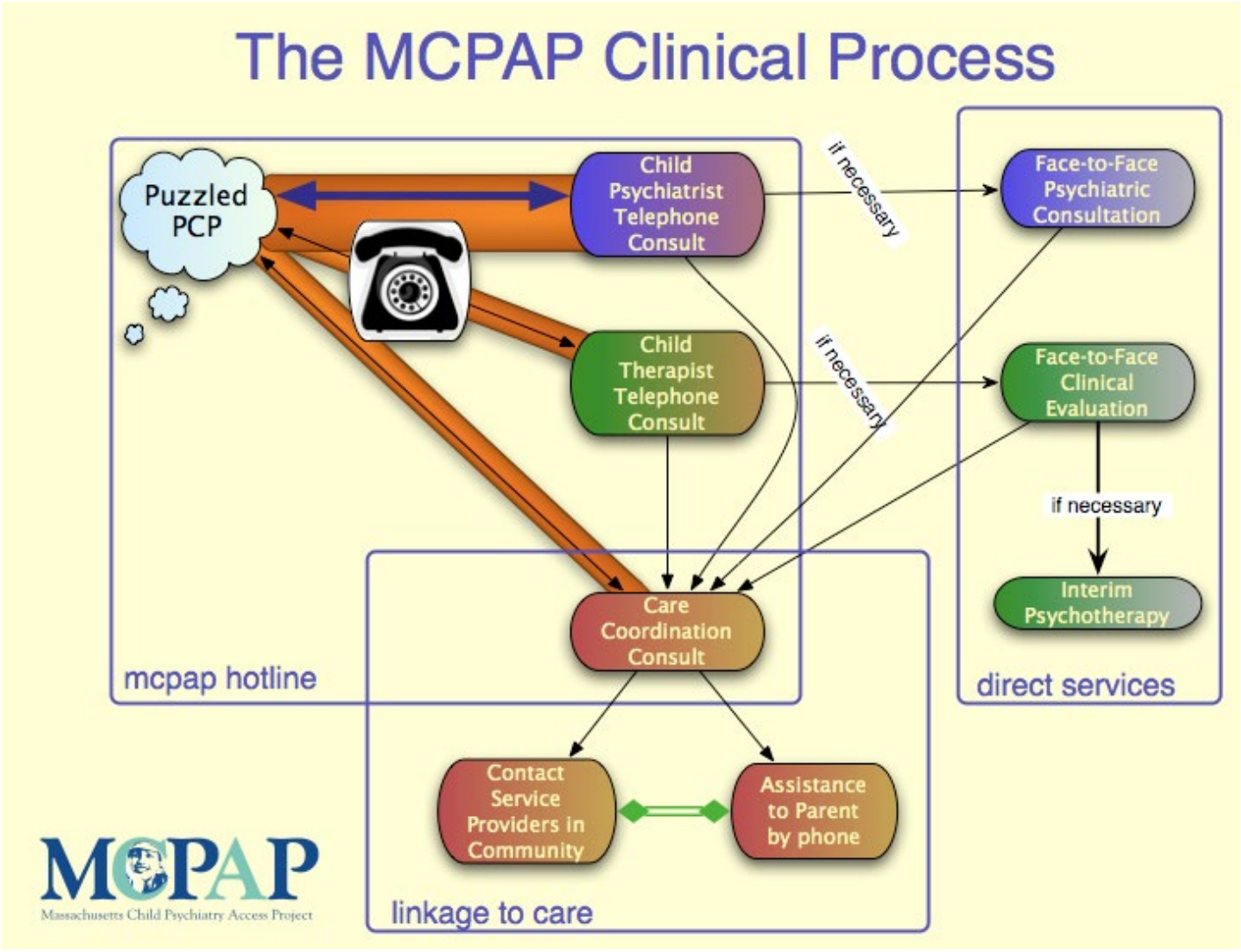
Source: mcpap.com

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

MCPAP Services

Telephone Consultation

Face to Face Assessment

Resource and Referral

Training and Education

All images from the public domain

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

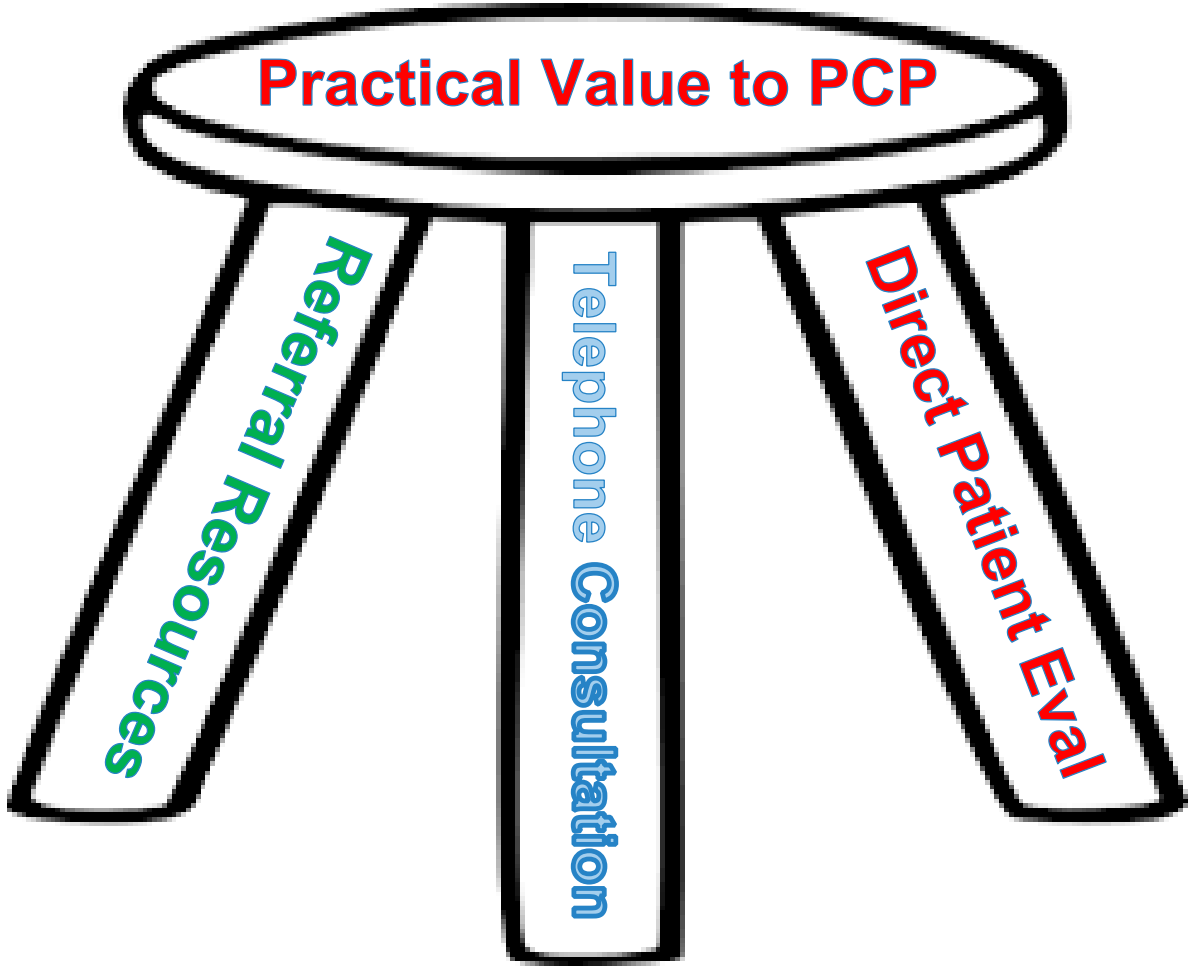
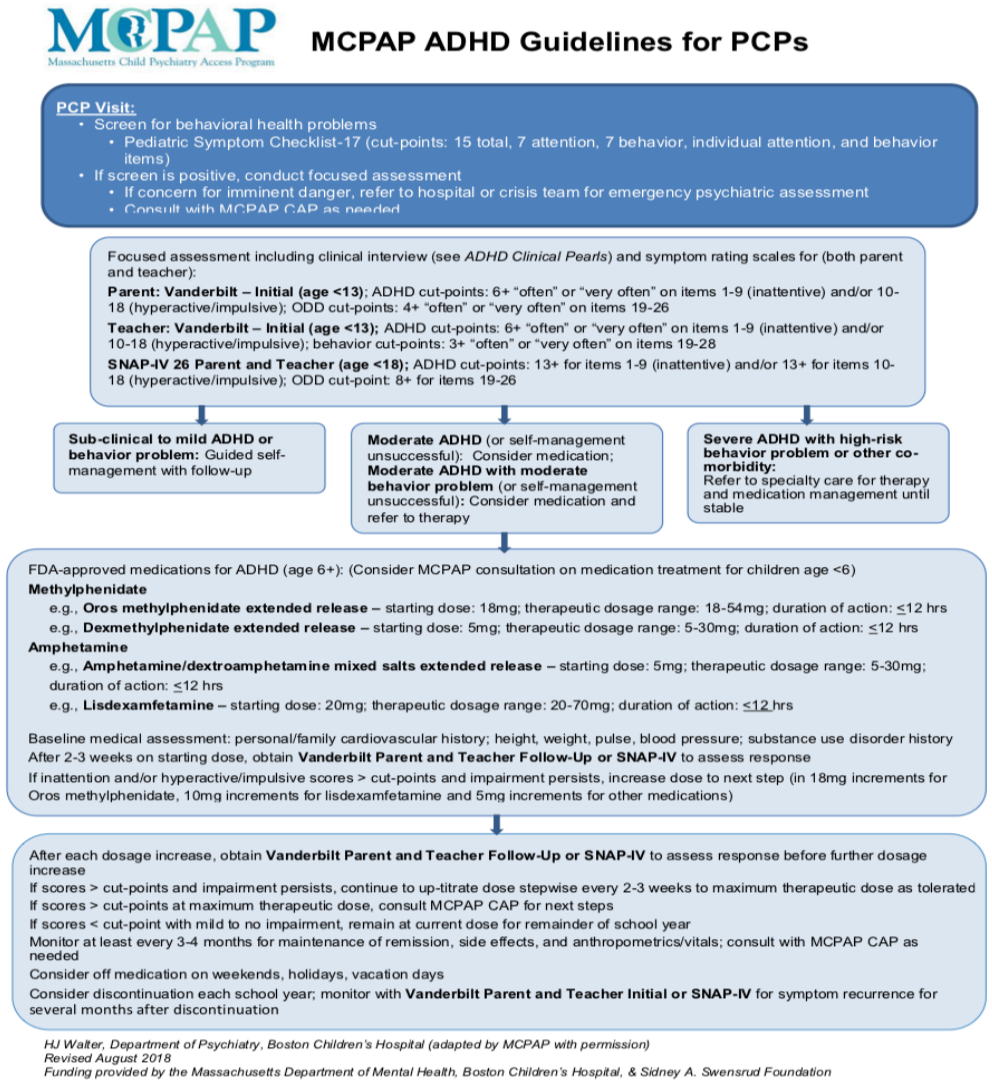


Image source: Barry Sarvet



Sample Guidelines for Pediatric Primary Care Professionals

Source: mcpap.com

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)

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)
  - Tell your colleagues about this ECHO project (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
- 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**