“Think, Think, Think.”
Keeping Mental Health on the Agenda...

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July 2012 Learning Collaborative
Remind me why we’re talking about this?

From the grant:

“Behavioral health is fully integrated into our demonstration grant as Category C which specifically focuses on the integration of behavioral health care within the medical home…”

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**Pediatric Visits**

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

**Suicide**

3rd leading cause of death - 15-24 yr olds

4th leading cause of death - 10-14 yr olds
So began our journey...

“Before beginning a Hunt, it is wise to ask someone what you are looking for before you begin looking for it.” ~ Pooh
Summary from 1st Site Visits

Needs:
• Effective screening,
• More service providers,
• Easier access to services, and
• Billing issues resolved

Strengths:
• Some have added additional services in-house,
• Some have expanded your capacity to provide limited services,
• dedicated, creative practitioners.

Challenges:
• Limited capacity of caregivers, resources, specialist, knowledge of resources, Financial issues.

Summary from July 2011 LC

1. Accessing Child Psychiatry (10)
2. Facilitating access to local resources (8)
3. Listing specific resources for your community (7)
4. Billing and coding for MH (7)
5. Appropriate tools for screening and assessment (5)
6. Funding Co-located staff (5)
How will this work...

In looking at where you want to be, we have to be aware of what fits your Pediatric Practice’s needs. We need...

- To figure out what YOU want;
- To be aware of YOUR patient population;
- To take into account YOUR skills, knowledge and comfort level; and
- To look at what financing works for YOU.

THEN, we can look the integration model for YOUR practice

WE ARE DOING THIS ON A PRACTICE BY PRACTICE BASIS.
Office Environments

• Does our office reflect that we are willing to talk about mental health issues with our patients and their families?

• What handout, flyers, and posters are in our waiting room?

• Do we know who the local advocates for mental health are in our community?

• What words or phrases do we use when addressing mental and behavioral health issues with kids and families?
“When looking at your two paws, as soon as you have decided which of them is the right one, you can be sure the other one is the left.”

~Winnie the Pooh
Self-Evaluation using AAP’s Mental Health Practice Readiness Inventory

Total Scores ranged from 50-79 with an average score of 64 out of 96 possible.

Average scores ranged from 80% of the total possible in the health care financing domain to 58% in the clinical information systems/delivery system redesign. 

<table>
<thead>
<tr>
<th>Category</th>
<th>Practice Percentages</th>
<th>Total if 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Resources</td>
<td>26%</td>
<td>74%</td>
</tr>
<tr>
<td>Health Care Financing</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>Support for Children and Families</td>
<td>27%</td>
<td>73%</td>
</tr>
<tr>
<td>Clinical Information Systems/Delivery System Reesign</td>
<td>42%</td>
<td>58%</td>
</tr>
<tr>
<td>Decision Support for Clinicians</td>
<td>35%</td>
<td>65%</td>
</tr>
</tbody>
</table>
Screening & Assessment

- Barnwell, Carolina, Stono Pediatrics are piloting the CHADIS software systems.
- Piloting specific questionnaires linked to CHIPRA Quality Indicators
- Will report in January

- All practices were introduced to the TeenScreen Tools – PSCY, PHQ-9, and CRAFFT.
- 7 practices have requested materials from TeenScreen since the grant began.
- 2 already had the materials
- 9 practices have accessed TeenScreen materials.
# Table 1: DSM-IV multiaxial diagnosis of conditions demonstrated by the inhabitants of the Hundred Acre Wood

<table>
<thead>
<tr>
<th>Inhabitant</th>
<th>Axis I Clinical disorders</th>
<th>Axis II Personality disorders/mental retardation</th>
<th>Axis III General medical conditions</th>
<th>Axis IV Psychosocial/environmental problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winnie-the-Pooh</td>
<td>ADHD, inattentive subtype; OCD (provisional diagnosis)</td>
<td>Borderline intellectual functioning (Very Little Brain)</td>
<td>Poor diet, obesity, binge eating</td>
<td>–</td>
</tr>
<tr>
<td>Piglet</td>
<td>Generalized anxiety disorder</td>
<td>–</td>
<td>Failure to thrive</td>
<td>–</td>
</tr>
<tr>
<td>Eeyore</td>
<td>Dysthmic disorder</td>
<td>–</td>
<td>Traumatic amputation of tail</td>
<td>Housing problems</td>
</tr>
<tr>
<td>Rabbit</td>
<td>–</td>
<td>Narcissistic personality disorder</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Owl</td>
<td>Reading disorder</td>
<td>–</td>
<td>–</td>
<td>Housing problems</td>
</tr>
<tr>
<td>Tigger</td>
<td>ADHD, hyperactivity-impulsivity subtype</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Kanga</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>Single parent, unemployed, overprotective of child</td>
</tr>
<tr>
<td>Roo</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>Single parenthood, undesirable peer group, victim of unusual feeding practices (extract of milk)</td>
</tr>
<tr>
<td>Christopher Robin</td>
<td>Gender identity disorder of childhood (provisional diagnosis)</td>
<td>–</td>
<td>–</td>
<td>Lack of parental supervision, possible educational problems</td>
</tr>
</tbody>
</table>

Note: ADHD = attention deficit hyperactivity disorder, OCD = obsessive compulsive disorder.  
*The Axis V (global assessment of functioning) scale was deferred.*

[http://www.cmaj.ca/content/163/12/1557.full.pdf](http://www.cmaj.ca/content/163/12/1557.full.pdf)
“You can’t stay in your corner of the forest, waiting for others to come to you; you have to go to them sometimes.” ~ Pooh
Quotes from Providers about Community Mixers

• “We obtained more information in that one hour than multiple phone calls could have accomplished!”

• “I had no idea of the scope of services provided by our area mental health center. Nor was I aware of the variety of settings in which these services can be provided. We also got some great advice on streamlining the referral process.”

• “I thought the county mental health had one set of criteria, when we visited I learned they don’t want simple cases they want more complex ones. This has changed the way I refer.”
Interesting things...

• Dr. Ramkumar – ADHD Dunbar Fellowship
• Stono Pediatrics – in conversations with DMH about having staff in unused office space
• Eastern Pediatrics – I-95 Corridor – starting SU screens
• Rock Hill Peds – NAMI resources
• Kim Conant of Pal Peds – took resources shared and made a resource manual for doctors
• Little River – found community partner to do early intervention home visits
Billing and Coding

“Those who are clever, who have a Brain, never understand anything.” ~ Pooh
Billing and Coding

• Working within the structure we have to make this work in the field

• Behind the scenes work to understand billing and coding and share information with you

• Linking up with payers to streamline the processes as much as possible
“Did you ever stop to think, and forget to start again?” ~ Pooh
What’s next on our journey...

- Fall Site Visits
  - Review of where you are and where you said you want to be – developing strategies to get there
- UMASS Certificate Program in Primary Care Behavioral Health
- CHADIS - ?? What we learned?
- Community Outreach
What’s next on our journey...

January 2013
Learning Collaborative
MENTAL HEALTH

July 2013
Learning Collaborative
ADOLESCENT HEALTH
“If you find yourself missing something important like a tail, remember that it can take a lot of trying to find the right ending.”

~ Pooh-isms
Even Pooh started out as a draft...
For This and Future Generations of Pooh Lovers