

IMPROVING ACCESS TO BEHAVIORAL HEALTH CARE UTILIZING THE PROJECT ECHO MODEL

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This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2.09 million, with 20% financed with non-governmental 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 U.S. Government.





ACTION STEPS

- ▶ Alabama's project, known as PATHS, seeks to integrate behavioral health services into rural pediatric practices across Alabama.
- ▶ Project ECHO was chosen as the model to deliver our behavioral health training component of the project.
- ▶ First step was to conduct a needs assessment survey to enhance curriculum planning.
- ▶ PATHS chose to partner with AAP as a super hub and to have Children's of AL become a hub for Project ECHO.
- ▶ Next step was to develop our ECHO curriculum and select behavioral health experts to deliver the education
- ▶ Lastly, we incorporated our evaluation efforts into the Project ECHO effort.

Children's of Alabama and AAP: Practice Survey on Mental Health Services and Needs

Please select the category that best describes your primary care office setting.

- Pediatric Practice, solo
- Pediatric Group (2-4 providers)
- Pediatric Group (5-7 providers)
- Pediatric Group (8-10 providers)
- Pediatric Group (more than 10 providers)
- Public Health Department
- Academic
- Family Practice Group
- Federally Qualified Health Center (FQHC)
- Osteopathic Practice (D.O.)
- Other (Please specify) _____

Please indicate the general location of your practice.

- Rural
- Urban
- Suburban

Please indicate where patients in your practice live. (Check all that apply)

- Rural
- Urban
- Suburban

What percentage of patients are currently covered by the following payer sources?

- Alabama Medicaid ()
- Blue Cross/ Blue Shield of Alabama ()
- ALL Kids ()
- Tri- Care ()
- United Healthcare ()
- Other (Please specify) ()

How often do you encounter children with behavioral health care needs in your practice?

- Monthly
- Once a week
- 2-3 times a week
- 4-6 times a week
- Daily
- More than one time daily

Does your practice regularly use standardized validated screening tool(s) for behavioral health?

- Yes (1)
- No (2)

Skip To: Q8 If Does your practice regularly use standardized validated screening tool(s) for behavioral health? = Yes

If you are currently using behavioral health screening tools, please select from list below those used in your practice. (Check all that apply)

- PSC- 17 (Pediatric Symptom Checklist - 17 items)
- PSC- 35 (Pediatric Symptom Checklist - 35 items)
- ASQ-SE (Ages and Stages Questionnaire Social Emotional)
- CBCL (Child Behavior Checklist)
- Vanderbilt Diagnostic Rating Scales
- Conners Rating Scales- Revised
- BASC (Behavioral Assessment System for Children)
- CSPI-2 (Childhood Severity of Psychiatric Illness)
- Maternal Depression Screening Tool
- Child Depression Inventory
- Adapted- SAD PERSONS
- Adverse Childhood Experiences Questionnaire (ACES)
- Center for Epidemiological Studies Depression Scale for Children (CES-DC)
- Edinburgh Postnatal Depression Scale (EPDS)
- Others (Please specify) _____



In your practice, do you encounter parents with children age 3 and under with concerns about behavioral/social emotional health of their child?

- Yes
- No

What types of behavioral concerns do your patients exhibit in your practice? (Check all that apply)

- Depression and other mood disorders
- Anxiety Disorders
- Behavioral Disorders
- Attention Deficit Disorder (ADD)/Attention Deficit Disorder with Hyperactivity (ADHD)
- Substance Abuse
- Eating Disorders
- Autism Spectrum Disorders
- Reactive Attachment Disorder
- Other, please specify _____

Please select the best estimate of the percentage of your current patient caseload that exhibits any behavioral health care needs.

- 0-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51% and above

Please select your comfort level of treating children in your practice with the following behavioral health issues:

	Comfortable treating independently within practice	Comfortable with consultation outside of practice	Uncomfortable / Would provide external referral
Depression and other mood disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention Deficit Disorder (ADD)/Attention Deficit Disorder with Hyperactivity (ADHD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism Spectrum Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reactive Attachment Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify			

Based on your experience, where do you currently refer your patients who need further behavioral health services outside of your practice? (Check all that apply)

- Community Mental Health Center
- Other Private Provider
- Emergency Department
- Children's of Alabama Psychiatric Intake Response Center (PIRC)
- Inpatient Psychiatric Facility
- Other, please specify _____

Does your practice currently have a system for tracking referrals for behavioral health services?

Yes

No

Does your practice currently refer to and/or utilize the services of a Social Worker/Case Manager in your county public health department? Type frequency in box next to Yes. (i.e. once a day, etc.)

Yes, if so how frequently? _____

No

Do not know

How comfortable would you feel prescribing/managing medications for children in your practice with behavioral health conditions if you had access to consultation from Children's of Alabama's mental health team?

Comfortable

Neither comfortable nor uncomfortable

Uncomfortable

Do not know

Please rank the following topics of education in order of most beneficial to your practice. (Drag topic to ranking of your preference 1= most beneficial/desired)

- _____ Diagnostic skills
- _____ Medication management
- _____ Crisis/suicide assessment
- _____ Behavioral interventions
- _____ Family interventions
- _____ Other, if other, please specify

Please provide your Name, Location of Practice and Interest in PATHS (OPTIONAL)



CONTINUING EDUCATION NEEDS

In the 2019 AL - AAP member survey, mental health concerns were the top priority for respondents. The most requested topics for education in our needs assessment survey were:

- ▶ Medication management of behavioral health conditions
- ▶ Diagnostic skills
- ▶ Behavioral interventions
- ▶ Crisis/Suicide assessment
- ▶ Family Interventions

Additional suggestions included:

- ▶ Interpreting/understanding psychological evaluation
- ▶ Integrating mental health
- ▶ Relationship building



Project ECHO Hub Team

- Child/Adolescent Psychiatrist
- Psychiatric Nurse Practitioner
- Clinical Psychologist
- Clinical Social Worker – Care Coordinator
- Clinical Social Worker – Infant/Early Childhood Mental Health Consultant
- Presenters Become Guest Hub Team Members



PROJECT ECHO PROGRAM STRUCTURE

- Cohort Based – Pediatricians/Family Practice Physicians enrolled in PATHS
- Cohort One – average of 25 attendees
- Cohort Two – average of 31 attendees
- Cohort Three – average of 50 attendees
- Cohort Four – average of 53 attendees
- Each Cohort – 7- 8 sessions/series, 12:15 pm-1:15 pm every other Thursday
- Session content –
 - * Introductions/Welcome
 - *12-15 minute didactic presentation
 - *10-12 minute case presentation by participant
 - * 30 minutes case discussion, clarifying questions, hub team recommendations for treatment
- Follow-Up with Participants – recommendations summarized by hub team in writing and sent to all participants in week following the session
- Category 1 CME credit is offered for all ECHO sessions, CE credit is offered for NPs, RNs, LICSWs, LPCs, etc.



Children's of Alabama Behavioral Health Project ECHO/Case Presentation Form

PLEASE NOTE that Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a Project ECHO® setting. Do not share any confidential patient information (name, etc.) when identifying your patient during the ECHO session.

Please complete to the best of your ability as we understand you may not have all of the information requested.

Case Number (completed by staff):

Presenting Provider Name:

Clinic/Practice Name:

What is your main question about this patient for the Child ECHO clinic?

DEMOGRAPHIC INFORMATION:

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer to self-identify
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Patient Age:	Height:	Weight:	Recent Change in Weight:
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Ethnicity:

<input type="checkbox"/> White, non-Hispanic/Latino	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Black/African American
<input type="checkbox"/> American Indian/Alaska Native (AI/AN)	<input type="checkbox"/> Asian
<input type="checkbox"/> Other (please specify)	

BEHAVIORAL/MEDICAL HISTORY:

How long has the child been in your care?

Child's current diagnosis(es) and age of onset (if there is one):

Has a screening tool been used?

History of Presenting Problem:

Current Medications:

Medication	Dose/Duration	Reason for Medication	Helpful/Not Helpf

Pertinent Past Medications:

Medication	Max. Dose/Duration	Reason for Discontinuation

Interventions (place an X by all that apply):

<input type="checkbox"/>	Occupational	<input type="checkbox"/>	Physical	<input type="checkbox"/>	Case Management	<input type="checkbox"/>	Psychotherapy – specify type (if known)
<input type="checkbox"/>	Speech	<input type="checkbox"/>	ABA	<input type="checkbox"/>	School Interventions	<input type="checkbox"/>	Other (specify)

Psychiatric Hospitalizations:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure
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Describe any family psychiatric history including hospitalizations and suicide attempts:

SOCIAL HISTORY:

Primary Caregiver:

<input type="checkbox"/>	Biological Parents	<input type="checkbox"/>	Grandparents
<input type="checkbox"/>	Step-Parents	<input type="checkbox"/>	Other (specify)
<input type="checkbox"/>	Foster Parents	<input type="checkbox"/>	

Living situation (place an X by all that apply):

<input type="checkbox"/>	Married parents	<input type="checkbox"/>	Juvenile justice
<input type="checkbox"/>	Divorced parents	<input type="checkbox"/>	Lives independent
<input type="checkbox"/>	Single parent household	<input type="checkbox"/>	Homeless or insecure housing
<input type="checkbox"/>	Adoptive/Foster Care; How long?	<input type="checkbox"/>	Food insecurity
<input type="checkbox"/>	DHR involved; How long?	<input type="checkbox"/>	Other (please specify):

Family strengths (place an X by all that apply):

<input type="checkbox"/>	Parental resilience	<input type="checkbox"/>	Safe home environment
<input type="checkbox"/>	Social connectedness	<input type="checkbox"/>	Social/emotional competence of child
<input type="checkbox"/>	Knowledge of community support systems	<input type="checkbox"/>	Other (Please specify):
<input type="checkbox"/>	Family support in time of need	<input type="checkbox"/>	

Any changes in caregivers in the last 6 months?

Pertinent information on peer relationships:

Pertinent information on academic concerns:

Is the patient on an IEP, IFSP or 504 plan:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown
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Pertinent information on school supports:

PATIENT RISK FACTORS:

Suicidal Ideation or Attempt:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown
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Legal Issues:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown
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Substance Use:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown
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Presence of Weapons at Home:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown
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Trauma History (place an X by all that apply):

<input type="checkbox"/>	Victim of physical abuse	<input type="checkbox"/>	Victim of natural disaster
<input type="checkbox"/>	Victim of psychological abuse	<input type="checkbox"/>	Parental separation or divorce
<input type="checkbox"/>	Victim of sexual abuse	<input type="checkbox"/>	Parental incarceration
<input type="checkbox"/>	Witness to abuse	<input type="checkbox"/>	Other (specify):

Other Risks/Threats:

Please check any barriers to care (place an X by all that apply):

<input type="checkbox"/>	Finances	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Development	<input type="checkbox"/>	Social
<input type="checkbox"/>	Culture	<input type="checkbox"/>	Family	<input type="checkbox"/>	Language	<input type="checkbox"/>	Other

Please describe any barriers to family engagement:

INSURANCE INFORMATION:

<input type="checkbox"/>	Medicaid	<input type="checkbox"/>	Medicare	<input type="checkbox"/>	All Kids	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Tri-Care	<input type="checkbox"/>	Self pay	<input type="checkbox"/>	Other
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Please list any other relevant information you would like to share here:

Thank you for completing the Project ECHO case presentation form. You will receive an email confirmation once received by Project ECHO staff.

PROJECT ECHO CURRICULUM

COHORT ONE

- ECHO & Behavioral Health Overview
- Behavior Disorders Across Adolescence
- Depression and Suicide Risk Assessment
- Anxiety Disorders in Children/Adolescents
- Positive MCHAT: What Next?
- Identification & Treatment of Eating Disorders
- Behavior Disorders in Preschool & Early Childhood

COHORT TWO

- Behavioral Health Screening Tools: What You Need to Know
- Management of Patients w/Chronic Health Conditions
- Treating Patients Who Are Passively Suicidal/Self-Injurious Behaviors
- Management of ADHD in Preschool Children
- Anger Management & Aggressive Behavior in Children/Adolescents
- Practical Tips for Anxiety Management in Children/Adolescents
- Youth & Trauma Exposure: Effects on Mental Health & Treatment Options
- Neuropsychological Testing vs. Psychological Testing

COHORT THREE

- Covid-19 and Anxiety
- Comorbidities with ADHD: Anxiety & Depression
- Attachment: What's Anxiety Got to Do With It
- Child in Crisis: What's the Next Step
- Self-Compassion and Resiliency

PROJECT ECHO CURRICULUM

COHORT FOUR: GROUP A

- Infant/Early Childhood Mental Health: What Is It & Why Is It Important?
- Attachment Difficulties: Recognizing and Helping Children Struggling with Attachment
- Monitoring Medications: What Primary Care Providers Need to Know
- Behavioral Issues with Children Birth to Five
- Managing Anxiety in Teens
- Addictions in Adolescence
- CBT Basics: What's It All About?

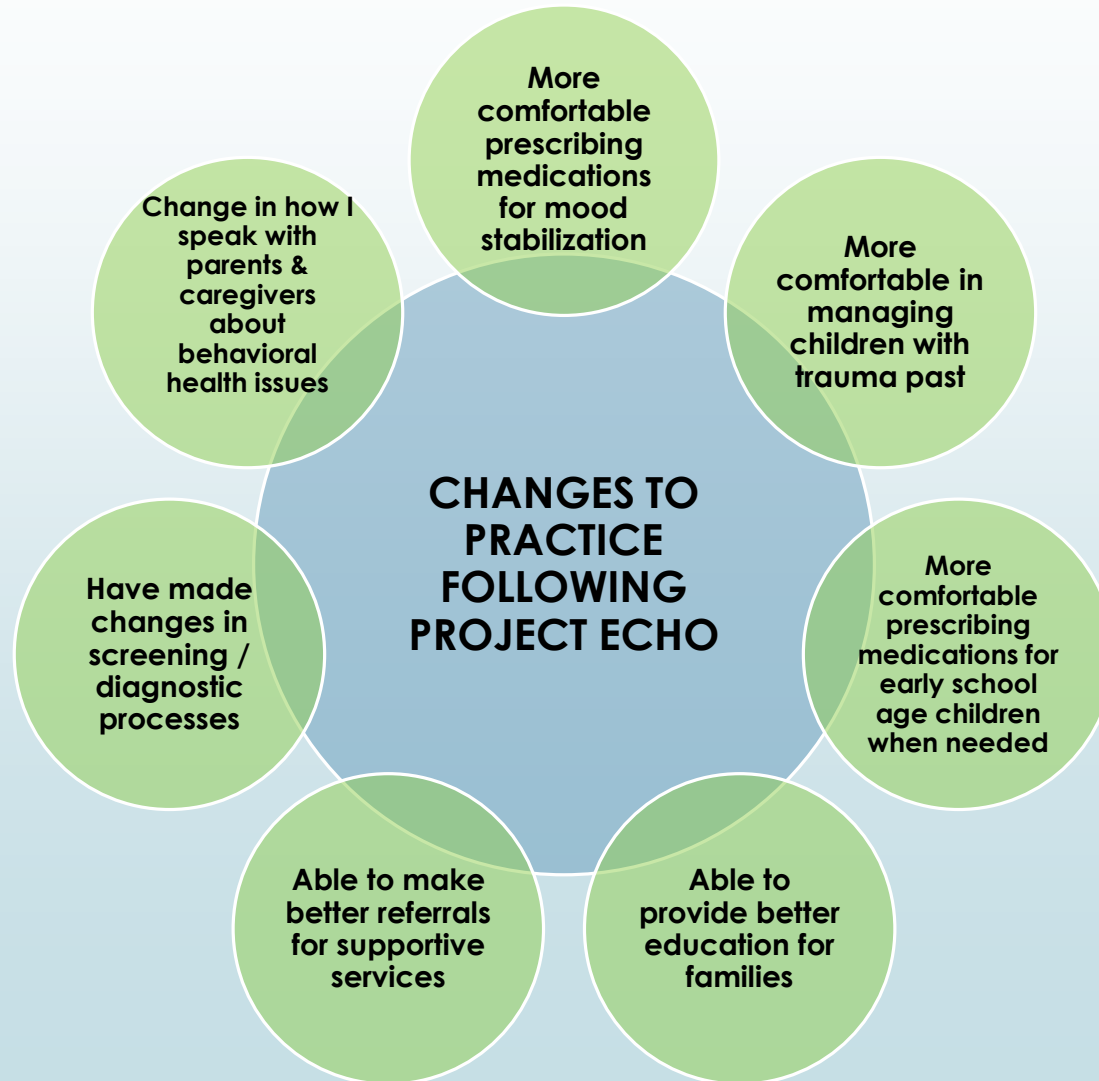
COHORT FOUR GROUP B

- Behavioral Health Screening Tools: What You Need to Know
- Update on Pediatric Depression, Suicide & Self-Injurious Behavior
- Anger Management & Aggressive Behavior in Children/Adolescents
- Anxiety Disorders in Children/Adolescents
- Management of Patients with Chronic Health Conditions
- Connecting Your Patients with Autism to Services
- Management of ADHD in Children

Respondents' Experiences with Behavioral Health ECHO

- *"It was like having colleagues. I loved seeing familiar faces and other pediatricians working on these issues like I am. I think any provider with limited local support should do an echo project just for collegial environment."*
- *"The community is a major asset. That does decrease the sensation of isolation. Hearing the discussion of the proctors was beneficial."*
- *"I know I am better at dealing with mental health issues since starting ECHO."*
- *"My understanding of the subject matter has improved as a result of participating in Behavioral Health ECHO."*
- *"I appreciate the collaboration with my peers and other providers across the state. As the only pediatrician in my county, I often feel very isolated and it's great to feel a part of a community where we can collaborate together."*
- *The information that I have gained in ECHO has given me so much confidence in dealing with issues that arise in my practice.*
- *"It is probably the most worthwhile time doctor and nurses spend to further and hone their clinical skills. Thank you for what you do. "*

PROJECT ECHO OUTCOMES





ADDITIONAL EDUCATIONAL OPPORTUNITIES

Lunch & Learns Offered to Enrolled Providers

- Alabama Partnership for Children (501 (c)3 non-profit created to develop, design, and implement a unified approach for improving outcomes of children from birth to five in Alabama.
 - Training re: ASQ and implementation into practice
 - Training re: Help Me Grow – connecting children to needed services after listening to concerns and assessing which referrals are best

- ADMH Infant/Early Childhood Mental Health Consultant
 - Training re: The Growing Brain series
 - Also offering a day of consultation embedded in their practice



FIRST ANNUAL CONFERENCE FOR ENROLLED PROVIDERS

AUGUST 28, 2021

9:00 am – 4:00 pm

- ❖ All enrolled providers invited – MD, DO, CRNP, RN, LICSW, LPC
- ❖ PATHS team on site to meet providers face to face
- ❖ Variety of mental health topics presented, i.e. provider wellness, trauma informed care, motivational interviewing, etc. (agenda being finalized)
- ❖ UAB School of Public Health Evaluation Team – conducting focus groups
- ❖ Hoping to have a message from our Commissioner of the AL Department of Mental Health
- ❖ Hoping to have a “Welcome” message from HRSA



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<https://www.childrensal.org/paths>