

MATERNAL AND CHILD HEALTH BUREAU (MCHB)
SPECIAL PROJECTS OF REGIONAL AND NATIONAL SIGNIFICANCE (SPRANS)

FINAL REPORT AND ABSTRACT

PROJECT IDENTIFICATION:

Project Title: Healthy Tomorrows Partnership for Children Program (HTCP)

Project Number: H17MC06966

Project Director: Stephanie M. Hoffman, PhD, Interim Director (11/1/09)

Grantee Organization: Treasure Valley Children's Mental Health Project, Inc.

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Project Period: 2006 – 2010

Total Amount of Grant Awarded: \$198,252.00

NARRATIVE:

1. **PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V MATERNAL AND CHILD HEALTH (MCH) PROGRAMS:** The major purpose of this project was to improve access to mental health services, particularly psychiatric services for low income children, by increasing and strengthening the capacity of primary care physicians in the provision of medical care for children with emotional and mental disorders. Ongoing training/continuing education and the development of resources for physicians in the treatment of mental health disorders was another purpose of the project. In addition, the project had hoped to create a cross-service system for triage, data collection, evaluation by a child psychiatrist, limited case management, family resource referrals and ongoing consultative support for primary care physicians.

The main problem the project addressed was the low number of child psychiatrists in the area along with the increased need for such care in the Boise area.

The program priority under which the project was funded was to stimulate innovative community-based direct-service programs that employ prevention strategies to promote access to quality health care for mothers and children. All pediatricians and family physicians in the Boise area were invited to participate in the project.

2. **GOALS AND OBJECTIVES:** The goals and objectives of the project were to:

- increase the capacity of primary care physicians to care for patients who have mild to moderate mental disorders
- conduct monthly training sessions for physicians on children's mental health issues
- develop and distribute a hard-copy and web-based resource guide
- provide a single point access for primary care physicians and school nurses in Ada County to the services provided through this project, including evaluation, assessment, consultation and case management
- obtain agreement from at least 20 primary care physicians to provide a medical home for an additional 6 low income patients per month/physician (child with an emotional or mental disorder)
- increase the number of participating physicians each year for a total of 63 by the end of the project grant

3. **METHODOLOGY:** The project used monthly training sessions and a yearly conference on children's mental health concerns, and the development of two resource guides as well as the purchase of pediatric mental health diagnostic materials to increase the capacity of physicians to care for their patients who have mild to moderate mental disorders. Cost for trainings were kept low since St. Luke's Hospital is equipped with the technology and setting for training sessions and they were able to broadcast the trainings to another site. They were also able to make CDs of every session so that physicians who could not attend were given the opportunity to learn about the topic and receive CEUs. Annual conferences have been held as well.

The first resource guide was developed by university students. This guide included community resources such as adoption agencies, ADHD services, autism

services, eating disorders, foster care, etc. CDs of the guide were also created and distributed. The second resource guide was a compilation of therapists in the project's geographic area and each therapist's specialties.

The single-point access was originally at St. Alphonsus Hospital utilizing their Assessment & Referral Services, but was later moved to the case manager as part of her duties since the A&R service was eradicated.

Memorandums of Understanding were signed by participating physicians to provide follow-up care to their MATCH patients and a medical home to two new patients in need per year.

A referral procedure was developed, as was case-record protocol.

4. EVALUATION: The evaluation methods used to assess the effectiveness of the project were family satisfaction surveys, participating physician surveys, and meetings with and questionnaires given to the psychiatrists. Also, the case manager's follow-up notes which included three months of follow-up services per patient were utilized.

5. RESULTS/OUTCOMES (POSITIVE & NEGATIVE): The major positive results/outcomes of the project include:

- a substantial increase in the physicians' comfort and confidence levels in treating children who have mild to moderate mental disorders
- monthly education sessions and annual conferences have been held on children's mental health issues (Physicians, school personnel, mental health providers, parents, college students and others attended.)
- immediate feedback of the evaluation and ongoing consultation were established between the psychiatrists and the referring physician
- the process from point of entry to intake to evaluation to follow-up was narrowed from three to four months to one to two months in many cases
- families and participating physicians were provided with a treatment plan giving them a "road map" for the child's care
- the majority of families have reported a better quality of life for their children as a result of the program, and an appreciation for the program
- an increase in participating physicians from 18 to 78
- the project was independent allowing the patient/patient's family choice in treatment providers for the follow-up care (Some agencies that provide evaluations refer to their therapists and staff for treatment resulting in "no back door" or little choice.)
- the participating psychiatrists have reported improved relationships with primary care physicians

The major negative results/outcomes were:

- the project did not obtain the ability to allow others, such as school nurses, to access the evaluation process nor were we able to grow to other geographic areas of the state
- although the project had hoped to provide a medical home to children who did not have one, this population was rarely referred and therefore the

- requests for such was quite low (5-7) throughout the length of the project
- approximately one-half of referrals were Medicaid patients; the other half had private insurance. MATCH was unable to serve those who had no insurance.
- at various times throughout the project, there were not enough psychiatrists or psychiatric evaluation slots to allow for a more efficient timeline from referral to evaluation causing appointments to be out as far as three months
- in four years, there have been three different directors of the program causing some fragmentation and lost time and momentum
- over time, some community partners withdrew their financial support
- a website was not established which would have helped in administering resources and education to physicians and providers, as well as donations and a revenue stream
- parent and consumer input was minimal at best
- although a number of attempts were made, no sustainability plan came to fruition to carry on the project as an independent non-profit organization
- case management services were not billable in the way that the program was set up

Lessons learned from the project would include:

- the importance of developing a sustainability plan and business plan early on
- establishing immediate feedback from families
- creating a website and utilizing today's technology to acquire a "face" in the community as well as a means for a revenue stream

6. PUBLICATIONS/PRODUCTS: Two directories were produced: "Mental Health Resource Guide for Families and Children" and "Directory of Children's Mental Health Providers". Both were requested by participating physicians, but also given to our participating psychiatrists. CDs of the Resource Guide were made available as well.

Pamphlets were created for parents and given to them at the time of intake. In the brochure the purpose and process of the program were explained and the story of an actual family was told (names were changed). These were also given to our participating physicians to give to their patients. A physician brochure was created which attempted to answer their questions about the program (i.e. what does it involve to participate in the program, what are the responsibilities of the physician, what is the process).

A few forms were developed and changed over time to better streamline the process. The forms include: Referral Form, Patient Information, Consent to Treatment, Release of Information, Medical History, Check Sheet for each file, Case Notes, and Letter to the Parent that goes with the written evaluation report.

Two surveys were developed and given out periodically: Family Satisfaction Survey and Physician Survey. The participating psychiatrists were given a questionnaire and met with to discuss their input.

CDs of monthly training sessions were made and disseminated to participating physicians. Any leftover CDs were put into binders and given to physicians who were

new to the program.

A newsletter was established and sent out to participating physicians a couple of times, but this was not continued.

7. DISSEMINATION/UTILIZATION OF RESULTS: Action taken to share information about MATCH with others consisted of Board members, physicians and the Director discussing MATCH with other physicians and providers in the state for possible duplication in their areas or a state-wide system. Many wanted to duplicate the program or have our program go state-wide. There is so much need and great interest, but we would need to overcome some obstacles. The main obstacles are the finances needed to expand and the shortage of psychiatrists in other areas. Transporting patients or having them travel to the Boise area is not always feasible or cost-effective.

8. FUTURE PLANS/FOLLOWUP: Plans for continuing the activities initiated by this project are to have St. Luke's Regional Medical Center in Boise take over the program. It will lose its stand-alone non-profit status, and will employ only a part-time Family Coordinator. The details are being discussed at the time of this writing.

A number of attempts were made to ensure sustainability. Separate meetings were held with Mountain States Group, Blue Cross of Idaho, Regence Blue Shield of Idaho, Medicaid and the Family Medicine Residency of Idaho. Unfortunately, with the recession and no revenue stream from MATCH, becoming a part of St. Luke's is our only viable option to continue the services that MATCH provides. The hope is that MATCH will continue on a smaller scale with the vision to grow and expand. We will continue to apply for grants and seek other avenues of funding/revenue.

In the short-term, families and children will continue to receive the information and care they need. Physicians will also continue to reap the benefits they have been receiving. The long-term impact, especially if we can grow the program, is that people all over the state will become more aware of mental illnesses, their treatment and recovery, and the numbers of people receiving the necessary care will increase. Hopefully, we will increase the number of child psychiatrists in Idaho and at the same time decrease the stigma of mental illness.

ANNOTATION

The Treasure Valley Children's Mental Health Project dba MATCH (Mental health Access To Children) was established to improve access to mental health services, particularly psychiatric services for low income children, by increasing and strengthening the capacity of primary care physicians in the provision of medical care for children with emotional and mental disorders. With many primary care physicians concerned about the mental health needs of their pediatric patients and their own limited knowledge in this arena, we sought to create a process whereby they could refer patients to an access-point for a psychiatric evaluation, receive consultation with a child psychiatrist and obtain ongoing training in order to provide follow-up care to their patients. This was especially needed since there is a shortage of child psychiatrists in Idaho. This shortage created a 3-6 month wait time for children to be evaluated and a treatment plan to be established. Through ongoing training of physicians in children's mental health and a process for families to get a diagnosis and guidance for care, the psychiatrist shortage has not been resolved, but the care issue is being addressed. Two resource manuals for physicians were developed.

KEY WORDS

Children's Mental Health
Medical Home
Primary Care Providers
Pediatricians
Family Physicians
Psychiatrists
Psychologists
Therapists
Psychiatric Nurse Practitioners
Children and Youth
Families
Case Managers
Mental Illness
Emotional Disorders
Developmental Issues in Children and Youth
Physician Training
School Nurses