Healthy People 2010
GRANT PROGRAM FOR CHAPTERS

Mental Health Program Summaries: Goals, Outcomes, and Future Plans
ACKNOWLEDGMENT

We would like to thank the AAP Friends of Children Fund for its support of the Academy's Healthy People 2010 Grant Program for Chapters.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Program Summaries</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.  Networking for Children’s Mental Health Regional CME Series – Alabama Chapter</td>
<td>3</td>
</tr>
<tr>
<td>II. PATHS – Kentucky Chapter</td>
<td>6</td>
</tr>
<tr>
<td>III. Web-CPAP – New York Chapter</td>
<td>8</td>
</tr>
<tr>
<td>IV. Caring for the Whole Child – South Dakota Chapter</td>
<td>11</td>
</tr>
<tr>
<td>V. DECAMH – Uniformed Services West Chapter</td>
<td>13</td>
</tr>
</tbody>
</table>

| Other Chapter Mental Health Initiatives                                           | 16   |

| National AAP Mental Health Initiatives                                            | 31   |
INTRODUCTION

Healthy People 2010 presents a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a road map for improving the health of all people in the United States during the first decade of the 21st century. Healthy People 2010 represents the third time that the US Department of Health and Human Services (HHS) has developed 10-year health objectives for the nation.

In 2002, the AAP Board of Directors approved the Healthy People 2010 Grant Program for Chapters and assigned the oversight role for this grant program to the District Vice Chairpersons (DVCs) Committee. The overall goal of the program is to help chapters establish networks in their communities to support the development and implementation of programs that address pediatric objectives within the US Department of Health and Human Services’ Healthy People 2010 initiative.

In May 2004, the DVCs reviewed the Healthy People 2010 pediatric objectives and determined that children’s mental health was the topic area on which the Healthy People 2010 Grant Program should focus for 2005. Through the support of the AAP Friends of Children Fund, the Academy offered a grant opportunity to chapters to help them develop and implement programs that addressed children’s mental health and mental disorders (focus area 18, “Mental Health and Mental Disorders”, as identified in Volume II of the November 2000 edition of Healthy People 2010, which is available at www.healthypeople.gov).

Five chapters were awarded grants of $20,000 each to fund their programs. The period of performance began on June 1, 2005 and concluded on May 31, 2007. As stipulated in the terms of the agreement, chapters were required to submit final reports at the conclusion of the grant period and highlights from those reports are included in this publication.

These program summaries describe five very different approaches to addressing children’s mental health issues. Each of these pilots demonstrates some promising practices that warrant further study to determine their long-range effectiveness. In the short term, all 5 chapters forged new partnerships, activated communities to address this important issue, and have plans to continue this work.

Summaries include information on the program goals, what groups they collaborated with, evaluation tools, and outcomes. Please contact the project director if you would like more information about a particular program.
PROGRAM SELECTION CRITERIA

A Request for Proposal that included the following eligibility criteria was mailed to all chapter presidents, vice presidents and executive directors. The programs submitted must:

- Have a measurable impact on the Healthy People 2010 leading indicators, mental health and/or mental disorders.
- Be a new program.
- Be led by a full Fellow of the Academy.
- Be supported by chapter leadership.
- Encourage general membership participation.
- Show collaboration with private and public partners.
- Demonstrate a realistic, achievable evaluation system.
- Include a concrete timeline for goals to be accomplished.

Priority was given to proposals that:
- Demonstrate innovative and creative approaches.
- Address hard-to-reach populations.
- Demonstrate continuation of the program beyond initial funding.

Using this criteria as a guideline, a score sheet was created to assist the DVC committee members in assessing and ranking the applications. Twenty-one proposals were submitted, reviewed, scored and ranked. Chapters scoring a total of 175 points or above and an average ranking of 1 through 4 were considered for funding. As a result of this process, fourteen chapters were eligible for consideration.

The committee reviewed and discussed proposals submitted from those fourteen chapters and voted to award grants to Alabama, Kentucky, New York Chapter 3, South Dakota, and Uniformed Services West Chapters. The committee also made a concerted effort to select chapters with diverse activities and target populations, in an effort to encompass a variety of programs.
PROGRAM SUMMARY

I  ALABAMA CHAPTER

Grantee:  AAP Alabama Chapter

Program Name:  Networking for Children’s Mental Health Regional CME Series

Primary Contact:  Marsha D. Raulerson, MD, FAAP
mdraulerson@magbelle.com

Project Director:  Linda Lee
llee@aap.net

PROGRAM DESCRIPTION & GOALS

The project relied on the following two-prong approach to ultimately increase the number of children directed and referred for appropriate mental health treatment: 1) Continuing Medical Education (CME) for pediatricians in four key areas of the state, designed to increase pediatricians’ comfort level in treating and/or referring patients for mental health services; and 2) regional networking and collaboration between pediatricians and child/adolescent psychiatrists and other mental health professionals. The chapter president and executive director personally contacted several pediatricians across the state to form a mental health committee with statewide geographic representation.

The Alabama Chapter hosted a two-hour roundtable session for the 75 participants (pediatricians, psychiatrists, mental health center professionals, and parent advocates) that attended the Alabama Department of Mental Health’s Child and Adolescent Psychiatric Institute’s annual educational meeting. The purpose of the meeting was to improve general psychiatrists’ comfort levels in treating children. Participants discussed local communication issues and ways to collaborate more effectively in the future and proposed ideas for the chapter’s regional CME dinner series curriculum. The “Navigating the Mental Health Maze” series was developed and hosted in the four local areas of the state, Huntsville, Birmingham, Montgomery and Mobile. Each session consisted of an hour of lecture on mental health screening, Bright Futures standardized forms, when to treat and when to refer, and one hour of roundtable discussion to further foster dialogue on ways to improve the local mental health referral system for children.
COLLABORATION

The Mental Health Project Advisory Committee was formed on June 1, 2005 and included representatives from the Alabama Department of Mental Health and Mental Retardation; Alabama Department of Public Health; Children’s Health System (Birmingham); Alabama Family Ties (parent advocate organization); the Alabama Academy of Child and Adolescent Psychiatry; and the National Alliance for the Mentally Ill (NAMI). Madeleine Blancher, MD, FAAP, was named committee chairperson.

EVALUATION/MEASUREMENT

The committee developed a questionnaire to survey pediatricians on their attitudes regarding the provision of mental health services for children. The baseline surveys were given to participants at the roundtables held during the meeting at the Psychiatric Institute. The same survey was distributed to pediatricians who had attended at least two of the “navigating” series of CME sessions so that the committee could gauge the project’s success in raising the comfort level of pediatricians as they manage mental health problems and improving relationships with mental health providers. It is important to note that because the committee did not receive survey results from every participant in both cases, the post-project sample was not necessarily the same sample as that of the baseline survey.

PROGRAM OUTCOMES

The following briefly summarizes outcomes that occurred as a result of the program:

- While the comfort levels of respondents in managing mental health problems did not appear to improve, the referral relationships with mental health providers appeared to be significantly improved. In June 2005, 42.1% of respondents reported a “consultative” relationship with mental health providers, but in November 2006, that number had doubled to 86.4%.
- In 2005, 84.2% of respondents reported having a “referral” relationship with a mental health provider, while 100% reported having such a relationship in late 2006.
- Relationship barriers were reduced: access to mental health services in an emergency improved from 46.7% to 52.4%.
- The ability to make timely appointments increased from 46.7% to 66.7%.
- A statewide mental health resource directory was produced and is available to pediatricians across the state; four regional mental health directories were distributed and are available on the chapter’s Web site (www.alchapaap.org).
Several committee members have produced standardized referral/follow-up forms to improve communication between pediatricians and child/adolescent psychiatrists. These tools are also available and downloadable from the chapter’s Web site.

The chapter has become a key player in all discussions on children’s mental health issues, and as a result of this project, was invited to serve on the Alabama Department of Mental Health and Mental Retardation Children’s Mental Health Advisory Committee.

The chapter has become a partner in the Child and Adolescent Psychiatric Institute in planning and coordinating roundtable discussions between pediatricians and child and adolescent psychiatrists and other mental health professionals.

CHILD HEALTH OUTCOMES

Survey respondents reported that in 2005, 24.7% of children in their practices affected by mental health problems were referred for treatment/mental health services; that number increased to 27.4% in late 2006.

The chapter has started conversations with Blue Cross Blue Shield of Alabama to improve mental health coverage for children, working toward improving parity, particularly for younger children, as a means of prevention.

FUTURE PLANS

Immediately following the grant period, the Advisory Committee planned the chapter’s first Open Forum on Children’s Mental Health. The event stimulated a tremendous amount of dialogue on issues facing children’s mental health, including identification of barriers and possible solutions. The Advisory Committee is summarizing that data and is in the process of writing a white paper that will be distributed to lawmakers, providers, state agencies and other interested organizations as a communication of the values, issues raised, and recommendations for change. The white paper will serve as a working document for the committee’s continued work on children’s mental health issues. The committee will continue to meet to further strengthen communication between pediatricians and mental health providers to continue to assist the four regional mental health networks in their efforts, and hopefully with additional grant monies, kick off regional roundtable meetings in areas of the state not served during the grant period.
PROGRAM SUMMARY

II KENTUCKY CHAPTER

Grantee: AAP Kentucky Chapter

Program Name: Prevention and Awareness of Teen Hardships and Suicide (PATHS)

Primary Contact: Hatim A. Omar, MD, FAAP
Haomar2@uky.edu

Project Director: Mary York
kypedsociety@isp.com

PROGRAM DESCRIPTION & GOALS

The overall goal of the program was to reduce teen suicide and suicide attempts through the implementation of a new rural education/awareness and training program, “Prevention and Awareness of Teen Hardships and Suicide (PATHS)” statewide campaign. Three-hour intensive training sessions that addressed the problem of teen suicide and raised awareness of prevention strategies were held at five different regional health centers. Participants received 2.5 credit hours in Category 1 of the Physician’s Recognition Award of the American Medical Association. The training sessions enabled pediatricians, family practitioners, nurse practitioners and mental health care providers to aid in the advanced identification and diagnoses of mental illness through the implementation of effective screening tools during office visits, improve the treatment and management of mental health care services, develop relationships between pediatricians and mental health care providers, and provide needed information to care givers about medication use, problems associated with it and the importance of follow-up care. In addition, an hour-long public forum on teen suicide was conducted at each of the five sites. The forums were open to the public and guests included parents, teachers, youth program coordinators and others. Through both the public forums and the professional training sessions, caregivers learned to identify predisposing signs and risk factors in teens, distinguish between facts and myths regarding depression and suicide, and overcome stigmas and barriers associated with mental disorders in order to seek needed mental health care.

COLLABORATION

As a result of promoting the PATHS program statewide, several organizations have contacted the Kentucky Chapter with requests for additional future
programs or presentations. The chapter is working with the Kentucky School Counselors Association, the Kentucky School Nurses Association, Kentucky Child Now!, Kentucky Telehealth Network, and the Kentucky Suicide Prevention Group.

EVALUATION/MEASUREMENT

More than 150 providers attended the PATHS training sessions and participants were asked to complete an evaluation form following the session. Data from all five training sessions were compiled and results have been shared with chapter members and other interested organizations.

OUTCOMES

The following briefly summarizes outcomes that occurred as a result of the program:

- 83% of session participants rated their overall increase in knowledge of mental health problems in adolescents to be "excellent" and 78% of these reported that the information gained would be used in their practice.
- An estimated increase of 117 providers in Kentucky are now using the knowledge gained in the PATHS workshop in their practices.
- According to the recently released report from the American Association of Suicidology, the state of Kentucky dropped from the 12th highest ranking of state suicide to the 16th ranking. This report reflects that prevention efforts, such as the PATHS program, within Kentucky are beginning to have an effect on reducing the numbers of suicide deaths.

CHILD HEALTH OUTCOMES

- 117 providers in Kentucky are now using the knowledge gained in the PATHS workshop in their practices. It is therefore estimated that approximately 58,000 more patients benefit from treatment of mental illness annually.

FUTURE PLANS

In an effort to provide on-going education to child health providers about the prevention of teen suicide in Kentucky, selected materials created for the PATHS program are posted on the Kentucky Chapter’s Web site (www.kyaap.org). Additionally, several web links to professional resources have been identified and are posted as well.
III NEW YORK CHAPTER 3

Grantee: AAP New York Chapter 3

Program Name: Web-based Child Psychiatry Access Project (Web-CPAP)

Primary Contact: Daniel Laraque, MD, FAAP
Danielle.laraque@mssm.edu

Project Director: Jessica Geslani
jgeslani@aap.net

PROGRAM DESCRIPTION & GOALS

The primary goal of Web-CPAP was to improve children’s mental health by making child and adolescent psychiatric services more accessible to primary care professionals throughout the 8 counties in the chapter’s region. Initial steps to carry out the overall goal included the formation of the AAP NY3 Child Mental Health Collaborative (CMHC), comprised of 27 multidisciplinary professionals. A sub-committee of the CMHC was formed to establish a core group of primary care clinicians and child psychiatrists committed to collaborating on the project. This group revised the Ronald Steingard encounter form, adapted the Steingard model for the Web, developed the other forms to be adapted for the Web, and worked closely with the Web developer to construct and revise the Web site. The domain name selected was www.nyaapcpap.org to reflect all three New York AAP chapters even though the pilot was being conducted in NY Chapter 3.

The program was designed to answer pediatricians’ questions on a range of non-emergency mental health problems seen in the practice setting, with an emphasis on attention problems and anxiety/depression. For the pilot project, patient names were excluded from the site and strict security measures were enforced. In Web-CPAP, clinicians log into the system to add a child and post a question related to that child by completing an intake form. Upon submission of a question, an e-mail notification was sent to all participating psychiatrists. One of the psychiatrists responds and completes a clinical consultation form. Depending on the complexity of the question, the psychiatrist could request a phone discussion with the clinician. The psychiatrist is required to complete a clinical consultation form for each response posted for the clinician. When deemed appropriate, the psychiatrist would close the consultation. The clinician is notified via e-mail to fill out a follow-up form. Legal consultation with the NY Chapter 3 attorney led to the development of a disclaimer to protect all parties involved in the pilot program. Six practices participated in the pilot project,
including a large teaching hospital, small private practices, and school-based health centers. The smallest practice had one clinician, while the largest had 76. Recruitment of differing sites was done intentionally to determine what practice settings would benefit most from this service. Among the five participating psychiatrists, a schedule was determined to ensure coverage throughout the work week. From Monday to Friday, a psychiatrist was available for 1.5 hours to respond to any questions posted on the Web site. It was emphasized that the site was not to be used for any emergent mental health issues. Results of this pilot and the next steps determined will be shared with the New York state health plans.

COLLABORATION

This project involved the New York Forum for Child Health, Mental Health Task Force, AAP District II representatives, NYS Office of Mental Health, and the New York State Health Plan Association. Step Thru Software was contracted to develop the Web site, with guidance from Jessica Geslani and Anthony Battista, MD on the creative layout and elements to ensure consistency with the appearance of the AAP New York Chapter 3 site.

EVALUATION/MEASUREMENT

Input from clinicians and psychiatrists were captured in a database to assess whether this medium is effective for consultations. Other data including date/time when the question was posted and the number of blog views were also collected to determine the success of this pilot and the feasibility of such a program.

PROGRAM OUTCOMES

The following briefly summarizes outcomes that occurred as a result of the program:

- Data confirmed that clinicians were reached with questions on the targeted mental health issues, that is, 77% of the questions posted related to anxiety, depression, or ADHD.
- Participants agreed that the psychiatric response was timely and that the encounter either confirmed or enhanced their understanding of the mental health issue posed by their patient.
- It is conceivable that in the context of an electronically based health system, access to a Web-based consultation that efficiently interfaces with the patient EMR may prove invaluable.
- Surveys of pediatricians have confirmed that lack of time remains an important barrier to the identification and management of children’s emotional health.
- The pilot did indicate that simplification of the data captured would simplify the exchange of information between these specialties.
Not having an orientation may have served as a barrier to use of the program, as some users have expressed that the site itself is not intuitive enough to use without orientation.

Beta testing of the system while concurrently testing the psychiatric consultation model proved difficult, but nonetheless yielded important information.

CHILD HEALTH OUTCOMES

This innovative planning project offers the hope of expanding access to mental health care for children. Using the CPAP format, data capture allows documentation and analysis of the advice provided by the child psychiatrist and the improvement in the provision of mental health services to children.

FUTURE PLANS

This project was able to obtain additional funds from the New York Council of the American Academy of Child and Adolescent Psychiatry’s Assembly Advocacy and Collaboration grants program and two committed psychiatrists. The CMHC subcommittee will reconvene to decide on next steps for the project. The additional funds acquired from the AACAP will likely be used to extend the pilot project another 6 months. The group will determine the changes to the system before re-launching the system and limit the pilot project to a select group of clinicians. Outcomes from the Web-CPAP program will be presented to the NYS Health Plan Association, a group of carriers that has expressed specific interest in the consultative model and the possibility of further piloting of the model.

The CMHC subcommittee submitted an abstract to the Council on Clinical Information Technology and presented on Web-CPAP in October 2006 at the AAP NCE. The program was presented as a case study of an innovative use of information technology to improve access to health care. Another abstract was submitted and accepted for presentation at the American Public Health Association annual meeting in November 2007.
IV  SOUTH DAKOTA CHAPTER

Grantee:  AAP South Dakota Chapter

Program Name:  Caring for the Whole Child

Primary Contact:&  Jerome M. Blake, MD, FAAP
Project Director  catblake@yahoo.com

PROGRAM DESCRIPTION & GOALS

"Caring for the Whole Child" is the product of a planning summit that included 29 leaders in the mental health field in the state of South Dakota. The two goals of the program are 1) Increase community understanding of strategies and resources to help develop emotionally healthy children; and 2) increase community recognition of the efficacy of early detection, intervention and treatment of mental illness; the emotional and developmental precursors of mental illness in children; and where to go for help.

Jerome Blake, MD, South Dakota Chapter President, met with more than 50 pediatricians, physician assistants and nurse practitioners, surveying them regarding their understanding of community strategies and resources available related to detection, intervention and treatment of children’s mental health illnesses. He purchased and distributed 50 copies of the Academy’s books, Bright Futures in Practice, Mental Health, Volumes I and II and The Classification of Child and Adolescent Mental Diagnoses in Primary Care to pediatricians and child and adolescent fellows across the state. He set up Collaborative Office Rounds through the Telemedicine Network in the state, utilizing his expertise and that of Dr. David Ermer and other child and adolescent fellows. The rounds gave primary care providers the opportunity to present patients from their practices on a monthly basis.

COLLABORATION

The chapter collaborated with many other organizations throughout the term of the grant, including South Dakota Coalition for Children; University of South Dakota School of Medicine, Pediatric Department and Child and Adolescent Psychiatry Residency; Sioux Valley Children’s Hospital; South Dakota Department of Human Services – Division of Mental Health; South Dakota Advocacy Services; Front Porch Coalition; South Dakota Center for Disabilities; and National Alliance for the Mentally Ill.
EVALUATION/MEASUREMENT

Pre-project and post-project surveys were sent to pediatricians, family practice physicians, physician assistants and psychiatrists to assess their perception of their community and practice needs in the area of child and adolescent mental health. In addition, participants were asked to complete CME evaluation forms after each Collaborative Office Rounds.

OUTCOMES

The following briefly summarizes outcomes that occurred as a result of the program:

- Through the use of Collaborative Office Rounds, participants were encouraged to present patients with mental health complaints from their practices and discussions resulted in increasing participants' knowledge and successful referrals to mental health providers.
- 71% of participants that completed evaluation forms for Collaborative Office Round sessions responded that the information was relevant and could be used in their practices.
- Pre project surveys showed that general pediatricians had the highest comfort level in recognizing and treating disorders in children and physician assistants the least.
- Post project surveys indicated that participants' comfort level increased in recognizing and treating developmental competency, somatic and sleep disorders, sexual behaviors, and substance use/abuse.

FUTURE PLANS

Dr. Blake will continue to stay actively involved in the South Dakota Voices for Children Mental Health Task Force and will continue to work on the Physician-Mental Health Center Communication Committee. He will also educate chapter members, using the Academy’s Strategies for System Change in Children’s Mental Health: A Chapter Action Kit as a tool and he has applied for a Sanford Research grant for funding to use the AAP Illinois Chapter’s model of office-based education to teach primary care physicians to use validated screening tools to screen for developmental delays, social emotional delays, autism, post partum depression and domestic violence.

As Vice Chair in charge of Child Advocacy, Dr. Blake will facilitate ongoing communication between the Pediatric Department and the Child and Adolescent Psychiatry Fellowship. He plans to facilitate a Child and Adolescent Mental Health Awareness program for the South Dakota Public television program, On Call. Arrangements will be made to have Wings for Life printed and distributed to every elementary and middles school in South Dakota.
PROGRAM SUMMARY

V UNIFORMED SERVICES WEST CHAPTER

Grantee: AAP Uniformed Services West Chapter

Program Name: Deployment Effects on Child and Adolescent Mental Health (DECAMH)

Primary Contact: MAJ Keith M. Lemmon, MD, FAAP
Keith.Lemmon@amedd.army.mil

Project Director: Elina Ly
ely@aap.net

PROGRAM DESCRIPTION & GOALS

The goal of the program was to increase awareness of, and provide innovative solutions to, the complex personal and familial mental health challenges faced by children and adolescents of deployed Reserve and National Guard (RNG) members. Interventions were targeted toward civilian primary care providers, mental health providers, school systems and community support organizations in communities that have high-density populations of deployed RNG members.

MAJ Lemmon, MD visited Operation Purple Camp in New Hampshire, a special camp for military children of deployed service members, to conduct the video interview component of the project. He and other colleagues including COL George Patrin, MD and COL Elisabeth Stafford, MD interviewed 25 children and developed the interactive video, Military Youth Coping with Separation: When Family Members Deploy. This DVD describes the unique challenges of military deployment through the voice of youth themselves and exposes emotionally engaging solutions suggested by military youth to individuals in the community who already have infrastructure in place to help them. A previously existing DVD, Mr. Poe and Friends, was also redesigned as an animated feature for children aged 6-12 to help them understand and cope with separation due to deployment. Both DVDs come with facilitators’ guides and other stress management tools.

Several national and local presentations were conducted by MAJ Lemmon, COL Stafford and COL Patrin as a result of this project.

COLLABORATION

The project managers collaborated with the US Army Medical Command, the US Army Medical Department Center and School, the AAP Uniformed Services
Section, the Department of Defense Office of Family Policy, the National Military Family Association (Operation Purple Camp) and many other dedicated individuals.

EVALUATION/MEASUREMENT

An initial phase of research data gathering was completed with COL George Patrin in February 2007 at Ft. Stewart, Georgia. Initial data is being analyzed and will be processed for publication around the final quarter of 2007. Also, ongoing follow-up of the initial research subjects will occur over the upcoming months and years as a study of both the short and long term effects of deployment on children and adolescents occurs. Formal and informal evaluations of the video program components are being collected. Plans for a more comprehensive outcome based evaluation of the video programs are being explored.

OUTCOMES

The following briefly summarizes outcomes that occurred as a result of the program:

- **Military Youth Coping with Separation: When Family Members Deploy** video was created with reproduction and distribution of 1,000 copies nationwide. The final version includes the teen section (main) as well as a video section of interviews with parents, a section of interviews with other youth serving professionals, and an interactive video Military Youth Stress Management Plan developed in conjunction with Dr. Ken Ginsberg that allows participants to input their military specific (as well as other normal) stresses and receive a comprehensive plan to address and manage stress.
- **Mr. Poe and Friends** video was redesigned and distributed widely.
- **Web site developed** - [http://www.aap.org/sections/unifserv/deployment/index.htm](http://www.aap.org/sections/unifserv/deployment/index.htm) - this web site features the video products as streaming videos, or they can be downloaded. The site offers resources for military youth, youth serving professionals and parents.
- **Links to the AAP’s Web site established** on multiple websites including the Army Behavioral health Web site under the “Children” tab at [www.behavioralhealth.army.mil/children/index.html](http://www.behavioralhealth.army.mil/children/index.html).
- **Presentations of the work developed** within the DECAMH project were made at more than 25 professional and school district conferences.
- **Additional funding of $60,000** was received from the US Army Medical Command for enhancement of the pilot teen and elementary deployment support videos. **$35,000** was awarded from Army Battlemind Project to develop the Interactive Military Youth Stress Management Plan. **$2,500** was awarded from the Brooke Army Medical Center Commander
for reproduction of the military youth deployment support video program for local distribution. Significant follow-up funding commitments have been received from multiple agencies who see the Military Youth Deployment Support Video Program as a unique and engaging program that can be used to support military youth, train professionals working with military youth, and to sensitize the general public to the often unseen needs of military youth.

FUTURE PLANS

Much work remains to be done in the field of discovery of the effects of military deployment on child and adolescent mental health. Military youth are exposed to physical and emotional absence of their caregivers as their military service member prepares for, engages in, and recovers from deployment. In addition, children are often living in families led by members who may have sustained significant war related physical injury, traumatic brain injury, and/or post traumatic stress disorder. Communities, health care providers, and school system officials are just now beginning to appreciate and understand the effect that military culture and service has on children and adolescents. Military children deserve to be better understood by general American society and they deserve to be proactively supported as they deal with the secondary effects of their family’s wartime service. Military and civilian health care and mental health care providers, military and civilian policy makers and the AAP must strive to stimulate and resource more research in the area of the effects of military stress on children and adolescents and in the area of existing and evolving programs that work to improve outcomes in military youth.
Alaska: The Alaska Chapter has recommended that the state increase funding to improve access to mental health services. With a limited supply of qualified mental health providers, access to psychology services is further limited. Psychologists practicing outside of community mental health centers or without direct supervision by a psychiatrist cannot obtain a Medicaid number. Child psychologists can only be accessed through the school systems, private health insurance or fee for service. The Alaska Chapter seeks to achieve Medicaid status for psychologists working outside of mental health centers and who are unsupervised by psychiatrists.

Arizona: The Arizona Chapter continues to provide CME opportunities in the area of children's mental health. A one-day CME seminar, "Healthy Tools for Healthy Children", was held in September 2005. This addressed the use of the ADHD toolkit, screening for autism including use of the Modified Checklist for Autism in Toddlers (M-CHAT), developmental screening including use of the PEDS tool, and psychotropic medications. Over 70 pediatricians attended this conference, which was held in conjunction with the Southwest Autism Research and Resource Center. In addition, mental health topics have been addressed at the annual "Pediatrics in the Red Rocks" CME meeting. In June 2005 this included autism and use of the ADHD toolkit. In June 2006 this included developmental screening and use of the PEDS developmental screening tool.

Arkansas: The Arkansas System of Care Stakeholders Planning Committee is chaired by the Department of Health and Human Services Deputy Director, Ray Scott, and has been charged with making legislative recommendations to transform children's behavioral health in the short and long term. The Arkansas Chapter has been involved in these meetings and will continue to follow the committee's progress to ensure that the medical home is preserved and that children's best interest regarding their mental health care is at the forefront of decisions that are made and implemented.

British Columbia: This is an issue identified by members as having great importance and the Board is working to address it, possibly through provision of continuing medical education credits at educational conferences.

California 1: The chapter formed a Mental Health Task Force in 2005 to study this issue and prepared an extensive directory of local resources throughout Northern California. The CME Committee convened a three-day conference on pediatric mental health that had 200 attendees. The chapter published the mental health resource guide as part of the CME syllabus and posted this information on the chapter’s website as a resource for members and the public. The Behavioral Pediatrics Committee meets on a quarterly basis to discuss the latest mental health issues, evaluation tools and treatment modalities. Each year the chair makes a presentation to the Board of Directors outlining the activities of the committee, as well as writing an article on mental health issues for the chapter newsletter.

California 3: The chapter’s role as the lead agent in the Health Developmental Services project for the First 5 Commission of San Diego County includes involvement with the emotional health of young children and families. In its annual "School Health Leadership Conference," the chapter regularly included speakers that addressed mental health issues in school aged children, especially teens. One of the chapter’s Executive Committee Members and Advisory Board members worked on the development of guidelines for Proposition 63, a large mental health funding source for California. An advisory board member, who is a pediatric psychiatrist, helped sponsor a dinner meeting with pediatricians and
psychiatrists in order to foster better communication between the two specialties when patients are shared.

**California 4:** The July 2006 Open Forum on Developmental Screening offered discussion of different levels of office developmental screening tools. Brochures on referral sources for developmental problems available in Orange County were distributed. The "Current Advances in Pediatrics" conference was held October 2005, and the guest speaker was Dr. Jefferson Prince, who spoke on pediatric anxiety and depression, ADHD, bipolar disease and other childhood mental disorders. School Readiness Nurse Integration Program - Nurses received intense training on developmental screening tools like the Ages and Stages Questionnaire and the Brigance Developmental Screening. Physician liaisons assisted nurses with questions on developmental issues and provided assistance with case management of these patients. Implementation of "Connected Kids: Safe, Strong, Secure" in pediatrician offices and resident clinics, includes training for providers as well as brochures for families to help "promote the development of resilient children" and prevent child abuse. Specific brochures include "Bullying: It's Not OK," "Pulling the Plug on TV Violence," and "Welcome to the World of Parenting." The chapter's School Health Committee is addressing mental health screening in pediatricians’ offices to be part of the anticipatory guidance.

**Colorado:** The chapter is working with the Colorado Child Psychiatric Society to improve access to mental health in Colorado.

**Connecticut:** The Connecticut Chapter works with the Connecticut Council on Child and Adolescent Psychiatry on a regular basis to educate each other’s members on relevant topics. The chapter tries to host 2 CME meetings per year, at which the topics can be presented by a pediatrician, or a child psychiatrist. These meetings are very well received, and have helped many pediatricians establish relationships with psychiatrists that they had not had in the past.

**Delaware:** Nidia Yanez, MD, Chairperson of the chapter’s Psychosocial Committee also chairs the Delaware Bullying Prevention Association. At the chapter’s School Health Conference, Deputy Attorney General Rhonda Denny, Esq. gave an interactive presentation on bullying using the audience as bullies and victims. She recently created a film titled "Strings of Fear" that is expect to get into all Delaware schools.

**District of Columbia:** The Metropolitan Child Psychiatry Association and the AAP in the summer of 2006 began the development of an ongoing task force to improve timely access to resources and consultations for child psychiatry, psychology and social work counseling services, as the access to these services in Washington D.C. remains inadequate.

**Florida:** The chapter is working to build a partnership with a funded university to provide mental health information to parents and children. Individual members work with mental health initiatives related to suicide prevention, use of medication, and early recognition of mental health problems. The chapter completed an AAP Grant on ADHD that provided both professional and public information on ADHD to a broad range of groups.

**Georgia:** To help members in primary care better serve the increasing mental health needs of patients, the chapter had at least 2 sessions devoted to this topic at each of its last 3 major CME meetings. The chapter is re-forming the Mental Health Task Force, and has formed a Work Group with the child psychiatrists and the psychologists to explore ways of improving this care for children in the state.
**Hawaii:** Recognizing the multiple needs in this area, the chapter’s four-hour Timely Topics in Pediatrics 2007 course will focus exclusively on the mental health issues present in the local pediatric population.

**Idaho:** Dr. John Hanks received a CATCH grant four years ago to develop a mental health access program. This coalition wrote and received a Healthy Tomorrow’s grant and began seeing children through this program. The program will increase the providers’ knowledge and skills of treating children with mental illness, offer screening for children that need to be referred and seen by a psychiatrist, and then the child is returned to his medical home for services by his primary care physician. The program started with 19 pediatricians and 1 family practice physician and has increased to 50 physicians and includes the family practice medicine residents in the area. The training consists of a monthly didactic lecture and a monthly case review. In addition, physicians attend a yearly mental health conference and have received two mental health texts for their office use. The feedback has been very positive. Parents and their children are seen within 3 weeks of the referral and treatment is consistent and based within a medical home.

**Illinois:** The Illinois Chapter (ICAAP) is focused on providing mental health screening tools and referral resources for pediatric primary care. To that end, ICAAP collaborated with Children’s Hospital of Illinois (Peoria) to develop and pilot an adolescent depression screening curriculum. ICAAP presented its program on screening and referral for early childhood social/emotional issues to over 50 clinical sites through its Enhancing Developmentally Oriented Primary Care (EDOPC) project. Furthermore, the ICAAP Executive Director was appointed by the Governor to serve on the Illinois Children’s Mental Health Partnership (ICMHP). The Partnership recently drafted recommendations that include a call for consultation initiatives between primary care and mental health providers. ICAAP is working with the ICMHP to present the adolescent depression program statewide, secure funding for consultation pilots, and advocate for mental health parity.

**Indiana:** The Indiana Chapter has approved a mini-grant to fund a program that Dr. Darlene Kardatzke, in collaboration with the section of Developmental Pediatrics and the Child Development Center at Riley Hospital, to develop an email survey. The survey will be sent to AAP members, family practitioners, and nurse practitioners in Indiana to determine the methods currently used for surveillance and screening for developmental and social-emotional progress in their patient population. The chapter hopes to learn how many practitioners are interested in further education about screening tools and how they would like to acquire this education. It is anticipated that the results of the survey will help direct training of residents and future educational endeavors for practicing physicians in issues related to developmental and social-emotional surveillance and screening.

**Iowa:** The Children's Mental Health Redesign is a cross-systems project to increase evaluation and treatment of mental, emotional or developmental concerns or conditions resulting from brain injury. The redesign will improve access and quality of services to the children in Iowa. Two AAP members, Drs. Jody Murph and Jeff Lobas are participating in this effort. "Healthy Mental Development" project incorporates screening for developmental or social-emotional problems and maternal depression in the primary care provider's (pediatricians and family physicians) office. The AAP will collaborate with ABCD II and Medicaid to implement guidelines for identification of young children with developmental or social-emotional problems. This will involve opportunities for training at meetings, in small group settings and via the internet/AAP Listserv®. The AAP will assist in making materials, forms, and materials available, easily accessible and free or at low cost to pediatricians. Recommendations and guidance will be made available in a variety of venues to facilitate easy implementation in the pediatrician’s office. Literature to support evidence-based practice will also be made available. The chapter is currently exploring incentives and mentoring opportunities to accomplish this important goal.
Kansas: The Kansas Chapter partnered with Blue Cross Blue Shield of Kansas to submit a grant on screening for depression. Unfortunately, this grant was not funded, but the chapter remains committed to increasing mental health access to children in the state.

Louisiana: Because of the 2005 storms, child mental health has been an acute issue in Louisiana. Inpatient beds were eliminated in New Orleans by the storm's devastation and many mental health providers left the area. The chapter has worked with Tulane and the School Health Centers to enhance outpatient care and has provided training to general pediatricians to prepare them to address some childhood mental health issues.

Maine: The Maine Chapter has a close relationship with the Office of Child Behavioral Health Services and is working to improve collaboration and coordination of care. Several members are participating in a variety of mental health/primary care integration projects sponsored by state grant programs. Other chapter members have received grant funding for multidisciplinary evaluation and coordination of care for children with mental health needs. The chapter has actively supported a project by one of its members from the National Child Traumatic Stress Network which has successfully provided education to health care providers on recognizing traumatized children.

Maryland: The Maryland Chapter originated and initiated a unique partnership with the National Basketball Hall of Fame called the "MVP's of Character/Team-Up Rally." This character education program was done twice in September 2005 and November 2006, partnering with the District of Columbia and Virginia Chapters, and then with the Kansas Chapter. The Child Maltreatment Committee is in the process of establishing Centers of Excellence which are regional centers to evaluate child abuse victims. The Emotional Health Committee implemented the EQIPP module through the ADHD workshop. The Emotional Health Committee has been promoting use of the Developmental Troubleshooter’s Eclectic Checklist for Kids and Teens (D-TECKT), a behavioral assessment tool that was developed by the chapter committee for use by pediatric clinicians. Chapter leaders have presented at pediatric grand rounds at Greater Baltimore Medical Center in September 2006 and at Bayview Medical Center in January 2007. They are submitting a proposal to present at the Society for Developmental and Behavioral Pediatrics in the fall of 2007 on using the D-TECKT to teach pediatric residents behavioral assessment and management skills. Dr. Tellerman (Chair) is meeting with the Department of Health and Mental Hygiene in January to provide pediatric input on the state transformation grant that will seek to integrate the delivery of mental health services throughout Maryland.

Massachusetts: The chapter’s Children’s Mental Health Task Force (CMHTF) is a coalition of Health Maintenance Organizations (HMOs), child psychiatrists, various commissioners, legislators, employer groups, nurses, and groups from the education community that work together to improve children’s mental health in Massachusetts. The task force has been successful in obtaining reimbursement for non face-to-face care, increasing payments for child psychiatrists, helping to establish a Special Governor’s Commission on Children’s Mental Health, facilitating funding from HMOs for the Parent Advocacy League from HMOs and facilitating the creation of various local children’s mental health programs. The Massachusetts Child Psychiatry Access Project (MCPAP) has been launched in six regional sites around the state and is enabling pediatricians to get training and consultations in psychopharmacology and management of patients with mental health problems. Recent activities include: Encouraging the health plans to reimburse for formal developmental/mental health/substance abuse screening using CPT code 96110 with annual preventative care visits; providing testimony recommending the assessment of multiple aspects of the Massachusetts children’s mental health system; forming a private/public workgroup to address substance abuse in children; forming a subgroup to discuss diagnosis and treatment of children with mental health issues in the school system; supporting the expansion of MCPAP to ensure that child psychiatrists are available for timely pediatric consultation and education of
pediatricians about mental health resources in their communities. The chapter has been involved in the drafting and filing of a ground-breaking mental health omnibus bill entitled, “An Act Improving and Expanding Behavioral Health Services for Children in the Commonwealth.” The bill was filed in January 2007.

**Michigan:** The chapter supports efforts to improve access to child mental health services. Furthermore, legislation that mandates parity in insurance coverage for outpatient and inpatient mental health and substance abuse treatment and services for children is strongly supported by the Michigan Chapter of the American Academy of Pediatrics. The Michigan Chapter supported Senator Beverly Hammerstrom's efforts to introduce legislation for Mental Health Parity in the fall of 2006. In terms of pediatrician awareness, the National Alliance on Mental Illness attended the March 2006 Open Forum Board Meeting and presented information on mental health parity. The program planning committee for the chapter’s annual meeting is scheduling a session on maternal depression for the next meeting.

**Minnesota:** The chapter and its foundation have been involved in this priority area in several ways: 1. Staff and leadership are involved in the Commonwealth funded ABCD-II project; 2. The Society for Child and Adolescent Psychiatry and the chapter have had meetings to determine how they might work together (potentially sharing staff); 3. The Foundation’s work with the Building Communities for Children With Special Health Care Needs organization has resulted in several major proposals (pending) to ensure early developmental and behavioral screening of all children, including very young children; and 4. Drs. Read Sulik and Glenace Edwall have presented at the April Quality Forum and at medical home learning sessions.

**Mississippi:** On September 9, 2005, the chapter hosted its Fall 2005 CME meeting, entitled "Pay Attention: Pediatric Behavioral Disorders Update". This gathering included lectures on ADHD, teen depression and suicide, Obsessive/Compulsive Disorder, Opposition/Defiant Disorder, Tics, Autism, and related topics. The Katrina Kids in Mississippi Mental Health Program directed a large amount of the chapter's disaster relief funds to addressing the mental and behavioral health needs of children post-Katrina. In addition to hosting the "Convening Forum on Recovery Services for Children and Adolescents" on the gulf coast in January 2006, the mental health teams individually screened 262 children at more than 25 sites and families of each of the children screened were provided information on local mental/behavioral health resources, how to address children's emotional needs post trauma, and how to prepare for future disasters. Additionally, the two school districts to which the chapter granted funds have been able to address the mental health needs of hundreds of children in their districts, which would have been impossible without these contracts. The "on the ground" assistance through the Gulf Coast Mental Health Center therapist has been vital.

**Missouri:** In addition to the new dialogue with the Eastern Missouri Chapter of the American Academy of Child and Adolescent Psychiatrists which began in the fall of 2006, the chapter enjoys a nice rapport with the Missouri Institute of Mental Health. Plans to collaborate on a program or project are underway, though solid programmatic details have not yet materialized.

**Montana:** The chapter is working on options from a national level to try and address state needs, and is considering options such as telemedicine, for example.

**Nebraska:** The Executive Committee identified the issue of suicidality and black box warnings for adolescents. The chapter invited a child psychiatrist to address the chapter’s fall meeting on this topic.

**New Hampshire:** Dr. Greg Prazar is working with child psychiatry to develop strategies to help children who have depressed parents to become more resilient. Dr. Prazar is also a member of the AAP
Task Force on Mental Health, which has worked on developing algorithms for practicing pediatricians to help prevent mental health problems in pre-school and school age children and teens. The algorithms will help the practitioner decide when mental health surveillance should be done, what screening devices to use if surveillance indicates concerns about mental health issues, and how to proceed. The algorithm will be available in paper and electronic medical record versions.

**New Jersey:** The chapter will be addressing mental health and other health concerns in adolescent populations through an innovative grant sponsored by Medicaid dollars and a matching grant collaboration with the University of Medicine and Dentistry of New Jersey. Chapter members will also be working on a Fetal Alcohol Syndrome Disorder training and development curriculum for physicians and other providers in screening for alcohol use in pregnancy and recognition of the child affected by prenatal exposure.

**New Mexico:** The Agenda for New Mexico's Children has a specific section about behavioral health, asking government officials to "provide adequate access to high-quality behavioral and mental health services for ALL of New Mexico's children". In New Mexico, behavioral health programs have undergone a major review by the Children, Youth and Families Department and "ValueOptions" (a behavioral health management type organization) has been created. Further, the following mental health issues were addressed at the Gallup 2006 fall meeting: attention, language and memory; behavioral health crisis of Native American youth; suicide and depression in New Mexico; anger and aggression; family solutions to psychosocial problems; eating disorders; bullies and victims; and post-colonial stress disorder in Native American behavioral health.

**New York 2:** 1. An educational dinner meeting titled "Short Course on Mental Health" was held on October 30, 2006 at the Chateau Briand and 80 people attended the meeting. The topics were "Controversial Issues in ADHD Treatment" with speaker Peter Jensen, MD and "ADHD Coding and Reimbursement" with speaker Herschel Lessin, MD.

**North Carolina:** In 2005, representatives from all of the state's primary care specialty societies, plus the behavioral/mental health professional societies, joined together in a partnership called ICARE - Integrated, Collaborative, Accessible, Respectful, Evidence-Based care to develop a curriculum and approach to integrate care. The chapter plays a key role in launching ICARE education and training events. The chapter is part of a mental health research project jointly with Johns Hopkins University and Northwest Area Health Education Centers of Wake Forest University partnering with the North Carolina Academy of Family Physicians and the North Carolina Psychiatric Association to bring child psychiatrists and primary care providers together to improve communication skills with patients and parents (National Institutes of Mental Health and Duke Endowment funding). Recently, the chapter partnered with the North Carolina Psychoanalytic Society to promote multidisciplinary education and training events on mental health topics. The chapter's Mental Health/School Health Committee is an active forum that is well attended by a multidisciplinary panel of medical and mental health professionals including the National Association of Social Workers, National Alliance on Mental Illness, psychology and psychiatry societies. The chapter also partnered with the North Carolina Psychiatry Association on a survey of referral issues. Chapter activities in promoting co-location of mental health professionals in the primary care setting led to the publication of an article in the July 2006 edition of *Ambulatory Pediatrics*.

**North Dakota:** At the most recent Fall meeting, the chapter offered CME surrounding the topic of mental health. Issues discussed were ADHD, specifically concerning the fact that there are very few child psychiatrists in the state, and the pediatricians primarily care for the majority of children and adolescents with this condition. Participants discussed ways to accurately diagnose and treat ADHD in collaboration with colleges from child psychiatry. Autism, early recognition and diagnosis, as well as
some screening tools were discussed at this meeting. The chapter is considering other ways to help pediatricians with this issue. Oppositional defiant disorder was another topic discussed at the meeting. The chapter is obtaining tools to be used in the pediatric office setting to screen for childhood depression and hopes to get this to be a state-wide initiative that will reach all members. The chapter supported the North Dakota Medical Association and psychiatrists in some legislation dealing with mental health.

**Ohio:** The chapter, in collaboration with other like-minded organizations, helped get mental health parity legislation passed in Ohio. Chapter leaders approved and implemented a strategic plan to address the Behavioral and Emotional Care of Ohio’s Children. The chapter obtained a grant from the Ohio Department of Alcohol and Drug Addiction Services to produce “Mind Menders,” a short subject for pediatric health professionals similar to Sport Shorts, which originated with Ohio AAP. To date, four “Mind Menders” have been produced on the following topics: Maternal Depression, Special Emotional Needs of Children in Foster Care and Adoption, Confidentiality, and Fetal Alcohol Spectrum Disorder. A CME program on Developmental and Behavioral Coding and Fetal Alcohol Spectrum Disorder was offered during the 2005 chapter annual meeting. A CME program focusing on Behavioral Health Practitioner Education, as well as identification and treatment of depression in children and their caregivers, was offered at the 2006 chapter annual meeting. All committees are committed to improving the behavioral and emotional care of Ohio’s children and include this issue in their committee activities. The chapter showcased models of integrating behavioral health into primary care at Open Forum meetings. Past President, John Duby, MD played an integral role in the filming of “First Year of Life Lasts Forever: What Works for Young Children in Northeast Ohio”, a 60-minute program that aired on WKYC TV3 in Cleveland and was viewed in more than 200,000 homes across northern Ohio. The chapter successfully advocated for the ABC Initiative, legislation that funds programs for early identification and treatment of mental health problems in early childhood, including parent training programs to be offered by early intervention specialists. Chapter leaders secured a $500,000 federal grant earmarked for First Signs, an early intervention screening tool for autism. The chapter worked with First Lady of Ohio, Hope Taft, on Town Hall meetings addressing teen drinking. Mrs. Taft received the first Antoinette Parisi Eaton Advocacy Award from the Ohio Chapter at the annual meeting.

**Oklahoma:** The Systems of Care concept is off and running in Oklahoma. The Oklahoma legislature has appropriated sufficient funds to ensure its future. The state still needs more mental health professionals to deal with the psychiatric problems faced by patients in the state.

**Oregon:** The chapter president and vice president are both involved in training other pediatricians, other health care providers, community providers, and parents in early childhood mental health and community collaborations through seminars and workshops. The chapter’s vice-president lectures on preventative mental health throughout the state, and the North West Early Childhood Institute Mid- Career Pediatric Learning Collaborative focuses on early childhood mental health: identification, referral and management. The president continues to educate pediatric nurses, mental health providers, pediatricians, family physicians, and early childhood educators on the effects of drugs and alcohol on children’s behavior and development through the Community Connections project. This is administered through the Title V programs and serves regions statewide. Oregon has received a grant to support FEAT (Family Early Advocacy Training). The chair of the chapter’s Committee on Children with Disabilities is the Co-Principal Investigator and the chapter president also serves on this committee. The purpose of FEAT is to develop an optimal and effective model of state and local policies and procedures to implement the provisions of CAPTA (Child Abuse Prevention and Treatment Act) and develop a comprehensive family centered model for identification, referral, and safe care for infants pre-natally exposed to drugs and alcohol. In November 2006, a task force began to forge an ABCD Academy project focused on screening and referral in pediatric offices with the Oregon Department of Human Services (DHS) and the Office of Family Health. Their charge is to submit a proposal in partnerships
Pennsylvania: The Pennsylvania Chapter is involved in the following mental health activities: 1) Surveyed pediatric practices for the Governor's Commission on Children and Families on mental health access needs and the usefulness of an 800 number/website with mental health resources; 2) Continued to advocate with state government (along with other children's advocacy organizations) for improved access to mental health services. Specific issues are 6 month waiting list for diagnostic evaluation with developmental pediatricians and/or pediatric mental health providers, collaboration between physical and mental health services under Medicaid. (The chapter has achieved some success in securing reimbursement for primary care physicians who provide ADHD and other mental health services for children.) 3) Working with 26 practices (under a medical home grant) on children with special health care needs - one aspect addresses diagnosis, treatment and community services for children with mental health issues. 4) Meeting twice a year with insurance company medical directors and mental health issues are always on the agenda. 5) The chapter-managed Child Death Review Program is actively involved in suicide prevention across the state, including Yellow Ribbon training in numerous local communities.

Puerto Rico: An Open Forum focusing on childhood violence was held. Governmental leaders, pediatricians, academicians, and mental health professional were invited to this meeting. The activity was successful and chapter leadership plan to do additional ones on this topic during the next year.

Rhode Island: The chapter wrote and presented a proposal to the State Legislature's Health Finance Committee for resources to support mental health promotion in primary care practices, as well as for increased access to mental health services statewide. The proposal included funding to incorporate CHADIS (Child Health and Development Interactive System) into Rhode Island pediatric practices. Dr. Pam High and Dr. Mary Margaret Gleason are on the AAP Task Force on Mental Health: Infancy and Early Childhood Algorithm Subcommittee. Dr. Gleason has given multiple talks in the community on post partum depression and a few national talks/posters on early childhood mental health screening, preschool psychopharm, and preschool trauma. Dr. Pam High serves as pediatric consultant to the Rhode Island Department of Health Project: Child Care Health and Mental Health Consultation Network of Rhode Island. The chapter collaborates and co-advertises for CME and legislative advocacy with the local chapter of the Child and Adolescent Psychiatry Society.

South Carolina: A subcommittee has been organized to identify areas of need. This committee will also assess the current programs and determine a utilization scheme that would maximize resources. This information will then be shared with the Department of Disabilities, Medicaid and the Department of Mental Health.

Tennessee: Tennessee Chapter representatives met with the Children and Youth Directors of the Tennessee Association of Health Mental Health Organizations to address concerns around the system of mental health care for children. Topics such as obtaining more information about services available, problems with the present system of care, and opportunities for collaboration to improve access to services for children were raised. This meeting created active dialogue and collaboration on various projects. Key among these projects were distribution of an updated directory of mental health services available for children; a newsletter article about how to better access youth crisis services; and letter templates for improving communication back to the primary care provider. Active dialogue became the impetus for a pilot project co-locating a mental health provider in a Columbia, Tennessee member’s practice. This behavioral health case management model locates a mental health professional in the pediatrician’s office to assess children at the time of referral, provide brief advice and counseling, and/or
match families with available resources. A Tennessee mental health provider is the chapter’s partner in this project and has reported improved access to services for children referred. In a follow-up meeting, consensus was to expand the model to additional practices in middle Tennessee and to explore further opportunities to educate primary care practitioners on care of children with mental health conditions such as depression, ADHD, and anxiety. The chapter also engaged in similar discussions with the state and another statewide managed care behavioral health vendor of the TennCare program. The greatest benefit of these programs has been increased communication of shared goals and objectives with the mental health managed care organizations, which sets the stage to build a pediatric council for mental health in the state.

**Texas:** With only 700 child psychiatrists for over six million children in the state, the Texas Chapter’s Task Force on Mental Health and the AAP Adolescent Mental Health in Primary Care Initiative are working to increase training, screening tools, reimbursement and consultation to pediatricians who provide mental health evaluation and treatment in the office. The task force is also addressing mental health issues for foster care children and is encouraging use of **AAP Bright Futures** in private offices.

**Uniformed Services East:** Several military treatment facilities have programs geared for the special mental health needs of children with deployed parents and parents that have been injured or killed while deployed. The chapter received a grant through the 9-11 Fund to obtain the educational resource "Feelings Need Check Ups Too" distributed to all Uniformed Services Chapter East and Chapter West pediatricians. Chapter leaders encourage members to apply for CATCH grants for mental health projects.

**Utah:** Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ) recently completed two learning collaboratives, one focused on Social-Emotional Screening of Toddlers and the other on ADHD. Another learning collaborative that focused on screening for maternal depression began in June 2006. As a part of the Medical Home Project, a one-day learning collaborative on mental health issues, screening, and access to mental health care was held in November 2006. The chapter recently became a partner with the Utah Coalition for Healthy Minds/Healthy Bodies. This coalition was developed to organize mental health advocates throughout the state and to discuss mental health issues which might have a mental health impact.

**Vermont:** The chapter is involved in the following mental health activities: 1) regional dinner meetings were held with a child psychiatrist to discuss a focused mental health topic and to allow pediatricians time for case review. 2) Dr. Paula Duncan, through Vermont Children’s Health Insurance Program (VCHIP), has helped develop adolescent risk assessment screening tools and is providing in-service training to individual practices around the state. 3) VCHIP has spearheaded a project where psychologists and mental health professionals are co-located in pediatric offices. There is also psychiatric consultation provided (by phone or in some cases in person) to pediatricians for case consultation. This model has been so successful that the state mental health division is looking at replicating this model across the state.

**Virginia:** Two areas of the state, northern Virginia and Richmond, have developed a Collaborative Office Rounds model of interaction between pediatricians and child psychiatrists for care of children with mental health disorders. The chapter partnered with the AACAP to kick off a statewide group of pediatrician/psychiatry partners in a "Linking Primary Care and Mental Health" symposium in April 2007. The chapter’s Foundation is the home for the state chapter of Federation of Families for Children's Mental Health, a support/resource group for families of children with behavioral health issues.

**Washington:** The chapter is involved in legislation this year that will improve the education of pediatricians providing a medical home for children with mental illness. The bill will provide access to
child psychiatry with funding to provide consults on an as-needed basis for children in practices that care for an increasing number of children with significant mental health challenges. There is also an effort to provide direct didactic education on mental health disorders for pediatricians. Learning collaborates around ADHD were held this year and supported in part by the chapter.

**West Virginia:** The school based health centers in Pendleton and Cabell counties participated in a Mental Health Education and Training Initiative with the National Assembly on School Based Health Care. The initiative was conducted to improve the recognition of mental health problems, the use of screening and assessment tools, the knowledge of behavioral interventions, and the collaboration among primary care and mental health providers. Dr. King Seegar, the medical director for the Pendleton clinic, and Dr. Patricia Kelly, the medical director of the Cabell Clinics are members of the chapter’s Committee on School Health. Dr. James Lewis received a chapter mini-grant for his quality projects entitled: ADHD Parent/Pediatrician Letters to the School: Catalyst of Change.

**Wisconsin:** An important goal for the chapter is to promote access to quality mental health care for all children in need. The Committee on Mental Health Chair, Dr. Russell Scheffer, has been working with various institutions across the state to increase access to mental health. Since Children’s Hospital of Wisconsin is the only tertiary pediatric center in southeastern Wisconsin, Dr Scheffer has been working on developing new evaluation clinics. He is collaborating with the Mental Health Association (of America): Primary Care and Psychiatry Initiative to evaluate screening tools and expand services into the inner city. Working with the legislative committee, he made a significant contribution toward legislation related to mental health law. In collaboration with Dr. Meurer and the Medical College of Wisconsin, a CATCH grant for foster children mental health access was secured for 2007. A presentation on depression was given at the April 2006 annual meeting, and at the suggestion of many attendees, a full program of child mental health issues was held at the 2007 April Annual Meeting. The committee is planning more work on access, training and support for primary care clinicians treating youth with mental illness. Telemedicine may be used.

**Wyoming:** The chapter will recommend mental health speakers for future CME sessions during the Wyoming Medical Society's Annual Conference.
In 2004, in response to the growing need to address children’s mental health concerns in primary care, the AAP Board of Directors formed the American Academy of Pediatrics (AAP) Task Force on Mental Health (TFOMH). The task force is responsible for providing feedback and guidance to AAP staff on mental health projects as outlined in the AAP Mental Health Action Plan. The following are resources available to AAP members:

**Chapter Action Kit**

The TFOMH has developed *Strategies for System Change in Children’s Mental Health: A Chapter Action Kit* to assist AAP chapters in addressing and improving children’s mental health in primary care in their state. The Chapter Action Kit focuses on the following 6 core action areas that provide strategies for improving children’s mental health programs and services:

- Strategies to Partner with Families
- Strategies to Assess the Service Environment
- Strategies to Collaborate with Mental Health Professionals
- Strategies to Educate Chapter Members
- Strategies to Partner with Child-Serving Agencies
- Strategies to Improve Children’s Mental Health Financing

Within each core action area, the AAP includes information on the overall issue, implications for chapter work, suggested chapter strategies, resources for further information, and selected tools related to the topic. It is important to note that as chapters begin their efforts and identify the children’s mental health issues specific to their state, additional strategies, resources, and tools may be identified in addition to what is included in this action kit. The Chapter Action Kit is not intended to be exhaustive but rather to help serve as a starting point for chapter efforts. Each chapter will want to consider and tailor their activities and strategies specific to their own state issues and needs, and chapter resources.

**E-News**

The Improving Mental Health in Primary Care Through Access, Collaboration, and Training (IMPACT) *E-News* is a bi-monthly electronic publication that contains the latest news, research, and resources in children’s mental health; upcoming conferences and Web casts; funding opportunities; as well as current articles of interest in *Pediatrics*. 
Peds 21
In 2005, "Connecting for Children's Sake: Integrating Physical and Mental Health Care in the Medical Home" Symposium was held in conjunction with the American Academy of Pediatrics (AAP) National Conference and Exhibition. The Pediatrics for the 21st Century (Peds-21) Symposium Series is an AAP initiative designed to address emerging issues that will impact the practice of pediatrics and pediatric care in the 21st century. Each symposium focuses on a specific topic and features a keynote speaker of national or international stature. Other expert speakers are invited to give scientific and scholarly presentations on key content areas or issues related to the specific symposium's theme. Project abstracts and powerpoint presentations can be accessed at www.aap.org/mentalhealth.

Rural Mental Health Teleconference
The TFOMH, Bright Futures, and the Rural Health Special Interest Group of the Council on Community Pediatrics sponsored a teleconference for pediatricians practicing in rural communities focusing on addressing mental health concerns in rural areas. Two rural pediatricians spoke of their collaborative practice, one in rural Vermont and the other in rural Northeast Arizona on an Indian reservation.

Mental Health Web site
Information regarding mental health-related programs and resources can be found on the mental health Web site, www.aap.org/mentalhealth.

In Process…..

Algorithms
The TFOMH is drafting clinical algorithms to assist primary care clinicians in 1) promoting mental health, identifying problems, engaging children and families, and determining which children need further diagnostic assessment and 2) assessing and caring of children with identified problems. The algorithms are currently being vetted. As appendices to the algorithms, the TFOMH will articulate competencies corresponding to each step in the clinical process and appropriate CPT codes.

Communication Skills Teleconference
A continuing medical education (CME) teleconference on communication skills to address mental health concerns is currently under development. It is anticipated that this teleconference will take place in fall 2007.

Integrating Models for Mental Health White Paper
The financing subcommittee of the TFOMH is collaborating with the American Academy of Child and Adolescent Psychiatry (AACAP) Subcommittee on Healthcare Access and Economics to develop a white paper on the financing of integrative models for mental health.
Mental Health Slogan
A logo incorporating the slogan “Head to toe, we want to know” has been developed to promote early identification and treatment of mental health concerns and to promote the pediatrician as a resource for mental health as well as physical health. The mental health staff is working with the Department of Marketing to develop a plan for using the logo.

Peds-21 Final Report
The report from the general session of Connecting for Children’s Sake – Integrating Physical and Mental Health Care in the Medical Home at the 2005 AAP National Conference & Exhibition is in production. This report summarizes the keynote address by David Satcher, MD and the presentations made by various AAP members addressing mental health in their communities.

PediaLink Module on Collaboration
A PediaLink module is under development to assist pediatricians and other primary care professionals to enhance the provision of mental health services in primary care. The module also will be made available to mental health specialists. The module will include information on various models of collaborative practice and types of mental health specialists (by licensure, scope of practice, training differences, etc) and skills to engage the child and family in mental health care.

Policy Statement on Behavioral/Mental Health Competencies for Primary Care
A draft policy statement on behavioral/mental health competencies in primary care is under review. This policy statement is authored by the Committee on Psychosocial Aspects of Child and Family Health (COPACFH) and the TFOMH. Anticipated publication date is November 2007.