# SUPPORT

## SERVICES UNITING PEDIATRICS & PSYCHIATRY OUTREACHING TO TEXAS

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UT HEALTH SCIENCE CENTER®
SAN ANTONIO

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TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

## ABSTRACT

**Objectives:** To determine if mental health services to children in the Texas Medicaid program can be expanded by placing licensed master's level behavioral health consultants (BHC's) in pediatric practices through the Services Uniting Pediatrics and Psychiatry Outreaching to Texas (SUPPORT) program.

**Methods**: Twenty one BHC's were placed in clinics pediatric primary care practices in four regions of Texas. The model emphasizes rapid assessment and problem based interventions. Children with Medicaid whose medical home was in the primary care practice were eligible. Children could be referred for a wide range of emotional and behavioral health issues. BHC's were trained in the use of assessment tools for attention deficit hyperactivity disorder (ADHD), mania, anxiety and autism spectrum disorders (ASD) The BHC's and the pediatricians could consult with a child and adolescent psychiatrist, who could assist the pediatrician with prescription of psychotropic medication.

**Results**: Between September 1 2008 and September 30, 2009, 5700 children with enrolled in the program. BHC's saw an average of 3.5 patients per work day; 86% of the patients had between 1-4 visits. Ten percent of the patients were placed on psychotropic medication, mostly for ADHD and ASD.

**Conclusion:** Psychiatric and counseling services can be provided in primary care settings, though numerous barriers remain to be overcome.

## TEXAS BACKGROUND

- 2.6 million Medicaid enrollees (1.8 million children)[1]
- An estimated 5 – 9% have a serious emotional disorder (up to 162,000 children)[2]

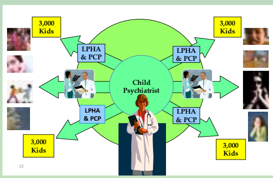
(1) Texas Medicaid Enrollment Statistics, September, 2007. Available online: http://www.hhsc.state.tx.us/ResearchMedicaidEnrollment/MedicaidEnrollment.asp

(2) Farmer, E.M.Z., Mustillo S., Burns, B.J. and Costello, E.J., 2003. The epidemiology of mental heath programs and service use in youth: Results from the Great Smokey Mountains Study. In M.H. Epstein, K. Kutash and A. Duchnowsk (Eds.), Outcomes for Children and Youth and their Families: Programs and Evaluations Best Practices 2nd edition.

- 190 Child and Adolescent Psychiatrists
  - Texas has 1/3 the national supply of child and adolescent psychiatrists[3]
  - 72 percent of counties designated Health Professional Shortage Areas for mental health[3]
- 853 Seriously Emotionally Disturbed Medicaid children for each child/adolescent psychiatrist

## What is SUPPORT?

- Integration of Master's level mental health practitioners in primary care practices
- Texas legal term: Licensed Practitioners of the Healing Arts (LPHA)- covers variety of mental health professionals
- LPHA consults with pediatricians, child, family, and adolescent psychiatrists




## Who does SUPPORT serve?

- Children from birth to age 18 years in the Texas Medicaid Program
- The child has their "Medical Home" in the primary care practice where a SUPPORT therapist is located
- Pediatric practice allows LPHA to have office in the medical clinic area
- LPHA has immediate access to patients

### SUPPORT Therapists

| | | |
|---|---|---|
| Eugenia Rinaldi | Andres Moran | Aaron Cobarruvias |
| Janette Hernandez | Monica De La Torre | Valerie Curiel-Sanchez |
| Anna Cisneros | Roberta Icard | Daisy Alfonso-Rodriguez |
| Rebecca Clark | Joseph Otereo | Carolyn Spencer |
| Jennise Urbina | Sarah McDowell | Joseph LaBeau |
| Catia Trevino | Mari Evans | Terri Gallegos |
| Ruth Guerrerio | Robin Wood | Elisa Lopez |

## What does SUPPORT deal with?

- LPHA can deal with a wide range of problems
  - Psychiatric diagnoses
    - ADHD and disruptive behaviors
    - Depression, anxiety and internalizing problems
    - Crisis intervention and short term support for chronic mental disorders
  - Phase of Life Problems
    - Developmental and life change issues
    - Self esteem, body image
    - Academic and peer problems
    - Discipline, sleep and eating problems
    - Obesity
- Health Related Concern- difficulty adjusting to chronic health problems
  - Diabetes
  - Asthma
  - Frequent Somatic Complaints

## SPECIFIC AIMS

- To determine if BHC's can be successfully introduced into pediatric primary care practices and their impact on practice efficiency
- To determine if SUPPORT can increase the total number of mental health assessments and interventions in a pediatric practice and improve general compliance with care
- To determine if patient participation in SUPPORT results in improved child functioning and child/parent satisfaction with their health services
- To determine if children with specific health related concerns who participate in SUPPORT show improvement in functioning

## INTERVENTIONS

- Rapid, structured assessment
- Use of rating scales
  - Vanderbilt ADHD scales (from AAP)
  - Mood and Feeling Questionnaire
  - Child Mania Rating Scale
  - Self-Report for Childhood Anxiety Related disorders (SCARED)
- 6-10 brief sessions
- LPHA may provide mental health intervention at the end of medical visit, or see while patient is waiting for lab, etc.
- Behavioral interventions emphasized
- Direct advice to parents
- Assessing need for medication and assessing response to medication

## PSYCHOPHARMACOLOGY

- LPHA obtains rating scales and mental health assessments
- Consults with child psychiatry for complex cases
- Provides feedback to pediatrician
- Pediatrician sees family/child and makes decision about medication
- Pediatrician can consult directly with child psychiatry

**Psychopharmacology Resources**

- Free four part Psychopharmacology on-line course
  - ADHD and its comorbidities
  - Treatment of ADHD and its comorbidities (tics, aggression)
  - Diagnosis and treatment of depression and anxiety
  - Treatment of autism spectrum disorders
- Tri fold for pocket with indication, dosages of common psychotropics

### SUPPORT Sites

Dallas
Parkland Hospital

Forth Worth
Cooks Children's

Texas Tech
El Paso
Lubbock

Rio Grande Valley
Weslaco
Harlingen

San Antonio

### Patient Population

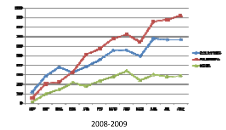
| Total Patients | N |
|---|---|
| Total Enrolled | 5702 |
| Active (Visit in last 60 days) | 2700 |
| Inactive | 3002 |

| Age | Frequency | % of Active |
|---|---|---|
| 0-2 years | 212 | 7.9% |
| 3-4 years | 409 | 15.1% |
| 5-11 years | 1413 | 52.3% |
| 12-15 years | 475 | 17.6% |
| > 16 years | 191 | 7.1% |
| | 2700 | |

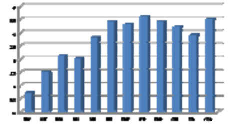
| Ethnicity | Frequency | % of active |
|---|---|---|
| African American | 211 | 7.8% |
| American Native | 5 | 0.2% |
| Asian | 6 | 0.2% |
| Hispanic | 1851 | 68.6% |
| Multicultural | 61 | 2.3% |
| Non Hispanic White | 188 | 7.0% |
| Other | 19 | 0.7% |
| Not Defined | 359 | 13.3% |
| | 2700 | |

## RESULTS

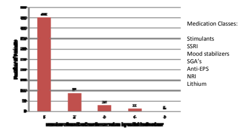
### Growth of Clinical Activity




### Face to Face Contacts Per Day



### Medication Usage




### Medication Usage in SUPPORT

| Medication Class | Number of Pts on Class | % of those on Meds | % of population |
|---|---|---|---|
| Stimulant | 446 | 77.3% | 7.8% |
| Atypical Neuroleptic | 96 | 16.6% | 1.7% |
| SSRI | 86 | 14.9% | 1.5% |
| NRI | 42 | 7.3% | 0.7% |
| Alpha agonist | 35 | 6.1% | 0.6% |
| Mood Stabilizer | 23 | 4.0% | 0.4% |
| Anti-EPS | 7 | 1.2% | 0.1% |
| Misc Antidepressant | 6 | 1.0% | 0.1% |
| Anti-histamine | 6 | 1.0% | 0.1% |
| SNRI | 3 | 0.5% | 0.1% |
| TCA | 2 | 0.3% | 0.0% |
| Lithium | 2 | 0.3% | 0.0% |
| NDRI | 1 | 0.2% | 0.0% |

### Research Design

| Instrument | Data Captured | Purpose | Collected |
|---|---|---|---|
| Child Behavior Checklist (CBCL) | Behavioral and Social Problems associated with: Anxiety/Depression, Attention Deficit, Thought Problems, Rule Breaking, and Aggression | Documentation of mental health assessment & intervention; | Collected at intake (i.e. baseline), 3 months post baseline (i.e. 3-month follow-up) and 6-months post baseline (i.e. 6-month follow-up) |
| Pediatric Quality of Life Scale (PEDSQL) | Impact of treatment on child's health and feelings, peer, school, and social relations | Documentation of mental health assessment & intervention | Collected at baseline, 3-, and 6-month follow-up |
| Provider/Staff Satisfaction Survey | Level of satisfaction with BHC performance | Assess provider/staff satisfaction with integration of BHC | Collected 1 month, 12 months, and 24 months after implementation of SUPPORT |
| Parent/Client Satisfaction Survey | Level of satisfaction with type and scope of services provided | Assess participants satisfaction with Project SUPPORT | Collected at 3- and 6-month follow-up |
| Chart Review | Progress Notes | Documentation of mental health assessment and nature of services received | Collected 90 days prior to the implementation of SUPPORT and 90 days prior to the end |

### Chart Review results

- Among the 835 charts reviewed, 29.1% documented a psychiatric, health-related, and/or phase of life problem
- 28.9% of physicians directly addressed the behavioral issue themselves
- Only 5.8% of charts with a documented problem indicate utilizing a psychopharmacological intervention
- Demographic and Descriptive Data by Site

| Site | Age | Gender | Problems Documented | Pediatrician Addressed | Psycho-pharmacological Intervention |
|---|---|---|---|---|---|
| San Antonio (n=312) | 4.14 yrs. | 49% Male | 32.4% | 32.0% | 6.0% |
| Valley (n=84) | 7.2 yrs. | 51.2% Male | 37.3% | 67.7% | 22.6% |
| Ft. Worth (n=149) | 5.78 yrs. | 45.0% Male | 61.1% | 4.4% | 0% |
| Lubbock (n=97) | 3.26 yrs. | 64.9% Male | 3.1% | 66.7% | 0% |
| El Paso (n=197) | 8.67 yrs. | 50.0% Male | 29.1% | 28.9% | 5.8% |
| **Total (n=835)** | **5.69 yrs.** | **50.7% Male** | **29.1%** | **28.9%** | **5.8%** |

### Satisfaction results

**Health Professionals**

- **Rating scale of 1 (very satisfied) to 5 (very unsatisfied)**
- **Baseline mean satisfaction with the clinical skills of the BHC by Site**

| Site | Mean |
|---|---|
| San Antonio (n=50) | 1.32 |
| Valley (n=18) | 1.06 |
| Dallas (n=40) | 1.23 |
| Ft. Worth (n=52) | 1.48 |
| Lubbock (n=6) | 1.00 |
| El Paso (n=34) | 1.38 |

**Parent/Child**

- **Patients were predominantly Hispanic (66.1%) males (50%) with a mean age of 8.23 years**
- **Rating scale of 1 (very satisfied) to 5 (very unsatisfied)**
- **Baseline mean satisfaction scores on key items**

| Item | Mean |
|---|---|
| Overall Satisfaction | 1.15 |
| Culturally Sensitive | 1.35 |
| Doctor Responsive to Needs | 1.39 |
| Trust Counselor | 1.05 |
| Would Recommend to Family/Friend | 1.14 |

### Outcome study enrollment

- Numbers of baseline and 3 months completed to date:

| Site | Total Baseline = 492 |
|---|---|
| San Antonio | 144 |
| Valley | 107 |
| Dallas | 53 |
| Ft. Worth | 105 |
| Lubbock | 61 |
| El Paso | 22 |

| Site | Total 3 month = 39 |
|---|---|
| San Antonio | 30 |
| Valley | 2 |
| Dallas | 1 |
| Ft. Worth | 4 |
| Lubbock | 1 |
| El Paso | 1 |

## CONCLUSIONS

- Pediatricians and clinic staff are very satisfied with the overall skills of the LPHA and the enhanced practice efficiency as a result of successful integration.
- Based on our preliminary chart reviews, the majority of charts did not document:
  - Psychiatric, health-related, and/or phase of life problems
  - Pediatricians addressing problems with a behavioral or psychopharmacological intervention
- Preliminary analyses reveal:
  - Parents are very satisfied with SUPPORT services