


HRSA
Health Resources & Services Administration

Pediatric Mental Health Care Access Program – An Overview

NASEM Forum on Children's Well-Being – Fall Workshop

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Vision: Healthy Communities, Healthy People


ARP – PMHCA- New Area Expansion (ARP-PMHCA)

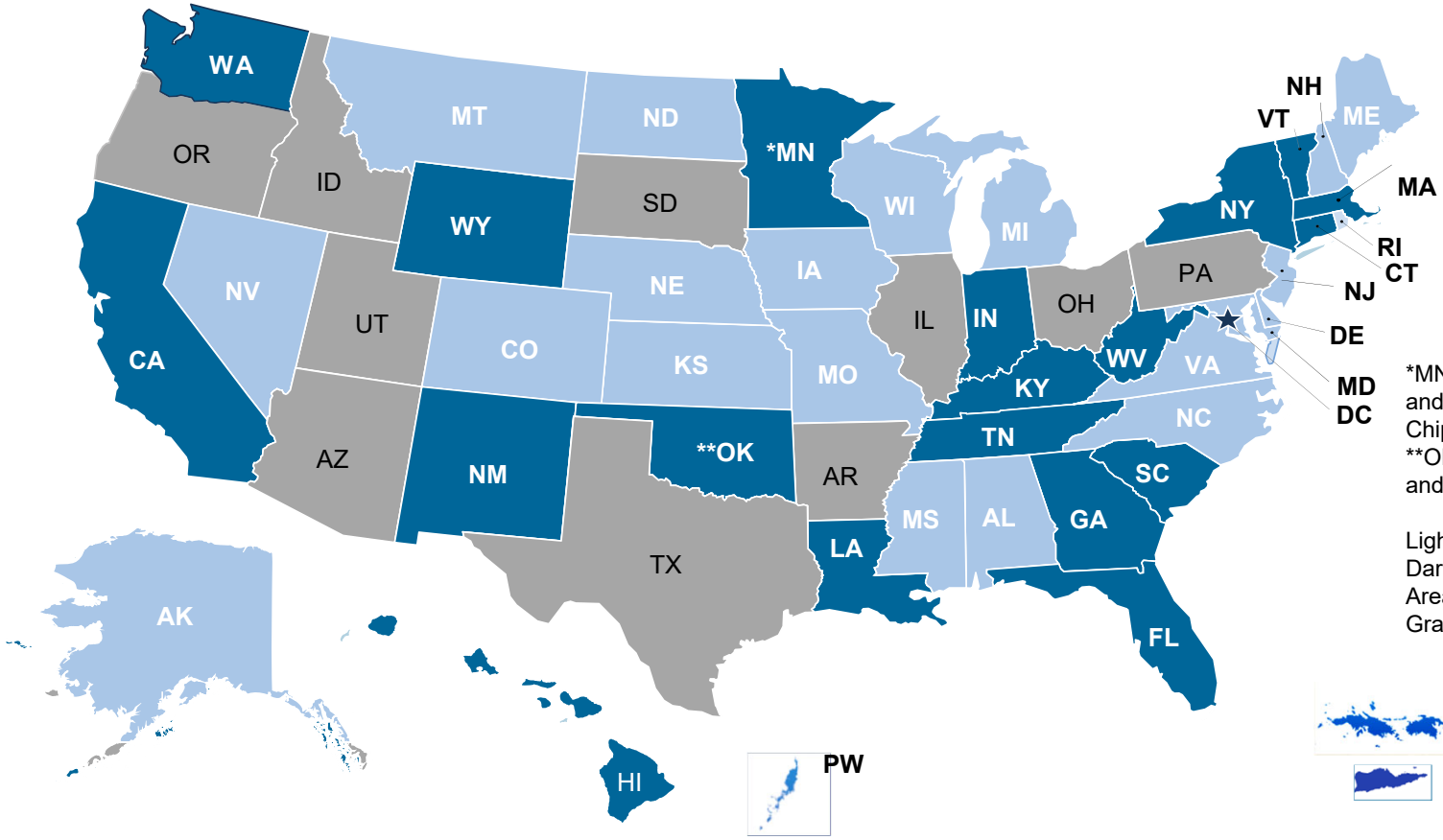
- NOFO Release Date: May 19, 2021
- Applications Due: July 6, 2021
- Project Period: 5 years (September 30, 2021 – September 29, 2026)
- Eligibility: States, political subdivisions of states, and Indian tribes and tribal organizations (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. § 450b)) not currently funded under HRSA-18-122 and HRSA-19-096 are eligible to apply (i.e., existing recipients of HRSA PMHCA awards or other entities within funded states are not eligible to apply)
- Type of Award: Cooperative Agreement
- Number of Awards: 24
- Amount Awarded: ~$10.7 million
- HRSA is considering another competition in FY 2022 to award eight additional projects for a total of 32 funded under ARP

Pediatric Mental Health Care Access Program (PMHCA)

Purpose

- Promote behavioral health integration in pediatric primary care by supporting the development of new or the improvement of existing statewide or regional pediatric mental health care telehealth access programs.
- Provide training and education on the use of evidence-based, culturally and linguistically appropriate telehealth protocols to support the treatment of children and adolescents with behavioral disorders.
- Support telehealth consultation with a pediatric behavioral health clinician on the team and referral to a local pediatric behavioral health provider, to the extent possible.
- Serve as a resource for pediatric primary care providers serving children and adolescents, including, but not limited to, pediatricians, family physicians, nurse practitioners, physician assistants, psychiatrists, mental health professionals, and care coordinators.

PMHCA/ARP-PMHCA Program Reach 2021 (n=45)



*MN includes the state of MN and the Red Lake Band of Chippewa Indians
**OK includes the state of OK and the Chickasaw Nation

Light blue- PMHCA awardees
Dark blue- ARP-PMHCA-New Area Expansion awardees
Gray- Not HRSA funded

HRSA Maternal & Child Health

Program Goals

- Increase the availability and accessibility of statewide or regional networks of pediatric mental health care teams composed of child and adolescent psychiatrists, licensed mental health professionals, and care coordinators through telehealth consultation and referral to pediatric primary care providers and other providers caring for children and adolescents with behavioral disorders.
- Conduct training and provide technical assistance to pediatric primary care providers and other providers to enable them to conduct early identification, diagnosis, and treatment for children and adolescents with behavioral disorders.
- Provide information, and assist pediatric and other providers in accessing pediatric mental health care providers, with the overarching goal of providing timely detection, assessment, treatment, and referral of children and adolescents with behavioral disorders through telehealth.

Program Goals- continued

- Improve access through telehealth to treatment and referral services for children and adolescents with identified behavioral disorders, especially those living in rural and other underserved areas.
- Focus on achieving health equity related to racial, ethnic, and geographic disparities in access to behavioral health care, especially in rural and other underserved areas.
- Establish and sustain the use of telehealth technologies, modalities, and care models.

HRSA-required Reporting (Measures)

- Number of trainings held by topic, mechanism used (e.g., in-person, web-based), and type of training materials used.
- Number and types of providers trained.
- Number of consultations and referrals provided to enrolled providers by the pediatric mental health team, by provider discipline type, and by telehealth mechanism.
- Number of consultations and referrals provided by each member of the pediatric mental health team.
- Number and types of practitioners participating with the pediatric mental health team.
- Reasons for provider contact with the pediatric mental health team.
  - A. Number of providers seeking only psychiatric consultation, including through telehealth
  - B. Specify reasons for provider contact with pediatric mental health team for psychiatric consultation or referral (e.g., depression, anxiety, Attention Deficit/Hyperactivity Disorder, Autism Spectrum Disorder).
  - C. Number of providers seeking only care coordination, including through telehealth.
  - D. Number of providers seeking both psychiatric consultation and care coordination, including through telehealth.
- Types of referrals provided by the pediatric mental health team, and the extent to which such referrals are provided through telehealth.
- Course of action to be taken by provider as result of contact with the pediatric mental health team (e.g., provide referral, recommend medication initiation to patient).
- Number and types of community-based mental health and support service and service providers in the telehealth referral database.

HRSA-required Reporting (Measures) - continued

- Number of children and adolescents served by providers who contacted the pediatric mental health team (including by telehealth).
- Number of children and adolescents living in rural and underserved counties served by providers who contacted the pediatric mental health team (including by telehealth).
- Number of primary care providers participating in a statewide or regional pediatric mental health care access program.
- Percentage of primary care providers enrolled in a statewide or regional pediatric mental health care access program who receive tele-consultation on behavioral health conditions.
  - Numerator- Number of primary care providers enrolled in a statewide or regional pediatric mental health care access program who receive tele-consultation on behavioral health conditions.
  - Denominator- Number of primary care providers enrolled in a statewide or regional pediatric mental health care access program.

HRSA-required Reporting (Measures) - continued

Recently added measure:

- Number of children or adolescents, ages 0-21 years of age, served through teleconsultation, who were recommended treatment by the participating provider or were recommended referral to behavioral health or support services.

HRSA will collect (1) number recommended for treatment by the participating provide only, (2) number recommended for referral to behavioral health or support services only, and (3) number recommended for both treatment by the participating provider and referral to behavioral health or support services.

Progress to Date*

- Over 4,500 primary care providers in 21 states enrolled in a statewide or regional PMHCA program.
- Approximately 3,000 tele-consultations were provided and 3,400 enrolled primary care providers received training.
- Approximately 3,000 children and adolescents overall were served by pediatric primary care providers who contacted the pediatric mental health team.
- Approximately 2,000 children and adolescents living in rural and underserved counties were served by pediatric primary care providers who contacted the pediatric mental health team.

* 2020 data on HRSA-required reporting measures

Progress to Date

Based on NCC progress report review (2018 and 2019 cohorts; n=21)

- 100% of awardees documented that they are developing sustainability plans.
- Methods to enhance project sustainability:
  - 3rd party reimbursement
  - Non-federal funds
  - Engagement with stakeholders/advisory council members
  - Continuously applying for additional funding sources
- The majority of PMCHA projects are involving key stakeholders or advisory council members (or both) in the creating and implementation of their sustainability plans.
- Awardees have requested further assistance with developing sustainability plans
  - Sustainability is an on-going topic for all-awardee meetings, peer-to-peer discussions, and evaluation capacity-building webinars

Progress to Date - continued

- PMHCA awardees have established strong partnerships with stakeholders
- States have established partnerships with state Medicaid programs, state departments of health, schools of public health, and insurance companies
  - Supports project sustainability
- Collaboration is occurring with family and self-advocate organizations, FQHCs and CHCs, AAP, APA, and AAFP state chapters, state Primary Care Associations, and other state and federal agencies, e.g. Indian Health Service, Substance Abuse and Mental Health Services Administration, Federal Office of Rural Health Policy
- 95% of states have rolled out their teleconsultation and web-based training programs
- 100% of PMHCA projects are implementing activities to increase access to behavioral health services for PCPs in rural and other underserved areas. PMHCA awardees serve states where there are entire counties or specific Census Tracts within Metropolitan counties that are considered rural
  - States with sizable special populations, e.g., American Indians, Alaska Natives, are implementing training activities for PCPs and behavioral clinicians on how to practice cultural humility when providing care.

HRSA MCHB Evaluation Design

Purpose: to determine the **outcome** and **impact** of the PMHCA and MDRBD cooperative agreement-funded programs on health care providers' capacity to address patients' behavioral health and access to behavioral health care

Theoretical & Conceptual Frameworks

- Access (Penchansky & Thomas, 1981) consists of five dimensions to which Saurman (2016) added a sixth dimension, Awareness.
- Five core principles of collaborative care, developed by the Advancing Integrated Mental Health Solutions (AIMS) Center
- Core principles can be associated with objective features or tasks of service planning and delivery: *Patient-Centered Team Care, Population-Based Care, Measurement-Based Treatment to Target, Evidence-Based Care and Accountable Care*

Dimension	Definition
Accessibility	Location
Availability	Supply and demand
Acceptability	Consumer perception
Affordability	Financial and incidental costs
Adequacy (Accommodation)	Organization
Awareness	Communication and information

Note: Reproduced in part from Saurman (2016)

Penchansky, R., & Thomas, J. W. (1981). The concept of access: Definition and relationship to consumer satisfaction. *Medical Care, 19*(2), 127–140.
Saurman, E. (2016). Improving access: Modifying Penchansky and Thomas's Theory of Access. *Journal of Health Services Research and Policy, 21*(1), 36–29. Retrieved from https://doi.org/10.1177%2F1355819615600001

HRSA MCHB Evaluation

- The evaluation design includes **outcome evaluation** and **impact evaluation** components.
  - The evaluation will make use of the data awardees provide to HRSA as part of their reporting requirements.

- The **outcome evaluation** includes the health care provider (HCP) survey, along with conducting a practice-level survey.

HRSA MCHB Evaluation - continued

- The **impact evaluation** is use of a non-experimental time-series design
- For time-series analyses, the HRSA MCHB evaluation will use:
  - Primary data collection activities (e.g., HCP survey, practice-level survey, program implementation survey/semi-structured interview [SSI])
  - Secondary data sources (e.g., National Survey on Children's Health, National Health Care Surveys, American Community Survey)

Key Evaluation Questions Overview

- **Evaluation Question 1:** What activities did the cooperative agreement-funded programs implement to support providers' capacity to address patients' behavioral health?
- **Evaluation Question 2:** How did health care providers' capacity to address patients' behavioral health change among cooperative agreement-funded programs over time?
- **Evaluation Question 3:** How did health care practices' capacity to address patients' behavioral health change among cooperative agreement-funded programs over time?
- **Evaluation Question 4:** How were cooperative agreement-funded program activities associated with changes over time in access to behavioral health services?

HRSA MCHB Evaluation Design: Primary Data Collection Activities

Data Collection Activity	Data Collection Procedure
HCP Survey	Participating health care providers complete the online survey to collect quantitative information.
Practice-Level Survey	Office managers/office leadership complete the online survey to collect information about enrolled practices (e.g., financial sustainability, staffing challenges, patient workflow, structural/infrastructure barriers).
Program Implementation Survey	Project Director or Principal Investigator completes the online survey to collect quantitative information.
Program Implementation SSI (Option Year 3 only)	Project Director or Principal Investigator participates in WebEx-hosted SSI to collect contextual, qualitative information.

Program Implementation Survey: Results Review

- **Awardees had made progress with their enrollment efforts to date:**
  - PMHCA – 4,552 providers and 920 practices
- **Regarding training, PMHCA had trained over 4,000 health professionals.**
  - The ability to offer CME credits, provider acceptance, and training format were some factors that facilitated these trainings.
  - Infrastructure challenges (e.g., facilities, technology, and staffing) and scheduling were reported as top challenges to implementing training health professional training.
- **The PMHCA program reported telephone and email as the top two telehealth mechanisms used for clinical behavioral health consultation and care coordination support.**

Program Implementation Survey: Results Review - continued

- **Counseling and support groups were the most commonly reported community linkages that were established to support behavioral health care for PMHCA awardees.**
  - About 60% of PMHCA awardees reported using their established community linkages to a moderate or great extent.
- **Regarding sustainability, PMHCA awardees have started to explore ways to fund their program once HRSA funding ends.**
  - 33% of PMHCA awardees have a sustainability plan in place, anticipating funding from state budget allocations, Medicaid, third-party payer reimbursements, and foundation/nonprofits.

Program Implementation Survey: Results Review - continued

- **PMHCA awardees reported various facilitating and challenging factors regarding their program implementation.**
  - PMHCA awardees reported:
    - Top facilitators were advisory committee involvement, HCP engagement and recruitment, stakeholder communication and coordination, and telehealth technology.
    - Top challenges were workflow and HCP engagement and recruitment.

2020 Preliminary Survey Results: Health Care Provider Survey Results Overview

HCPs are engaging with the PMHCA program—including receiving training—and more of their patients are receiving behavioral health treatment.

- HCPs are managing a variety of behavioral health conditions and are most commonly using the PHQ-9 as a screening tool.
- The most reported reason for contacting the PMHCA program was adjusting pharmacotherapy.
- About 60% of HCPs agreed or strongly agreed that, as a result of the PMHCA program, more patients received treatment for a behavioral health condition.
- Over 60% of providers in the PMHCA program participated in at least 1 program training, with webinar being the most common training method.

2020 Preliminary Survey Results: Practice-Level Survey Results Overview

Impactful changes and progress are being made at the practice level as a result of participating in the PMHCA program.

- About 75% of all PMHCA practices agree or strongly agree that more patients of their practices are screened, referred, and treated for behavioral health conditions as a result of the program.
- The majority of PMHCA practices agreed or strongly agreed:
  - Their practice is better able to meet the needs of patients with behavioral health conditions.
  - The continuum of care available for patients with behavioral health conditions has improved.

2020 Preliminary Survey Results: Practice-Level Survey Results Overview - continued

- **Regarding challenges to implementation of screening, assessment, and treatment of behavioral health conditions, workflow was the most reported factor by practices in PMHCA programs.**
- **Regarding challenges to the sustainability of screening, assessment, and treatment of behavioral health conditions:**
  - PMHCA practices reported reimbursement by payers and communication and coordination as the most challenging factors to sustainability.

Feedback from PCPs

"The advice has been excellent and extremely helpful. I sincerely appreciate having this as a support. It allows me to continue to manage my patients instead of having to refer them or it has given me more/better options for referral that I was not aware I had."

"Love this resource. Our patients have to wait months for an open appointment with psychiatry and that is a long time to be suffering with undertreated mental illness. It affects kid's well- being from school, relationships, families, sense of self, and friendships; seeing kids find improvement in their mental health is amazing!"

"Please keep this program. It has been so helpful and very needed."

"We've had patients that we could have called you about, but because we were taught how to do this a few months ago, we were able to manage it ourselves."

"We are now identifying kids that might have slipped through the cracks, and giving parents resources when they had nowhere else to turn."

What's Most Helpful?

"The excellent guidance and reassurance that my plan was on track and reinforced my skills; the CAP called back quickly and allowed me to move ahead with my patient's care."

"I feel I have backup when prescribing whether bridging a family to a new psychiatrist or starting meds."

"Clinical expertise provided by a psychiatrist that is not available in medical literature. Being able to ask multiple questions (one generates another) in a timely manner and also plan for "what if" scenarios when the patient returns/follows up. The CAPs explanations were well communicated and concise as well as his email allowing me to call back with follow up questions."

Why PMHCA/ARP-PMHCA is Important

"As a family physician, I am usually the initial contact person for any ailment that my patient has. Prior to CPCP, any pediatric mental health concerns were stressful for me because I didn't know how to help these families, short of issuing a behavioral health referral. I would have moms crying in my office because their kids were being expelled, grades dropping, thoughts of self-harm, etc. Not only is CPCP supportive of my needs as a practicing community doc, but the providers and staff of this program are so responsive, often emailing me back by the end of the business day. I am given more than enough guidance to care for this vulnerable population until they can establish with psychiatry, from diagnosis, management and treatment tailored for my patient, but also continuing medical education and resources to use in the office. My patients have expressed gratitude to me for helping them until they can see a specialist, and I pass that gratitude on to CPCP. This really should be available nationwide!"

"I believe it saves lives."

Contact Information

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