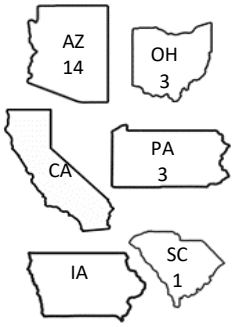
Adolescent and Young Adult Behavioral Health CoIIN

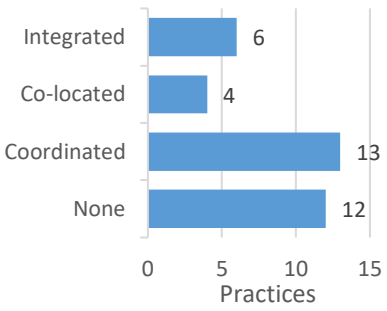
Status of Clinical Office Systems Related to Mental Health: Baseline

Collaboration with Mental Health

35 Responses

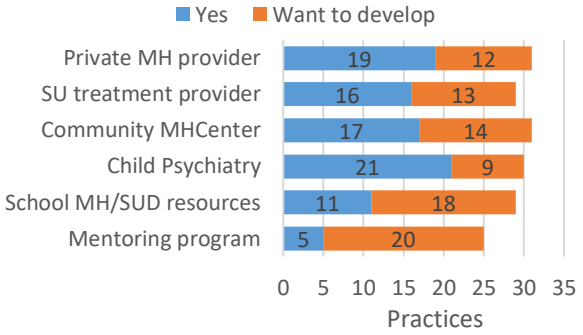


Level of Collaboration



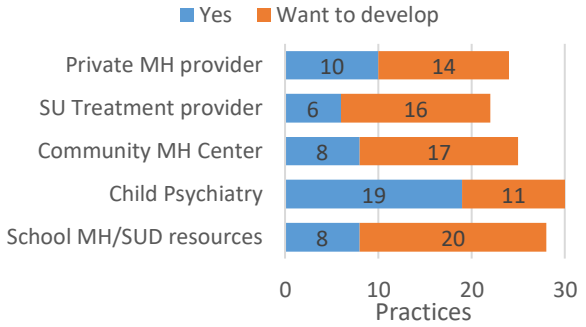
Mental Health Referrals

Have Relationship for Referrals

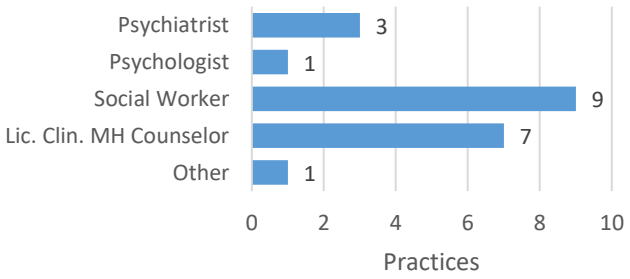


Mental Health Case Consultation

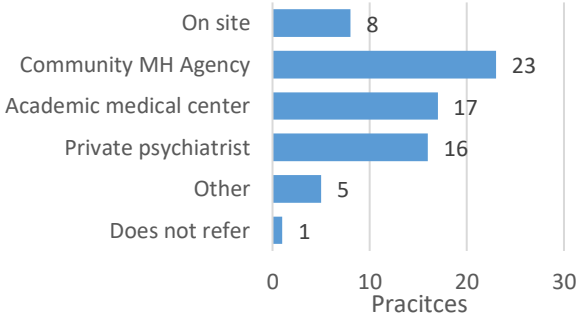
Have Relationship for Case Consultation



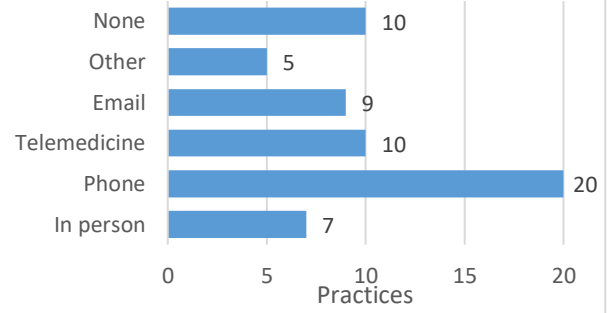
Integrated/Co-located Clinicians



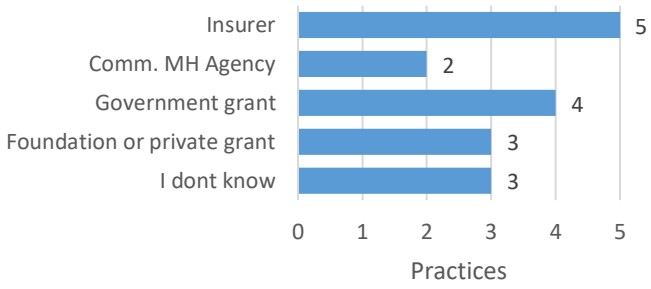
Where Practices Refer for Child Psychiatry



Child Psychiatry Case Consultation Mode



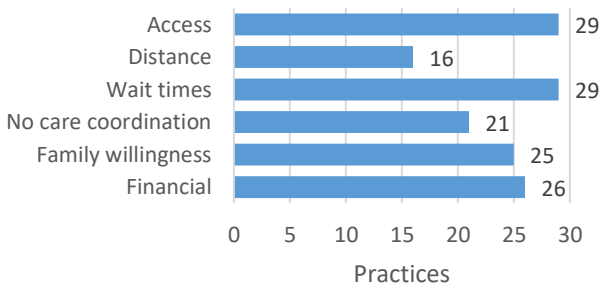
Funder of MH Position



35%

of practices report being **"satisfied" or "very satisfied"** with where they currently **refer** for Child Psychiatry

Barriers to Child Psychiatry Services



44%

of practices report being **"satisfied" or "very satisfied"** with how they currently obtain Child Psychiatry **case**

1/27/2022

Adolescent and Young Adult Behavioral Health CoIIN

Cohort 2: Clinical Arm

Baseline Survey of Clinical Collaboration with Mental Health

The responses from clinicians to the free text questions related to mental health collaboration are below by state.

If your practice does not have collaboration with mental health, please describe why not:

Arizona

- It is not available and the only one on the mountain doesn't like to collaborate
- Difficulty in finding mental professional to come to office
- Only adult mental health specialist is available
- We have numerous mental health providers we refer to & some that we communicate with as needed. We take several different insurances which do not allow for a specific group of providers. We could be better on this
- Medical health and mental/behavioral health services in AZ are in different silos. There is basic communication to the PCP once a patient enters the BH system, but it is not collaborative.

California

- Mental health referral are self-referrals
- Limited mental health resources in the county

Iowa

- Cost most likely
- not great local mental health resources for children but a few facilities do see other refer to Univ of Iowa

Pennsylvania

- Lack of funding, lack of time to have another consult in an already busy clinic, and lack of MH providers

Do you have recommendations for improvements related to adolescent mental health referrals or resources?

Arizona

- We don't have enough providers that are capable in the state. We need more.
- Increased reimbursement for time spent
- More accessibility

- Better access to Child Psychiatry providers and dedicated care coordination
- We need to shore up relationships with community providers
- Improved collaboration with school and state foster care records
- We need arrangements to provide consultative feedback/collaborative care; child psychiatry consultation to pediatricians/PNP's, tracking and follow-up systems to support continuity of care
- different non shame provoking wording
- Better coordination with local community and ABHS mental health and school mental health
- Currently patients are referred based on insurance coverage. We do not have collaboration with a specific agency, psychiatrists, or counselors.

California

- List of available people/places. ESP those that take insurance. And see adolescents
- We need more developmental pediatricians, need more University/Academic partners, we need to develop a rolodex of community providers in schools
- We need a child psychiatrist in Mendocino county.
- Using the same billing and coding used for adults is problematic. Children and adolescents require special skills and such, the documentation, billing and coding of which services activities etc. are related should also be as well.

Iowa

- In-clinic liaison to help parents schedule, check in with families, provide follow-up, and keep us in the loop with how the family is doing
- Create an updated handout of mental health resources. Highlight those the group regularly works with. Request regular updates from psychiatry about updates. Regular follow up from community behavioral health about consults/referral appointments.

Ohio

- More providers, more therapists, increased patient autonomy
- <ore providers; more therapists; seeing kids w/o parental consent (org challenge, not state challenge)

Pennsylvania

- Readily available print material

Do you have any other comments about your office systems as they relate to supporting the mental health needs of adolescents and young adults?

Arizona

- As the pediatric provider, I provide most of the mental health services in the area as there are few if any other resources and I am woefully inadequate. I can provide medication

management but not the other therapies. We refer to a community site that has a poor reputation and high staff turnover.
- Child/adolescent mental health is needed
- Lack of adequate reimbursement for time spent in addressing mental health concerns for our patients. and lack of covered referrals to mental health specialists by insurance companies
- We can definitely improve in screening for acute visits, have systems in place for ensuring follow through, and develop better relationships with providers in the community.
- We are overwhelmed with the number of patients needing help, but we are managing for the most part. Would like better parent engagement due to their lack of follow through or lack of acknowledgement that mental health care is needed.
- Would really like to learn where to start with improving adolescent mental health care considering it is such a multifactorial
- We have an extensive integrative mental health staffing model but no formal arrangements to support collaborative care by medical/mental health clinicians. My view is that some in house at least short and medium term care by health center mental health clinicians and explicit procedures for on-going care/continuity of care are needed to appropriately care for our patients/families with mental health challenges.
- Just acquired mental health NPs and a MA to help coordinate. No space one location. Hard to get patient's back in when no show.
- We routinely screen with the PHQ-9 tool at all visits for patients ages 11 years and older. We have a printed handout for referral options based on insurance coverage. We receive encounter updates from BH providers on shared Medicaid patients.

<u>California</u>

- Our adolescent center focuses on gender identity and eating disorders but not the bread and butter anxiety/depression we see daily
- Would like on site providers especially therapists, better psychiatry access would also be nice.
- The Teen Van is gift and grant funded, so we do not bill for services other than family planning. On page 3, we responded as that we do this well, although the most appropriate response would have need "not applicable". We collaborate with a Stanford psychiatrist who provides free care to our uninsured/underinsured patients. Referrals become more challenging when we are not the PCP for patients who we see for sensitive services, who have private insurance.
- Our EHR and HIPAA makes it more difficult to help our patients in general.
- Not enough time in the day to handle these issues, telehealth HAS helped improve access to care
- Just started handing out coping skills booklets to youth patients.
- Offering food, harm reduction, and safe place to be have been vital to engaging young people into services they want and need.

<u>Iowa</u>

- Mental health packet for new diagnosis with list of counselors, crisis information, simplified info on how often we like to see patients Regular/Quarterly updates on MH resources
- The team wishes front desk staff could schedule our patients at check-out into adolescent medicine if a consult is placed. Often times, the consult seems to be sent to the wrong work queue.
- Getting all providers on board as many refer their patients to me as I'm the most comfortable with it but it then becomes a burden to me seeing my colleagues patients as well

Ohio

- We continuously seek to improve the ways in which we mainstream mental health for adolescents such as the routine ways we provide well care.
- Mainstream mental health services just as well care