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RMC 1 — Common Factors and Children

Lead: Sarah Polk

The goal of RMC 1 is to increase the evidence base for the use of common factors in pediatric primary care by investigating which factors generate trust and connection among pediatricians, parents, and pediatric patients. We will also investigate the impact of language discordance between provider and parent on communication between pediatric patients and providers. We will recruit 8 African-American, 8 Caucasian, and 16 Spanish-speaking Latino parent-child pairs from the Children’s Medical Practice at Johns Hopkins Bayview Medical Center and videotape their visits with a pediatrician. Using these videotapes, we will then conduct stimulated recall interviews to ask the children about what parts of the visit they did or didn’t like. We will analyze these interviews for themes surrounding the use of common factors, assessing how race/ethnicity and parent-provider language discordance affect these preferences. In addition, RIAS (the Roter Interaction Analysis System) will be used to categorize and quantify the verbal communication in the visits as instrumental or affective, and as patient-centered or not. This will provide an objective measure of how much children are involved in visits. We will also analyze the effect language discordance has on instrumental, affective, verbal, and non-verbal communication.

Status: We are currently recruiting patients at the CMP. As we continue to interview children about their visits, we will compare the interview transcripts and reassess our themes and process to ensure we are asking useful questions.

Results: So far, we have found that children appreciate being spoken to directly, prefer to hear explanations in the language they feel most comfortable using, and dislike unpleasant physical conditions (loud noises, cold temperature, etc.)

RMC 2—Redesigning Practice to Facilitate Planned Care: Measuring Provider and Practice Work in Pediatric Primary Care

Leads: Eric Slade, Waleed Zafar, Kate Fothergill, Rachel Zelkowitz, Larry Wissow

This project has two main objectives. In Phase 1, we aim to understand PCP’s decision processes around delivery of mental health services and perceptions of work involved. The aim of Phase 2 is to design and pilot a resource-based relative value scale to quantify workload in providing mental health care, based on the responses of providers interviewed in Phase 1. In 2011, Zafar led an analysis of data from 21 interviews with PCPs that explored providers’ perceptions of the workload required for management of emotional, behavioral, and mental health (EBMH) problems in primary care (Phase 1). Most PCPs indicated that management of EBMH problems requires more time than that allotted for a routine visit. This was attributed to the need to process psychosocial context, provide brief counseling, and arrange referral to specialist care. PCPs also reported that, in relation to required provider time and effort, EBMH problems are similar to complex chronic physical conditions such as asthma or diabetes.

Status: Phase 1 is completed, and Phase 2 is underway. The work survey was sent to 13 PCPs, and we received 11 completed surveys. The work survey includes 10 case vignettes, 1 of which serves as the reference case and which is pre-assigned a work value of 10 Relative Value Units (RVUs). PCPs were asked to rate the work values of the 9 other case vignettes relative to the reference case, which describes a child with probable ADD/ADHD and no other complicating factors (i.e., no medical comorbidities or physical developmental issues, no known family-related environmental stressors, no parent attitudinal problems or resistance to a mental health diagnosis, and no reported
symptoms of depression or other co-morbid mental health conditions). Four of the comparison vignettes depict a child with probable ADD/ADHD, and the remaining 5 vignettes depict problems with anxiety. Complicating factors are varied across vignettes. Tabulations of the RVU ratings suggest that PCPs perceive workload differences between cases, and most reports were consistent with expected differences. Our next steps are to revise the survey, make it available online, and determine the correct population size/type to poll on a larger scale.

Also as part of RMC 2, Zelkowitz led an analysis of data from 10 qualitative interviews conducted with pediatricians (N=5) and primary care-based social workers (N=5). These interviews focused on the process of engaging youth in specialty mental health care and providers’ perception of patients’ barriers to completing referrals. Providers endorsed the importance of shortages of specialty mental health care providers and other structural barriers. Social workers also highlighted the importance of stigma and other non-structural barriers. Both types of providers described their strategies for presenting mental health referrals to youth and families and helping them overcome barriers to engagement. Zelkowitz is preparing a manuscript for publication.

**RMC 3 — Improved Clinical Information System: Using a Web-Based Screening Tool to Assess Mental Health-Related Problems in Pediatric Primary Care**

**Leads: Kate Fothergill, Anne Gadomski, Cece Gaffney, Ardis Olson, Barry Solomon, Larry Wissow**

The Child RMC3 study evaluated the acceptability of a pre-visit web-based screener designed to comprehensively assess child health, including mental health, using a mixed methods study design. 120 English-speaking parents were recruited from three primary care systems (urban MD and rural NY, VT, NH) when they presented for a well child visit with a child 4 to 10 years of age. Parents completed an electronic pre-visit screen (handheld or computer), which included somatic concerns, health risks, and four mental health tools (SCARED5, PHQ-2, SDQ impact, and PSC-17). A summary report was provided to the PCP and parent at the start of the visit. All parents completed an exit questionnaire, and a subset (12 urban, 12 rural) participated in a follow-up phone interview soon after the visit. All participating PCPs (15) participated in follow-up interviews.

**Results:** Of those screened, 57% were at rural sites, and 48% were female. 34% of parents had some type of somatic concern, and 25% of parents had concerns about their child’s behavior, mood, fears, or worries. Almost 13% of children had been previously diagnosed with a mental health problem, and nearly 13% scored positive (>=3) on the SCARED-5. Just over 33% reported that their child had minor, definite, or severe difficulties with emotions, paying attention, behavior, or getting along with others. Those who reported any difficulties (n=39) were then asked the PSC and SDQ Impact questions. Of this subgroup, 39% had an abnormal score (>=2) on the SDQ impact measure, 29% had a positive score (>=15) on the PSC, and 53% wanted help with their child’s behavioral and emotional problems.

The exit survey showed that the majority of parents agree or strongly agree that the screener was a good way to ask routine questions (92%), maintained confidentiality (87%), and was secure (89%). During interviews, parents noted that the screener helps with recall, validates concerns, reframes issues and raises new questions. PCPs felt that the screener enabled them to avoid the ‘door knob’ question, set priorities, normalize sensitive issues like weight or mental health issues, and be comprehensive during the visit. Parents and PCPs agreed that the screener promotes a focus on areas of greatest importance, guides discussion, and allows for in-depth exchange during the visit. The electronic
format and the comprehensive approach were felt to be efficient and productive. Findings were consistent across quantitative and qualitative methods and between parents and PCPs.

This comprehensive electronic pre-visit screening tool is an acceptable and practical strategy to facilitate well child visits. Parents and PCPs believe a screening tool facilitates agenda setting, enhances engagement and promotes discussion of mental health and emotional issues.

**Status:** Manuscript preparation is underway.

**Presentations:**
- Kate Fothergill presented the study findings in a poster, “Assessing the acceptability of an electronic screening tool in pediatric primary care,” at the Society of Behavioral Medicine Conference on April 12, 2012.
- Anne Gadomski conducted a platform presentation of the abstract entitled “Assessing the impact of an electronic comprehensive somatic and mental health screening tool in pediatric primary care” at the Pediatric Academic Societies (PAS) meeting in Boston on April 28, 2012.

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**RMC 3 — Using a Web-Based Screening Tool to Assess Mental Health-Related Problems in Adolescents**

**Leads:** Kate Fothergill, Anne Gadomski, Cece Gaffney, Ardis Olson, Barry Solomon, Larry Wissow

The overall goal of the RMC3 Teen Screening Study is to better understand how primary care providers (PCPs) use a comprehensive pre-visit electronic screen during health maintenance visits with adolescents and to examine the impact of using the screen on engagement of adolescents and parents in the assessment of problems and planning for care. We will examine how screening affects the processes of organizing the visit, engaging the patient and parent, balancing competing demands of physical and mental health concerns, developing a treatment plan, and intention to adhere to the plan. There are two primary aims:

**Aim 1:** Using exit surveys from teens and parents and interviews with PCPs, to **assess the impact of the electronic pre-visit screening process** on problem identification and prioritization, parent and adolescent engagement in the discussion with the PCP, intentions to adhere to the care plan, and visit efficiency.

**Aim 2:** Using audiotaped observations of health maintenance visits, to **describe the exchange between the PCP and the teen** with and without use of a pre-visit screen. Specifically, we will examine the style of communication exchange between the PCP and patient, and the type of information exchanged. We will also examine how time spent in the visit shifts from data gathering to counseling, advice, and collaborative planning.

**Status:** We have received IRB approval at JHU, Bassett and Dartmouth. To date, there are 2 completed subjects at Bassett. There were 2 refusals because the teens did not want the visits taped. A recent conference call reviewed reasons that adolescents might refuse to have visits be audiotaped. Most sites will begin collecting data in the Fall of
PRC 1 – A Common Factors Treatment Program for Children with Anxiety

**Lead: Bruno Anthony**

The goal of this project is to examine the impact of providers’ training in and use of common factors (CF) techniques to enhance family involvement in “usual care” for anxiety problems and improve child outcomes. The project consists of three phases:

- **Phase 1:** Develop a CF treatment program intervention consisting of (1) primary care provider (PCP) training designed to increase understanding of and satisfaction with strategies to enhance family/youth empowerment and engagement, including youth-parent communication; (2) engagement/empowerment session scripts for use by PCPs when meeting with families; and (3) a provider pocket guide for applying engagement and empowerment principles.
- **Phase 2:** Feasibility testing of intervention.
- **Phase 3:** Pilot intervention by randomly assigning PCPs to: (1) a group that will receive training in CFTP and implement program with their usual anxiety guidance; or (2) a treatment as usual (TAU) group.

**Status:** Phase 1 of the project is complete. Detailed outlines of the 4-module, CFTP training protocol entitled “Treating Behavioral/Emotional Difficulties of Children in Primary Care” were submitted to medical providers, experts in training issues (2), and caregivers of children with mental health challenges (10) through a Delphi procedure. We asked for their opinions on reasons for PCP participation in training, the likelihood of PCPs putting it into practice, and the usefulness of different engagement and activation strategies during the process of screening and the development and implementation of a treatment plan. Results from the Delphi study were used to focus and prioritize the content and process of the training protocol. A training manual, including brief reminder cards for PCPs to prompt the use of CF strategies, was created.

We have finalized a universal mental health screening protocol to use in feasibility testing of the intervention (Phase 2) which will take place at the Children and Youth Ambulatory Services (CYAS) Clinic at Georgetown University. It includes shortened versions of the PSC (PSC17) and the Screen for Child Anxiety Related Disorders (SCARED) and cut-off scores to be used to identify subjects for both the feasibility and pilot test. We have also developed and begun piloting standard guidance for medical staff to present to families with a child identified with anxiety issues. PCPs for the Phase 3 pilot trial are being recruited at Georgetown Pediatrics and practices in Northern Virginia and Montgomery County.

Also related to the work in PRC 1, Dr. Banh (PI) and Dr. Anthony submitted an R21 grant with two aims: The first is to develop and assess the feasibility of treatment-implementation-plan sheets (TIPS), semi-structured tools to assist PCPs in developing and communicating treatment recommendations for young children exhibiting anxiety-like symptoms while integrating parental concerns. The second aim is to test the effect of TIPS on parental understanding, satisfaction, and compliance with treatment recommendations, as well as the effect on pediatricians’ self-efficacy and knowledge of how to treat anxiety-related concerns.
PRC 2 — Treating Childhood Anxiety in Primary Care

Lead: Golda Ginsburg
This project aims to test the feasibility of a common treatment elements intervention for childhood anxiety in primary care. The intervention is based on the principles of cognitive behavioral therapy. The overall project consists of three phases:
• Phase 1: A qualitative phase to get feedback on the intervention design—COMPLETE
• Phase 2: An open pilot test of the intervention—IN PROGRESS
• Phase 3: A randomized controlled trial of the intervention versus treatment-as-usual to reduce youth anxiety.

Status: Phase 1 focused on questions about current practices, PCP interest and motivation, feasibility, suggestions for training, and barriers to anxiety treatment in primary care. Responses revealed that there was interest in treating anxiety in pediatric care, but that PCPs were not confident, lacked training, and identified several barriers to adopting this intervention such as time and billing complications. Using these responses, a PCP-friendly intervention model was developed for Phase 2. This model, “The Anxiety Action Plan,” was based on the Asthma Action Plan which is familiar to most PCPs and includes a 3-hour training of PCPs in Cognitive Behavioral Therapy-based interventions that can be conducted with a family in 15-30 minute blocks of time both in person or by phone.

IRB approval for Phase 2 has been obtained for JHU affiliated PCPs and we are currently trying to recruit physicians from Johns Hopkins-affiliated sites in Baltimore. We also anticipate receiving approval to recruit community-based physicians not connected with Johns Hopkins in the Fall of 2012.

OC — The Operations Core

Lead: Marco Grados
A central goal of the operations core is to ensure dissemination of Center findings, involve students and faculty (particularly those from minority groups) in the Center’s work, and keep faculty abreast of developments in mental health and primary care services research.

Status: The Center Seminars for Spring 2012 focused on project updates and presentation of research opportunities for the Center. The project center team met with the Georgetown faculty & staff group on September 14th to discuss Common Factors in research. The OC continues to update the Center’s website with events, project reports, and other news. Also, found in the collaborator’s section of the website are recordings and power point presentations from past seminars.
♦ Center Pilot Projects ♦

**Pilot—Emergency Medical Services Use for Mental Health Issues Among Children: The Role of Primary Care Providers**

**Lead: Amy Knowlton**

This project aims to examine demographic, mental health and other health issues associated with any use and repeat use of Baltimore emergency medical services (EMS) among children and youth. A second aim is to explore barriers to care and other factors promoting EMS use among youths with mental or behavioral health problems, and the potential role of PCPs and other gatekeepers in facilitating their access to care.

**Results:** For Aim 1, we conducted quantitative analysis of EMS data from 2008-10 and presented our findings to fire department officials. Results indicated that repeat users accounted for 15.9% of pediatric users and 20.8% of pediatric incidents. Compared to non-repeat users and to the population distribution, repeat users were more likely to be older adolescents and female. While trauma accounted for the single greatest proportion of EMS pediatric incidents overall, pediatric repeat versus one-time use was associated with a lower level of trauma (7.2% versus 26.7%, respectively) and a higher level of medical (92.6% versus 71.4%) related incidents, including greater proportions of incidents related to asthma, seizures, and obstetric/gynecologic issues. In patient level analysis, greater proportions of repeat compared to one-time EMS users had evidence of asthma, behavioral health (mental and substance use) problems, seizures, and diabetes. Of repeat users, 41.2% had evidence of asthma and 18.3% of mental health problems. The findings indicate the major role of chronic somatic conditions and behavioral health issues in repeat pediatric use of this EMS system. The results demonstrate the utility of EMS records in identifying pediatric populations for public health intervention. Targeted intervention is needed to promote repeat users’ engagement in primary care with integrated behavioral health services.

**Status:** Our manuscript is currently under review. Through partial support from the Center we have been awarded an R34 to pilot an intervention training EMS providers to screen adult EMS users for behavioral health problems and link them to integrated behavioral/medical care. Based on preliminary findings from this pilot study and the intervention, we will conduct Aim 2 of the study to inform a similar intervention for the pediatric EMS using population.

**Pilot—Mental Health Symptoms Presenting in Pediatric Primary Care**

**Leader: Matt Biel**

This project aims to learn more about how pediatric mental health concerns present in primary care and physicians’ beliefs regarding the provision of mental health care in this setting. We hope to build on other Center projects by implementing mental health screening and pilot testing the PRC interventions. In 2011, we completed a literature review of the most common presenting problems and concerns related to mental health in pediatric primary care and conducted key informant interviews with PCPs (4 at Unity Health Care in DC, 3 at Georgetown Pediatrics) using questions consistent with those used in RMC2.

**Status:** We are nearing completion of a Presenting Problems paper working with a data set containing pediatric caregivers’ responses to the Strengths and Difficulties Questionnaire (SDQ). These data, combined with information gathered from the literature review, will help us describe the most prevalent concerns at different developmental stages and think about which issues might be the best targets for screening or other clinical intervention. The SDQ data set should offer another angle on these issues.

We are moving forward on a second paper that addresses best practices for training pediatricians in mental health and developmental topics. The paper includes analysis of the completed key informant interviews with pediatricians at Unity Health Care and GU Pediatrics, as well as a description of a training done on autism screening at Unity, together with Bruno Anthony’s work with Delphi surveys of parents and providers regarding integration of mental health into pediatric primary care.

Finally, we have continued our constructive relationship with GU Pediatrics outpatient clinics, where we continue to use the PSC-17 and brief SCARED screening tools in several residents’ clinics, as outlined in My Banh’s work.
Pilot—Parents’ Perspectives of the Primary Care Providers’ Role In Their Child’s Mental Health Care

Lead: Justine Larson
The aims of this project are two-fold: 1) to explore the factors that influence parents’ perspectives of the PCP’s role in their child’s mental health care, and 2) to examine correlations between these conceptualizations and where and how parents engage in mental health care for their child. The study is a mixed-methods design using data previously collected on 37 parents or guardians of children referred from the Harriet Lane Clinic pediatric primary care (HLC), at Johns Hopkins Hospital, for mental health services at the Children’s Mental Health Center (CMHC). Semi-structured, qualitative interviews were conducted to explore parents’ beliefs about mental health treatment, relationship with their child’s PCP, and any perceived barriers in obtaining mental health care. Analyses have used a grounded theory process to examine the association between parents’ perspective of the PCP’s role in child mental health care with attendance at a CMHC visit.

Status/Results: Qualitative analyses of how families experience receiving behavioral health care from their pediatrician are currently underway. Interesting themes have emerged from these analyses, including the fact that families expect ongoing involvement in behavioral health issues, even after a behavioral health referral has been made. The analysis of all of the interviews is complete, and the team is working on a manuscript. The findings support the concept of the "health home" for physical and behavioral health.

Presentations/Papers: Dr. Larson has given several presentations describing the work, including a presentation at the Annual American Academy of Child and Adolescent Psychiatry conference in Toronto, a poster presentation at the 2011 Clinical and Translational Research Meeting in Washington, D.C., and a presentation at the Center itself. A brief report entitled “Are Pediatricians Doing More Family “Therapy” Than They Realize? Changing Families Through Single Encounters” is currently in press in Clinical Pediatrics. The report describes several cases in detail that demonstrate the fact that pediatricians can have a clinical impact through brief therapeutic encounters. A manuscript describing the full analysis is currently being developed.

Pilot—The Perception of Latino Parents of Mental Health Problems among Children in their Community

Lead: Sarah Polk
Description: The goals of this project are to 1) better understand how Latino parents perceive mental health problems among their children and how they should be addressed, and 2) evaluate the acceptability of mental health screening by pediatricians. We will pursue these goals by recruiting Spanish-speaking parents of school-age children (5-18) for participation in focus groups regarding perceptions and beliefs about children’s mental health. Five focus groups of 10 people each are planned. We will cooperate with local community organizations to recruit potential participates. Focus groups will be stopped early if thematic saturation occurs prior to the 5th meeting.

Status: We have spoken with both EBLO (Education Based Latino Outreach) and the Esperanza Center here in Baltimore and they have agreed to help us recruit Latino parents. The protocol will be submitted to the IRB in 2012.
Pilot—Developing simple T.I.P.S. to address mental health problems in pediatric primary care

Lead: My Banh
Pediatricians often under-recognize and under-treat mental health problems in children. The goal of this study is to develop a brief treatment that includes step-by-step strategies that pediatricians can use with children and caregivers to identify and reduce mental health symptoms in children. In the first phase of the study, various methods of implementing the PSC-17 and 5-item SCARED will be tested to identify and formulate treatment-implementation-plan sheets (TIPS) for caregivers of children who exhibit sub- or clinical-level psychiatric problems associated with functional impairment. These TIP sheets will be developed to address prevalent externalizing and internalizing symptoms such as defiance, anxiety, and sadness. In the second phase of this study, we will assess the acceptability and feasibility of implementing the TIPS as a package of practical interventions within pediatric primary care settings. Qualitative and quantitative process, fidelity, and outcome data will be collected.

Status:
We are currently testing various methods of implementing the screeners in the pediatric outpatient clinic at GUH to facilitate buy-in. We have developed an electronic algorithm for calculating the total and subscale scores for the screeners in one simple platform and are exploring other possibilities to increase ease of use across different platforms. We are also developing the TIPS for prevalent symptoms observed in the GUH clinic.

Pilot—Investigating prevalence of pre-psychotic symptoms in a primary care setting

Leads: Emily Kline, Gloria Reeves, Jason Schiffman
Schizophrenia and other psychotic disorders can have a devastating impact on youth and families. Most individuals on a trajectory toward psychosis begin to experience symptoms during adolescence. Although screening tools have been developed to accelerate detection of pediatric psychosis and to identify youth who are at increased risk, no research to date has endeavored to assess prevalence of symptoms and feasibility of screening within a pediatric primary care setting. The goal of this project is to examine the prevalence of psychosis risk symptoms, as well as the validity and usefulness of screen responses, among youth in primary care. Based on a study in an adolescent community sample, we anticipate that 15% of youth will screen above the detection threshold, and that many of these youth may be “missed” by more generic mental health screens. Prevalence data will be useful in determining need for widespread primary care screening and feasibility of partnering with primary care in developing services to delay or prevent progression to full psychotic illness.

Status/Results:
We are refining the aims and methods of this project and look forward to getting it off the ground. We have also initiated a brief survey of clinicians regarding their preference among three validated self-report screening tools.
Pilot—Behavior health problem identification and subsequent behavioral health utilization in Medicaid children

Lead: Karen Hacker
The goals of this study are to understand the nature of children (ages 0-18) who were identified as having a behavioral health need through receipt of the MassHealth mandated BH (Behavioral Health) screening and the course of those children’s service utilization in the subsequent two years. The study uses FY08 – FY11 eligibility and medical, encounter, and pharmacy claims data obtained from the Massachusetts Medicaid Program. First, for all children who received the BH screening in FY09, we will determine differences among those children who had a behavioral health need identified, those who were determined not to have behavioral health need, and those whose screening results were undetermined. We will also explore whether having a BH history was related to identification of behavioral health need. Further, we will examine whether having an identified need predicts utilization of behavioral health services in the subsequent two years, and, if so, how long it takes to access services and how many times BH need is identified prior to service use. If time allows, we will examine other available descriptive variables (gender, age, type of provider, location of service, being in foster care, BH history, etc.). Second, we will explore differences between the children who received positive results for behavioral health need: 1) who received behavioral health care within 90 days of identification and 2) those who did not receive behavioral health care within 90 days of identification. We will conduct descriptive analyses, trend analyses of utilization, and use logistic regression to predict factors associated with obtaining behavioral health services in either specialty or primary care environments.

Status: Medicaid analysis is underway. We have completed the first phase and established a cohort of children with 300 or more days of eligibility and a BH screening in FY09. We will examine FY08-FY09 eligibility and claims data for BH history and FY09-FY11 eligibility and claims data for subsequent service utilization. We have established the definition of past behavioral health history - using ICD9 codes, CPT codes and medication - and found those with a positive BH screen in FY09 were more likely to have had a BH history than those who did not have a positive BH screen.

Papers/Presentations: We have discussed our progress with the Department of Mental Health and are in the process of setting a time to present our preliminary findings to them. In addition, we met with Michael Murphy Ed.D. to discuss our findings and begin determining dissemination efforts.
Pilot—Does long-term use of the Guidelines for Adolescent Preventive Services (GAPS) lead to earlier mental health or substance abuse diagnosis?

Lead: Anne Gadomski
This is a retrospective cohort and naturalistic study using an administrative database to compare the frequency of mental health or substance abuse diagnoses pre-and post -introduction of the GAPS (The Guidelines for Adolescent Preventive Services), a pre-visit screener, to the clinical routine at one rural, primary care clinic. We aim to 1) determine whether long-term use of the comprehensive GAPS screen led to increased detection and/or earlier diagnosis of mental health/substance abuse disorders among teens at their annual visits 2) determine the sensitivity, specificity of the GAPS relative to mental health or substance abuse diagnoses and time to subsequent mental health or substance abuse diagnoses among 297 adolescents ages 11-18 included in our prior GAPS implementation study. Our results shed light on the utility of a commonly used comprehensive screener in leading to the diagnosis of mental health or substance abuse disorders and also clarify the steps needed to implement effective screening in pediatric primary care in underserved areas.

Results: This pilot study received IRB approval in June 2012. Over the summer, the previous analysis was redone using PCP-oriented codes and the sensitivity, specificity, and predictive value of the GAPS were calculated. Time to mental health or substance abuse diagnoses given a positive GAPS was also determined. RESULTS We found that even though GAPS related to past or eventual MH/SA diagnosis, it did not change the rate of or time to diagnosis for mental health or substance abuse diagnoses.

Status: A manuscript was submitted to the Arch Pediatr Adolesc Med.in September 2012.

Presentations/Papers: Dr. Gadomski presented a poster on the previously collected data at the PAS meeting in April 2012.

Pilot—Engaging Youth and Their Families in Mental Health Services: School Nurses as the First Point of Contact

Leads: Kim Becker, Bruce Chorpita, Rachel Kim
Collaborator: Sharon Stephan
The primary aim of this study is to examine feasibility, acceptability, and preliminary efficacy of an engagement protocol (EP) delivered by six school nurses over the course of ten months (September 1, 2012 to June 20, 2013). The secondary aim is to validate and test a new caregiver-report measure of practitioners’ use of evidence-based engagement practices. The tertiary aim is to test whether a caregiver report of treatment expectancy is affected by practitioners’ use of evidence-based engagement practices. In the first wave of this project, 6-10 families will be recruited to gather data on school nurses’ use of evidence-based engagement practices before any training in the EP occurs. Caregivers will provide information about school nurses’ use of evidence-based engagement practices, caregiver expectations for treatment, and their engagement in mental health services. School nurses will complete an engagement element interview following each family interaction. School nurses will attend a half-day training in the EP and will receive consultation in the use of the EP on an as-needed basis. A second wave of 6-10 families will be recruited to gather post-training data on school nurses’ utilization of evidence-based engagement practices, treatment expectations, and engagement in mental health services. In addition, a focus group will be conducted with the school nurses to solicit feedback regarding feasibility and acceptability of the EP.

Status: We have defined the scope of the project and are collaborating with the Director of School Mental Health Services at the Los Angeles Unified School District to identify school nurse participants. Additionally, we are in the process of drafting a protocol to submit to the IRB.
Center-Related Projects

Psychopharmacology

Lead: Mark Riddle
Other Center Faculty: Susan dosReis, Gloria Reeves, and David Pruitt

This project aims to enhance pediatricians’ capacity to prescribe and manage psychotropics. At the AAP’s request, this project developed a way to select basic psychotropic medications for use in primary care. Summaries of the early conceptual framework and practical guidelines are currently available on the Center website.

Status: The current focus of this project is development of materials for dissemination. The conceptual framework and basic building blocks for the proposed approach are presented in a chapter of a textbook that will be published by the American Academy of Pediatrics in 2013. The chapter is being revised and expanded in response to suggestions by nine relevant committees and components of the AAP. The Center’s website will then be updated to reflect these changes. Based on this framework, a detailed set of training modules and a manual are being developed with the AAP Press; this will be the major focus of our effort over the next year. In addition, in conjunction with the AAP, we will pilot selected modules via webinars and live presentations. The ultimate goal is to disseminate knowledge for the safe and effective management of psychotropic medications in pediatric primary care.

Maryland Behavioral Health Integration in Pediatric Primary Care (B-HIPP)

Leads: Kelly Coble, Meghan Crosby Budinger, David Pruitt, Larry Wissow

The Center is partnering with the University of Maryland on a state initiative to support the efforts of pediatric primary care providers (PCPs) in assessing and managing the mental health concerns of their patients. Called B-HIPP, the program has four main components: 1) Consultation Service: B-HIPP will provide real-time consultation opportunities for pediatric PCPs with child mental health specialists at the University of Maryland and Johns Hopkins, 2) Social Work Co-Location: In partnership with Salisbury University, B-HIPP will pilot social work co-location in four pediatric primary care practices on the Eastern Shore, 3) Continuing Education: B-HIPP will offer opportunities for mental health skills training for PCPs, and 4) Resource Networking: B-HIPP will work to increase access to children’s mental health services by improving linkages between PCPs and the mental health providers in their communities rather than by creating new services. B-HIPP is supported by funding from the Maryland Department of Health and Mental Hygiene and Maryland State Department of Education. Components 1 and 2 are set to launch in pilot areas this fall.

Status: The protocol has been submitted to the IRB.

Project TEACH Evaluation

Lead: Anne Gadomski, Larry Wissow, Kimberly Hoagwood, Stewart Gabel

NYS OMH currently funds Project TEACH (Training and Education for the Advancement of Children’s Health), a statewide effort to improve primary care provider (PCP) management of childhood mental health problems. This evaluation project aims to assess whether the current training model is achieving its goals and the information learned will be used to plan what additional training or program support may be necessary. We will evaluate the impact of Project Teach on: 1) PCP capacity to manage mh problems in primary care, 2) access of PCP to child adolescent psychiatrists (CAP) and 3) PCP psychotropic prescribing practices. We will do this by conducting qualitative interviews with 30 trained and 10 waiting to be trained PCPs and by conducting a quantitative analysis of PCP prescribing practices for children insured through Medicaid in NYS.

Status: Of the 40 planned PCP interviews, we have conducted 30 interviews and they are being transcribed. They will be coded at the Center and then undergo qualitative analysis. The Medicaid claims database analysis needs to be approved by NYS OMH IRB. Currently analytic indicators are being developed by a working group comprised of the investigators and Project TEACH trainers. This list of potential indicators of PCP prescribing practices will be used to compare pre- and post-training prescribing practices of trainees as well as to compare the practices of trained to ‘not trained yet’ PCP.
A Child Mental Health Training for Public PCPs in Brazil

Lead: Rosane Lowenthal, advisor Cristiane Silvestre de Paula, collaboration with Mackenzie University / National Institute of Psychiatry development

This is Ms. Lowenthal's PhD thesis, supported by a grant from the Brazilian CNPq. She is developing a child mental health training for primary care professionals by adapting the materials already created by Dr. Wissow to the Brazilian reality. Along with this adaption, interactive educational materials for educational beyond classroom trainings have been developed.

Status: Ms. Lowenthal came to Baltimore in the Fall of 2011 to go over common factors and training content. Web-based material was developed in Brazil and pilot testing in a site in São Paulo was completed during the months of August and September 2011. During the last year (2011), she did a pilot testing in São Paulo with 25 primary care providers (12 doctors and 13 nurses). Using these results, she finished her PhD thesis in June, 2012. She is now writing an article for Larry Wissow to review. In August she did a training in Fortaleza with 32 professionals, and she is planning others in additional sites.

Latino Medical Assistants’ Training

Lead: Jonathan Brown

This project, funded separately, examined the impact of training lay Latino medical assistants (nursing assistants) in common factors skills on parent and youth attitudes toward discussing psychosocial issues.

Results: Data analysis revealed that medical assistants can learn skills to help patients feel more comfortable talking about mental health issues, that communication training for medical assistants could supplement other interventions, and that research needs to understand how interactions with medical assistants influences patient outcomes.

Presentations/Papers: These findings were presented at the July 2012 NIMH Conference on Mental Health Services Research.


Outline of Mental Health Training Needs for Primary Care Providers and Staff

Lead: Jonathan Brown

This project involved writing a paper that examined mandates in the Affordable Care Act for increasing mental health services in primary care. It sought to translate those mandates into training needs for staff and providers working as teams in primary care.

Status: The paper has been accepted for publication in Administration and Policy in Mental Health. Find a link to the PubMed abstract on the publications page of the Center website: web.jhu.edu/pedmentalhealth/publications.html

Common Factors Training for School Nurses

**Lead: Sharon Stephan**

In collaboration with Jane Foy and the North Carolina school mental health program, a common factors training is being adapted for school nurses. It focuses on their interactions with children and youth, as well as those with teachers. The overall goal of the proposed study is to develop and document the feasibility, acceptability, and impact of an in-service training and support system for enhancing school nurses’ capacity to manage the needs of students with or at risk for emotional and/or behavioral difficulties that interfere with learning. The adapted materials were revised after a second round of reviews by school nurses in North Carolina. The training materials are now fully packaged and include a series of eight modules, with accompanying PowerPoint presentations, facilitator notes, and vignette scripts.

**Status:** A grant proposal to the Institute of Education Sciences (IES), Special Education Research Grant Program, was not funded, though it received a good score and excellent reviews. The proposal will be revised and resubmitted to IES in June, 2012. In the meantime, we continue to work with the National Association of School Nurses to consider mechanisms for supporting school nurses’ role in addressing student mental health. Dr. Stephan is also working closely with the National Assembly on School-based Health Care (NASBHC) to advance mental health training for those serving students with mental health needs. Dr. Stephan will also be leading the school arm of Maryland's psychiatric consultation to pediatricians and health providers.

Enhancing the Effectiveness of Mental Health Screening

**Lead: Karen Hacker**

This project is a Center collaboration with the Cambridge Health Alliance (CHA) in Massachusetts, where providers have been using the Pediatric Symptom Checklist to systematically screen all patients presenting for well-child visits for the past several years. The CHA team aims to use a common factors training to help providers discuss screening results with parents and youth. Dr. Hacker received a pilot grant from the Bennett Foundation in Boston to support the development of the training materials. The research team met over the summer and conducted interviews with providers to guide the project. The result of the interviews was a combined psychiatry-pediatrics “grand rounds” where the interview findings were presented and a variety of ideas generated for improving screening and referral practices.

**Status:** Progress is being made on several fronts. First, a paper describing the interview findings is being written and additional data from Cambridge-area sites is being collected. Second, a modified Delphi process following up issues raised during the “grand rounds” discussion was conducted and we have since had several training/discussion sessions focusing on ideas for modifying the system. Finally, CHA received an R21 from NIMH to conduct further secondary data analysis of screening data – including Massachusetts Medicaid data. Work on this analysis continues.

Integrating Mental Health and HIV Care in Ethiopia

**Lead: Larry Wissow**

This project, part of the CDC-funded Hopkins PEPFAR grant (Andy Ruff, PI), involves working with Ethiopian mental health professionals and administrators to develop training and support for HIV care providers to detect and respond to common child and adult mental health problems. This project has helped the Center develop contacts at WHO and elsewhere in Africa, so that we can be in touch with the larger global movement to integrate mental health and primary care. It will also provide valuable training for the Center investigators in program implementation and evaluation.

**Status:** The first implementation phase began in May 2011 and a training manual was printed. The training was then pilot tested at four sites and an informal evaluation was conducted. Plans for a more formal evaluation have been included in the coming year’s PEPFAR plans under its CDC grant. We have also submitted an NIMH grant specifically to improve and evaluate the child/adolescent component of the training, which will be reviewed in the Fall of 2012.
Use of Common Elements to Design Decision Aids for Joint Parent-Provider Use

**Lead:** My Banh, Sandra Soto

This project aims to design materials (paper and web-based) that could be used jointly by parents and providers to pick appropriate interventions for child mental health problems they have identified. The materials would also serve as educational tools to help with implementation of the plans at home.

**Status:** Grant application has been submitted.

National Network of Child Psychiatry Access Programs (NNCPAP)

**Lead:** Larry Wissow, Rachel Zelkowitz

The National Network of Child Psychiatry Access Programs continues to grow, and now includes programs from more than 25 states. Representatives from these programs meet via regular teleconference calls to discuss topics including funding opportunities, generating enthusiasm for the programs among parents and primary care providers, and collecting baseline data for future program evaluation efforts. The Center continues to host the Network’s website at http://web.jhu.edu/pedmentalhealth/nncpap.html.

**Status:** In 2012, NNCPAP funded the Center to develop a compendium of the tools used at individual programs to solicit consultations, monitor referrals, and evaluate the programs’ impact on factors such as primary care provider comfort with mental health care and parent satisfaction. The Center produced detailed descriptions of each state’s program to share their “lessons learned” in establishing psychiatric consultations for pediatric primary care.

Children of Maryland/Mental Health Advocates Together (COMMHAT)

**Lead:** Larry Wissow

The Center supports the work of COMMHAT, a joint effort of the Maryland Chapters of the American Academy of Pediatrics and American Academy of Child and Adolescent Psychiatry, along with Parents’ Place of Maryland. Last year, COMMHAT and the Behavioral Health subcommittee of Maryland AAP put on two primary care mental health training sessions in Hagerstown, Maryland, chaired by Dr. Ken Tellerman.

**Status:** This spring, on April 21, COMMHAT will host a “Western Maryland Child Mental Health Summit Meeting” with the aim of developing primary care-mental health partnerships and encouraging more primary care practitioners to develop their mental health skills. There will be a follow-up meeting this month (October, 2012) co-sponsored by the Washington County Health Department and B-HIPP to further develop collaboration between the mental health and primary care communities. For more information: http://web.jhu.edu/pedmentalhealth/COMMHAT.html.

Agreement and SDQ Paper

**Lead:** Larry Wissow, Rachel Zelkowitz

This paper presents a secondary data analysis of parent-adolescent agreement on the Strengths and Difficulties Questionnaire. We looked at 372 pairs, split fairly evenly between girls and boys. Agreement was fair on the overall impact and symptoms scales, and on the symptom subscales (ie, hyperactivity, emotional concerns). This is in line with what other screeners have shown, and the results didn't seem to vary by gender, age, race or visit type (well-child vs. acute).

**Status:** In preparation

Screening Paper

**Lead:** Larry Wissow

This paper looks at screening and how it functions and is used in clinical settings.

**Status:** After a long review the paper was turned down by one journal with the critique that it was not based on a systematic review. Led by Rachel Zelkowitz, we conducted the review and the revised paper is about to be circulated among the authors.