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Research Methods Core Projects

RMC 1: Common Factors and Children

Lead: Sarah Polk
Collaborators: Kate Fothergill, Russ Horwitz, Debra Roter, Heather Winegrad, Larry Wissow

Our goal is to increase the evidence base for the use of common factors in pediatric primary care. We will investigate the impact of language discordance between provider and parent on communication. We will conduct stimulated recall interviews with children to learn about what parts of the visit they found engaging. Interviews will be analyzed around themes related to common factors, and visits will be coded using RIAS (the Roter Interaction Analysis System). We will also analyze the effect language discordance has on communication.

Status: Data analysis continues with two initial projects underway. Russ Horwitz will lead the qualitative analysis of home interviews, and Sarah Polk will lead the RIAS analysis of clinic visit data with help from Susan Larson.

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

Lead: Anne Ruble, Eric Slade
Collaborators: Kate Fothergill, Larry Wissow, Waleed Zafar, Rachel Zelkowitz

This project has two main objectives. In Phase 1, we aimed to understand PCPs’ decision processes around delivery of mental health services and perceptions of work involved. The aim of Phase 2 is to use the findings from Phase 1 to design and pilot a resource based relative value scale to quantify workload in providing mental health care.

Status: Phase 1 is complete. In Phase 2, we sent the web version of the revised work survey to the Maryland Chapter of the American Academy of Pediatrics. The survey includes 10 brief case vignettes, and PCPs are asked to rate the work values of the vignettes relative to a reference case, which describes a child with probable ADD/ADHD and no other complicating factors. Four of the comparison vignettes depict a child with probable ADD/ADHD, and the remaining 5 vignettes depict problems with anxiety or mood. Complicating factors are varied across vignettes. We are in the data collection phase and plan to move to data analysis after the survey responses are obtained.

RMC 3: Using a Web-Based Screening Tool to Assess Mental Health-Related Problems

Lead: Anne Gadomski
Collaborators: Kate Fothergill, Cece Gaffney, Ardis Olson, Barry Solomon, Larry Wissow

Our overall goal 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. This study of adolescent screening is an extension of the Center’s previous study of screening with parents of young children ages 4-11. (To read about the results of the child study, please refer to the October 2012 newsletter, found on the center’s website.)

Status: We are conducting the teen screening study at JHU and Bassett. Visits without pre-visit screening will be compared to visits where the teen completes a comprehensive screener, and the results were given to the PCP. To date, Bassett has completed 34 visits, and JHU has completed 36. RIAS coding of visit audio recordings in underway, and analysis should be complete early in 2014.
Principal Research Core Projects

PRC 1: A Common Factors Treatment Program for Children with Anxiety

Lead: Bruno Anthony
Collaborators: My Bahn, Matt Biel, Larry Wissow

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 (CFTP) intervention consisting of (1) primary care provider (PCP) training, (2) engagement/empowerment session scripts for use by PCPs, and (3) a pocket guide for applying engagement/empowerment principles. Phase 2: Feasibility testing. Phase 3: Pilot intervention by randomly assigning PCPs to an intervention group receiving the CFTP or a treatment as usual (TAU) group.

Status: Phase 1 and 2 are complete. The CFTP, consisting of 4 modules built around video clips that highlighted key concepts and strategies, was administered to 7 PCPs. Pre-post surveys obtained ratings from participants about the extent to which (1) they agree with beliefs about mental health treatment in primary care and (2) they believe strategies and skills for engaging and activating families addressed in the training are important. Positive change in ratings occurred in all but 2 of the 18 items. Participants also rated the format, quality, materials, and overall effectiveness of the trainers at the end of the 3-hour training on a 1-5 scale; average scores were above 4.75. We have finalized tools to use in the pilot trial (Phase 3). These include: a universal mental health screening protocol (PSC-17 plus the brief SCARED); session prompts for PCPs to use in the different treatment visits (initial, treatment planning, follow-up); brief, general guidance for medical staff to present to families with an anxious child; and the implementation and outcome measurement frame. PCPs for the pilot have been recruited from clinics associated with the Departments of Pediatrics and Family Medicine of Georgetown University Hospital in DC and Virginia and the Children’s National Medical Center.

PRC 2: Treating Childhood Anxiety in Primary Care

Leads: Golda Ginsburg
Collaborators: Kelly Drake, Heather Winegrad

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 two 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

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. Based on PCP feedback, an intervention, modeled after the Asthma Action Plan, was developed. As recruitment for Phase 2 began, the investigators also developed and refined a training plan for the resulting “Anxiety Action Plan.” Phase 2 is in progress. To date, a total of 16 PCPs from the Baltimore have completed the training (approximately 3 hours focused on assessment and intervention strategies for childhood anxiety). So far, 8 children have been enrolled in the study. PCPs receive ongoing supervision provided by Drs. Ginsburg and Drake.
Center-Related Projects

Psychopharmacology

Lead: Mark Riddle
Collaborators: Susan dosReis, David Pruit, Gloria Reeves

This project aims to enhance pediatricians’ capacity to prescribe and manage psychotropic medications. 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 complete. They are described in two book chapters published by the American Academy of Pediatrics in 2013. Based on this framework, a detailed set of web-based training modules and a manual is being developed with the AAP Press. In addition, we will pilot selected modules via webinars and live presentations. Also, we surveyed over 200 pediatric residents in the Baltimore area regarding need for and barriers to assessment and treatment of children with ADHD, anxiety, or depression. The results of this survey will inform further dissemination efforts regarding the safe and effective management of psychotropic medications in pediatric primary care.

Integrating Mental Health and HIV Care in Ethiopia

Leads: 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: This project may be coming to an end as the funding for its mother program, JHU-TSEHAI, is ending in February. We have been racing the clock to get IRB approvals for a final evaluation. We have received approval from JHSPH, but are awaiting approvals from CDC and Ethiopian authorities.

Children of Maryland/Mental Health and Advocates Together (COMMHAT)

Leads: 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. In 2012, COMMHAT worked in tandem with the Behavioral Health subcommittee of Maryland AAP to hold primary care mental health training sessions in Hagerstown, Maryland, chaired by Dr. Ken Tellerman.

Status: COMMHAT was on "standby" as B-HIPP rolled out but we anticipate re-convening it as a way to coordinate training efforts.
Pediatric Integrated Care Collaborative (PICC)

Lead: Larry Wissow  
Collaborators: Jen Agosti, Kate Fothergill, Mark Rains, Holly Wilcox

This project aims to raise the standard of care and improve access to services for traumatized and chronically stressed children, their families, and communities. We are conducting a series of learning collaboratives to improve prevention and treatment in primary care of these children. The center will support three levels of collaborative activity: 1) a Breakthrough Series 2) a Learning Collaborative, and 3) an Integrated Care Collaborative Group of participants from SAMSHA-NCTSI- funded sites and Network Affiliates.  

Status: We have recruited 10 teams in 10 different states to start a "Breakthrough Series" exploring ways to integrate primary care and trauma care. This project promises to help us frame Center innovations in terms of how health care is changing to a focus on outcomes and populations; we will gain experience understanding the context and mechanisms of change within which to position our work. Additionally, Dr. Holly Wilcox received a "mini-grant" to explore the NCTSN's core data set for the characteristics of children who received trauma services and were seen in primary care. This will give us insights into the kinds of issues for which we need to prepare primary care providers.

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

Leads: David Pruitt, Larry Wissow

The Center is partnering with the University of Maryland to support the efforts of pediatric primary care providers in assessing and managing the mental health concerns of patients. B-HIPP has four main components: 1) Consultation Service, 2) Continuing Education, 3) Referral and Resource Networking, and 4) Social Work Co-Location. B-HIPP is supported by funding from the Maryland Department of Health and Mental Hygiene and the Maryland State Department of Education.  

Status: B-HIPP expanded statewide July 1, 2013. Since that time, we’ve nearly doubled our enrollment of pediatric primary care providers and have fielded nearly 100 phone consultations. We are currently preparing to launch a series of trainings for PCPs in several regions throughout the state. Our referral database includes over 800 listings of mental health specialty services and community resources across the state. Graduate level social work interns have completed over 400 patient contacts since Fall 2012. In the coming months, we will focus on continuing to spread the news across the state and expanding training.

National Network of Child Psychiatry Access Programs (NNCPAP)

Leads: Amelia Buttress, Larry Wissow

NNCPAP 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 Network is currently working to formalize membership. The Center continues to administer the Network’s website at www.nncpap.org.  

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.
Project TEACH Evaluation

**Leads: Anne Gadomski, Stewart Gabel, Kimberly Hoadwood, Larry Wissow**

New York State’s Office of Mental Health (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. The goals of this training/consultation/access project are to improve the treatment of mild and moderate child MH disorders in primary care, promote appropriate psychotropic medication prescribing practices, increase access to child adolescent psychiatrists (CAP) consultation support, and increase linkages within the health care system. 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.

**Status:** Forty PCP interviews were coded and analyzed. Potential indicators of PCP prescribing practices and diagnosis 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’ PCPs. The Medicaid database analysis of changes in prescribing practices, diagnosis, and service utilization is underway. To date, we found that there were changes in PCP prescribing practices without change in ER, outpatient, and hospitalization utilization by children seeing those PCP. A report has been drafted for NYS DOH OMH, and there was a meeting in Albany on November 25, 2013 to present the findings. Dr. Gadomski gave an oral presentation of this project at the American Evaluation Association meetings on October 18, 2013.

Building Mental Wellness (BMW) Learning Collaborative

**Leads: Larry Wissow**  
**Collaborators: Kate Fothergill, Melissa King**

BMW Learning Collaborative is a statewide initiative in Ohio coordinated by the American Academy of Pediatrics (AAP). The goal is to improve mental health service delivery and health outcomes for children and youth through a series of interventions customized for the state’s pediatric primary care practices. Participants choose one of two levels of participation: (1) an online learning community that offers on-demand continuing education credit and discussion boards, or (2) full participation in the BMW Learning Collaborative. The latter includes trainings in patient engagement and brief intervention offered on-site by quality improvement coordinators trained by the Center for Mental Health Services in Pediatric Primary Care. The primary aim of BMW is to improve the delivery of children’s mental health services by enhancing knowledge and skills, office context, and integration of care and resources in participating practices. The Learning Collaborative began in August 2013, and Center staff will be involved in the implementation, monitoring, and evaluation through the conclusion of the initiative in June 2015.

**Status:** The Center has completed one “train the trainer” session in the first of three regions participating in the collaborative, and two additional sessions will be held in the next year. The first cohort of practices will receive training in December 2013. Overall, there will be four site visits training sessions in each of the three participating regions.
Center Pilot Projects

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

Lead: Kim Becker, Bruce Chorpita, Rachel Kim
Collaborator: Sharon Stephan

This study aims to examine the feasibility, acceptability, and preliminary efficacy of an engagement protocol (EP) delivered by school nurses. We will validate and test a new caregiver-report measure of practitioners’ use of evidence-based engagement practices. We will test whether a caregiver report of treatment expectancy is affected by practitioners’ use of evidence-based engagement practices. First, we will gather data on school nurses’ use of evidence-based engagement practices from 6-10 families. School nurses will then receive training in the EP. An additional 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. We will also conduct a focus group with the school nurses regarding feasibility/acceptability of the EP.

Status: We have worked with our colleagues in the Los Angeles Unified School District to recruit 6 school nurses to participate in the project. We have conducted an introductory meeting with these nurses and obtained their consent. They are currently collecting baseline data regarding their engagement practices. We are in the process of identifying a training date.

Mental Health Symptoms Presenting in Pediatric Primary Care

Lead: Matthew Biel

This project aims to learn more about how mental health concerns present in pediatric primary care (PPC) and physicians’ beliefs regarding the provision of mental health care in this setting.

Status: We will submit a paper working with a data set containing PCPs’ responses to the Strengths and Difficulties Questionnaire. These data 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. We are planning a second paper describing our experiences training pediatricians in evidenced-based developmental screening, with a particular focus on screening with Latino families. This will briefly describe the training and discuss opportunities to develop broadly applicable training programs for PPC that may reduce disparities in identification of developmental delays.

Developing Simple T.I.P.S. to Address Mental Health Problems in Pediatric Primary Care

Lead: My Bahn

Our goal is to develop a brief treatment that pediatricians can use with children and caregivers to identify and reduce mental health symptoms in children. Phase 1 involves various methods of implementing the PSC-17 and SCARED to identify and formulate treatment-implementation-plan sheets (T.I.P.S.) for caregivers of children who exhibit psychiatric problems associated with functional impairment. Phase 2 involves the assessment of the acceptability and feasibility of implementing the TIPS as a package of practical interventions within pediatric primary care settings.

Status: We have developed a package of simple T.I.P.S. and are currently recruiting primary care providers (PCP) and caregivers to obtain feedback and finalize the T.I.P.S. We are also in the process of developing a PCP training-manual for phase 2 of the study.
**Supporting Parents with Depression in Pediatric Primary Care**

**Lead:** Jill Haak

This project seeks to develop a parental depression intervention tool kit for pediatric primary care providers and to evaluate the impact, feasibility, and acceptability of this intervention. The tool kit will contain screening tools for parental depression and a reference sheet on basic facts about parental depression, the effects of parental depression on children, and proposed mechanisms of transmission. It will also include information about the impact of effective treatment on child outcomes, and identify ways parents can promote resilience among their children. Finally, the kit will provide information about local mental health resources and supports, along with techniques to facilitate referrals to treatment. A select group of PPC providers will receive the kit and be asked to review the materials. Pre- and post- measures will assess changes in provider knowledge and practices regarding parental depression. We will also request feedback from providers regarding the acceptability/feasibility of providing this information to parents in PPC settings.

**Status:** The toolkit is complete and the research plan has been submitted to the IRB for review.

**Psychopharmacology Training for Pediatric Residents**

**Lead:** Emily Frosch  
**Collaborators:** Barry Solomon, Russ Horwitz, Mark Riddle

Our goal is to develop and administer a survey of pediatric residents and continuity clinic preceptors regarding their knowledge, attitudes, perceived skills, and practices related to pediatric psychopharmacology. The findings will inform the development of an educational training program in pediatric psychopharmacology for residents and preceptors.

**Status:** We received IRB approval for our survey of pediatric residents. Residents in Pediatrics and in Medicine-Pediatrics Combined training programs at Johns Hopkins, University of Maryland, and Sinai Hospital are currently participating.

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

**Lead:** Sarah Polk

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 50 Spanish-speaking parents of school-age children (5-18) for participation in focus groups regarding perceptions and beliefs about children’s mental health.

**Status:** We are awaiting IRB approval.
Investigating Prevalence of Pre-Psychotic Symptoms in a Primary Care Setting

**Leads:** Emily Kline, Gloria Reeves, Jason Schiffman

The aim of our project is to survey both mental health and primary care clinicians regarding their overall knowledge on pediatric psychosis and psychosis risk and to elicit their opinions on three available questionnaires developed for the purpose of assessing psychosis risk symptoms.

**Status:** We have collected data from over 50 practitioners of diverse training and practice backgrounds, practicing primarily in the Baltimore area. We presented preliminary findings from these first 50 respondents to the Center for Mental Health Services in Pediatric Primary Care community by presenting at a seminar meeting in June 2013. We also presented findings at a grand rounds lecture delivered to the Johns Hopkins adolescents medicine clinic in August 2013. We also acknowledged the Center’s support in a forthcoming publication on psychosis risk screening in pediatric populations. The article, which is in press at Schizophrenia Research, is entitled “Identifying Youth At-risk for Psychosis using the Behavior Assessment System for Children.” We will continue to promote the survey at conferences and have arranged to have the survey link sent out through the American Medical Association listserve. Our recruitment goal is to have 120 responses by spring 2014.

Behavior Health Problem Identification and Subsequent Behavioral Health Utilization in Medicaid Children

**Leads:** Karen Hacker

The goals of this study are to understand the nature of children who were identified as having a behavioral health (BH) need through receipt of the MassHealth mandated BH screening and the course of those children’s service utilization in the subsequent two years. The study uses FY08 – FY11 data obtained from the Massachusetts Medicaid Program. We are looking at differences among children who had a BH need identified, who were determined not to have BH need, and those whose screening results were undetermined. We are exploring whether having an identified need predicts utilization of BH services in the next two years. Then we look at those who received positive results for BH needs and compare those who received BH care within 90 days if identification with those who did not.

**Status:** We completed the analysis of the predictors of mental health treatment following a BH screen. The strongest predictor of treatment was having a BH history. Thus we conducted a stratified analysis and found that having a positive screen, being in foster care, and being male were all predictors of getting treatment. Being Asian reduced chances of getting treatment.

Mental Health Training for School-Based Mental Health Providers

**Leads:** Jill Haak  
**Collaborator:** Sharon Stephan

The goal of this project was to test the conceptual models of the Mental Health Training Intervention for Health Providers in Schools (MH-TIPS) professional development content and process to refine materials for use in a pilot study. Refinement of MH-TIPS curriculum makes it more likely that this curriculum will offer a feasible mechanism for equipping school nurses to better address student mental health issues, thereby reducing burden on an under-resourced specialty mental health field.

**Status:** School nurse expert advisors participated in semi-structured interviews organized around validation of the MH-TIPS process and content. A focus group of school nurse practitioners provided feedback on the MH-TIPS process and content using a nominal group decision-making process. In addition, all participants completed a quantitative survey. Results are currently being analyzed and prepared for publication.