MARYLAND BEHAVIORAL HEALTH INTEGRATION IN PEDIATRIC PRIMARY CARE (B-HIPP)

Enrollment Form

Today's Date:	
Provider Name:	
Practice Name:	
Address: _____ Street Address/P.O. Box Suite No _____ City County State Zip Code	
Phone 1: Work Cell Home Pager	Phone 2: Work Cell Home Pager
Email:	Fax:
Alternative contact person & phone:	
Provider type: MD DO NP PA SW Other:	
Years in practice:	Years in practice at current site:
Please circle your primary specialty: Family practice Pediatrics Internal medicine Other: _____	
Is your practice certified as a Patient-Centered Medical Home? Y / N	
Is your practice affiliated with a health system (e.g., a hospital or health network)? Y / N	
Are mental health services available on-site at your practice? Y / N If yes, please indicate type of providers are on-site (circle all that apply): Psychiatrist Psychologist Counselor Social Worker/Case Manager Other: _____	
Please indicate the number of Primary Care Providers (physicians, nurse practitioners) at your practice: 1 2-5 6+	
Please indicate the number of staff at your practice: 1-5 6-10 11-15 16+	
What is your weekly patient volume (caseload): <25 25-50 51-75 76-100 100+	
What insurances do you accept? Uninsured Public (Medicaid/MCHIP) Privately Insured	
Are services at your practiced offered in a language other than English? Y / N If yes, please indicate:_____	
Except for the basic curriculum for your degree and residency (or other required post-degree training), have you had any specialized training related to child mental health topics (e.g., psychopharmacology, child development)? Y / N If yes, please describe: _____	
Gender: Male Female Other	Do you consider yourself Hispanic or Latino? Y / N
What do you consider to be your racial identity? African American Alaska Native American Indian Asian Caucasian Native Hawaiian/Pacific Islander Other: _____	

For internal use

Entered: (MM/DD/YYYY – Initials) Checked: (MM/DD/YYYY – Initials)

Which B-HIPP services interest you?

☐ Telephone consultation ☐ Continuing education ☐ Clinical evaluation services

In which of the following areas are you interested in receiving continuing education and/or phone consultation:

- ☐ ADHD
- ☐ Mood
- ☐ Anxiety
- ☐ ODD/Conduct
- ☐ Autism Spectrum Disorders
- ☐ Substance abuse
- ☐ Developmental Disorders/concerns
- ☐ Psychiatric medication management
- ☐ Diagnostic assistance
- ☐ Early Childhood Mental Health (0-5 years)
- ☐ Trauma
- ☐ Abuse/Neglect
- ☐ School problems
- ☐ Family system concerns (e.g., divorce)
- ☐ Crisis intervention and/or assessing risk of harm to self/others
- ☐ Psychosocial issues (please specify): _____
- ☐ Locating community resources/referrals
- ☐ Developing processes for mental health screening
- ☐ Developing processes for tracking patients with mental health problems
- ☐ Developing workflows that allow for flexible scheduling of patients
- ☐ Finding ways to get reimbursed for mental health services

Description of Maryland B-HIPP

Goals & Scope

This consultation program has been developed to offer a resource to primary care providers for children and youth related to identification and treatment for behavioral health concerns. The consultation team consists of child psychiatrists, nurse practitioners, psychologists and clinical social workers, with expertise in the following areas: psychopharmacology, psychiatric evaluation and diagnosis, emotional/physical trauma and abuse issues, child development, parenting issues, psychosocial treatments, substance abuse, community resources, early childhood emotional and behavioral issues, and family engagement in treatment.

The goal of the B-HIPP program is to support your capacity, as the primary care provider, to give basic mental health care to your patient. In keeping with this aim **the following are not covered/provided by the consultation team: forensic/custody issues, emergency psychiatric assessment or care, direct clinical care to your patient, direct contact with the parent/guardian, reporting abuse or neglect to Child Protective Services, or direct hospital admissions.**

Privacy

B-HIPP is sponsored by the Maryland Department of Health and Mental Hygiene and Maryland State Department of Education. Therefore, the names of participating providers may be shared with state officials. Occasionally, other stakeholders are interested in learning who is participating in B-HIPP.

____Please initial here if you prefer to **opt out** of being included in such lists.

Procedures

After each phone consultation, B-HIPP will send you a summary of the specific recommendations discussed. The summary may include: psychoeducational information to share with parents, clinical guidelines for pediatrician use in the delivery of care, and/or community based resource information to support linkage to needed care.

As part of the program's continuing quality assurance, we will ask you to provide feedback about your experience.

Summary of consultation procedure

1. Call the central phone line, 855-MD-BHIPP (855-632-4477), or complete a Consultation Request on the B-HIPP website: http://web.jhu.edu/pedmentalhealth/BHIPP_forms.
2. The Behavioral Health Clinician (BHC) will receive your request, obtain intake information, and address general questions. If additional expertise is necessary, the BHC will arrange for a consultant to contact you by phone within 1 business day.
3. A written summary of the recommendations will be provided for your records.
4. You may be contacted following any encounter to ask for feedback.

I have read and agree to utilize the B-HIPP pediatric consultation service as described above.

Provider signature Date

B-HIPP Provider Questionnaire

We are working to better understand the needs of Maryland providers so that we can plan and tailor B-HIPP services and measure quality improvement. We would greatly appreciate it if you could take a few moments to complete the voluntary questionnaire that follows. There are no right or wrong answers. Your individual answers will be kept confidential and not shared.

Providing Treatment to Patients

1. Please rate how comfortable you feel managing a ***young child (birth-5 years)*** with the following concerns where "managing" includes making an initial diagnosis and treating less-severe cases yourself or after brief consultation:

	Very Uncomfortable	Somewhat Uncomfortable	Neutral	Somewhat Comfortable	Very Comfortable
Developmental concerns					
Behavior problems at home and/or childcare setting					
Hyperactive or short attention					
Trouble getting along with friends					
Difficulty separating from parents					
Intense worries/fears					
Sleep problems					
Feeding problems					

2. Please rate how comfortable you feel managing a ***school-age child (6-18 years)*** with the following concerns where "managing" includes making an initial diagnosis and treating less-severe cases yourself or after brief consultation:

	Very Uncomfortable	Somewhat Uncomfortable	Neutral	Somewhat Comfortable	Very Comfortable
Emotional problems (e.g., depression, anxiety)					
Behavior problems at home					
Hyperactive or short attention					
Trouble getting along with friends					
Problems with conduct outside the home					
Substance Abuse					

3.

Please rate how comfortable you feel counseling a ***caregiver*** who is experiencing the following problems themselves:

	Very Uncomfortable	**Somewhat Uncomfortable**	**Neutral**	**Somewhat Comfortable**	**Very Comfortable**
Emotional problems (e.g. post-partum depression, anxiety, etc)					
Abusive relationship					
Drug or alcohol problem					
Parenting					

4. Please indicate the level of comfort you have ***initiating***:

	Very Uncomfortable	**Somewhat Uncomfortable**	**Neutral**	**Somewhat Comfortable**	**Very Comfortable**
… *selective serotonin reuptake (SSRI)* medications					
… *stimulant* medications					
… *atypical antipsychotics*					
… *anticonvulsants* **or** *mood stabilizers*					

5. Please indicate the level of comfort you have ***monitoring or adjusting***:

…*SSRIs first* prescribed to your patients by a psychiatrist					
…*stimulant* medications first prescribed to your patients by a psychiatrist					
… *atypical antipsychotics* first prescribed to your patients by a psychiatrist					
… *anticonvulsants* or *mood stabilizers* first prescribed to your patients by a psychiatrist					

Getting Consultations and Making Referrals

1. Please rate your level of agreement with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
For **Medicaid** child patients – I can find a therapist/counselor in a timely manner					
For **Medicaid** child patients – I can find a psychiatrist in a timely manner					
For **privately insured** child patients – I can find a therapist/counselor in a timely manner					
For **privately insured** child patients – I can find a psychiatrist in a timely manner					

2. Please rate the ease with which you can obtain a consultation from or referral to the following:

	Not Available	With Great Difficulty	With Some Effort	Easily	Extremely Easily
Case Management					
Psychotherapy					
Educational or cognitive testing					
Family or couples counseling					
Parenting education					
Child psychiatry					
Adult psychiatry					
Advocacy or advice about school placement					
School-based mental health services					

Physician Beliefs Scale

For the following items please circle the number that most closely represents your agreement or disagreement with each statement where "1" means you strongly disagree and"5" means you strongly agree. Don't take too long to think about any particular statement. Work as quickly as you can without skipping a statement. *Circle only one number for each statement.*

	Strongly Disagree				Strongly Agree
My patients and/or their caregivers do not want me to investigate psychosocial problems	**1**	**2**	**3**	**4**	**5**
I cannot help my patients with problems I have not experienced myself.	**1**	**2**	**3**	**4**	**5**
I focus on organic disease because I cannot treat psychosocial problems.	**1**	**2**	**3**	**4**	**5**
If I address psychosocial issues patients will reject these issues and never return.	**1**	**2**	**3**	**4**	**5**
I feel guilty probing the psychosocial concerns of my patients	**1**	**2**	**3**	**4**	**5**
I find great satisfaction in treating psychosocial problems in patients in my practice.	**1**	**2**	**3**	**4**	**5**
I cannot help a patient with a psychosocial problem I have not resolved myself.	**1**	**2**	**3**	**4**	**5**
The psychosocial problems we all experience do not significantly influence the onset or course of disease.	**1**	**2**	**3**	**4**	**5**
One reason I do not consider information about psychosocial problems is the limited time I have available.	**1**	**2**	**3**	**4**	**5**
Evaluating/treating psychosocial problems will cause me to be more overburdened.	**1**	**2**	**3**	**4**	**5**
So many issues have to be investigated when seeing patients that I do not always consider psychosocial factors.	**1**	**2**	**3**	**4**	**5**
Investigating issues of psychosocial problems decreases my efficiency.	**1**	**2**	**3**	**4**	**5**
Patients will become more dependent on me if I raise psychological concerns.	**1**	**2**	**3**	**4**	**5**
Exploring psychosocial issues with the patient often causes me pain.	**1**	**2**	**3**	**4**	**5**

What are the biggest challenges that you face in providing care for children/youth with mental health problems and their families?

_____

_____

_____

_____

THANK YOU!