

**Childhood Mental Health Project Survey Results and
Curriculum Recommendations Summary:
Phase II**

Prepared by:

**Mary McNulty, BSN, RN
Consultant**

**Katherine Kaiser PhD, RN
Teresa Barry PhD, APRN-CNS, RNC
University of Nebraska College of Nursing**

Introduction

Are tendencies toward social, emotional, and behavioral issues evident in the early years of childhood? This question was posed with Phase I of this project studying behavioral health screening practices among physicians caring for 0 – 5 year old children. In follow-up to that initiative, the Nebraska Health and Human Services Medicaid Division, through a contract with the University of Nebraska Public Policy Center, has extended the awarded grant to incorporate further evaluation of current screening practices among Family Physicians, Pediatricians, and Nurse Practitioners in Nebraska related to social, emotional, and behavioral issues in 6 – 9 year old children and mental health and substance abuse issues among 10 – 19 year old youth. The major goal of the project is to develop continuing education curricula for providers that will promote screening in these areas. Through a series of provider surveys and focus groups, the project team is challenged to address the following objectives and contract deliverables.

Determine the *confidence and competence level* which exists in current practice among Family Physicians, Pediatricians, and Nurse Practitioners across the state of Nebraska related to:

- Screening of social, emotional, and behavioral issues among 6 - 9 year old children
- Screening of mental health and substance abuse issues in 10 - 19 year old youth

Determine the *confidence and competence level* which is desired for practice among Family Physicians, Pediatricians, and Nurse Practitioners across the state of Nebraska related to:

- Screening of social, emotional, and behavioral issues among 6 – 9 year old children
- Screening of mental health and substance abuse issues in 10 - 19 year old youth

Provider on-line surveys were conducted in Phase I that addressed screening practices of Family Physicians and Pediatricians for 0 – 5 year old children as well as 10 – 19 year old youth. The Phase I data also incorporated focus group data pertaining to the 0 – 5 year old population. The end

result was a web-based curriculum entitled, “Social – Emotional & Behavioral Development, Ages Birth to Five: A Provider Curriculum.”

Phase II of the project repeated the provider survey maintaining the focus on screening for social – emotional & behavioral issues but shifted the target age to the 6 – 9 year population. In addition, data are collected for the 10 – 19 year old population focusing on substance abuse and mental health issues. The 10 – 19 year old population re-survey was completed in an effort to improve the Phase I survey response rate (n=51) as well as to document any practice variations in the 11 months since the Phase I survey.

This report incorporates both on-line/written survey results and focus group results. Survey methods, sample demographics and curriculum recommendations are also included. Finally, supplemental data of interest are discussed with auxiliary survey question results related to general understanding of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) and telehealth.

Phase II Survey Methods

Two survey methods were employed: 1) a written survey sent to all Family Physicians, Pediatricians, and Nurse Practitioners in Nebraska, and 2) focus groups held at three locations across the state. The written survey served a dual purpose, measuring current practice related to screening of:

- a) 6 - 9 year old children for social, emotional, and behavioral issues, and
- b) 10 – 19 year old youth for mental health and substance abuse issues.

The 31-question survey incorporated demographic questions to define the respondent population, Likert scale questions to examine current practice related to the topics, and open-ended questions for narrative feedback to prioritize issues. The survey ended with a series of 5 questions added to collect supplemental data of interest related to general understanding of Medicaid well-child checks known as EPSDT and telehealth access and utilization patterns among physicians in Nebraska.

The written survey distribution included 747 Family Physicians and 216 Pediatricians totaling 963 surveys distributed by mail on October 26, 2007 with a follow-up reminder postcard mailed November 2, 2007. The physicians had the option to complete the hard-copy survey or login to Survey Monkey, a web-based survey program, to complete the survey.

With the assistance of the Nebraska Nurses Association (NNA), 308 Nurse Practitioners were invited by e-mail on November 5, 2008 to participate in the survey. Because of the third-party distribution for personal privacy reasons, the Nurse Practitioners were only offered the Survey Monkey option to complete the survey. The survey timeframe was very short for the Nurse Practitioners so re-notification was determined not to be practical. For both groups, the survey closure date was midnight November 9, 2007.

Three one-hour focus groups were scheduled throughout the state of Nebraska in an effort to obtain more details related to practice perspectives and patterns in screening. The focal point of the discussion was 10 – 19 year old youth for mental health and substance abuse issues. During the

week of January 28, 2008, focus groups were held in Omaha, NE, and Lincoln, NE and by conference call for Greater NE. Invitations were e-mailed to an average of 32 Family Physicians and Pediatricians collectively per focus group. Again, for privacy reasons, an open e-mail invitation was sent by the NNA to their e-mail databank of Nurse Practitioners encouraging participation. The sessions were facilitated by a professionally trained focus group moderator, with a Nebraska Medical Association staff observer present at each session. A standard set of questions was asked of each of the three focus groups in order to identify variances throughout the state to like topics/issues. The sessions were tape recorded for transcription and analysis.

The first focus group was designed primarily to collect feedback from Greater Nebraska physicians. In order to accommodate interested providers with schedule conflicts during their regional focus groups, there were two Omaha focus group members in non-Omaha focus groups. The session, held on January 28, 2008, was a 1 hour conference call attended by 3 Nurse Practitioners representing Kearney, Columbus, and Omaha; and 3 Family Physicians representing North Platte, Holdrege, and Omaha.

The Omaha focus group occurred at the Metro Omaha Medical Society on January 30, 2008 from 6:30 – 7:30. The focus group was attended by one Nurse Practitioner and 7 physicians including 3 Family Physicians and 4 Pediatricians.

The Lincoln focus group occurred at the Nebraska Medical Association on January 29, 2008 from 6:30 – 7:30. The focus group was attended by 3 Nurse Practitioners and 5 physicians including 2 Family Physicians and 3 Pediatricians.

Key Highlights

Demographics

•On-line survey participant (n=158):

- >Stronger representation of Family Physicians (62%) than Pediatricians (25%) or Nurse Practitioners (13%); by area of practice, 13% (99/747) of Family Physicians participated, 18% (n=39/216) of Pediatricians participated, and 6% (n=20/308) Nurse Practitioners participated.
- >Similar representation of years in practice among respondents: < 10 years (30%), 10 – 20 years (27%), > 20 years (42 %)
- >Similar representation of remaining years of practice: < 10 years (35%), 11 – 20 years (42%), > 20 years (23%)
- >Majority were male (62%)
- >Geographic representation served by providers included: Omaha & Surrounding Counties (n=59), Lincoln & Surrounding Counties (n=41) and Northern, Central and Western Nebraska (n=66)

•Focus group participant (n=22):

- >Nearly equal representation of Family Physician (53%) to Pediatrician (47%)
- >Majority were female (68%)
- >Focus Group participants' practice locations represent Regions 2, 3, 5, and 6 with patient mix encompassing all regions

Current Practice – Confidence Level

On-line survey participants:

>Screening for Issues

- Majority screen 6 - 9 year olds for social, emotional, and behavioral issues during well-child exams most or all the time (**77%, n = 151**)
- Majority screen 10 - 19 year olds for mental health and substance abuse issues during well-child exams most or all the time (**82%, n = 153**)

>Confident in Screening Ability

- Majority indicate agree or strongly agree that they are *confident* in their ability to effectively screen 6 - 9 year olds for social, emotional, and behavioral issues (**86%, n = 155**)
- Majority indicate agree or strongly agree that they are *confident* in their ability to effectively screen 10 - 19 year olds for mental health and substance abuse issues (**89%, n = 152**)

>Screen by Using...

- Majority (where n = 149) indicate use of *observation* (**92%**) or *inquiry* (**97%**) for screening 6 - 9 year olds for social, emotional, and behavioral issues; **12%** indicated they use some type of formal tool
- Majority (where n = 150) indicate use of *observation* (**89%**) or *inquiry* (**96%**) for screening 10 - 19 year olds for mental health and substance abuse issues, **6%** indicated they use some type of tool such as a depression questionnaire or personally developed practice questionnaire

Focus group participants (n=22):

>Overall, most of the providers at the three focus groups felt confidence in their practice in screening 10-19 year olds for mental health and substance abuse issues, or at least did not express lack of confidence. The majority did agree however, that this is a challenging age to work with based on normal developmental factors, parents, and privacy issues with child and parents.

>Generational differences between providers and teens were noted as a possible factor affecting provider confidence in establishing trust with the adolescent, prerequisite to valid screening.

>Unlike for the 0-5 year old groups, agreement on the timing of screening (social, emotional and behavioral or mental health and substance abuse) varied. Most did try to screen during well child visits but acknowledged that seeing adolescents, especially at the older ages, was not as regular as in the 0-5 year groups for well-child visits. There was a shared perspective that with adolescents, “you had to grab them when you can.”

>Sports physicals were seen by several providers as an ideal time to screen but issues about what is required on sports physicals, the mass screening approach used in many communities to obtaining these physicals, i.e. at schools, made good screening hard to do. One provider thought that screening for steroids should be a part of every sports physical. There was agreement that there were not adequate clinical guidelines for screening during sports physicals.

>There was no consensus on preferred screening methods. Some used a questionnaire they had adapted to their practice; most used 1:1 interviewing using standard screening questions related to grades, school activities, and/or feelings of personal safety such as bullying or sexual assault. Answers to these questions were seen as “triggers” to further screening as is the provider’s

awareness of mental health or substance abuse problems in other family members he/she is treating.

>Specific tools cited for the 10 -19 year olds included the SESBI-R (Sutter-Eyberg Student Behavior Inventory – Revised), Boystown Adolescent Screen, EMR, NSAA PE forms, GAPS, Beck Depression Scale, Nine Symptoms Depression Scale, HANDS depression screen, Carol-Davidson General Anxiety Screen, Mood Disorders screen, drug screen lab, domestic violence screen, or a personally developed practice questionnaire.

>Most related that clinical judgment guided them to know what to ask about and how in depth to probe

Current Practice – Competence Level

On-line survey participants (n=152):

>Comparing Screening Ability

- Comparing screening ability* between routine growth & development and social, emotional, and behavioral issue screening for 6 - 9 year olds, participants rated their skills as: a) expert (8%), b) knowledgeable (41%), c) *capable* (**44%**), d) uncomfortable (6%), e) rusty (0%)

- Comparing screening ability* between routine growth & development and mental health and substance abuse issue screening for 10 - 19 year olds, participants rated their skills as: a) expert (7%), b) *knowledgeable* (**47%**), c) capable (41%), d) uncomfortable (5%), e) rusty (0%)

On-line survey participants (n=109):

>Have Received Additional Training

- Have received additional training* in screening for social, emotional, and behavioral issue screening for 6 - 9 year olds through: a) workshops (28%), b) *reading* (**66%**), c) internet/library search (19%), d) academic courses (28%), e) other (4%)

- Have received additional training* in screening for mental health and substance abuse issue screening for 10 - 19 year olds through: a) workshops (24%), b) *reading* (**70%**), c) internet/library search (21%), d) academic courses (31%), e) other (3%)

Focus group participants (n=22):

>Overall competence was not directly discussed as problematic. There were issues that were raised that providers felt affected their ability to obtain positive outcomes and include:

- recent primary care practice change related to the prescribing of SSRI medications,
- inadequate referral sources once the patient is screened and a problem is identified, and
- inability to keep up with trends in adolescent culture, e.g., “street smart” information.

Desired Practice – Confidence & Competence Level

On-line survey participants (n=133):

● *Barriers* to effective screening for social, emotional, and behavioral issues in 6 - 9 year olds include... (n=128)

- >Not enough time in visit (n=100)
- >Don't have appropriate tool for screening (n=52)
- >Parental privacy issues (n=49)
- >Not enough staff to screen (n=42)
- >Do not have adequate knowledge of resources (n=35)
- >Not enough staff for positive findings (n=29)
- >Language issues keep me from feeling comfortable in screening (n=25)
- >Not reimbursable service (n=21)
- >Cultural issues keep me from feeling comfortable in screening (n=17)

*Comments also mentioned parenting or family issues/deficiencies (n=2)

**Some commented it was important to do it and there were no barriers (n=3)

● *Barriers* to effective screening for mental health and substance abuse issues in 10 - 19 year olds include... (n=133)

- >Not enough time in visit (n=97)
- >Parental privacy issues (n=61)
- >Don't have appropriate tool for screening (n=47)
- >Not enough staff to screen (n=39)
- >Do not have adequate knowledge of resources (n=36)
- >Not enough staff for positive findings (n=34)
- >Language issues keep me from feeling comfortable in screening (n=23)
- >Not reimbursable service (n=20)
- >Cultural issues keep me from feeling comfortable in screening (n=17)

*Comments also mentioned reluctance of teen to express issues (n=3)

**Some commented it was important to do it and there were no barriers (n=2)

● *Education*

- >Majority would participate in *education* on evidence-based practice related to effective screening for social, emotional, and behavioral issues in 6 - 9 year old children (**91%**)
- >Majority would participate in *education* on evidence-based practice related to effective screening for mental health and substance abuse issues in 10 - 19 year old children (**92%**)

● *Venue of Web-Based Education*

- >Majority indicate that *web-based education* is an acceptable format for evidence-based practice related to effective screening for social, emotional, and behavioral issues in 6 - 9 year old children (**79%**)
- >Majority indicate that *web-based education* is an acceptable format for evidence-based practice related to effective screening for mental health and substance abuse issues in 10 - 19 year old youth (**81%**)

Focus Group Participants (n=22)

>Barriers to effective screening identified in focus group discussions include:

- >Lack of coordination between primary care and psychiatry
- >Inadequate resources for psychotherapy and drug treatment
- >Lack of parental involvement
- >Screening tools take too much time; currently none that are brief
- >Patient trust and truthfulness
- >Inconsistent seeking of adolescent health care by families
- >Up to date population relevant educational information available to offer teens

>There was widespread support for an educational initiative to enhance competence in this arena.

However, it must be sensitive to provider time constraints, both in training and recommended interventions.

Survey Detail Results

Results contained in the following pages reflect comparisons between the Phase I survey completed in December 2006 and Phase II survey completed in November 2007. Phase II data collection included practice patterns regarding screening of 6 – 9 year old children for social-emotional & behavioral issues; data not previously collected. Additionally, data collection regarding screening of 10 – 19 year old youth regarding mental health and substance abuse issues was repeated. The decision to repeat the survey was based on the less than optimal response rate to the Phase I survey, the expansion of the “provider” definition to include Nurse Practitioners, and eleven months time had elapsed since the Phase I survey allowing for a potential change in practice dynamics.

Sample Demographics

On-line survey participant comparison

Participants	Phase I		Phase II	
	Number/Percent		Number/Percent	
Specialty	(n=51)		(n=158)	
Family Practice	29	57%	99	62%
Pediatrics	22	43%	39	25%
Nurse Practitioner	----	----	20	13%
Years in Practice	(n=50)		(n=158)	
< 10 years	10	20%	48	30%
10 to 20 years	23	46%	43	27%
> 20 years	17	34%	67	42%
Planned Years Remaining in Active Practice	(n=50)		(n=154)	
1 to 5 years	2	4%	15	10%
6-10 years	7	14%	39	25%
11-20 years	28	56%	64	42%
> 20 years	13	26%	36	23%
Gender	(n=48)		(n=157)	
Male	35	73%	97	62%
Female	13	27%	60	38%
Gender by Practice Type				
Family Practice				
Male	23	48%	75	48%
Female	5	10%	24	15%
Pediatrics				
Male	12	25%	20	13%
Female	8	17%	18	11%
Nurse Practitioner				
Male	---	---	2	1%
Female	---	---	18	11%

Provider Fluent in Language(s) (all that apply)	(n=48)		(=150)	
English	48	---	149	---
Spanish	2	---	8	---
Other (languages mentioned included Bosnian, German, ASL, Arabic, Swedish, French, Hindi, Punjabi)	4	---	9	---
Geographic Service Area(s) Served (all that apply)	(n=48)		(n=152)	
Region 1 (West)	2	---	9	---
Region 2 (Southwest)	2	---	18	---
Region 3(Central South)	9	---	31	---
Region 4(North)	5	---	8	---
Region 5 (East including Lancaster)	18	---	41	---
Region 6 (East including Douglas/Sarpy)	19	---	59	---

On-line survey participant comparison

Participants	Phase I Average/SD	Phase II Average/SD
Age Mix of Children in Provider Practice (Range/Ave/SD)*	(n=48)	(n=151)
0-5 years old	25% (18)	20% (18)
6 - 9 years old	19% (11)	15% (11)
10-18 years old	17% (11)	16% (12)
Adults 19 and older	39% (32)	48% (32)
Ethnic Mix of Patients in Provider Practice (Range/Ave/SD)	(n=48)	(n=152)
White/Caucasian	75% (20)	79% (19)
Black/African American	9% (12)	7% (10)
Hispanic/Latino	11% (10)	11% (13)
American Indian	2% (2)	1% (2)
Alaska Native	<1% (0.1)	<1% (0.3)
Asian/Pacific Islander	2% (3)	2% (3)
Other	1% (2)	5% (4)

*Note: Family Physicians who have **5% or less** of their patients in a specific age group include: a) age 0-5 (34%, n=33/96), b) age 6 - 9 (40%, n= 38/96), c) age 10 - 19 (30%, n=29/96), and d) 19 and older (5%, n=5/96).

Nurse Practitioners who have **5% or less** of their patients in a specific age group include: a) age 0-5 (47%, n=9/19), b) age 6 - 9 (37%, n= 7/19), c) age 10 - 19 (16%, n=3/19), and d) 19 and older (11%, n=2/19).

Focus group participants

Participants	Phase I Number	Phase II Number
Specialty	(n=17)	(n= 22)
Family Practice	6	8
Pediatrics	9	7
Psychiatrist	2	0
Nurse Practitioner		7
Geographic Area	(n=17)	(n= 22)
Douglas/Sarpy Counties	7	12
Lancaster County	7	6
Outstate	3	4
Gender	(n=17)	(n= 22)
Male	12	7
Female	5	15

Current Practice: Confidence Level

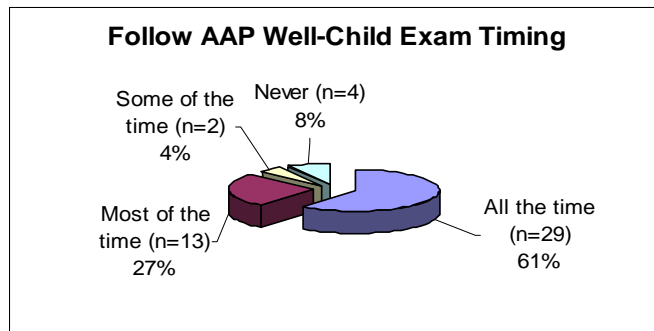
On-line survey participants

Well Child Exams

- I provide well-child exams in accordance with American Academy of Pediatric (AAP) timing

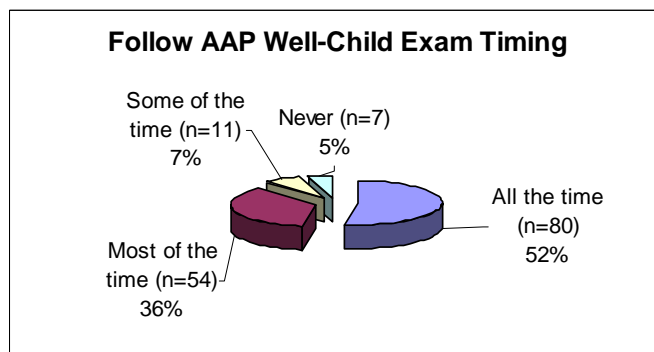
**Phase I
(n=48)**

Response	FP	Ped	All
All of time	14	15	29
Most of time	12	1	13
Some of time	2	0	2
Never	1	3	4



**Phase II
(n=152)**

Response	FP	Ped	NP	All
All of time	43	32	5	80
Most of time	43	5	6	54
Some of time	9	0	2	11
Never	1	1	5	7

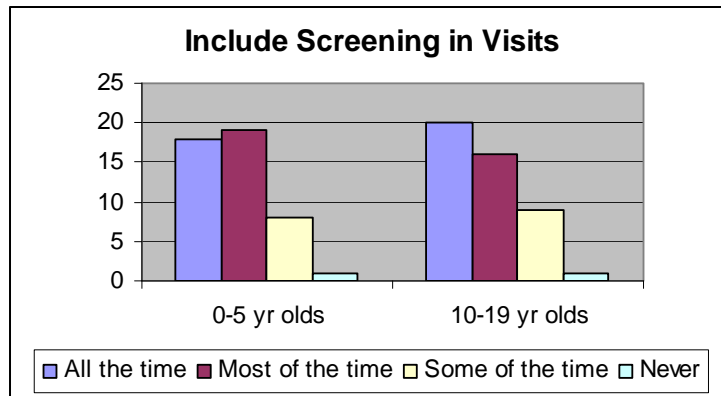


Screening for Issues

Phase I

- During well-child visits, I screen for social, emotional, and behavioral issues for 0-5 year olds
- During well-child visits, I screen for mental health and substance abuse issues for 10 - 19 year olds

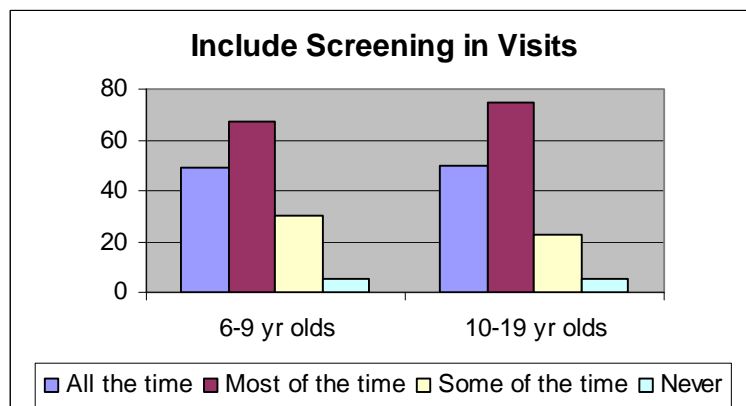
	0-5 Yr Olds (n=46)				10 - 19 Yr Olds (n=46)			
	All	Most	Some	Never	All	Most	Some	Never
FP	9	14	5	0	10	12	6	0
Ped	9	5	3	1	10	4	3	1
All	18	19	8	1	20	16	9	1



Phase II

- During well-child visits, I screen for social, emotional, and behavioral issues for 6 - 9 year olds
- During well-child visits, I screen for mental health and substance abuse issues for 10 - 19 year olds

	6 - 9 Yr Olds (n=151)				10 - 19 Yr Olds (n=153)			
	All	Most	Some	Never	All	Most	Some	Never
FP	21	51	22	2	22	57	15	2
Ped	21	12	4	1	19	12	6	1
NP	7	4	4	2	9	6	2	2
All	49	67	30	5	50	75	23	5

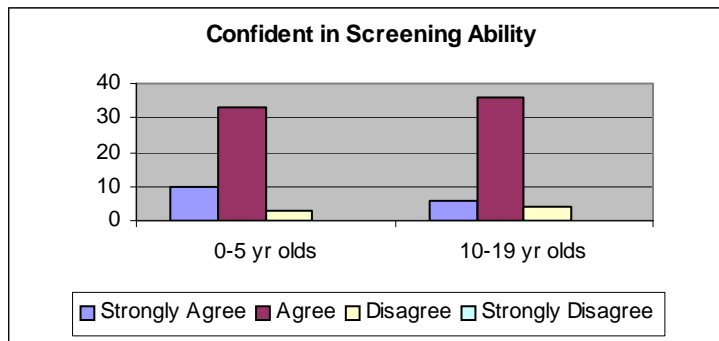


Confident in Screening Ability

Phase I

- I am confident in my ability to effectively screen 0-5 year olds for social, emotional, and behavioral issues
- I am confident in my ability to effectively screen for 10 - 19 year olds for mental health and substance abuse issues

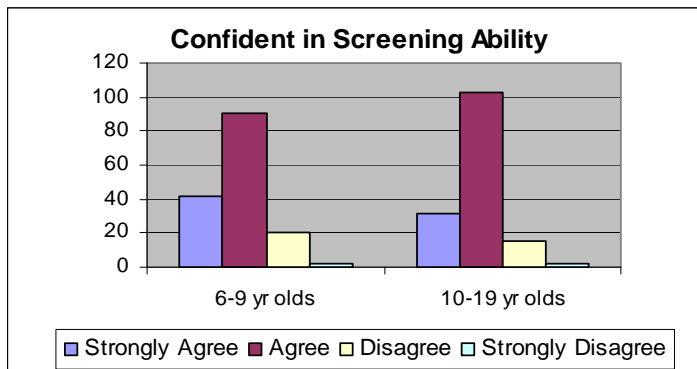
	0-5 Yr Olds (n=46)				10 - 19 Yr Olds (n=46)			
	SA	A	D	SD	SA	A	D	SD
FP	2	24	2	0	2	24	2	0
Ped	8	9	1	0	4	12	2	0
All	10	33	3	0	6	36	4	0



Phase II

- I am confident in my ability to effectively screen 6 - 9 year olds for social, emotional, and behavioral issues
- I am confident in my ability to effectively screen for 10 - 19 year olds for mental health and substance abuse issues

	6 - 9 Yr Olds (n=155)				10 - 19 Yr Olds (n=152)			
	SA	A	D	SD	SA	A	D	SD
FP	17	67	10	2	15	72	7	1
Ped	18	17	4	0	14	19	5	1
NP	7	7	6	0	3	12	3	0
All	42	91	20	2	32	103	15	2

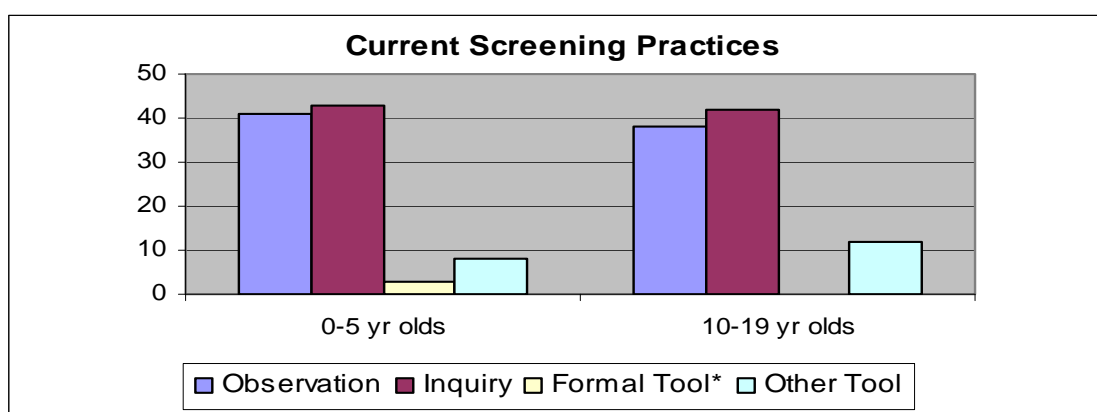


Screen by Using...

Phase I

- In my practice, I currently screen for social, emotional, and behavioral issues for 0-5 year olds using... (all that apply)
- In my practice, I currently screen for mental health and substance abuse issues for 10 - 19 year olds using... (all that apply)

	0-5 Yr Olds (n=46)				10 - 19 Yr Olds (n=46)			
	Observe	Inquiry	Formal Tool*	Other Tool	Observe	Inquiry	Formal Tool**	Other Tool
FP	26	27	1	1	25	27	0	2
Ped	15	16	2	7	13	15	0	10
All	41	43	3	8	38	42	0	12



*Formal tools mentioned for 0-5 year olds include 2 who use ASQ-SE (Ages & Stages Questionnaires), 2 who use DDST (Denver Developmental Screening Test), 0 who use BITSEA (Brief Infant-Toddler Social Emotional Assessment)

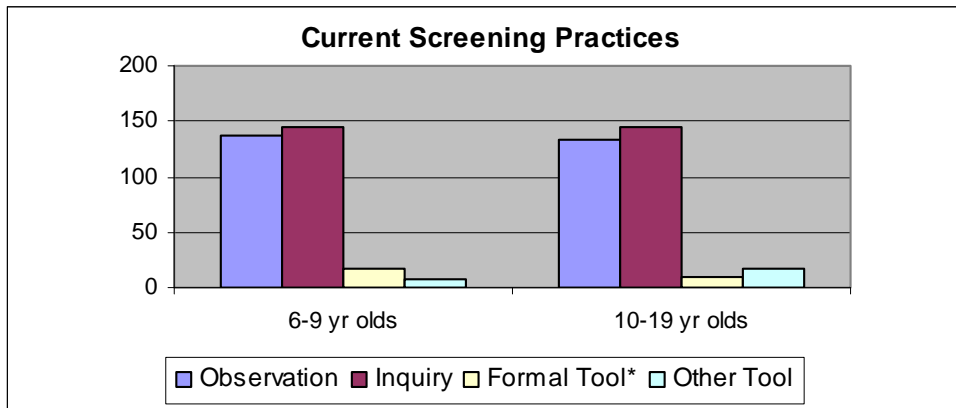
**Formal tools mentioned for 10 - 19 year olds include 1 who uses a depression questionnaire, 5 who use personally developed practice questionnaires, 0 who use SESBI-R (Sutter-Eyberg Student Behavior Inventory – Revised)

Screen by Using... (Cont)

Phase II

- In my practice, I currently screen for social, emotional, and behavioral issues for 6 - 9 year olds using... (all that apply)
- In my practice, I currently screen for mental health and substance abuse issues for 10 - 19 year olds using... (all that apply)

	6 - 9 Yr Olds (n=149)				10 - 19 Yr Olds (n=150)			
	Observe	Inquiry	Formal Tool*	Other Tool	Observe	Inquiry	Formal Tool**	Other Tool
FP	86	90	10	4	84	93	3	7
Ped	35	37	7	4	33	34	5	10
NP	16	17	1	0	16	17	1	1
All	137	144	18	8	133	144	9	18



*Formal tool listed for 6 - 9 year olds was Pediatric Symptom Checklist. In addition, 4 mentioned using their own tool, 1 used the BDI or ADHD questionnaire, 1 mentioned using the Beck Depression Scale as appropriate, 1 mentioned Boystown 5-11 yrs, 1 mentioned the EMR, and 1 mentioned Connors or Vanderbilt.

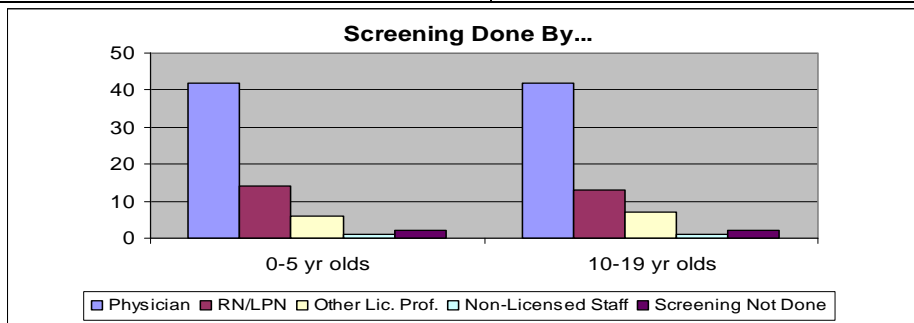
**Formal tool listed for 10 - 19 year olds was SESBI-R (Sutter-Eyberg Student Behavior Inventory – Revised) In addition, mentioned for 10 - 19 year olds include 1 who uses the Beck depression questionnaire, 9 who use personally developed practice questionnaires, 4 who use the Boystown Adolescent Screen, 1 who used the EMR, 1 used NSAA PE forms, 1 used GAPS, 1 used drug screen lab, 1 used Nine Symptom Depressions Scale, 1 used domestic violence screen or HANDS depression screen or Carol-Davidson General Anxiety screen or Mood disorders screen

Screening Done By....

Phase I

- In my current office practice, screening for social, emotional, and behavioral issues for 0-5 year olds is completed by.... (all that apply)
- In my current office practice, screening for mental health and substance abuse issues for 10 - 19 year olds is completed by.... (all that apply)

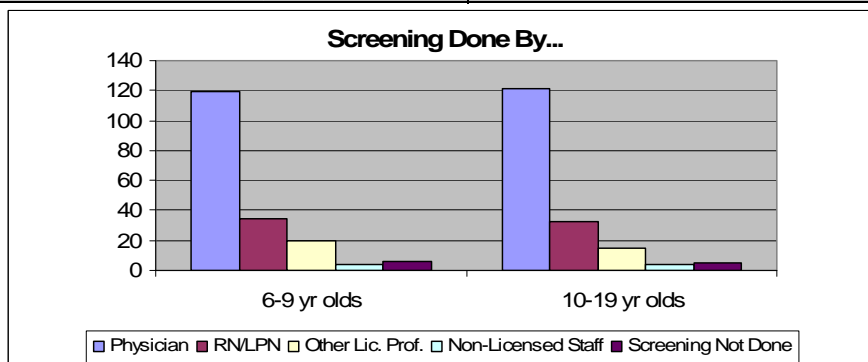
	0-5 Yr Olds (n=45)					10 - 19 Yr Olds (n=45)				
	MD	RN/ LPN	Other Lic Prof	Non- Lic Staff	Screen Not Done	MD	RN/ LPN	Other Lic Prof	Non- Lic Staff	Screen Not Done
FP	26	5	2	0	0	26	4	2	0	0
Ped	16	9	4	1	2	16	9	5	1	2
All	42	14	6	1	2	42	13	7	1	2



Phase II

- In my current office practice, screening for social, emotional, and behavioral issues for 6 - 9 year olds is completed by.... (all that apply)
- In my current office practice, screening for mental health and substance abuse issues for 10 - 19 year olds is completed by.... (all that apply)

	6 - 9 Yr Olds (n=143)					10 - 19 Yr Olds (n=142)				
	MD	RN/ LPN	Other Lic Prof	Non- Lic Staff	Screen Not Done	MD	RN/ LPN	Other Lic Prof	Non- Lic Staff	Screen Not Done
FP	84	16	8	0	3	86	16	8	0	2
Ped	29	16	2	1	1	29	14	1	1	1
NP	6	3	10	3	2	6	3	10	3	2
All	119	35	20	4	6	121	33	15	4	5

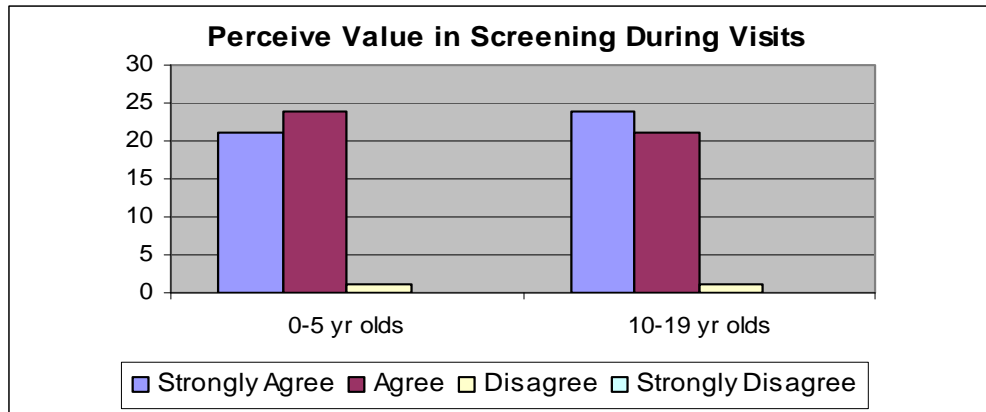


Perceive Value in Screening

Phase I

- I perceive value in screening for social, emotional, and behavioral issues for 0-5 year olds
- I perceive value in screening for mental health and substance abuse issues for 10 - 19 year olds

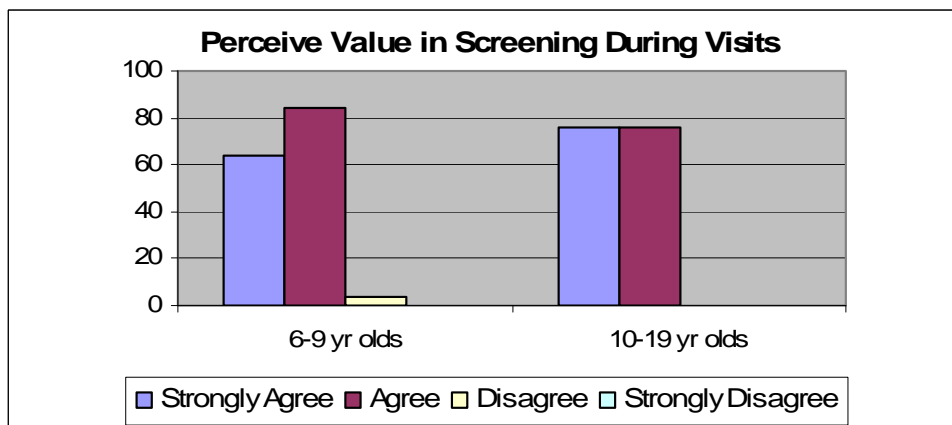
	0-5 Yr Olds (n=46)				10 - 19 Yr Olds (n=46)			
	SA	A	D	SD	SA	A	D	SD
FP	7	20	1	0	10	17	1	0
Ped	14	4	0	0	14	4	0	0
All	21	24	1	0	24	21	1	0



Phase II

- I perceive value in screening for social, emotional, and behavioral issues for 6 - 9 year olds
- I perceive value in screening for mental health and substance abuse issues for 10 - 19 year olds

	6 - 9 Yr Olds (n=152)				10 - 19 Yr Olds (n=152)			
	SA	A	D	SD	SA	A	D	SD
FP	25	67	4	0	37	59	0	0
Ped	23	15	0	0	22	16	0	0
NP	16	2	0	0	17	1	0	0
All	64	84	4	0	76	76	0	0

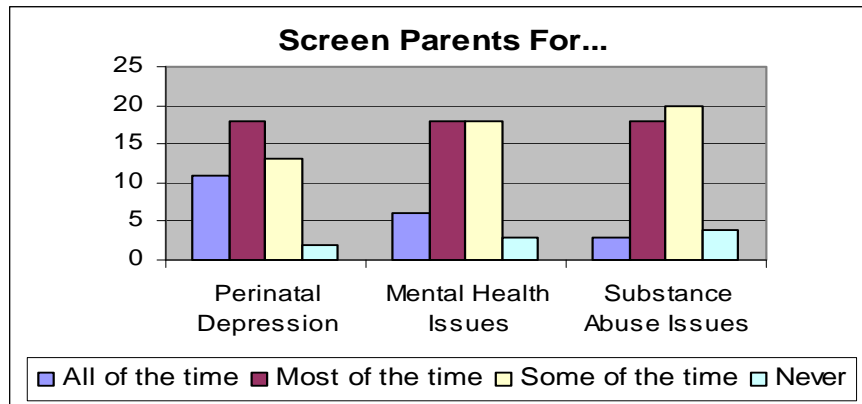


Screen Parents For....

Phase I

- As a component of well-child visits, I screen the parent(s)/guardian for a) perinatal depression (if applicable), b) mental health issues, c) substance abuse issues (all that apply) (n=44)

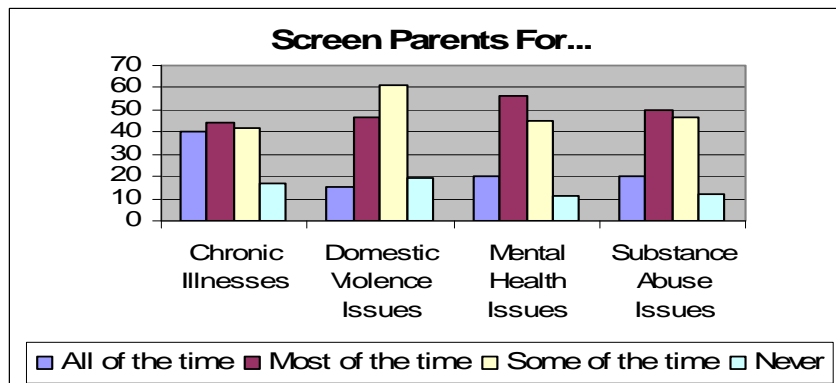
	Perinatal Depression				Mental Health Issues				Substance Abuse Issues			
	All	Most	Some	Never	All	Most	Some	Never	All	Most	Some	Never
FP	6	12	9	0	3	12	12	0	2	12	12	1
Ped	5	6	4	2	3	6	6	3	1	6	8	3
All	11	18	13	2	6	18	18	3	3	18	20	4



Phase II

- As a component of well-child visits, I screen the parent(s)/guardian for a) chronic illness, b) domestic violence issues, c) mental health issues, d) substance abuse issues (all that apply) (n=143)

	Chronic Illnesses				Domestic Violence				Mental Health Issues				Substance Abuse Issues			
	All	Mos t	So me	Nev er	All	Mos t	So me	Nev er	All	Mos t	So me	Nev er	All	Mos t	So me	Nev er
FP	23	25	32	12	7	35	41	8	8	40	38	5	8	38	40	6
Ped	11	13	6	4	3	9	15	7	6	12	2	4	6	9	1	4
NP	6	6	4	1	5	3	5	4	6	4	5	2	6	3	6	2
All	40	44	42	17	15	47	61	19	20	56	45	11	20	50	47	12



Current Practice: Competence Level

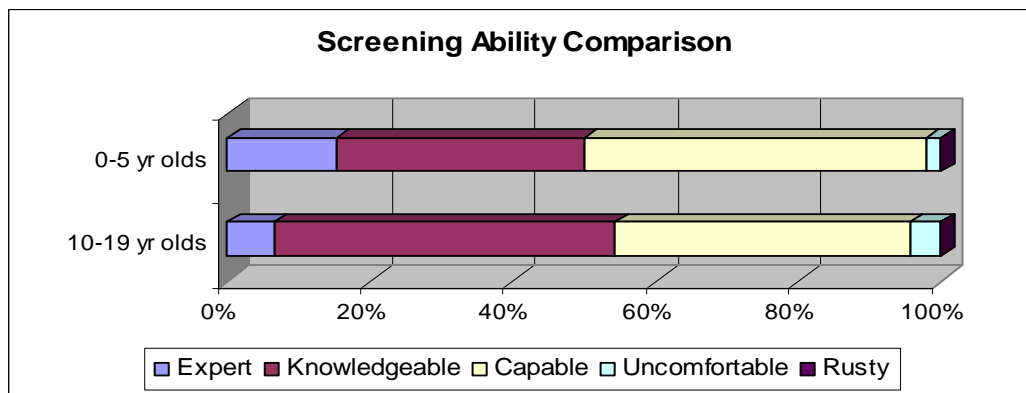
On-line survey participants

Comparing Screening Ability

Phase I

- When comparing my routine growth and development screening skills, I describe my ability in screening for social, emotional, and behavioral issues for 0-5 year olds as... (n=46)
- When comparing my routine growth and development screening skills, I describe my ability in screening for mental health and substance abuse issues for 10 - 19 year olds as... (n=46)

	0-5 Yr Olds					10 - 19 Yr Olds				
	Expert	Know-ledgeable	Capable	Uncom-fortable	Rusty	Expert	Know-ledgeable	Capable	Uncom-fortable	Rusty
FP	0	11	17	0	0	0	15	12	1	0
Ped	7	5	5	1	0	3	7	7	1	0
All	7	16	22	1	0	3	22	19	2	0

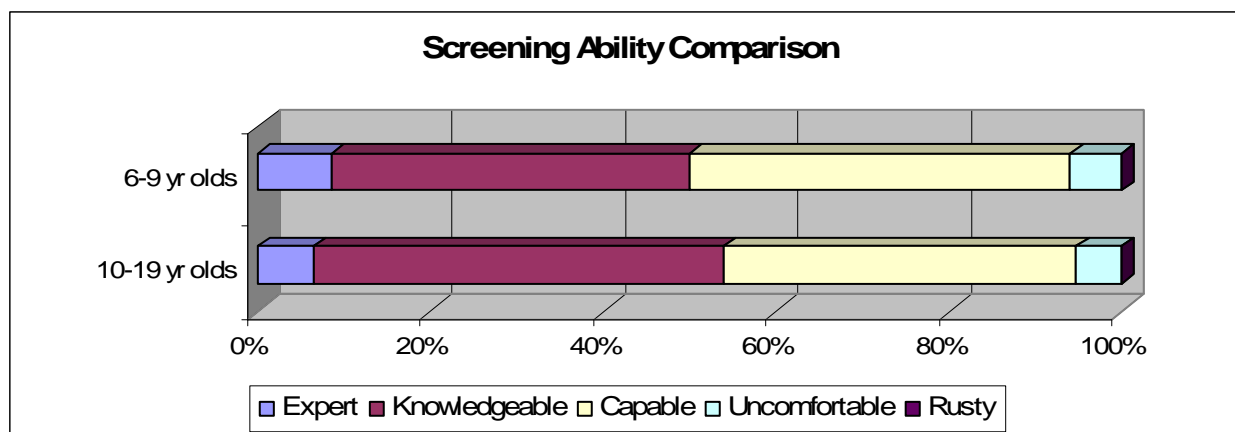


Comparing Screening Ability

Phase II

- When comparing my routine growth and development screening skills, I describe my ability in screening for social, emotional, and behavioral issues for 6 - 9 year olds as... (n=152)
- When comparing my routine growth and development screening skills, I describe my ability in screening for mental health and substance abuse issues for 10 - 19 year olds as... (n=152)

	6 - 9 Yr Olds					10 - 19 Yr Olds				
	Expert	Know-ledgeable	Capable	Uncom-fortable	Rusty	Expert	Know-ledgeable	Capable	Uncom-fortable	Rusty
FP	4	34	49	9	0	4	43	43	6	0
Ped	8	21	9	0	0	5	20	12	1	0
NP	1	8	9	0	0	1	9	7	1	0
All	13	63	67	9	0	10	72	62	8	0

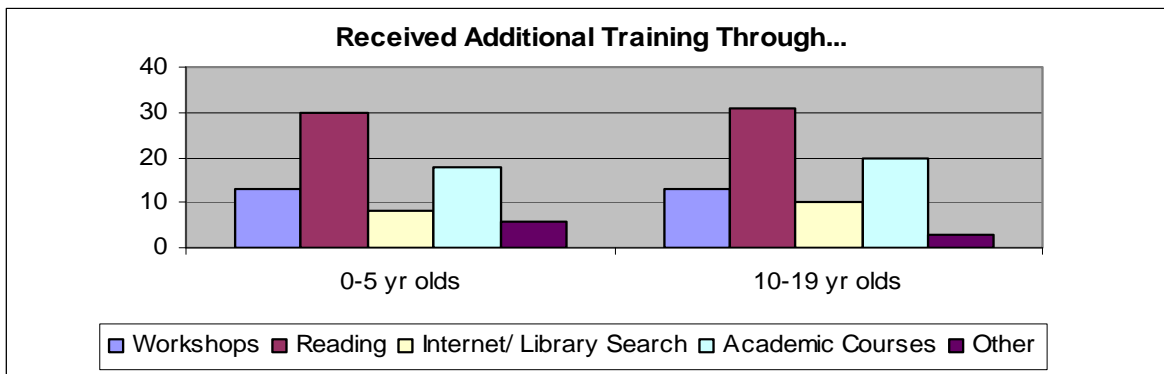


Received Additional Training

Phase I

- I have received additional training in screening for social, emotional, and behavioral issues for 0-5 year olds through... (all that apply) (n=40)
- I have received additional training in screening for mental health and substance abuse issues for 10 - 19 year olds through... (all that apply) (n=40)

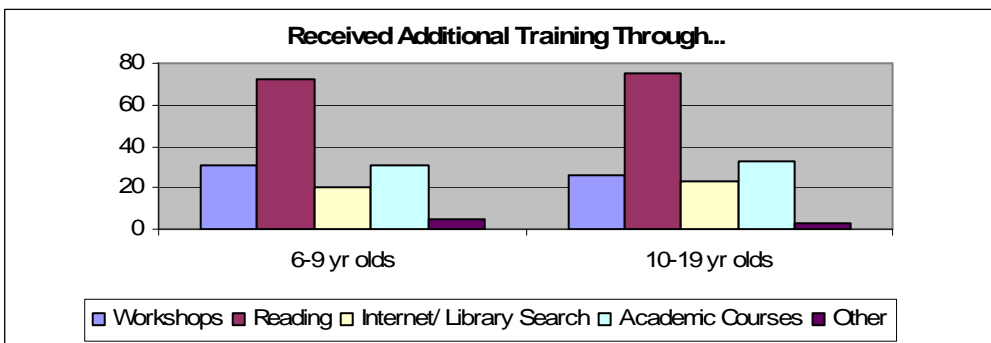
	0-5 Yr Olds					10 - 19 Yr Olds				
	Workshop	Reading	Internet	Courses	Other	Workshop	Reading	Internet	Courses	Other
FP	6	17	6	10	2	7	19	7	10	1
Ped	7	13	2	8	4	6	12	3	10	2
All	13	30	8	18	6	13	31	10	20	3



Phase II

- I have received additional training in screening for social, emotional, and behavioral issues for 6 - 9 year olds through... (all that apply) (n=109)
- I have received additional training in screening for mental health and substance abuse issues for 10 - 19 year olds through... (all that apply) (n=107)

	6 - 9 Yr Olds					10 - 19 Yr Olds				
	Workshop	Reading	Internet	Courses	Other	Workshop	Reading	Internet	Courses	Other
FP	15	41	11	17	2	17	42	13	20	2
Ped	9	22	5	8	3	9	22	6	6	1
NP	7	9	4	6	0		11	4	7	0
All	31	72	20	31	5	26	75	23	33	3



Focus group participants

Trends from focus group participants indicated that most of the providers saw more barriers to screening than a lack of professional competence.

Desired Practice: Confidence & Competence Level

On-line survey participants

Phase I

•**Barriers** to effective screening for social, emotional, and behavioral issues in 0-5 year olds include... (n=44)

- >Not enough time in visit (n=35)
- >Not enough staff to screen (n=11)
- >Not enough staff for positive findings (n=9)
- >Do not have adequate knowledge of resources (n=7)
- >Not reimbursable service (n=14)
- >Cultural issues keep me from feeling comfortable in screening (n=1)
- >Language issues keep me from feeling comfortable in screening (n=7)
- >Don't have appropriate tool for screening (n=12)
- >Comments also mentioned parenting or family issues/deficiencies (n=7)

•**Barriers** to effective screening for mental health and substance abuse issues in 10 - 19 year olds include... (n=42)

- >Not enough time in visit (n=33)
- >Not enough staff to screen (n=10)
- >Not enough staff for positive findings (n=10)
- >Do not have adequate knowledge of resources (n=9)
- >Not reimbursable service (n=12)
- >Cultural issues keep me from feeling comfortable in screening (n=1)
- >Language issues keep me from feeling comfortable in screening (n=5)
- >Don't have appropriate tool for screening (n=9)
- >Comments also mentioned parenting or peer pressure issues/lack of family support (n=7)

Phase II

•**Barriers** to effective screening for social, emotional, and behavioral issues in 6 - 9 year olds include... (n=128)

- >Parental privacy issues (n=49)
- >Not enough time in visit (n=100)
- >Not enough staff to screen (n=42)
- >Not enough staff for positive findings (n=29)
- >Do not have adequate knowledge of resources (n=35)
- >Not reimbursable service (n=21)
- >Cultural issues keep me from feeling comfortable in screening (n=17)
- >Language issues keep me from feeling comfortable in screening (n=25)
- >Don't have appropriate tool for screening (n=52)
- >Comments also mentioned parenting or family issues/deficiencies (n=2)
- >Some commented it was important to do it and there were no barriers (n=3)

•**Barriers** to effective screening for mental health and substance abuse issues in 10 - 19 year olds include... (n=133)

- >Parental privacy issues (n=61)
- >Not enough time in visit (n=97)
- >Not enough staff to screen (n=39)
- >Not enough staff for positive findings (n=34)
- >Do not have adequate knowledge of resources (n=36)
- >Not reimbursable service (n=20)
- >Cultural issues keep me from feeling comfortable in screening (n=17)
- >Language issues keep me from feeling comfortable in screening (n=23)
- >Don't have appropriate tool for screening (n=47)
- >Comments also mentioned reluctance of teen to express issues (n=3)
- >Some commented it was important to do it and there were no barriers (n=2)

Barriers to Effective Screening, Phase I vs. Phase II

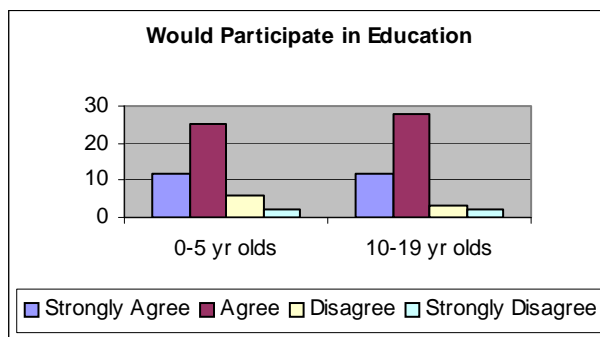
Phase I	Phase II
Barriers to effective screening for mental health and substance abuse issues in 10 - 19 year olds include... (n=42)	Barriers to effective screening for mental health and substance abuse issues in 10 - 19 year olds include... (n=133)
>Not enough time in visit (n=33)	>Not enough time in visit (n=97)
>Not reimbursable service (n=12)	>Parental privacy issues (n=61)
>Not enough staff to screen (n=10)	>Don't have appropriate tool for screening (n=47)
>Not enough staff for positive findings n=10)	>Not enough staff to screen (n=39)
>Do not have adequate knowledge of resources (n=9)	>Do not have adequate knowledge of resources (n=36)
>Don't have appropriate tool for screening (n=9)	>Not enough staff for positive findings (n=34)
>Language issues keep me from feeling comfortable in screening (n=5)	>Language issues keep me from feeling comfortable in screening (n=23)
>Cultural issues keep me from feeling comfortable in screening (n=1)	>Not reimbursable service (n=20)
	>Cultural issues keep me from feeling comfortable in screening (n=17)
*Comments also mentioned parenting or peer pressure issues/lack of family support (n=7)	*Comments also mentioned reluctance of teen to express issues (n=3) **Some commented it was important to do it and there were no barriers (n=2)

Would Participate in Education

Phase I

- I would participate in education on evidence-based practice related to screening for social, emotional, and behavioral issues for 0-5 year olds
- I would participate in education on evidence-based practice related to screening for mental health and substance abuse issues for 10 - 19 year olds

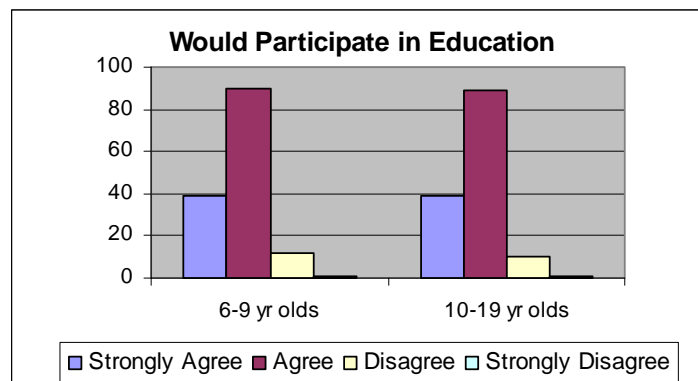
	0-5 Yr Olds (n=45)				10 - 19 Yr Olds (n=45)			
	SA	A	D	SD	SA	A	D	SD
FP	5	19	3	0	5	20	2	0
Ped	7	6	3	2	7	8	1	2
All	12	25	6	2	12	28	3	2



Phase II

- I would participate in education on evidence-based practice related to screening for social, emotional, and behavioral issues for 6 - 9 year olds
- I would participate in education on evidence-based practice related to screening for mental health and substance abuse issues for 10 - 19 year olds

	6 - 9 Yr Olds (n=142)				10 - 19 Yr Olds (n=139)			
	SA	A	D	SD	SA	A	D	SD
FP	21	63	7	1	20	63	7	1
Ped	8	21	4	0	9	21	3	0
NP	10	6	1	0	10	7	0	0
All	39	90	12	1	39	89	10	1

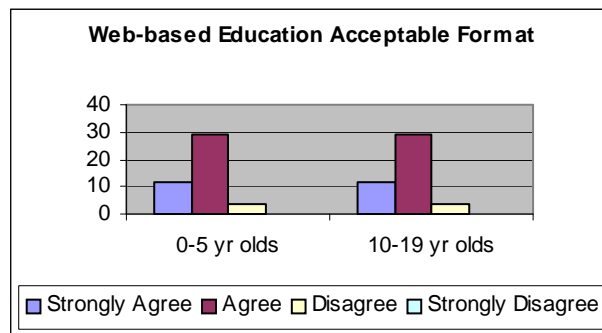


Web-based Education Acceptable Format

Phase I

- Web-based education is an acceptable format for education on evidence-based practice related to screening for social, emotional, and behavioral issues for 0-5 year olds
- Web-based education is an acceptable format for education on evidence-based practice related to screening for mental health and substance abuse issues for 10 - 19 year olds

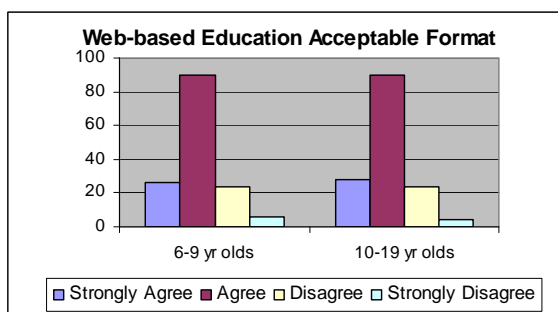
	0-5 Yr Olds (n=45)				10 - 19 Yr Olds (n=45)			
	SA	A	D	SD	SA	A	D	SD
FP	7	16	4	0	7	16	4	0
Ped	5	13	0	0	5	13	0	0
All	12	29	4	0	12	29	4	0



Phase II

- Web-based education is an acceptable format for education on evidence-based practice related to screening for social, emotional, and behavioral issues for 6- 9 year olds
- Web-based education is an acceptable format for education on evidence-based practice related to screening for mental health and substance abuse issues for 10 - 19 year olds

	6- 9 Yr Olds (n=146)				10 - 19 Yr Olds (n=146)			
	SA	A	D	SD	SA	A	D	SD
FP	11	59	16	6	11	62	15	4
Ped	4	26	7	0	6	23	8	0
NP	11	5	1	0	11	5	1	0
All	26	90	24	6	28	90	24	4



Focus group participants

Trends from focus group participants indicated that a web-based or self-paced CME curriculum would be a good thing to make available.

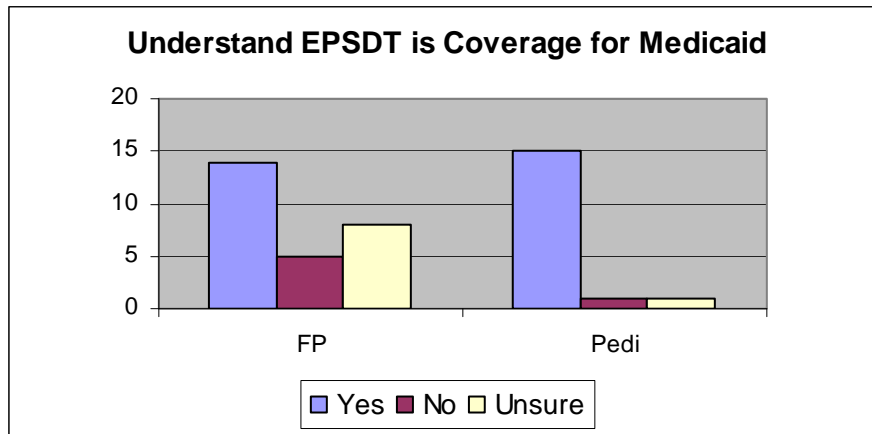
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

Understand HealthCheck (EPSDT) is Coverage for Well-Child Screening

Phase I

•I understand that HealthCheck/EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) is coverage for well-child screening for Medicaid/Kids Connection children (n=44)

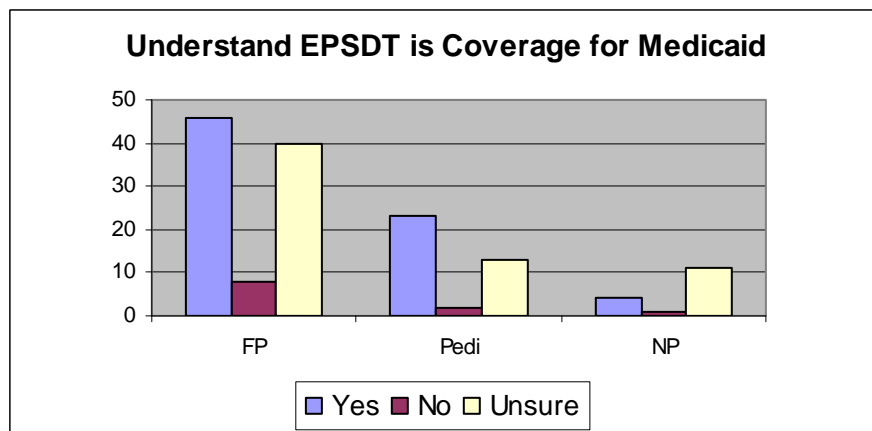
	Yes	No	Unsure
FP	14	5	8
Ped	15	1	1
All	29	6	9



Phase II

•I understand that HealthCheck/EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) is coverage for well-child screening for Medicaid/Kids Connection children (n=148)

	Yes	No	Unsure
FP	46	8	40
Ped	23	2	13
NP	4	1	11
All	73	11	64

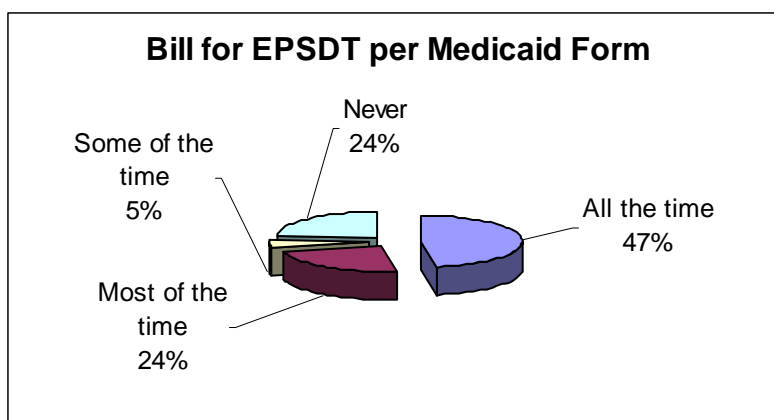


Bill for EPSDT per Medicaid Form

Phase I

• I bill for well-child EPSDT visits per the Medicaid billing form (n=42)

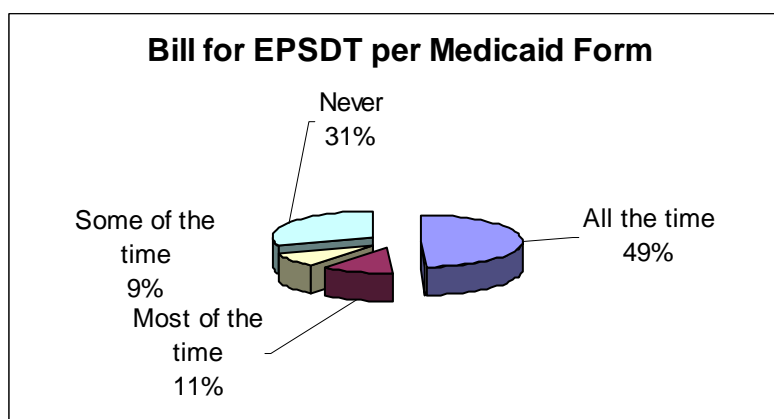
	All of Time	Most of Time	Some of Time	Never
FP	10	9	2	6
Ped	10	1	0	4
All	20	10	2	10



Phase II

• I bill for well-child EPSDT visits per the Medicaid billing form (n=154)

	All of Time	Most of Time	Some of Time	Never
FP	42	11	9	27
Ped	20	1	3	7
NP	4	3	0	7
All	66	15	12	41



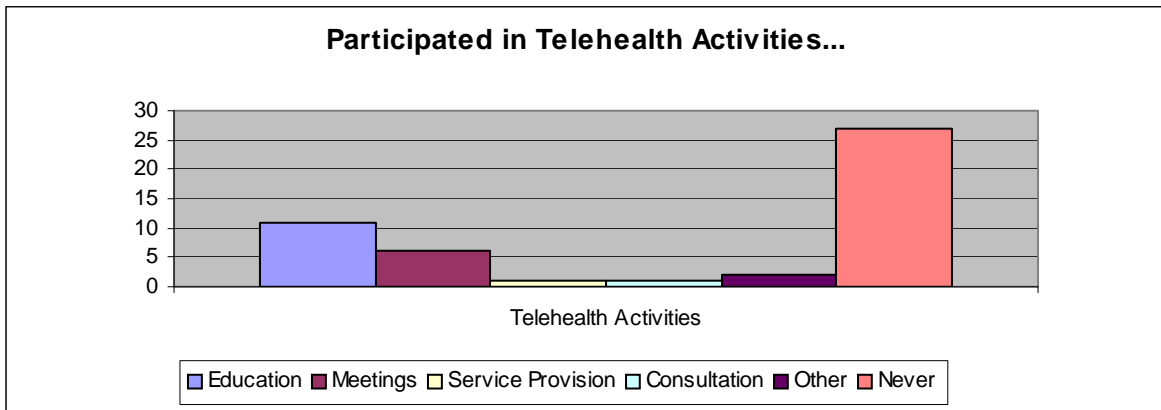
Telehealth

Participated in Telehealth Activities

Phase I

•I have participated in the following telehealth activities: (n=38)

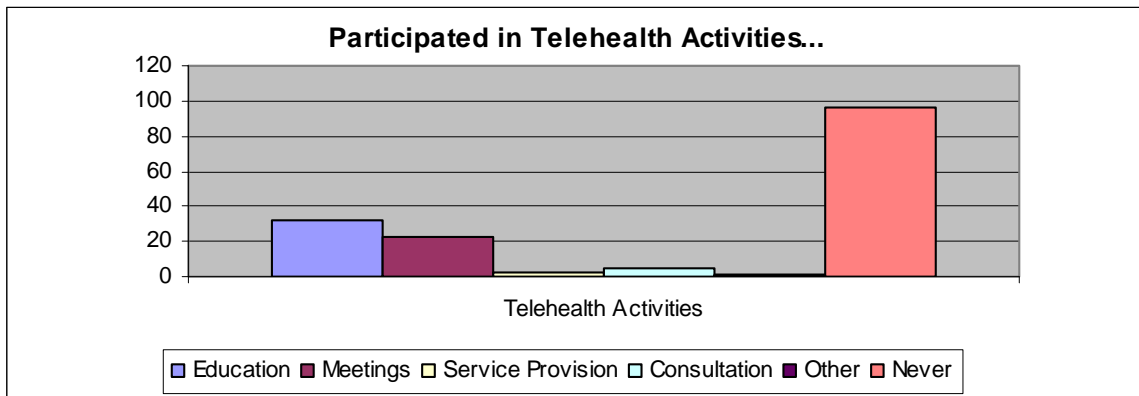
	Education	Meetings	Service Provision	Consultation	Other	Never
FP	6	3	0	0	2	15
Ped	5	3	1	1	0	12
All	11	6	1	1	2	27



Phase II

•I have participated in the following telehealth activities: (n=137)

	Education	Meetings	Service Provision	Consultation	Other	Never
FP	20	11	0	0	1	65
Ped	4	5	1	2	0	25
NP	8	7	1	3	0	6
All	32	23	2	5	1	96

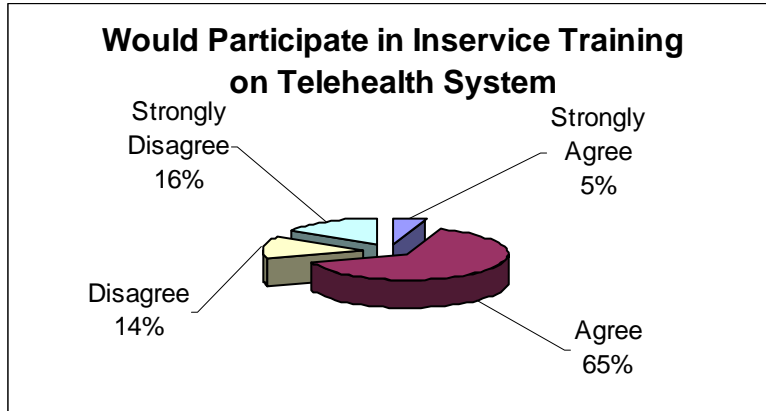


Would Participate in Inservice Training for Telehealth System

Phase I

•I would participate in inservice training on the use of the telehealth system: (n=37)

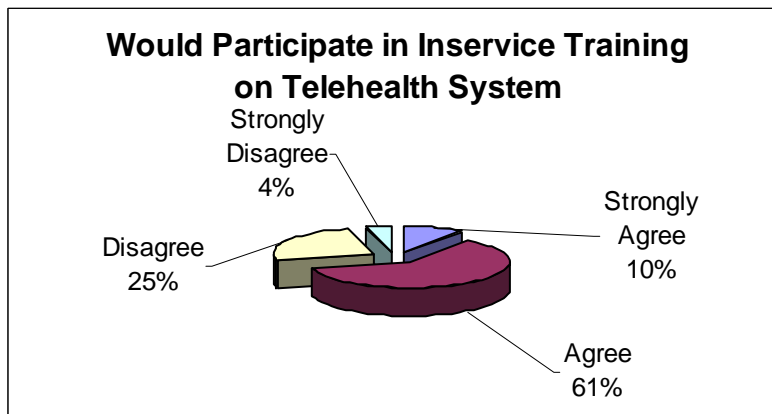
	Strongly Agree	Agree	Disagree	Strongly Disagree
FP	2	15	2	3
Ped	0	9	3	3
All	2	24	5	6



Phase II

•I would participate in in-service training on the use of the telehealth system: (n=140)

	Strongly Agree	Agree	Disagree	Strongly Disagree
FP	5	57	24	5
Ped	2	21	9	1
NP	7	7	2	0
All	14	85	35	6

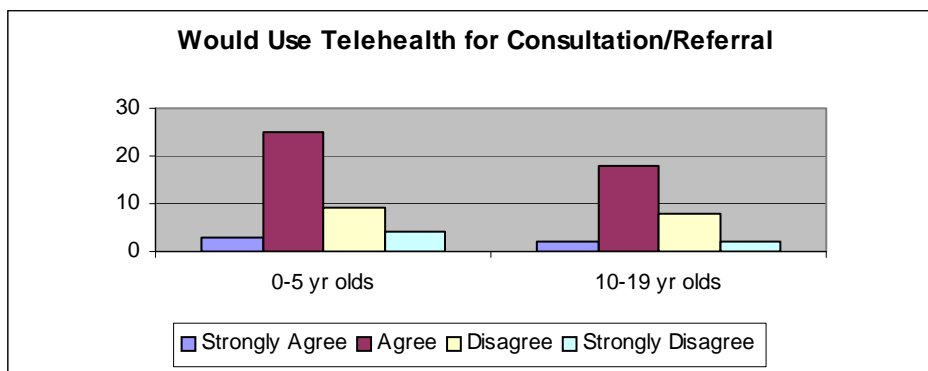


Would Use Telehealth System for Consultation or Referral

Phase I

- I would use the telehealth system for consultation or referral of 0-5 year olds for social, emotional, and behavioral issues
- I would use the telehealth system for consultation or referral of 10 - 19 year olds for mental health and substance abuse issues

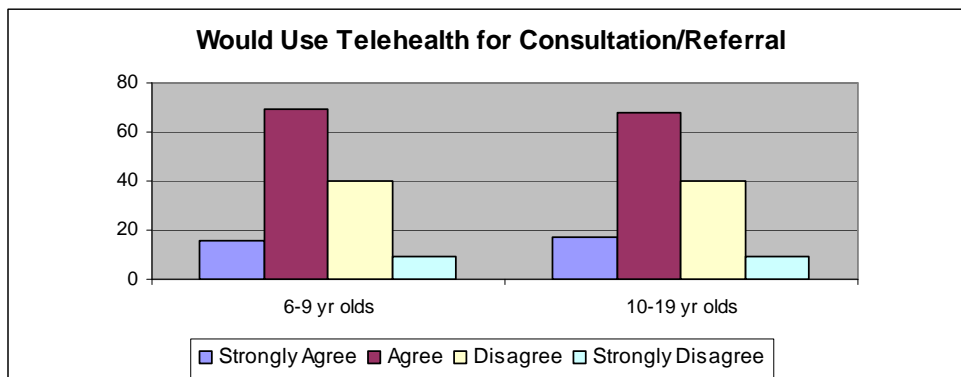
	0-5 Yr Olds (n=41)				10 - 19 Yr Olds (n=30)			
	SA	A	D	SD	SA	A	D	SD
FP	2	17	4	2	1	12	4	1
Ped	1	8	5	2	1	6	4	1
All	3	25	9	4	2	18	8	2



Phase II

- I would use the telehealth system for consultation or referral of 6 - 9 year olds for social, emotional, and behavioral issues
- I would use the telehealth system for consultation or referral of 10 - 19 year olds for mental health and substance abuse issues

	6 - 9 Yr Olds (n=134)				10 - 19 Yr Olds (n=134)			
	SA	A	D	SD	SA	A	D	SD
FP	8	42	28	6	8	43	28	6
Ped	2	20	9	3	3	19	9	3
NP	6	7	3	0	6	6	3	0
All	16	69	40	9	17	68	40	9



Summary of Findings

The following is a summary of findings related to screening for 1) social, emotional, and behavioral issues among 6 - 9 year old children and 2) mental health and substance abuse issues among 10 - 19 year old youth. Each of these findings will be useful in provider curriculum development for these two practice areas.

- Current practice usually includes screening for these issues during well-child visits however, as the children age, the compliance with AAP recommended schedules diminishes impacting the frequency of screening opportunity.
- Current practice only occasionally includes use of developed, validated tools for screening in these age groups, with concern voiced by providers regarding implementation of a formal tool for screening.
- Significant community and health system barriers for referral and treatment exist hindering the desire to increase screening in current practices.
- Policy barriers impact practice (lack reimbursement, lack of insurance, inequality within medical specialties)
- Practice barriers exist (time for assessment, inadequate resources – facilities and services, difficulty receiving follow-up from mental health services)
- Inadequate parenting skills may be intertwined with acceptance of issues, willingness to address issues, existence of domestic &/or social issues to compound barriers
- Environmental and peer challenges including bullying, drugs & alcohol, self-esteem, social stigma of behavioral health evaluation and treatment impact access, especially in adolescent years.
- The importance of assessment of the child/adolescent and/or family over time by one provider (having a medical home) is a key thread in ascertaining if a problem exists as well as the possible extent of the problem.
- Differences exist in practice patterns between Family Physicians, Pediatricians, and Nurse Practitioners
- Differences exist in practice patterns between rural and urban providers regarding referral opportunities and available resources
- Approximately one-half of on-line survey respondents did not respond with a definitive “yes” to the question that asked about understanding of Health Check (EPSDT) screening, which is an increase from the one-third of the Phase I respondents that did not respond with a definitive “yes”

Curriculum Recommendations

The scope of the contract includes curriculum development directed toward screening for social, emotional, and behavioral issues among 6 - 9 year old children and screening for mental health and substance abuse issues in 10–19 year old youth. Recommendations for the development of curricula for these issues are drawn from the survey and focus group results. Recommendations to consider for focus during curriculum development include:

- Curriculum aimed toward how to screen and help children and youth, rather than prescriptively directing provider practice
- Consideration of standardized training for office staff in order to alert the physician of possible need for this type of screening by a physician or a nurse
- Expand curriculum to encompass all professionals associated with care of these age groups, i.e., Nurse Practitioners, Physician Assistants, Licensed Mental Health Professionals, and Social Workers
- Careful consideration of existing validated tools, if tool(s) are recommended for use. Include recognition of best practices or professional guidelines as well as ease and time in administering tool
- Incorporate screening for these issues beyond just the well-child visit
- Address resource issues, including identifying community assets (public health and/or school nurses, school services, community agencies) with consideration given to rural/urban access
- Address relationship issues and trust between provider and patient to foster honest, accurate screening
- Link curricula to existing Perinatal Depression and Social-Emotional and Behavioral Development, Ages Birth to Five curricula to derive benefit from developing expertise