

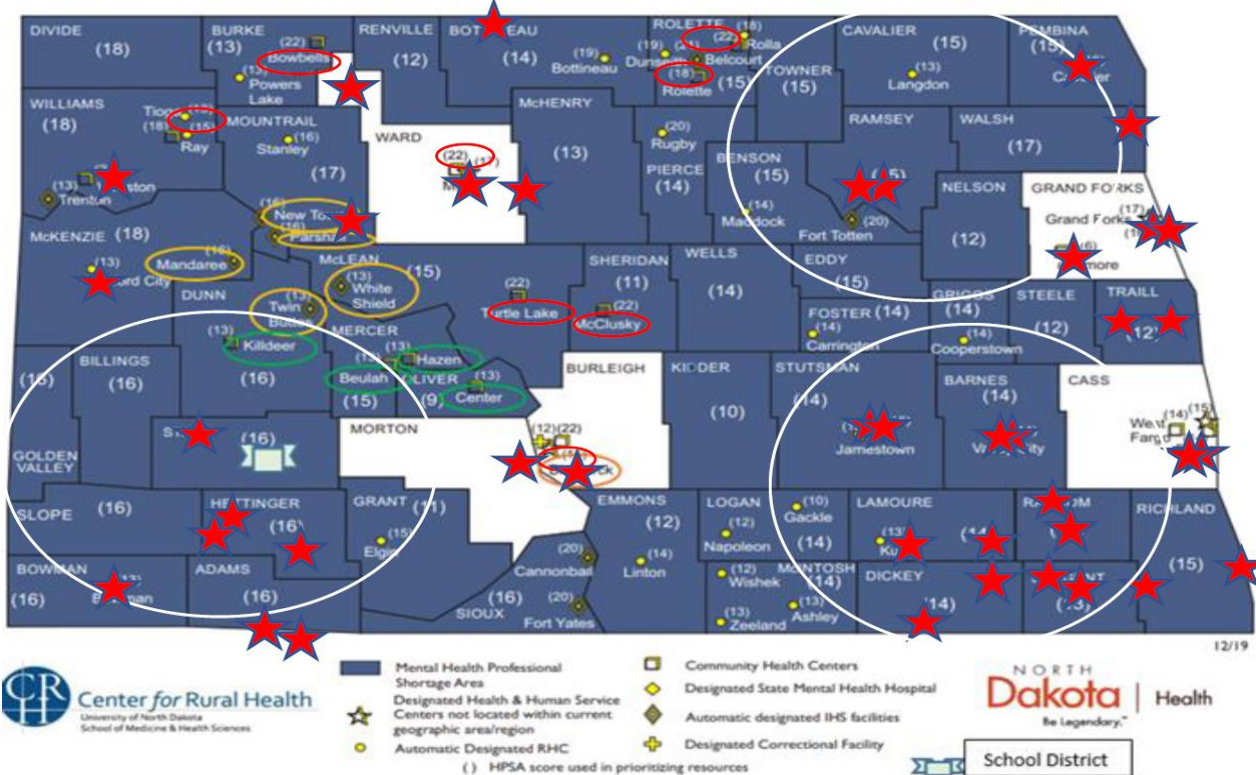
# PEDIATRIC MENTAL HEALTH CARE ACCESS PROGRAM



# PMHCA SECOND QUARTER UPDATES

Goal 1: Increase telehealth behavioral health services to children and adolescents in underserved areas of the state


## North Dakota Mental Health Professional Shortage Areas



Enrolled Clinics in ND PMHCA

- Yellow:** Elbowoods Memorial Clinic\*
- Green:** Coal Country Community Healthcare Centers
- Orange:** Bismarck – UND Center for Family Healthcare
- Red:** Northland Health Centers
- White Circles** show areas of current recruitment efforts by the program and Level Marketing-established Social Media presence (Facebook, Instagram, LinkedIn)

# PMHCA SECOND QUARTER UPDATES

 **In addition to providing consultation and training:** There were 33 case consultations to providers in North Dakota since Oct. 1, 2021. All families are offered care coordination and assistance to fulfill social determinants of health (gas, heating, food assistance, childcare, care referrals and coordination) from Family Voices of North Dakota, a team member of the ND PMHCA program.

 **Testimonials:**

NDPMHCA has been an amazing enhancement to my pediatric practice. I see a large number of adolescent and young adult patients, many of whom have mental illness. The consult service has allowed me to continue to provide care for more patients within their trusted medical home.

One case that stands out for me was a young individual who was starting to decline due to anxiety and was home bound. He was unable to graduate high school or get a job. I felt he had no options other than hospitalization once he began to experience psychosis. The consulting psychiatrist was able to help me adjust his meds immediately, connect with adult outpatient psychiatry, and steered us toward an intensive outpatient program which had quick access. Over the next few months, he was able to graduate high school and enter college living on campus with his peers. I'm so thankful for NDPMHCA and hope for it to continue and grow.

Stephanie Hanson, MD FAAP

PMHCA (Pediatric Mental Health Care Access) program allowed me the opportunity to access help for my patient at a time when there was nowhere else to turn, and for that I am eternally grateful! It began with an office visit for a new patient, who typically resides in a rural community, but whose mom made an appointment to come see me after hearing that I had some experience working with kids struggling with mental health issues. While this is true, upon meeting my patient, I quickly realized that I was over my head. Her needs exceeded my level of expertise... and experience. The timing for this could not have been worse as we had recently lost a significant proportion of our child psychiatrists in our community. I cannot describe the feeling of the weight of responsibility for my patient coupled with the inadequate access to expert resources that I knew I needed for her.

My patient had left psychiatric hospitalization for suicidal attempt and persistent ideation against medical advice after feeling like inpatient therapy was unproductive. Not only did her inpatient treatment end, but this decision ended the relationship with her psychiatrist. She came to my clinic actively suicidal, refusing to return to inpatient care. Her PHQ9 scores were in the 20s for months, with active suicidal ideation throughout the day, day after day, while I desperately sought out the expert medical recommendations I needed to provide her the care she needed. At this time, the wait list for child psychology/counseling was 5- 6 months long. After a few months of feeling like things were touch and go, I was able to connect with PMHCA and obtain a phone consult in which I received a medication recommendation from a child psychiatrist. Unfortunately, this initial recommendation did not improve my patient's suicidality. Through the Wednesday morning coffee chats, I was able to speak with a child psychiatrist and arrange for a one-time consultation between that child psychiatrist and my patient. The visit went well, and the child psychiatrist quickly established rapport and trust with my patient. She made medicinal treatment modifications, but also helped my patient and her family set some treatment goals, along with a backup plan. When the treatment goals were not achieved at the designated time of reassessment, it became clear that the backup plan needed to be put in place. Due to the trust established with the PMHCA child psychiatrist, my patient agreed to pursue partial hospitalization, with assistance in arranging for this treatment given by PMHCA staff.

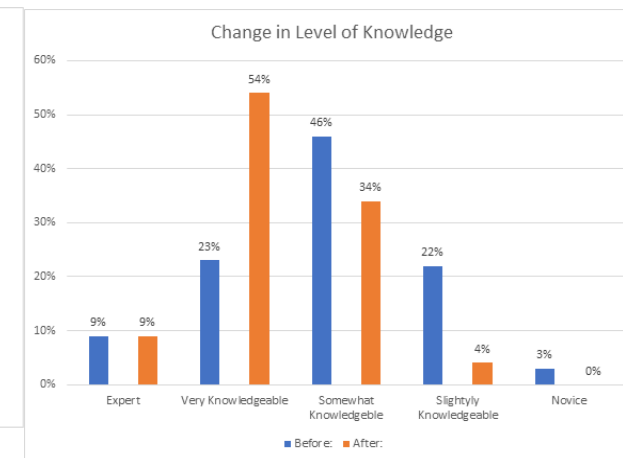
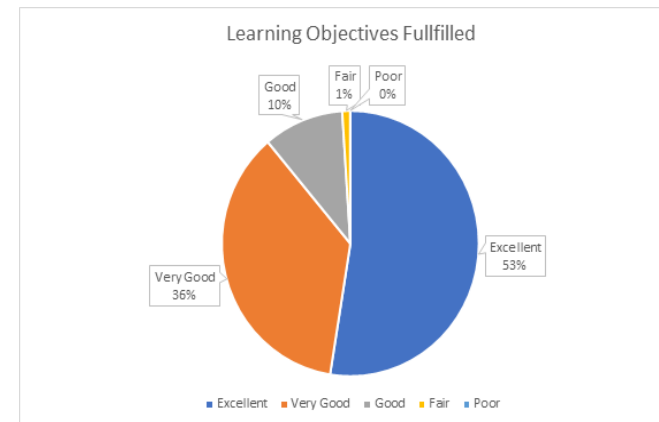
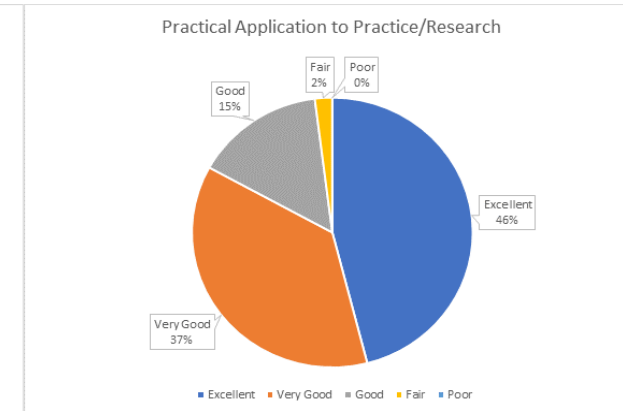
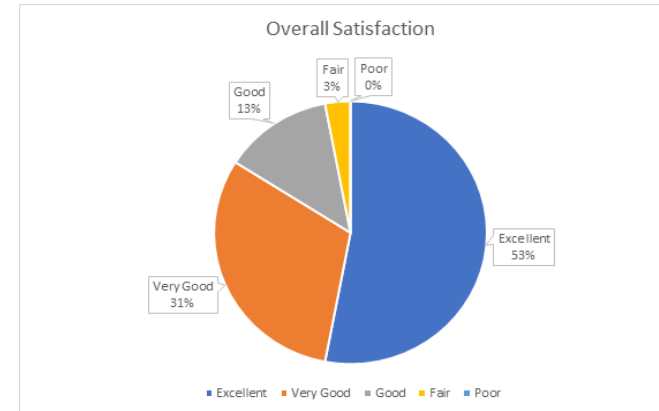
I am overwhelmingly pleased to report that my patient returned to my clinic after several weeks of partial hospitalization in partial remission. She literally gained a new lease on her lovely life and was enjoying being alive for the first time in years. Over one year later, my patient continues to thrive. I remain eternally grateful to PMHCA program for providing me- and my patient- the necessary resources to get the treatment that she needed to start living her lovely life again. Thank you! So much!

# PMHCA SECOND QUARTER UPDATES

Goal Two: Extend knowledge to pediatric primary care professionals across the state for the early identification, diagnosis, treatment and referral of mental health disorders

**Project ECHO:** Second Quarter ECHO topics included:

- 👤 Collaborative and Proactive Solutions in Primary Care Settings – Dr. Ross Greene
- 👤 Cultural Competence and Humility – Dr. Emily Sargent
- 👤 Pharmacological Interventions and Supplements – Dr. Jane Bischoff
- 👤 Indigenous Pediatric Mental Health and Cultural Considerations- Dr. Allison Kelliher
- 👤 Adolescent Substance Use – Emily Althoff
- 👤 Perinatal Mood Disorders and Anxiety- Dr. Katherine Moore





**FREE**  
Virtual two-day  
training with  
continuing education.

**August 18–19, 2022**  
8:30 a.m.– 3:30 p.m.

The North Dakota Pediatric Mental Health Care Access Program Presents:  
**Dr. Ross Greene, Ph.D.**

**Collaborative & Proactive Solutions:**

## **Moving from Power & Control to Collaboration & Problem Solving**

**Don't miss this thought-provoking event intended for educators, parents, primary care providers and clinicians of all levels.** Discover how the Collaborative & Proactive Solutions (CPS) model of care has transformed thinking and practices in countless families, schools, inpatient psychiatry units, and residential and juvenile detention facilities, resulting in dramatic reductions in adult-child conflict, concerning behaviors, disciplinary referrals, detentions, suspensions, restraints, and seclusions.



Visit [ndpmhca.org](https://ndpmhca.org)  
or scan the QR  
code now to  
register for this  
free event.

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**FREE**  
Virtual one-day  
symposium with  
continuing education.

**September 22, 2022**  
8:00 a.m. – 5:00 p.m.

# SAVE THE DATE!

## September 22, 2022

**Don't miss the 3<sup>rd</sup> Annual Pediatric and Primary Care Behavioral Health Symposium.**

**Experience this free virtual event. Gain invaluable knowledge.**

The North Dakota Pediatric Mental Health Care Access Program and Sanford Pediatric and Primary Care departments, in partnership with the North Dakota Department of Health, are hosting their 3<sup>rd</sup> annual virtual symposium.

This event will cover important content tracks including Cultural Considerations in Mental Health Treatment, In-Depth Skill Development on Trauma Assessment and Motivational Interviewing, and Behavioral Health Clinical Skills to Enhance Patient Care.

**Register for this FREE special event today.**



Visit [ndpmhca.org](https://ndpmhca.org)  
or scan the QR  
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free event.



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# Primary Care Principles for Child Mental Health

By Robert Hilt, MD, program director, Partnership Access Line and Rebecca Barclay, MD, associate clinical program director.

Minor edits made for North Dakota Pediatric Mental Health Care Access Program

July 2022



ND PMHCA team, in collaboration with the Seattle Children's Partnership Access Line (PAL) created the Primary Care Principles for Child Mental Health.

## Other Collaborations

- Rebecca Quinn and Carly Endres, North Dakota Brain Injury Network – their manual for Head Injury is included
- Jodi Hulm, Director of Managed Care and Children's Services
- Dr. Ross Greene for added content in Disruptive Behaviors care guide

The 218-page care guide is printed and will go to all enrolled providers.



Due to provider feedback, a new website was created and went live in May 2022.

- Formerly hosted on the Center for Rural Health Website, it now has a domain on its own still at [www.ndpmhca.org](http://www.ndpmhca.org)
- All educational opportunities are available on the site
- All printable resources such as:
  - First line evidence-based treatments
  - Treatment algorithms
  - Free printable screeners
  - References: podcasts, books, fact sheets for providers, parents and patients are listed
  - State and national resources for help
- A professional recording of Dr. Nicola Herting demonstrating the ACES and MN Trauma screening administration and scoring will be added. The video can be used for Primary Care Providers, Clinicians, CPS workers on demand training. Will be on multiple websites from collaborating efforts with TCTY and DHS-BHD.



# PMHCA SECOND QUARTER UPDATES

- Goal Three: Include direct school-based delivery of telehealth services due to the shortage of healthcare providers and the lack of an infrastructure of primary care clinics
  - Goal written in 2018 – with many changes since
  - There are 142 medical centers in North Dakota and 739 schools
    - Many communities have schools but do not have a medical clinic
    - Providing health care to kids in schools helps to increase health equity
  - ND PMHCA collaborated with Mandi Peterson, ND, Rebecca Quinn, NDBIN, Rosalie Etherington, State Hospital, in development of statewide telehealth survey that included schools as delivery sites (they were not included in the 2018 survey)
    - Will await survey results to determine where and how NDPMHCA can assist in care coordination, education, consultation.
- Invited by DPI, to provide information on universal school screenings, in September 2022 to statewide school counseling group, as 45% of school counselors were asking for more information on this topic.

# PMHCA YEAR 4 PLANS

The following is a list of activities scheduled for completion prior to Sept. 29, 2022

1. Dr. Ross Greene conference
2. 3<sup>rd</sup> Annual Pediatric and Primary Care Behavioral Health Symposium
3. Dr. Dee Bigfoot, to provide training to a group of clinicians/therapists, involved in a different grant from SAMHSA, on a Native American culturally enhanced therapy called Honoring the Children Mending the Circle. Dr. Bigfoot is the only person providing this training in the country. She last provided this training in North Dakota in 2009.
4. Complete and release screening app. for clinic use.

# PMHCA YEAR 4 PLANS

- ① Further identify areas of integration via, consultation, education, etc. with ND Schools
- ① Work toward sustainability planning with sub-advisory group and national groups.
  
- ① We welcome guidance and feedback from the ND BHPC Advisory Group.....