

Training 15 PERFORMANCE MEASURE

Goal: Consultation and Training for Mental and Behavioral Health

Level: Grantee

Domain: MCH Workforce Development

GOAL	Increase the availability and accessibility of consultation services to providers caring for individuals with behavioral or mental health conditions.
MEASURE	Number of providers participating in consultation and care coordination support services.
DEFINITION	Total number of providers participating in consultation (teleconsultation and in-person) and care coordination support services provided by the Pediatric Mental Health Care Access (PMHCA) program and the Screening for Maternal Depression and Related Behavioral Disorders (MDRBD) program.
BENCHMARK DATA SOURCES	
GRANTEE DATA SOURCES	PMHCA and MDRBD awardees report using the data collection form.
SIGNIFICANCE	Mental and behavioral health issues are prevalent among children and adolescents, and pregnant and postpartum women in the United States. However, due to shortages in the number of psychiatrists, developmental-behavioral providers, and other behavioral health clinicians, access to mental and behavioral health services is lacking. Research indicates that telehealth can improve access to care, reduce health care costs, improve health outcomes, and address workforce shortages in underserved areas. Telehealth strategies that connect primary care providers with specialty mental and behavioral health care providers can be an effective means of increasing access to mental and behavioral health services for children and pregnant and postpartum women, especially those living in rural and other underserved areas.

Training 15 Data Collection Form

A. Provider Consultation and Training

1. Consultation:

Provider Type		Number enrolled (if applicable) ¹	Number participating ²	Number enrolled AND participating (if applicable) ³
Primary Care Providers (non-specialty)	Pediatrician			
	Family Medicine			
	OB/GYN			
	Internal Medicine			
	Advanced Practice Nurse/Nurse Practitioner			
	Certified Nurse Midwife			
	Physician Assistant			
Others	Psychiatrist			
	Developmental-Behavioral Pediatrician			
	Nurse			
	Behavioral Health Clinician (e.g. psychologist, therapist, counselor)			
	Care Coordinator/ Patient Navigator			
	Other Specialist Physician, APN/NP, PA (specify type):			
	Other (specify type):			
Unknown Provider type				
Total (will auto-populate)				
Total Primary Care (will auto-populate)				

i. Number and types of providers enrolled for and participating in program consultation (teleconsultation or in-person) and care coordination support services⁴.

¹ Enrolled provider: a provider who has formally registered with the program to facilitate use of consultation (teleconsultation or in-person) or care coordination support services, at the time of reporting. An enrolled provider is currently enrolled with the program even if initial enrollment occurred prior to current reporting period. An enrolled provider may or may not be a participating provider.

² Participating provider: a provider who has contacted the program for consultation (teleconsultation or in-person) or care coordination support services, and who may or may not be an enrolled provider.

³ This column refers to the number of enrolled providers (registered) who are participating in the program (contacting the program for consultation or care coordination support services).

⁴ Care Coordination Support: In context of MDRBD/PMHCA, care coordination support means, at minimum, that the program provides resources and referrals to a provider when they contact the program, or to the patient/family when the program works with patients/families directly. In these programs, “care coordination support” is synonymous with “providing resources and referrals”.

- ii. Use of program consultation and care coordination support services.
- a. Number of **provider** contacts with the program for consultation (teleconsultation or in-person), care coordination support, or both.

Type of contact	Number of provider contacts with the program for services
Consultation Only	
Care Coordination Support Only	
Both	

- b. Number of **consultations and referrals**⁵ given to providers.

Consultation or referral	Number of consultations or referrals given
Consultations via telehealth	
Consultations in-person	
Referrals	

- c. Please indicate the condition(s) about which providers contacted the program for consultation (teleconsultation or in-person) or care coordination support services. Select all conditions that apply. Specify the number of contacts for each condition. Each contact can involve more than one condition⁶.
- Anxiety disorders
 - Number of contacts for this reason _____
 - Depressive disorders(excluding postpartum depression)
 - Number of contacts for this reason _____

⁵ **Referrals** are given to providers (or directly to the patients/families) by the program to introduce specific health providers or services. Referrals are typically provided using the referral database. More than one referral can be provided at a time.

⁶ If the patient has a diagnosed condition, but the provider is calling about another condition, a different presenting concern, or another reason, please count the reason(s) the provider is calling the program. If the patient does not have a diagnosis, the reason for contact can be a suspected diagnosis, diagnostic impression, presenting concerns/symptoms, suspected problem, or another reason. The condition(s) selected should be the reason(s) the provider is calling for consultation (teleconsultation or in-person) or care coordination support services.

- Postpartum depression
 - Number of contacts for this reason _____
- Bipolar and related disorders
 - Number of contacts for this reason _____
- Attention-Deficit/ Hyperactivity Disorder (ADHD)
 - Number of contacts for this reason _____
- Autism Spectrum Disorder
 - Number of contacts for this reason _____
- Disruptive, impulse-control, and conduct disorders
 - Number of contacts for this reason _____
- Feeding and eating disorders
 - Number of contacts for this reason _____
- Obsessive-compulsive and related disorders
 - Number of contacts for this reason _____
- Trauma and stressor-related disorders
 - Number of contacts for this reason _____
- Schizophrenia spectrum and other psychotic disorders
 - Number of contacts for this reason _____
- Substance-related disorders
 - Number of contacts for alcohol _____
 - Number of contacts for marijuana _____
 - Number of contacts for nicotine _____
 - Number of contacts for opioids _____
 - Number of contacts for other substance-related disorders _____
- Suicidality or self-harm
 - Number of contacts for this reason _____
- Other (please specify)_____
 - Number of contacts for this reason _____

iii. Number of consultations (teleconsultations and in-person) and referrals provided by each member of the mental health team. [Measures applies only to PMHCA awardees]

Member of mental health team	Number of consultations provided	Number of referrals provided
Psychiatrist		
Psychologist		
Social Worker		
Counselor		
Care Coordinator		
Other behavioral clinicians		
Other (specify type):		
Total (will auto-populate)		

2. **Training:**

i. Number and types of providers trained.

Provider Type		Number Trained
Primary Care Providers (non-specialty)	Pediatrician	
	Family Medicine	
	OB/GYN	
	Internal Medicine	
	Advanced Practice Nurse/Nurse Practitioner	
	Certified Nurse Midwife	
	Physician Assistant	
Others	Psychiatrist	
	Developmental-Behavioral Pediatrician	
	Nurse	
	Behavioral Health Clinician (e.g. psychologist, therapist, counselor)	
	Care Coordinator/ Patient Navigator	
	Other Specialist Physician, APN/NP, PA (specify type):	
	Other (specify type):	
Unknown Provider type		
Total Primary Care (will auto-populate)		
Total (will auto-populate)		

ii. Total number of trainings held _____

a. Topics covered by trainings and number of trainings per topic. Select all that apply:

- Mental or behavioral health conditions-related trainings (e.g., anxiety, depression, substance use disorder, ADHD, OCD, eating disorders, tics, Autism, developmental delay, behavioral dysregulation, etc.) Please include comprehensive trainings that cover medications, screenings, treatments, etc. for specific conditions in this category.

Number of trainings covering topic _____

- Medication-focused trainings

Number of trainings covering topic _____

- Screening and assessment/testing-focused trainings

Number of trainings covering topic _____

- Treatment modality-focused trainings

Number of trainings covering topic _____

- Trauma focused trainings

Number of trainings covering topic _____

- Parent and family-focused trainings

Number of trainings covering topic _____

- Practice Improvement/Systems Change/Quality Improvement (e.g., practice workflows, integrating protocols into the EHR, integrating behavioral health into primary care, expanding community referrals, ensuring culturally and linguistically appropriate services)
Number of trainings covering topic _____
 - COVID-19-focused trainings
Number of trainings covering topic _____
 - Other (please specify) _____
Number of trainings covering topic _____
- b. Training mechanisms used. Select all that apply:
- In-person
Number of trainings using this mechanism _____
 - Project ECHO® (distance learning cohort)
Number of trainings using this mechanism _____
 - ECHO-like (distance learning cohort)
Number of trainings using this mechanism _____
 - Web-based
Number of trainings using this mechanism _____
 - Other (please specify) _____
Number of trainings using this mechanism _____

B. Individuals Served

1. Number of individuals for whom a provider contacted the program for consultation (teleconsultation or in-person) or care coordination support services

	Total	Rural/underserved⁷
Children 0-11		
Adolescents 12-21		
Women (pregnant or postpartum)		

2. Number of individuals recommended for referral and/or treatment, among those for whom a provider contacted the program for consultation (teleconsultation or in-person) or care coordination support services.

	Referral only	Treatment only	Both referral and treatment
Children 0-11			

⁷ For this measure, you may use provider zip codes to identify rural or underserved counties if the patient zip code is unavailable. The use of patient zip codes is not required. HRSA defines rural areas as all counties that are not designated as parts of metropolitan areas (MAs) by the Office of Management and Budget. In addition, HRSA uses Rural Urban Commuting Area Codes to designate rural areas within MAs. This rural definition can be accessed at <https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx>. If the county is not entirely rural or urban, follow the link for “Check Rural Health Grants Eligibility by Address” to determine if a specific site qualifies as rural based on its specific census tract within an otherwise urban county. Underserved areas are defined by the following terms: Any Medically Underserved Area/Population (MUA/P); or a Partially MUA/P. MUA/Ps are accessible through <https://data.hrsa.gov/tools/shortage-area/mua-find>

Adolescents 12-21			
Women (pregnant or postpartum)			

3. Percent of individuals screened for behavioral or mental health condition [Optional]

	Numerator ⁸	Denominator ⁹	% (auto-populated)
Children 0-11 screened for behavioral or mental health condition			
Adolescents 12-21 screened for behavioral or mental health condition			
Women (pregnant or postpartum) screened for behavioral or mental health condition			
Women (pregnant or postpartum) screened for depression			
Women (pregnant or postpartum) screened for anxiety			
Women (pregnant or postpartum) screened for substance use			

⁸ **For PMHCA:** Number of children and adolescents, 0-21 years of age, for whom a provider contacted the mental health team for consultation or referral, who received at least one screening for a behavioral health condition using a standardized validated tool.

For MDRBD: Number of pregnant and postpartum women (PPW) for whom a provider contacted the program for consultation or referral during the reporting period, who received at least one screening for [depression, anxiety, or substance use] using a standardized validated tool.

⁹ **For PMHCA:** Number of children and adolescents, 0-21 years of age, for whom a provider contacted the mental health team for consultation or referral.

For MDRBD: Number of pregnant and postpartum women (PPW) for whom a provider contacted the program for consultation or referral during the reporting period.