| **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** |  |
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| **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

1. **Provider Consultation and Training**
   1. **Consultation:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Provider Type** | | **Number enrolled (if applicable)[[1]](#footnote-2)** | **Number participating[[2]](#footnote-3)** | **Number enrolled AND participating**  **(if applicable)[[3]](#footnote-4)** |
| 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)** | |  |  |  |

* + 1. Number and types of providers enrolled for and participating in program consultation (teleconsultation or in-person) and care coordination support services[[4]](#footnote-5).
    2. Use of program consultation and care coordination support services.
       1. 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 |  |

* + - 1. Number of **consultations and referrals**[[5]](#footnote-6) given to providers.

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

* + - 1. 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 condition[[6]](#footnote-7).
* Anxiety disorders
  + Number of contacts for this reason \_\_\_\_\_\_\_\_\_
* Depressive disorders(excluding postpartum depression)
  + Number of contacts for this reason \_\_\_\_\_\_\_\_\_
* 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 \_\_\_\_\_\_\_\_\_
    1. 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)** |  |  |

* 1. **Training:** 
     1. 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)** | |  |

* + 1. Total number of trainings held \_\_\_\_
       1. 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 \_\_\_\_\_

* + - 1. 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 \_\_\_\_\_

1. **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/underserved[[7]](#footnote-8)** |
| Children 0-11 |  |  |
| Adolescents 12-21 |  |  |
| Women (pregnant or postpartum) |  |  |

* 1. 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 |  |  |  |
| Adolescents 12-21 |  |  |  |
| Women (pregnant or postpartum) |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Numerator[[8]](#footnote-9)** | **Denominator[[9]](#footnote-10)** | **% (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 |  |  |  |

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. [↑](#footnote-ref-2)
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. [↑](#footnote-ref-3)
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). [↑](#footnote-ref-4)
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”. [↑](#footnote-ref-5)
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. [↑](#footnote-ref-6)
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. [↑](#footnote-ref-7)
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> [↑](#footnote-ref-8)
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. [↑](#footnote-ref-9)
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. [↑](#footnote-ref-10)