

# Best Practice Strategies to Enhance the Capacity of Primary Care Providers to Connect and Coordinate effectively with Schools around Identification and Management of Youth with Anxiety and Depression



**Reach Individual Students Early**

## Project Team Members

- Michelle Ayotte-Bragg, MBA, MSHCPM- *Administrative Director, Maine-Dartmouth Family Medicine Residence*
- Cassandra Cote Grantham, MA- *Director Child Health & Raising Readers, MaineHealth*
- Sadel Davis, LCPC- *Director of Behavioral Health Home & Case Management Services, UCPC*
- Sue Devoe, RN BSN CPHQ- *Director, Quality & Patient Safety, Northern Maine Medical Center*
- Susan Guerrette, BSN, RN, Esq., CCM- *Director of Network, Maine Market- Aetna*
- Deb McGill, RN BSN- *Director of Population Health, Maine Medical Partners*
- Greg Urban- *Administrator, Maine Veterans Home, Bangor*

Daniel Hanley Center for Health Leadership  
Health Leadership Development Program  
HLD Class X  
2016-2017



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Capacity of Primary Care Providers to  
Connect and Coordinate effectively with Schools  
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Stakeholder Survey Results

Maine School Counselors Annual Conference: Stakeholder  
Feedback Presentation and World Café

Maine Chapter of the American Academy of Pediatrics April  
Board Meeting: Stakeholder Presentation

Final Products: Tip Sheets, Resource List, T-shirt Design





**Practicum Objective:**

The practicum group will develop a portfolio of recommended strategies for primary care practices to enhance their capacity to partner effectively with schools in the assessment and management of child/adolescent anxiety and/or depression into their care coordination and delivery.

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**I. Strategic stories from the ‘small group front’**

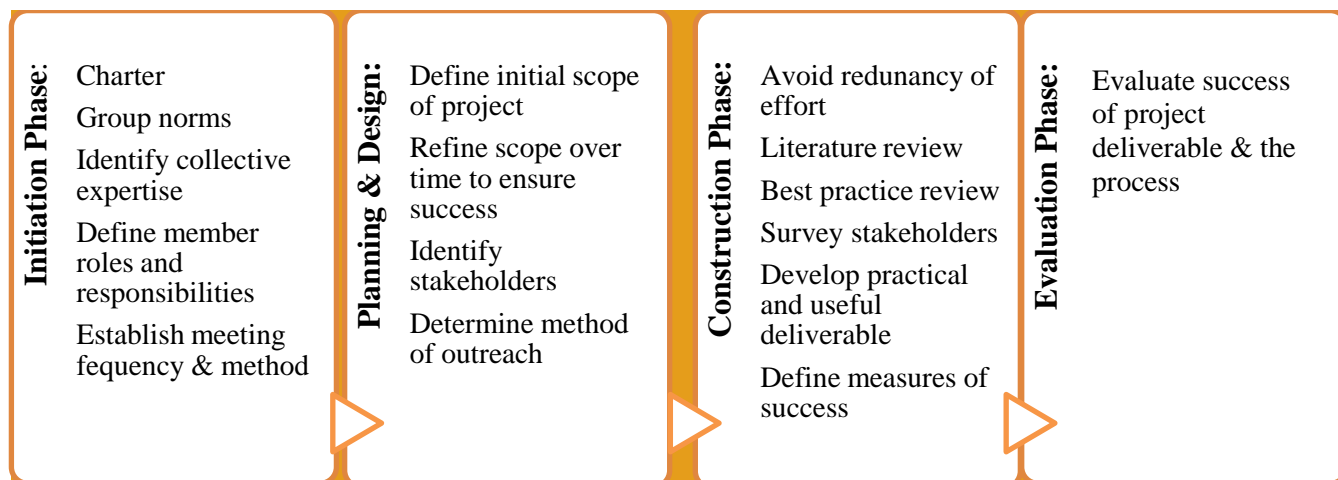
- quickly identified group charter, team member roles and project plan
- over time realized that project process had dual purpose:
  - development of leadership skills and how to work in a group
  - enhanced understanding of an important issue impacting the health of our youth population in Maine
- initially allowed extensive examination and discussion regarding the scope of the project

**II. Process Design**

**Pathway:** The group used a traditional project management approach with the following tenets in mind;

- leverage skill set of individual group members
- stay on task and within project scope
- maintain loyalty to evidence-based solutions
- avoid redundancy of effort through seeking to identify a best practice model

**Stakeholders:** We selected primary and secondary stakeholders who are involved in or impacted by the identification, experience and treatment of youth experiencing anxiety and depression. Stakeholders included primary care providers and care team members, school social workers and nurses, and parents of impacted youth.

**Project Management Process Map:**



### III. Problem/Challenge Definition

Primary care providers are increasingly implementing assessment tools to identify adolescents and young adults with anxiety and/or depression and are integrating behavioral health services within their practices or developing effective referral pathways to facilitate the effective treatment of these youth. Despite their mutual goals, primary care providers and schools are often not connecting about students they are concerned about. Better collaboration between primary care providers and schools has the potential to enable higher quality care for youth affected by anxiety and depression.

Data obtained through the group's research, best practice review and surveying of providers, care teams, school personnel and parents indicate the most common barriers to care coordination across the continuum include:

- restrictions on information sharing as a result of Maine's privacy rules
- understanding of one another's roles likely due to a lack of opportunity to develop relationships
- time restraints as a result of competing priorities

### IV. Vision of Success:

The group sought to develop a resource for primary care practices to enhance their capacity to partner effectively with schools in the assessment and management of youth anxiety and depression. We measured the success of our work both quantitatively and qualitatively, seeking to evaluate the effectiveness of our group dynamics in meeting targets as the alignment of our final deliverable to our initial goal.

### V. Approach to the Solution:

As mentioned, the group used a traditional project management approach focused on evidence-based solutions and leveraging existing best practice models. We discovered a document entitled '*Communication Matters: A guide for sharing information about a child's care*' that was developed by the Massachusetts Child Health Quality Coalition in June of 2014. Our final deliverable, a set of 'Tip Sheets' to improve communication across the continuum designed for parents, primary care providers and school personnel were modeled after this comprehensive guide. Edits were made to address areas that were identified through the stakeholder survey as barriers to communication and coordination.

### VI. Actions to Address Problems/Challenges/Strategic Moments:

Some challenges to identifying solutions to coordination of care across the continuum included:

- little research available on the topic
- difficult to scale best practice:
  - o wavering degrees of interpretation of privacy laws across stakeholders
  - o state specific variation in the privacy laws
- lack of centralized, public facing resource database

To overcome the barriers, the group narrowed the scope of the project to the single issue of improving communication among those involved in the identification and treatment of youth with anxiety and or depression. Time restraints were also an issue and for those who might continue this work, it is suggested that the solutions be identified and operationalized by folks closer to the actual work- for example primary care providers, school personnel and parents. Legal consult for interpretation of the privacy laws would also be of value.

### VII. Impact Statement:

The 'Tip Sheets' offer practical advice and are easily accessible to stakeholders. At one page in length, they are cheap and easy to reproduce. For continued impact, we recommend that the tip sheets be distributed and/or displayed in schools and in primary care offices.

### VIII. Learning/Insights: Overall, the group worked well together given time constraints inherent in extracurricular project work. We attribute our success to the development of relationships based on mutual trust and respect.





## **Youth Depression and Anxiety:**

**Improving Collaboration Between Schools and Primary Care**

## **Join Us**

R.I.S.E and WHY? Michelle

Our Authentic Self & Process - Deb

Vision of Success – Sue

Approach to a Solution and Actions – Greg

Impact: Tip Sheets - Sadel

Learnings and Insights - Cassie

Closing – Team R.I.S.E.





## Our Project



## Our Whys....





And...



## Our Authentic Self

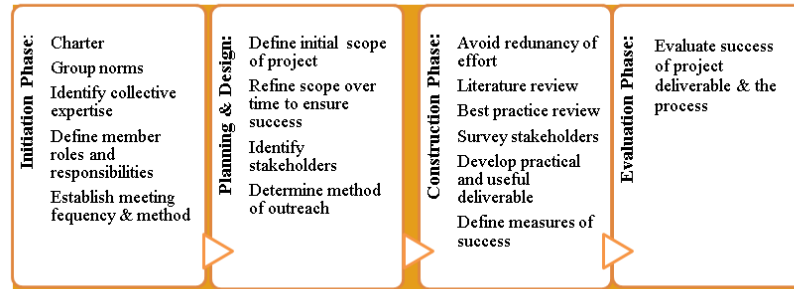


[He's my 'why'.....](#)



# Our Process

Project Management Process Map:



## Traditional project management

- leverage skill set of individual group members
- stay on task and within project scope
- maintain loyalty to evidence-based solutions
- avoid redundancy of effort through seeking to identify a best practice model



# Vision of Success

## Vision

- Not to assume
- Sought develop a resource
- Share with others

## Successes

- Effectiveness of our collaboration
- Develop a tool to be used as a resource
- Interest of others





# Approach to a Solution & Actions

- Our team's first action was to develop a team charter defining our goals and rules of procedure
- Roles were defined for each member
- Identifying the Problems → We did not want to assume we knew the problem
- Review and assess the survey results
- Searching for a Solution → We did not want to "reinvent the wheel"
- Solution → Tip sheets for key stakeholders (patients and families, schools and primary care providers) focusing on overcoming communication barriers
- Final Actions
  - Tip Sheets to be hosted on Maine Chapter of American Academy of Pediatrics website
  - Tip Sheets sent to our survey takers who requested follow up
  - Presentation for two key stakeholder groups: Maine Chapter of American Academy of Pediatrics and Maine School Counselors Association



## Impact: Tip Sheets





## Learnings and Insights

- *“Communication is at the heart of providing the very best, coordinated care for young people with mental illness. Battling over turf and who has the least or most time to coordinate a child’s care is counterproductive. With everything that parents have to handle in these situations, the child’s safety net (healthcare, school, behavioral health) MUST reinforce itself and ensure nothing essential falls through the cracks.”*
- *“Don’t let your perception of education and healthcare laws stand in your way of providing coordinated, patient-centered care for children with mental health challenges and illness. Educate yourself and then do what is in the best interest of the child. Most often, that is to TALK to others in the child’s support network!”*



## Why, Thank You



- We may have started from a different place, we may have grown to a different place, we may have donated to a different place...
- Our voices are collaborative, our voices are inclusive, our voices are transformational...
- Thank you for your Thursdays
- Thank you for your Fridays
- So little time, so much launched
- Thank you for helping us RISE...



## Exhibits



### Stakeholder Survey- Details

- 98 total respondents
  - Medical care team/physicians = 31%
  - School counselors = 39%
  - School nurses = 17%
  - Other = 3%

Characteristic	Medical Provider/Medical Care Team	School Personnel*
Geography	30% Southern Maine; rest evenly split - North, Central, Western	40% Central Maine; rest evenly split 10-12% North, Central, Western
Setting	Medical Practice, FQHC, small # at SBHC and schools	67% schools, 10% each FQHC/SBHC
Type of Area	17% Suburban; rest evenly split - Urban and Rural	60% Rural; rest evenly split – Urban and Suburban

\* counselors, nurses, social workers





## Results: Communication Preferences

	Medical Provider/Care Team Member*	School Personnel (counselors, nurses, social workers)*
<b>Best Person To Call</b>	38% identify the Care/Case Manager and/or Behavioral Health Clinician (LCSW) as the best person to communicate with on the medical team.  19% identify the APP/physician, nurse/MA as the best person to communicate with on the medical team.	45% identify the School Counselor as the best person to communicate with on the school team.  School Counselor AND the School Nurse was mentioned in written comments several times – collaborative approach
<b>How Best to Communicate</b>	32% of providers and care team members identify the telephone as the most effective means of communication with email as the second best at 23%	48% of school personnel identify the telephone as the most effective means of communication; with email as the second best at 23%

All mentioned that face-to-face is ideal; getting around the same table is the gold standard to shoot for!



## Results: Communication Barriers

Characteristic	Medical Provider/Care Team Member*	School Personnel (counselors, nurses, social workers)*
<b>Passion for the Work</b>	100% agreed or strongly agreed that they are passionate about improving collaboration between schools and primary care	99% (all but one) A/SA that they are passionate about improving collaboration between schools and primary care
<b>Frequency of Communication Barriers</b>	77% experience communication barriers	68% experience communication barriers
<b>Type of barriers?</b>	82% identify restrictions on information sharing/privacy laws 66% identify time constraints 45% identify access to school personnel	72% identify restrictions on information sharing/privacy laws 48% identify access to primary care team members 41% identify time constraints 34% identify access to parent/caregiver

\* = of those responding to the question





## Perspective of the Medical Team : IEP/504 Plans and Meetings

- Split on whether the **504 or IEP** plan provides valuable information about a patient's depression or anxiety, but several comments indicated **they could be helpful if summary sheets** with high-level information/treatment plans were described by each sector.
- **Meetings**
  - 57% would be willing to send a representative to a 504 or IEP meeting
  - Challenges:
    - No reimbursement
    - Lost RVUs
    - Time away from patient care
  - Opportunities:
    - Web/conference call options
    - Hosting meetings outside of traditional “office hours”



## Perspective of School Personnel:

- Need more communication from the medical teams regarding student hospitalizations/extended inpatient stays/discharge plans from day treatment.
- Would value increased identification of their expertise and the significance of their clinical perspective as school counselors/social workers/nurses.
- Appreciate when medical team initiates release of information.
- Would encourage medical care team/mental health providers to encouraging families to be more open with schools about children's needs.





Learning Objective 3

## **OPPORTUNITIES TO IMPROVE COLLABORATION**

### **Opportunities to Improve Collaboration**

- Increased engagement of school nurses as a part of the equation – students with mental health concerns are frequent fliers with somatic complaints.
- Encourage face to face meetings between the medical care teams and school personnel whenever possible.
- Increase the use/acceptance of email or alternative methods of communication (rather than telephone).
- Develop hotlines.
- Improve the interoperability of electronic health records with school records.





## Opportunities to Improve Collaboration

- More time and support to optimize communications;
  - reimbursement for time spent
- Encourage parents to sign releases!
- Reduce legal burden of sharing mental health information for the purposes of care coordination between providers and school teams.
- Standardized documentation format/template to use between settings.
- Ensure EVERYONE caring for the child has copies of 504/IEP plans.
- Care coordinators/behavioral health clinicians at each medical practice.



## In Your Own Words

“When healthcare teams provide detailed diagnoses and recommendations for educational learning plans, schools are able to conduct more effective student support team meetings; in which the schools are able to more thoroughly communicate (and ultimately implement) medical recommendations to any staff working with the student. This also allows school counselors to actively collaborate with the healthcare team in the implementation of additional recommendations as the student improves with treatment.”





## Your Shared Goals

**“It is unusual, but when it does happen, good communication between doctors, therapists, and school counselors is a huge benefit to helping a student.”**

**“Whole health treatment, comprehensive care”  
for every student/patient, every time.”**



## Resources

### For Parents:

- A guide for sharing information about a child's care for parents, schools and healthcare providers: [http://www.masschildhealthquality.org/wp-content/uploads/2014/06/Communication\\_Matters1.pdf](http://www.masschildhealthquality.org/wp-content/uploads/2014/06/Communication_Matters1.pdf)
- The Parents' How-to Guide to Children's Mental Health Services: [http://www.bostonbar.org/docs/default-document-library/bbaguide\\_2011update\\_2.pdf](http://www.bostonbar.org/docs/default-document-library/bbaguide_2011update_2.pdf)
- A parent's guide to Section 504 in Public Schools <http://www.greatschools.org/gk/articles/section-504-2/>
- Section 504 Sample Accommodations and Modifications [http://cca.columbiastate.edu/Faculty/2010\\_Examples\\_of\\_Program\\_Accommodations.pdf](http://cca.columbiastate.edu/Faculty/2010_Examples_of_Program_Accommodations.pdf)
- FDA: Don't Leave Childhood Depression Untreated: <https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm413161.htm>
- Anxiety and Depression Association of America: <https://www.adaa.org/living-with-anxiety/children/anxiety-and-depression>
- Worry Wise Kids – a site designed to help parents teach their kids to be worry wise: <http://www.worrywisekids.org/>
- National Federation of Families for Children's Mental Health <http://www.ffcmh.org/>
- National Institute for Health statistics on any anxiety disorder among children: <https://www.nimh.nih.gov/health/statistics/prevalence/any-anxiety-disorder-among-children.shtml>
- National Institute for Health statistics on major depression among adolescents: <https://www.nimh.nih.gov/health/statistics/prevalence/major-depression-among-adolescents.shtml>
- National Institute for Health – Antidepressant Medications for Children and Adolescents: Information for Parents and Caregivers: <https://www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health/antidepressant-medications-for-children-and-adolescents-information-for-parents-and-caregivers.shtml>





## Resources

### For Schools:

- A guide for sharing information about a child's care for parents, schools and healthcare providers: [http://www.masschildhealthquality.org/wp-content/uploads/2014/06/Communication\\_Matters1.pdf](http://www.masschildhealthquality.org/wp-content/uploads/2014/06/Communication_Matters1.pdf)
- Depression: Supporting Students at School: [https://www.nasponline.org/Documents/Resource%20and%20Publications/Handouts/Families%20and%20Educators/Depression\\_Supporting\\_Students\\_at\\_School.pdf](https://www.nasponline.org/Documents/Resource%20and%20Publications/Handouts/Families%20and%20Educators/Depression_Supporting_Students_at_School.pdf)
- Responding to a Student's Depression – Strategies for helping to identify students: <http://www.ascd.org/publications/educational-leadership/oct10/vol68/num02/Responding-to-a-Student's-Depression.aspx>
- How School Counselors can help teenagers overcome social anxiety: <https://www.anxiety.org/school-counselors-help-teens-overcome-social-anxiety>
- What school counselors need to know about adolescent anxiety: <http://www.slideshare.net/teenmentalhealth/anxiety-disorders-what-school-counselors-need-to-know>
- How to best present information to a student's PCP: [http://www.integration.samhsa.gov/integrated-care-models/hrsa-supported-safety-net-providers/The\\_Two\\_Sentence\\_CurbSide\\_Consult.pdf](http://www.integration.samhsa.gov/integrated-care-models/hrsa-supported-safety-net-providers/The_Two_Sentence_CurbSide_Consult.pdf)
- Sample accommodations for anxious kids: <http://www.worrywisekids.org/node/40>
- Anxiety Disorders Association of America – Anxiety Disorders in Children: <https://www.schoolcounselor.org/asca/media/asca/ASCAU/Anxiety-Stress-Management-Specialist/AnxietyDisordersinChildren.pdf>

### For Healthcare Providers:

- A guide for sharing information about a child's care for parents, schools and healthcare providers: [http://www.masschildhealthquality.org/wp-content/uploads/2014/06/Communication\\_Matters1.pdf](http://www.masschildhealthquality.org/wp-content/uploads/2014/06/Communication_Matters1.pdf)
- AACAP Official Action – Practice Parameter for the Assessment and Treatment of Children and Adolescents With Depressive Disorders: [http://www.jaacap.com/article/S0890-8567\(09\)62053-0/pdf](http://www.jaacap.com/article/S0890-8567(09)62053-0/pdf)
- AACAP Official Action – Practice Parameter for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders: [http://www.jaacap.com/article/S0890-8567\(09\)61838-4/pdf](http://www.jaacap.com/article/S0890-8567(09)61838-4/pdf)



*“The Hanley Experience has nurtured within me, a sense of confidence in the inevitability of my success, while at the same time offering me the necessary tools to maintain a state of nimbleness that will enable me to change course as needed as I pursue that success.”*

*“The Hanley experience represented permission to take the time required to decisively examine my leadership style and effectiveness; thus offering me the opportunity to create a mission and vision statement that reflects my core professional and personal values. As a result, I am a more intentional and mindful leader with a clear understanding of my goals, my strengths and my opportunities.”*





## **Full Credit Disclosure: RISE Team Members**

- Cassandra Cote Grantham, MA
- Michelle Bragg, MBA, MSHCPM
- Sadel Davis, LCPC
- Sue Devoe, RN BSN CPHQ
- Greg Urban, Admin Maine Vets Home
- Deb McGill, RN BSN
- Susan Guerrette, BSN, RN, Esq.,CCM





## Stakeholder Survey

### Verbiage for cover letter of survey

Subject line for email: FEEDBACK REQUEST: Short Survey on Youth Depression and Anxiety

Greetings,

As members of a team within the Daniel Hanley Center's Health Leadership Development (HLD) Program, we are writing to ask for your help as we collect information to assist us with a project. Each year, approximately 30 healthcare professionals participate in the HLD program to gain knowledge and learn new and effective leadership approaches. We focus on a current healthcare challenge, and project teams form to develop tools and solutions to address that challenge. This year's topic is Anxiety and Depression in Maine's Youth.

You (and/or your organization) have been identified as a knowledgeable stakeholder who could help shape our project team's work to identify effective strategies and best practices to help primary care providers better collaborate with schools to identify and coordinate care for youth with anxiety and depression.

**We would greatly appreciate it if you would complete this short survey and ask your colleagues to participate as well. We are hoping to collect as much information as possible.** By participating, you will increase Maine's knowledge base regarding this complex issue, and identify opportunities for improved care coordination and better outcomes for youth with mental health challenges.

We ask that you complete this 5 minute survey by Friday, February 3<sup>rd</sup>, and sincerely appreciate your feedback on this important topic. If you provide your contact info at the end of the survey, we will share the survey results once our project is completed this Spring.

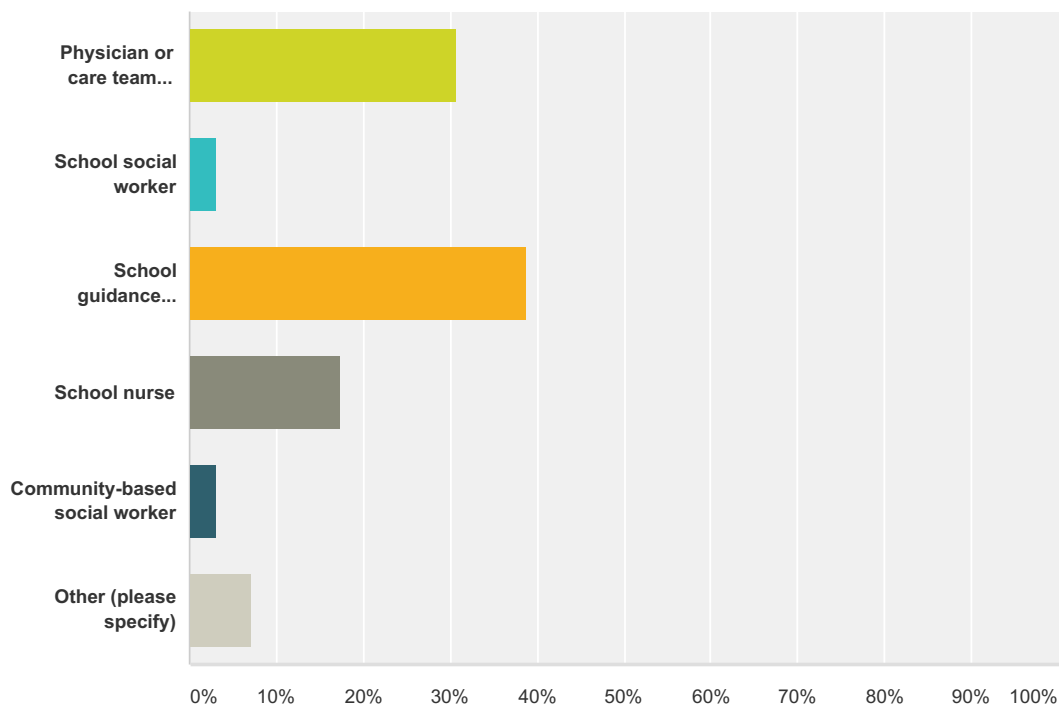
If you have questions, please contact XXX.

*Thank you for your participation and support!*



## Q1 Please select your role in identifying and treating children and adolescents with anxiety and/or depression:

Answered: 98 Skipped: 0



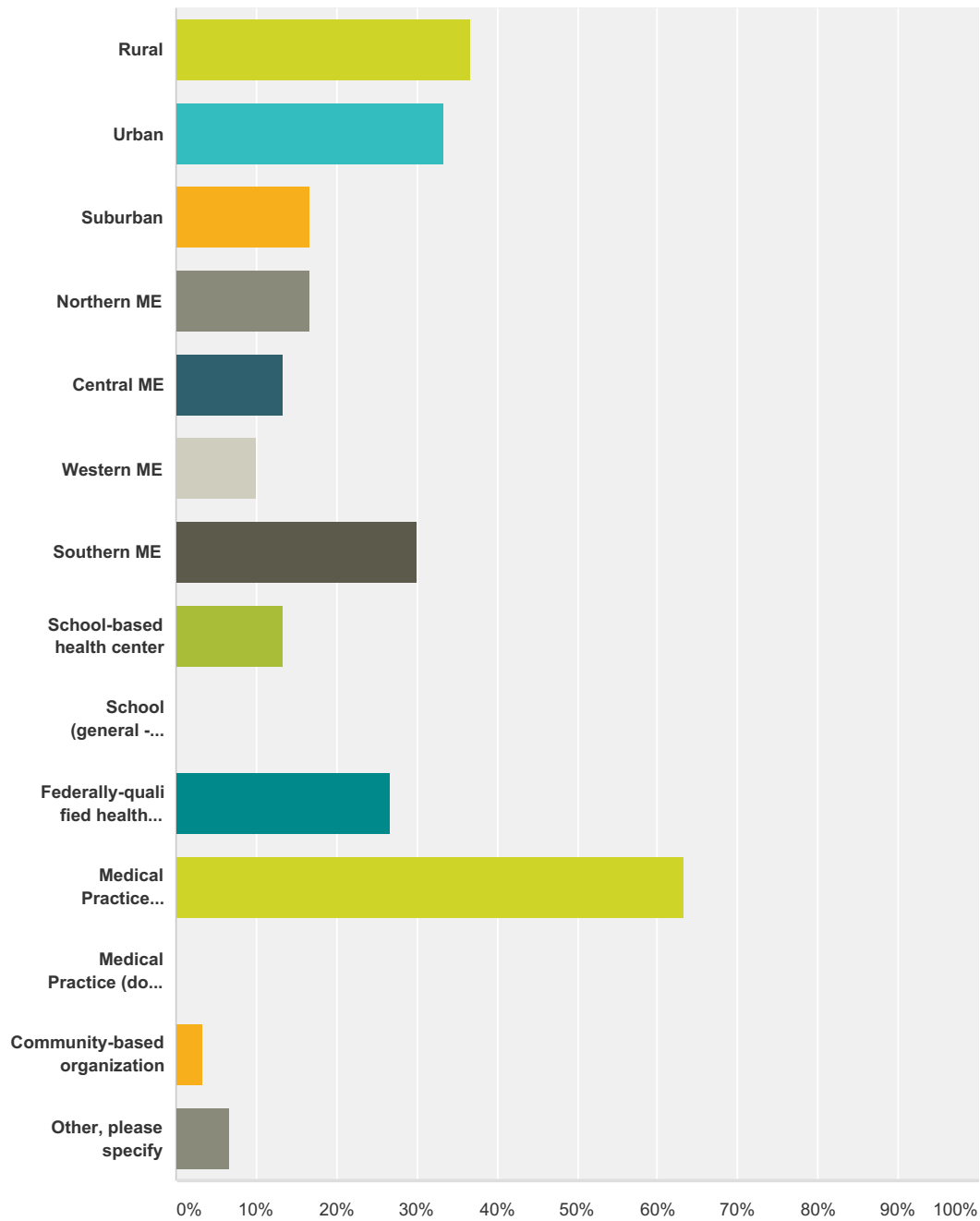
Answer Choices	Responses
Physician or care team member	30.61% 30
School social worker	3.06% 3
School guidance counselor	38.78% 38
School nurse	17.35% 17
Community-based social worker	3.06% 3
Other (please specify)	7.14% 7
<b>Total</b>	<b>98</b>

#	Other (please specify)	Date
1	manager of SBHC	1/30/2017 9:24 AM
2	I do not actually treat. I am a systems administrator working on funding and systems to provide care.	1/26/2017 12:27 PM
3	Researcher	1/26/2017 11:19 AM
4	FNP	1/25/2017 7:01 PM
5	school based clinical counselor	1/25/2017 9:47 AM
6	Pediatric Nurse Practitioner	1/25/2017 9:36 AM
7	Counselor Intern at University of Maine counseling center	1/24/2017 11:00 AM



Q2 Characterize the setting in which you work (select all that apply):

Answered: 30 Skipped: 68



Answer Choices		Responses	
Rural		36.67%	11
Urban		33.33%	10
Suburban		16.67%	5
Northern ME		16.67%	5



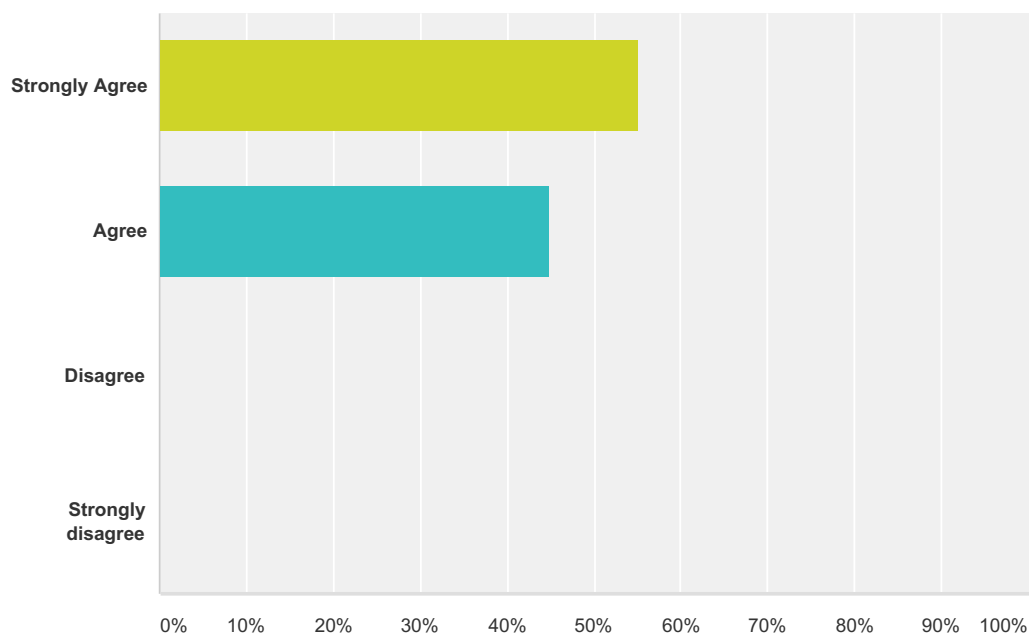
Central ME	13.33%	4
Western ME	10.00%	3
Southern ME	30.00%	9
School-based health center	13.33%	4
School (general - choose if you are a school nurse, social worker, psychologist or guidance counselor)	0.00%	0
Federally-qualified health center	26.67%	8
Medical Practice (accepts MaineCare)	63.33%	19
Medical Practice (does NOT accept MaineCare)	0.00%	0
Community-based organization	3.33%	1
Other, please specify	6.67%	2
Total Respondents: 30		

#	Other, please specify	Date
1	Eastern Maine	1/29/2017 2:18 PM
2	Inpatient medicine	1/25/2017 10:13 AM



**Q3 I am passionate about improving collaboration between medical providers and school personnel to better identify and treat children and adolescents with depression and/or anxiety.**

Answered: 29 Skipped: 69



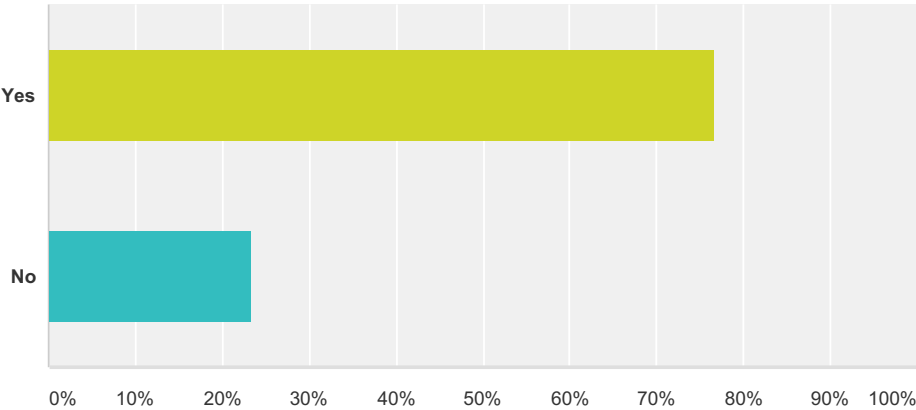
Answer Choices	Responses
Strongly Agree	55.17% 16
Agree	44.83% 13
Disagree	0.00% 0
Strongly disagree	0.00% 0
<b>Total</b>	<b>29</b>

#	Comment on why you answered how you did (if you feel comfortable doing so).	Date
1	This is an extremely important determinant of overall health	2/1/2017 10:05 AM
2	I am passionate about improving care for and better identifying children with mood disorders. I feel that it is hard enough to maintain communication with community-based counselors, psychiatrists, psychologists, case managers, CDS workers, DHHS workers and teachers that adding to that list would be challenging - but I agree that it's a worthwhile endeavor if we can put together a user-friendly platform to do so.	1/25/2017 2:08 PM



Q4 Do you experience communication barriers with other care providers when co-treating a child or adolescent with anxiety or depression?

Answered: 30 Skipped: 68

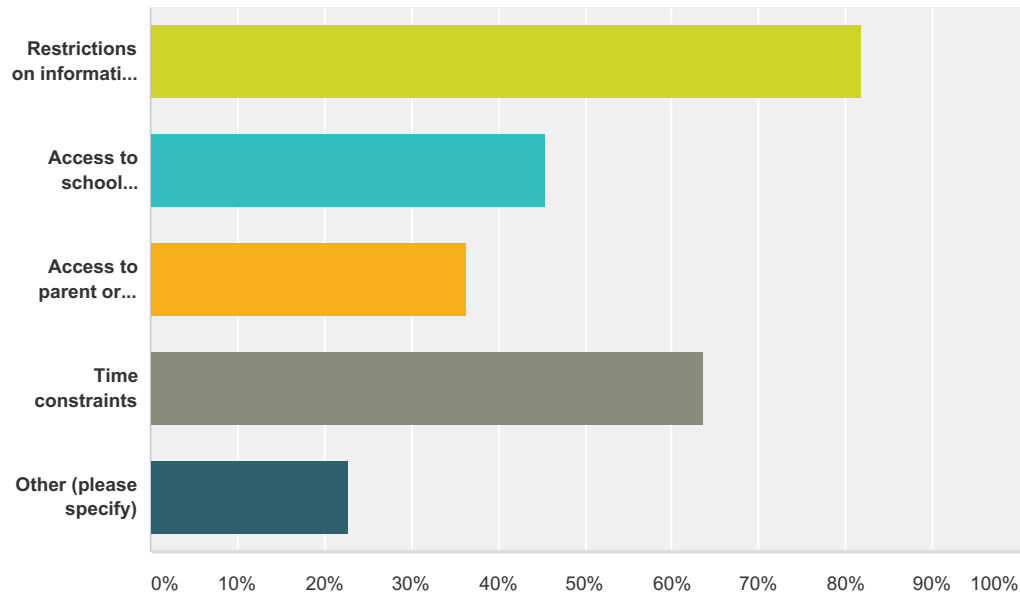


Answer Choices	Responses	
Yes	76.67%	23
No	23.33%	7
Total		30



### Q5 What are the most significant communication barriers you experience (select all that apply)?

Answered: 22 Skipped: 76



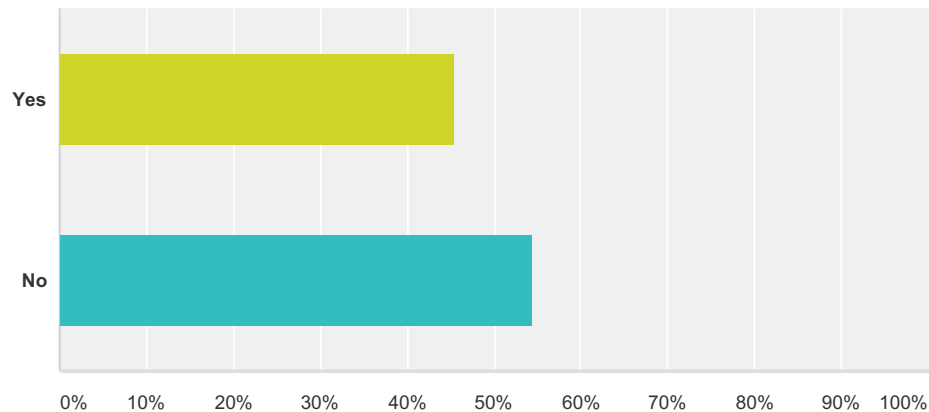
Answer Choices	Responses
Restrictions on information sharing/privacy laws	81.82% 18
Access to school personnel	45.45% 10
Access to parent or caregiver/guardian	36.36% 8
Time constraints	63.64% 14
Other (please specify)	22.73% 5
Total Respondents: 22	

#	Other (please specify)	Date
1	inaccurate interpretation of privacy laws by mental health professionals, or not routinely sending info to PCP even when a release has been signed	1/26/2017 7:17 PM
2	Psychiatric providers not sending updates	1/26/2017 10:28 AM
3	Often we have ROIs signed for schools that get faced but they can't be found or other logistical things like that. The MAIN barrier honestly is that teachers, school nurses, administrators, etc seem unwilling to engage in conversation with us outside of normal school hours. I will often leave a message with my personal cell phone number and encourage them to call back at any time - but they never call. It takes lots of "stalking" to get in touch with them. It seems they don't share the same ethical principles that keep us at our jobs for hours after seeing patients.	1/25/2017 2:13 PM
4	Limited communications from Mental Health providers	1/25/2017 10:52 AM
5	there does not appear to be investment in creating an integrated approach to caring for children's care	1/24/2017 1:12 PM



### Q6 Does the special education, disability or behavioral plan (IEPs or 504 plan) provide valuable information regarding your pediatric and adolescent patients with depression and/or anxiety?

Answered: 22 Skipped: 76



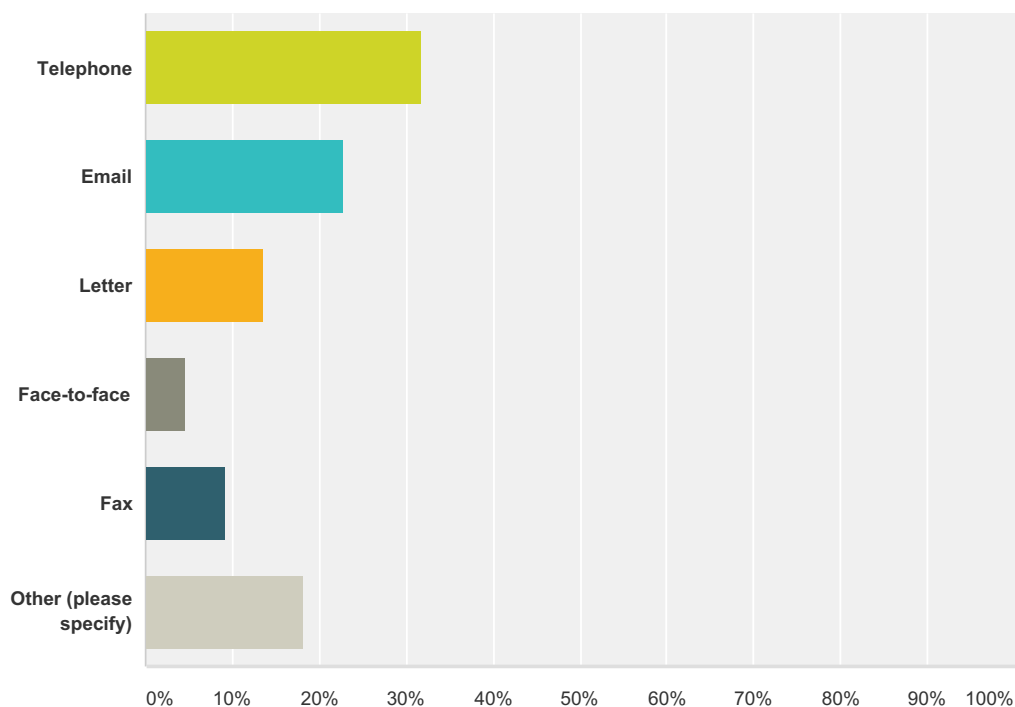
Answer Choices	Responses
Yes	45.45% 10
No	54.55% 12
<b>Total</b>	<b>22</b>

#	What could be changed or condensed to improve the accessibility of information (e.g. checklist, goals of plan, summary cover sheet, high-level findings highlighted, and/or other)?	Date
1	Yes,problem list,checklist,goals of plans of treatment with various providers,.	1/26/2017 10:14 PM
2	any of the above	1/26/2017 7:17 PM
3	Sending it to me	1/26/2017 10:28 AM
4	I have never had even a copy of a 504 plan. Anything would be an improvement. Some kids have them and the parents do not even understand of know the details of their own child's plan.	1/26/2017 7:03 AM
5	Summary cover sheet would be most helpful and overall plan for patient.	1/25/2017 5:29 PM
6	A summary sheet with updates on IEP or 504 plans	1/25/2017 4:19 PM
7	Make them a lot shorter with a summary cover sheet	1/25/2017 10:30 AM
8	No longer an outpatient provider, but it has been my experience that IEPs take a while to read. When I was a resident we needed a training session on how to read them. I think a summary cover sheet that highlights findings would make coordination of care easier.	1/25/2017 10:19 AM
9	need to request records when a review is necessary	1/25/2017 10:06 AM
10	I have not seen these plans in children with these diagnoses	1/25/2017 9:56 AM
11	to invite providers or reps to the meetings	1/24/2017 1:12 PM



### Q7 What is the best way for the school to communicate with you regarding a pediatric or adolescent patient with anxiety and/or depression?

Answered: 22 Skipped: 76



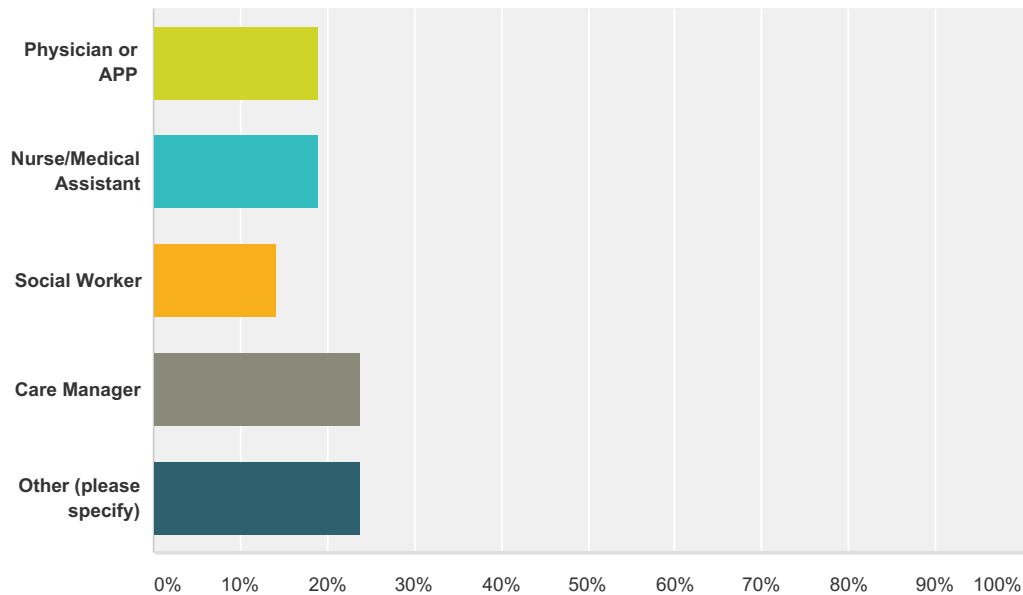
Answer Choices	Responses
Telephone	31.82% 7
Email	22.73% 5
Letter	13.64% 3
Face-to-face	4.55% 1
Fax	9.09% 2
Other (please specify)	18.18% 4
<b>Total</b>	<b>22</b>

#	Other (please specify)	Date
1	variety of ways could work	1/26/2017 7:17 PM
2	Any	1/25/2017 2:13 PM
3	letter but telephone if urgent	1/25/2017 9:56 AM
4	all of the above	1/24/2017 1:12 PM



Q8 Who should school personnel communicate with at your office?

Answered: 21 Skipped: 77



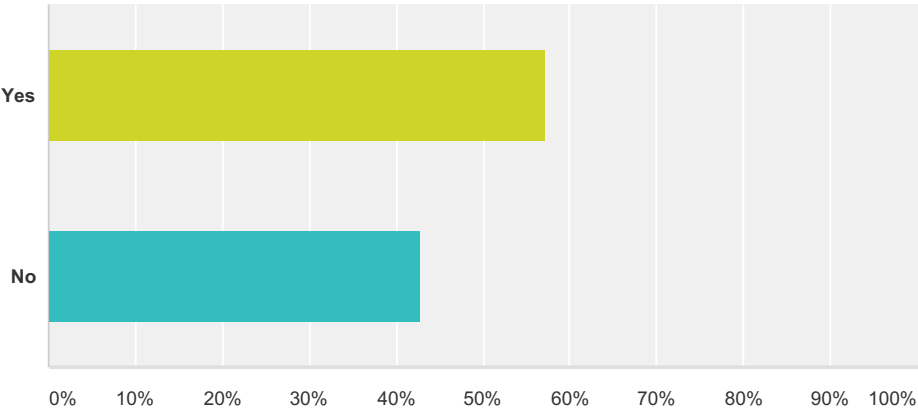
Answer Choices	Responses
Physician or APP	19.05%4
Nurse/Medical Assistant	19.05%4
Social Worker	14.29%3
Care Manager	23.81%5
Other (please specify)	23.81%5
Total	21

#	Other (please specify)	Date
1	any of the above depending on the situation and who is involved in the patient's care	1/26/2017 7:17 PM
2	Triage nurse	1/26/2017 10:28 AM
3	A case worker or a Medical assistant if they don't have one	1/25/2017 4:19 PM
4	Any	1/25/2017 2:13 PM
5	Ideally a social worker if we had one, otherwise myself	1/25/2017 9:45 AM



**Q9 Would you or another representative from your office be willing to attend school-based meetings for a patient's special education or behavioral plan (IEP or 504)?**

Answered: 21   Skipped: 77

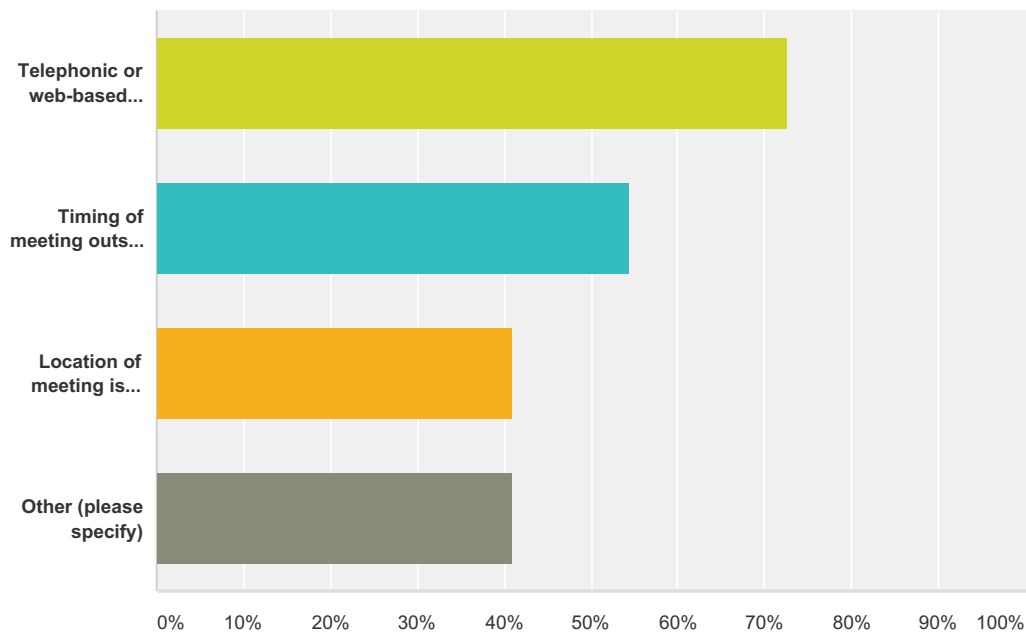


Answer Choices	Responses	
Yes	57.14%	12
No	42.86%	9
Total		21



## Q10 What would help you attend a 504 or IEP meeting (select all that apply)?

Answered: 22 Skipped: 76



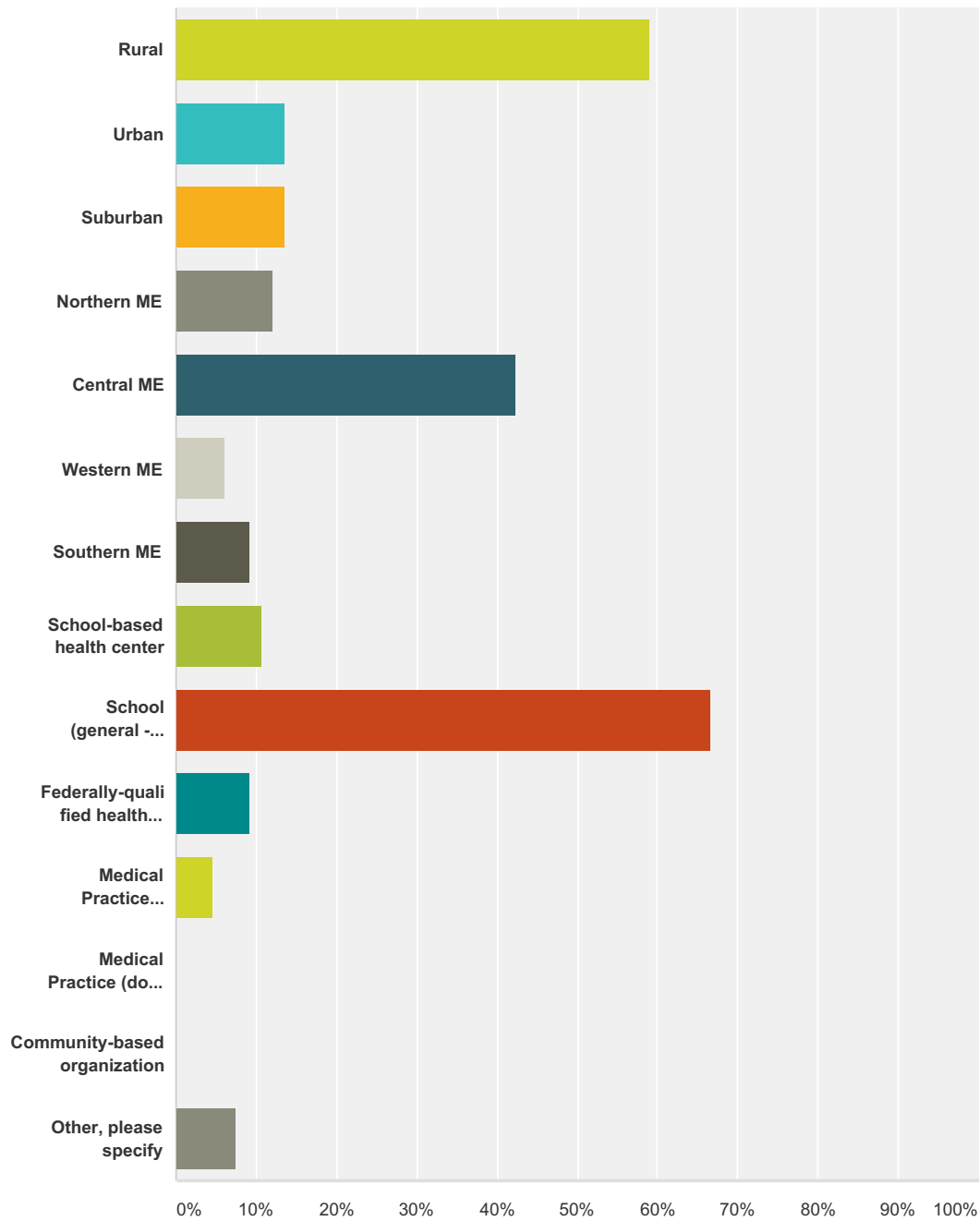
Answer Choices	Responses
Telephonic or web-based participation options	72.73% 16
Timing of meeting outside of patient office hours	54.55% 12
Location of meeting is close to my medical office	40.91% 9
Other (please specify)	40.91% 9
Total Respondents: 22	

#	Other (please specify)	Date
1	reimbursement for attendance of office SW	1/31/2017 5:06 PM
2	Time consuming in conflict with office time to see patients who needs medical care,plus time spent in IEP and or 504 plan is not reimbursable.	1/26/2017 10:14 PM
3	reimbursement (and RVUs) for attending, otherwise cannot take time out of the office	1/26/2017 7:17 PM
4	time is the number one barrier. I just do not have time. I have so many kids in my practice with 504 plans that this could be a full time job attending meetings.	1/26/2017 7:03 AM
5	Realistically we can rarely do this. We are happy to participate during part of the meeting or review the plan afterwards and offer our thoughts.	1/25/2017 2:13 PM
6	Reimbursement code	1/25/2017 10:52 AM
7	I do attend IEP and 504 plan meetins	1/25/2017 10:06 AM
8	support for this: time and being able to bill	1/25/2017 9:56 AM
9	Time to do so	1/25/2017 9:45 AM



Q11 Characterize the setting in which you work (select all that apply):

Answered: 66 Skipped: 32



Answer Choices	Responses	
Rural	59.09%	39
Urban	13.64%	9
Suburban	13.64%	9
Northern ME	12.12%	8



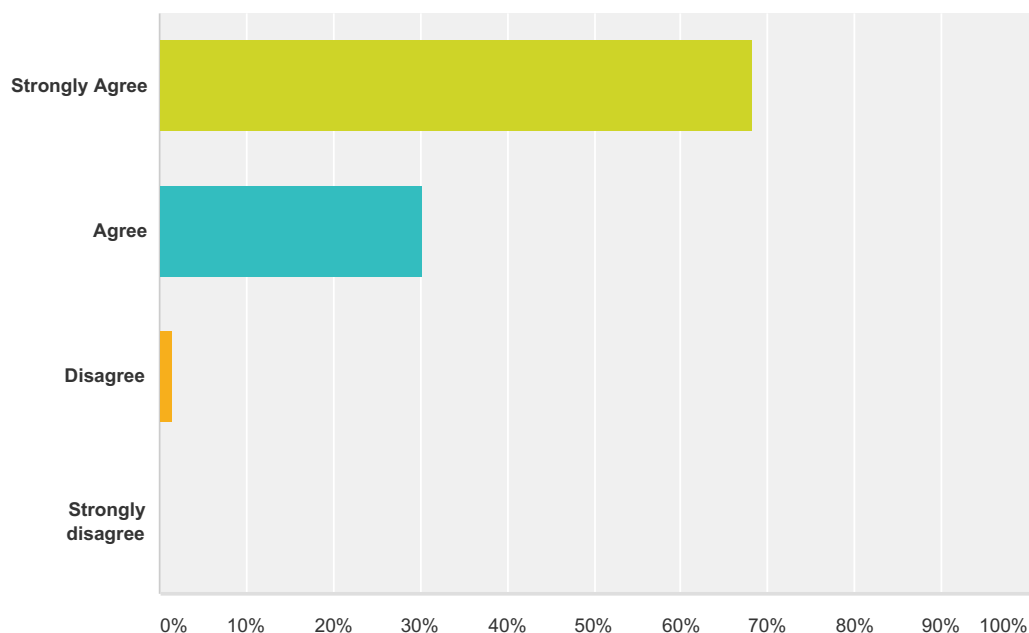
Central ME	42.42%	28
Western ME	6.06%	4
Southern ME	9.09%	6
School-based health center	10.61%	7
School (general - choose if you are a school nurse, social worker, psychologist or guidance counselor)	66.67%	44
Federally-qualified health center	9.09%	6
Medical Practice (accepts MaineCare)	4.55%	3
Medical Practice (does NOT accept MaineCare)	0.00%	0
Community-based organization	0.00%	0
Other, please specify	7.58%	5
Total Respondents: 66		

#	Other, please specify	Date
1	Superintendent's Office	1/26/2017 12:35 PM
2	Pediatric/Adolescent weight management clinic	1/25/2017 9:37 AM
3	downeast maine	1/24/2017 1:21 PM
4	Down East	1/24/2017 10:55 AM
5	Please note that guidance counselors are now called school counselors	1/24/2017 10:52 AM



**Q12 I am passionate about improving collaboration between medical providers and school personnel to better identify and treat adolescents with depression and/or anxiety.**

Answered: 66 Skipped: 32



Answer Choices	Responses
Strongly Agree	68.18% 45
Agree	30.30% 20
Disagree	1.52% 1
Strongly disagree	0.00% 0
<b>Total</b>	<b>66</b>

#	Comment on why you answered how you did (if you feel comfortable doing so).	Date
1	I find this to be a slow and steady, ongoing process.	2/7/2017 8:21 AM
2	It makes up a huge part of my job.	2/6/2017 8:05 PM
3	Need to know, privacy factors, HIPPA, FERPA, etc. barriers	2/3/2017 11:18 AM
4	The more we can share information, the more assistance we can provide our students.	1/31/2017 11:33 AM
5	So many of my students are struggling with anxiety and or depression. It is critical that health care providers and school personnel work together to treat this issue.	1/29/2017 4:40 PM
6	Students are presenting with anxiety in kindergarten. In grades K-5, our school counselors reported seeing 18% of students enrolled for symptoms of depression, anxiety, suicidal ideations, and self-harm. The conflict we face is that we have professionals whose positions are not designed to provide therapeutic care, on the front lines working with students who often need one on one counseling. The system in Maine is not meeting the need.	1/26/2017 12:35 PM

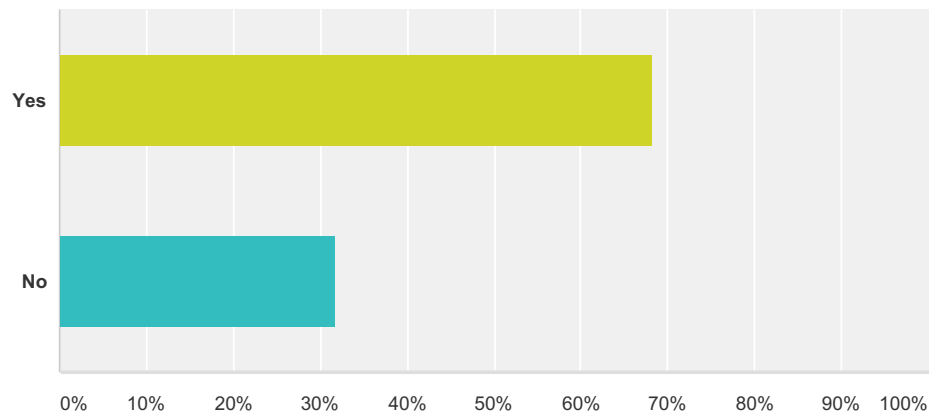


7	I believe that collaboration & communication between all parties is the best way to put all of the "pieces of the puzzle" together. We all experience different aspects of the student & putting them all together is the best way to provide accurate care.	1/26/2017 11:43 AM
8	There is not enough collaboration to provide continuity of care	1/24/2017 2:41 PM
9	We work closely with health staff at the University	1/24/2017 11:01 AM
10	depression and/or anxiety are serious maladies and need to be treated by medical professionals	1/24/2017 11:00 AM
11	I think collaboration would help strengthen connections and opportunities for students dealing with anxiety/depression	1/24/2017 10:22 AM



**Q13 Do you experience communication barriers with other care providers when co-treating a child or adolescent with anxiety or depression?**

Answered: 66 Skipped: 32

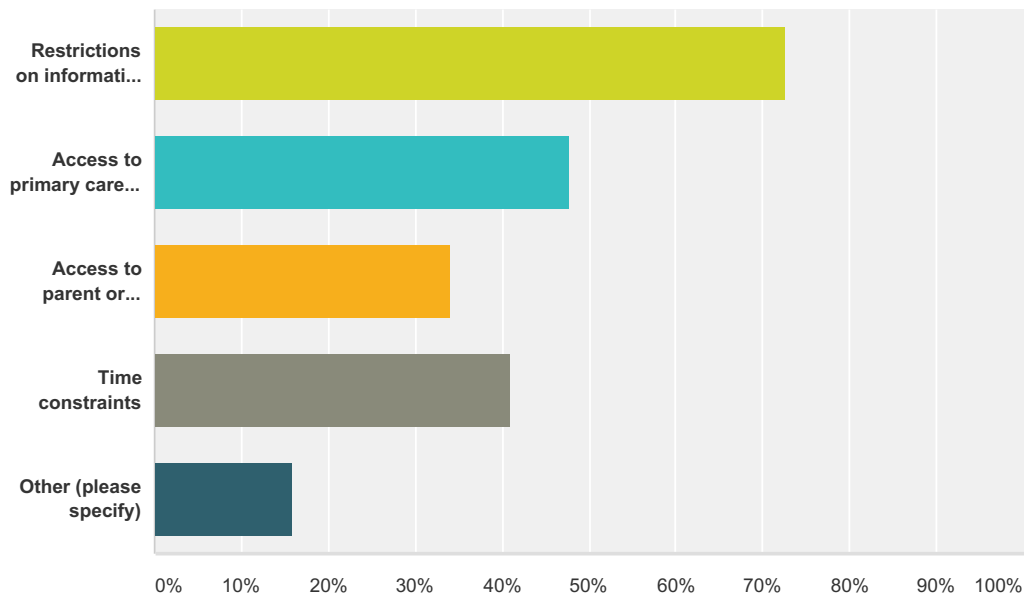


Answer Choices	Responses	
Yes	68.18%	45
No	31.82%	21
Total		66



### Q14 What are the most significant communication barriers you experience (select all that apply)?

Answered: 44 Skipped: 54



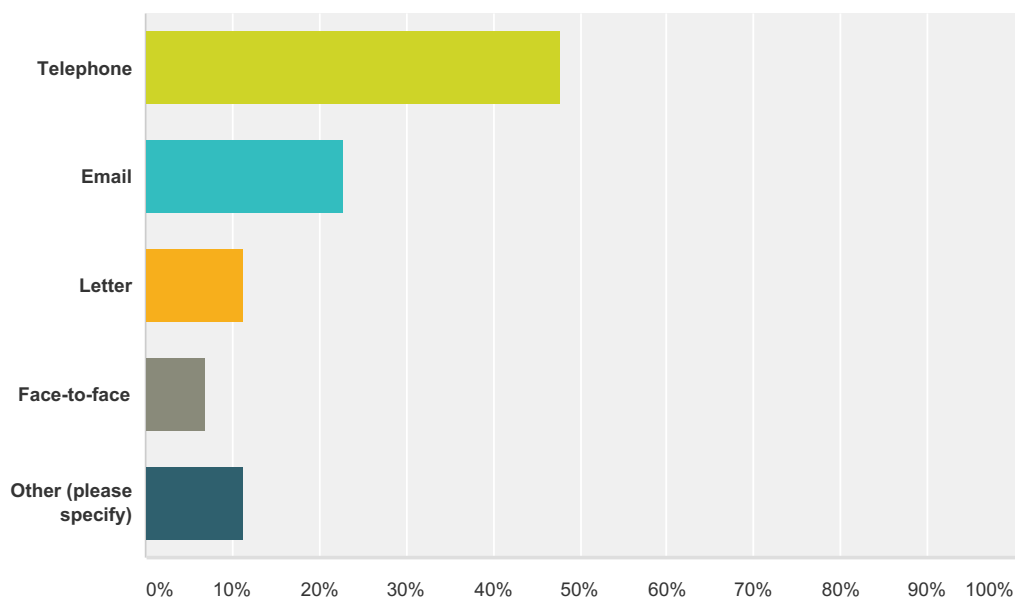
Answer Choices	Responses
Restrictions on information sharing/privacy laws	72.73% 32
Access to primary care provider	47.73% 21
Access to parent or caregiver/guardian	34.09% 15
Time constraints	40.91% 18
Other (please specify)	15.91% 7
Total Respondents: 44	

#	Other (please specify)	Date
1	scheduling conflicts, PCPs not on the same EMR	1/30/2017 9:26 AM
2	Two way communications. Even is consent is obtained. Lack of coordination and collaboration is a barrier.	1/26/2017 2:13 PM
3	Our nurses and counselors are frustrated with the lack of communication, especially if a student has been out for hospitalizations.	1/26/2017 12:37 PM
4	Lack of communication with providers when student is inpatient at Acadia	1/25/2017 1:44 PM
5	clinical opinion dismissed	1/25/2017 9:49 AM
6	no communication from the provider to the school counselor. parents are always asked to tell the provider to call the school counselor	1/24/2017 7:06 PM
7	Lack of thorough communication and collaboration	1/24/2017 10:51 AM



### Q15 What is the best way for primary care providers to communicate with you regarding a pediatric or adolescent patient with anxiety and/or depression?

Answered: 44 Skipped: 54



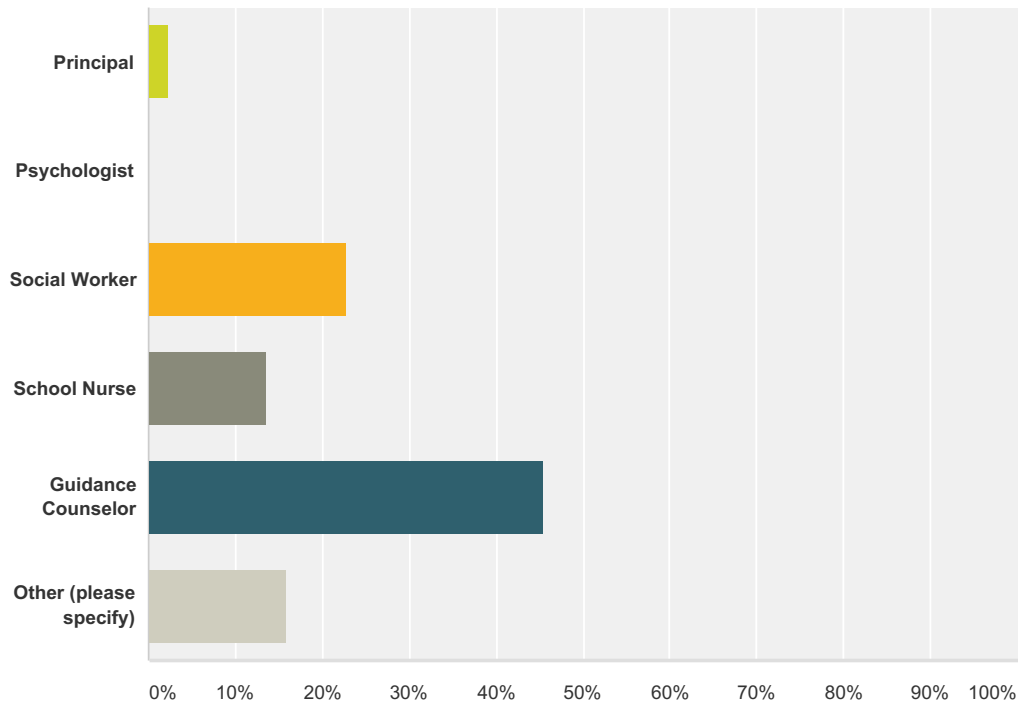
Answer Choices	Responses
Telephone	47.73% 21
Email	22.73% 10
Letter	11.36% 5
Face-to-face	6.82% 3
Other (please specify)	11.36% 5
<b>Total</b>	<b>44</b>

#	Other (please specify)	Date
1	Phone/email/ or letter as appropriate to the situation	2/3/2017 10:16 AM
2	EMR	1/30/2017 9:26 AM
3	All - any would be better than what is in place now	1/26/2017 12:37 PM
4	I would say email simply because playing phone tag can be frustrating, otherwise I prefer phone call	1/25/2017 7:37 AM
5	email and telephone	1/24/2017 7:06 PM



## Q16 Who should primary care providers and care teams contact at your school or organization about students' mental health?

Answered: 44 Skipped: 54



Answer Choices	Responses
Principal	2.27% 1
Psychologist	0.00% 0
Social Worker	22.73% 10
School Nurse	13.64% 6
Guidance Counselor	45.45% 20
Other (please specify)	15.91% 7
<b>Total</b>	<b>44</b>

#	Other (please specify)	Date
1	School Nurse AND Guidance counselor. School nurse's are the "catch all" but often work with little or no information when it goes to Guidance, only.	2/3/2017 10:58 AM
2	School nurse or guidance counselor depending on who is in the building	2/3/2017 10:16 AM
3	Not sure yet. This should be part of larger systems discussion.	1/26/2017 12:37 PM
4	No applicable/I'm a provider at a medical office	1/25/2017 7:54 PM
5	me	1/25/2017 9:49 AM
6	School Counselor: I think that providers don't have a good idea about what a school counselor does. Guidance is a minor part of our day to day work so providers might not understand that this is an outdated term. School Counseling looks nothing like the OLD guidance systems of long ago	1/24/2017 7:06 PM



7	both counselor and school nurse	1/24/2017 1:20 PM



## Q17 What's working well when schools and healthcare teams collaborate and communicate about this topic?

Answered: 82 Skipped: 16

#	Responses	Date
1	There is respect for each party's role and beyond that individual respect for each one's practice and experience.	2/7/2017 8:26 AM
2	We have counselors on site from KBH and this makes collaboration easy. It's a win-win situation for all concerned.	2/6/2017 8:11 PM
3	The student is able to stay in school and focus on their academic career.	2/6/2017 8:49 AM
4	Students are better prepared to learn if their needs are addressed in a collaborative approach.	2/3/2017 1:20 PM
5	Continuity of Care! More desired outcome.	2/3/2017 11:21 AM
6	Meetings with professional staff, such as 504s/staffings	2/3/2017 10:59 AM
7	We can make good plans for the school day to support the student.	2/3/2017 10:26 AM
8	Student needs are better understood if adequate communication exists between schools, parents and providers.	2/3/2017 10:20 AM
9	It certainly helps to have specific information on a student and their mental health in order to give the student as much support during the school day as possible to help them succeed and decrease absenteeism.	2/3/2017 9:58 AM
10	Students receive total care from all of the team members to make sure they are physically and mentally healthy	2/3/2017 9:39 AM
11	calls from the school	2/2/2017 10:16 PM
12	When communication occurs it is often helpful to ensure patients are getting appropriate care in all settings in their lives	2/1/2017 10:08 AM
13	When open communications exist, better care is delivered to the patient.	1/31/2017 5:09 PM
14	Non school health professionals are often unaware of how school systems work, and also much about the families that school counselors and nurses may be aware of.	1/31/2017 11:34 AM
15	Coordination brings in better use and availability of services	1/31/2017 9:55 AM
16	I would say that it allows for the student to have a holistic approach to care by their providers when collaboration happens on this topic. The better able we are to coordinate our services, the better served students will be.	1/30/2017 9:28 AM
17	Students are getting the necessary support and understanding that they desperately need. Many of these students have attendance issues and therefore need support academically as well as emotionally. If school and healthcare teams work together, then the students have the best chance of their needs being met.	1/29/2017 4:44 PM
18	energy to help kids	1/29/2017 3:26 PM
19	Cannot say	1/29/2017 3:00 PM
20	School nurses are eager to connect/collaborate.	1/29/2017 2:36 PM
21	scheduling and sparse number of persons available to assist	1/27/2017 1:21 PM
22	I have not had much interaction with this at this point in my career.	1/27/2017 11:11 AM
23	don't know	1/26/2017 7:17 PM
24	We have better treatment for students because we are working together. We can coordinate efforts and strategies	1/26/2017 2:34 PM
25	The student is better served when ALL are involved.	1/26/2017 2:18 PM
26	Unified care plan - ideally if schools were on an EMR that connected with PCPs and hospitals, it would make this work seamless.	1/26/2017 12:38 PM
27	What works well when all "players" can communicate, is the child can receive an accurate diagnosis (if appropriate) and a multi-disciplinary approach to treatment.	1/26/2017 11:47 AM
28	We can better support students at school when health care providers let us know what their needs are.	1/26/2017 11:24 AM



29	Sharing news about risks through the use of standardized risk assessment tools.	1/26/2017 11:20 AM
30	Faster connection to services, sharing resources	1/26/2017 10:31 AM
31	Consistent messaging and treatment; school social worker supporting other out-of-school treatment.	1/26/2017 8:25 AM
32	students are supported by teachers, nurse, guidance which increases school attendance, improves academic functioning, improves peer and social interactions. Students feel less isolated and they are more apt to reach out for support when they know they are "wrapped" by supportive adults. Furthermore, teachers receive education and understanding is improved that these aren't "lazy kids", but kids with a hidden disability.	1/26/2017 8:10 AM
33	I have found school nurses to be extremely accessible, receptive and helpful on this issue	1/26/2017 7:23 AM
34	I am not aware of collaboration presently so I cannot comment	1/26/2017 7:04 AM
35	School has eyes on the student, can capture them for contact via guidance/social worker, etc.	1/25/2017 7:56 PM
36	fluid care treatment with counseling.	1/25/2017 7:04 PM
37	Very little interaction-still in silos.	1/25/2017 5:30 PM
38	Improvement of an overall plan for the child and ways his PCP can help.	1/25/2017 4:20 PM
39	when a conversation can occur, if it is clear and succinct, it is helpful	1/25/2017 4:19 PM
40	We get suggestions from medical personnel on how best to help students.	1/25/2017 3:10 PM
41	everyone on the same page. if changes are necessary for a specific student, they can usually be easily addressed	1/25/2017 2:25 PM
42	I appreciate the recognition that schools know we care and want to get involved	1/25/2017 2:14 PM
43	When there is communication with healthcare providers to have a continuity of care.	1/25/2017 1:46 PM
44	full communication reduces reliance on (sometimes biased) parent reports	1/25/2017 1:40 PM
45	School-based clinical counselors on premises, effective and streamlined referral procedures, standardized and simplified releases. Fluid and continuous electronic and phone communication with parents and others, flexibility within small school setting to make minor accommodations to support students in school routines, as well as short cycle activation of 504 or other student supports as needed.	1/25/2017 12:21 PM
46	co-management of complicated patients. Sharing of information	1/25/2017 12:05 PM
47	better care; consistency	1/25/2017 10:53 AM
48	Our organization having an LCSW in the school helps and the presence of a SBHC helps significantly.	1/25/2017 10:47 AM
49	Rarely happens	1/25/2017 10:31 AM
50	I do have good communication with most schools, sometimes hard to get information or find a central contact	1/25/2017 10:07 AM
51	being able to connect on the phone with a school mental health provider, when needed, is very helpful	1/25/2017 9:57 AM
52	students receive coordinated treatment	1/25/2017 9:53 AM
53	Open communication	1/25/2017 9:45 AM
54	Collaboration and coordination of services	1/25/2017 9:39 AM
55	I am not sure	1/25/2017 9:37 AM
56	When healthcare teams provide detailed diagnosis and recommendations for educational learning plans for their patients, schools are then able to conduct student support team meetings which are able to communicate and implement the recommendations to any staff working with the student as well as school guidance counselors are able to actively collaborate with the healthcare team to implement additional recommendations as the client improves with treatment.	1/25/2017 8:47 AM
57	The student benefits from collaboration and a team-focused approach	1/25/2017 8:32 AM
58	It is unusual but when it does happen, good communication between doctors, therapists, and school counselors is a huge benefit in helping a student	1/25/2017 8:14 AM
59	Both sides are better able to provide care for the children when they are informed.	1/25/2017 7:59 AM
60	We can make sure we are supporting the students with the same goals, skills---we are on the same team	1/25/2017 7:38 AM
61	Student needs begin to be met, 504 plans are created, etc.	1/24/2017 8:22 PM



62	wrap around services are put in place, there isn't a double over do of services, schools aren't doing one thing and health care another. also students spend 7-8 hours a day in school so know what they do during that time is critical: refusal to go to class, refusal to do work, refusal to come to school, peer aggression, is reported to the magnitude is should be.	1/24/2017 7:08 PM
63	Students can return to or remain in school, access their education as well as ongoing outpatient care.	1/24/2017 2:57 PM
64	Some shared communication with therapists via phone/face to face and also 504 plan meetings	1/24/2017 2:50 PM
65	Continuity of care and smooth transition back to school (if being reintegrated from a care facility)	1/24/2017 2:43 PM
66	Attending IEPs	1/24/2017 1:36 PM
67	I think anytime there is direct communication with providers and school staff it works well rather than making the parents the messenger of "my doctor/counselor said the school should do this..."	1/24/2017 1:23 PM
68	Rural area so providers know each other and can connect easily.	1/24/2017 1:22 PM
69	????	1/24/2017 1:18 PM
70	there is a full picture of the child which leads to better health and educational outcomes	1/24/2017 1:13 PM
71	I am not currently collaborating with a healthcare team.	1/24/2017 12:59 PM
72	n/a	1/24/2017 12:20 PM
73	Whole health treatment, more comprehensive care	1/24/2017 11:03 AM
74	when needed outside agencies contact schools counselors - however this does not happen often	1/24/2017 11:01 AM
75	we work as a team	1/24/2017 10:58 AM
76	Outside services are available to support family when the child isn't receiving supports put in place at school. The child has supports in all domains.	1/24/2017 10:56 AM
77	Regularly sharing information about the student and having collaborative agreements with outside mental health professionals to provide services at school.	1/24/2017 10:56 AM
78	Students can receive 504 plans that help	1/24/2017 10:55 AM
79	we can provide the best treatment for kid	1/24/2017 10:37 AM
80	Release of information forms that the providers are giving to clients/parents.	1/24/2017 10:37 AM
81	Supporting the student fully by connecting home with school.	1/24/2017 10:24 AM
82	Student and families get real help.	1/23/2017 10:48 AM



## Q18 What opportunities exist to improve communication?

Answered: 82 Skipped: 16

#	Responses	Date
1	Providers are few in my area but I've rarely if ever met one who didn't truly want to improve the care available for kids and adolescents. All parties need more time and administrative resources.	2/7/2017 8:26 AM
2	School nurses work closely with the school physician. We also have a Health Center Advisory Committee that meets several times a year to address issues such as these.	2/6/2017 8:11 PM
3	So much information is passed between several people working with the student (if at all) that I'm never 100% of the accuracy I'm getting from that information.	2/6/2017 8:49 AM
4	School nurse is often left out of the communication. Students with mental health needs are very frequent visitors to the nurse with somatic complaints. It would improve care in the nurse office if we know they are struggling with mental health issues.	2/3/2017 1:20 PM
5	Remove Barriers that prevent it! Access being one of them.	2/3/2017 11:21 AM
6	Info should be enabled across multi school departments	2/3/2017 10:59 AM
7	don't know	2/3/2017 10:26 AM
8	Meetings with health care providers, parents and school staff such as IEP meetings, 504 reviews	2/3/2017 10:20 AM
9	Phone calls, email communication (if permitted by privacy laws), written letter from PCP with direct contact information and invitation to contact.	2/3/2017 9:58 AM
10	Outside providers contacting the school (school nurse) with any information to keep everyone in the loop of what is happening with the student.	2/3/2017 9:39 AM
11	eventual links to EPIC	2/2/2017 10:16 PM
12	Could be better standardized so it is not contingent on the personality of school or medical office personnel	2/1/2017 10:08 AM
13	Reduce barriers to communications; increase email or alternative communication methods other than telephone.	1/31/2017 5:09 PM
14	Outreach through professional and community organizations.	1/31/2017 11:34 AM
15	Development of hot lines	1/31/2017 9:55 AM
16	Electronic Health Links are starting to develop that allow for further information sharing. Electronic Medical Records have also improved our ability to collaborate.	1/30/2017 9:28 AM
17	Everyone, doctors and school staff are extremely busy, but everyone needs to make the time to have these important conversations.	1/29/2017 4:44 PM
18	time limitations make it hard to connect	1/29/2017 3:26 PM
19	Cannot say	1/29/2017 3:00 PM
20	As a general systems challenge, pediatric providers need more time and support to optimize such communication. It is impossible to see 20-30 patients per day and be expected to connect with community stakeholders on such problems. Hospitals should provide paid community time and/or more administrative time to providers to help address these health problems on a more global level. Insurances should support/demand this. States and country should address the burnout pressure from excessive electronic documentation, with inadequate face-to-face and non-face-to-face follow-up time patient time, concomitant with expectations that providers do more to coordinate/communicate care with community/schools. A 360 degree approach to this problem of adolescent depression is necessary to solve it. Hanley could take the lead in bringing stakeholders to the table, addressing systemic solutions to adolescent depression, as a model for other health challenges. The system needs to invest in cost effective prevention strategies for pediatrics health problems, with like minded/True North directional support from all components of the healthcare system.	1/29/2017 2:36 PM
21	staffing improvements in the school esp social work and guidance	1/27/2017 1:21 PM
22	Not sure.	1/27/2017 11:11 AM
23	don't know	1/26/2017 7:17 PM



24	encouraging parents to sign releases so schools and healthcare teams can communicate. Healthcare teams reach out to schools to provide information on depression and anxiety.	1/26/2017 2:34 PM
25	PCPs and Mental Health providers need to be more proactive in supporting and encouraging families to communicate with school nurses, & guidance counselors about a child's needs.	1/26/2017 2:18 PM
26	Not sure	1/26/2017 12:38 PM
27	Opportunities for scheduling all players to meet & have open communication.	1/26/2017 11:47 AM
28	I'm not sure.	1/26/2017 11:24 AM
29	Studying risk assessment results such as RAAPS	1/26/2017 11:20 AM
30	Concise calls, emails or letters	1/26/2017 10:31 AM
31	More pervasive signing of releases to collaborate!	1/26/2017 8:25 AM
32	Printed information sent to doctor's offices, re: importance of communication	1/26/2017 8:10 AM
33	Streamline mechanisms for communication	1/26/2017 7:23 AM
34	Wide open	1/26/2017 7:04 AM
35	Waiting for releases can slow communication. Schools and medical office are all overburdened, so it's hard to keep up with an ideal amount of communication.	1/25/2017 7:56 PM
36	more lenient restrictions regarding transfers of mental health info between providers.	1/25/2017 7:04 PM
37	Frequently do not get copies of the IEP's.	1/25/2017 5:30 PM
38	Currently none.	1/25/2017 4:20 PM
39	a standardized format for communication on these issues	1/25/2017 4:19 PM
40	A sped up release of information exchange	1/25/2017 3:10 PM
41	having healthcare workers initiate a release of information for communication to occur. often a person in the school setting initiates this	1/25/2017 2:25 PM
42	Lots!	1/25/2017 2:14 PM
43	School Counselor is available to communicate with providers to provide the best care possible	1/25/2017 1:46 PM
44	free up lines of communication	1/25/2017 1:40 PM
45	Significant problems arise when families do not perceive there is a concern or when interventions are simply avoided by truancy (with school's hands tied), or by escape into home schooling-which may or may not actually be followed through. Some of our kids are simply disappearing, and there is no evidence they are continuing to be educated. Also, students at risk emotionally and socially due to anxiety and depression can disappear from school, decline any and all services, and become totally homebound or worse, and no one can intervene. There is no one noticing if they are self-harming or at risk of doing so. More often than not, Ms and HS students who are home schooling are doing so with no one at home during most of their day. Once a student enrolls in an online and withdraws from day school enrollment, we do not even have the right to alert others if a risk exists. Please do not interpret this as a wholesale condemnation of home schooling. For some students it works fine, and they maintain both accountability and social connectedness through other venues. But there are students becoming invisible, and of those I have watched fade from sight, I have reason to often suspect anxiety, depression, or other risk factors.	1/25/2017 12:21 PM
46	Need more access to mental health records	1/25/2017 12:05 PM
47	Involve PCP to greater extent.	1/25/2017 10:53 AM
48	More consistent collaboration with outside mental health agencies.	1/25/2017 10:47 AM
49	Need to know contact people.	1/25/2017 10:31 AM
50	Better communication about behavior in the classroom, some school districts are very strict and don't provide information to us	1/25/2017 10:07 AM
51	increasing this communication (e.g. periodic updates, etc.)	1/25/2017 9:57 AM
52	Medical community recognizing counselor's expertise and releases of information	1/25/2017 9:53 AM
53	More communication, specifically what services are available and progress reports.	1/25/2017 9:45 AM



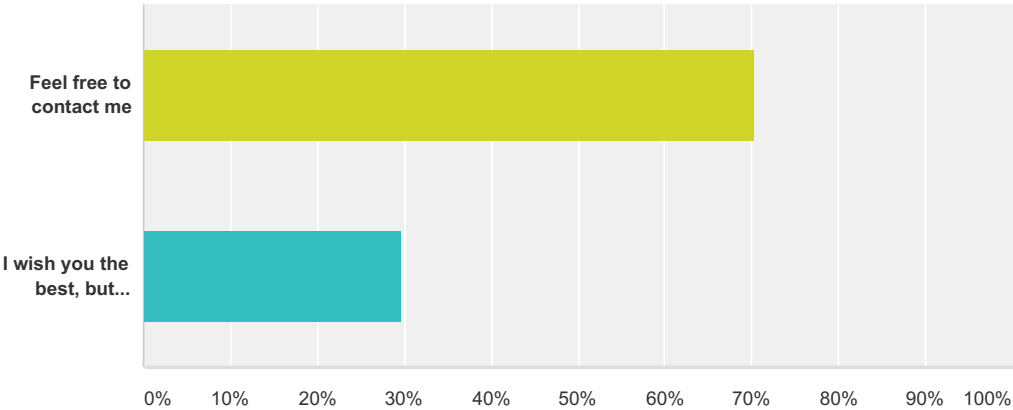
# Collaborating About Adolescent Anxiety and Depression - Schools and Healthcare Together

54	care coordinator at each site	1/25/2017 9:39 AM
55	Better letters from school and psych providers	1/25/2017 9:37 AM
56	Ready made guidance counselor staff listings are available for healthcare team to begin the work of collaboration. Guidance counselor staff can make themselves available for professional meetings with healthcare teams to make out collaboration and communication efforts.	1/25/2017 8:47 AM
57	Anything is an improvement. There is already a lack of communication between PCPs, therapists, and school.	1/25/2017 8:32 AM
58	developing relationships with local providers prior to an actual case has proven helpful	1/25/2017 8:14 AM
59	There are now many forms of communication available so there is something for everyone. Email works very well for many people, like me, who's schedule is unpredictable.	1/25/2017 7:59 AM
60	unsure	1/25/2017 7:38 AM
61	The school is often completely unaware of a students' mental health struggles	1/24/2017 8:22 PM
62	I am not sure. keep calling	1/24/2017 7:08 PM
63	I believe that there need to be more resources (people) to reduce caseloads, and provide higher quality care. One service should not be discontinued with a plan in place for the next step. I.E. students in day treatment programs should not be discharged and returned to school without the school's knowledge and support, or without a solid transition plan. It seems that sometimes kids are discharged with no ongoing treatment; to me, if a kid is in a day treatment program, it stands to reason that they probably require some ongoing care/treatment/therapy after discharge.	1/24/2017 2:57 PM
64	Above however I find prescribing MDs are less available	1/24/2017 2:50 PM
65	Attend collaborative meetings to discuss a plan for this to happen, more networking through meetings	1/24/2017 2:43 PM
66	IEP meetings, face to face meetings	1/24/2017 1:36 PM
67	Release of information forms allowing schools and providers to exchange information, meetings or conference calls with providers, but with parents in the loop.	1/24/2017 1:23 PM
68	Less medication and more therapy// therapy alternatives (art,outdoor,leadership etc...)	1/24/2017 1:22 PM
69	technology can help	1/24/2017 1:18 PM
70	There are many opportunities however, it seems the first step is sitting down at the table together	1/24/2017 1:13 PM
71	Encourage families to sign a release so healthcare teams can call school social workers and or guidance counselors.	1/24/2017 12:59 PM
72	Better collaboration	1/24/2017 12:20 PM
73	Having services together in one place. More ease with releases and time for communication would be helpful.	1/24/2017 11:03 AM
74	I do not really see the need for improvement	1/24/2017 11:01 AM
75	not clear	1/24/2017 10:58 AM
76	Open dialogue with the family around the benefits of communication between PCP/providers and the school.	1/24/2017 10:56 AM
77	Establishing a collaborative meetings between outside of school mental health providers and school counselors	1/24/2017 10:56 AM
78	Phone, email,	1/24/2017 10:55 AM
79	we should know when a student receives inpatient care	1/24/2017 10:37 AM
80	Local collaboration.	1/24/2017 10:37 AM
81	Parental involvement/support	1/24/2017 10:24 AM
82	Set up a meeting where we can all meet and discuss issues.	1/23/2017 10:48 AM



Q19 Would it be okay if we contacted you in the future for more information regarding this topic?

Answered: 81 Skipped: 17

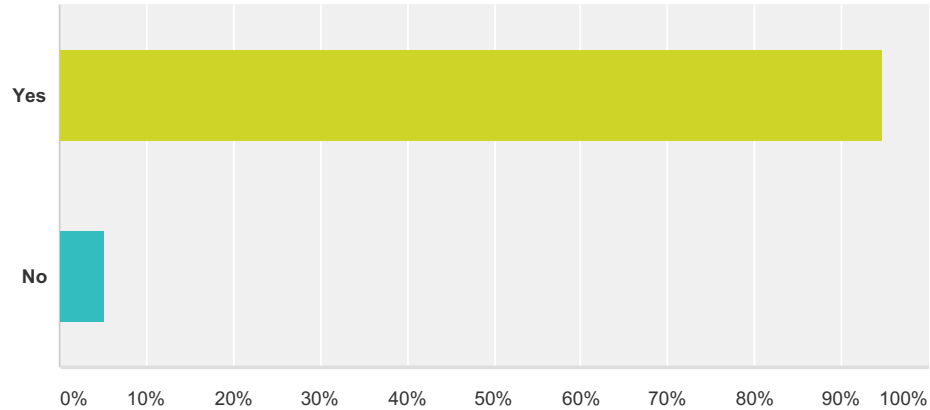


Answer Choices	Responses	
Feel free to contact me	70.37%	57
I wish you the best, but prefer not to be contacted again.	29.63%	24
Total		81



Q20 Would you be interested in receiving a summary of our project's outcomes this Spring?

Answered: 57   Skipped: 41



Answer Choices	Responses	
Yes	94.74%	54
No	5.26%	3
Total		57



## Youth Depression and Anxiety: Improving the Collaboration between Schools and Primary Care



### What brought us together?

- Individuals completing the Daniel Hanley Center for Health Leadership's program
- Selection of a topic/problem to solve
- Work through several months to develop tools and solutions to improve the care related to our topic.

#### Today's Presenters

- Cassandra Cote Grantham, MA
- Michelle Bragg, MBA, MSHCPM
- Sadel Davis, LCPC
- Sue Devoe, RN BSN CPHQ



## Anxiety and Depression in Maine's Youth



## Our Project



## WHY?

What is your why?



## Learning Objectives

- Data review from a recent survey sent to key stakeholders (school counselors, primary care team members, and social workers)
- Discuss lessons learned from best practice literature review
- Participate in a world café method of dialogue that will discuss barriers and strengths to effective collaboration



Learning Objective 1

Survey Results



## Who responded?



- 98 total respondents
  - Medical care team/physicians = 31%
  - School counselors = 39%
  - School nurses = 17%
  - Other = 3%
- Demographics

Characteristic	Medical Provider/Medical Care Team	School Personnel*
Geography	30% Southern Maine; rest evenly split - North, Central, Western	40% Central Maine; rest evenly split 10-12% North, Central, Western
Setting	Medical Practice, FQHC, small # at SBHC and schools	67% schools, 10% each FQHC/SBHC
Type of Area	17% Suburban; rest evenly split - Urban and Rural	60% Rural; rest evenly split – Urban and Suburban

\* counselors, nurses, social workers

## What is working well right now?

- When specific information on students' mental health is shared with the school, they get as much support during the day as possible
- Collaboration allows for a holistic approach to care for students
- When all players communicate, student receives an accurate diagnosis and a multi-disciplinary approach to treatment in all settings
- Use of standardized risk assessment tools
- School-based counselors on premises





## What is working well right now?

- Fluid and continuous electronic and phone communication with parents and others
- Short cycle activation of 504 plans/individual student supports
- Effective and streamlined referral procedures
- Standardized and simplified releases
- Flexibility to make minor accommodations to support students in school routines
- Having an LCSW and SBHC in the school



## Communication Preferences

	Medical Provider/Care Team Member*	School Personnel (counselors, nurses, social workers)*
<b>Best Person To Call</b>	#1 Care/Case Manager and/or Behavioral Health Clinician (LCSW) (38%) #2 APP/physician, nurse/MA (split evenly – 19%)	School Counselor (45%) School Counselor AND the School Nurse was mentioned in written comments several times – collaborative approach
<b>How Best to Communicate</b>	#1 Telephone (32%) #2 Email (23%)	#1 Telephone (48%) #2 Email (23%)

All mentioned that face-to-face is ideal; getting around the same table is the gold standard to shoot for!

\* = of those responding to the question





## Barriers to Collaboration between Primary Care and Schools

Characteristic	Medical Provider/Care Team Member*	School Personnel (counselors, nurses, social workers)*
<b>Passion for the Work</b>	100% agreed or strongly agreed that they are passionate about improving collaboration between schools and primary care	99% (all but one) A/SA that they are passionate about improving collaboration between schools and primary care
<b>Communication Barriers</b>	77% experience communication barriers	68% experience communication barriers
<b>What are the barriers?</b>	82% - restrictions on information sharing/privacy laws 66% - time constraints 45% - access to school personnel	72% - restrictions on information sharing/privacy laws 48% - access to primary care team members 41% - time constraints 34% - access to parent/caregiver

\* = of those responding to the question



## Perspective of the Medical Team – IEP/504 Plans and Meetings

- Split on whether the **504 or IEP** plan provides valuable information about a patient's depression or anxiety, but several comments indicated **they could be helpful if summary sheets** with high-level information/treatment plans were described by each sector
- Meetings
  - 57% would be willing to send a representative to a 504 or IEP meeting
  - Challenges:
    - No reimbursement
    - Lost RVUs
    - Time away from patient care
  - Opportunities:
    - Web/conference call options
    - Hosting meetings outside of traditional "office hours"





## Perspective of School Personnel

- Lack of communication regarding hospitalizations/extended inpatient stays/discharge plans from day treatment
- Medical community doesn't always recognize the expertise and clinical perspective of school counselors/social workers/nurses
- Appreciate when medical team initiates release of information
- Medical team/mental health providers proactively encouraging families to be more open with schools about children's needs



## Opportunities to Improve Collaboration

- Don't leave school nurses out – students with mental health concerns are frequent fliers with somatic complaints
- Meetings with all parties – face-to-face if possible to start
- Reduce barriers to communication; increase use/acceptance of email or alternative methods (rather than telephone)
- Electronic health record/school record interfaces





## Opportunities to Improve Collaboration

- More time and support to optimize communications; providers should be paid administrative/community time to help address these types of problems on a global level
- Encourage parents to sign releases as soon as possible!
- More lenient restrictions to transfer mental health info between providers
- Standardized format/template to use between settings
- Ensure EVERYONE caring for the child has copies of 504/IEP plans
- Care coordinators/behavioral health clinicians at each medical practice



## In Your Own Words

“When healthcare teams provide detailed diagnoses and recommendations for educational learning plans, schools are able to conduct student support team meetings which are able to communicate and implement recommendations to any staff working with the student and school counselors are able to actively collaborate with the healthcare team to implement additional recommendations as the student improves with treatment.”

*~ School Counselor from Survey*





## **Your Shared Goal**

**“It is unusual, but when it does happen, good communication between doctors, therapists, and school counselors is a huge benefit to helping a student.”**

**“Whole health treatment, comprehensive care”  
for every student/patient, every time**



Learning Objective 2

Lessons Learned



# Lessons Learned



# Tip Sheets

**Tip for Parents**

**General Question to Ask Schools and Primary Care Providers**

**Questions to Ask the Child, Youth, and Family**

**Questions to Ask the Primary Care Team**

**Legal Need to Know**

**Dealing with Depression and Anxiety through the eyes of a parent...**

**Rights of a Minor**

**Legal Need to Know**

**Dealing with Depression and Anxiety through the eyes of a parent...**

**Rights of a Minor**

**Tip for Schools**

**General Question to Ask the School**

**Questions to Ask the Child, Youth, and Family**

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**Legal Need to Know**

**Dealing with Depression and Anxiety through the eyes of a parent...**

**Rights of a Minor**





Learning Objective 3

## World Café Activity





# Resources

## For Parents:

- A guide for sharing information about a child's care for parents, schools and healthcare providers: [http://www.masschildhealthquality.org/wp-content/uploads/2014/06/Communication\\_Matters1.pdf](http://www.masschildhealthquality.org/wp-content/uploads/2014/06/Communication_Matters1.pdf)
- The Parents' How-to Guide to Children's Mental Health Services: [http://www.bostonbar.org/docs/default-document-library/bbaguide\\_2011update\\_2.pdf](http://www.bostonbar.org/docs/default-document-library/bbaguide_2011update_2.pdf)
- A parent's guide to Section 504 in Public Schools: <http://www.greatschools.org/gk/articles/section-504-2/>
- Section 504 Sample Accommodations and Modifications: [http://cca.columbiastate.edu/Faculty/2010\\_Examples\\_of\\_Program\\_Accommodations.pdf](http://cca.columbiastate.edu/Faculty/2010_Examples_of_Program_Accommodations.pdf)
- FDA: Don't Leave Childhood Depression Untreated: <https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm413161.htm>
- Anxiety and Depression Association of America: <https://www.adaa.org/living-with-anxiety/children/anxiety-and-depression>
- Worry Wise Kids – a site designed to help parents teach their kids to be worry wise: <http://www.worrywisekids.org/>
- National Federation of Families for Children's Mental Health: <http://www.ffcmh.org/>
- National Institute for Health statistics on any anxiety disorder among children: <https://www.nlm.nih.gov/health/statistics/prevalence/any-anxiety-disorder-among-children.shtml>
- National Institute for Health statistics on major depression among adolescents: <https://www.nlm.nih.gov/health/statistics/prevalence/major-depression-among-adolescents.shtml>
- National Institute for Health – Antidepressant Medications for Children and Adolescents: Information for Parents and Caregivers: <https://www.nlm.nih.gov/health/topics/child-and-adolescent-mental-health/antidepressant-medications-for-children-and-adolescents-information-for-parents-and-caregivers.shtml>



# Resources

## For Schools:

- A guide for sharing information about a child's care for parents, schools and healthcare providers: [http://www.masschildhealthquality.org/wp-content/uploads/2014/06/Communication\\_Matters1.pdf](http://www.masschildhealthquality.org/wp-content/uploads/2014/06/Communication_Matters1.pdf)
- Depression: Supporting Students at School: [https://www.nasponline.org/Documents/Resource%20and%20Publications/Handouts/Families%20and%20Educators/Depression\\_Supporting\\_Students\\_at\\_School.pdf](https://www.nasponline.org/Documents/Resource%20and%20Publications/Handouts/Families%20and%20Educators/Depression_Supporting_Students_at_School.pdf)
- Responding to a Student's Depression – Strategies for helping to identify students: <http://www.ascd.org/publications/educational-leadership/oct10/vol68/num02/Responding-to-a-Student's-Depression.aspx>
- How School Counselors can help teenagers overcome social anxiety: <https://www.anxiety.org/school-counselors-help-teens-overcome-social-anxiety>
- What school counselors need to know about adolescent anxiety: <http://www.slideshare.net/teenmentalhealth/anxiety-disorders-what-school-counselors-need-to-know>
- How to best present information to a student's PCP: [http://www.integration.samhsa.gov/integrated-care-models/hrsa-supported-safety-net-providers/The\\_Two\\_Sentence\\_Curbside\\_Consult.pdf](http://www.integration.samhsa.gov/integrated-care-models/hrsa-supported-safety-net-providers/The_Two_Sentence_Curbside_Consult.pdf)
- Sample accommodations for anxious kids: <http://www.worrywisekids.org/node/40>
- Anxiety Disorders Association of America – Anxiety Disorders in Children: <https://www.schoolcounselor.org/asca/media/asca/ASCAU/Anxiety-Stress-Management-Specialist/AnxietyDisordersInChildren.pdf>





# Resources

## For Healthcare Providers:

- A guide for sharing information about a child's care for parents, schools and healthcare providers: [http://www.masschildhealthquality.org/wp-content/uploads/2014/06/Communication\\_Matters1.pdf](http://www.masschildhealthquality.org/wp-content/uploads/2014/06/Communication_Matters1.pdf)
- AACAP Official Action – Practice Parameter for the Assessment and Treatment of Children and Adolescents With Depressive Disorders: [http://www.jaacap.com/article/S0890-8567\(09\)62053-0/pdf](http://www.jaacap.com/article/S0890-8567(09)62053-0/pdf)
- AACAP Official Action – Practice Parameter for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders: [http://www.jaacap.com/article/S0890-8567\(09\)61838-4/pdf](http://www.jaacap.com/article/S0890-8567(09)61838-4/pdf)



## Full Credit Disclosure – All RISE Team Members

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**Maine Chapter of the American Academy of Pediatrics  
April Board Meeting: Stakeholder Presentation**



**Reach Individual Students Early**





## Reach Individual Students Early

### *Tips for Schools*

When a child's support system is built on relationships of honesty and trust, everyone can comfortably share information and work together to provide the best care possible for the child. Developing relationships takes time, but there are clear steps you can take to do this with families, healthcare providers, and behavioral health providers.

#### **Building Trust with Children and Families**

- Learn about a child's culture, diagnosis, and related details before meeting with the family so the relationship gets off to a great start.
- When meeting the family for the first time, ask questions instead of making judgments — every family has its own stories and challenges.
- Ask the family how they see the problem, what ideas they have for solving it, and what they want from you; they are the experts.
- Tell the family about strengths you see in the child. Make sure the family and youth are part of education discussions and decisions; they have the final say!
- Make sure the family and youth know who to contact at the school and how to contact them for different needs. They also need to know who to get in touch with if the main contacts can't be reached

#### **Privacy and Consent**

- Set privacy explanations at the first meeting. Explain what consent is and why it is necessary.
- Talk about what information you will share and who you will share it with. If there are times when you might need to share information without getting consent, explain when those circumstances might occur. Explain that the family's access

to information will change as the child gets older. State laws protect an adolescent's privacy, and parents need to know that.

#### **Keep Families Informed**

- Families usually want to get as much information as possible. Deciding the right information to share or not share is a fine balance.
- Set up a meeting with families of children new to your school before the start of the school year.
- At the end of each school year, set up a meeting to talk about changes from one grade to the next. It's important to discuss the child's needs and show the family that information is being shared with the next grade's teachers and staff.

#### **Building Trust with Healthcare Providers**

- Choose a time of day and method of communication that works best for everyone (fax, email, phone, text) to the best times to communicate — and use it all the time.
- If you have consent from the family, let the child's healthcare providers and mental health and behavioral health providers know about any educational plans (504 and/or IEP) the child has and the main components of which provider should be aware.

### *Questions to Ask the Child, Youth, and Family*

- How do you think the child's Individualized Education Plan (IEP) or 504 (school education) plan is working?
- Do you have any ideas for helping the IEP or 504 plan work better
- To give your child the best care, here's who I think I need to talk to. Do you have any questions about why talking to these people is important?
- Do you have any questions about how I'll keep your information private?
- Have there been any recent changes in your child's health that I need to know about? Any changes in your child's home and social life?
- Has your child had any recent hospitalizations? If so, what was the reason and outcome?

**Our survey found that 77% of Medical Providers and 68% of School Personnel experience communication barriers. The biggest barriers included restriction on information (sharing/privacy laws), time constraints, and access to personnel.**



- What's the contact information for your child's behavioral health provider? What about for your child's primary care provider? And any other specialists your child is seeing?
- What about school has been difficult for your child? What does your child do to cope with that?
- What helps calm your child down in a crisis?

## Questions to Ask the Primary Care Team

- Do you have any concerns about the child that may impact the child's success at school?
- Have you asked the youth or family for consent to share treatment and crisis plans with me?
- What's important for me to know about the child's medical condition? What is the child's treatment plan? How do you think the plan is working?
- If you have developed a crisis plan with the family, what is it?
- Will you let me know if you change anything in the child's treatment and crisis plans?
- Have there been any recent changes in the child's health?
- Does the child have any allergies?
- What medications is the child taking?
- Have there been any recent changes in medications?
- How is the child responding to the medications?

## Dealing with Depression and Anxiety through the eyes of a parent...

*"As a parent of a young child with anxiety- I have come to learn that the ease with which care providers and school personnel can share information across settings has a huge impact on the success of my son's treatment plan. When your family is impacted by anxiety or depression, the stress of the unknown can be overwhelming. Knowing that the psychiatrist can share important treatment details with the school, and that the school can share important details about how my child is functioning during the many hours he is at school eases my own worries about how well he is doing. This is also important in the early identification of when things may need to be adjusted a bit. While I appreciate the need to maintain the confidentiality of sensitive information, I have found that the privacy laws are sometimes interpreted to different degrees by different folks or organizations. This only adds confusion to an already complex situation."*

**57% of our Medical Provider respondents reported that they would be willing to send a representative to a 504 or IEP meeting.**

## Legal Need to Know

There are rules and requirements to protect the rights and privacy of children and their families. A good understanding of the law and completed Releases of Information allow two entities to communicate with one another and provide the best care possible for children.

### The Health Insurance and Portability and Accountability Act of 1996 (HIPAA)

HIPAA is a federal law that protects the privacy of health information, which includes medical records and information used by health insurance plans, doctors, hospitals, and other health care providers.

### Title 42 Code of Federal Regulations, Part 2

Title 42 is a federal regulation that protects alcohol and drug abuse treatment records. If state law lets minors sign up for drug and alcohol abuse programs without telling their parents, Title 42 says that only the minor can give written consent to share their treatment records.

## Rights of a Minor

Minors have the right to give consent without permission from their parents if they are legally independent from parents or if other consent rules apply.

### Minor Is Legally Independent

Emancipation is when a minor becomes legally independent from his parents and can make his own decisions. If a minor is married, joins the military, or has been living separately from parents or guardians for at least 60 days and is independent of legal support, the minor is considered independent.

### Other Consent Rules

Minors may consent to their own treatment for drug addiction, family planning services, or treatment for sexually transmitted diseases, including HIV or AIDS. Minors age 16 and older may get mental health treatment without consent from parents.

## SOURCES

- *Communication Matters: A Guide For Sharing Information About A Child's Care. PDF. Developed by the Massachusetts Child Health Quality Coalition, 2014. Web. Jan. 2017.*
- *"Pediatric Consent Issues". 2010. Slideshow Presentation.*





## **Reach Individual Students Early**

### ***Tips for Primary Care Providers***

When a child's support system is built on relationships of honesty and trust, everyone can comfortably share information and work together to provide the best care possible for the child. Developing relationships takes time, but there are clear steps you can take to do this with families, schools, and behavioral health providers.

#### **Building Trust with Children, Youth, and Families**

- When meeting the family for the first time, ask questions instead of making judgments — every family has its own stories and challenges.
- Ask the family how they see the problem, what ideas they have for solving it, and what they want from you; they are the experts. Make sure the family and youth are part of treatment plan discussions and decisions; they have the final say!
- Make sure the family or youth knows how to contact you and other care providers.
- If you're planning to leave a patient, inform families well in advance. Families appreciate having more time to make changes.

#### **Privacy and Consent**

- Set privacy explanations at the first meeting. Explain what consent is and why it is necessary.
- Talk about what information you will share and who you will share it with. If you're going to share information without getting consent, explain what you're sharing and who's getting it.
- Always ask for an adolescent's consent to talk to their parents, even if you've asked before. They need to know that you care about their privacy and are a person they can trust.

#### **Questions to Ask the Child, Youth, and Family**

- Do you have any questions about how I'll keep your information private?
- How do you think the treatment plan is working?
- Do you have any ideas for helping the treatment plan work better?
- Can we work together to create a crisis plan?

#### **Building Trust with the School**

- Contact the school nurse first, unless the school has told you to use another contact.
- Review communications with the school carefully before you send them so you can remove any unrelated health or behavioral information.
- Choose a time of day and method of communication that works best for everyone (fax, email, phone, text) to the best times to communicate — and use it all the time. Keep in mind that school staff are usually most available after the school day.

**Our survey found that 77% of Medical Providers and 68% of School Personnel experience communication barriers. The biggest barriers included restriction on information (sharing/privacy laws), time constraints, and access to personnel.**

### ***Questions to Ask the School***

- Do you have consent to share health and behavioral health information and plans with me?
- Do you have any concerns about the child that you want to share with me?
- Can you think of anything that would help develop or improve the child's treatment plan?
- Does the child have an IEP or 504 plan? What are the most important things in the plan I should know about?
- Are there other services the child receives at school that are not in the IEP or 504 plan? What are they?
- Has the school done any psychological testing? If yes, can you ask the family for consent to share the results with me?



Don't leave school nurses out – students with mental health concerns are frequent fliers with somatic complaints.

## Legal Need to Know

There are rules and requirements to protect the rights and privacy of children and their families. A good understanding of the law and completed Releases of Information allow two entities to communicate with one another and provide the best care possible for children.

### Family Educational Rights and Privacy Act (FERPA)

FERPA is a federal law that protects the privacy of public school student education records. The FERPA law does not apply to private schools. FERPA gives parents or guardians rights about their children's education records. These rights become the student's rights when the student turns 18 or begins college or another school program after high school. Generally, schools can't release any information from a student's education record without written consent from the parent or student.

### SOURCES

- *Communication Matters: A Guide For Sharing Information About A Child's Care. PDF. Developed by the Massachusetts Child Health Quality Coalition, 2014. Web. Jan. 2017.*
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*child is functioning during the many hours he is at school eases my own worries about how well he is doing. This is also important in the early identification of when things may need to be adjusted a bit. While I appreciate the need to maintain the confidentiality of sensitive information, I have found that the privacy laws are sometimes interpreted to different degrees by different folks or organizations. This only adds confusion to an already complex situation."*





## Reach Individual Students Early

### *Tips for Parents*

When a child's support system is built on relationships of honesty and trust, everyone can comfortably share information and work together to provide the best care possible for the child. This can take a lot of time and energy at the beginning, but it pays off in the long run.

#### Remember That You're the Expert

- No one knows more about the needs of your child and family than you do. You build trust by sharing helpful information about your child that others may not know.
- Take part in creating treatment plans and making decisions. You have the final say in decisions about your child.
- Help the people in your child's support system understand each other's goals and expectations by allowing them to talk and share information (see the bullet on Releases of Information below.)
- Say something if you don't feel safe or comfortable. You need to help others understand your family's personal experiences, desires and needs.

#### Take Small Steps

- Join a group of families facing challenges like yours. You'll learn how to talk about your needs and get ideas about how to help your child.
- Build a relationship with someone you trust at your child's school. Talk to them regularly, not just in a crisis.
- Set up a meeting with the school nurse and counselor when your child starts at a new school so they can learn more about your child and family.
- Meet face-to-face as much as possible. If it's not possible, think about using technology such as Skype or FaceTime so

you can see people during meetings.

- Prepare for meetings and appointments about your child by looking over their education and treatment plans and by making a list of questions and concerns that you want to talk about.
- Ask the school, your child's doctor or other healthcare provider and behavioral and mental health providers to provide you with Releases of Information so you can make sure everyone can talk with each other. You may have to sign a couple of different forms with each group because of the different laws each group has to follow.
- Until you know the right information is being shared between a child's school and healthcare providers at the right time, consider keeping a record of what information has been shared with whom when and check in via the communication method that works best for each of them.

### *General Questions to Ask Healthcare Providers*

- What strengths do you see in my child?
- Do you have all the Releases of Information completed so you can get and share the right information about my child with other care providers?
- Who is the best person at your office to talk with about health, behavioral and mental health concerns and plans? What is the best way and time of day to contact them? How can I track where information about my child goes?
- How can I be sure that the information in my child's record is correct?
- If I correct something in my child's record, how can I be sure that it gets updated?
- Why are you recommending this treatment plan? How will it help my child?
- What can I do to help the treatment plan succeed?
- Do you think that my child's treatment plan is working well? Do you see any ways to make it work better?
- How can we work together to make sure that my child is able to develop and learn well?

**An education or behavioral health plan that is used by schools is often called a 504 or Individualized Educational Plan by schools and providers**



# Questions to Ask Schools about Health Services

- Who is the best person at the school to talk with about health, behavioral and mental health concerns and plans? What is the best way and time of day to contact them?
- Who else at the school works with my child, and what is their contact information?
- How will information I give the school be stored and shared? Who is allowed to look at it?
- How will you make sure that information doesn't get shared with people at the school who don't need to know it?
- How can I track where information about my child goes?
- How can I be sure that the information in my child's record is correct?
- If I correct something in my child's record, how can I be sure that it gets updated?
- Why are you recommending this behavioral health plan? How will it help my child?
- What can I do to help the behavioral health plan succeed?
- Do you think that my child's behavioral health plan is working well? Do you see any ways to make it work better?
- How can we work together to make sure that my child is able to develop and learn well?

## Rights of a Minor

Minors have the right to give consent without permission from their parents if they are legally independent from parents or if other consent rules apply.

### Minor Is Legally Independent

Emancipation is when a minor becomes legally independent from his parents and can make his own decisions. If a minor is married, joins the military, or has been living separately from parents or guardians for at least 60 days and is independent of legal support, the minor is considered independent.

### Other Consent Rules

Minors may consent to their own treatment for drug addiction, family planning services, or treatment for sexually transmitted diseases, including HIV or AIDS. Minors age 16 and older may get mental health treatment without consent from parents.

## Dealing with Depression and Anxiety through the eyes of a parent...

*"As a parent of a young child with anxiety- I have come to learn that the ease with which care providers and school personnel can share information across settings has a huge impact on the success of my son's treatment plan. When your family is impacted by anxiety or depression, the stress of the unknown can be overwhelming. Knowing that the psychiatrist can share important treatment details with the school, and that the school can share important details about how my child is functioning during the many hours he is at school eases my own worries about how well he is doing. This is also important in the early identification of when things may need to be adjusted a bit. While I appreciate the need to maintain the confidentiality of sensitive information, I have found that the privacy laws are sometimes interpreted to different degrees by different folks or organizations. This only adds confusion to an already complex situation."*

## SOURCES

- *Communication Matters: A Guide For Sharing Information About A Child's Care. PDF. Developed by the Massachusetts Child Health Quality Coalition, 2014. Web. Jan. 2017.*
- *"Pediatric Consent Issues". 2010. Slideshow Presentation.*





# List of Resources

## For Parents:

- A guide for sharing information about a child's care for parents, schools and healthcare providers: [http://www.masschildhealthquality.org/wp-content/uploads/2014/06/Communication\\_Matters1.pdf](http://www.masschildhealthquality.org/wp-content/uploads/2014/06/Communication_Matters1.pdf)
- The Parents' How-to Guide to Children's Mental Health Services: [http://www.bostonbar.org/docs/default-document-library/bbaguide\\_2011update\\_2.pdf](http://www.bostonbar.org/docs/default-document-library/bbaguide_2011update_2.pdf)
- A parent's guide to Section 504 in Public Schools <http://www.greatschools.org/gk/articles/section-504-2/>
- Section 504 Sample Accommodations and Modifications [http://cca.columbiastate.edu/Faculty/2010\\_Examples\\_of\\_Program\\_Accomodations.pdf](http://cca.columbiastate.edu/Faculty/2010_Examples_of_Program_Accomodations.pdf)
- FDA: Don't Leave Childhood Depression Untreated: <https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm413161.htm>
- Anxiety and Depression Association of America: <https://www.adaa.org/living-with-anxiety/children/anxiety-and-depression>
- Worry Wise Kids – a site designed to help parents teach their kids to be worry wise: <http://www.worrywisekids.org/>
- National Federation of Families for Children's Mental Health <http://www.ffcmh.org/>
- National Institute for Health statistics on any anxiety disorder among children: <https://www.nimh.nih.gov/health/statistics/prevalence/any-anxiety-disorder-among-children.shtml>
- National Institute for Health statistics on major depression among adolescents: <https://www.nimh.nih.gov/health/statistics/prevalence/major-depression-among-adolescents.shtml>
- National Institute for Health – Antidepressant Medications for Children and Adolescents: Information for Parents and Caregivers: <https://www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health/antidepressant-medications-for-children-and-adolescents-information-for-parents-and-caregivers.shtml>



## For Schools:

- A guide for sharing information about a child's care for parents, schools and healthcare providers: [http://www.masschildhealthquality.org/wp-content/uploads/2014/06/Communication\\_Matters1.pdf](http://www.masschildhealthquality.org/wp-content/uploads/2014/06/Communication_Matters1.pdf)
- Depression: Supporting Students at School: [https://www.nasponline.org/Documents/Resources%20and%20Publications/Handouts/Families%20and%20Educators/Depression\\_Supporting\\_Students\\_at\\_School.pdf](https://www.nasponline.org/Documents/Resources%20and%20Publications/Handouts/Families%20and%20Educators/Depression_Supporting_Students_at_School.pdf)
- Responding to a Student's Depression – Strategies for helping to identify students: <http://www.ascd.org/publications/educational-leadership/oct10/vol68/num02/Responding-to-a-Student's-Depression.aspx>
- How School Counselors can help teenagers overcome social anxiety: <https://www.anxiety.org/school-counselors-help-teens-overcome-social-anxiety>
- What school counselors need to know about adolescent anxiety: <http://www.slideshare.net/teenmentalhealth/anxiety-disorders-what-school-counsellors-need-to-know>
- How to best present information to a student's PCP: [http://www.integration.samhsa.gov/integrated-care-models/hrsa-supported-safety-net-providers/The\\_Two\\_Sentence\\_Curbside\\_Consult.pdf](http://www.integration.samhsa.gov/integrated-care-models/hrsa-supported-safety-net-providers/The_Two_Sentence_Curbside_Consult.pdf)
- Sample accommodations for anxious kids: <http://www.worrywisekids.org/node/40>
- Anxiety Disorders Association of America – Anxiety Disorders in Children: <https://www.schoolcounselor.org/asca/media/asca/ASCAU/Anxiety-Stress-Management-Specialist/AnxietyDisordersInChildren.pdf>

## For Healthcare Providers:

- A guide for sharing information about a child's care for parents, schools and healthcare providers: [http://www.masschildhealthquality.org/wp-content/uploads/2014/06/Communication\\_Matters1.pdf](http://www.masschildhealthquality.org/wp-content/uploads/2014/06/Communication_Matters1.pdf)
- AACAP Official Action – Practice Parameter for the Assessment and Treatment of Children and Adolescents With Depressive Disorders: [http://www.jaacap.com/article/S0890-8567\(09\)62053-0/pdf](http://www.jaacap.com/article/S0890-8567(09)62053-0/pdf)
- AACAP Official Action – Practice Parameter for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders: [http://www.jaacap.com/article/S0890-8567\(09\)61838-4/pdf](http://www.jaacap.com/article/S0890-8567(09)61838-4/pdf)



