

Toolkit: A Lever

POPULATION

Pediatric primary care providers - physician, physician assistant, and nurse – and youth ages 6-18. If a youth screens positive, the provider prescribes the *Guided Self-Management Toolkits for Families* (GSM). The toolkit empowers the parent to partner in managing behavioral health problems. In turn, the parent can elect to share compliance and progress so everyone is 'on the same page' from doctor, patient, and parent to optionally include psychologist / therapist, school nurse, and school counselor. A universal resource for the community.

FOCUS

No more wait lists. Evidence-based parent and patient education materials; Rotary members network with the Chief Medical Officer to overcome the fact that, “New interventions ‘languish’ for 15–20 years before they are incorporated into usual medical care” (Boren and Balas 1999).

OVERVIEW

This program overcomes the fact that there are not enough child and adolescent psychiatrists nor therapists to see all youth with symptoms. Register ([Building Bridges of Understanding](#)) for:

1. digital *Guided Self Management Toolkits for Families* and *Clinician Manual*
2. self-paced 16-session video educational course totaling 5 hours Continuing Medical Education

BENEFITS

- parent and patient education materials in English and Spanish to enhance resiliency at home, in collaboration with the pediatric practitioner
- the parent immediately partners in behavioral health problem management and, optionally, can bring school or other supports into sync w/ toolkit
- training for the pediatric practitioner to manage mild and moderate cases
- allows child psychiatrists to focus on severe or complex cases

COST

- a) US \$250 per provider for training and digital files of GSM toolkits and *Clinician Manual*

ARTICLES

- Arora BK, Klein MJ, Yousif C, Khacheryan A, Walter HJ. Virtual Collaborative Behavioral Health Model in a Community Pediatric Network: Two-Year Outcomes. *Clinical Pediatrics*. 2023;0(0). doi:10.1177/00099228231164478
- Walter HJ, Vernacchio L, Correa ET, et al. Five-Phase Replication of Behavioral Health Integration in Pediatric Primary Care, *Pediatrics*, 2021; 148 (2) e2020001073
- Walter HJ, Vernacchio L, Trudell EK, et al. Five-Year Outcomes of Behavioral Health Integration in Pediatric Primary Care. *Pediatrics*. 2019;144(1):e20183243

TOOLKIT CONTENTS WITHIN [RAGonMentalHealth.org](https://ragonmentalhealth.org)

- Boston Children’s Hospital [course registration link](#); supplemental information
- advice on how to engage providers with child psychiatrist case consults by phone
- suggestions for introducing this new resource to your community

CONTACT

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In Florida, the pediatric primary care providers using *Building Bridges of Understanding* doubled their:

- ➔ Knowledge in Behavioral Health care
- ➔ Confidence in Treatment

As a result, 94% stated their ‘Intention to Treat’ all age 6-18 patients with mild or moderate symptoms of cases of anxiety, depression or ADHD.

For pediatric providers, case consults by phone with a regional Child and Adolescent Psychiatrist are available without charge. The Florida example is (866) 487-9507 and the website is [Florida Behavioral Health Collaborative Pediatric Hotline](#). The case consult service for other states and territories may be found at: NNCPAP.org/Map