



**Executive Vice President**

F. Marie Hall Institute For Rural And Community Health

Billy U. Philips, PH.D., M.P.H.

**Presenters**

**Project Director:** Billy Philips, PH.D., M.P.H.

Ron Martin, M.C., LPC-S

Shawn Parrott, M.A., LPC-S

Bonnie Cantu, M.A., LPC



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## AGENDA

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Welcome and Introductions

Pre assessment

Overview of the Issue of Mental Health Needs and Introduction of the TWITR Model

Consent and Referral Procedures

Telemedicine and How it Works

Screening Procedures and What they Tell Us

Post assessment

Identifying Psychiatric and Referral Resources

Breakout Session

Navigating the Treatment Handoffs and Coordination

Breakout Session

Forming Local Consortia of School Combines – School Partners Roundtable

Breakout Session

Next Steps



## TWITR Learning Objectives

1. To provide an overview of the Telemedicine Wellness Intervention Triage and Referral (TWITR) Project, a mental health screening program for use in schools with middle and high school students.
2. To review the need for an effective mental health screening program that leads to dispositional diagnosis and prompt referral to community-based mental health care.
3. To illustrate how telemedicine can be used to triage students in school-based settings in a HIPPA Compliant fashion.
4. To describe and illustrate referral, consent and clinical assessment practices and processes that are easily administer by school counselors and others qualified to identify troubled students.
5. To review a battery of evidenced-based objective screening instruments that focus on key areas of mental health need in troubled students and inform care and referral decisions.
6. To illustrate how the TWITR team process can be the basis for an effective community learning collaborative using the ECHO model to empower and equip school personnel to perform at a high fidelity to perform TWITR.
7. To discuss means for developing a school culture that is proactive and positive with respect to identifying and managing mental health needs of students.
8. To provide an opportunity for schools (ISDs) to form creative alliances, collaboratives, or combines to share limited mental health expertise and resources.



**Dr. Philips** is the Executive Vice President and Director for the F. Marie Hall Institute for Rural and Community Health at Texas Tech University Health Sciences Center and is Professor in Family and Community Medicine and in Public Health. He developed the Telemedicine, Wellness, Intervention, Triage and Referral (TWITR)

Project in 2013 in response to the growing need for mental health services in rural school districts. Dr. Philips earned his Bachelor's Degree in Psychology from Oklahoma City University in 1969; his M.P.H. and Ph.D. with special emphasis in Social Epidemiology from the University of Oklahoma Health Sciences Center in 1971 and 1974, respectively and completed Post-Doctoral study at the University of Minnesota and Tufts University respectively. Dr. Philips holds the Marie Hall Endowed Chair in Rural Health and is a national telehealth expert and has been an NIH funded investigator for the entirety of his career. He is author of numerous books, peer-reviewed articles, and other scholarly works based on a long and distinguished career in public health.

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## LPC - Bio



**Ronald Martin** is a Licensed Professional Counselor Supervisor with a Masters of Mental Health Counseling from the University of Phoenix. He retired from the Department of Homeland Security, Customs and Border Protection as a National Chaplain and Chief in 2013. He has worked for 37 years in Law Enforcement. He has been working with adolescents since 2007. Mr. Martin joined the Texas Tech University Health Sciences Center's F. Marie Hall Institute for Rural and Community Health in 2014 where he serves as a Senior Mental Health Specialist on the TWITR project. He is an instructor for the International Critical Incident Stress Foundation. He currently leads the First Responder Mental Health Resiliency Program.

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## LPC - Bio



**Shawn Marie Parrott** is a Licensed Professional Counselor Supervisor with a Master's of Arts in Counseling from Wayland Baptist University. Ms. Parrott has worked in a variety of different settings with a variety of age groups, including adolescent clients. She has particular interest and experience in the addictions field. Ms. Parrott has accreditation in School Suicide Prevention through the American Association of Suicidology. Ms. Parrott joined the Texas Tech University Health Science Center's F. Marie Hall Institute for Rural and Community Health in 2016 where she serves as a Counselor on the TWITR project.

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## LPC - Bio



**Bonnie Cantu** holds a Bachelor of Social Work from Lubbock Christian University and a Master of Arts in Counseling from Wayland Baptist University. She has a wealth of knowledge and experience working with Children and Families in unfortunate circumstances since 2005. She is a retired Texas Peace Officer and worked in law enforcement for 16 years where she was a member of a Crisis Intervention Team for Law Enforcement Officers. Bonnie has been a Licensed Professional Counselor since 2014 with a primary focus in children and adolescents with behavioral issues that are affecting their life at home, at school, and in the community. As a member of the School Board where she lives, she recognizes the need for better resources in schools to combat the growing mental health concerns in adolescents. Bonnie joined the Texas Tech University Health Sciences Center. F. Marie Hall Institute for Rural and Community health in 2018 and serves as a Senior Mental Health Specialist on the TWITR project.

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**“Mental Health Screening in Schools  
Telemedicine, Wellness, Intervention, Triage and Referral:  
The (TWITR) Project”**

**Billy U. Philips, Jr., PhD, MPH  
Hall Professor, Family and Community Medicine and Public Health  
Executive Vice President for Rural and Community Health  
Texas Tech University Health Sciences Center**

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## Telemedicine Wellness, Intervention, Triage & Referral: “The TWITR Project”

The primary purpose is to provide screening, assessment, and referral services – TWITR is a **mental health screening program**.

- Provides **school-based screening, assessment, and referral services** to students that are typically struggling with behavioral and mental health issues. Currently active in 20 West Texas ISDs (additional ISDs are pending in and around the Lubbock and Amarillo areas respectively)
- Uses **telemedicine technology to link remote rural schools** that are without sufficient resources to counselors, psychiatrists, and other mental health service providers.
- Provides **mental health recognition and training services to educators and school resource officers** to promote greater recognition and prompt referral.

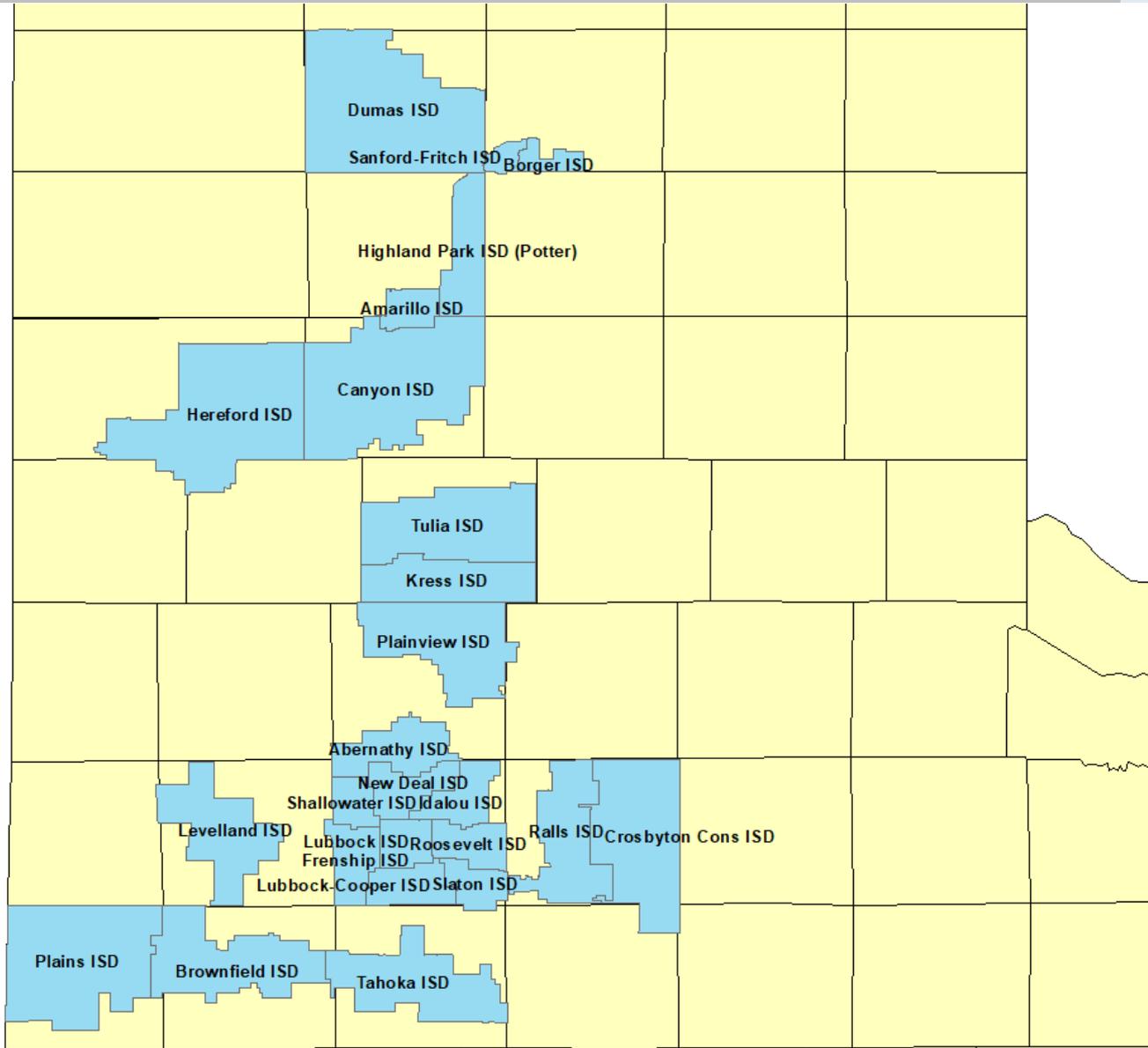


## The TWITR Process: Project Setup

- Before an ISD can receive TWITR services, it must first enter into a Cooperative Working Agreement with TTUHSC to delineate the responsibilities and duties of each party (TTUHSC LPCs, TTUHSC Department of Psychiatry, and ISD staff).
- The Cooperative Working Agreement provides processes and protocols to ensure the project is conducted in compliance with all state and federal laws; for example, protocols for the exchange of federally protected information such as educational records and protected health information.
- Once the ISD has entered into the Cooperative Working Agreement and the duties and responsibilities of each party are understood, the TWITR staff then train the ISD on the TWITR Project and referral process.
- The ISD is then ready to begin referring students and receiving services.

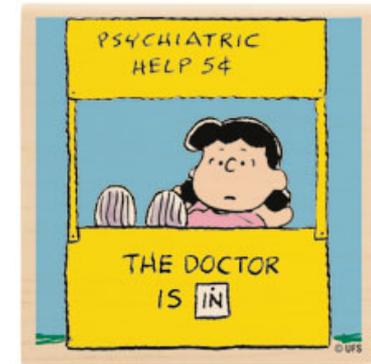


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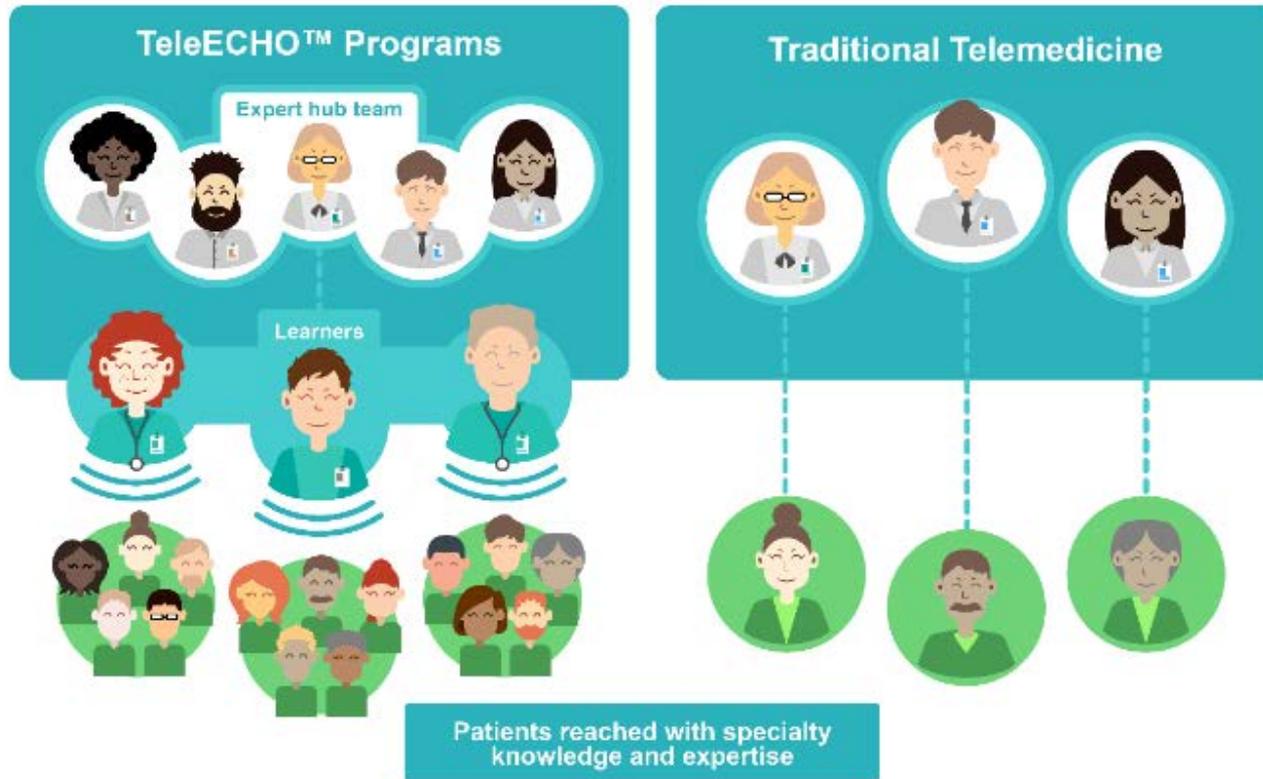
## TWITR Process





## Going Forward – TWITR ECHO

### ECHO vs Telemedicine



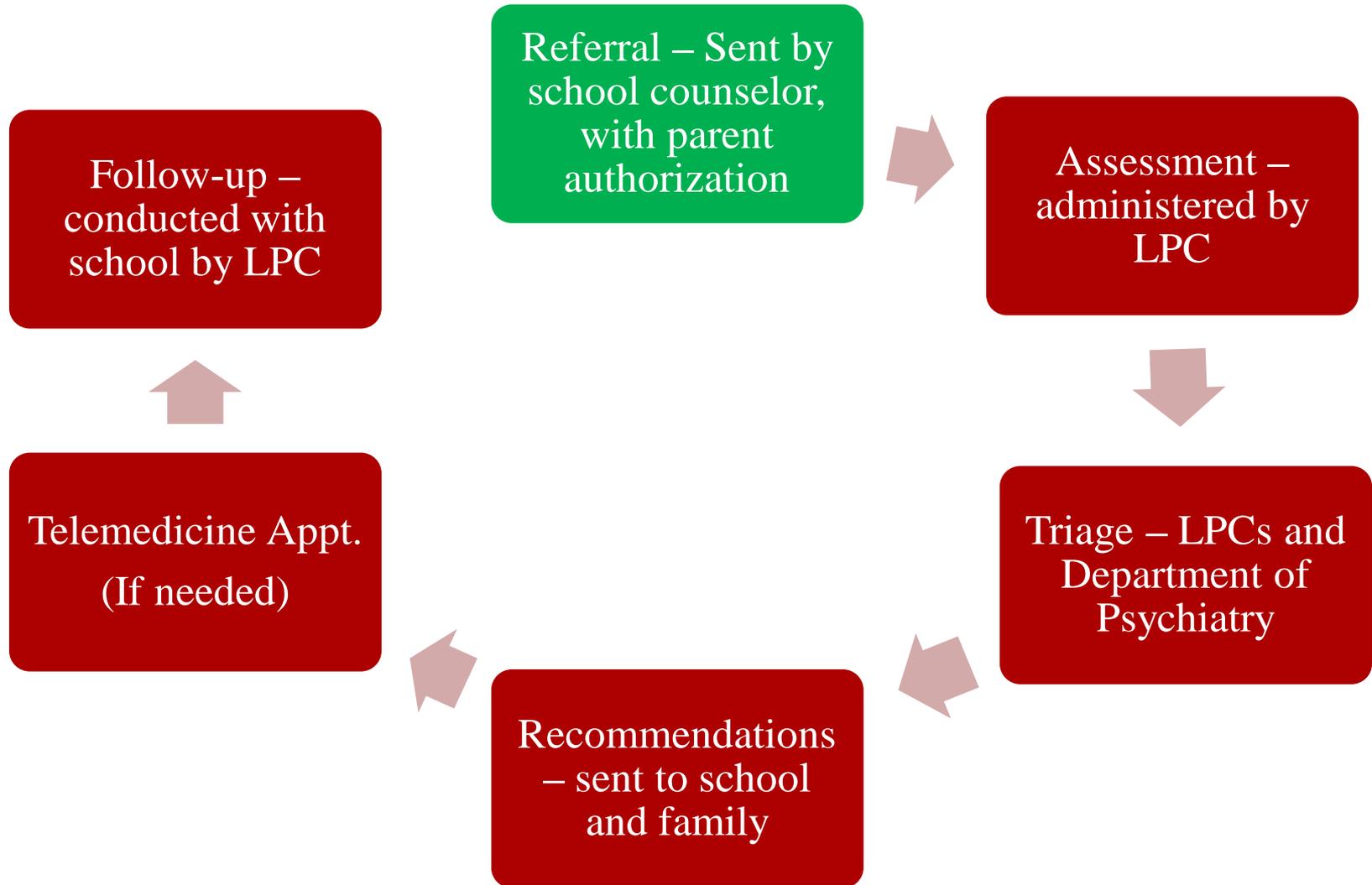


## How a TWITR – ECHO will work

- 1. Using technology** (multipoint videoconferencing and internet) to leverage scarce resources and create knowledge networks, that connect a multidisciplinary team of experts located at the hub with learners at spoke sites through regularly scheduled tele-ECHO sessions.
  - 2. Improving outcomes** by reducing variations in processes of care and sharing best practices.
  - 3. Case-based learning:** guided practice through diverse, real-life cases with subject matter experts to facilitate learning by doing and create learning loops. Over time, these learning loops create deep knowledge, skills, and self-efficacy.
  - 4. Tracking of data(using HIPAA-compliant tools)** to measure clinic function over time for the purposes of ongoing quality improvement.
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Figure 1: NEJM : 364: 23, June -2011, Arora S, Thornton K, Murata G





## TWITR Process : Referral

- When a student exhibits behavior(s) that may indicate a mental health disorder or aggressive behavior, a school staff member then completes a TWITR Project referral form and forwards it to the TWITR Project staff.
  - At the time of referral to the TWITR Project, the designated school staff member (e.g., counselor or administrator) provides a signed TWITR Project Participation [Authorization Form](#) from the student's guardian. A referral cannot be completed without the signed Participation Authorization Form
  - A TWITR Project staff member will communicate with school personnel and parent/guardian to arrange a meeting time for completion of an intake interview and mental health assessments with the student.
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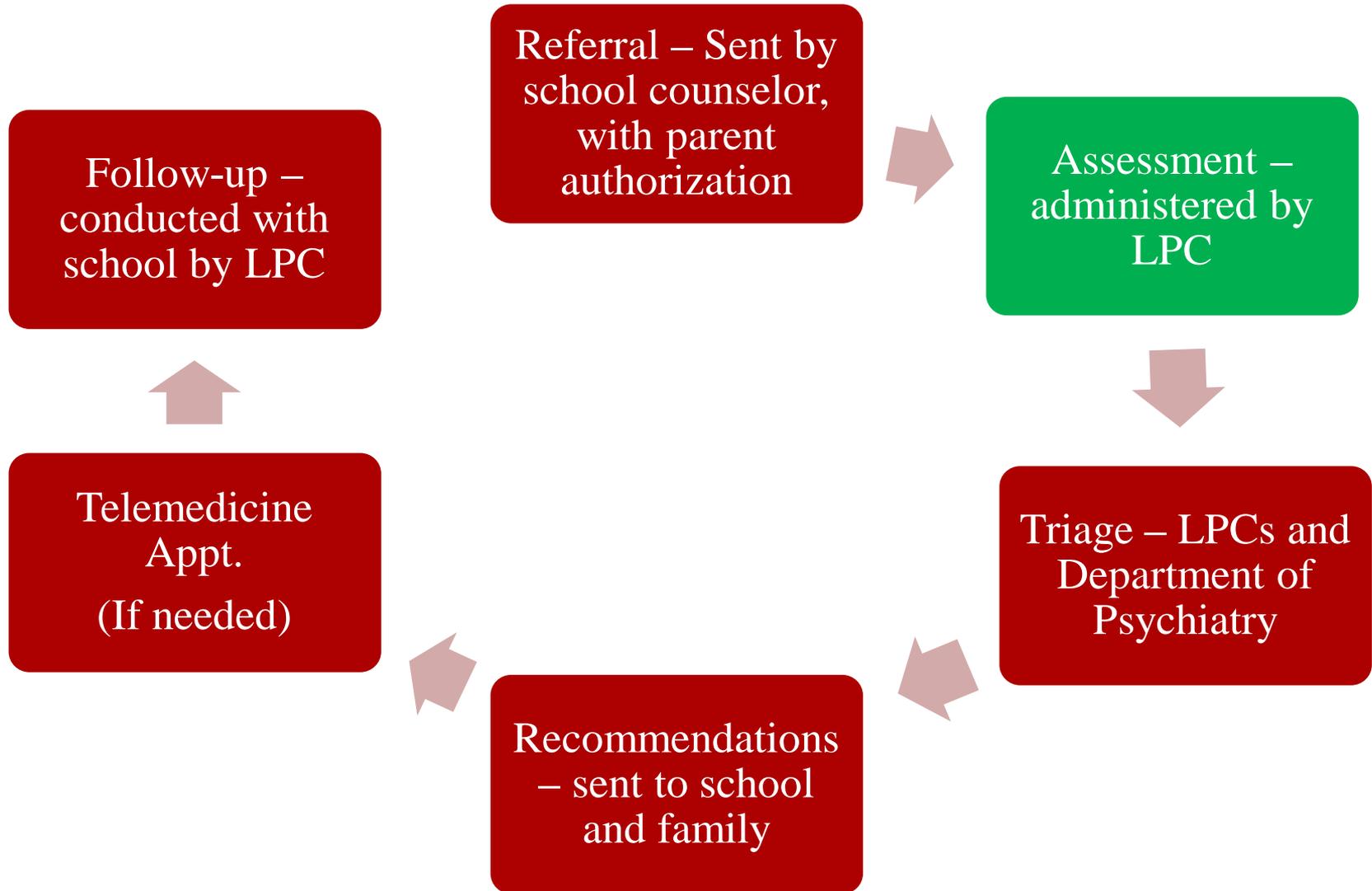
## The TWITR Process: Initial Evaluation

- TWITR Project staff will make contact with the referral school administration when they arrive at the school.
  - During this visit the TWITR Project staff often request student records [grades, truancy reports, discipline referrals...] to monitor changes in student's behavior throughout the school year.
  - TWITR Project staff will then complete the initial student evaluation.
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## The TWITR Process: Psychiatric Consents

- Consent for treatment – Notice of Privacy (HIPPA)
  - Confidential Communication Request
  - Consent to Telemedicine
  - Medication Consent
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## TWITR Clinical Biopsychosocial

■ Family	■ School
■ Medical	■ Sleep Habits
■ Appetite Changes	■ Medication
■ Abuse <ul style="list-style-type: none"><li>■ (Psychological, Physical, Emotional, Sexual)</li></ul>	■ Mental Health (Past & Present Diagnosis)
■ Social	■ Changes in Weight

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## Evaluation





## Administration of Assessments

- Following the new patient intake interview, a licensed clinician administers assessments to the child, guardian, and one teacher.
  - The clinician thoroughly explain the instruction for each assessment and be available to address questions.
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## Assessment Instruments

- **Child Mania Rating Scale** - is a parent screening instrument for mania - bipolar disorder.
  - **Child Loneliness Questionnaire** - measure children's feelings of loneliness.
  - **CRAFFT** screening questionnaire for substance use/abuse [Car, Relax, Alone, Forget, Friends, Trouble.].
  - **Hopelessness Scale** - Severity depression, self esteem, and suicidal ideation.
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## Assessments (cont.)

- **Mood and Feelings Questionnaire** – how they are feeling or acting recently
  - **SCARED** - childhood anxiety disorders
  - **Vanderbilt** - ADHD symptoms of inattention and hyperactivity
  - **SAVRY** - Risk and protective factors are based on their relationship to adolescents
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## Self Assessments





Case # / Client ID:

Clinician:

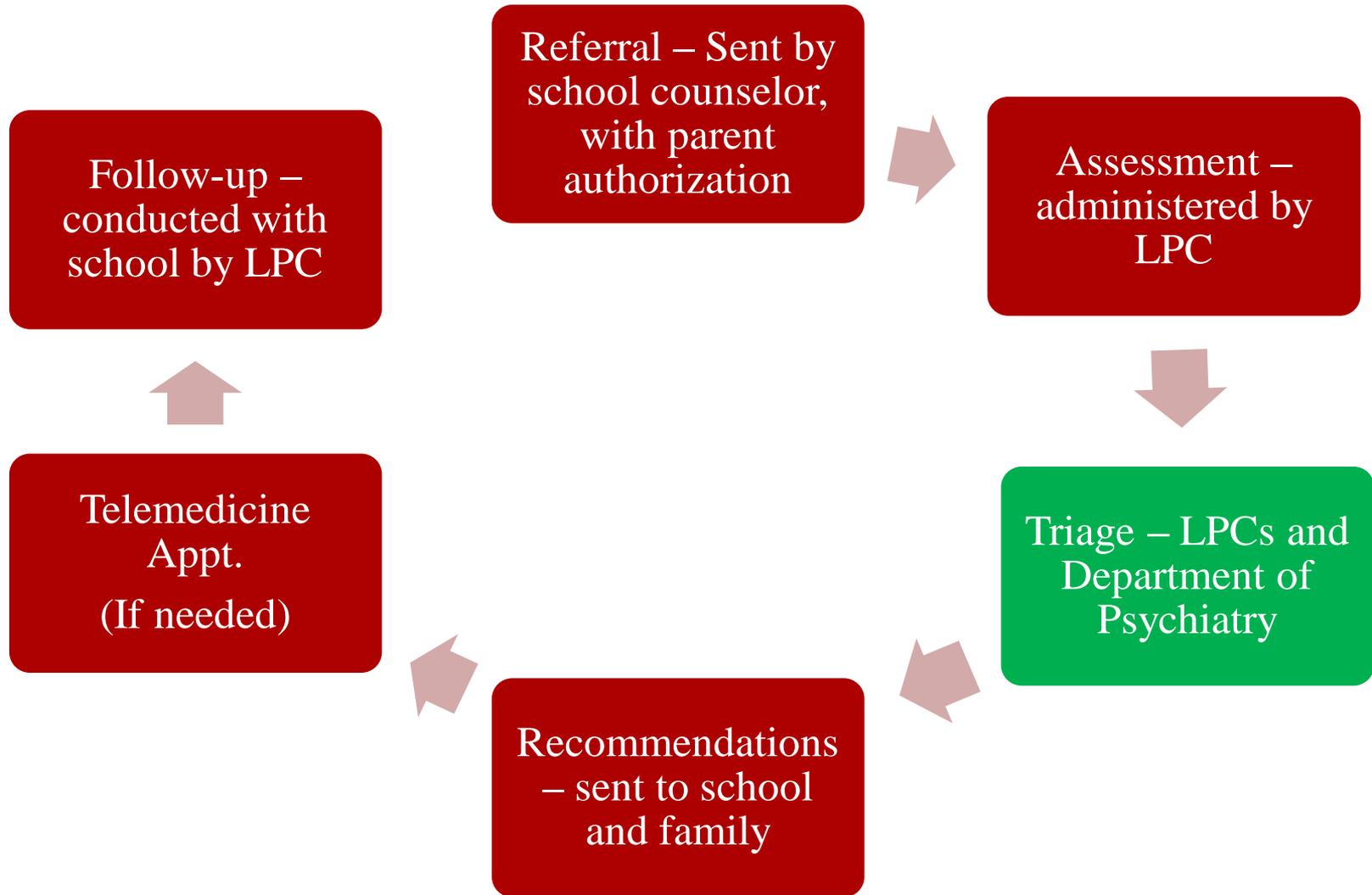
## Assessments Scoring Summary

Assessment	Score	Score Range	Rating
Child Mania Rating Scale (CMRS) - Parent Version	19	0-63	The score is less than or equal to 20 and does not indicate a high likelihood of current mania or hypomania.
Children's Loneliness Questionnaire (CLQ)	39	16-80	The score is less than or equal to the mean score of 32.51 or is within the standard deviation of 11.82. Higher scores reflect more loneliness.
CRAFFT - Alcohol & Other Drug Screening	1	0-6	The score is less than or equal to 1 and does not indicate the potential of a significant alcohol and/or other drug problem.
Hopelessness Scale for Children (HSC)	9	0-17	The score is greater than the mean score of 5.2 plus the standard deviation of 3.2. Higher scores reflect greater hopelessness.
Mood & Feeling Questionnaire (MFQ) - Parent Version	29	0-68	The score is greater than 20 and less than or equal to 29, so the assessment is rated as Moderate.
Mood & Feeling Questionnaire (MFQ) - Child Version	59	0-66	The score is greater than or equal to 30, so the assessment is rated as Severe.
SCARED - Child Version			
Anxiety Disorder (AD)	54	0-82	The score is greater than or equal to 25 and may indicate the presence of an Anxiety Disorder. Scores higher than 30 are more specific.
Panic Disorder or Significant Somatic Symptoms (PN)	16	0-26	The score is greater than or equal to 7 and may indicate the presence of Panic Disorder or Significant Somatic Symptoms.
Generalized Anxiety Disorder (GD)	15	0-18	The score is greater than or equal to 9 and may indicate the presence of Generalized Anxiety Disorder.
Separation Anxiety SOC (SP)	6	0-16	The score is greater than or equal to 5 and may indicate the presence of Separation Anxiety SOC.
Social Anxiety Disorder (SC)	10	0-14	The score is greater than or equal to 8 and may indicate the presence of Social Anxiety Disorder.
Significant School Avoidance (SH)	7	0-8	The score is greater than or equal to 3 and may indicate the presence of Significant School Avoidance.



## Assessment Wrap Up

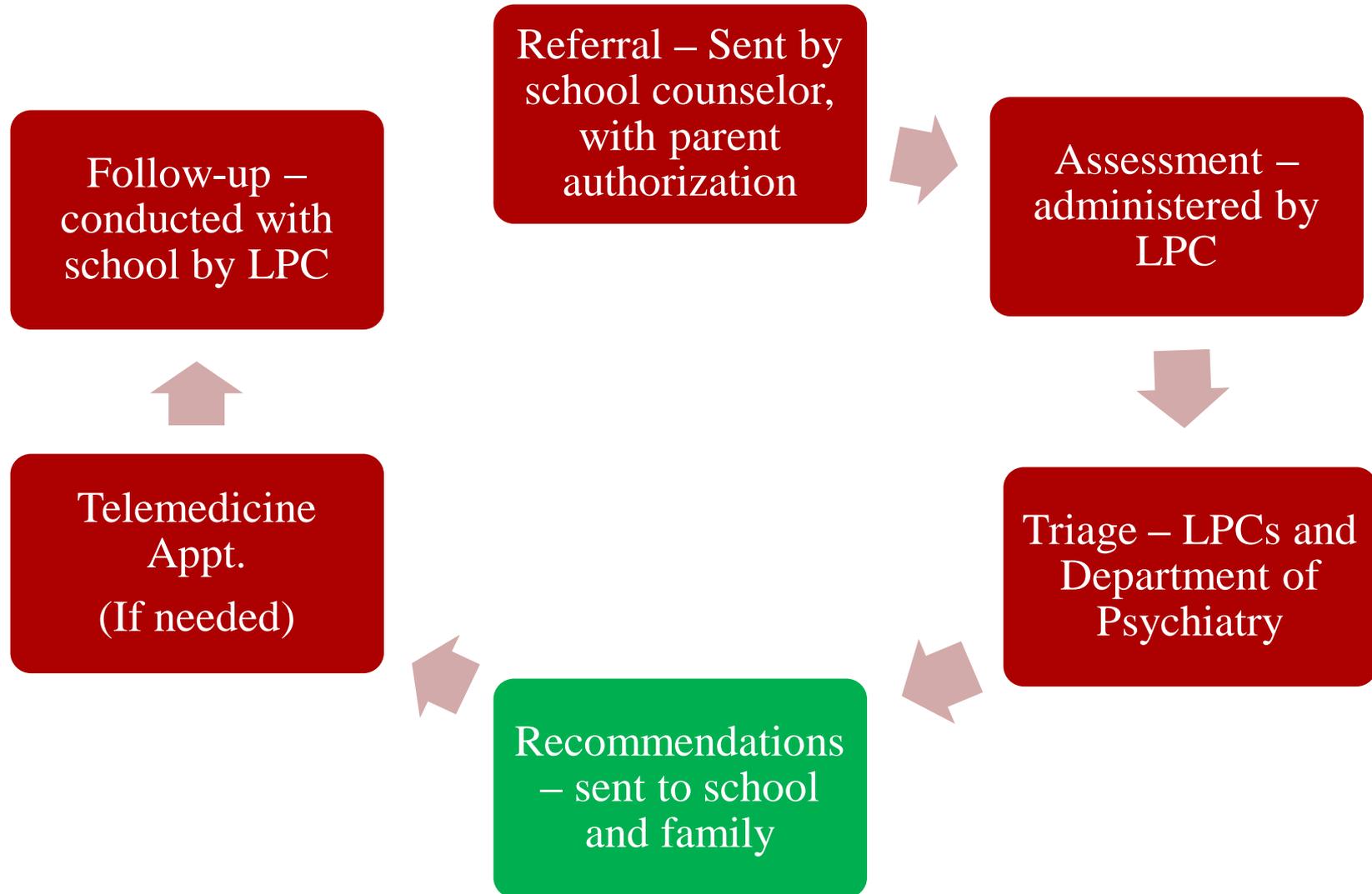






## Triage

- Provide the psychiatry staff with basic information about the child
  - The clinical summary is provided by the LPC to the psychiatrist and psychiatric residents during a triage meeting
  - Pending cases are discussed to determine a treatment plan.
  - The psychiatrist determines the need for the telemedicine appointment and/or other recommendations.
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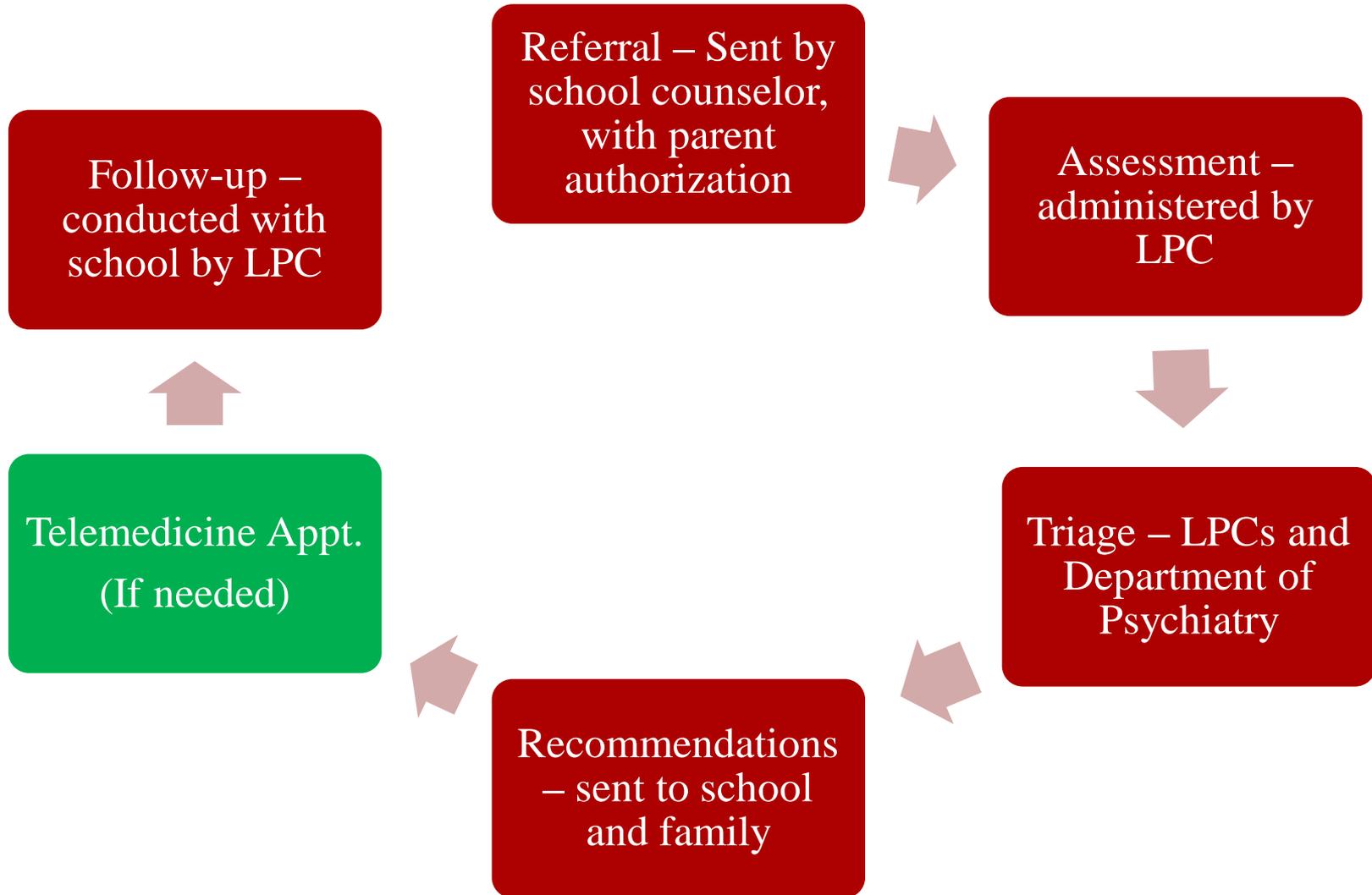
## Recommendations

- Referral to interdisciplinary team.
  - Referral to local mental health professionals.
  - Referral to a primary care physician.
  - For disorders requiring more intense treatment, referrals to a Child/Adolescent Psychiatrist are made.
  - No further participation.
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## TWITR ECHO Example







## Telemedicine/Telehealth

- The TWITR model utilizes real-time audio and video
  - Provides a tool to reduce gaps in access to mental health providers
  - Brings services to schools where the students are, reducing the likelihood of losses to follow-up
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## Telemedicine Requirements

- Laptops or tablets
- A secure, encrypted connection
- Telemedicine consent (Texas policy)
- IT Support to determine connection types needed to support reliable video (may have low bandwidth, unstable connect speeds)





## Telemedicine in Texas

- Texas allows for school-based telehealth
  
- School-based telehealth may be reimbursable for the provider and school
  
- Resources for more information on telemedicine:
  - TMHP Telecommunications Services Provider Manual
  - TexLa Telehealth Resource Center



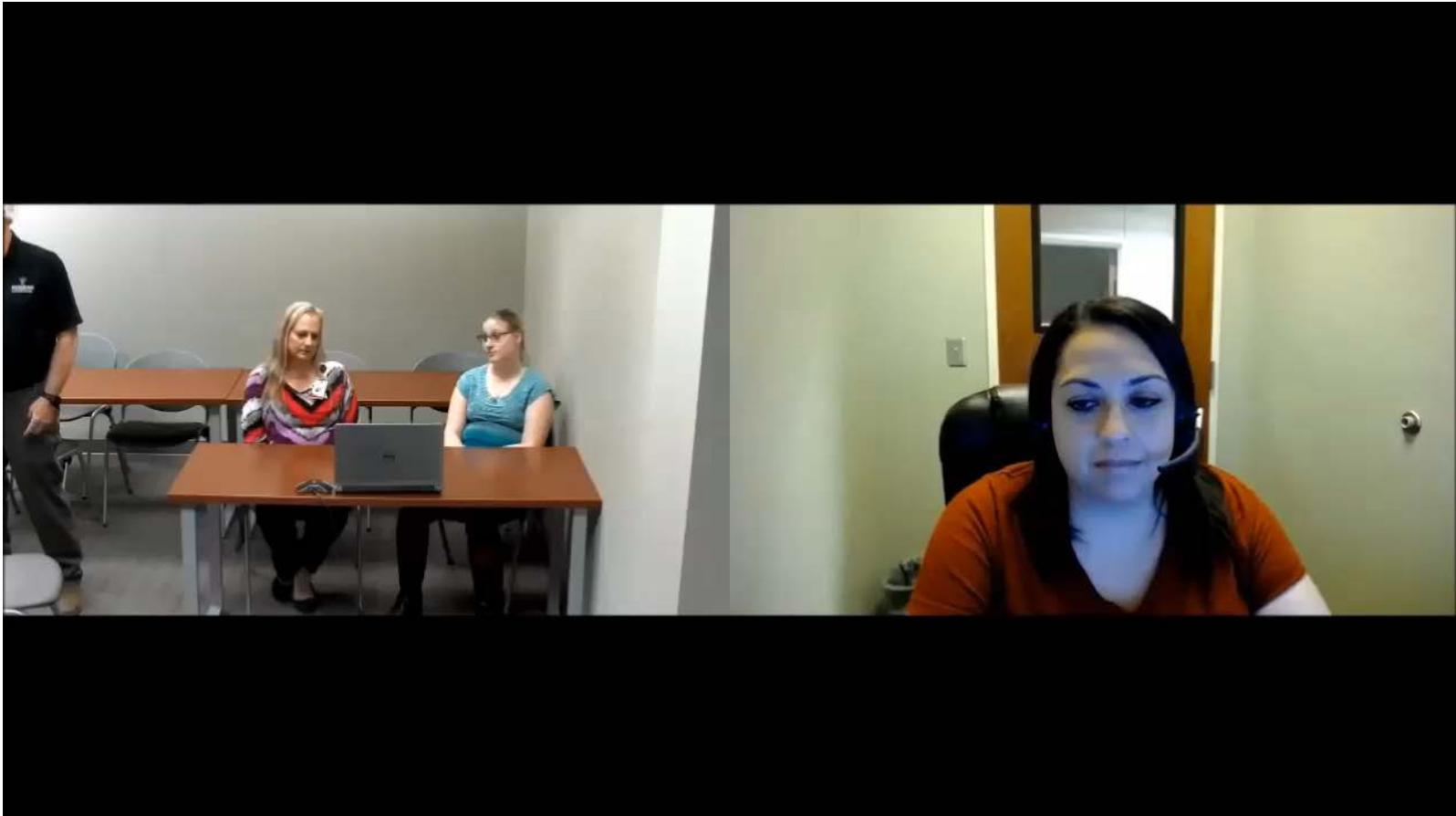


## First Telemedicine Appointment

- The TWITR Project staff take the telemedicine laptop to connect to the a secure network.
  - The TWITR Project staff use video-teleconferencing software [i.e. Microsoft Lync] to connect with the Child/Adolescent Psychiatrist.
  - During all telemedicine appointment, trained personnel [i.e. school nurse] collects client's vitals (blood pressure, pulse, temp, weight, and height).
  - During this telemedicine appointment, the attending Child/Adolescent Psychiatrist determines student disposition.
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## Telemedicine Part 1





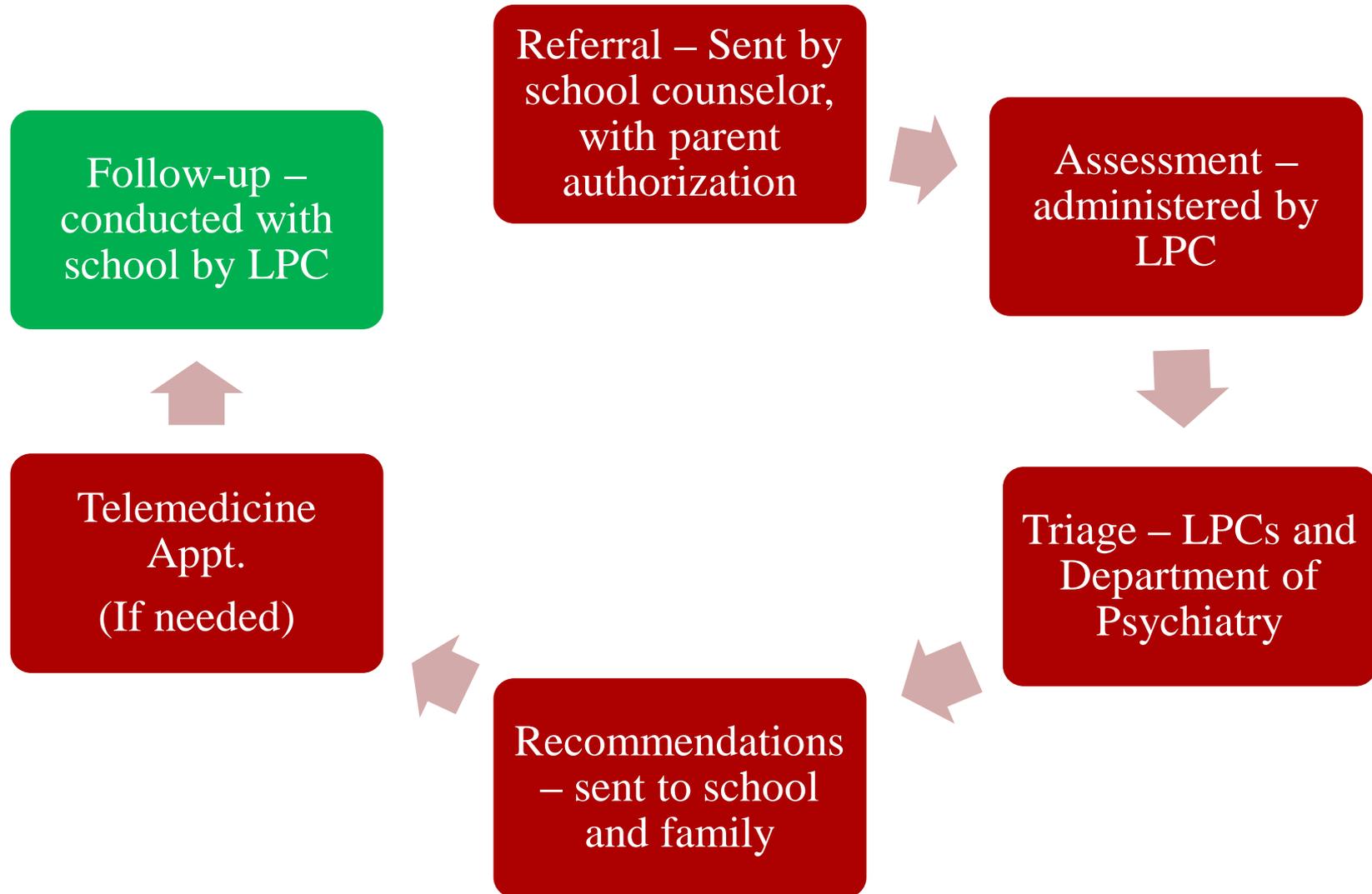
# Psychiatry Disposition

- Medication recommendation and follow-up telemedicine scheduled
  - Medical recommendation and follow-up telemedicine scheduled
  - Recommendation for non-medical therapies with no telemedicine follow-up
  - Recommendation for medication and non-medical therapies with telemedicine follow-up
  - No further participation
-



## Medication & Telepsychiatry

- Some children served through Psychiatry clinics may benefit from psychotropic medication and medication management.
  - Sometimes medical disorders can masquerade as psychological conditions.
  - A psychological problem can be the first sign of a serious medical issue.
  - If the Psychiatrist becomes concerned that a child's mental health issues may be related to a underlying medical condition the Psychiatrist will recommend the child see their PCP for a further testing
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## Follow up

- If the student is referred for psychiatric evaluation, one follow-up appointment is conducted via telemedicine
  - Additional sessions are scheduled by the student's guardian with TTUHSC's Department of Psychiatry or the guardian's provider of choice.
  - TWITR Project staff will follow up with the referral source.
  - TWITR Project staff will also assist and communicate with school personnel regarding each student's continuum of care.
  - Data is obtained about the student's behavior prior to referral and over the course of the school year.
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## Follow up

- Reports of truancy, discipline, academic performance are obtained for the six weeks prior to referral and each subsequent six week period.
  - Additional data are collected related to demographics.
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## Telemedicine Part 2





Questions?





## Next Steps ●●●





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**Thank You!**

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