Thank you to our collaborating supporters!

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• Missouri Department of Mental Health
• University of Missouri - Columbia
  ➢ Department of Psychiatry
  ➢ Assessment Resource Center (ARC)
  ➢ Missouri Telehealth Network (MTN)
• Behavioral Health Network (BHN) of Greater St. Louis
• Behavioral Health Response (BHR)
• National Alliance on Mental Health Illness (NAMI), St. Louis
• Washington University of Pediatric and Adolescent Ambulatory Research Consortium (WU PAARC)
• Greater St. Louis Council on Child Psychiatry
Spread of Child Psychiatry Access Programs

Missouri’s Behavioral Health Care Crisis

Figure 6: Psychologists & Psychiatrists Per 1,000 Residents by County in Missouri

Source: Growing Stress on the Farm: The Expanding Economic and Mental Health Disparities in Rural Missouri, 2020

Sources: 2015 Neilsen Population Data; 2017 Annual Licensing Survey; MHA Membership Database.
* Hospitals with geriatric, adult and/or pediatric psychiatric care beds.
Pediatricians surveyed self-reported that they were not prepared to address the common behavioral and mental health problems facing their patients and families.

- 65% of the 512 pediatricians reported that they lacked training in the treatment of children and adolescents with mental health problems
- 40% indicated they lacked confidence to recognize mental health problems

Horowitz et al, Academ Pediatr 2015, 15:613
Leveraging Primary Care Providers for Behavioral Health

• Patients and families often feel more **comfortable and trusting** of primary care providers.

• Primary care providers have the **opportunity for prevention and screening**.
  • AAP Guidelines for Adolescent Depression in Primary Care (GLAD-PC)

• Addressing psychiatric issues in primary care setting can **reduce stigma**.

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Within Primary Care Setting:  
Child is identified to have a mild to moderate behavioral health (BH) care need  
AND  
Primary Care Provider (PCP) has a Behavioral Health Question

PCP calls MO-CPAP  
844-538-2279

Follow Up BH Care Coordination & Community Referrals

Consultation with a Child & Adolescent Psychiatrist  
Psychiatrist available 10:00 am-6:00 pm daily

Ongoing BH Educational Opportunities

Child maintains medical home & receives treatment for mild to moderate BH needs
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MO-CPAP’s Vision

To increase mental health care access for children and youth and support primary care providers throughout Missouri as they address mild to moderate behavioral health concerns within their practices.
To meet needs of that 20% of children who need help MO-CPAP’s goals are to

- **Raise** number of MO children ages 0 through 21 years with **MILD** and **MODERATE** Social/emotional well-being challenges addressed by their pediatric PCP.
To meet needs of that 20% of children who need help MO-CPAP’s goals are to:

**Raise** number of MO children ages 0 through 21 years with **MILD** and **MODERATE** Social/emotional well-being challenges addressed by their pediatric PCP.

**Lower** number of MO children with **Mild-moderate** behavioral health issues that necessitate referral to the limited child and adolescent psychiatrists. Referring only severe cases.
Services for Enrolled PCPs

Timely telephonic consultations with Child Psychiatrists

Follow-up Coordination to appropriate behavioral health providers

Ongoing training and education for Primary Care providers & staff
What MO-CPAP cannot do

• Provide emergency or crisis response care to patients
• Offer patients direct appointments with Child and Adolescent Psychiatrists
March 2021 Enrollment Dashboard
Call Distribution by Type

MO-CPAP Call Distribution by Type – Bar Graph
This bar graph shows the distribution of calls by type over the last 6 months (September 2020 – February 2021). Across all call types, MO-CPAP averaged 25 calls/month over the last 6 months (September 2020 – February 2021) and 28 calls/month over the last year (March 2020 – February 2021).
3.12.2021

MO-CPAP Calls
September 2019 - February 2021

- CAP
- Case Coordination
- Both

MO-CPAP MISSOURI CHILD PSYCHIATRY ACCESS PROJECT
Why are providers calling MO-CPAP?

• How do I monitor for common medication side effects?
• What to do next when a medication is not working for a child and their diagnosis (such as stimulants and ADHD)?
• What are the best tools to use for screening and tracking of symptoms?
• What non-medication interventions can be used for a specific diagnosis (such as cognitive behavioral therapy for anxiety)?
• What to do for a child who has been discharged from an inpatient setting but is on a wait list for psychiatry?
Interventions Discussed

- Partial Program Treatment: 9%
- Inpatient Treatment: 3%
- School Resources: 18%
- Care Coordination: 21%
- Continue Current Treatment: 8%
- Therapy Appointment: 76%
Follow Up Care Coordination

• Follow up is initiated when:

  • A provider contacts MO-CPAP and believes their patient would benefit from mental health services
  • And/or during a medical consult, the On Call psychiatrist may suggest mental health services for the patient as part of their treatment
MO-CPAP Educational Resources

- ADHD
- Aggression
- Anxiety
- Bipolar Disorder
- Childhood Onset Psychosis
- Depression
- Eating Disorders
- Early Intervention/IEPs
- Gender Dysphoria
- Medications
- Oppositional Defiant Disorder
- PTSD/Trauma
- Reactive Attachment Disorder
Educational Resources Accessed

MO-CPAP Educational Resources
This line graph illustrates web metrics for unique pageviews (blue) and educational modules accessed (red) for the last year (March 2020 - February 2021). During this time period, MO-CPAP averaged 244 unique pageviews and 47 educational modules accessed each month. Unique pageviews fluctuated widely (range: 44 - 376) and spikes rapidly (note increase from March - April 2020 and a similar trend from January - February 2021). Educational module access was more consistent but followed the general pattern of unique pageviews, including notable increases in March 2021.
Program Demographics: Enrolled Providers

MO-CPAP Provider Type

- MD/DO: 76%
- NPs: 3%
- PAs: 1%
- Other: 20%

MO-CPAP Enrolled Provider - Practice Type

- General Pediatrics: 37%
- Family Practice: 7%
- FQHC: 34%
- Private Practice: 22%
- Academic Practice: 7%
- Other: 0%

MO-CPAP Enrolled Provider - Practice Size

- Individual Provider: 7%
- 2-3 Providers: 22%
- 4-9 Providers: 34%
- 10+ Providers: 37%
Program Demographics: Enrolled Providers

MO-CPAP Enrolled Provider - Gender

- Female: 74%
- Male: 25%
- Self-describe/Declined: 1%

MO-CPAP Provider Enrollment - Race/Ethnicity

- White: 79%
- Latinx: 6%
- Black: 4%
- Asian: 4%
- Other BIPOC: 2%
- Self-Describe/Decline: 5%
Program Demographics: Children Served

• 4 months (May 2020 – August 2020), **92 children/adolescents**
  • Comparison (HRSA Y1 9.30.18 – 9.29.19), 183 children/adolescents

• Average Age = 12 years, 10 months
  • Comparison (HRSA Y1 9.30.18 – 9.29.19), average age = 11 yrs, 10 mos

• Gender distribution = 45% male, 55% female
  • Comparison (HRSA Y1 9.30.18 – 9.29.19), 46% male, 44% female

• Patient Race = 68% White
  • Comparison (HRSA Y1 9.30.18 – 9.29.19), 75% White

• 55% covered under private insurance (even if no BH/SUD coverage)
  • Comparison (HRSA Y1 9.30.18 – 9.29.19), 56% covered under private insurance
Quarterly Survey Highlights
Administered May 2020

Among PCPs who consulted with a CAP:
- **95% agreed** they were better able to care for their patient after the consultation
- **97% agreed** they would seek consultation on future cases if they needed help

Among PCPs who used Follow-up Care Coordination (L&R):
- **94% agreed** they were better able to care for their patient after receiving care coordination
- **94% agreed** they would seek care coordination on future cases if they needed help
I feel better equipped to manage more psychiatric issues that arise in my clinic.

MO-CPAP has been the most helpful thing I have had available to me for help with mental illness patients in my entire 30 plus year career.

Testimonials

It is so beneficial to be able to have access to a child psychiatrist in a timely manner. With the combination of a LCSW, a licensed psychologist, a primary care physician, and Mo-CPAP we have expanded our capacity to treat children with mild to moderate behavioral health needs in a primary care setting. This removes barriers for our patients and makes our providers feel supported. Thank you!

I have had multiple complicated patients with depression and anxiety that have benefited greatly from my ability to talk to a psychiatrist about their treatment. These patients would have waited 6-9 months for a psychiatry appointment, but I have been able to help them immediately due to MO-CPAP! I believe this can be so beneficial for our patients, and help avoid hospitalizations, suicide attempts, and child/adolescent suicide.

Life saving in many situations.
• What has been the most helpful?
  • The **excellent guidance and reassurance** that my plan was on track and reinforced my skills; the CAP called back quickly and allowed me to move ahead with my patient’s care.
  • **I feel I have backup** when prescribing whether bridging a family to a new psychiatrist or starting meds.
  • **Very helpful practical management information.** I learn the tips I would learn on rounds during residency.
  • **Clinical expertise** provided by a psychiatrist that is not available in medical literature. Being able to ask multiple questions (one generates another) in a timely manner and also **plan for “what if” scenarios** when the patient returns/follows up. The CAPs explanations were well-communicated and concise as well as his email allowing me to call back with follow-up questions.
Building the Case for Sustainability

• Goal: develop strategies to support ongoing implementation, statewide expansion, and long-term fiscal sustainability of MO-CPAP

• Insurance workgroup: Collaboration with Medicaid/managed care organizations (MCOs) and commercial payors, MO HealthNet, MO Primary Care Association, MO Hospital Association, MO Title V
  • Coordinate with Government Affairs staff
  • Explore cost-effectiveness methods and utilize program data
  • Determine available billing and reimbursement strategies
  • Support MCOs and commercial payors in driving systems change to support PCPs

• Legislative advocacy workgroup: Obtain endorsement and support from the Missouri legislature
  • Explore how other CPAPs successfully secured budgetary allocations
  • Build relationships with legislators who are champions for children’s behavioral health
  • Advocate for legislative appropriation in state budget and/or through cost-sharing

• Fundraising workgroup: Foundation/fundraising support
Future Directions

• Providing support for pediatric PCPs in bridging care for youth in need of more intensive services
• Support for specialty care providers (i.e., endocrinology for children with chronic medical conditions. T1 D Diabetes pilot currently underway
• Considering a broader range of provider types to enroll
• Parent education and advocacy: parent flyer
How can you help?

• Use our free educational resources (posted on the MO-CPAP website)

• Pass on information about MO-CPAP to primary care providers and other pediatric prescribing professionals

• Help us connect with other groups that might be interested to hear more about the project
Provider testimonial Video

https://www.youtube.com/watch?v=zkvAppaM0Ys
Thank you for your time!

To learn more and enroll, visit the MO-CPAP website:

medicine.missouri.edu/mo-cpap

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Be Ready.
Missouri Child Psychiatry Access Project
Quick, easy, no-cost enrollment at
medicine.missouri.edu/mo-cpap

MO-CPAP
MISSOURI CHILD PSYCHIATRY ACCESS PROJECT