Systems of Care & Healthy Mental Development: Effective Strategies to Support CYSHCN in the Medical Home
Webinar Series
Episode 1

A webinar series brought to you by the National Resource Center for Patient/Family-Centered Medical Home

Friday, June 24, 2022
11:00am – 12:00pm CT
This meeting will be recorded for educational purposes and shared with participants publicly via the NRC-PFCMH website.
HOUSEKEEPING

- All participants have been muted.
- Live captioning is available.
- Utilize the chat box to ask questions throughout the presentation.
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DISCLOSURES

• Faculty have no relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this activity.

• Faculty do not intend to discuss an unapproved/investigative use of a commercial product/device in their presentations.
We acknowledge the land in DuPage County, Illinois, in which the AAP Headquarters is located, is the original homelands of the Council of Three Fires—the Ojibwe, Odawa, and Potawatomi—and many other tribes that resided on or migrated through this land for generations, including the Illinois, Miami, Sauk, Fox, Kickapoo, and Ho-Chunk tribal nations. We can and should actively give voice to and solicit experience from Indigenous communities and all marginalized communities to inform our collective efforts to meaningfully, equitably, sustainably, and effectively address the needs of families from these diverse communities.
MODERATOR

Talethia Edwards
The H.A.N.D. Up Project, Executive Director

- Talethia O. Edwards is a grassroots organizer, advocate, coalition builder and speaker. She is a wife and mother of 8; Founder and President of the Greater Bond Neighborhood Association. Talethia strongly believes in giving voice to those that have yet to discover their own voice, strategizing ways to empower and educate in order to change the patterns of poverty and low achievement. She does that through the work in the community organizing, parent leadership and advocacy locally, state and nationally. She is executive director of The H.A.N.D. Up Project a anti-poverty and resource organization. Talethia is also CEO of her own Community Development consulting firm, where she believes the only way to revitalize community is by uplifting both the people and place simultaneously. Recipient of many community awards and accolades, Talethia served as lead on a resident led planning process called the Neighborhood First plan and received a $6.4M investment from her local government and Community Redevelopment Agency (CRA), the largest investment made in the history of Tallahassee in the community of color. She is starting the Leaping For Literacy Program in her neighborhood to incentivize students for meeting their reading goals which has since expanded to include a community wide book drive that ensures children in Title I schools can build their personal libraries at home. Check out her TedTalk entitled “One Grassroots Leader and her Commitment to Community” where is puts process to how she got her start in community and outlines strategy that she believes can work for anyone looking to make change in their community.
SERIES’ LEARNING OBJECTIVES

At the end of the presentation, participants will be able to:

• Describe the systems of care providing behavioral and mental health needs for CYSHCN among pediatricians, allied health professionals, Title V programs and other partners.

• List key partners and collaborators within the behavioral and mental health systems of care at the practice, community, and state levels.
SERIES’ LEARNING OBJECTIVES (CONT)

• Discuss the role of the patient/family-centered medical home in supporting behavioral and mental health care for CYSHCN.
• Identify practical strategies for medical home and care coordination and integration of behavioral and mental health services for CYSHCN that can be implemented at the clinic, community, and systems levels.
MC3: A Statewide Collaborate Care Program
Sheila Marcus, MD
Clinical Professor
Clinical Director of the Child and Adolescent Psychiatry Section
University of Michigan Department of Psychiatry

• Dr. Marcus is a Clinical Professor at the University of Michigan, Co-Director of the Infant and Early Childhood Clinic (IECC) and Director of the MC3 program. Her areas of interest include intergenerational transmission of illness, maternal child attachment and early risk factors for childhood psychiatric illness including presentation of autism in toddlers. Dr. Marcus is involved with children with complex illnesses including fetal alcohol spectrum disorders, post-traumatic stress disorders and exposure to toxic stress including violence and poverty.
Anne Kramer, LMSW
Program Manager
University of Michigan Child Collaborative Consultation (MC3) Program
University of Michigan Department of Psychiatry and Depression Center

Anne Kramer, LMSW is a Senior Research Associate at the University of Michigan Department of Psychiatry and Depression Center. She has experience in implementing protocol-based research interventions involving adolescents and young adults at risk for suicidal behavior and suicide. Presently, Anne is the Program Manager for the MC3 Program, a consultation program for primary care providers treating the mental health needs of children, adolescents and perinatal women with minimal access to specialized care in the state of Michigan. Anne provides education and training on mental health and suicide and is certified as: Instructor safeTALK suicide alertness Training for Trainers, Trainer Consultant for Applied Suicide Intervention Training (ASIST), Trainer Suicide to Hope training for professional helpers.
FUNDING

• Dr. Marcus’ effort for Michigan Child Collaborative Care (MC3) is funded through Michigan Department of Health and Human Services (MDHHS) and the Health Resources and Services Administration (HRSA) funded Pediatric Mental Health Care Access Project.

• Anne Kramer’s effort for Michigan Child Collaborative Care (MC3) is funded through Michigan Department of Health and Human Services (MDHHS) and the Health Resources and Services Administration (HRSA) funded Pediatric Mental Health Care Access Project.
MICHIGAN STORY: A PERFECT STORM

- Extraordinary need and inadequate resources to help:

  1 IN 7 WOMEN
cared for by perinatal providers
suffer from depression or anxiety

  1 IN 5 CHILDREN
have at least one diagnosable mental health condition

- Only 1 county in Michigan has adequate number pediatric and perinatal psychiatrists.

- Michigan ranks third in the shortage of mental healthcare professionals.
MICHIGAN CHILD AND ADOLESCENT PSYCHIATRY SHORTAGE MAP

Practicing Child and Adolescent Psychiatrists by County 2017
Rate per 100,000 children age 0-17

CAPs Per 100K Children
- Mostly Sufficient Supply (>=47)
- High Shortage (18-46)*
- Severe Shortage (1-17)*
- No CAPs

Image borrowed from: Website:
https://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx
MC3 AS A SOLUTION... WITH FUNDING FROM MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)

- Same-day psychiatry phone consultation for primary care providers who treat:
  - Children, adolescents and young adults ages birth-26.
  - Perinatal women, up to 12 months postpartum.
- Treatment recommendations (medication/therapy) consulting psychiatrists and resources are provided by regional Behavioral Health Consultants (BHCs).
- Education trainings and resources, cafes and case consultations.
BACKGROUND

• Launched in 2012 in collaboration with key stakeholders to address shortage of pediatric psychiatrists
  —Michigan Department of Health and Human Services (MDHHS)
  —Community Mental Health (CMH) Leadership
  —Primary Care Providers (PCPs)

• Funded initially (2012-3) by private foundation. Since then, MC3 has been funded by Michigan Department of Health and Human Services (MDHHS) via general funds, Flint Water Crisis funds, and Mental Health Block Grant.

• To fully serve the entire state, MDHHS applied for and received HRSA’s Pediatric Mental Health Care Access funding (4th of 5-year grant).
HOW WE BEGAN

- **Identified our champions**
  - **Clinical** (pediatricians/family medicine doctors) who are pioneers in children’s mental health in their practice and/or their professional associations
  - **Advocacy**
    - Michigan AAP Mental Health Taskforce: A priority to address mental health issue
    - State Administration (MDHHS)
  - **Funders with interest in children’s mental health**
    - Foundations (e.g., Flinn Foundation, Michigan Health Endowment Fund, Community Donor)
    - Flint Water Crisis (Flint Water District)
- **Awareness of cultural/racial diversity and addressing disparities in every region**
Additional Key MC3 Offerings

- Telepsychiatry patient evaluations
- Live and remote trainings offered regionally and statewide
- Workflow analysis to better integrate screening, care coordination, and MC3 services
- Local and regional behavioral health resource and referral navigation
- Scheduled educational group case consultation with MC3 psychiatrist
CHILD PSYCHIATRY ACCESS PROGRAMS IN THE UNITED STATES

• NNCPAP network meets regularly, programs share resources and strategies across programs in all states
• All aim for strong relationships with providers and health system Components: Psychiatry consultation, education and resources
• Statewide or regional with shared functionality
• Separate or combined pediatric and perinatal
• Expansion to other domains (schools, emergency departments)
• Specialty consultation (autism, substance use)
• https://www.nncpap.org/

Website: https://www.nncpap.org/
MC3 Statistics

• 3,002 providers enrolled from 768 practices
  – 263 providers from 86 rural health centers
  – 71 providers from 40 school-based health centers

• 18,000+ service requests on 15,000+ patients
  – 40% Child Adolescent and Perinatal Psychiatry (CAPP) services (diagnostic, psychopharmacology consultations, group case consultations, tele-psychiatric evaluations, embedded CAPP services)
  – 60% Behavioral Health Consultants (BHC) services (referral, triage, local information and payer questions, integrated BHC services)
POTENTIAL CHALLENGES TO CONSIDER

• High rates of suicidality, and many children and perinatal women are “bridged” by MC3 program into and out of hospital.
• Patients have high prevalence of trauma and psychosocial stressors.
• High percentage of young children on more than one medication
• Psychiatry phone consultations to primary care providers alternative to higher levels of care.
• Ongoing support provided to primary care providers following inpatient stay, while awaiting disposition to local psychiatrist.
• Some patients refuse higher levels of care (including community mental health) and managed by primary care provider as default.
WHY COLLABORATIVE AND INTEGRATED CARE?

- Meeting families where they are currently receiving care
- PCPs following patients over a lifetime
- Trust
- Stigma
- Avoiding higher levels of care
- Management of mental health with co-occurring physical conditions
WHY ACCESS PROGRAMS ARE IMPORTANT

• Pediatricians, Child and Adolescent Psychiatrists and Children’s Hospitals Declare National Emergency in Children's Mental Health

• The organizations are urging policymakers to take several actions:
  – Increase federal funding for evidence based mental health services
  – Support effective models of school-based mental health care and integration into primary care
  – Strengthen efforts to reduce the risk of suicide in children and adolescents
  – Promote and pay for trauma-informed care services
**Provider Role**

- **Your input to shape program is key—let your voice be heard!**
- **Respond to program outreach**
  - Opportunity for enrollment—should be easy
  - Hosting
  - Soliciting your input. What do your patients and families need?
  - Opportunity to learn through consultation
  - Many programs offer toolkits and psychopharm resources
- **Barriers—concerns we hear about**
  - Many do not want to manage mental health—limited resources and access to care, discharge from ER
  - Time
  - Liability issues
- **Expectations**
  - Co-manage patients, not expecting to be psychiatrists
  - Recognize value of integrated behavioral health and collaborative care
## Psychiatric History: Be Aware

<table>
<thead>
<tr>
<th>Question</th>
<th>Age 0-11</th>
<th>Age 12-26</th>
<th>Perinatal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the patient currently seeing a psychiatrist?</td>
<td>1%</td>
<td>2%</td>
<td>12%</td>
</tr>
<tr>
<td>Is the patient currently on psychotropic medication?</td>
<td>65%</td>
<td>73%</td>
<td>62%</td>
</tr>
<tr>
<td>Is the patient currently receiving therapy or other services?</td>
<td>57%</td>
<td>61%</td>
<td>42%</td>
</tr>
<tr>
<td>Does the patient have any history of psychiatric hospitalizations?</td>
<td>2%</td>
<td>18%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Does the patient have any other significant medical problems (cardiac, obesity)?</strong></td>
<td>Age 0-11</td>
<td>Age 12-26</td>
<td>Perinatal</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>32%</td>
<td>41%</td>
<td>46%</td>
<td></td>
</tr>
</tbody>
</table>

| **Has this patient experienced a traumatic situation that was scary or frightening?** | 34% | 36% | 50% |

| **Are there additional psychosocial stressors that may be impacting the clinical picture? For example: Child Protective Services, legal, criminal justice, financial trouble, bullying, etc.** | 59% | 64% | 65% |

| **Is there current concern for suicidal thoughts or attempts for this patient?** | 9% | 25% | 24% |

| **Is there a history of suicidal thoughts or attempts for this patient?** | 10% | 36% | 38% |

Data referenced is property of Mc3
# Medication (for Those on Medication)

<table>
<thead>
<tr>
<th>Percent of patients on more than 1 psychotropic medication</th>
<th>Age 0-11</th>
<th>Age 12-26</th>
<th>Perinatal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>50%</td>
<td>44%</td>
<td>31%</td>
</tr>
</tbody>
</table>

Data referenced is property of Mc3
## Psychiatrist Assessment of Level of Severity

<table>
<thead>
<tr>
<th></th>
<th>Age 0-11</th>
<th>Age 12-26</th>
<th>Perinatal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate/severe symptoms</td>
<td>70%</td>
<td>64%</td>
<td>52%</td>
</tr>
<tr>
<td>Higher level of care needed (beyond PCP)</td>
<td>41%</td>
<td>34%</td>
<td>51%</td>
</tr>
<tr>
<td>ER visit likely avoided yes/maybe</td>
<td>19%</td>
<td>24%</td>
<td>28%</td>
</tr>
</tbody>
</table>
**BE PREPARED FOR LEVEL OF SEVERITY:**

**PEDIATRIC CASE EXAMPLES OF CO-MORBID CONDITIONS**

- Young man, aged 19, with severe intractable bipolar illness and poorly managed diabetes. Left his home in Michigan, risk taking, promiscuity last year. Now is back home (island in Lake Michigan) during an intractable snowstorm in January, and acuity suicidal. Cared for by Nurse Practitioner. Planes/ferries unable to transport to hospital.

- Child, age 4, presented by grandmother as she “can’t manage him anymore,” he is running into streets. She wants to hospitalize him 200 miles from home in rural Michigan. He is on 3 medications. First question?
A 16-year-old with cystic fibrosis has been moved to an emergency setting 100 miles from home due to overcrowding in home ER. He has cognitive impairment and has been assaultive to his parents. No bed found and after 5 days, the family removes him back home, and they come to PCP the following morning.
KEY TAKEAWAYS

- Child Psychiatry Access Programs such as MC3 are an important component in the continuum of care, and provide prompt, same day access to child psychiatrists for PCPs.
- Pediatricians are managing very complex youth and programs such as MC3 can be a “game changer” for these pediatricians.
- Relationships between psychiatrists, pediatricians, advanced practice professionals youth and families and other state stakeholders are critical to well designed programs.
Thanks to Regional Behavioral Health Consultants

14 Behavioral Health Consultants (BHCs) located around the state.

- Outreach and Engagement of providers
- Consultant to primary care providers on behavioral health
- Coordination of psychiatry consultations
- Integrated part-time in a primary care practice
THANKS TO MC3 TEAM

Consulting Psychiatrists

Dr. Sheila Marcus
Dr. Paresh Patel
Dr. Maria Muzik
Dr. Joanna Quigley

Dr. Dayna LePlatte-Ogini
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• Jennifer has a Bachelors in Education and over 20 years professional experience in Early Childhood! She has spent the last 9 years as the Nebraska State Lead in evidence-based home visiting. Jennifer is a professional, an advocate for children and families, an adult educator, a coach and most importantly, a mom. She is passionate about what she does and believes strongly in the mission of NDHHS: “Helping People Live Better Lives.” Jennifer has conducted national-level presentations for Healthy Families America and the American Academy of Pediatrics, many state and local-level presentations, and serves actively as a member of several national and state level boards advocating for the prevention of child maltreatment. As a co-lead for the Nebraska Partnership for Mental Healthcare Access in Pediatrics (NEP-MAP), her vision is that every family has equitable access to mental and behavioral healthcare in Nebraska. The greatest accomplishment in her life are that her two children have become thoughtful, compassionate, and kind adults! Jennifer’s family lives in Panama, just south of Lincoln, Nebraska.
SYSTEMS of CARE

Who’s responsible?

Who does it benefit?

What does that look like?

What does the data say?

Has anyone done it before?

How much does it cost?

Who loses?

Who is the target audience?

What are the outcomes?

Does anybody like it?

Does it work?

When is the best time?

Who pays for this?

Where is the best place to start?

EARLY CHILDHOOD SYSTEM OF CARE

Early Childhood Mental Health in a System of Care

Fosters the social and emotional well-being of all infants, toddlers, preschool-age children, and their families

Values
- Family Voice
- Child & Family Centered
- Relationship Based
- Culturally Competent
- Infused into Natural Settings & Services
- Grounded in Developmental Knowledge

Services & Supports
SUPPORTS FOR PARENTS & CHILD CARE PROVIDERS

Services for Families
- STRATEGIC PLANNING, POLICIES & PROCEDURES
- INTERAGENCY PARTNERSHIPS

Maximized & Flexible Funding
- PREPARED WORKFORCE
- OUTCOME EVALUATION

Promotion

Prevention

Intervention

American Academy of Pediatrics
Dedicated to the health of all children®
System of Care

The Power of Partnerships

- Collaboration, partnering
- Shared mission, goals, objectives
- Consumer-driven
- Opportunities for braided funding mechanisms
- Shared efforts, resources, services
- Advances high fidelity wraparound and one-door option for consumers.
Nebraska Partnership for Mental Healthcare Access in Pediatrics

**PRIMARY CARE PRACTICE IMPROVEMENT PROJECTS**
- Provider Survey
- Quality Improvement project funds
- Reach Out and Read
- Screening & Referral Guide

**PROMOTE SCREENING AND REFERRAL**
- Screening & Referral Guide (2nd ed.)
- Practice-level Screening Data
- Community Screening Survey

**FAMILY-CENTERED AND EQUITY FOCUS**
- Families as Partners in Advisory Group
- Technical workgroup on CLAS and Equity
- Family participation in developing Survey
- Family-centered Care Coordination Training

**Nebraska Partnership for Mental Health Care Access in Pediatrics Advisory Group**
- Promote integration and coordination of cross-system efforts to improve outcomes for ALL families
- Provide a forum for family leadership and family-centered care
- Engage with partners and provide accountability for project resources

**PROVIDER TO PROVIDER CONSULTATION**
- Telebehavioral Health Consultation Project for Primary Care
- School Nurse Consultation Project

**PROVIDER TRAINING**
- Clinical Demonstration Project Training Activities
- Family-Centered Care Coordination for Community Health Workers
- School Nurse Continuing Education
KEY TAKE AWAYS

IF your goal is EQUITABLE, FAMILY-CENTERED PRACTICE with much greater probability of UNDERSTANDING and FOLLOW-THROUGH by your patients...

- IDENTIFY YOUR VILLAGE
- WHOLISTIC APPROACH – “WHOLE” as in WHOLE PERSON
- CARE COORDINATORS
- CUSTOMER INPUT
- LANGUAGE/CULTURAL ASSIST
THANK YOU!

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  - Sheila Marcus, MD, Clinical Professor and Clinical Professor; smmarcus@med.umich.edu
  - Website: mc3.depressioncenter.org

• **Nebraska Partnership for Mental Healthcare Access in Pediatrics (NEP-MAP)**
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PARTICIPANT QUESTIONS
THANK YOU FOR YOUR PARTICIPATION!