Massachusetts Child Psychiatry Access Project 2.0

A Case Study in Child Psychiatry Access Program Redesign

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KEYWORDS

- Child and adolescent psychiatry • Collaborative care
- Child psychiatry access programs • Mental health integration

KEY POINTS

- The Massachusetts Child Psychiatry Access Program is a statewide public program offering dedicated resources of telephone consultation, expedited assessment, care navigation support, and training to pediatric primary care providers across Massachusetts.
- Opportunities for improvement in the performance of the program identified through a systematic strategic assessment included the need to provide outreach to pediatric practices, to redefine the care navigation support provided by the program, and to improve the consistency and efficiency of the program services.
- Outreach practice consultation is a new function of the program designed to help pediatric practices achieve mental health process improvement goals and to address specific primary care provider training needs.
- The landscape of pediatric practice in Massachusetts has changed substantially over the past 12 years since the initial design of the program: pediatric practices are increasingly organized into networks, adopting the patient-centered medical home model, and embedding behavioral health clinicians into the primary care team.
- Programs require periodic iteration in order to address environmental changes, to debug programmatic vulnerabilities, and to make improvements based on analysis of the program's performance.

Conflicts of Interest: The authors have no conflicts of interest to disclose.
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Child Adolesc Psychiatric Clin N Am ■ (2017) ■–■
http://dx.doi.org/10.1016/j.chc.2017.05.003
childpsych.theclinics.com

INTRODUCTION TO THE CHILD PSYCHIATRY ACCESS PROGRAMS MOVEMENT

Inadequate access to mental health care for children and families has been a vexing problem in communities across the United States.[1–3] Pediatric primary care providers, working at the front lines of the health care system, confront the unmet needs of children with mental health problems on a daily basis; however, lacking appropriate training and access to referral resources, they are frequently ill-prepared for this role.[4–6] For common health problems arising in other systems of the body, primary care providers receive basic clinical training in residency in the prevention, early detection, diagnostic assessment, initial management, and follow-up care of patients. Primary care practices are also typically connected, informally or formally, to a network of specialist colleagues and ancillary resources for the care of patients with non–mental health conditions. Primary care providers commonly have staff members within their practice assisting them in providing this care. None of these conditions are consistently present for children with mental health conditions.

In 2004, the Massachusetts Child Psychiatry Access Project (MCPAP),[7,8] the first of a series of system-level public mental health programs that have come to be called child psychiatry access programs (CPAPs), began to address this gap. CPAPs are programs designed to provide a range of scaffolding resources for a defined set of pediatric primary care practices enabling them to address mental health problems for children and families in a manner comparable with common non–mental health problems. The set of primary care practices are most often defined geographically, according to municipal boundaries based on public funding specifications, although CPAPs can be directed to practices according to health system or network affiliation. CPAP teams are organized in a hub/spoke configuration with pediatric practices. The services provided by CPAPs address both knowledge and service coordination gaps for primary care teams and may include the following:

1. Informal so-called curbside telephonic consultation to primary care providers (PCPs) by child and adolescent psychiatrists (CAPs) and/or other children's mental health specialists
2. Direct expedited clinical assessment of patients, either in person or through a tele-video resource
3. Assistance with referrals and care navigation for the implementation of a mental health care plan
4. Provision of continuing medical education programming for PCPs

Since 2004, the CPAP model has spread widely throughout the United States. At present, CPAPs are operating in 28 states, and according to data compiled by the National Network of Child Psychiatry Access Programs it is estimated that PCPs for more than one-third of children in the United States (approximately 24 million) currently have access to child psychiatry consultation resources.[9]

THE MASSACHUSETTS CHILD PSYCHIATRY ACCESS PROJECT EXPERIENCE 2004 TO 2016

Over 12 years, MCPAP has developed into a robust, statewide, geographically based CPAP offering collaborative support to all pediatric PCPs in Massachusetts. This article refers to the period from October 2004 through December 2016 as MCPAP 1.0. During this time, the program was geographically configured with 6 regions, each with a team consisting of a full-time equivalent (FTE) of a CAP (consisting of several individuals), a behavioral health clinician (social worker/licensed mental health counselor), and a care coordinator. This staffing provided a close, collaborative