

IMPROVING ACCESS TO PEDIATRIC MENTAL HEALTH CARE

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2022 Pediatric CATCH Meeting

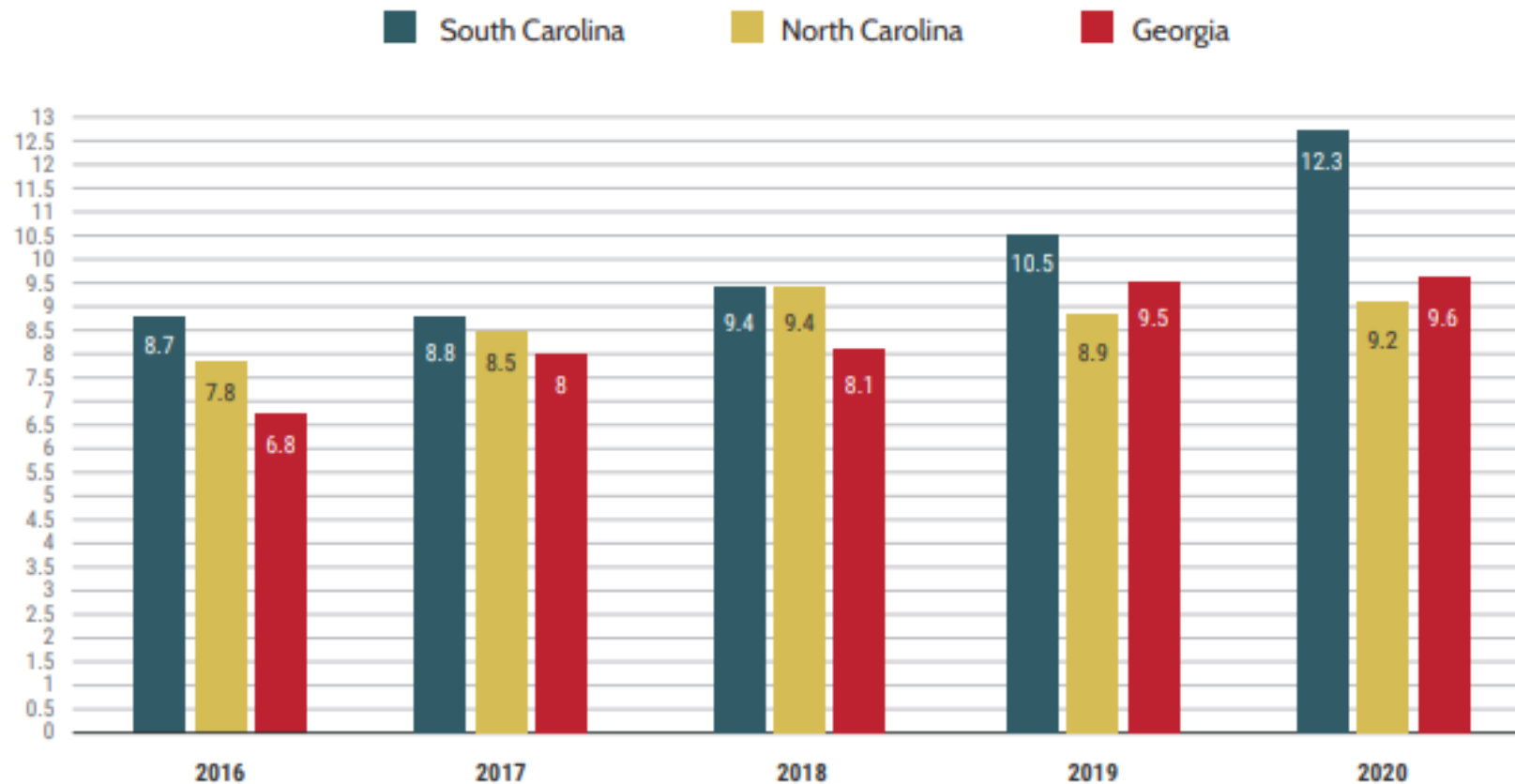
MENTAL HEALTH AMERICA STATE RANKINGS

- Done yearly for overall mental health based on prevalence of mental health conditions in the past year and access to care
- For 2022, SC ranked #35 overall in Youth rankings

7 Measures that Inform Overall Youth Ranking	Total USA	SC
Youth (12-17) with ≥1 Major Depressive Episode (MDE)	15.08% (↑306,000 or 1.24% from '21 rankings)	13.82% (52,000) / #9
Youth w/Severe MDE	10.6% (↑197,000 from '21)	9.10% (33,000) / #14
Youth w/Substance Use Disorder	4.08%	3.95% (15,000) / #18
Youth w/MDE who did NOT receive Mental Health Services	60.3%	67.60% (34,000) / #46
Youth w/Severe MDE who Rec'd some consistent Tx	27.2%	24.20% (8,000) / #34
Youth w/Priv. Ins. that did NOT cover Mental/Emot. PX	↑0.3% from '21	12.40% (19,000) / #45
Overall Access to Care		#43
Mental Health Workforce Availability		550:1 / #41

RISING YOUTH SUICIDE RATES

Adolescent (Age 15 through 19) Suicide Mortality Rate per 100,000 in South Carolina, North Carolina and Georgia 2016-2020⁴⁴



Source: National Center for Injury Prevention and Control, United States Centers for Disease Control and Prevention, 2021

SHORTAGE OF CHILD PSYCHIATRISTS

From 2007 to 2016, the US Total number of child and adolescent psychiatrists (CAPs) increased from 6590 to 7991, a 21.3% gain

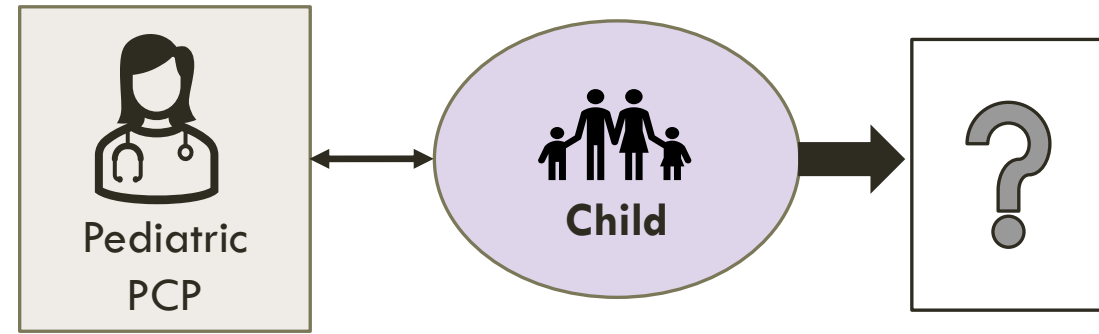
CAPs significantly more likely to practice in

- High-income counties
- Counties with higher levels of postsecondary education
- Metropolitan counties (vs. counties adjacent to metropolitan regions)

In SC, overall decrease in rate of CAPs to population

- 2007: Child population=1,188,713 with 112 CAPs (rate of 9.4/100,000 kids)
- 2016: Child population=1,228,625 with 114 CPAs (rate of 9.3/100,000 kids)

MENTAL HEALTH CARE GAP



Lack of CAPs in South Carolina

Increasing mental health needs of the youth population exacerbated by COVID pandemic

Many pediatric primary care providers are stuck

- Attempt to treat mental health conditions with limited to no back-up
- Refer to specialty mental health care if non-emergent and often wait many months
- Frustration with lack of communication from CAPs/Mental health providers when kids do get into care

How do we leverage our current workforce and system to work better and increase access both for children and providers?

CHILD PSYCHIATRY ACCESS PROGRAMS

2004- 1st statewide child psychiatry access consultative program established - Massachusetts Child Psychiatry Access Project (MCPAP)

- To address shortage of child mental health professionals across MA
- Supports efficient diagnosis & treatment of mild to moderate mental health issues in primary care
- Utilizes telephone child psychiatry consults, face-to face consults & care coordination
- Exact structure varies from state to state, but typical model is to have a phone line or internet platform that provides direct access to a CAP for rapid consultation

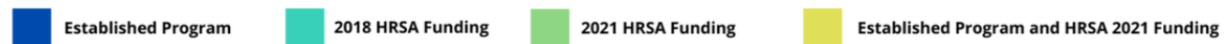
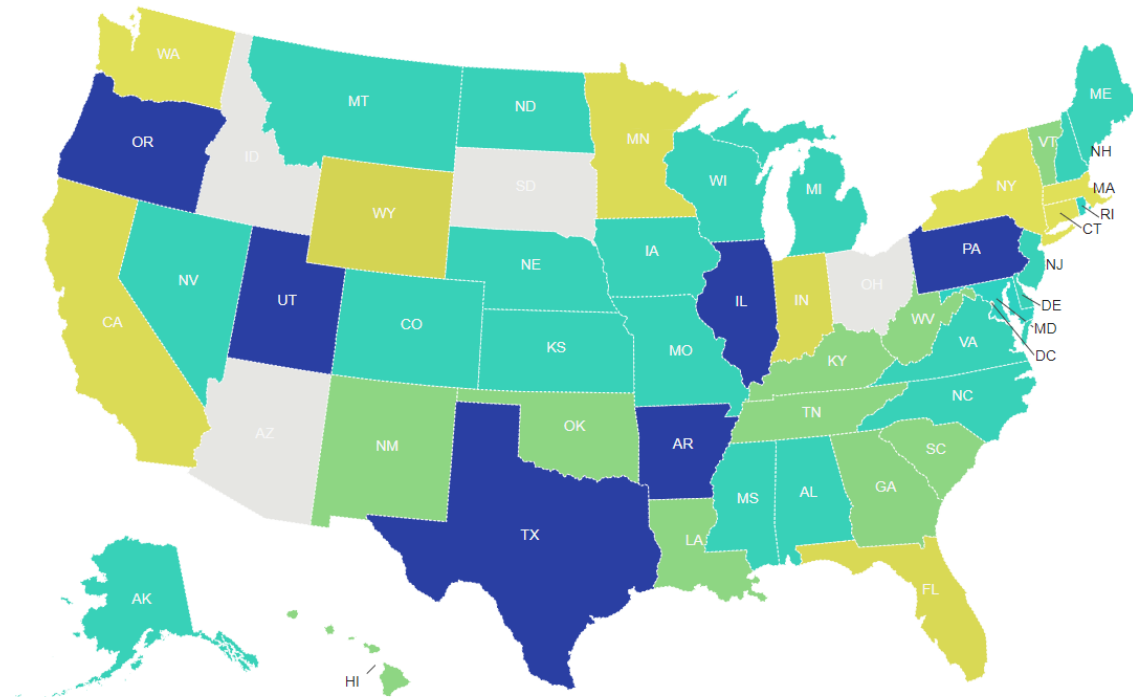
Model has been expanded across the US and also used for perinatal mental health and substance use

2014- National Network of Child Psychiatry Access Programs, Inc. established to provide technical assistance and support to other states

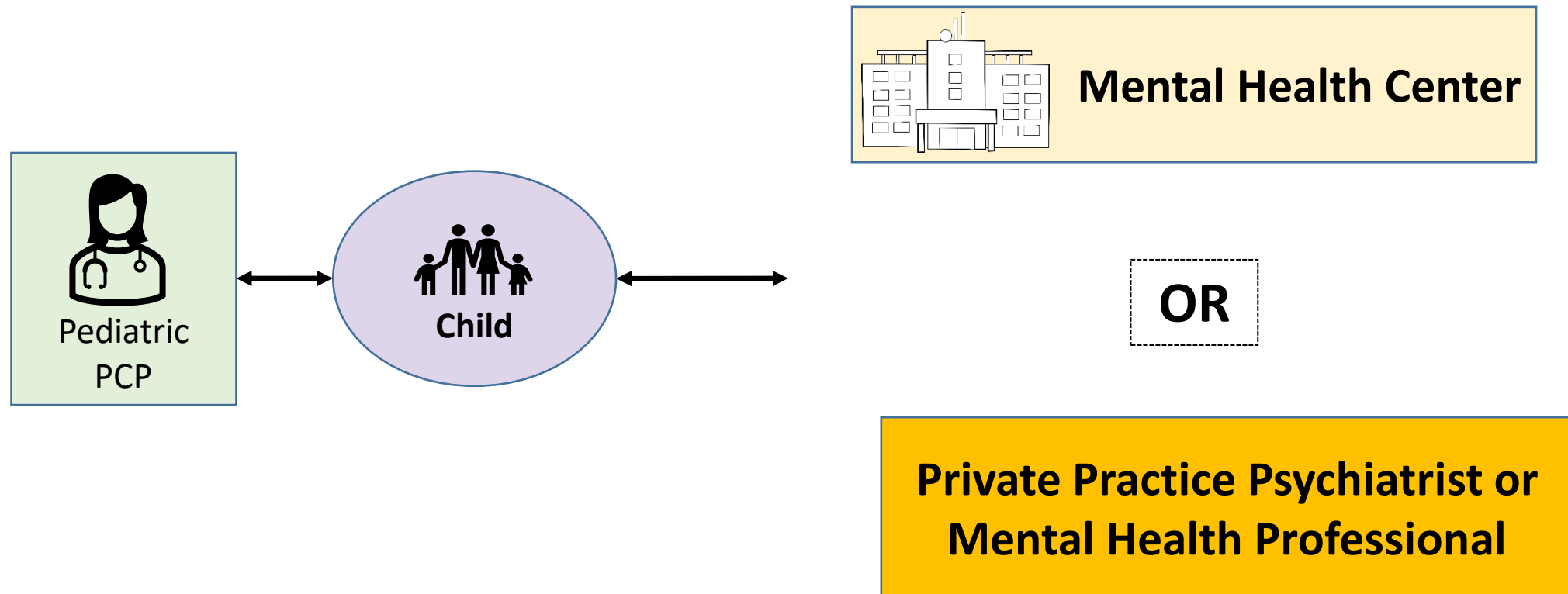
CPAPs have shown to increase pediatrician confidence in assessing and treating mental health disorders

Research on outcomes has been lacking because of consultative nature of programs, but anecdotal reports support efficacy

CURRENT STATES WITH CHILD PSYCHIATRY ACCESS PROGRAMS



Current Choices for Mental Health Service Referrals

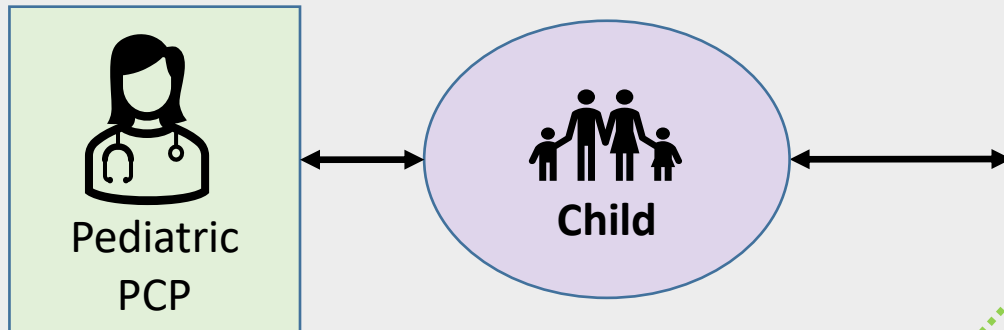


HRSA Award

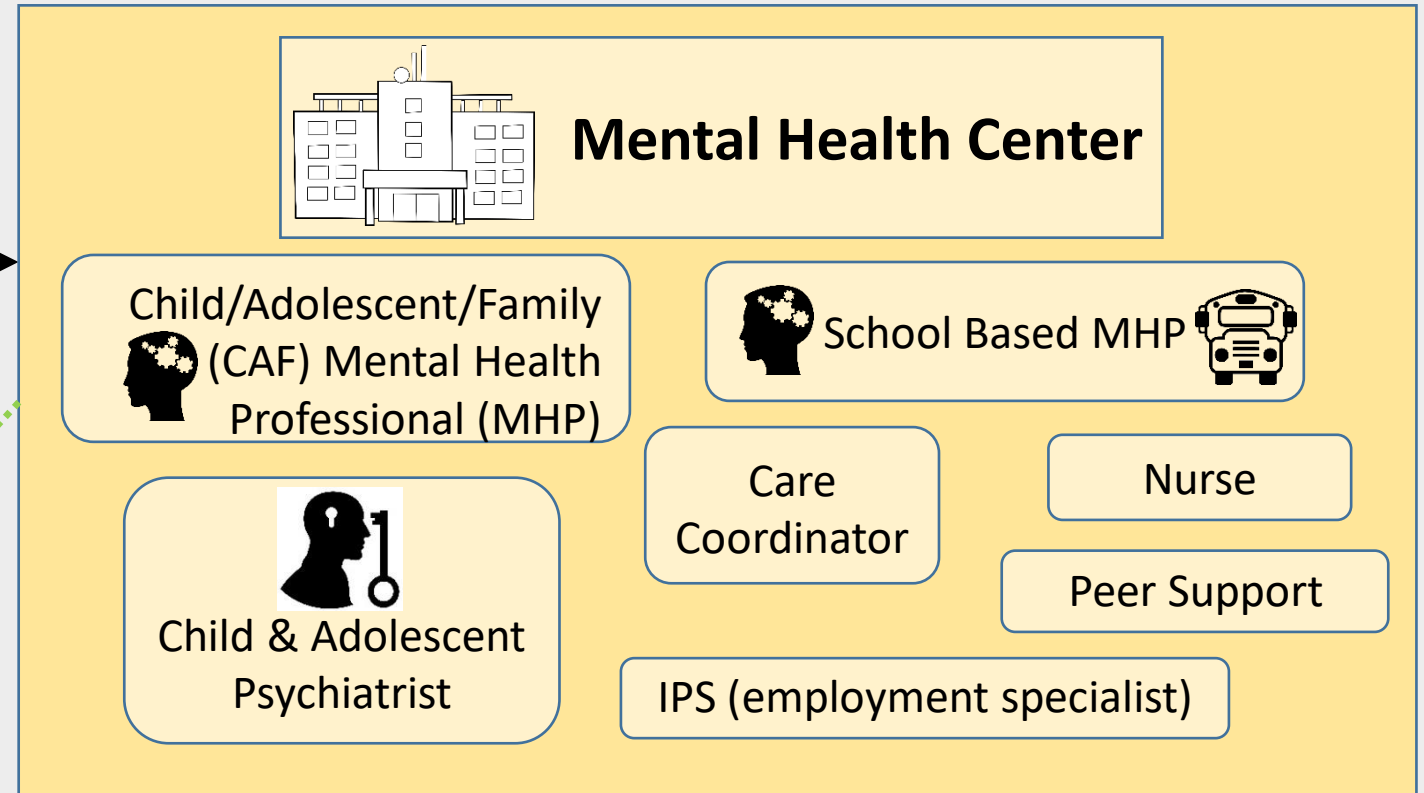
- American Rescue Plan Act – Pediatric Mental Health Care Access New Area Expansion
- Awarded \$445,000 per year for 5 years total by HRSA effective 9/30/21 to SCDMH
- Goal is to develop pediatric mental health care teams to provide clinical consultation to community pediatric primary care providers
- Our plan is to use existing DMH pediatric providers to support this work through integrated care models

Current Mental Health Service Model for Outpatient DMH Services

Traditional DMH Services

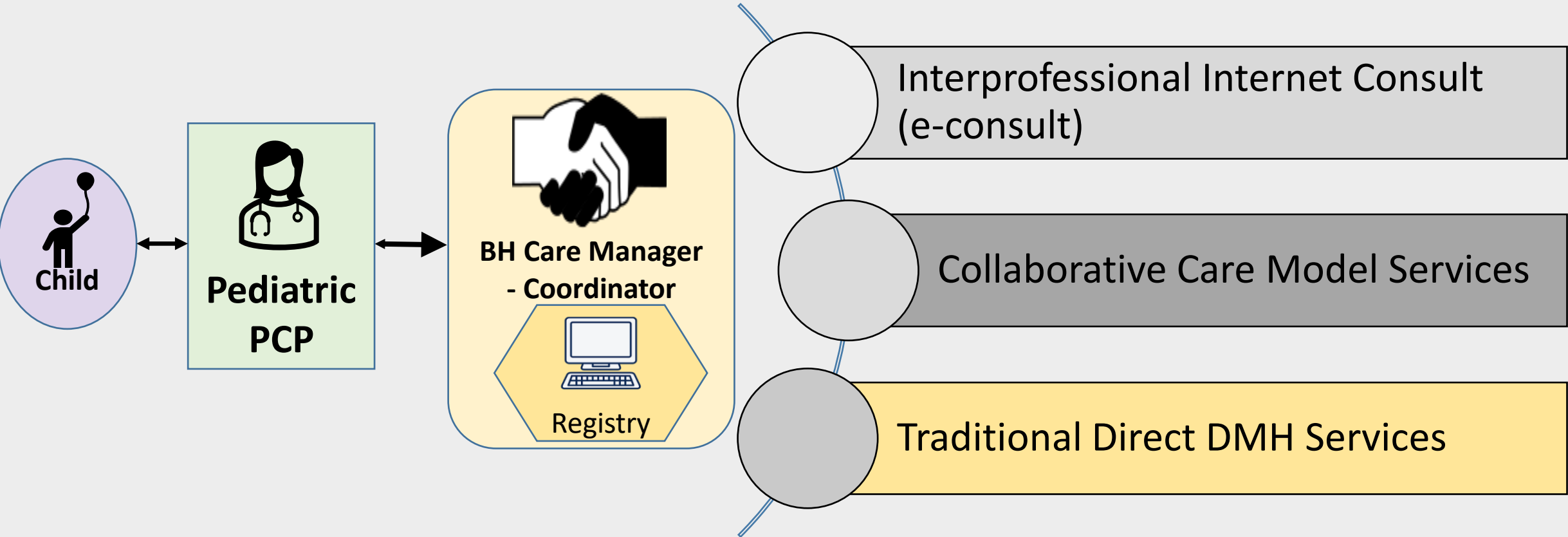


- CAF MHP does intake assessment
- CAF MHP provides therapy & referrals to other providers as needed
- Child & Adolescent psychiatrist does psychiatric evaluation & provides medical treatment
- No standard process for care coordination between primary care & mental health treatment
- All services are direct & billed by providers rendering care

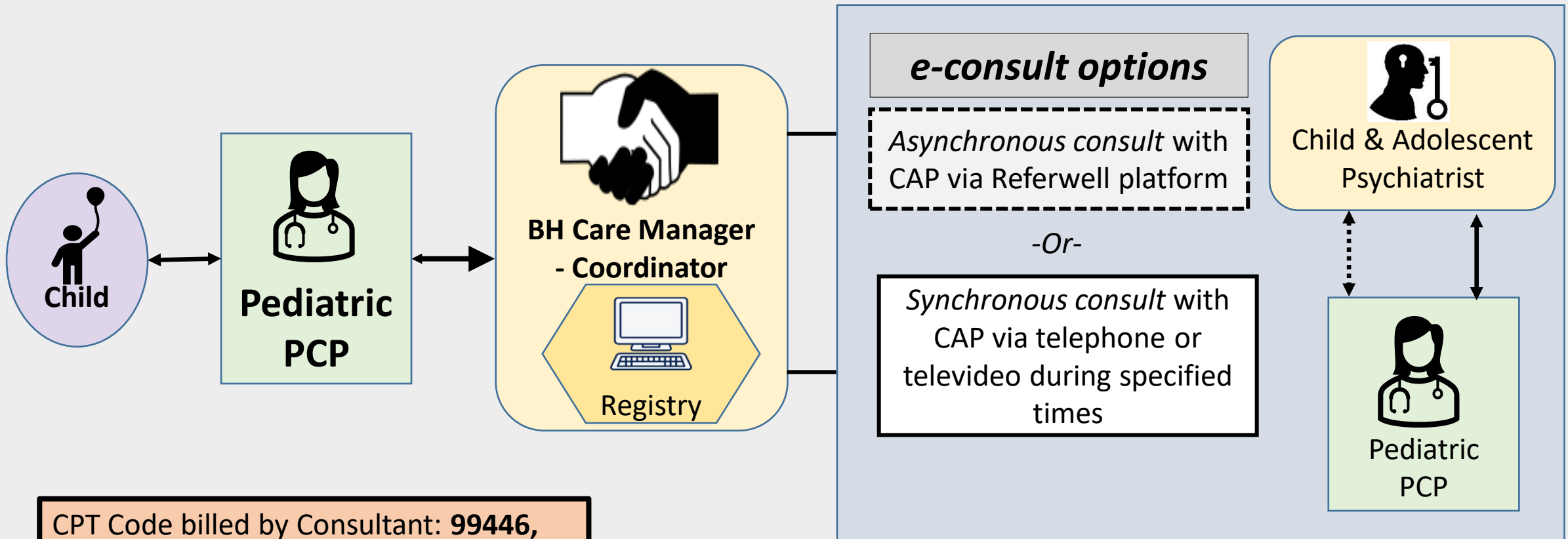


If/when treatment goals are reached, case is closed. There may be attempts to refer patient back to Pediatric PCP if needed.

New Mental Health Outpatient Service Model Based on Integrated Care & Collaborative Partnerships

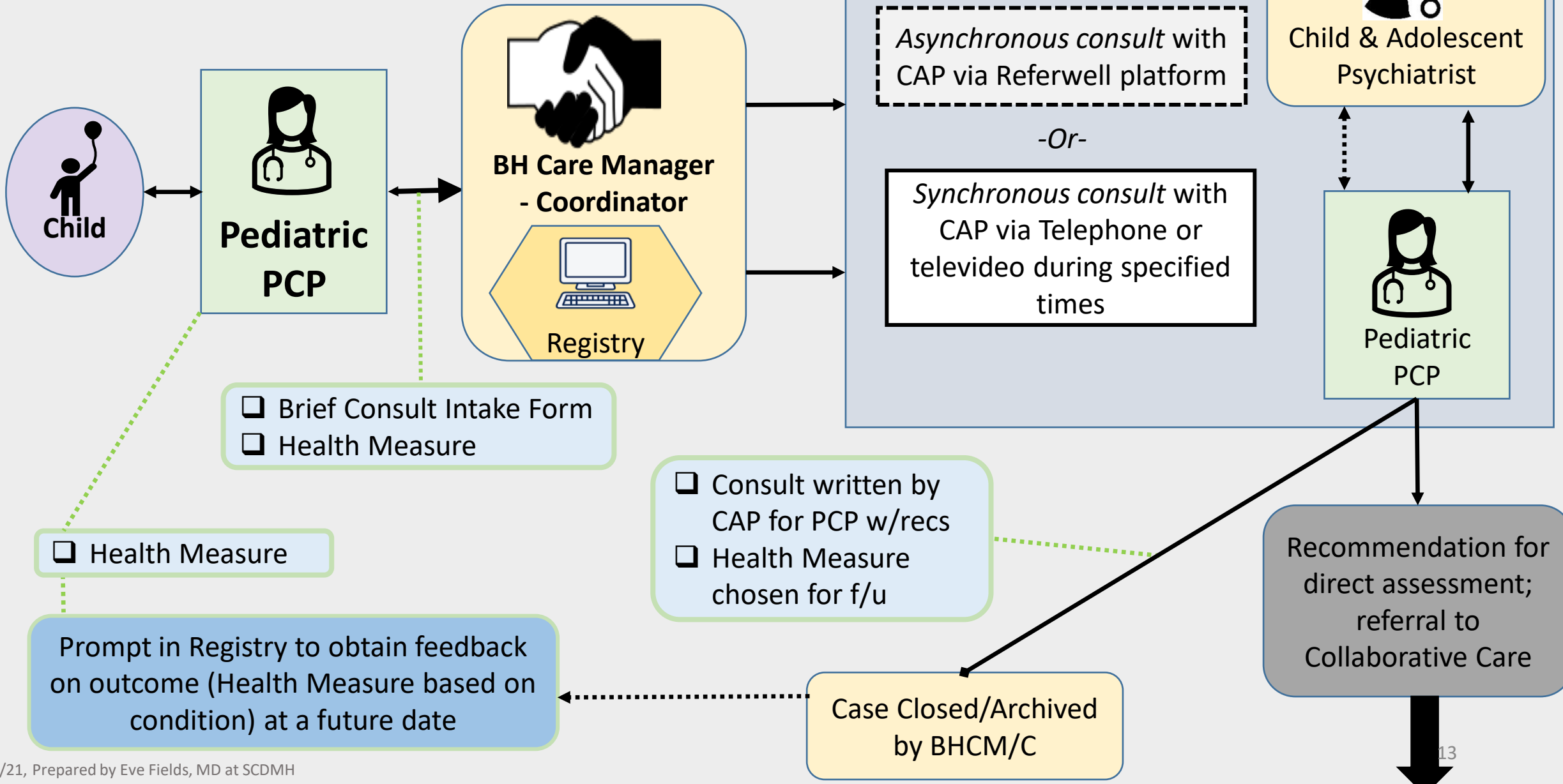


Interprofessional Internet Consultation (e-consult)

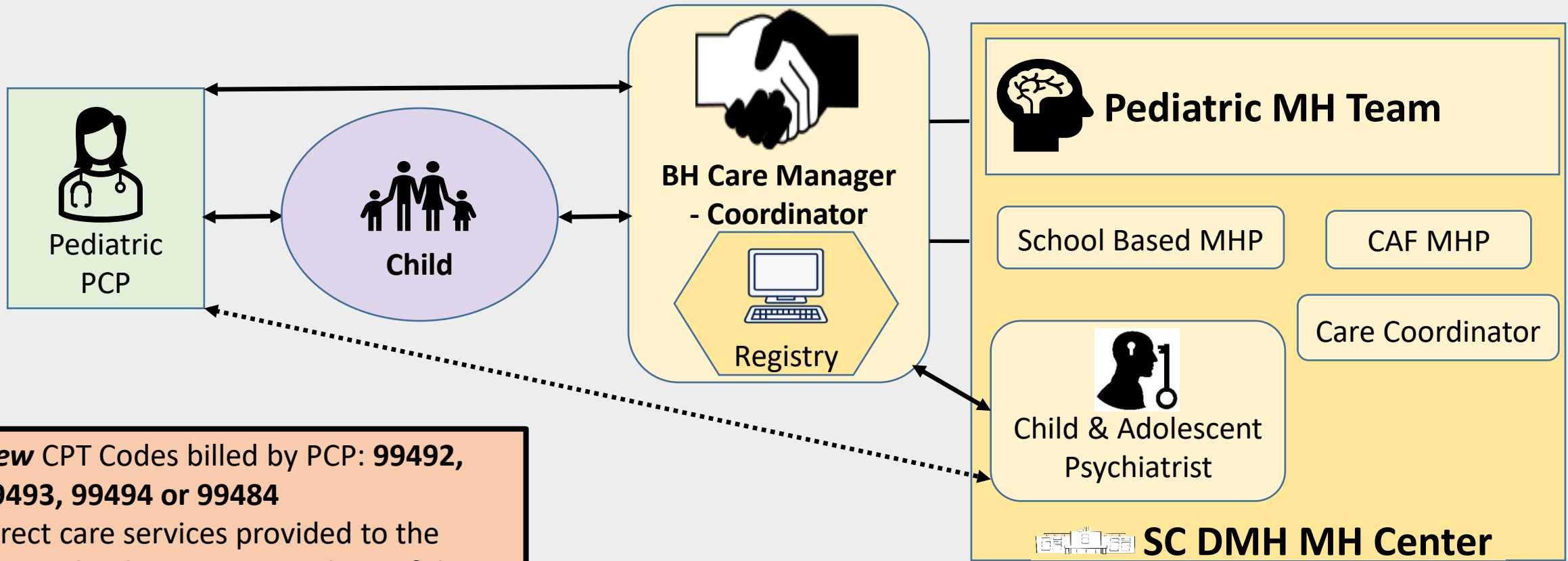


CPT Code billed by Consultant: **99446, 99447, 99448, 99449 or 99451**
CPT Codes billed PCP: **99452**
CPT for health measure: **96127** (max 4 per visit)

Interprofessional Internet Consultation (e-consult) Clinical Workflow




Collaborative Care Services




New CPT Codes billed by PCP: 99492, 99493, 99494 or 99484
Direct care services provided to the patient by the PCP or members of the Pediatric MH team may also be billed with appropriate codes.
CPT for health measure: **96127** (max 4 per visit)

Collaborative Care Services



Pediatric PCP




Child



BH Care Manager - Coordinator




Registry



Pediatric MH Team

School Based MHP CAF MHP

Care Coordinator



Child & Adolescent Psychiatrist

SC DMH MH Center

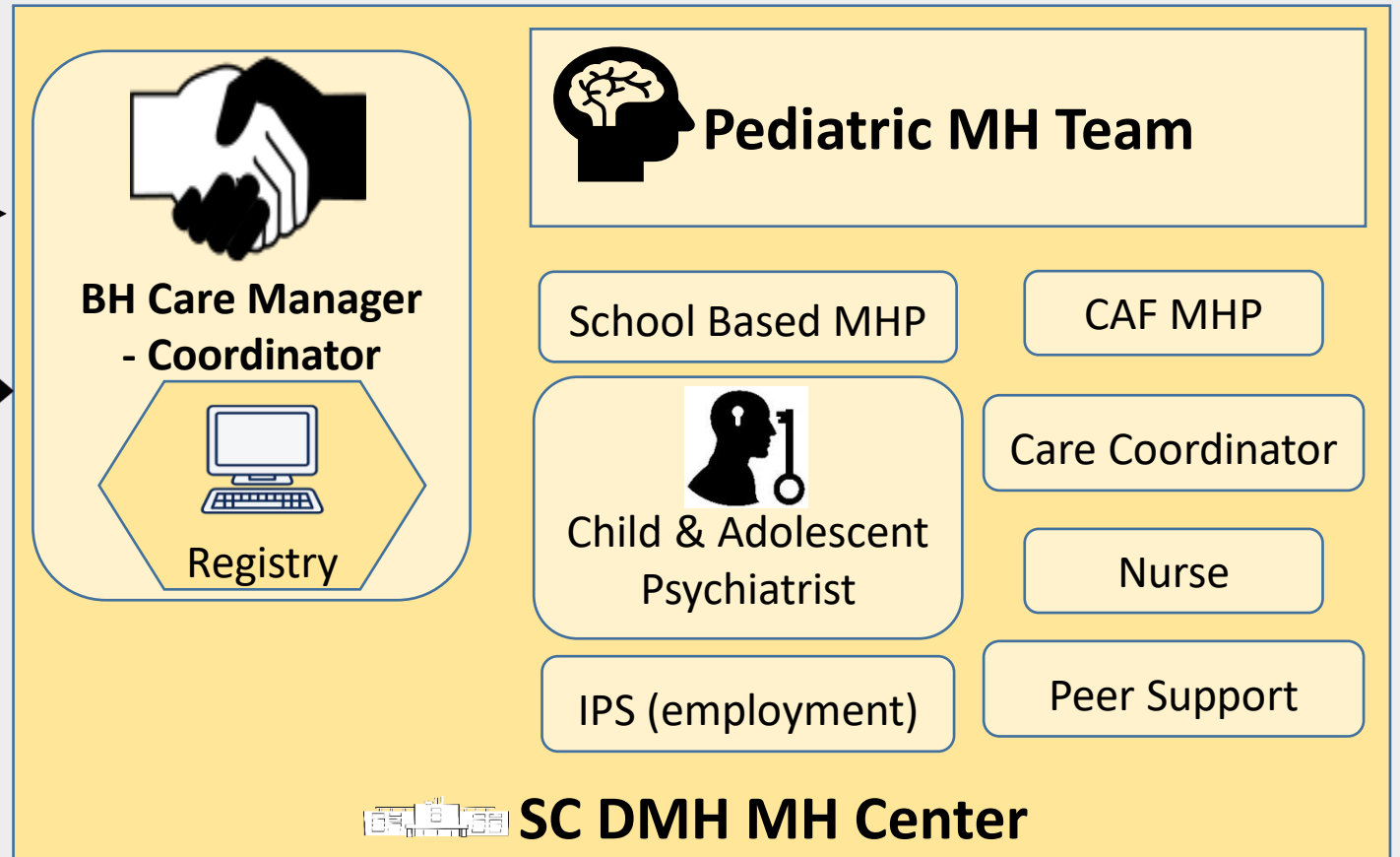
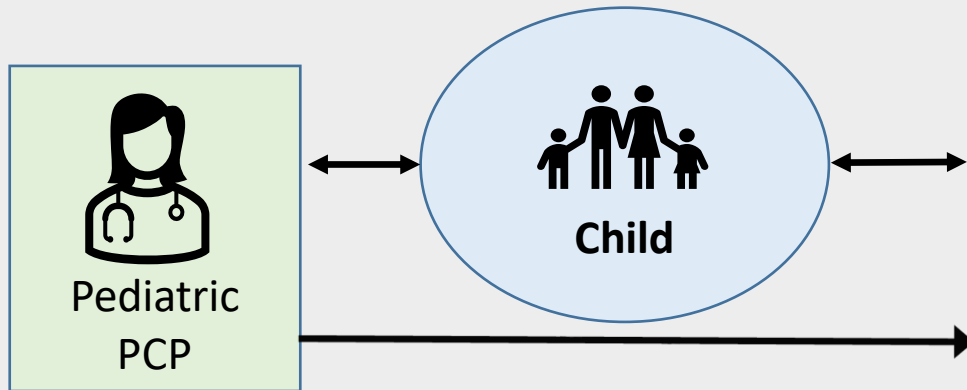
- Mental Health Intake/Assessment with Kid Health Measures obtained
- Initial consult between BHCMC – CAP
- Consult recs routed to Peds PCP
- Ongoing registry review between BHCMC - CAP
- Registry regularly updated
- PCP continues to prescribe any medications

Need for direct CAP assessment; referral Traditional Services

- Graduation when treatment goals reached
- Case closed/archived in registry
- Any needed meds continued by Peds PCP
- Pediatric MH Team available for any further input

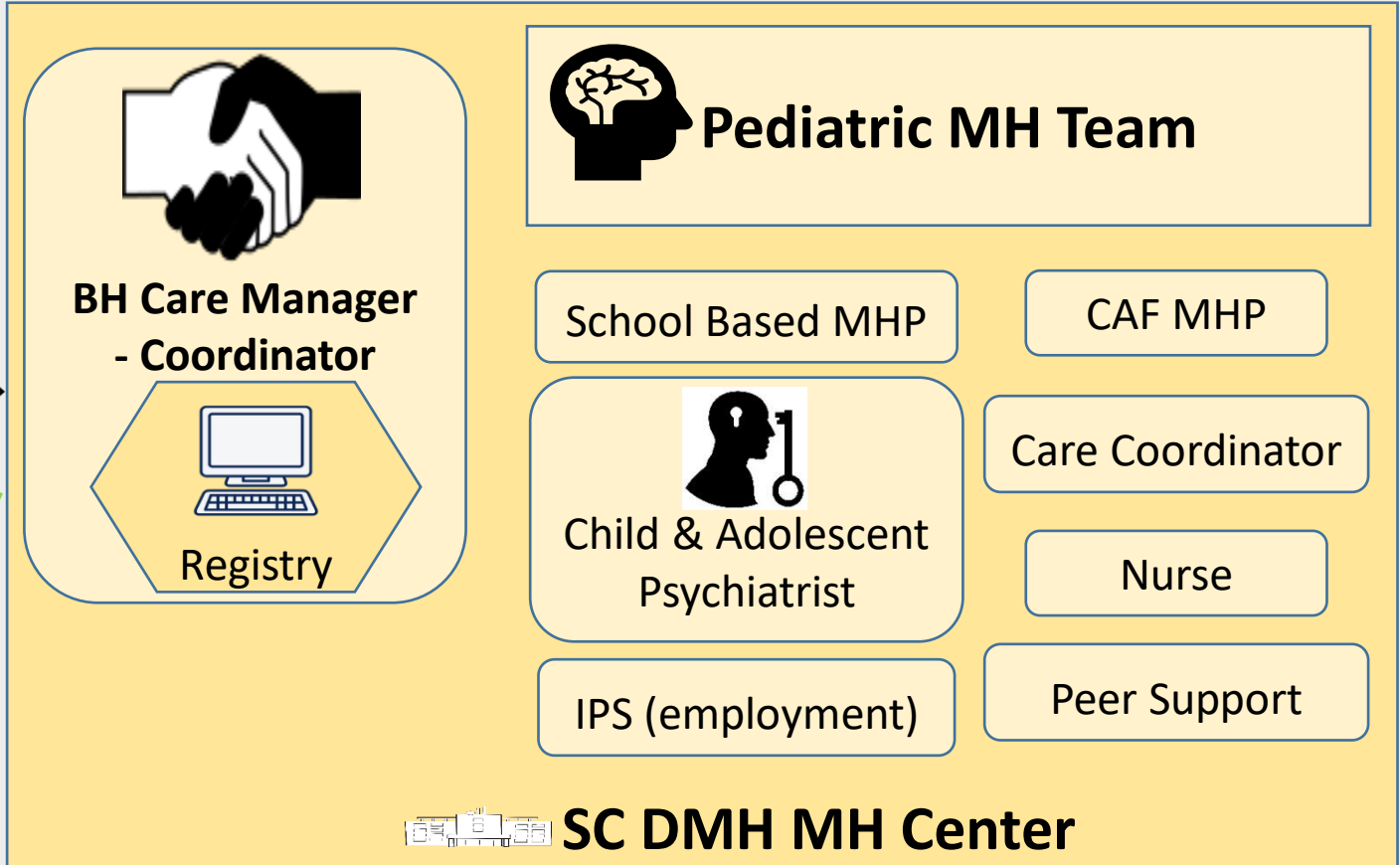
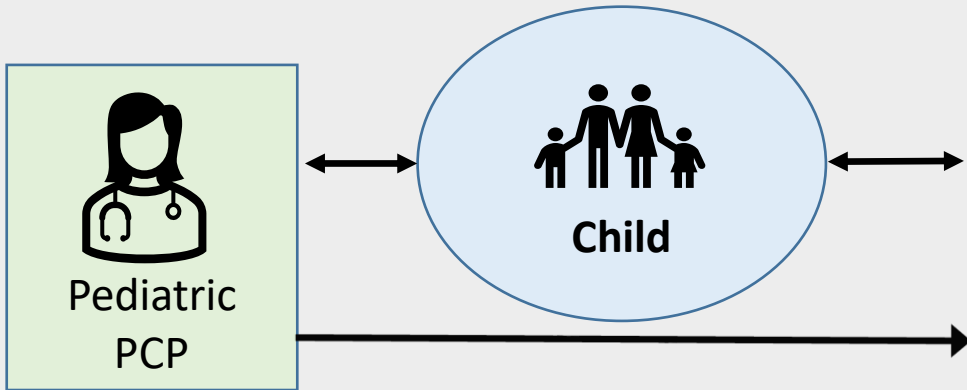
Prompt in Registry to obtain feedback on outcome at a future date

Traditional DMH Services



New CPT Codes billed by PCP: **99484**
Direct care services provided to the patient by the PCP or members of the Pediatric MH team may also be billed with appropriate codes

Traditional DMH Services



- BHCMC coordinates intake & referral
- CAF MHP does intake assessment
- CAF MHP provides therapy & referrals to other providers as needed
- Psychiatric assessment & prescribing done by CAP
- BHCMC follows patient progress & regularly updates PCP & Peds MH team
- Registry regularly updated
- BHCMC coordinates referral back to PCP via transition to Collaborative Care Services, or directly to PCP

When treatment goals reached or child stabilized, services are transitioned back to Collaborative Care Services or directly to PCP; PCP may consult at any point in the future through BHCMC

Prompt in Registry to obtain feedback on outcome at a future date

REFERENCES

[Youth Data 2021 | Mental Health America \(mhanational.org\)](#) accessed 12/23/21

<https://www.nncpap.org/about-us> accessed 1/5/22

Ryan K. McBain, Aaron Kofner, Bradley D. Stein, Jonathan H. Cantor, William B. Vogt, Hao Yu; Growth and Distribution of Child Psychiatrists in the United States: 2007–2016. *Pediatrics* December 2019; 144 (6): e20191576. 10.1542/peds.2019-1576

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