

# Implementing the Child Psychiatry Access Network (CPAN) for Pediatricians

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Senate Health and Human Services Committee  
Testimony of Nhung Tran, MD, FAAP  
February 12, 2019

Submitted on behalf of:  
Texas Pediatric Society  
Texas Medical Association

Chair Kolkhorst, Vice-Chair Perry, and Committee Members,

My name is Nhung Tran, MD, FAAP and I am a Developmental-Behavioral Pediatrician practicing in Temple and I am testifying on behalf of the Texas Pediatric Society and the Texas Medical Association in support of Senate Bill 10. We appreciate the dedication of Senator Nelson and this Committee to leverage the expertise and capacity of our health-related institutions of higher education to improve our state behavioral health care system.

Senate Bill 10 establishes a Texas Mental Health Care Consortium among health-related institutions of higher education and the Statewide Behavioral Health Coordinating Council to enhance collaboration and alignment between these institutions and improve effectiveness of and access to behavioral health care. As a Texas physician, I can speak to our overall behavioral health workforce challenges and as a Texas pediatrician, I can speak to the particular challenge of connecting children with mental health supports.

*Although 1 in 5 children in the United States suffers from a diagnosable mental health disorder, only 21% of affected children actually receive needed treatment. Mental illness is like any other disease; the earlier it is identified and treated, the better the health outcomes. Across the United States, there are serious shortages of pediatric subspecialists and child mental health providers, both groups that provide essential services to children and adolescents with special mental and physical health care needs.<sup>1</sup>*

Behavioral health concerns often present in the primary care setting and can significantly impact long-term physical health.<sup>2</sup> There has been a push in recent years toward integrating behavioral health and primary care, but our behavioral health workforce shortage poses significant barriers in achieving this goal. One critical component of SB 10 is the establishment of a network of Texas Child Psychiatry Access Centers (CPAC) at health-related institutions of higher education. CPAC will support primary care pediatricians across the state in meeting the behavioral health needs of children by providing access to teleconsultation services with psychiatrists and other licensed behavioral health professionals. Centers can also establish or expand telemedicine or telehealth services to improve access to behavioral health services. This will not only support primary care pediatricians in meeting the mental health needs of children, it will also free up the behavioral health workforce to address higher acuity concerns. The Consortium will also increase the number of psychiatric residency training positions, helping to address the shortage of psychiatrists and retain the physician workforce we invest in through our robust network of medical schools.

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# SUPPORT SB 10

BY SENATOR NELSON/REPRESENTATIVE ZERWAS  
86TH LEGISLATURE EMERGENCY SESSION

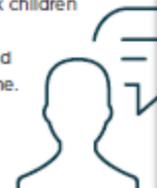
## ESTABLISHES THE TEXAS MENTAL HEALTH CARE CONSORTIUM

SB 10 creates a consortium of all state-funded medical schools to leverage their health and mental health expertise for the benefit of the citizens of Texas.



## PROVIDES REAL-TIME SUPPORT FOR AT-RISK CHILDREN & YOUTH

SB 10 works with parents and providers to offer telemedicine and telehealth services to connect at-risk children and youth to assessment and care in real-time.



**HALF**  
OF ALL  
**MENTAL HEALTH CONDITIONS**  
MANIFEST BY  
**AGE 14**

## SUPPORTERS OF SB 10



# 2019 LEGISLATIVE SESSION ADVOCACY SNAPSHOT

*Big policy wins for Texas children!*



**\$31 MILLION**  
in Additional Funding  
to Improve Access  
to Early Childhood  
Intervention Services



Created the Texas Child  
Psychiatry Access Network  
to Support Primary Care  
Pediatricians and Alleviate  
Mental Health Workforce  
Shortages



Strengthened the  
Texas Newborn  
Screening Program  
for Long-term Success  
and Improve Payment  
for NBS Testing



Improved  
Early Childcare  
Standards Related  
to Nutrition,  
Physical Activity,  
and Screen Time



Championed Major Reforms  
to Medicaid Managed Care  
to Improve Access to Care  
and Reduce Administrative  
Burden on Pediatricians



Raised the Age  
of Tobacco and  
E-cigarette Use  
and Purchase to 21

## 86TH LEGISLATIVE SESSION FAST FACTS



**7,851**  
total bills filed  
during the 2019  
session



TPS tracked  
**450+**  
bills this session



**63** Medical  
Students/Residents  
attended 2019  
Advocacy Day



**~1,400**  
bills passed



**35+**  
TPS pediatricians  
testified



TPS recognized  
as the leading  
authority on child  
health in Texas



**Texas  
Pediatric  
Society**

The Texas Chapter of the  
American Academy of Pediatrics

401 W 15<sup>th</sup> Suite 682  
Austin, TX 78701  
512.370.1516  
www.txpeds.org



### Promote Child Health and Wellness

**PRIORITY:** Ensure children served by licensed providers receive nutritious foods and optimal activity to develop lifelong healthy habits.

- SB 952 (Sen. Watson/Rep. Lucio III): Clarifies and minimum standards for child care centers and home physical activity and screen time to align with best endorsed by the American Academy of Pediatrics. **Passed both chambers and filed without Governor's signature September 1, 2019.**

**PRIORITY:** Ensure all Texas schools provide quality physical education

- HB 455 (Rep. Allen/Sen. Watson): Requires school adopt a formal recess policy for the district. It does requires that the policy specify the number of minutes the district) for recess and whether recess may be form of punishment. To assist with this policy make Education Agency will develop model policies for use. **Passed both chambers and vetoed by Governor September 1, 2019.**

**PRIORITY:** Raise the tobacco and e-cigarette to reduce tobacco use in teens and young adults

- SB 21 (Sen. Huffman/Rep. Zerwas): Raises the age consume, or possess tobacco or e-cigarette product for those in the military. Sent to the Governor. **Passed both chambers and filed without Governor's signature September 1, 2019.**

### Strengthen Texas Medicaid and CHIP (continued)

**PRIORITY:** Improve access to contraception for teens enrolled in the CHIP program.

- HB 800 (Rep. Howard/Sen. Rodriguez): The bill would have included contraceptives for family planning as a benefit under the CHIP program. **The bill did not receive a hearing in the Senate Health and Human Services Committee after being passed out of the House.**

**Other notable passed Medicaid/CHIP riders and legislation:**

- HB 1 (Rep. Zerwas/Sen. Nelson), HHSC Medicaid Cost Containment Rider \$350M General Revenue (\$900M All Funds) deducted from Medicaid for cost containment. Rider specifies that savings must be achieved "without impacting amount, scope, or duration of services or otherwise impacting access to care." **Included in final budget.**
- HB 1 (Rep. Zerwas/Sen. Nelson), HHSC Medicaid Intensive Behavioral Intervention Benefit Rider. Authorizes HHSC to reimburse for intensive behavioral intervention services for children with autism if HHSC adds IBI as a covered benefit in Medicaid. **No specific appropriation. Included in final budget.**

- HB 25 (Rep. M. Gonzalez/Sen. Zaffirini): Directs HHSC to establish a medical transportation pilot program allowing pregnant and postpartum women to request rides to and from medical appointments more quickly and to bring their children with them rather than having to secure childcare. **Passed.**

- HB 1063 (Rep. Price/Sen. Buckingham): Requires HHSC to provide home telemonitoring services to pediatric patients who are diagnosed with end-stage solid organ disease, have received an organ transplant, or require mechanical ventilation. Also repeals the September 2019 sunset date for Medicaid coverage of home telemonitoring services. **Passed.**

- HB 1111 (Rep. S. Davis/Sen. Kolkhorst), passed as an amendment to SB 748 (Sen. Kolkhorst/Rep. S. Davis): Instructs HHSC to test innovative strategies to improve maternal health. Specifically, the amendment establishes multiple pilot initiatives to test opportunities to improve prenatal, pregnancy and postpartum services. **Passed.**

- HB 1576 (Rep. Phelan/Sen. Buckingham): Allows Medicaid MCOs to schedule on-demand transportation for their enrollees (unofficially referred to as the Uber for Medicaid bill). Establishes driver requirements to ensure patient safety. **Passed.**

- SB 500 (Sen. Nelson/Rep. Zerwas): The Supplemental Budget bill provides \$50M GR to increase Medicaid payments to Children's Hospitals. **Passed.**

- SB 670 (Sen. Buckingham/Rep. Price): Requires HHSC to encourage health care providers and health care facilities to provide telemedicine medical services and telehealth services. Requires HHSC to implement many changes to ensure that Medicaid managed care organizations reimburse for telemedicine and telehealth services at the same rate as in-person medical services. **Passed.**

- SB 750 (Sen. Kolkhorst/Rep. Button): Directs HHSC to develop, in collaboration with Medicaid MCOs, cost-effective, enhanced prenatal services for high-risk pregnant women and evaluate postpartum services available under Healthy Texas Women's Program, and based on that evaluation, develop an enhanced but narrow postpartum benefit available for certain women for no longer than 12 months following a woman's enrollment. **Passed.**

<sup>1</sup> "All funds" (AF) includes all funding streams within the state budget: general revenue (GR), general revenue dedicated, federal, and other, such as the Economic Stabilization Fund, also known as the Rainy Day Account.

### Increase Access to Mental Health Services

**PRIORITY:** Create a Texas Child Psychiatry Access Network (CPAN) to support primary care pediatricians and alleviate mental health workforce challenges.

- SB 10 (Sen. Nelson/Rep. Nelson), amended into SB 11 (Sen. Taylor/Rep. G. Bonnen): Creates the Texas Mental Health Consortium to coordinate and promote collaboration amongst Texas' medical schools on mental health initiatives. The bill also creates the Child Psychiatric Access Network (CPAN), hubs of on-call psychiatrists who can consult with pediatricians and family physicians on treatment options for children and youth with behavioral health issues. **Passed both chambers and signed by the Governor; effective June 6, 2019.**

**Other notable passed mental health legislation:**

- HB 18 (Rep. Price/Sen. Watson): The omnibus school mental health bill which includes multiple provisions to bolster the capacity of schools to help children who are struggling with mental health concerns. Includes school professional training, suicide prevention, implementation of trauma-informed care, and social-emotional best practices. **Passed.**

- SB 11 (Sen. Taylor/Rep. G. Bonnen): The omnibus school safety bill that provides schools a "school safety" funding allotment to support locally driven approved safety and security activities including support for student mental health and suicide prevention. **Passed.**

### Implement Best Practice Immunization Policy

**PRIORITY:** Address the rising numbers of exemptions and delinquencies from school vaccination requirements.

- SB 329 (Sen. Seliger/Rep. Sheffield): Makes de-identified campus level vaccine exemption rates publicly available on the DSHS website. **Left pending in Senate Health and Human Services Committee; failed to pass.**

- HB 1 (Rep. Zerwas/Sen. Nelson), Texas Education Agency Rider (Walle): Instructs TEA to evaluate processes related to the enrollment of students with a delinquency or provisional immunization status. **Included in House budget, but was removed during Conference Committee.**

**PRIORITY:** Continue to protect our state's immunization policies and educate lawmakers about the importance of community immunity.

- HB 1 (Rep. Zerwas/Sen. Nelson), Department of State Health Services Rider (Sheffield): Instructs DSHS to study and assess the direct and indirect economic costs incurred by the department and local public health organizations in responding to vaccine preventable diseases outbreaks. **Included in final budget.**

- HB 1490 (Krause): Relating to claiming an exemption from required immunizations for public school students. **Never received a Committee hearing; failed to pass.**

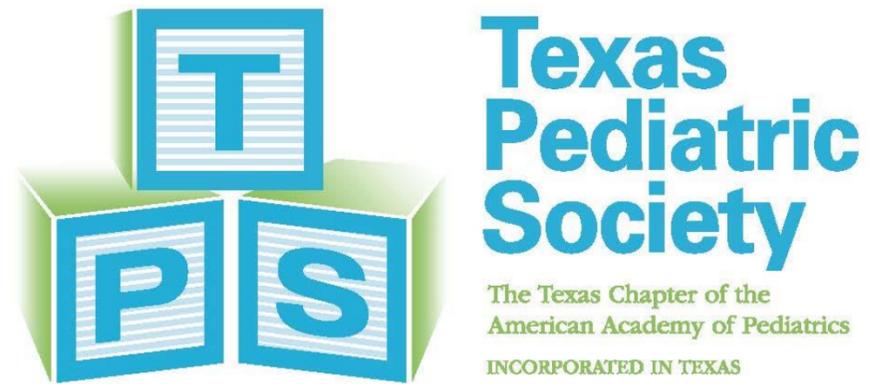
- HB 3458 (Dutton): Relating to the administration of an immunization or vaccination by a pharmacist. **Left pending in House Public Health Committee; failed to pass.**

- HB 4274 (Zedler): Relating to informed consent to immunizations for children. **Never received a Committee hearing; failed to pass.**

- HB 4418 (Stickland): Relating to the authority of an advanced practice registered nurse to sign or issue certain documents. **Never received a Committee hearing; failed to pass.**

- SB 2350 (Hall): Relating to the prohibited administration of certain vaccinations. **Never received a Committee hearing; failed to pass.**

- SB 2351 (Hall): Relating to discrimination by a health care provider based on immunization status. **Left pending in Senate Health and Human Services Committee; failed to pass.**



**David Lakey, MD**

Chair, Texas Child Mental Health Care Consortium

Vice Chancellor for Health Affairs and Chief Medical Officer, University of Texas System

**Laurel Williams, DO**

Medical Director, TCMHCC Centralized Operational Support Hub  
Director of Residency Training for Child and Adolescent Psychiatry  
Fellowship, Baylor College of Medicine

# Texas Child Mental Health Care Consortium





**50%** of all mental health conditions manifest by **age 14**

By Young Adulthood **75% of lifetime cases** have presented

# Background

## SB 11- 86th Legislature

leverage health-related institutions of higher education to improve mental health care for children and adolescents

# The Texas Child Mental Health Care Consortium Vision & Mission

**Mission:** Advance mental healthcare quality and access for all Texas children and adolescents through inter-institutional collaboration, leveraging the expertise of the state's health-related institutions of higher education, local and state government agencies, and local and state mental health organizations.

**Vision:** All Texas children and adolescents will have the best mental health outcomes possible.

# Funding

## Rider 58

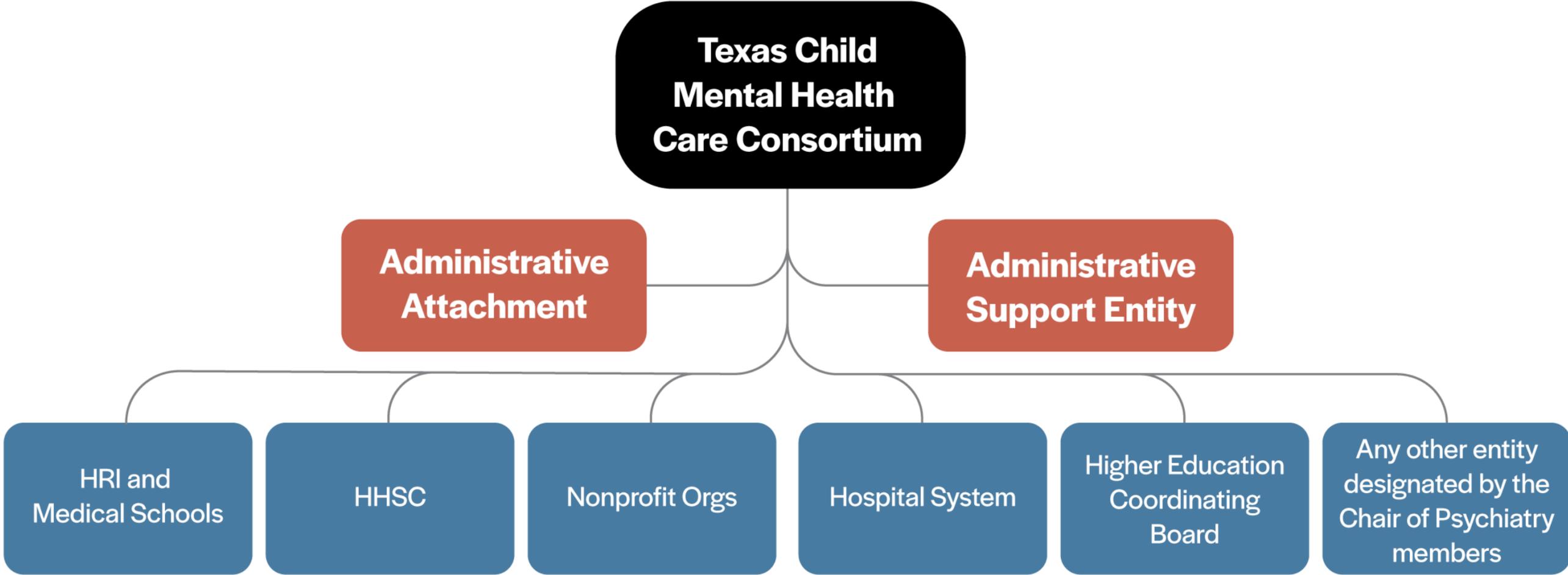
“\$49.5 million in General Revenue in fiscal year 2020 and \$49.5 million in General Revenue in fiscal year 2021”

## SB 11

### Sec. 113.0153. REIMBURSEMENT FOR SERVICES

A child psychiatry access center established under Section 113.0151(a) may not submit an insurance claim or charge a pediatrician or primary care provider a fee for providing consultation services or training opportunities under this section.

# TCMHCC Structure



# TCMHCC Executive Committee

**Joseph Bader PHD.** - UT Health San Antonio

**James Alan Bourgeois MD.** - Texas A&M University Health Science and Baylor, Scott & White

**Danette Castle MPA, MA** - Texas Council of Community Centers

**Mark Chassay MD, MBA** - University of North Texas Health Science Center

**Daniel Deslatte MPA, FACHE** - The University of Texas Health Science Center Tyler

**Michael A. Escamilla, MD** - The University of Texas Rio Grande Valley School of Medicine

**Sonja Gaines, MBA,** - Health and Human Services Commission

**Wayne Goodman, MD,** - Baylor College of Medicine

**R. Andrew Harper, MD,** - Texas A&M University System Health Science Center

**Hicham Ibrahim, MD,** - University of Texas Southwestern Medical Center

**Andy Keller, PhD,** - Meadows Mental Health Policy Institute

**David Lakey, MD,** - The University of Texas Systems

**Israel Liberzon, MD,** - Texas A&M University System Health Science Center

**Mike Maples** - Health and Human Services Commission

**Sarah Martin, MD,** - Texas Tech University Health Sciences Center at El Paso

**Octavio Martinez, JR., MD, MPH,** - Hogg Foundation for Mental Health and Division of Diversity and Community Engagement, UT Austin

**Jeffery Matthews , MD,-** The University of Texas Health Science Center at Tyler

**Keino McWhinney, MPP,** - Texas Tech University Health Sciences Center

**Dr. Charles B. Nemeroff, MD, PhD** - Texas Tech University Health Sciences Center

**Elizabeth Newlin, MD,** - The University of Texas Health Science Center at Houston and UT Health Harris County Psychiatric Center (HCPC)

**Michael Patriarca, MBA** - The University of Texas Rio Grande Valley School of Medicine

**Steven R. Pliszka, M.D.,** - UT Health San Antonio

**Alan Podawiltz, DO, MS,** - The University of North Texas Health Science Center

**Rhonda Robert, PhD,** - The University of Texas M.D. Anderson Cancer Center

**Stacey Silverman, PhD,** - Texas Higher Education Coordinating Board

**Dr. Jair C. Soares, MD, PhD,** - The University of Texas Health Science Center at Houston

**Stephen Strakowski, MD,** The University of Texas at Austin Dell Medical School

**Carol Tamminga , MD,** The University of Texas Southwestern Medical Center

**Daniel Tan, MD,** - The University of Texas M.D. Anderson Cancer Center

**Peter Thompson, MD,** - Texas Tech University Health Sciences Center at El Paso

**Alexander Vo, PhD,** - The University of Texas Medical Branch at Galveston

**Karen Wagner, MD, PhD,** - The University of Texas Medical Branch at Galveston

**Sarah Wakefield, MD,** - Texas Tech University Health Sciences Center

**Danielle Wesly M.D.-** Children's Health

**Laurel Williams, DO,** - Texas Children's Hospital and Baylor College of Medicine

# Direction from the Budget Rider

- Consortium will develop a plan to implement these programs
  - Plan was approved January 16th, 2020
- Consortium is administratively attached to the Coordinating Board for purposes of distributing the funds through interagency contracts.
- An institution of higher education designated by the executive committee will support the Consortium's activities.
  - The University of Texas System was selected for this role
- The Consortium must develop a plan to “promote and coordinate mental health research across state university systems in accordance with the statewide behavioral health strategic plan.”

# Duties of the Consortium

## Child Psychiatry Access Network (CPAN)

Create a network of academic hubs to provide telemedicine-based consultation and training to pediatricians to assist them with identifying mental health issues in their patients

## Texas Child Health Access Through Telemedicine (TCHATT)

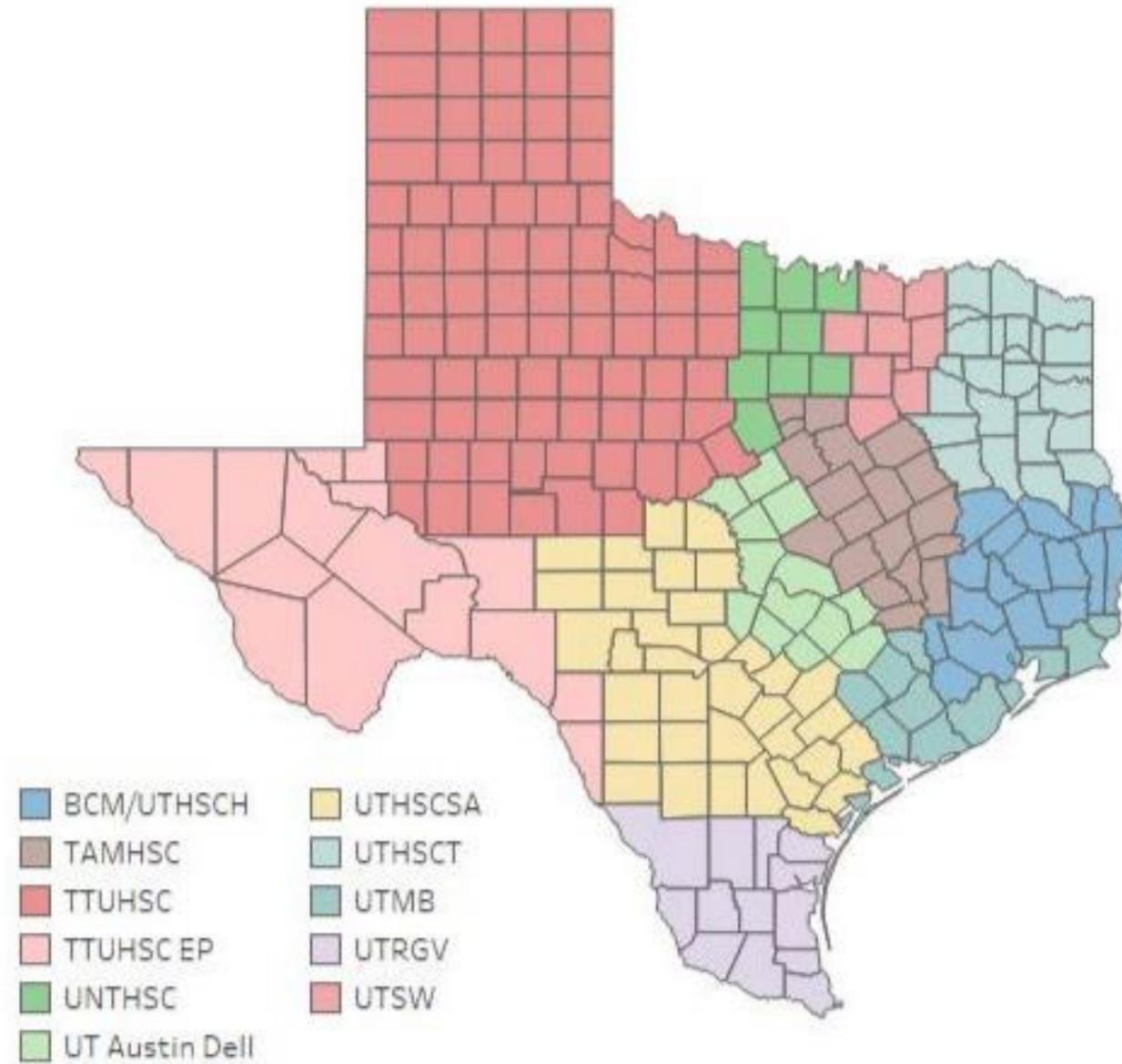
Create or expand existing telemedicine or telehealth programs to assist school districts with direct care, referrals and training

## Community Psychiatry Workforce Expansion

Fund full-time psychiatrists to serve as academic medical directors at community mental health providers and to supervise two new resident rotations at those facilities

## Expand Child and Adolescent Psychiatry Fellowships

# Geographic Areas of Responsibility for CPAN



**1-888-901-CPAN**

# Texas Child Access Through Telemedicine (TCHATT)



Direct telepsychiatry or counseling to students at schools

Educational and training materials for school staff

State-wide data management system

# Centralized Operations Support Hub

- 1. A centralized communications system linking all CPAN and TCHAT sites**
- 2. A centralized data management system**
- 3. Medical Director**

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**Baylor College of Medicine under the leadership of Dr. Laurel Williams was selected to provide this service**

# Community Psychiatry Workforce Expansion (CPWE)

- Supported faculty must treat children and adolescents
  - faculty will serve as academic medical director for LMHAs
  - will supervise additional residents trained within LMHA
- Selection of LMHAs
  - Surveyed Texas LMHAs
  - 31 of 40 willing to participate
  - Seventeen LMHA or community mental health providers selected
- Beginning in July 2020
  - Twenty additional psychiatry resident FTEs (which will consist of multiple residents per FTE) a year will rotate through these LMHAs as part of training program
  - 12.25 academic faculty FTEs will be embedded into LMHAs

# Child and Adolescent Psychiatry Fellowships

- **19 new fellowship positions available**
- **4 new child and adolescent training programs**
- **Full funding for two-year fellowships to sponsoring institutions at beginning of fellow's training experience.**
- **Expansion is aggressive -- some positions may not fill.**

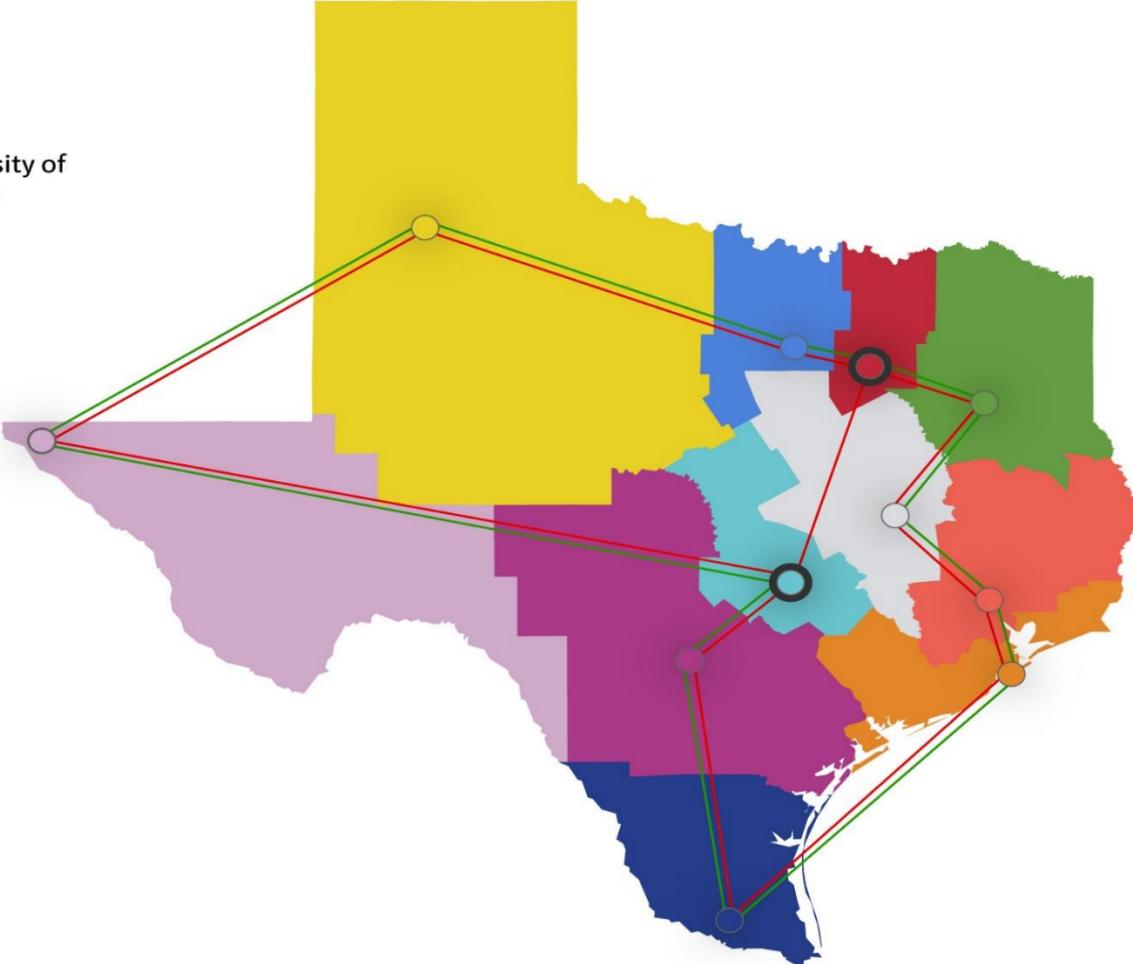
# Research

Texas-wide research network connecting all of the 12 Texas HRIs in Child Psychiatry.

Research projects in 1) youth depression and suicide and 2) trauma-informed care.

Goal: Regionally-targeted clinical models for short and long-term outcomes associated with youth trauma, depression and suicide

- Texas A&M University System Health Science Center
- Baylor College of Medicine | The University of Texas Health Science Center at Houston
- Dell Medical School at The University of Texas at Austin
- The University of Texas Southwestern Medical Center
- Texas Tech University Health Sciences Center at El Paso
- Texas Tech University Health Sciences Center
- The University of Texas Health Science Center at Tyler
- University of North Texas Health Science Center
- The University of Texas Medical Branch at Galveston
- The University of Texas Rio Grande Valley School of Medicine
- The University of Texas Health Science Center at San Antonio



# External Evaluation

- **A Texas university or coalition of Texas universities will be selected to carry out an independent evaluation of the programs under the TCMHCC.**
  - **Texas schools of medicine may not apply**
- **The evaluation will:**
  - **center on a systematic approach to planning with program-specific comprehensive evaluations**
  - **use mixed quantitative and qualitative methods, with a specific focus on implementation science, quality improvement, and health economics**
  - **include participatory approaches to engage stakeholders affected by the programs**
- **The overall goal is to provide policymakers and Consortium members with program outcome assessments to guide quality improvement and decision making for future program implementation and dissemination planning.**

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Texas Child Mental Health Care Consortium

⚠ Texas COVID-19 Mental Health Support Line (833) 986-1919 | Mental Health Resources for Families



# Texas Child Mental Health Care Consortium (TCMHCC)

**All Texas children and adolescents will have the best mental health outcomes possible.**

The Texas Child Mental Health Care Consortium (TCMHCC) is dedicated to enhancing the state's ability to address the mental health care needs of its children and adolescents through collaboration with health-related institutions of higher education.

Pediatrician and PCP Support

School-Based Support

Workforce Development

Research

# Child Psychiatry Access Network (CPAN)

Laurel L. Williams, DO

Medical Director, Centralized Operational Support Hub (COSH)

Division Head Child & Adolescent Psychiatry

Child & Adolescent Training Director

Associate Professor

Menninger Department of Psychiatry & Behavioral Sciences

Baylor College of Medicine



# Child Psychiatry Access Network (CPAN)

1. Background
2. MCPAP
3. Texas CPAN Map
4. T-CPAN Process
5. T-CPAN Enrollment



**Toll FREE 1 (888) 901 CPAN (2726)**

# Child Psychiatry Access Network (CPAN)

1. 1 in 4 Children suffer from a mental health disorder
2. 5-9% Children have a Severe Functional Deficit
3. PCPs surveyed continue to indicate lack of knowledge and skill in addressing child mental health concerns
4. AACAP Workforce Indicates --?– Level in Texas
5. Despite attempts at workforce expansion, shortage is not anticipated to improve radically in next decade

**Toll FREE 1 (888) 901 CPAN**



# Practicing Child and Adolescent Psychiatrists

Select a state for county population and workforce data

# Texas

\* Hover for Data Source

Number of Children < 18

7,272,795

Total CAPs

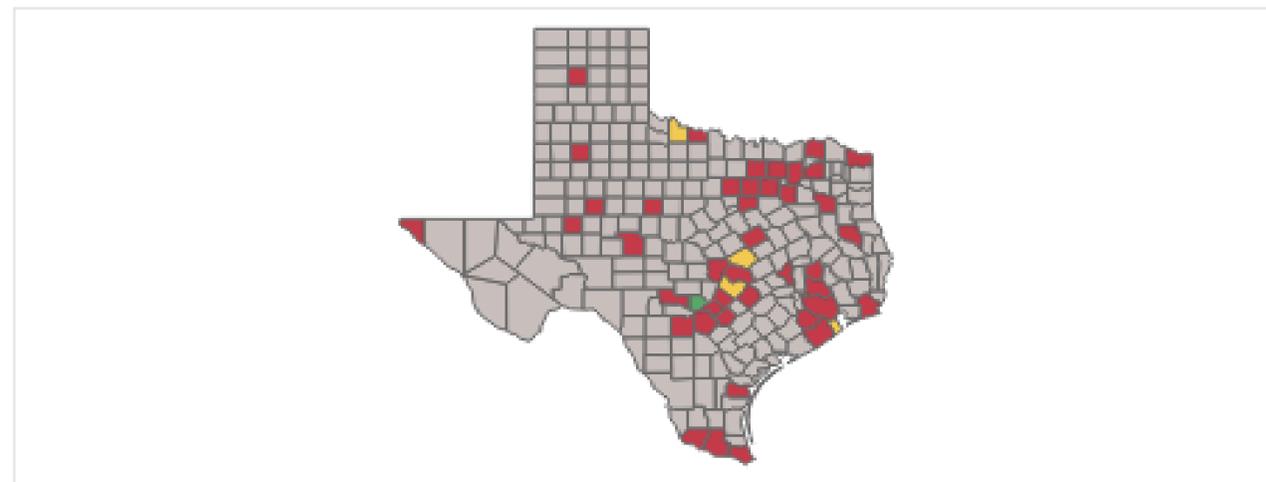
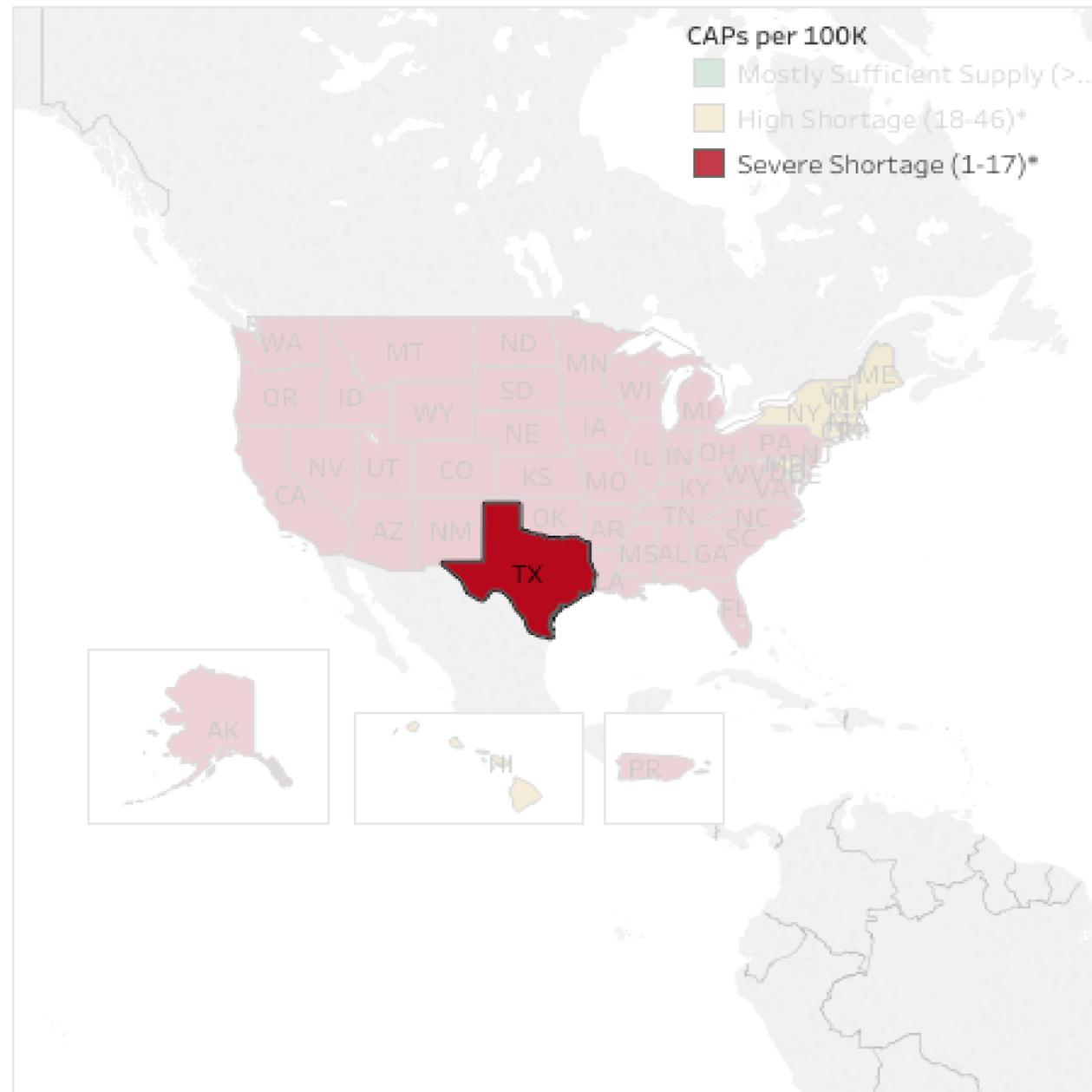
646

Number of CAPs/100K

9

Avg. CAP Age

49



- Mostly Sufficient Supply (>= 47)
- High Shortage (18-46)\*
- Severe Shortage (1-17)\*
- No CAPs

County	Pop. < 18	Number of ..
Anderson County	11,191	0
Andrews County	5,309	0
Angelina County	22,915	0
Aransas County	4,575	0
Archer County	1,952	0
Armstrong County	433	0
Atascosa County	13,401	0

# Child Psychiatry Access Network (CPAN)

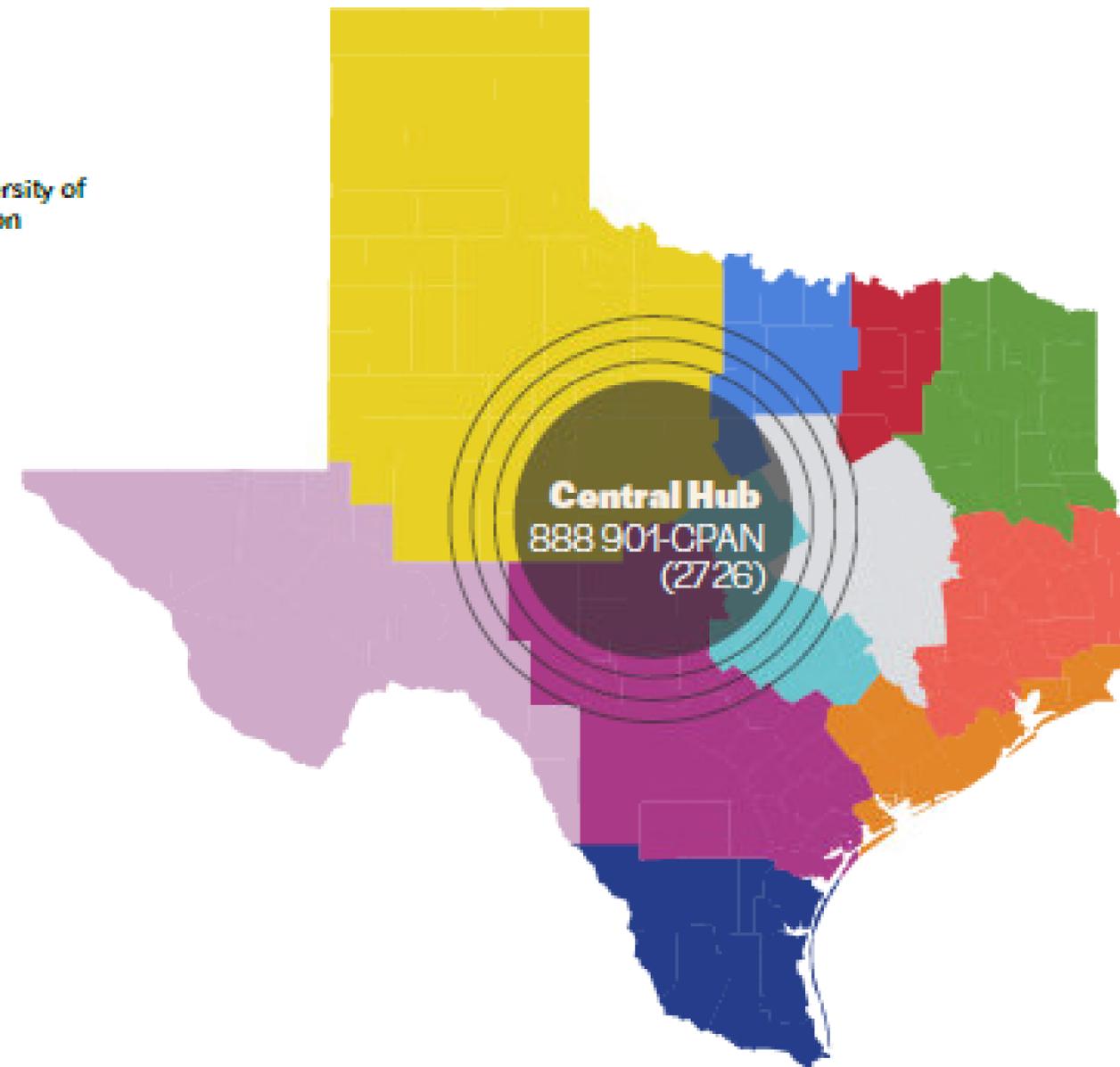
1. Massachusetts has the longest standing state program in the country (>17 years)
2. <https://www.mcpap.com/>
3. Several studies indicate that MCPAP is well received by PCPs and Families
4. T-CPAN is closely modeled after the MCPAP program

**Toll FREE 1 (888) 901 CPAN**



# Child Psychiatry Access Network (CPAN)

- Texas A&M University System Health Science Center
- Baylor College of Medicine | The University of Texas Health Science Center at Houston
- Dell Medical School at The University of Texas at Austin
- The University of Texas Southwestern Medical Center
- Texas Tech University Health Sciences Center at El Paso
- Texas Tech University Health Sciences Center
- The University of Texas Health Science Center at Tyler
- University of North Texas Health Science Center
- The University of Texas Medical Branch at Galveston
- The University of Texas Rio Grande Valley School of Medicine
- The University of Texas Health Science Center at San Antonio



# Child Psychiatry Access Network (CPAN)

1. All PCP in Texas (Pediatricians, Family Docs, PA, NPs) will be invited to enroll
2. No Cost to PCPs or Patients
3. CPAN Enrollment collects pertinent information to assist PCP when we are called to ensure the experience is efficient

**Toll FREE 1 (888) 901 CPAN**



# Child Psychiatry Access Network (CPAN)

1. Enrollment can be done BEFORE you call OR with the First Call
2. Each Regional CPAN Hub will offer additional educational activities outside of “the Call”
  1. ECHO Team Based Learning
  2. Webinars
  3. Best Practices Algorithms
3. T-CPAN website is under construction but will be similar in scope to the MCPAP

**Toll FREE 1 (888) 901 CPAN**



# Child Psychiatry Access Network (CPAN)

1. CPAN is 3 SERVICES in 1 Team, 1 Phone Call
  1. Resource and Referral Assistance
  2. Behavioral Planning for Youth in the care of the PCP
  3. Educational Psychiatric Consultation in Real Time with a Child and Adolescent Psychiatrist

**Toll FREE 1 (888) 901 CPAN**



# Child Psychiatry Access Network (CPAN)

1. Phone call answered within 5 minutes or less
2. Call Triaged to determine which of the 3 routes the PCP is needing
3. Resources and Referral Assistance can help close the loop on locating mental health services in your area
4. Real time behavioral planning
5. Return call from CAP within 30 minutes to consult on:
  1. Assessment
  2. Diagnosis
  3. Treatment Planning including Medications, Labs, Therapies

**Toll FREE 1 (888) 901 CPAN**



# Child Psychiatry Access Network (CPAN)

1. QUESTIONS?

2. Toll FREE 1 (888) 901 CPAN (2726)



Thank you!



# “The primary care advantage”

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- **Longitudinal, trusting, and empowering therapeutic relationships** with children and families
- **Family-centeredness** of the medical home
- Unique opportunities for **prevention** of future mental health problems through promoting healthy lifestyles, anticipatory guidance, and timely intervention for common behavioral, emotional, and social problems encountered in the typical course of infancy, childhood, and adolescence
- **Understanding of common social, emotional, and educational problems** in the context of a child's development and environment
- **Experience working with specialists** in the care of children with special health care needs and serving as coordinator and case manager through the medical home
- Familiarity with **chronic care principles** and practice-improvement methods.

From AAP Committee on Psychosocial Aspects of Child and Family Health and Task Force on Mental Health. The Future of Pediatrics: Mental Health Competencies for Pediatric Primary Care. *Pediatrics* 2009, 124 (1) 410-421.

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# We need to do it for our kids!

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™

## Mental Health Competencies for Pediatric Practice

Jane Meschan Foy, MD, FAAP;<sup>1</sup> Cori M. Green, MD, MS, FAAP;<sup>2</sup> Marian F. Earls, MD, MTS, FAAP;<sup>3</sup> COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, MENTAL HEALTH LEADERSHIP WORK GROUP

**abstract**

Pediatricians have unique opportunities and an increasing sense of responsibility to promote healthy social-emotional development of children and to prevent and address their mental health and substance use conditions. In this report, the American Academy of Pediatrics updates its 2009 policy statement, which proposed competencies for providing mental health care to children in primary care settings and recommended steps toward achieving them. This 2019 policy statement affirms the 2009 statement and expands competencies in response to science and policy that have emerged since: the impact of adverse childhood experiences and social determinants on mental health, trauma-informed practice, and team-based care. Importantly, it also recognizes ways in which the competencies are pertinent to pediatric subspecialty practice. Proposed mental health competencies include foundational communication skills, capacity to incorporate mental health content and tools into health promotion and primary and secondary preventive care, skills in the psychosocial assessment and care of children with mental health conditions, knowledge and skills of evidence-based psychosocial therapy and psychopharmacologic therapy, skills to function as a team member and comanager with mental health specialists, and commitment to embrace mental health practice as integral to pediatric care. Achievement of these competencies will necessarily be incremental, requiring partnership with fellow advocates, system changes, new payment mechanisms, practice enhancements, and decision support for pediatricians in their expanded scope of practice.

**INTRODUCTION**

A total of 13% to 20% of US children and adolescents experience a mental<sup>1</sup> disorder in a given year.<sup>1</sup> According to the seminal Great Smoky Mountain Study, which has followed a cohort of rural US youth since 1992, 19% of youth manifested impaired mental functioning without meeting the criteria for diagnosis as a mental disorder (ie, subthreshold

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Drs Foy, Green, and Earls contributed to the drafting and revising of this manuscript, and all authors approved the final manuscript as submitted.

The guidance in this statement does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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- Clinical skills
  - Primary prevention
  - Secondary prevention
  - Assessment
  - Treatment
- Practice enhancement
  - Establish collaborative and consultative relationships (within practice, virtually, or off-site)
  - Build practice team culture around a shared commitment to embrace mental health care as integral to pediatric practice
  - Establish systems within the practice (and network) to support mental health services

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# Questions?

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