



Mental Healthcare Access for Children & Adolescents

ENSURING ACCESS TO PEDIATRIC BEHAVIORAL HEALTHCARE IN MISSOURI

Support funding for the Missouri Child Psychiatry Access Project (MO-CPAP)

MO-CPAP builds capacity within primary care settings to treat and manage behavioral health needs for children and adolescents. Through access to child psychiatry consultations, ongoing educational opportunities, and linkage to connect patients with community-based behavioral health referral services, enrolled primary care providers receive supports treating mental health disorders in children and adolescents.

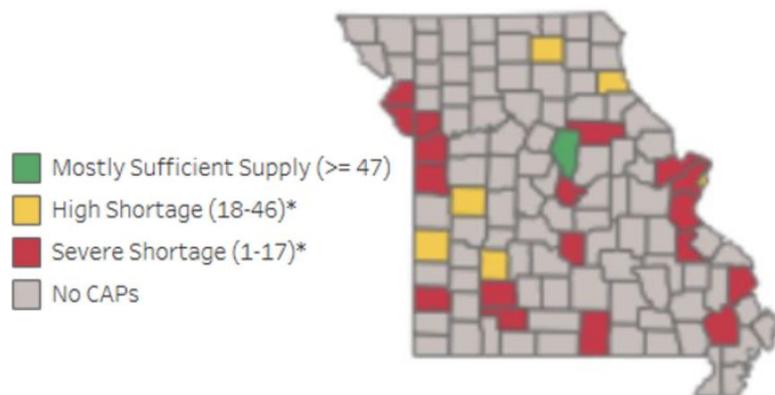
The Problem:

Lack of Access to Mental Health Care Services for Children

- **Suicide is now the 2nd leading cause of death** for children 10-14 and youth 15-24, after unintentional injury.¹
- 75% of youth with mental health symptoms who receive care **first present in a primary care setting**, providing an opportunity for pediatricians and primary care providers to consult with **experts to enable treatment** for mild and moderate cases in these setting.²
- Over 65% of pediatricians reported that they **lacked mental health training and behavioral health knowledge.**³

Practicing Child and Adolescent Psychiatrists - *Missouri*

Number of children < 18	Total CAPs	Number of CAPs/100K	Avg. CAP Age
1,384,053	146	11	50



The Solution:

The Missouri Child Psychiatry Access Project (MO-CPAP)

MO-CPAP has three key components:

- **Education** for primary care providers on screening, diagnosis, management, and treatment.
- **Primary care providers telephonic consults** with certified Child & Adolescent Psychiatrist trained in the Collaborative Care Mode.
- **Follow-up care Coordination services** to help identify and connect to mental health services and resources that may benefit families.

MO-CPAP Successes:

- MO-CPAP has **enrolled nearly 400 primary care providers** who can better provide mental health services to their patients.
- 92% of providers using a MO-CPAP service agreed or strongly agree that **"Participating in MO-CPAP enables them to meet the needs of children with mild to moderate behavioral health challenges."**
- Preliminary data show that **over 80% of MO-CPAP consultations resulted in the PCP continuing to support the patient in their practices.**

Q: How is MO-CPAP funded?

MO-CPAP currently relies on a combination of private foundation and federal funding. The project was awarded \$2, 874, 660 in December 2017 from the Missouri Foundation for Health to implement a three year pilot project. In 2018, MO-CPAP was awarded (through the Department of Mental Health), a five-year federal HRSA grant (\$425,000 per year) to expand services to providers statewide.

Q: Does MO-CPAP exist in other states?

MO-CPAP is modeled off of the first child psychiatry access project, Massachusetts Child Psychiatry Access Program, established in 2003. Currently, 37 states have implemented a state-wide or regional level child psychiatry access project to increase access to mental health services for children. Missouri Child Psychiatry Access Project (MO-CPAP) seeks to address the state's grave child psychiatric shortage and challenges to access services.

Q: Who is responsible for overseeing MO-CPAP?

MO-CPAP is collectively managed by the Department of Mental Health (DMH), HRSA, MFH, and supervised by the University of Missouri. MO-CPAP has already established multiple partners and supports throughout the state including Behavioral Health Network of Greater St. Louis, Behavioral Health Response, National Alliance on Mental Health Illness (NAMI) - St. Louis, Washington University of Pediatric and Adolescent Ambulatory Research Consortium (WU PAARC), and Greater St. Louis Council on Child Psychiatry, the Missouri Chapter of the AAP, the Missouri Primary Care Association and the Department of Health and Senior Services (DHSS) Title V program.

Q: How has COVID impacted MO-CPAP?

MO-CPAP is needed now more than ever as a result of the pandemic. Recent CDC data indicates elevated levels of adverse mental health conditions, substance use and suicidal ideation. This highlights the broad impact of the pandemic and the need for mental health services to prevent and treat these conditions. MO-CPAP providers are reporting an increased severity of mental health concerns in their pediatric patients as a result of the stress, social isolation, and family and school stressors. In prior pandemics mental health care needs escalated for up to three years before declining to pre-pandemic needs.

¹ American Academy of Child & Adolescent Psychiatry (AACAP). *Workforce Maps by State*. https://www.aacap.org/aacap/advocacy/federal_and_state_initiatives/workforce_maps/home.aspx

² Horowitz et al, *Academ Pediatr* 2015, 15:613

³ American Academy of Pediatrics, *Task Force on Pediatric Education, The Future of Pediatrics Education*. Evanston, IL, American Academy of Pediatrics, 1978

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