Wisconsin Child Psychiatry Consultation Program (CPCP)

2017 Brief Report

The Department of Health Services created the Child Psychiatry Consultation Program (CPCP) in December 2014 through a contract and partnership with the Medical College of Wisconsin. This Brief Report provides cumulative outcomes since CPCP inception.

Parent

"As a mom, I tried on my own to frantically research and investigate care options...I reached out to our primary care provider. In partnership with the Child Psychiatry Consultation Program (CPCP) of Wisconsin, she was instrumental in providing the timely support and care for my daughter and our family... Without the support of CPCP, I am not sure where our journey with mental health would have taken us as a family, but I am sure it would have been a much more difficult and painful process."

Primary Care Provider

"Following my residency...I had to learn very quickly how to treat children for ADHD, depression, and anxiety...Now, I have immediate access to local Child Psychiatrists who can help me care for even more of these children, and to assuage my fears when I have questions about things I am not sure of. I have something to offer to families when waitlists seem interminable...I cannot tell you how helpful this program has been for me and for my patients and their families."

Problem

A shortage of child and adolescent psychiatrists across Wisconsin.

Response

The Wisconsin Legislature addressed this shortage by funding the creation of CPCP in 2014 (Wisconsin Act 127), and funding was increased in the 2017-2019 Biennial Budget to expand CPCP.

Activities

Wisconsin CPCP initially offered consultative services to 19 counties. From July to December 2017, CPCP expanded to seven additional counties.

Outcomes

Increased PCP's capacity, to support behavioral health needs of Wisconsin children and families through:

- Consultation with primary care providers regarding diagnosis and management options for children and adolescents with mental health problems.
- 2) Referral support system for pediatric patients to other mental health professionals and community resources.
- Education and training in mental health issues for primary care providers.

124 clinics enrolled



439 providers enrolled



1,612 consults provided



970 hours of PCP education



Cumulative CPCP Outcomes

(CPCP outcomes are related to both infrastructure and service.)

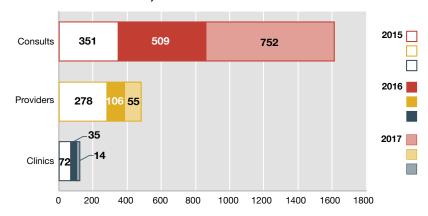
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CPCP continues to enroll clinics and primary care providers in the northern and southeast areas of Wisconsin, with new expansion to northwest and northeast areas since September 2017. The CPCP provided 1,612 consults since the program's inception in December 2014. Consults are delivered by email or phone.

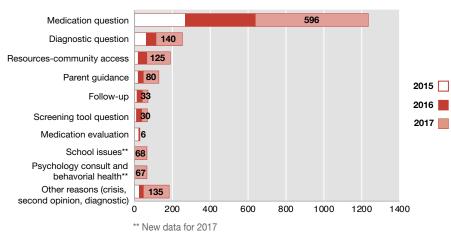
CPCP Consults, Providers and Clinics Enrollment



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Providers contact CPCP for numerous reasons. The top reason for consult is to have medication questions answered. Other reasons include: diagnostic questions, resource referral, and parent guidance.

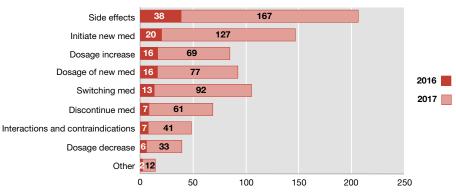
CPCP Consults



W data 101 2017

Data suggest that providers are calling not only for help in prescribing medications, but also for managing use and side effects of currently prescribed medications. The top question was related to side effects.

CPCP Consults (continued)



^{**} Data collection started in June 2016.

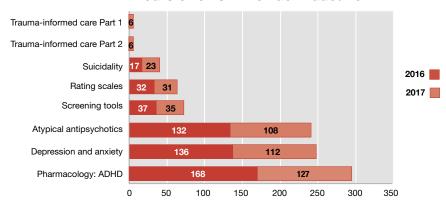
Cumulative CPCP Outcomes

(continued)



CPCP continues to ensure PCPs increase knowledge, self-efficacy, and confidence in providing care for children with behavioral health needs. This graph indicates how many hours of behavioral health education PCPs received. Each module is one hour of continuing medical education.

Hours of CPCP Provider Education



PCP Survey Responses

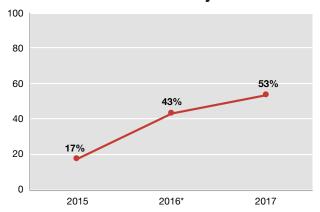
PCP's confidence and ability to meet the mental health needs of children being served improve after using the CPCP.

- 48% of PCPs felt able to meet the needs of children with psychiatric problems 9-12 months after enrolling in CPCP compared to 21% at enrollment.
- 79% of PCPs are able to consult with a mental health specialist within a reasonable period of time 9-12 months after enrolling in CPCP compared to 17% at enrollment.
- 41% of PCPs felt they had an established relationship with a mental health specialist 9-12 months after enrolling in CPCP compared to 15% at enrollment.

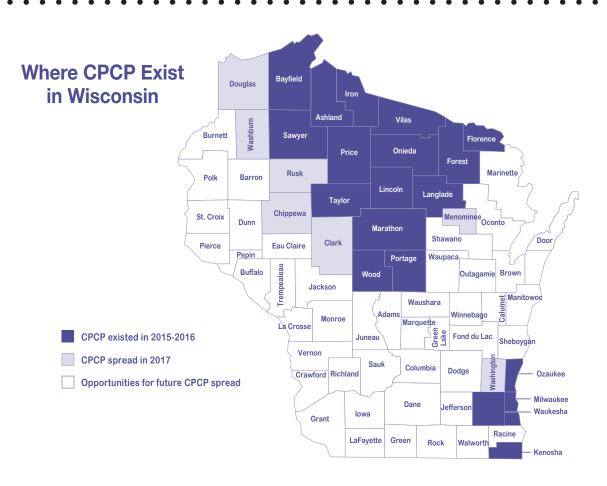
Community Resources and Referrals

In 2017, there were 400 consults that involved community resources and referrals (53% of all consults).

Percent of Consults that Involved Referrals to Community Resources



^{*} In 2016, CPCP started tracking the different types of referrals.



Conclusion

The Wisconsin Department of Health Services, Division of Public Health, continues a collaborative relationship with the Medical College of Wisconsin (MCW), along with Children's Hospital of Wisconsin, to implement the Child Psychiatric Consultation Program (CPCP).

Since the inception of CPCP, the number of children and families served by this vital service has grown steadily. CPCP is now available in 26 counties in the state with over 1,600 primary care providers (PCPs) enrolled in the program. In addition, these PCPs have continued to receive ongoing education and training by skilled mental health professionals on a number of critical topics and have been assisted in making referrals to local mental health staff and other community resources to provide ongoing care, treatment, and assistance.

The PCPs enrolled in CPCP continue to have an ongoing trusting relationship with a child psychiatrist and receive efficient and timely expert consultation to improve care for the children with mental health issues they serve.

Through our collaborative efforts, we continue to modify our tracking system to be able to capture more data on the effects this program is having on children and families currently not able to see a psychiatrist in their local community.

Tracking yearly progress and cumulative outcomes will continue to inform program improvements and possible changes. Additional funding will be required to expand CPCP to all counties in Wisconsin. CPCP embraces future opportunities to better meet the behavioral health needs of the children and their families in Wisconsin.

