



Expanding access to child psychiatry

Oklahoma wins funding to build access networks linking limited psychiatric workforce to pediatric primary care

As Oklahoma grapples with increasing suicide and drug overdoses among children and youth, it is imperative to expand the reach of the state's limited behavioral health workforce. Access to child psychiatry in Oklahoma is particularly limited. Just six of Oklahoma's 77 counties have practicing child and adolescent psychiatrists.

Fortunately, additional resources will soon be available to children in the state. The Health Resources and Services Administration (HRSA) announced in August 2021 that it will award \$2,225,000 over five years to the State of Oklahoma and another \$2,225,000 over five years to the Chickasaw Nation to operate technology-based networks of child psychiatric consultation for pediatric primary care. These child psychiatry access programs, funded by the American Rescue Plan Act (ARPA), can transform access to high-quality care for children in primary care settings.

Healthy Minds Policy Initiative played a convening and technical assistance role in the State of Oklahoma's application for funds, and the successful rollout of this initiative is a primary recommendation of Healthy Minds' research around [expanding the state's behavioral health workforce](#) and meeting the [increased demand for children's mental health services](#) in the post-COVID era. This brief explores the potential benefits of this development and offers considerations for a successful rollout.

Background

Oklahoma's children and youth had mental health and wellness challenges before the pandemic. However, the COVID-19 era has created or worsened stressors resulting in rising depression, anxiety, substance use, and deaths from suicide and overdoses. These new stressors include school disruptions and separation from peers, teachers, extended families and communities. As a result, children have lost protective factors that promote resiliency and improve chances for success in school and life.¹

As Oklahoma contends with this reality, the state's behavioral health workforce remains stretched thin. This is particularly true of psychiatry — physicians who specialize in behavioral health care and are often the only practitioners who can treat serious or acute cases. As a subset of psychiatry, child and adolescent psychiatry is a particular need. As of January 2021, Oklahoma has only 26 child and adolescent psychiatrists practicing in six counties.² Growing the psychiatry workforce takes time, but creative initiatives such as Project ECHO can extend the reach of limited specialty providers through training and consultation with primary care physicians. Formal methods of integrating behavioral health care into primary care practices

can and must be a critical piece of any solution to the state's mental health crisis, and a child psychiatry access program can support such efforts.²

Pediatric Mental Health Care Access Program

In summer 2021 the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), with the support of Healthy Minds Policy Initiative, submitted a successful grant application in partnership with the Oklahoma State Department of Health and Oklahoma State University Center for Health Science to fund a child psychiatry access program through the 2021 American Rescue Plan Act. This five-year funded project will increase access to behavioral health care by expanding the capacity of pediatric primary care providers to detect, assess, and treat mild to moderate behavioral health conditions and refer children to behavioral health specialists when indicated. The American Rescue Plan funding awarded in August of 2021 to ODMHSAS is \$444,000 annually for five years, and the Chickasaw Nation received a \$445,000 annual, five-year grant.

Both projects fall under the umbrella of HRSA's Pediatric Mental Health Care Access Program (PMHCAP), funded by federal ARPA money and distributed directly by HRSA. PMHCAP uses telehealth to provide timely detection, assessment, treatment, and referral of children and adolescents with behavioral health conditions, using evidence-based practices and web-based education and training sessions.³

When established in Oklahoma, such programs will:

1. use telehealth to increase primary care provider (PCP) access to a mental health (MH) team, including a psychiatrist, case coordinator, and licensed MH professional;
2. provide PCPs with training and technical assistance to enable early diagnosis and treatment of children with behavioral health conditions;
3. provide information and access to pediatric behavioral health clinicians; and
4. improve children's and adolescents' access to behavioral health services, especially in rural communities.⁴

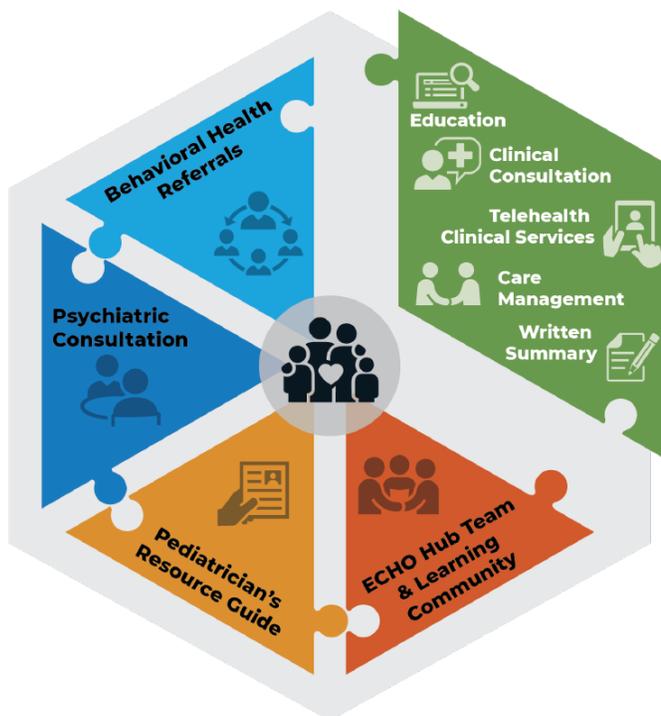
Oklahoma's program will consist of regional teams of infant, child and adolescent psychiatrists; licensed mental health professionals; licensed care coordinators; and navigators who provide telehealth services, teleconsultation, education, written follow-up to consultation and referrals. Its stated goal is to link together existing resources to provide a statewide network over the five-year duration of the grant.

Building off existing progress

Oklahoma has an assortment of behavioral health consultation and integrated care models seeking to expand the capacity of primary care physicians in treating childhood behavioral health conditions. A child psychiatry access program can better link existing efforts and serve as a platform for future capacity growth.

In particular, the Oklahoma Health Care Authority (OHCA), Oklahoma Department of Human Services (OKDHS), and higher education partners work independently and in collaboration to deliver four services that help pediatric primary care providers address the mild to moderate mental health needs of children and youth in Oklahoma. These services include:

- **Behavioral Health Referral Helpline (OHCA):** A referral line with a provider help desk that links to state databases for behavioral health resources.
- **Oklahoma Pediatric Psychotropic Medication Resource Guide (OU, OSU, OHCA and OKDHS):** A manual of best-practice information to support the accurate diagnosis and appropriate treatment of infants, children, and adolescents with mental health needs.
- **Project ECHO (OSU):** A hub-and-spoke knowledge-sharing network that connects interdisciplinary teams with community providers in virtual clinics. It includes a team of experts in pediatric behavioral health and infant mental health which provides education, training, and case consultation to a learning community of providers. Project ECHO facilitates a weekly 1.25-hour sessions on pediatric behavioral and emotional health, TeleECHO and infant mental health.
- **Psychiatric Consultation Program (OHCA):** Available to SoonerCare contracted primary care providers, it uses informal telephonic consultations with a psychiatrist for the purpose of medication management. Consultation appointments are scheduled within five business days.



Oklahoma's new child psychiatry access programs will expand the array of consultation, education, technical assistance, and referral supports available to Oklahoma pediatricians. It will add limited telehealth clinical services, care management, and a written follow-up to all

consultation. The programs will also provide the framework Oklahoma needs to seamlessly connect and strengthen its current array of services and supports available to help pediatric primary care providers serve children and adolescents with mild to moderate mental health conditions within the practice. Future efforts to expand the use of best practice models for integrating behavioral health care into primary care settings would benefit greatly from established child psychiatry access programs.

Implementation Considerations

Financial sustainability planning for these one-time five-year grants is essential. The most recent information available indicates that 38 states and the District of Columbia have partial or full child psychiatric access programs that offer consultation, education, and other services to pediatric PCPs.⁵ Examples of how states have created funding for Pediatric Mental Health Care Access Programs include federal HRSA grants, state general funds, Medicaid, foundation funding, and financial contributions paid by commercial health plans based on their market share.

There are examples of states that have initiated similar programs since 2018 and are using a combination of federal grant and state general funds. Massachusetts and Washington State have operated their programs with sustainable funding for 18 and 13 years, respectively. Massachusetts implemented legislation that mandated contributions from commercial insurers and Medicaid, using a formula to determine the contribution amount. The formula was first established by Massachusetts to pay for childhood vaccines through central purchasing and distribution to health providers to promote access to vaccinations and control costs.⁶ Washington state uses a similar method to require payments from commercial insurers. These two states' financing strategies offer information for Oklahoma to consider for long-term sustainability.

Examples of statewide child psychiatry access programs include Colorado, Kansas, Massachusetts, Missouri, Texas, and Washington. An overview of each state's program is provided below.

- **Colorado** – The Colorado Pediatric Psychiatry Consultation & Access Program (CoPPCAP) began in 2019 and provides consultation to PCPs and their behavioral health staff to help children and youth with mental health conditions. This project is supported by HRSA and Medicaid (Upper Payment Limit funding) in partnership with the Colorado Department of Public Health and Environment.

- **Kansas** – KSKidsMAP is a partnership between the Kansas Department of Health and Environment and the University of Kansas School of Medicine-Wichita Departments of Pediatrics and Psychiatry & Behavioral Sciences. This partnership was established to link PCPs and clinicians in Kansas through a telehealth network. This program began in 2019 through a HRSA grant with contributions from local and state non-federal match funds. Kansas is a state to watch for their strategies of obtaining state and local funds.
- **Massachusetts** – The Massachusetts Child Psychiatry Access Program (MCPAP) was implemented in 2003 through a pilot project at the University of Massachusetts Medical School. In 2004, the Department of Mental Health (DMH) and the Massachusetts Health Partnership, the state’s behavioral health managed care organization, began implementing MCPAP statewide by regions. In 2015, a strategic planning process resulted in a legislative appropriation for DMH to fund the project. Beacon Health Options Behavioral Health MCO operates the MCPAP through state funds and contributions from commercial insurers.
- **Missouri** – The Missouri Child Psychiatry Access Project (MO-CPAP) increases the capacity of pediatric primary care settings to treat/manage mild to moderate behavioral health needs by providing almost immediate access to child psychiatry phone consultations. It also facilitates referrals to community-based organizations for ongoing behavioral health services. Started in 2019, funding for the project is provided in part by Missouri Foundation for Health and a HRSA grant of \$2,125,000. As foundations move away from funding services, it will be important for Missouri to find sustainable funding sources through insurance programs.
- **Texas** – The Child Psychiatry Access Network (CPAN), a network of academic hubs established in May 2020, provides free telemedicine-based consultation, care coordination, and training to pediatric providers serving children and youth under the age of 23. The Texas Child Mental Health Care Consortium (TCMHCC), which operates CPAN, was created and funded by the 86th Texas Legislature to leverage the expertise and capacity of the health institutions of higher education to address urgent mental health challenges and improve the mental health care system in this state in relation to children and adolescents. The initiative is part of an overall plan to improve access to child psychiatry that includes expanding psychiatry training programs and tuition enhancement programs.
- **Washington** – The Partnership Access Line (PAL) began in 2008 as a statewide access line, offering live connections to child psychiatrists from Seattle Children's Hospital University of Washington. This program is funded through a combination of state funds, Medicaid, and commercial Insurance. The WA Health Care Authority collects proportional service support based on each commercial insurance plan's market share and provides these funds to the PAL. It is a useful strategy to ask commercial health plans for support of this project because it is open to all pediatric PCPs, regardless of the insurance of the pediatric primary care patient.

States that have created Pediatric Mental Health Care Access Programs without HRSA funding include Texas, Washington, and Alaska. These states may serve as models for Oklahoma, to sustain or expand its PMHCAP beyond HRSA funding.

Next steps

Implementation of the State of Oklahoma's child psychiatry access network will involve OHCA, ODMHSAS, OSU and other partners. The success of the program will depend on an ability to reach and educate existing providers, establish a track record of reliability and success, and ensure sustainable long-term funding. It is likely that Oklahoma's efforts will eventually require legislative support and committed funding to sustain and expand capacity. A track record of success and outcome data would make the case for such sustainability, driven by meaningfully expanding the capacity of pediatric primary care providers to detect, assess, and treat children and youth with mild to moderate behavioral health conditions.

¹ Healthy Minds Policy Initiative. (October 2021). *The Impact of COVID-19 on Children's Mental Health*. Retrieved from <https://www.healthymindspolicy.org/covid-childrens-report/>.

² Healthy Minds Policy Initiative. (January 2021). *Action Areas for Improving Oklahoma's Behavioral Health Workforce*. Retrieved from https://www.healthymindspolicy.org/wp-content/uploads/2021/01/HMPI-Workforce-Action-Areas_FINAL_01.08.2116124.pdf

³ HRSA Maternal & Child Health. (2019, January). *Pediatric Mental Health Care Access Program Fact Sheet*. Retrieved from <https://mchb.hrsa.gov/training/documents/fs/factsheet-PMHCA.pdf>

⁴ *ibid*

⁵ National Network of Child Psychiatry Access Programs. [NNCPAP National Network of Child Psychiatry Access Programs](#).

⁶ Refer to [KidsVax Home](#) for more information on the model Massachusetts and other states use for promoting equitable and efficient distribution of vaccines to health providers. This approach is the foundation for determining the contributions required from commercial insurers to support their child psychiatric access program.