

Telephonic Psychiatric Services (TiPS)

Penn State Health Children's Hospital
Division of Child & Adolescent Psychiatry



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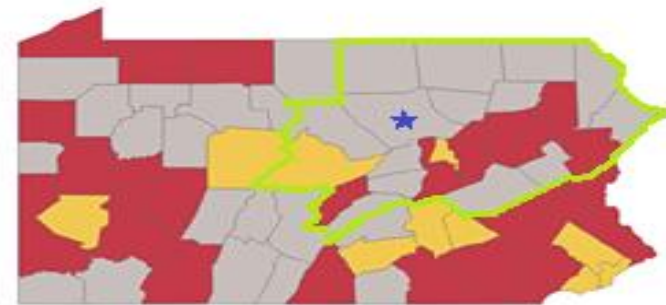
A National Shortage



PENNSYLVANIA Child and Adolescent Psychiatrist (CAP) Workforce Distribution Map

Practicing Child and Adolescent Psychiatrists by State 2017
Rate per 100,000 children age 0-17

Practicing Child and Adolescent Psychiatrists by County 2017
Rate per 100,000 children age 0-17



State CAPs per 100,000 children age 0-17



CAPs Per 100K Children

Mostly Sufficient Supply (≥ 47)

High Shortage (18-46)*

Severe Shortage (1-17)*

No CAPs

*Council on Graduate Medical Education. Re-examination of the Academy of Physician Supply made in 1980 by the Graduate Medical Education National Advisory Committee for selected specialties, Bureau of Health Professions in support of activities of the Council on Graduate Medical Education. 1990. Cambridge, A&T Associates.

**Kim WL, American Academy of Child and Adolescent Psychiatry Task Force on Workforce Needs. Child and adolescent psychiatry workforce: A critical shortage and national challenge. *Acad Psychiatry*. 2003;27:277-82.

Last Updated: March 2018



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It's Getting a Little Better (McBain 2019)

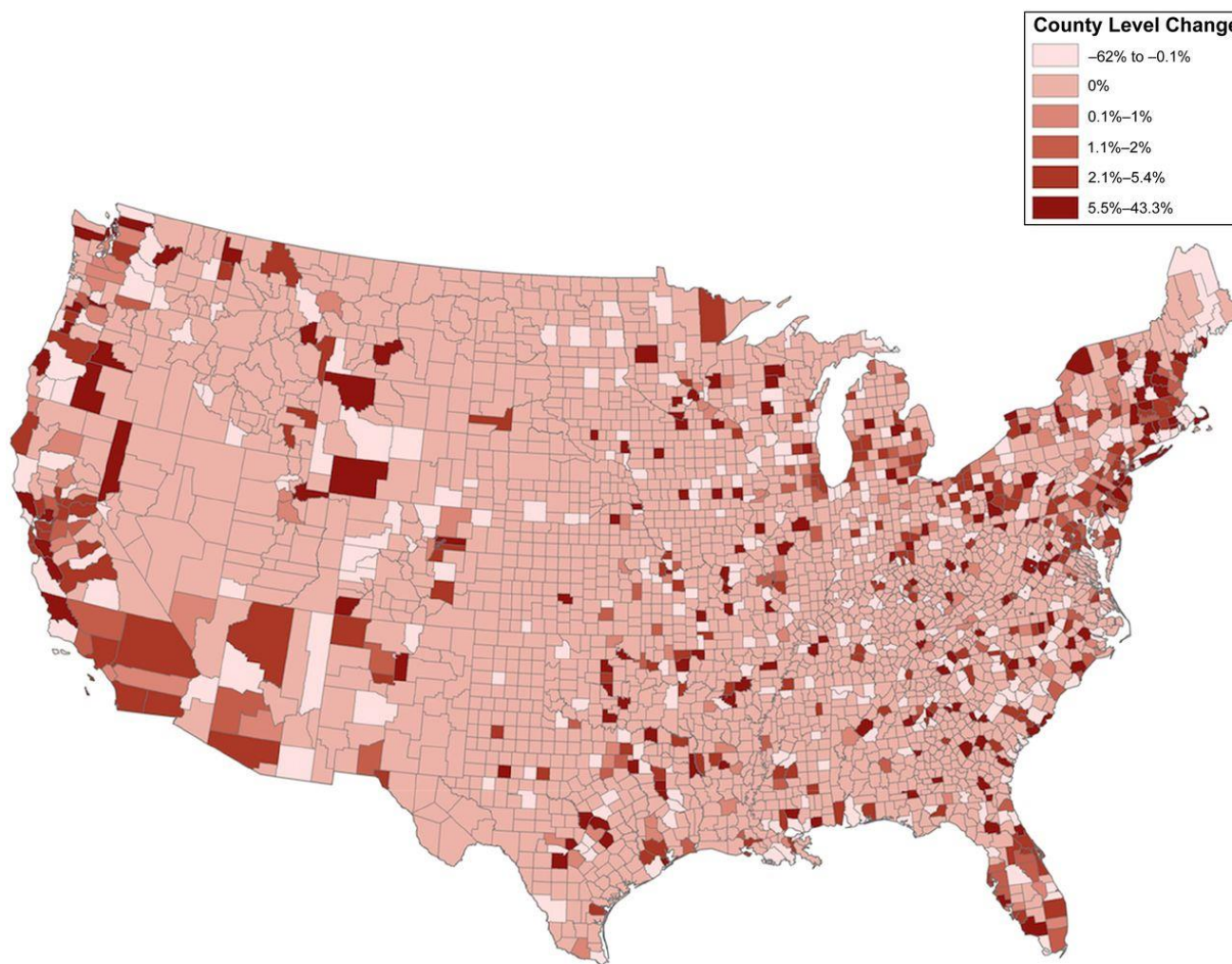


- From 2007-2016: 21% increase in child psych from 8 to nearly 10 per 100,000 children
- PA: 18.6% increase with 4% decline in children
- Still 70% of all counties don't have one
- Most congregate in large affluent metro areas
- Really, the rich just get richer
- No sign that more are taking Medicaid
- We are seeing more detection of BH issues at school (PA Safe to Say line)



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County-level change in child psychiatrists per 100 000 children (2007–2016).



Ryan K. McBain et al. *Pediatrics* 2019;144:e20191576

Current System Doesn't Work

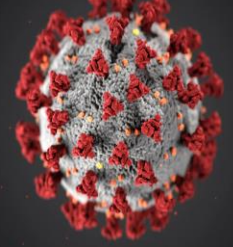



- 50% of families referred to BH provider by their PCP don't attend a single visit (Mckay 2004, Larson 2013)
- 90% done in 3 months (Farmer, 1999; Rushton 2002)
- PCPs left filling the void often with little support, experience or time
 - 50% of mental health treatment occurs in primary care with 1 in 3 pediatric visits involving a BH issue (Demaso, 2010)
- Other than ADHD, over 80% of PCPs report feeling uncomfortable treating BH issues in children (Stein, 2015)
- Emergency room becomes fallback with rates up 50% (Mapelli, 2015)
- School wide screening leads to increased detection of depression but not clear that it increased actual treatment uptake



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Mental Health in the Pandemic



- ED visits for self harm in female teens up 50% winter/spring 2021 vs 2019 (MMWR #70)
- In NE, 333% increase in medical claims for intentional self harm in teens (Fair Health 3/2/21)
- Past trauma increases Covid distress (Guo 2020)
- Family cohesion better predictor than family financial stability (Penner 2020)
- Admission rates for eating disorders  100% (Otto 2021)
- Should expect return to full school demands may increase referrals for ADHD/behavior problems



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Stigma



- Parental Factors:
 - Behavioral health problems are the responsibility of the parents
 - Behavioral Health problems are “the fault of the parents”
 - Behavioral Health problems are just a lack of discipline or child not trying
 - Preferences for treatment: parents focused on academics lean to med vs those focused on behavior lean to therapy (Fiks et al 2013)
 - Stigma coming from other family/friends
 - For those in poverty, often BH comes through mandated care from courts and CYS
 - Stigma better predictor of “no show” than other barriers (Larson 2013)
 - <https://www.onoursleeves.org/>



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Making Use of Existing Bridges



- Build on PCP's established connection with family
- Children with BH problems see their PCP more
(Hodkinson 2017)
- 75% of youth with BH provider have seen PCP in past year
- Initial experiences with PCP impacts rates of linkage and treatment persistence (Larson 2013)
- Most families agree with PCP when need for BH treatment is raised (Larson 2013)
- Care coordination with live ongoing contact with family is being used to improve linkage rates



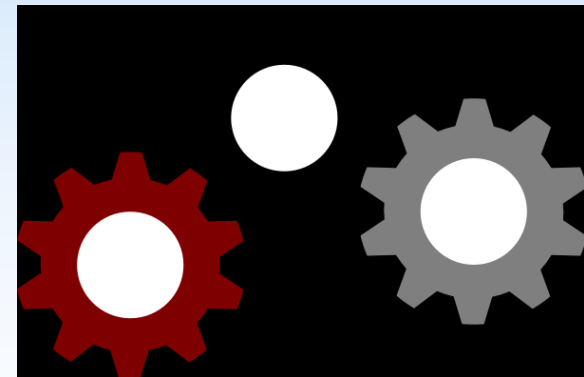
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Components of Effective Integrated Care

(Wright 2016)



- ☐ Screening Process✓
- ☐ Patient engagement strategies✓
- ☐ Patient choice of treatment
- ☐ Treatment occurring in Primary Care✓
- ☐ Evidence-based care✓
- ☐ Psychiatric Consultation✓
- ☐ Care manager
- ☐ Stepped Care Approach✓



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Our Coverage Region

Pennsylvania HealthChoices Map





Care Coordination

- Care coordinators able to reach 92% of referred families
- Only 3% decline service
- 61% of families successfully connected to a resource
- Therapy: 1-2 weeks
- Psych: 1-2 months but much more variable based on geographic region
- We have been able to shorten waits by several months in some instances

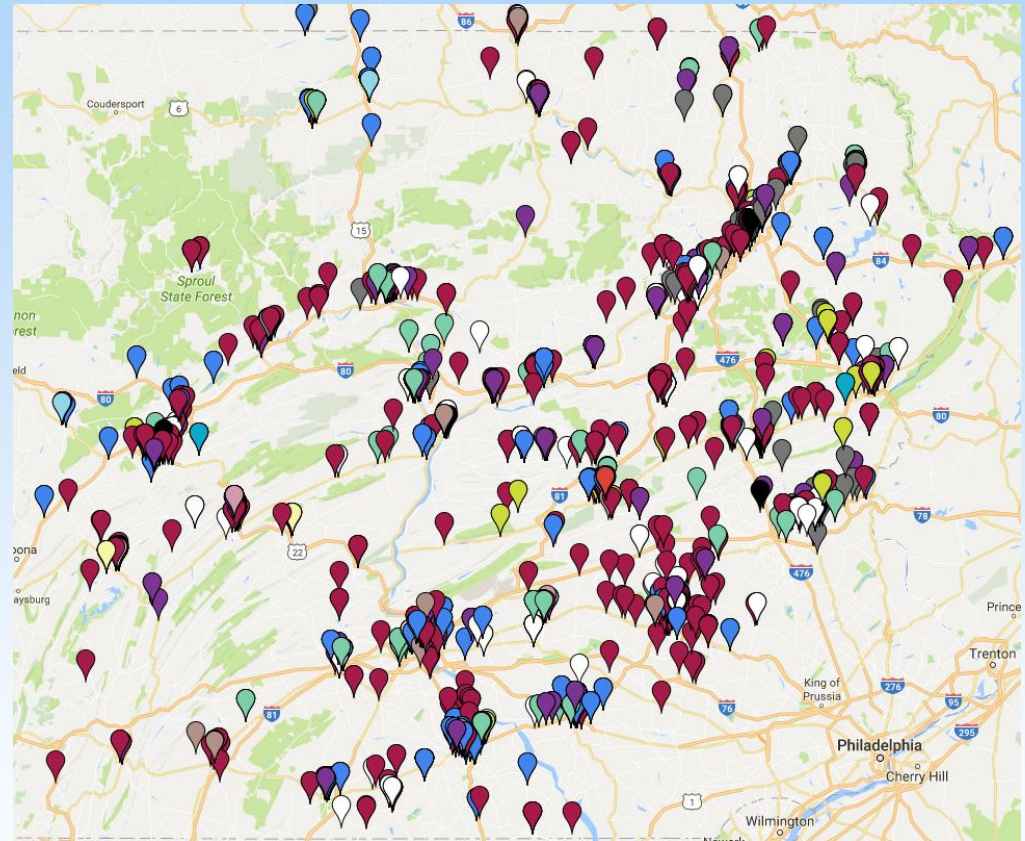


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Creating a Fluid BH Database

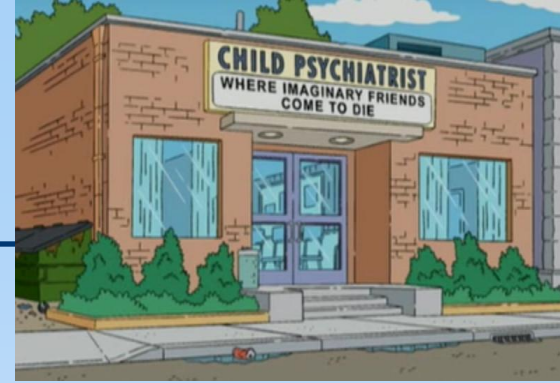


- Over 2,650 listed options within our two regions
 - Most have responded with thorough information regarding service details, ages served, average wait times, and languages offered
 - An interactive Google map contains all of these providers complete with all information collected via questionnaire responses
 - Searches can be conducted by location, language, or type of service
 - Selecting an entity brings up the provider information



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What the Psychiatrist Can Do



- Provide peer-to-peer consultation
- Phone Support for general questions
 - Med vs therapy
 - Side effects of meds
 - Dosing/tapering off meds
 - What to do when first line choices fail
 - Screening measures
 - Most sensitive indicators of depression/anxiety
 - Average call length 10 minutes
- One time face to face assessments
 - Video or face to face
 - Step by step aftercare instructions within 2 days to PCP
 - Create bridge plan till psychiatry visit



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What the Therapist Can Do



- Provide consult support for specialized areas of BH
- Provide interim counseling services to children until ongoing BH services are in place with a local provider
 - Wait times under 2 weeks right now
- Short term therapy (6-12 sessions) for certain conditions
 - Mild to moderate depression
 - Mild to moderate anxiety
 - Assist parents with managing behavior problems at home
- Tips therapists trained in motivational interviewing to help promote engagement in treatment



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Ongoing Educational Experiences



- In Office/Virtual Presentations on common behavioral health issues
 - ADHD, Depression, Anxiety, Autism, Engaging Families in Behavioral Health Issues, Eating Disorders and Suicide Assessment & Management.
- Phone Support for general questions
 - Med vs therapy
 - Side effects of meds
 - Dosing/tapering off meds
 - What to do when first line choices fail
 - Screening measures
 - Most sensitive indicators of depression/anxiety
- Meet monthly with all Medicaid MCOs and State officials to discuss shortages and access barriers
- Send out regular newsletter addressing pediatric BH themes
- Website:<http://childrens.pennstatehealth.org/psychiatry/for-referring-physicians/telephonic-psychiatric-services>
 - Enroll in TiPS
 - Download forms
 - Watch presentations



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Who Calls?

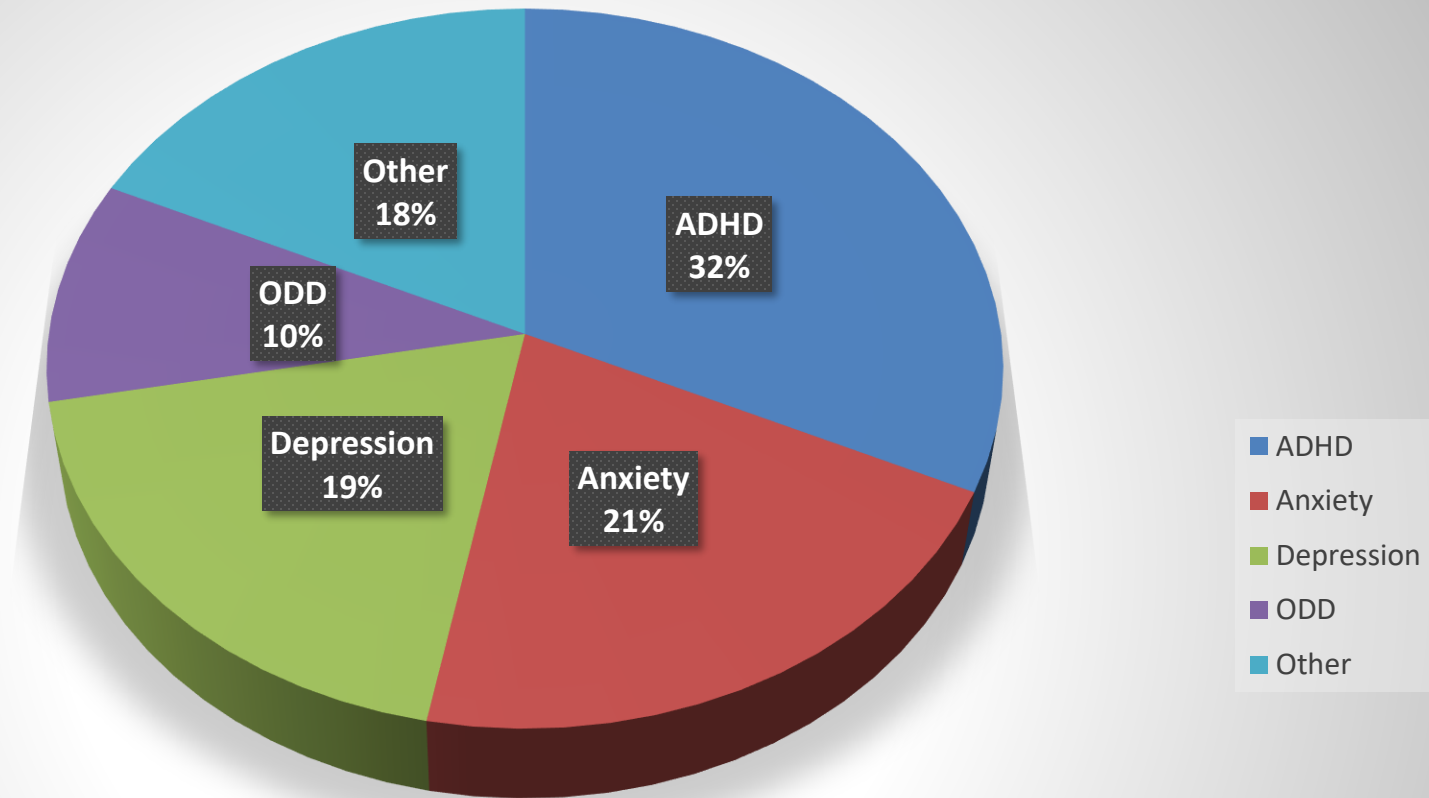
- Large Practices with a high volume of Medicaid covered youth
- Pediatrics > Family Practice
- Advanced practice clinicians most likely to call
- Presence of integrated behavioral health services or urban/rural status doesn't predict calling
 - ❖ 25% of calls involve children already in the mental health system
- Recent trends: medical residents calling, children under 6, safety concerns and eating disorders



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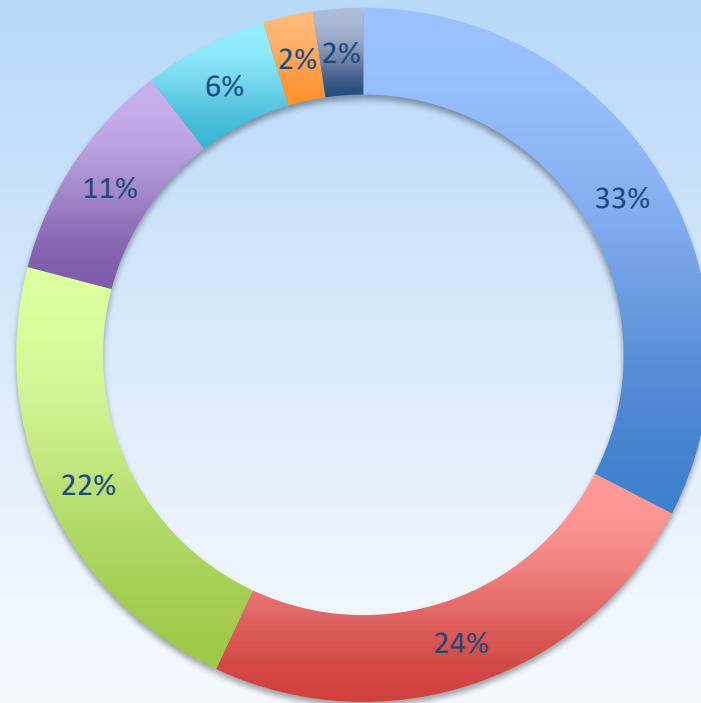


Diagnoses



Ages: 24% <7, 42% 7-12, 34% 17+
5% with trauma history identified
<1% with substance abuse identified
Seeing growth in parent guidance calls

Med Classes



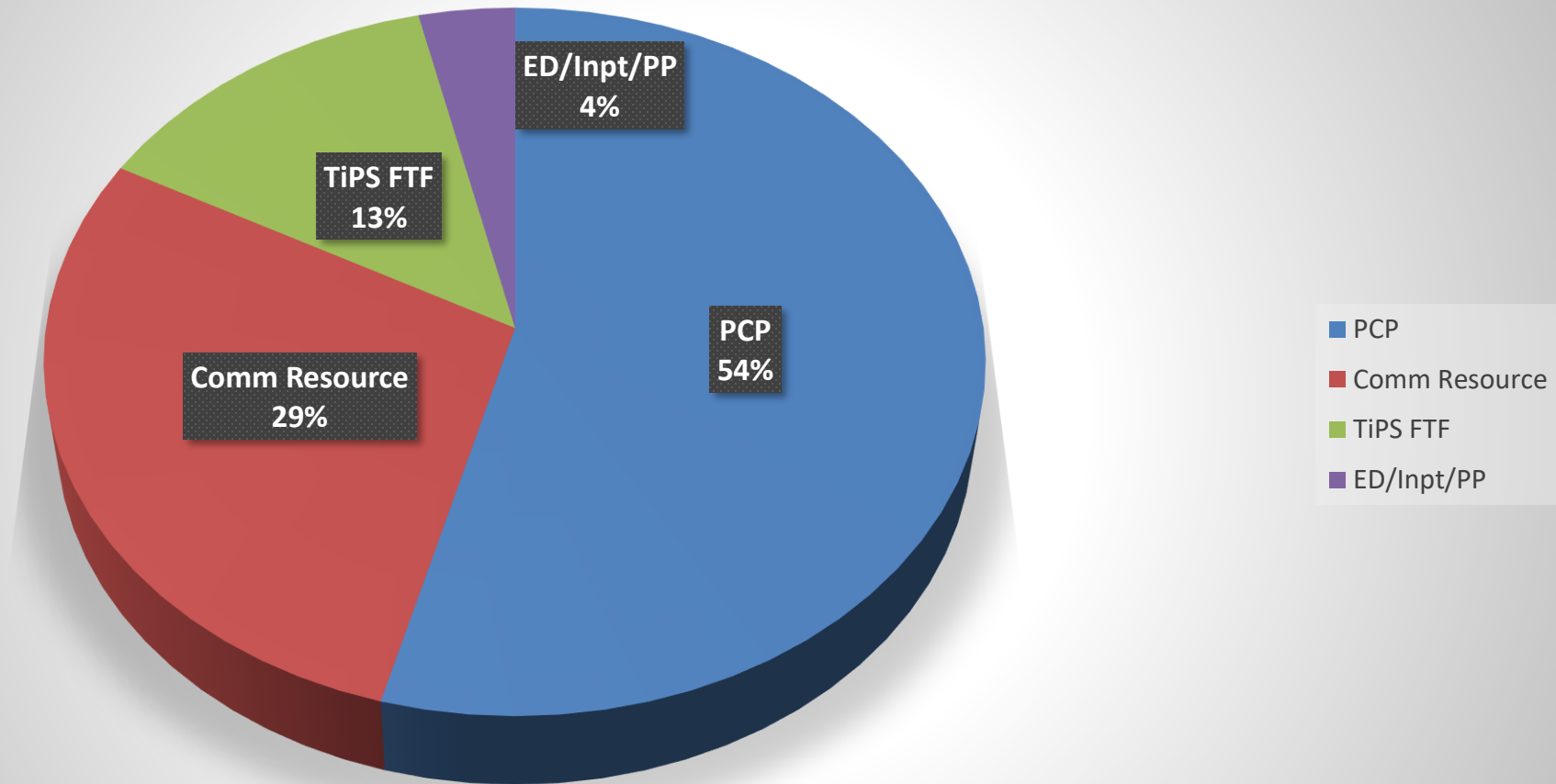
■ None ■ CNS Stimulant ■ SSRI ■ Alpha Agonist ■ Antipsychotic ■ Mood Stabilizer ■ Other Antidep



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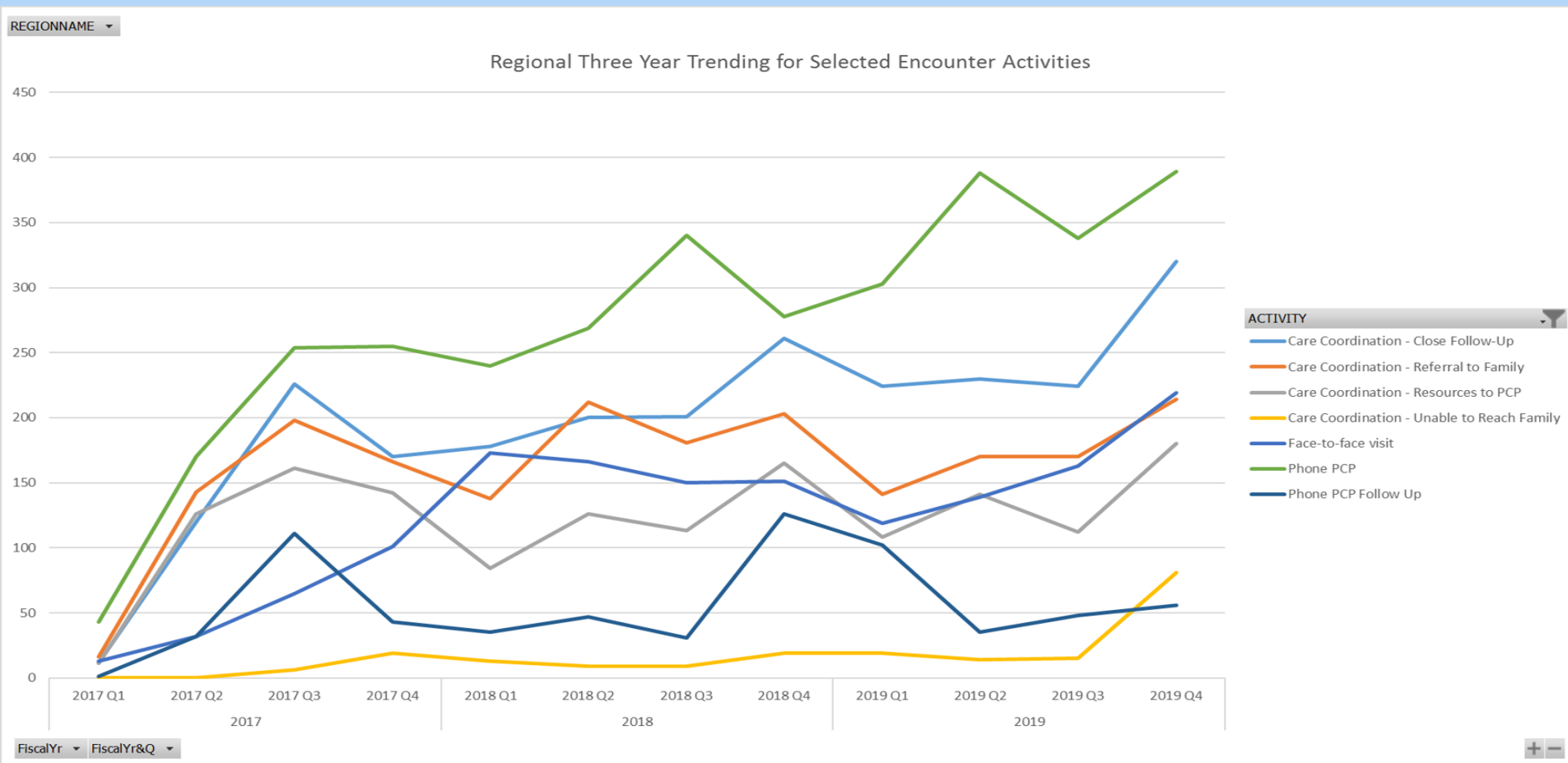


Dispositions



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State Wide Utilization of Different Tips Services



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Follow-Up Survey

- “Can meet psych needs of children”: 58% vs 10%
- TiPs Consults are timely: 70% yes, 6% no
 - Helpful 69% yes, 3% no
- Care Coordination helpful: 59% yes, 11% no
 - Parents rate as pleasant: 50% yes, 5% no
- Comfortable with Depression/Anxiety: 70% (50%)
 - ADHD: increased to 86% (79%)
 - Substance abuse to 22% (15%)



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Challenges



- Identification: screening works
- Time: remote office hours
- Engaging families in BH care: stigma/live care coordination
- Lack of Providers: integrated and stepped care
- Distance: telehealth



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How to Facilitate Families Connecting to Behavioral Health



- Expect stigma/shame/guilt
- Let them tell their story
- Validate what they have done well
- Get them to identify the impairment
- Show data to support what's not typical
- Find proof they can institute change
- Identify barriers and have a plan for it



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What to Expect When You Call 1-800-233-4082: Press 3 for Kids



- For patients ages 0-21 with active PA Medicaid
 - Primary or secondary
- Speak to a Care Coordinator
 - **Mon-Fri, 9am-5pm**
 - Brief background of reason for call
- Consult with a Psychiatrist
 - live or scheduled at time that works for you
- Any office staff can call
 - We can be most helpful when able to speak with clinician



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Our Provider Team



Child and Adolescent Psychiatry Team



Seven board certified child and adolescent psychiatrists, led by Dr. Jolene Hillwig-Garcia, a PA Native

PA Licensed Therapists and Care Coordination Team

Michael DeCristofaro, LMFT Stephanie Harvison, LPC, NCC Kristen Long, BS Karen Rogers, LSW



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