



A Statewide Collaborative Care Program

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Disclosures and Funding

- Dr. Marcus' effort for Michigan Child Collaborative Care (MC3) is funded through Michigan Department of Health and Human Services (MDHHS) and the Health Resources and Services Administration (HRSA) funded Pediatric Mental Health Care Access Project.
- Dr. Pinals does not have any conflicts to disclose.

Relationship With Title V

MDHHS's Behavioral Health and Developmental Disabilities Administration (applicant for HRSA grant) has been actively involved in the Public Health Administration's Title V planning and workgroups as well as the Home Visiting Leadership Team.

Currently, Dr. D. Pinals, Project Director for the Pediatric Mental Health Care Access Program, is the co-chair of the Public Health Administration's Maternal and Infant Health workgroup on mental health needs of women and children/adolescents (Title V).

The Title V Director in Michigan, Dawn Shanafelt, is a member of the Project Advisory Committee and has supported funding for the Perinatal expansion in southeast Michigan.

Michigan Story: A Perfect Storm

Extraordinary need and inadequate resources to help



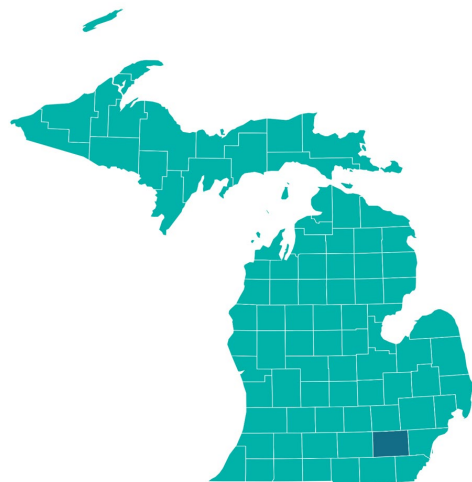
1 IN 7 WOMEN

cared for by perinatal providers
suffer from depression or anxiety



1 IN 5 CHILDREN

have at least one diagnosable
mental health condition



- Only 1 county in Michigan has adequate number pediatric and perinatal psychiatrists
- Michigan ranks third in the shortage of mental healthcare professionals

Michigan Child and Adolescent Psychiatry Shortage Map



Practicing Child and Adolescent Psychiatrists by County 2017
Rate 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

MC3 as a Solution

The Michigan Child Collaborative Care Program, with funding from Michigan Department of Health and Human Services (MDHHS), offers psychiatry support to primary care providers in Michigan who are managing children/adults with behavioral health problems. This includes children, adolescents, young adults through age 26, and women who are contemplating pregnancy, pregnant or postpartum (up to one year). The perinatal collaboration is key in addressing early childhood disorders, and very young children needing infant (or early childhood) mental health services.





Background

- Launched in 2012 in collaboration with key stakeholders to address shortage of pediatric and perinatal psychiatrists
 - MDHHS
 - CMH Leadership
 - Primary Care Providers
- Funded initially (2012-3) by private foundation. Since then, MC3 has been funded by Michigan Department of Health and Human Services (MDHHS) via general funds (Healthy Moms, Healthy Babies), Medicaid Administration funds, Flint Water Crisis funds, and Mental Health Block Grant.
- To fully serve the entire state, MDHHS applied for and received HRSA's Pediatric Mental Health Care Access funding (4th of 5-year grant).

MC3 provides...

- **Same-day psychiatry phone consultation for primary care providers who treat:**

- *Children, adolescents and young adults ages birth-26*
- *Perinatal women, up to 12 months postpartum*



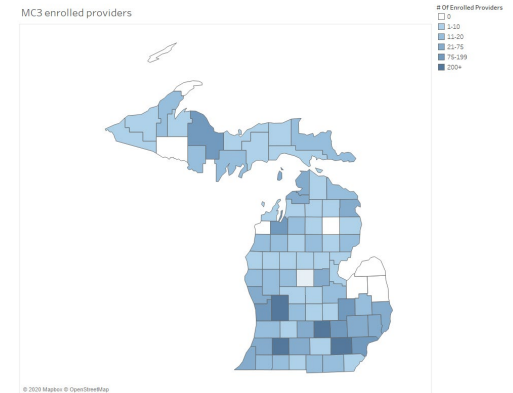
- **Treatment recommendations (medication/therapy) Consulting Psychiatrists and resources provided by regional Behavioral Health Consultants (BHCs)**

- **Education Trainings & Resources, Cafes and Case consultations**

MC3 Statistics

3,002 providers enrolled from 768 practices

- 263 providers from 86 Rural Health Centers
- 71 providers from 40 School Based Health Centers



18,000+ service requests on 15,000+ patients

- 40% CAP services (diagnostic, psychopharmacology consultations, group case consultations, tele-psychiatric evaluations, embedded CAP services)
- 60% BHC services (referral, triage, local information and payer questions, integrated BHC services)



How To Begin

- **Find Your Champions!**
 - **Clinical** (Pediatricians/Family Medicine) who are pioneers in children's mental health in their practice, their professional associations
 - **Advocacy** (AACAP, AAP, Michigan Council for Maternal and Child Health, Health and Hospital Association and Systems)
 - Does your state AAP have Mental Health Taskforce? A priority to address mental health issue? Join! Get to know the players
 - **State Administration** (MDHHS)
 - **Who has interest in children's mental health?**
 - Foundations (e.g., Flinn Foundation, Michigan Health Endowment Fund, Kellogg Foundation)
 - Urban and rural health care systems, providers

Start Small

Funders may drive pilots

- Flinn Foundation (Detroit, Southeast Michigan)
- Upjohn Family Foundation (Kalamazoo, West Michigan)
- Flint Water Crisis (Flint Water District)
- Legislative: Districts Lines and getting the ear of regional politicians
- Be aware of cultural/racial diversity and addressing disparities in every region
 - Schools
 - Religion/Spirituality
 - Tribal
 - Support Resilience!

MC3: Funding Over Time

Funding since 2012

- Private foundation
- Mental Health and Wellness Commission/State General Fund (MDHHS)
- Medicaid Administrative Funds (MDHHS)
- Mental Health Block Grant (MDHHS)
- Flint Water Crisis (MDHHS)
- Health Resources and Services Administration, Pediatric Mental Health Care Access funding
- Healthy Moms, Healthy Babies, State General Fund (MDHHS)

Note: MC3 does not receive any American Rescue Plan Act funds

Consider Relationships and Targets

- Pediatric Programing -- Through Age 21? 26?
 - Michigan is unique in that special education services run through aged 26 years
- Perinatal Programing?
- Working With Agencies and their Locations:
 - Schools and School-based Health Centers
 - Community Mental Health Services Program's
 - Child Welfare providers
 - Juvenile Justice providers



Hiring

- Your “hub” or core team
 - **Psychiatry** Time (0.1 FTE/Day is where we started)
 - **Behavioral Health Consultant** Time (depending on geography and role/embedded)
 - **Project Manager(s)**
 - Administrative and scheduling support
 - Supervision of BHC’s
 - Education Coordination
 - Marketing
 - Data Analysis



Logistics of Engagement

- **Relationships Matter!**
- **Consider Focus Group with PCPs with Incentives**
 - Timing and Days for education?
 - Types of Education (depression/anxiety/ADHD (yes) but what about eating disorders, LGBTQ, ASD/Disruptive behavior, access for underserved)

Enrollment Meetings In Person or Virtual

- Luncheon helps
- Solicit their input. What patients do they see?
- Offer to staff a case/model the consult
- Make enrollment EASY (scan code/same day/on website)
- Psychopharm cards or other give aways
- Prime the pump!
 - Many do not want to manage MH – but what do they do when ER's send kids home or they can't find therapy?
 - Liability issues

Retention

- Relationships Still Matter!
- Continuous Support that what they are doing is hard.
- COVID Cafes – How ARE you?
- Offers to see return visits (calls) on complex cases
- Frequent newsletters/blasts – seasonal (school, COVID)
- Periodic sharing of marketing materials, including their quotes!



Pediatricians, Child and Adolescent Psychiatrists and Children's Hospitals Declare National Emergency in Children's Mental Health

Frame Your Deliverables Based on AAP, AACAP Impact Statement!

- The organizations are urging policymakers to take several actions:
 - Increase federal funding to ensure all families can access mental health services.
 - Improve access to telemedicine.
 - Support effective models of school-based mental health care.
 - Accelerate integration of mental health care in primary care pediatrics.
 - Strengthen efforts to reduce the risk of suicide in children and adolescents.
 - Address ongoing challenges of the acute care needs of children and adolescents.
 - Fully fund community-based systems of care that connect families to evidence-based interventions.
 - Promote and pay for trauma-informed care services.
 - Address workforce challenges and shortages so that children can access mental health services no matter where they live.

Be Aware As You Plan

- High rates of suicidality, and many children and perinatal women are “bridged” by MC3 program into and out of hospital
- Patients have high prevalence of trauma and psychosocial stressors
- High percentage of young children on more than one medication
- Psychiatry phone consultations to Primary Care Providers alternative to higher levels of care
- Ongoing support provided to Primary Care Providers following inpatient stay, while awaiting disposition to local psychiatrist
- Some patients refuse higher levels of care (including Community Mental Health) and managed by Primary Care Provider as default

Psychiatric History: Be Aware

	Age 0-11	Age 12-26	Perinatal
Is the patient currently seeing a psychiatrist?	1%	2%	12%
Is the patient currently on psychotropic medication?	65%	73%	62%
Is the patient currently receiving therapy or other services?	57%	61%	42%
Does the patient have any history of psychiatric hospitalizations?	2%	18%	25%

Suicide Risk, Medical and Psychosocial issues

	Age 0-11	Age 12-26	Perinatal
Does the patient have any other significant medical problems (cardiac, obesity)?	32%	41%	46%
Has this patient experienced a traumatic situation that was scary or frightening?	34%	36%	50%
Are there additional psychosocial stressors that may be impacting the clinical picture? For example: Child Protective Services, legal, criminal justice, financial trouble, bullying, etc.	59%	64%	65%
Is there current concern for suicidal thoughts or attempts for this patient?	9%	25%	24%
Is there a history of suicidal thoughts or attempts for this patient?	10%	36%	38%

Medication (for those on medication)

	Age 0-11	Age 12-26	Perinatal
% of patients on more than 1 medication	50%	44%	31%

Psychiatrist Assessment of Level of Severity

	Age 0-11	Age 12-26	Perinatal
Moderate/severe symptoms	70%	64%	52%
Higher level of care needed (beyond PCP)	41%	34%	51%
ER visit likely avoided yes/maybe	19%	24%	28%

Be prepared for level of severity:

Perinatal Case Example

Woman (patient) is seven days postpartum with a history of bipolar disorder and psychosis during pregnancy. She was hospitalized in July and discharged with a two-week supply of Tegretol and Zyperexa. Patient unable to follow-up with outpatient psychiatry because she was incarcerated, and jail did not follow-through with any medications for her. Patient delivered at local hospital and is currently re-hospitalized. Inpatient psychiatry is refusing to write prescriptions for discharge based on patient's intake appointment scheduled in a month. Discharge instructions are to seek psychiatric medication prescriptions from Obstetrician (caller). Obstetrician seeking guidance on which medications to prescribe to this postpartum woman with Serious Mental Illness, caring for her infant, and who is without medications while she awaits outpatient psychiatry intake in one month.

Be prepared for level of severity:

Pediatric Case Example

1. Young man, aged 19, with severe intractable bipolar illness. Left his home in Michigan, risk taking, promiscuity last year. Now is back home (island in Lake Michigan) during an intractable snowstorm in January, and acuity suicidal. Cared for by Nurse Practitioner. Planes/ferries unable to transport to hospital.
2. Child, age 4, presented by grandmother as she “can’t manage him anymore,” he is running into streets. She wants to hospitalize him 200 miles from home in rural Michigan. He is on 3 medications. First question?
3. A 16-year-old has been moved to an emergency setting 100 miles from home due to overcrowding in home ER. He has cognitive impairment and has been assaultive to his parents. No bed found and after 5 days, the family removes him back home, and they come to PCP the following morning.

Strategies for Budget Expansion

- Understand “conflict of interest” for those advocating at state levels
 - Who can lobby?
 - Government Liaison
 - Who tells your story?
- Grass Tips
- Grass Roots
- Long Term:
 - Foundation
 - Federal
 - State
 - Payor
- Other Strategies: Know your state’s politics

Grass Tips Strategy



- Relationships with leading state universities/medical centers
 - Shared ownership between state and academic institutions - beware of rivalry
- Relationships with key legislators and policy makers especially those in key budget roles.
 - What key Primary Care Providers live/work in counties represented by the budget appropriations decision makers?
- Relationships with Department of Education, Child Welfare, Juvenile Justice leadership
- Relationships with Community Mental Health leadership across the state
- Relationships with payers: BCBS, Medicaid Health Plans (Michigan)
- Relationships with pediatricians, Nurse Practitioners, Physician Assistants, family medicine and others
- Guild organizations: AAP, Nursing, Social Work, Michigan Medical Society and others
- Tribal Organizations, African American physician organizations
 - Advocates for African American, American Indian, Hispanic/Latinx and Asian children, adults and communities

Importance of Infographic at the Ready

MC3
Improving mental health access for women and children

The Michigan Child Care Collaborative (MC3) program began in 2012. MC3 offers psychiatry support to primary care providers in Michigan who are managing patients with behavioral health problems.

1 in 5 pregnant and postpartum women have a mental health condition
75% of women are untreated

1 in 5 youth have a mental health condition
The majority of these are unrecognized and untreated

Only **1** county in Michigan has an adequate number of child and perinatal psychiatrists
Michigan ranks **third** in the shortage of mental healthcare professionals

Mental health is the most common perinatal complication, and suicide deaths are a **leading cause of maternal mortality**

In 2018, **suicide was the leading cause of death** in 10-14 year olds, and the second most common cause of death in 15-24 year olds in Michigan

Since the onset of COVID, **158%** increase in anxiety and depression of pregnant women; **24%** increase in ER mental health visits for 5-11 year olds; and **31%** increase for 12-17 year olds

MC3 is available in **every county** in Michigan, and supports primary care providers so they have expert and immediate back-up, anywhere where women and children are receiving care. **MC3** is available in every county in Michigan, and supports primary care providers so they have expert and immediate back-up, anywhere where women and children are receiving care. **MC3** is available in every county in Michigan, and supports primary care providers so they have expert and immediate back-up, anywhere where women and children are receiving care.

MC3 Program Components

- Same day psychiatry consultation to frontline providers to help ensure accurate diagnosis and evidence-based treatment for:
 - Perinatal women, up to 12 months postpartum
 - Children, adolescents and young adults ages 0-26

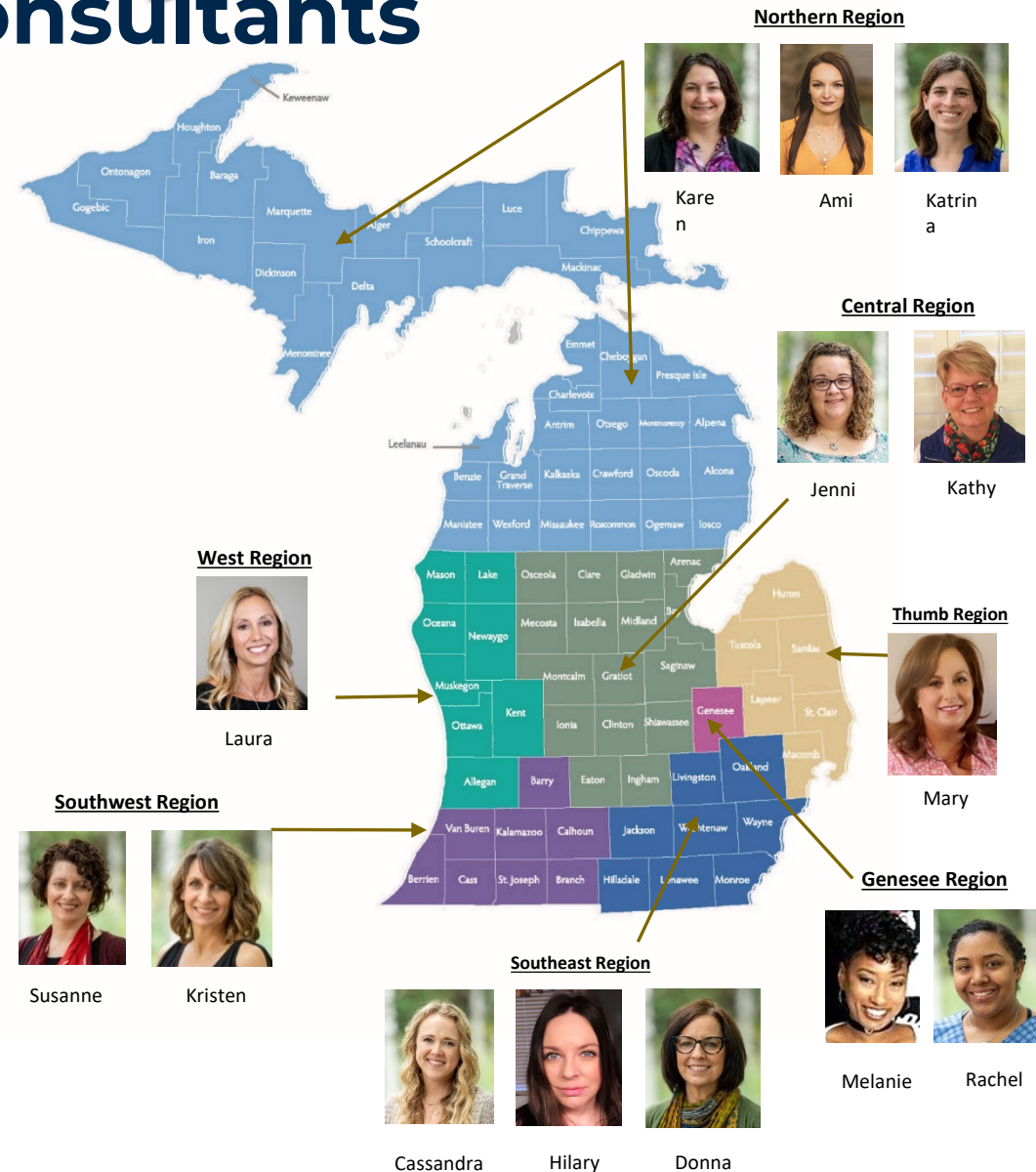
- Telehealth evaluation with MC3 psychiatrists for the most complex patients

Thanks To Regional Behavioral Health Consultants



14 Behavioral Health Consultants (BHCs) located around the state.

- Outreach and Engagement of providers
- Consultant to primary care providers on behavioral health
- Coordination of psychiatry consultations
- Integrated part-time in a primary care practice



Thanks To MC3 Team



Consulting Psychiatrists



**Dr. Sheila
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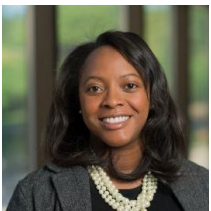
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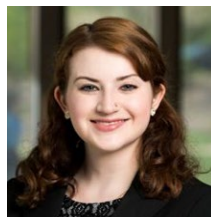
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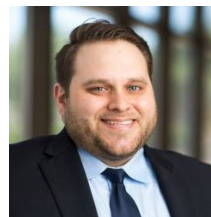
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our
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Health Care Access