

December 2016

MCPAP 2.0: What is Changing and What You Need to Know

Twelve years ago, the Massachusetts Child Psychiatry Access Program (MCPAP) was implemented statewide after a successful pilot program at UMass Memorial Medical Center. The first of its kind in the nation, MCPAP's mission was to improve access to behavioral health treatment by making the scarce resource of child psychiatry available to all children through their pediatric primary care providers.

The MCPAP model has been implemented in over 30 states across the country and spawned *MCPAP for Moms* to increase access for perinatal mental health. Currently, the "access model" is being considered for various additional populations and conditions both in Massachusetts and nationally.

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Why change the model now?

Over the past year MCPAP conducted a Strategic Assessment (report is available at <http://www.mcpap.com/About/ReportsN-Publications.aspx>). The assessment identified strong consensus that MCPAP has been a groundbreaking solution to improving access to behavioral health in primary care and is highly regarded for its clinical expertise and accessibility. The assessment also resulted in recommendations to modify aspects of the original model to better meet the needs of pediatric PCPs in managing the behavioral health of their patients, in light of the changing health care environment as well as to improve MCPAP performance.

Interviews with key stakeholders revealed a number of misperceptions and unrealistic expectations of what MCPAP can and cannot

do relative to “fixing” the community-based behavioral health system in Massachusetts. This provided an opportunity to refine MCPAP’s mission, clarify the role of MCPAP within the statewide children’s behavioral health system, and make enhancements to the MCPAP model that more effectively respond to today’s healthcare environment.

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MCPAP Mission Statement

MCPAP provides collaborative support to pediatric primary care providers (PCPs) and their patient-care teams to enhance their ability to promote and manage their patients’ behavioral health as a fundamental component of overall health and wellness. Through consultation and education, MCPAP improves the pediatric team’s competencies in screening, identification, and assessment; treating mild to moderate cases of behavioral health disorders; and in making effective referrals and coordinating the care for patients who need community-based specialty services.

What is not changing?

MCPAP will continue to operate Monday – Friday 9:00 am – 5:00 pm. You will have access to telephone consultation within a maximum of 30 minutes and to face-to-face assessments for your patients at a site most convenient for the family. All current sites will remain available. Assessments will also eventually be available via tele-psychiatry between MCPAP and the PCP office sometime during 2016.

What is changing?

- Our name and logo: our new name will be the “Massachusetts Child Psychiatry Access **Program**.”
- MCPAP will move to a new regional structure with three (3) Regional Teams (MCPAP will no longer use the term “hub” to avoid confusion with CBHI services). MCPAP will have three statewide toll-free phone numbers, one per Regional Team, to access MCPAP Regional Team services. Please see the sidebar for a listing of Teams and access numbers.



MCPAP Regional Teams

Western/Central Regional Team

844-926-2727

Baystate Medical Center
UMass Memorial Medical Center

Boston North Regional Team

855-627-2763

Massachusetts General Hospital
North Shore Medical Center

Boston South Regional Team

844-636-2727

Boston Children’s Hospital
McLean Hospital Southeast
Tufts Medical Center

- Each phone line will be answered live by one of two Program Coordinators who will transfer the call or page for consult with the Regional Team on-call psychiatrist, therapist, or resource and referral specialist.

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- Each Regional Team will have two Child and Adolescent Psychiatry Consultants (CAPs) on duty simultaneously. This will enhance our capacity for more robust practice-based consultation and training activities. We hope to enhance the relationship between MCPAP Team staff and PCP practices to gain a solid familiarity with enrolled practices' behavioral health capabilities and capacities in order to best meet the needs of the practices.
- Care coordination will be reframed as a collaborative “Resource and Referral” (R&R) process with PCP practices. Tracking and follow-up will become a responsibility of the PCP practice with training and consultation from MCPAP. R&R activities will be performed primarily by MCPAP Resource and Referral Specialists (formerly Care Coordinators).



There will be two types of Resource and Referral:

1. **Resources to Provider** will respond to requests for behavioral health resources in the area to which providers can refer their own patients. R&R Specialists will provide a list of behavioral health resources in the local area, vetted for availability. This service will be provided within three business days of a request.
2. **Outreach to Patient** in which the R&R Specialist will work directly with the family to identify appropriate resources as recommended through a phone consultation or face-to-face assessment. This will primarily take place for practices without their own resource and referral capacity, i.e., embedded behavioral health clinician or care coordinator; for youth with complex needs; or youth who have experienced previous unsuccessful referrals. The goal is to provide vetted referrals within 10 business days.

R&R Specialists, as well as Regional Team therapists, will be available to consult with embedded clinicians, care coordinators, or other practice staff about making effective referrals, follow-up, and tracking. MCPAP staff will also be available to consult with practices about developing relationships with area behavioral health providers.

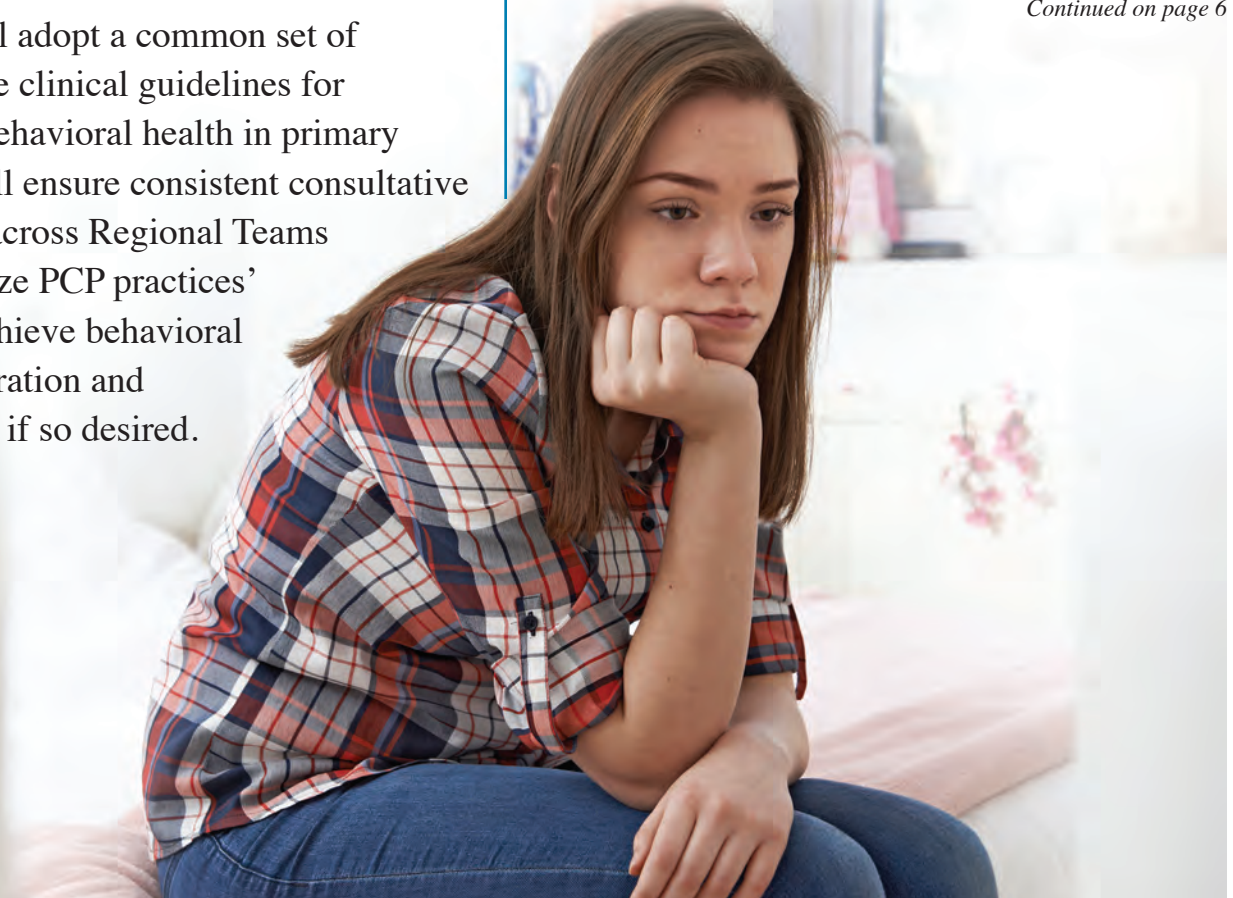
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- Moving forward, MCPAP will take a more proactive approach to supporting practices' ability to manage behavioral health by: supporting the collaborative care model, promoting the use of behavioral health clinical practice guidelines for pediatric primary care, and providing training and consultation on strategies for tracking and coordinating care for patients with behavioral health issues. MCPAP will also assist practices with leveraging existing educational and care coordination resources through their affiliations with health systems, physician organizations, and ACOs and through technical assistance available through the Health Policy Commission.
- MCPAP will adopt a common set of best-practice clinical guidelines for managing behavioral health in primary care that will ensure consistent consultative messaging across Regional Teams and maximize PCP practices' ability to achieve behavioral health integration and certification if so desired.



- MCPAP will take on a more formal role as “key information resource” to the state-wide children’s behavioral health system, by tracking and reporting information upon request on certain indicators of interest to stakeholders. Stakeholders may include primary care providers, state agencies, payers, and legislators.

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How will my experience as an enrolled provider be different?

- Regional Team assignments will change for only a small number of practices. Most PCPs and their practice staff will interact with the same group of MCPAP team members you know well, along with additional staff through a larger “on-call” circle of Child and Adolescent Psychiatrists, Program Coordinators (who will answer the phone), and Resource and Referral Specialists.
- Your practice will gain a MCPAP Child and Adolescent Psychiatrist liaison, who will get to know your practice, how you currently manage behavioral health, how you want to evolve behavioral health management, goals for certification if any, challenges, and access to resources through affiliations. Your MCPAP liaison will also be available for practice-based rounds organized around cases or issues.
- Use of clinical guidelines to inform consultation and education activities (in development)
- Access to a broader variety of practice-focused consultation and education activities that can be provided on-site, via videoconference, through multi-practice webinars and/or grand rounds
- Consultation and training on making effective referrals, follow-up, and tracking



For further information,
email marcy.ravech@beaconhealthoptions.com
or call 617-350-1978. You can view our MCPAP 2.0 by clicking [HERE](#).

For Your Reference:

Suicide Prevention Resources:

Information regarding EPIC's EHR:
Anyone interested in discussing access to Zero Suicide materials that are embedded in EPIC's system should reach out to these individuals at EPIC directly:

Sarah Bottjen: sbottjen@epic.com

Matt Switzler [mswitzle@epic.com](mailto:mwitzle@epic.com)



Managing Suicidality Pathways:

[https://eventarchive.epic.com/webinars/EpicCare Ambulatory/Behavioral Health Institute for Family Healths Zero Suicide Initiative/Institute for Family Health-Managing Suicidality-Clinical Pathways in Primary and Behavioral Health Care.pdf](https://eventarchive.epic.com/webinars/EpicCare%20Ambulatory/Behavioral%20Health%20Institute%20for%20Family%20Healths%20Zero%20Suicide%20Initiative/Institute%20for%20Family%20Health-Managing%20Suicidality-Clinical%20Pathways%20in%20Primary%20and%20Behavioral%20Health%20Care.pdf)

Overview Power Point:

[https://eventarchive.epic.com/webinars/EpicCare Ambulatory/Behavioral Health Institute for Family Healths Zero Suicide Initiative/Zero Suicide Initiative Overview.pptx](https://eventarchive.epic.com/webinars/EpicCare%20Ambulatory/Behavioral%20Health%20Institute%20for%20Family%20Healths%20Zero%20Suicide%20Initiative/Zero%20Suicide%20Initiative%20Overview.pptx)

Finally, to access the listserv to hear from others doing this work, you will need to sign up for the listserv by going to this page and clicking on: "Join the Zero Suicide email discussion list" on the right:

<http://zerosuicide.sprc.org/get-involved>



Articles of Interest:

National Trends in the Prevalence and Treatment of Depression in Adolescents and Young Adults:

<http://pediatrics.aappublications.org/content/early/2016/11/10/peds.2016-1878>

Commentary: Depression Is a Deadly Growing Threat to Our Youth: Time to Rally:

<http://pediatrics.aappublications.org/content/early/2016/11/10/peds.2016-2869>

Articles of Interest Co-Authored by Dr. Michael Yogman, Co-Chair of the MCAAP Mental Health Committee:

AAP Policy Statement: Addressing Early Childhood Emotional and Behavioral Problems:

<http://pediatrics.aappublications.org/content/early/2016/11/17/peds.2016-3023>

AAP Technical Report: Addressing Early Childhood Emotional and Behavioral Problems:

<http://pediatrics.aappublications.org/content/early/2016/11/17/peds.2016-3025>

What's Happening
for you at MCPAP

Clinical Conversations



Mark your calendars

You will receive invites in the coming weeks.

While we are still working on our 2017 schedule, we invite you to log in the on the fourth Tuesday of each month from 12:15-1:15 p.m. to learn more about managing pediatric behavioral health issues in your practice.

You can register for these webinars by visiting <http://www.mcpap.com/About/NewsNEvents.aspx> and clicking on the webinar(s) that you would like to register for. For any questions regarding the clinical conversations, please contact Mary Houghton at mary.houghton@beaconhealthoptions.com.