



This newsletter is supported by the Kubly Family and the Wisconsin Department of Health Services
www.chw.org/cpcp • Autumn, 2015

Welcome to the second quarterly newsletter of the Wisconsin Child Psychiatry Consultation Program (CPCP). This publication is specifically aimed at our enrolled providers, to disseminate updates about the project, announcements from around the state, and also educational material concerning mental health treatment you may find useful in your practice.



PROGRESS MADE AND MORE TO COME!

As we move closer to the end of our first year engaged with our state partners in the Child Psychiatry Consultation Program (CPCP), we have taken stock of our progress to date and have made some decisions related to our next steps.

The CPCP has made great strides to raise awareness of our program and partnership with primary care providers. As of August in the Northern region, 33 clinics have been enrolled, representing approximately 107 providers. In Milwaukee County and the surrounding region, 31 clinics have been enrolled, representing approximately 143 providers. In Southeast Wisconsin we believe that this translates into supporting the care of 125,198 children. Of the clinics in Milwaukee County only, the number of patients reached by CPCP services is approximately 80,532. While numbers have been harder to obtain in the Northern region, we believe we have enrolled 25% of the eligible providers in significantly less than a year. We are proud of our outreach efforts and see recruitment as a key part of the program but it is not enough.

Education and support have been key components of the CPCP since its initiation. Our initial focus was on both diagnosis and treatment of some of the most frequent presenting issues, including ADHD, anxiety, and depression with information that would be of practical benefit. We see the need to expand education to screening and diagnostic tools that can be used in the primary care setting, as well as encourage more utilization of our resource coordination services as our next steps as we listen to our partners. It is through this collaborative effort that we hope to bring mental health care to be just another aspect of comprehensive health care that our primary care partners are providing in the medical homes of their patients.

Maintaining the right balance between education, outreach and consultations is a key factor in making our program useful. As a result, we will be shifting our emphasis to identifying areas for support and education of our currently enrolled providers, including our work on online education and referral linkages. It would be our desire, should additional funding become available, to robustly pursue all aspects of the program: outreach, education, resource/referral coordination, and consultation concurrently but with our current resources we do not want to over extend enrollment and risk diluting the benefit and impact of the program.

We value your input. We are invested in learning how we can be the most helpful to those primary care providers who are providing first line mental health care to the children of Wisconsin. While

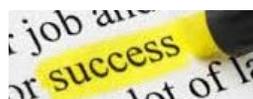
we are not closing enrollment, our focus will be on strengthening our collaborations and developing education as a critical aspect of improving care. Please contact us with your thoughts on these or other issues as we continue to grow.

Jon Lehrmann, MD

Chairman and Charles E. Kubly Professor of Psychiatry and Behavioral Medicine, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Robert Chayer, MD

Associate Professor, Chucker Aring Chair of Child and Adolescent Psychiatry, Children's Hospital of Wisconsin • Vice-Chair of Child and Adolescent Services, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin



MENTAL HEALTH HIGHLIGHT

Presenting Problem: Enrolled provider emailed regarding a 12 year old male diagnosed with Posttraumatic Stress Disorder (PTSD)/trauma and anxiety struggling with school issues.

Outcome: Recommendation for a consultation from CPCP psychologist, who provided coping strategies regarding recent trauma to discuss with family.

Psychology & Behavior Teaching Points:

- Emphasize confidence in the child's current safety plan.
- Emphasize enjoyable aspects of school, and evidence of personal strengths: favorite subjects, activities, circle of close friends. Identify the benefits of re-establishing productive routines.
- Prepare for probing questions from classmates. Develop a "coping script" to manage questions in a polite yet effective matter.
- If the child becomes anxious, he can tell the teacher, or cue a signal to her indicating that support is needed. A check in with a school counselor or trusted school personnel may help ease the transition back into school.

PROGRESS OF THE CPCP

Within this newsletter, we hope you find valuable information regarding the status of CPCP outreach and enrollment, as well as important “Tools of the Trade.” We’ve provided information regarding the Pediatric Symptom Checklist-17 (PSC-17) and APSTENSIO XR (Methylphenidate HCL) for the treatment of ADHD. Additionally, on the back page you’ll find information about Wisconsin First Step, an important resource for providers and parents, as well as announcements regarding educational opportunities around the state.

During our initial phase of pilot funding, we were able to greatly expand services within the Milwaukee area, and develop from scratch the infrastructure to provide services in the Northern region of Wisconsin. In just a few months we also conducted 200 consultations with primary care providers, an example of which is provided above in “Mental Health Highlights.” The Wisconsin CPCP is based upon similar successful programs, including the Massachusetts Child Psychiatry Access Project (MCPAP). However, we believe the Wisconsin CPCP is unique because of the priority we place upon providing ongoing education for primary care providers.

We encourage you to receive CME credits for our existing online modules on the psychopharmacological treatment of ADHD and Depression/Anxiety, as well as the use of atypical antipsychotics. In the coming funding period, we are excited to greatly expand our educational offerings based on feedback from providers, with forthcoming online modules regarding suicidality, general rating scales, trauma informed care, and an overview of basic psychotherapy approaches.

During the coming fiscal year we are also excited to collaborate more closely with the Wisconsin Statewide Medical Home Initiative (<http://www.wismhi.org>) to provide you with additional information regarding existing community resources, as well as more in-depth training on developmental screening as needed. You’ll also hear directly from our coordinators, who disseminate our CPCP Baseline and Followup Surveys in order to assess the impact of CPCP. The data you provide us through surveys is vital to the continued support of this program. We greatly appreciate your time in this endeavor.

As always, the CPCP child psychiatrists, psychologist, and coordinators remain standing by to provide you with quick-response consultation services. We look forward to your calls and emails!



Michelle R. Broaddus, PhD
Assistant Professor, Department of Psychiatry
and Behavioral Medicine, Medical College of
Wisconsin • Program Director, CPCP

MESSAGES FROM THE CPCP CLINICAL PROGRAM COORDINATORS

Hello once again and welcome back. We want to first thank everyone involved—CPCP is certainly a team project that would not be successful without all of the parts coming together. **We have a great deal of appreciation for our psychiatrists, providers, families, state supporters, and collaborating partners.** As we move forward, we would like to remind everyone of our services as well as new additions. Online educational modules are available with CME credits to all enrolled providers.

All enrolled providers have received a unique login and password. If you need assistance logging into your account, we encourage you to reach out to us. To follow online education module completion, your clinic can schedule a conference call Q&A session with a CPCP child psychiatrist for the opportunity to discuss modules, ask questions, and receive case consultations. In the Northern region, if you feel that an in-person education session would be more appropriate for your clinic, please contact Jonathan Blake.

We recently designed a CPCP Consultation Email & Call Guide for your assistance. It is not mandatory to fill out but a helpful tool to make your consultation email/call easy. You can access it on the CPCP website, www.chw.org/cpcp, and click on “Partner Login” which will take you to a secured partner portal. Login with the previously provided user name, and password. Did you know that the CPCP website also has links to many statewide resources for providers and families, CPCP educational modules, archived CPCP newsletters, and a direct link to the consultation email address?

Have you saved www.chw.org/cpcp to your FAVORITES yet?

As a reminder our Baseline and Followup Surveys are a critical part of our research and development as well as ongoing support and expansion. Please complete the short voluntary surveys you receive from us via email if you haven’t already. We greatly appreciate it! Thank you for participation in the CPCP provided by the Medical College of Wisconsin in partnership with Children’s Hospital of Wisconsin. We look forward to our continual work together to improve mental health care for children in the state of Wisconsin.



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FACTS ABOUT APSTENSIO XR (Methylphenidate HCL)



- A new CNS stimulant medication for ADHD.
- Studied with two well-designed RCT's in children ages 6-12: found to have consistent benefit over placebo during a 12-hour study period when used at doses of 20 and 40 mg.
- Comes as a "multilayered bead" preparation that gives a bi-phasic concentration time profile to provide both an initial release (40%) and a sustained release (60%).
- Can be given whole or sprinkled. Not affected significantly by food (but recommend consistent administration). If capsule is opened and sprinkled on food, the beads should not be chewed. Therefore, the recommendation is to sprinkle on food, such as applesauce, that does not require chewing.
- Most common adverse reactions compared with placebo: Headache (10.9% versus 9.5%), Insomnia (9.8% versus 2.1%), Upper abdominal pain (8.2% versus 0), and Decreased appetite (4.9% versus 0).



- Comes in 10mg, 15mg, 20mg, 30mg, 40mg, 50mg and 60mg preparations and it is recommended to start daily dosing at 10 mg daily. Doses about 60 mg have not been studied.
- Contraindicated in those with hypersensitivity to methylphenidate or those taking MAOI's (should be discontinued within 14 days of taking).
- As with other stimulant medications, it is recommended to screen for cardiac disease (i.e. perform careful history, family history of sudden death or ventricular arrhythmia, and physical exam). Educate about abuse, monitor for signs of abuse and overdose.



Kirstin B. Kirschner, MD
Child and Adolescent Psychiatry Fellow
Medical College of Wisconsin

PEDIATRIC SYMPTOM CHECKLIST-17 (PSC-17)

This quarter, we will focus on the Pediatric Symptom Checklist-17 (PSC-17) to screen for general childhood mood or behavioral concerns. The PSC-17 is applicable to use with youth aged 4-18 years. This is a commonly utilized and well validated tool for use in primary care settings. The PSC-17 is freely accessible at http://tnaap.org/Files/DevBehScreening/PSC-17_Form-ENG.pdf.

The PSC-17 contains 17 items that screen for attention, internalizing, externalizing, and total problems. The PSC-17 can be completed by caregivers in approximately 5 minutes. Each item is scored on a 0-2 scale (from "not true" to "very often true"). The following are recommendations for interpretation:

Subscale	Cutoff Score
Attention	Score of 5+ = positive
Internalizing	Score of 2+ = positive
Externalizing	Score of 6+ = positive
Total Problems	Score of 12+ = positive

In the event of a positive screen for any subscale or total problem score, it is recommended that a follow up conversation occurs to identify potential need for intervention, and to provide resources if needed. You may also call the CPCP phone line to discuss questions or clinical direction, and we will be happy to assist you.



Matthew Jandrisevits, PhD
Psychologist
Children's Hospital of Wisconsin

Support Available to Primary Care Clinicians on Pediatric Mental Health Screening, Community Resources

[Children's Health Alliance](#) of Wisconsin administers several projects designed to ensure more children receive care within medical homes. The [Wisconsin Medical Home Initiative](#) offers no-cost, onsite support to primary care clinicians and care team members on topics of:

- Developmental screening within well-child care
- Pediatric mental health screening
- Pediatric mental health community resources

Guidance is also offered to parents to help them partner with their child's physician. For more information about the Alliance's medical home initiatives, please contact Arianna Keil, MD at (608) 442-4143 or visit www.wismhi.org

WHAT IS VALUABLE TO KNOW

RESOURCE CORNER



In the first edition of our newsletter, I referenced a resource that I would like to give some additional focus to in this edition. Wisconsin First Step, sponsored by Gunderson Health System, has a wealth of information for parents and providers.

Located on the Internet at www.mch-hotlines.org/wisconsin-first-step, the home page offers options to search for services, statewide, by a specific zip code or city, categories of services being sought, or by a specific clinic name. There is also an option to browse the entire database of all available resources to find something that might best match a need.

Additionally, the site offers links on its home page to a variety of services: Birth to Three programs, the directory to the State's Regional Centers for Children and Youth with Special Healthcare Needs, services for adolescents and young adults with special needs, and a "Finding Your Way" brochure to assist families who recently had a child diagnosed with a special need in identifying and obtaining needed services.

The database has dedicated staff to keep it up to date, so the information is current and timely. This is a very valuable resource for the communities in our State to assist with locating services for children and adolescents, as well as options for support for parents and caregivers.



Rich Robinson, MSM
Access Coordinator

**TUESDAY,
OCTOBER 6, 2015**

**MCW RESEARCH DAY
at the Alumni Center**

KEYNOTE SPEAKER: CHAD COTTI, PHD
Oshkosh Corporation Endowed Professor
University of Wisconsin–Oshkosh



"Contemporary Issues in Health Economics and Policy:
The Affordable Care Act and the Future of Medicare"

Scientists and clinicians at MCW and its affiliated institutions are invited to highlight their basic, clinical, population health, and translational research.

Learn more from Jeri Lynn Wehner
414-955-8503 • jwehner@mcw.edu

SAVE THE DATE! AND SEE YOU THERE!

Care Integration: Models, Tools, & Measurement
Supporting Medical Homes and Youth Health Transitions

For professionals who work with children, youth, and young adults with special health care needs and their families

FRIDAY, NOVEMBER 13, 2015
GREAT WOLF LODGE, WISCONSIN DELLS

Sponsored by the Children and Youth with Special Health Care Needs Program
Wisconsin Department of Human Services

**CRISIS TEXT LINE IS FREE, 24/7 EMOTIONAL
SUPPORT FOR ADOLESCENTS IN CRISIS.**

Our crisis counselors practice active listening to help people in crisis move from a hot moment to a cool calm—all through a medium they know and trust: TEXT.

**Anyone can text 741741 when in crisis
to text with a trained crisis counselor.**

Find more information at <http://www.crisistextline.org/>

This newsletter is supported by the Kubly Family
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Jon A. Lehrmann, MD, Chairman and Professor
Michelle R. Broaddus, PhD, CPCP Program Director
Newsletter Team: Jonathan Blake • Thom Ertl • Sara Herr



WISCONSIN DEPARTMENT
of HEALTH SERVICES



Children's
Hospital of Wisconsin

For more information, visit the CPCP website at www.chw.org/cpcp

Please note: Topics covered in newsletter are for educational purposes only. The content is to inform, not to encourage use or endorse. The CPCP team has no financial conflicts of interest regarding this material. This project is funded through Wisconsin Act 127. The Charles E. Kubly family provided a generous donation to start a CPCP specifically in Milwaukee County prior to 2013 Act 127. The Kubly family provided another donation to augment the state funds in this first year of the CPCP pilot thus, the title of this program includes the Kubly name to offer acknowledgement and gratefulness.