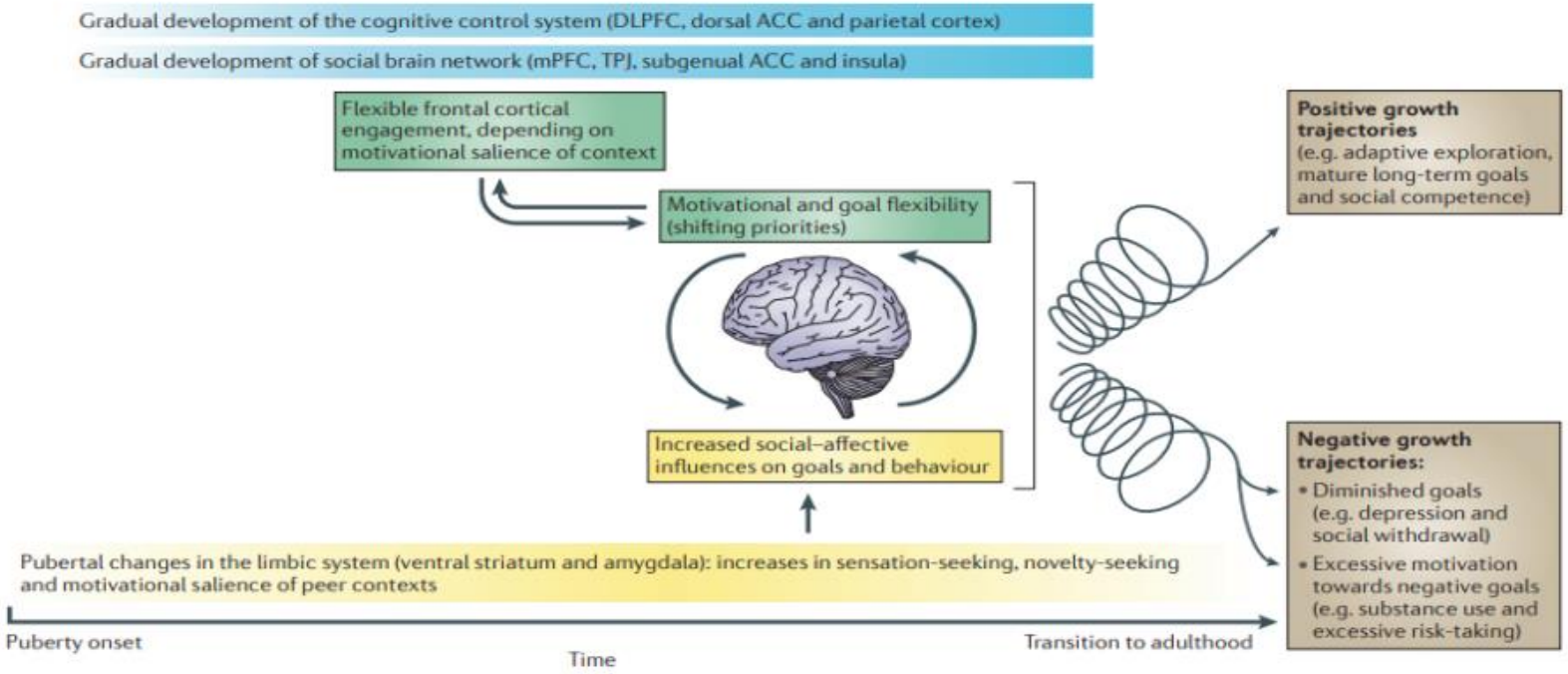
Taking Care of Teens: Initiatives to Improve Mental Health and Substance Use Services for Indiana Adolescents

Zachary Adams, PhD
Matthew Aalsma, PhD
Adolescent Behavioral Health Research Program

Adolescence: a time of great growth and change

- Thousands of new neurons grow with the onset of puberty
- Incredible physical and neurological changes happen in the 2nd decade of life
- These changes enable youth to harness their energy to cope with strong emotions, learn how to shift their thinking in new situations, and purse personal goals

Adolescence: growth trajectories (Crone & Dahl, 2012)

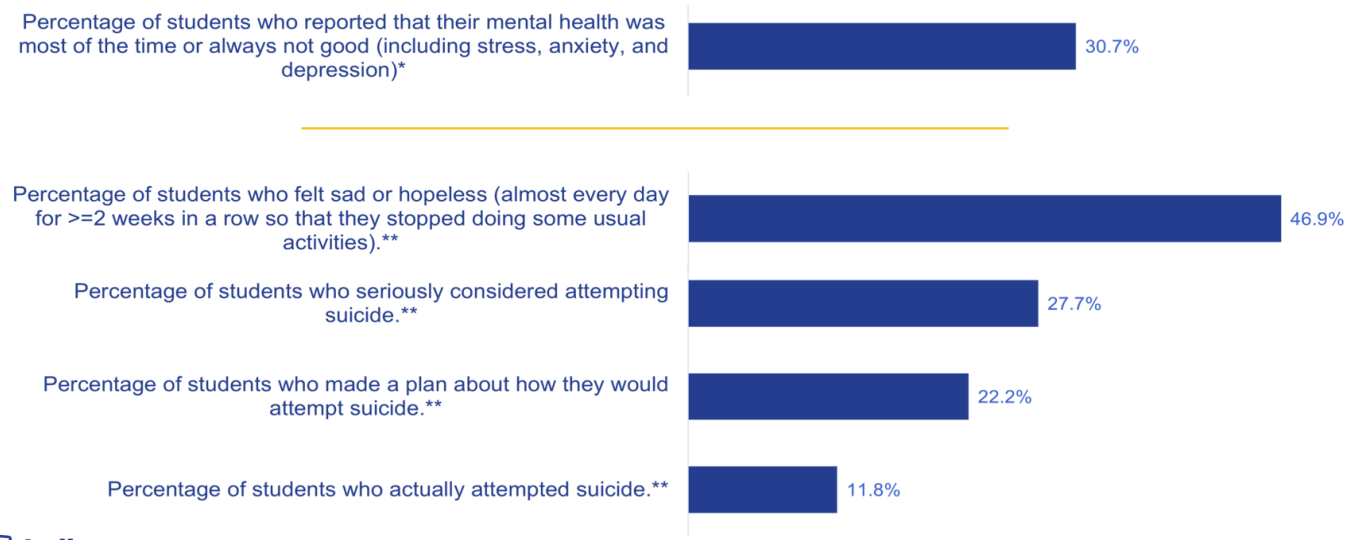


Adolescent behavioral health: a public health crisis

- Suicide is 2nd leading cause of death among children, 10-14 yo
- Homicide is 2nd leading cause of death among adolescents, 15-24 yo
- In 2020, firearms surpassed motor vehicle crashes as leading cause of death for children 0-19 yo
- Overdose rates continue to rise, substance use often beginning in adolescents
  - Indiana has currently 5th highest overdose rate for teens in the US

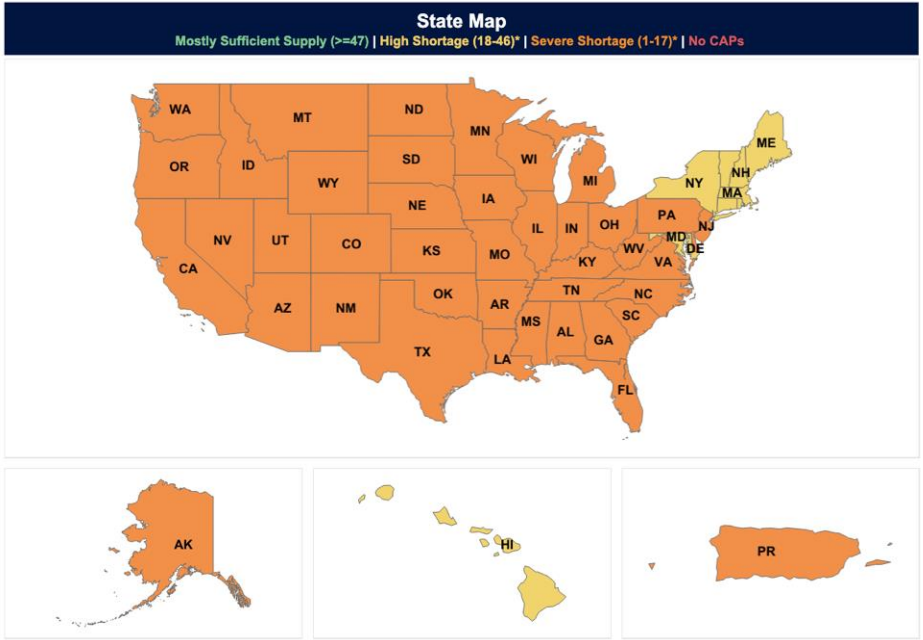
Indiana Youth Risk Behavior Survey
9th-12th grades, 2021

Stress, Anxiety, Depression & Suicide - 2021 Results



Indiana Department of Health

*during the 30 days before the survey
**during the 12 months before the survey


State Map
Mostly Sufficient Supply (>=47) | High Shortage (18-46)* | Severe Shortage (1-17)* | No CAPs
WA
MT
ND
MN
OR
ID
SD
WI
MI
WY
NY
NH
ME
MA
NE
IA
PA
NJ
NV
UT
CO
KS
IL
IN
OH
MD
DE
MO
WV
VA
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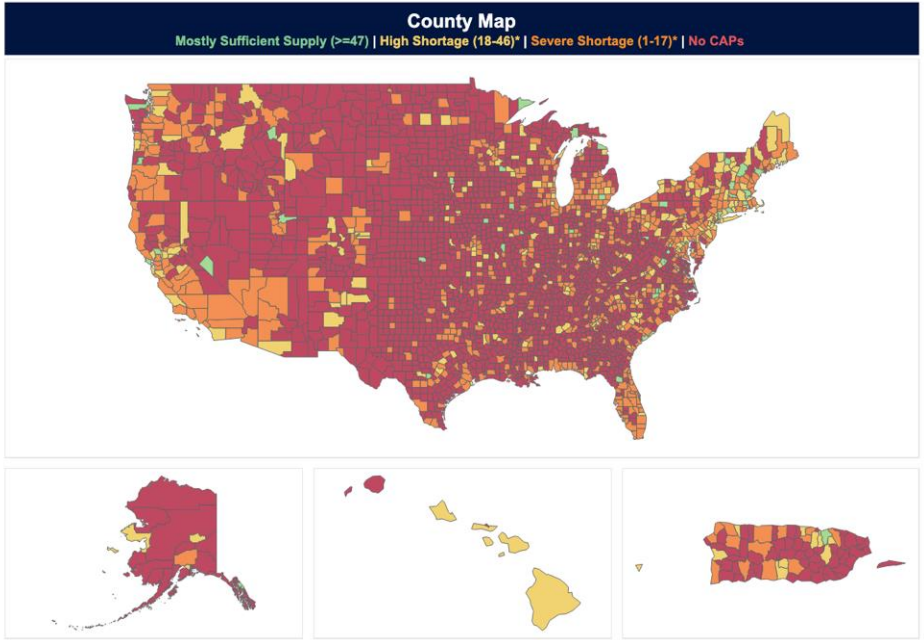
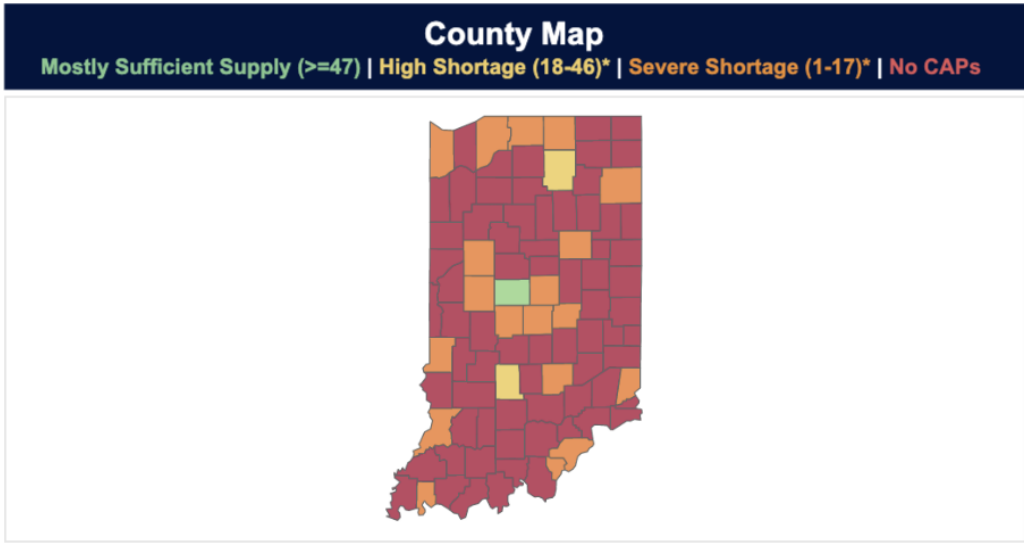
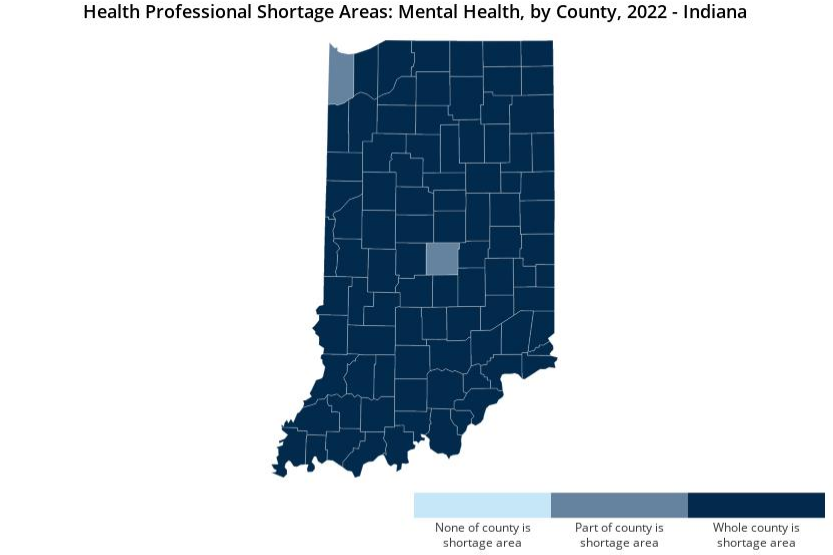

County Map
Mostly Sufficient Supply (>=47) | High Shortage (18-46)* | Severe Shortage (1-17)* | No CAPs

AACAP, 2022

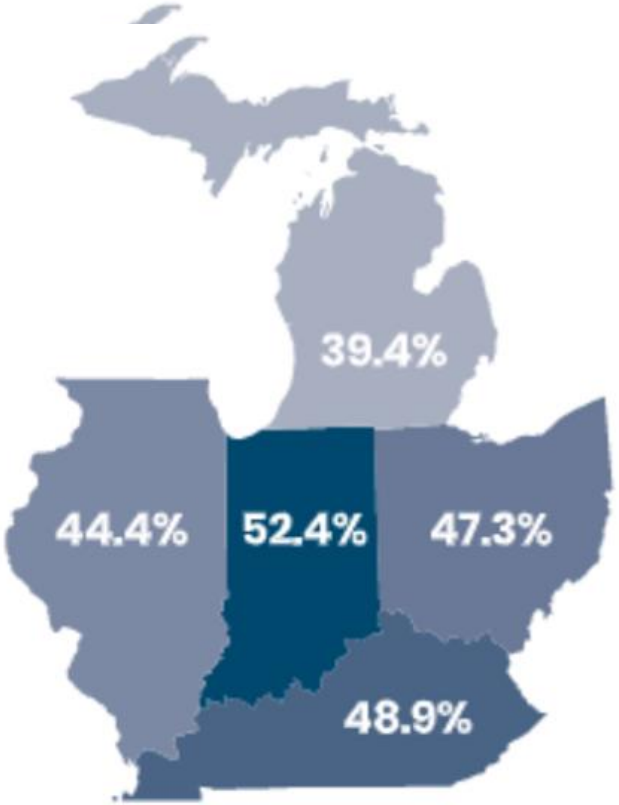


AACAP, 2022



HRSA 2017-2030 Behavioral Health Workforce Projection:
"In 2030, the supply of psychiatrists, psychiatric NPs, and psychiatric PAs will not be sufficient to provide any higher level of care than the national average in 2017, which does not fully meet need."

Children with a Mental Health or Behavioral Condition who did not Receive Treatment or Counseling, Indiana and Neighboring States: 2019 and 2020



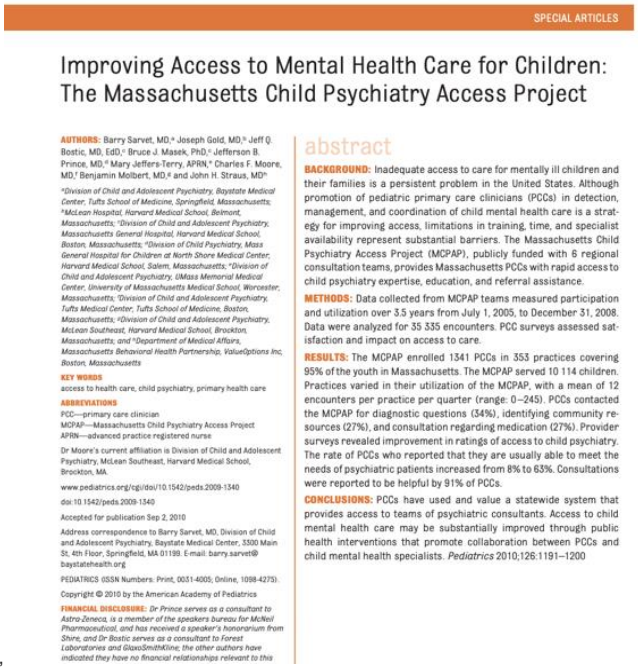
Source: National Survey of Children's Health

Project Overview

- Be Happy (behavioral consultation program)
- Direct service/Training (Emergency Department Suicide; Multi-systemic Therapy)
- Adolescent Addiction Access Program
- ADAPT (Learning Health System Alliance Juvenile Court and Treatment)
- Integrated Behavioral Primary Care

Child Psychiatry Access Program (CPAP) (aka Pediatric Mental Healthcare Access, PMHCA)

1. Originated in Massachusetts in 2004: MCPAP
2. Improved PCP knowledge, comfort, confidence in treating MH problems; increased access to MH treatment
3. Most common calls: ADHD (32%), Depression (24%), Anxiety (23%)
4. Expansion through state and federal investment (NNCPAP)



SPECIAL ARTICLES

Improving Access to Mental Health Care for Children: The Massachusetts Child Psychiatry Access Project

AUTHORS: Barry Sarvet, MD,[a] Joseph Gold, MD,[b] Jeff Q. Bostic, MD, EdD,[c] Bruce J. Masek, PhD,[d] Jefferson B. Prince, MD,[e] Mary Jeffers-Terry, APRN,[a] Charles F. Moore, MD,[f] Benjamin Molbert, MD,[g] and John H. Straus, MD[h]

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KEY WORDS
access to health care, child psychiatry, primary health care

ABBREVIATIONS
PCC—primary care clinician
MCPAP—Massachusetts Child Psychiatry Access Project
APRN—advanced practice registered nurse

Dr Moore's current affiliation is Division of Child and Adolescent Psychiatry, McLean Southeast, Harvard Medical School, Brockton, MA.

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doi:10.1542/peds.2009-1340

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PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

FINANCIAL DISCLOSURE: *Dr Prince serves as a consultant to Astra-Zeneca, is a member of the speakers bureau for McNeil Pharmaceutical, and has received a speaker's honorarium from Shire, and Dr Bostic serves as a consultant to Forest Laboratories and GlaxoSmithKline; the other authors have indicated they have no financial relationships relevant to this*

abstract

BACKGROUND: Inadequate access to care for mentally ill children and their families is a persistent problem in the United States. Although promotion of pediatric primary care clinicians (PCCs) in detection, management, and coordination of child mental health care is a strategy for improving access, limitations in training, time, and specialist availability represent substantial barriers. The Massachusetts Child Psychiatry Access Project (MCPAP), publicly funded with 6 regional consultation teams, provides Massachusetts PCCs with rapid access to child psychiatry expertise, education, and referral assistance.

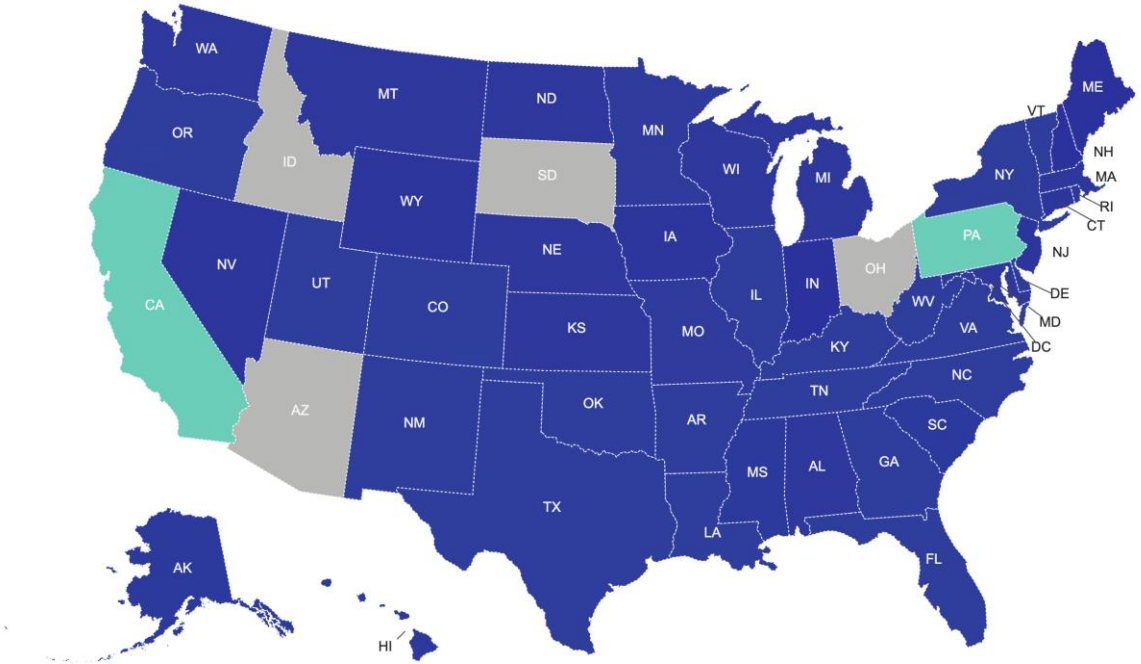
METHODS: Data collected from MCPAP teams measured participation and utilization over 3.5 years from July 1, 2005, to December 31, 2008. Data were analyzed for 35 335 encounters. PCC surveys assessed satisfaction and impact on access to care.

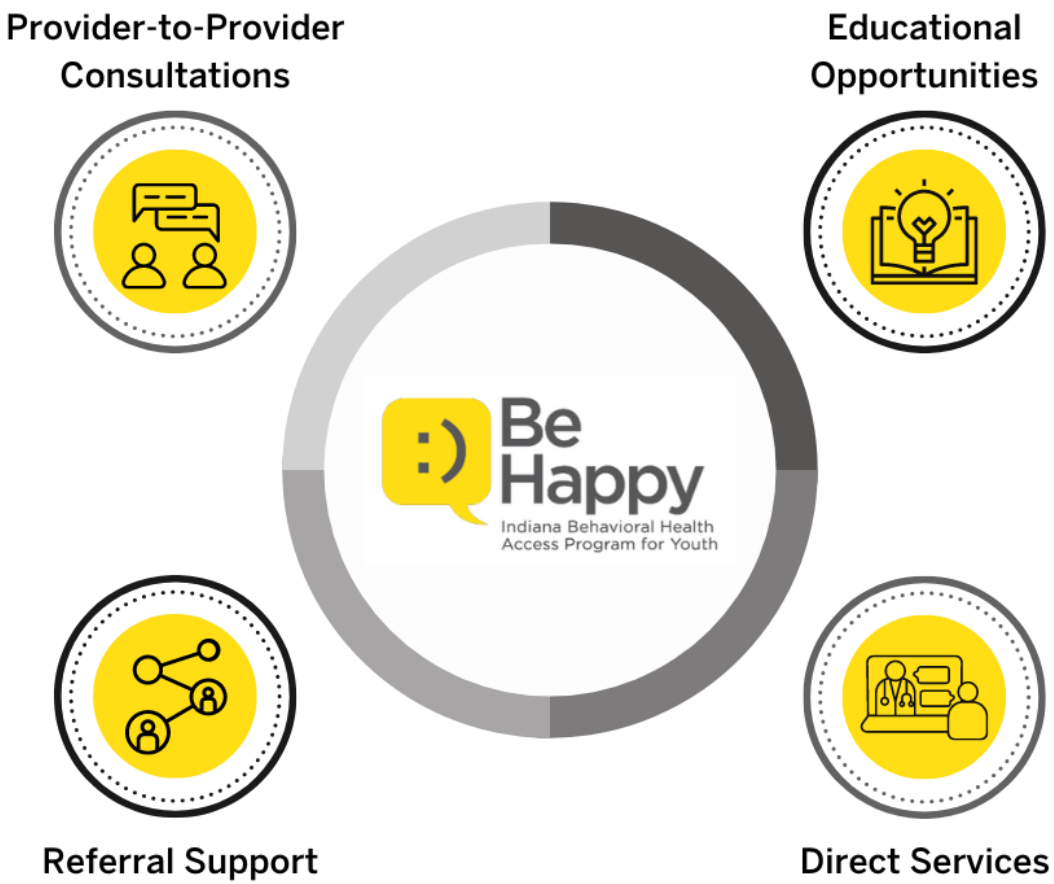
RESULTS: The MCPAP enrolled 1341 PCCs in 353 practices covering 95% of the youth in Massachusetts. The MCPAP served 10 114 children. Practices varied in their utilization of the MCPAP, with a mean of 12 encounters per practice per quarter (range: 0–245). PCCs contacted the MCPAP for diagnostic questions (34%), identifying community resources (27%), and consultation regarding medication (27%). Provider surveys revealed improvement in ratings of access to child psychiatry. The rate of PCCs who reported that they are usually able to meet the needs of psychiatric patients increased from 8% to 63%. Consultations were reported to be helpful by 91% of PCCs.

CONCLUSIONS: PCCs have used and value a statewide system that provides access to teams of psychiatric consultants. Access to child mental health care may be substantially improved through public health interventions that promote collaboration between PCCs and child mental health specialists. *Pediatrics* 2010;126:1191–1200

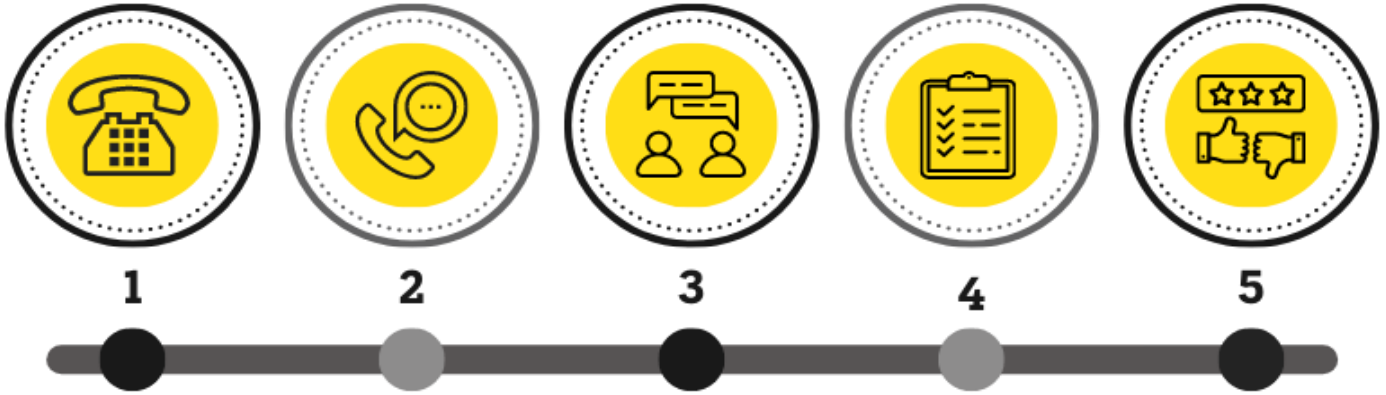
Stein, B. D., Kofner, A., Vogt, W. B., & Yu, H. (2019). A national examination of child psychiatric telephone consultation programs' impact on children's mental health care utilization. *Journal of the American Academy of Child and Adolescent Psychiatry*, *58*(10), 1016.

CPAP/PMHCA Programs



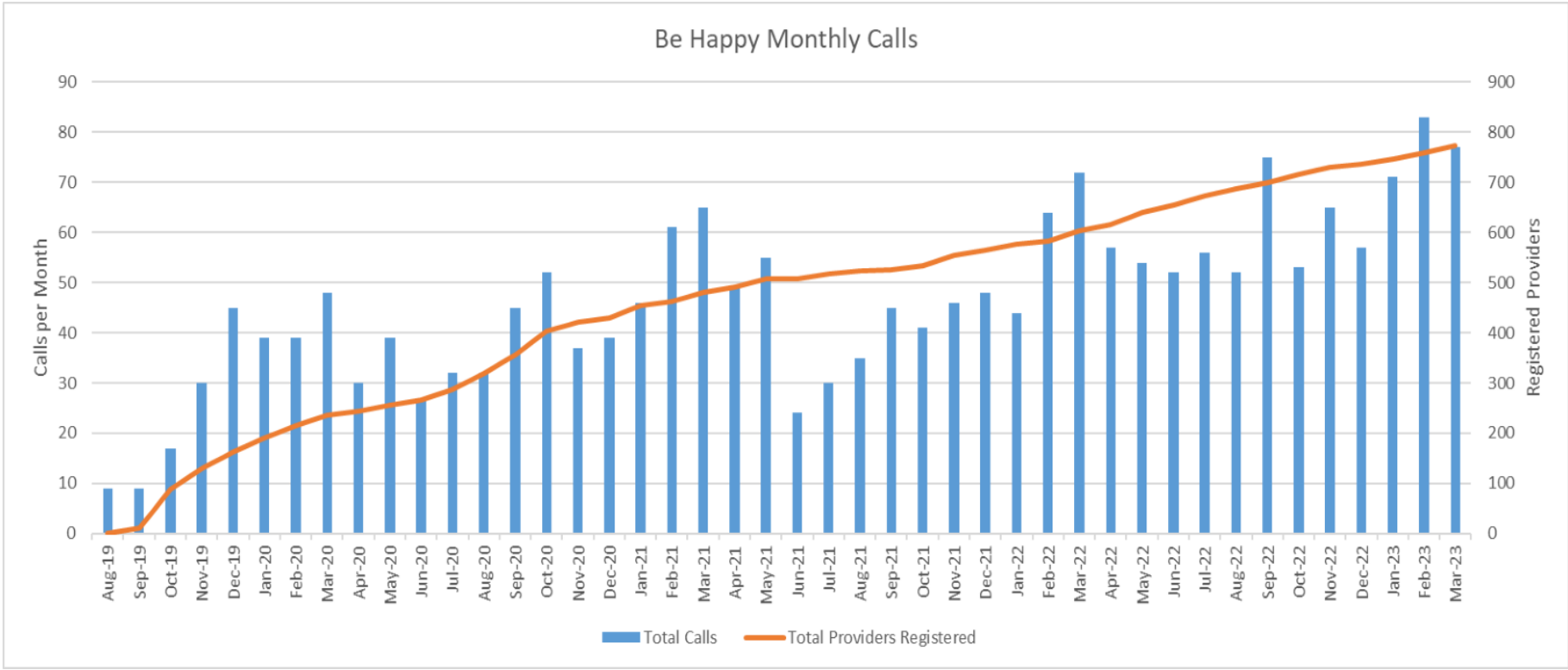

Provider-to-Provider Consultations
Educational Opportunities
Be Happy
Indiana Behavioral Health Access Program for Youth
Referral Support
Direct Services

Be Happy Process

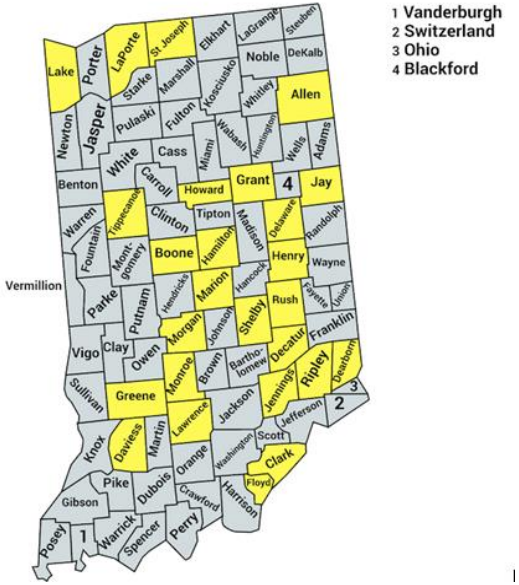


1. Provider Calls Be Happy Line
2. Coordinator Takes Basic Information and Pages On-Call Psychiatrist
3. Psychiatrist Calls Provider for Brief Consultation (within 1 hour or requested callback time)
4. Coordinator Securely Sends Written Consultation Summary to Provider
5. Provider Completes Brief Feedback Survey

2,230+ Consultation Calls & 805 Enrolled Providers

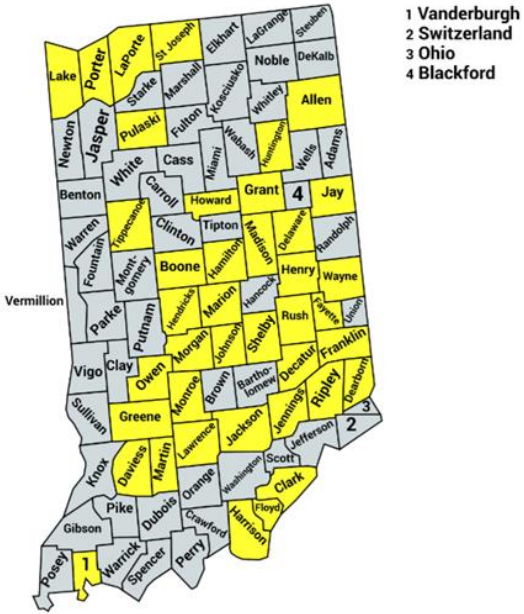


November 2019



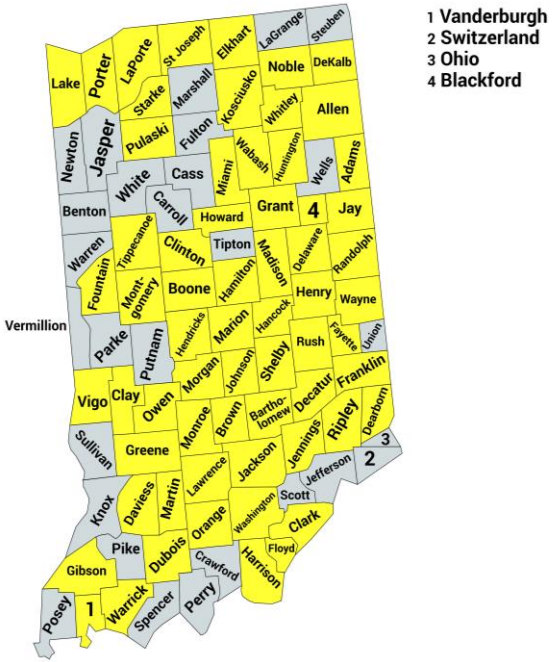
24 counties

January 2020



40 counties

April 2023



65 counties

When should a PCP call Be Happy?

- **Medication Management**
- **General Advice**
- **Referral Requests**
- Diagnosis
- Screening
- Treatment Planning
- Follow up with previous call

Consultants

Rachel Yoder, MD

Leslie Hulvershorn, MD

David Braitman, MD

Priyanka Reddy, DO

Kristen Schroeder, MD

Kelda Walsh, MD

Emily Meudt, MD

Marty Plawecki, MD

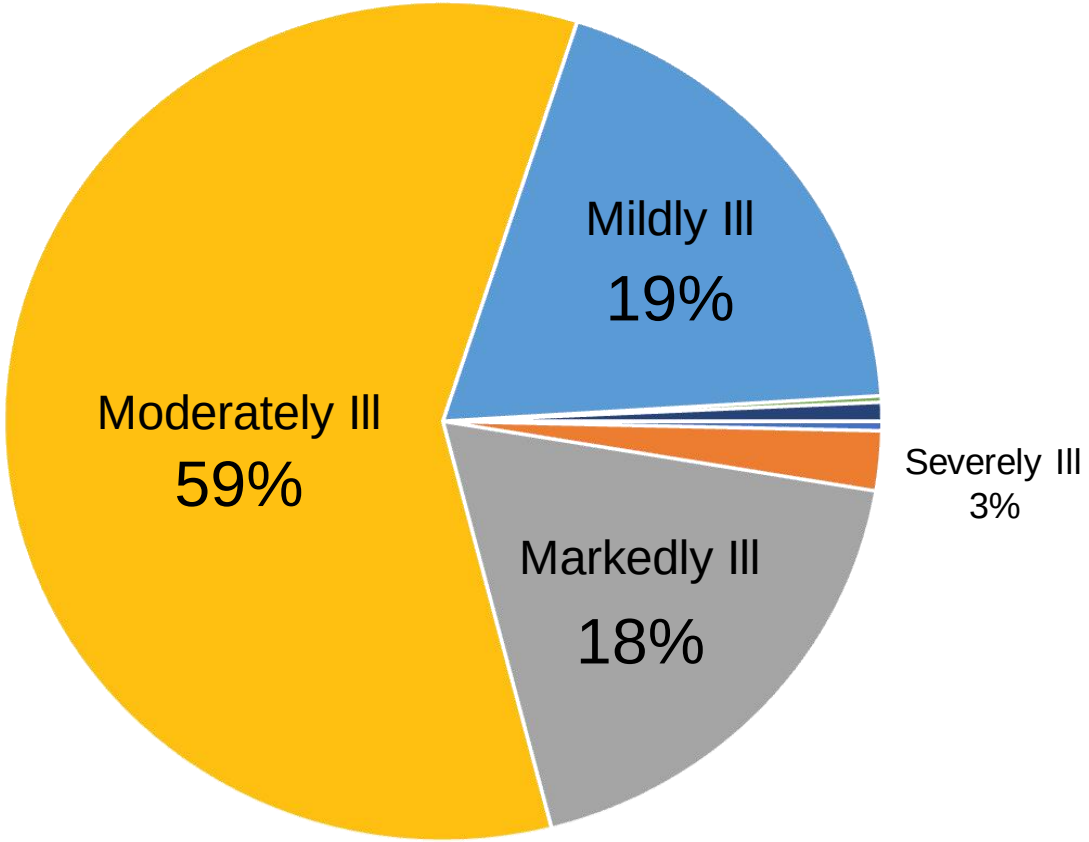
Carla Black, MD

Julianne Giust, MD

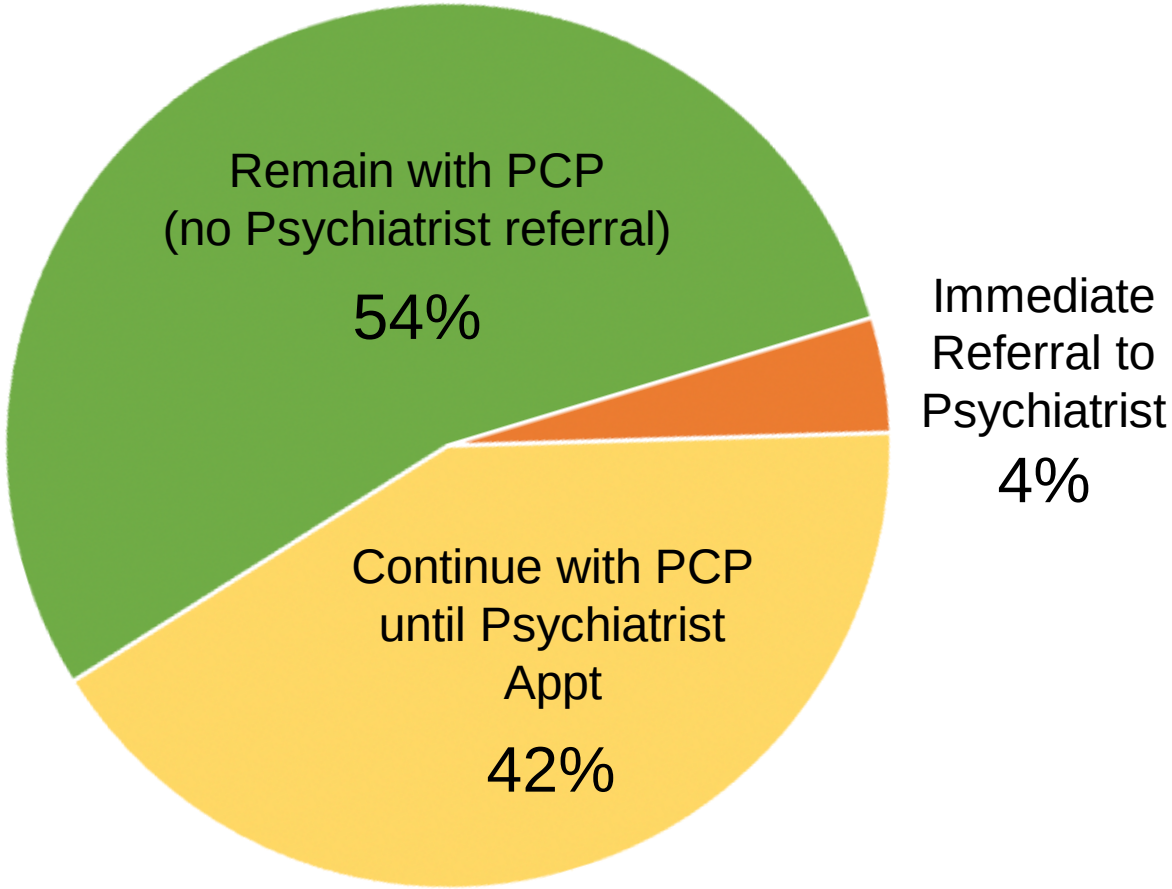
David Dunn, MD

Advisory Committee

Severity


Mildly Ill
19%
Moderately Ill
59%
Markedly Ill
18%
Severely Ill
3%

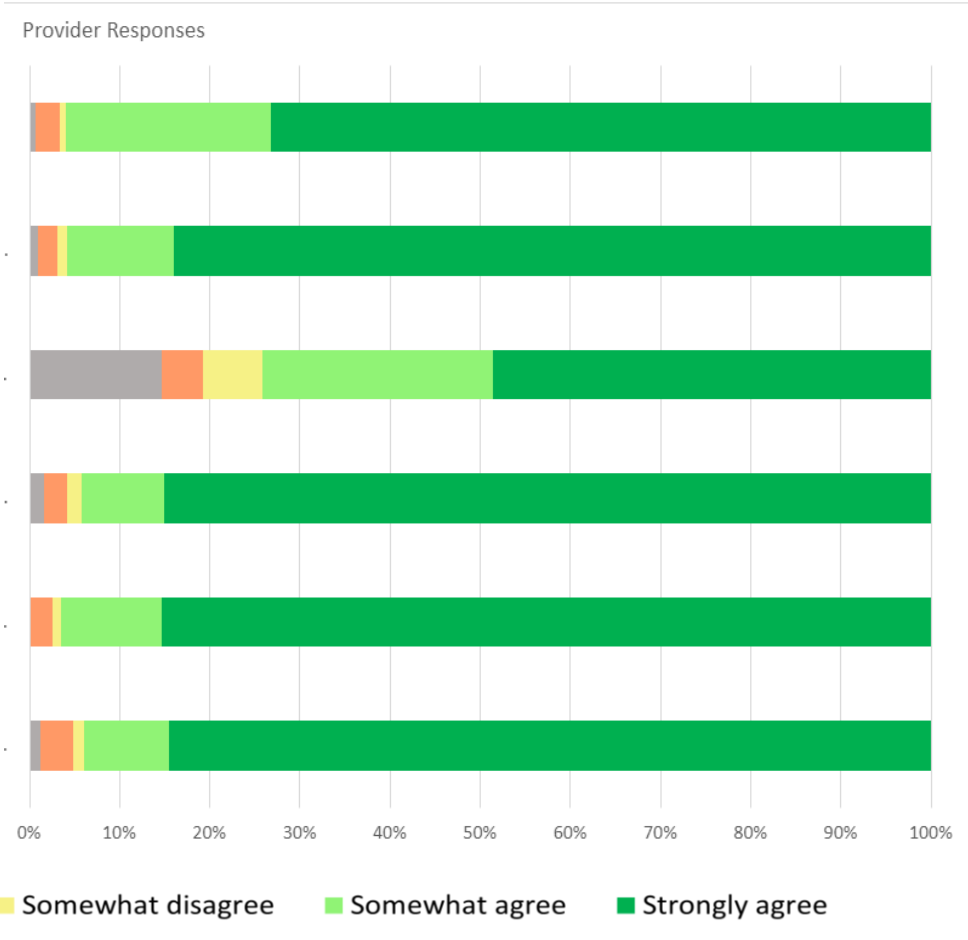
Outcome


Remain with PCP
(no Psychiatrist referral)
54%
Immediate
Referral to
Psychiatrist
4%
Continue with PCP
until Psychiatrist
Appt
42%

- “We primary care pediatricians out here in the field are seeing a TON of mental health issues, **with a mega long wait to get into mental health professional**. **Be Happy is a true lifeline!!** THANK YOU!”
- “Be Happy always provides me helpful timely information regarding a specific patient **that I can then apply broadly to other patients with similar diagnoses/symptoms.**”
- “Outstanding service every time I have called**. So valuable to have this resource available as a primary care pediatrician in a rural community with limited mental health access.**”
- “Thanks for all you do! The amount of complicated psych issues that end up in my lap as a PCP have become overwhelming.”

- “**I appreciate from the bottom of my heart all of the guidance** that these incredible physicians provide to me, a primary care physician. I would not be able to manage the complexity of mental health issues in my office without their guidance. These youths' mental health problems would go unaddressed due to the severe shortage of local psychiatrists.”
- “**Exceptional service** - very grateful for tele-consult as a rural pediatrician attempting to bring quality health care to local families.”
- “I have been practicing Pediatrics for 30 years, but even so, new problems arise and practice guidelines change so **I feel much better being able to get the opinion of experts before managing complex Psych patients on my own**. It helps me help them without having to refer them. I find this program priceless. And so prompt and friendly! Thank you.”
- “I cannot emphasize the value that this Be Happy Program provides to us primary care pediatricians, who are literally in "the thick of it". I have been in private practice since 1998 here--the mental illness is through the roof now!!! Never was it like this! Our children/teens are suffering from an exponential increase in mental health problems...worse even since COVID! **This program is a life saver** as we usually have a 6 month wait for our patients to even see a local psychiatrist!! PLEASE continue!!!”

- More confident in my ability to address similar pediatric mental health issues.
- Gained additional knowledge about addressing pediatric mental health issues.
- Better able to guide my patient in obtaining therapy resources.
- Better able to provide medication management.
- More comfortable addressing pediatric mental health issues in my practice.
- My patient received mental health assistance more quickly.



Expansion to Direct Care Services (since late 2022)

- 210 referrals
- 135 completed intakes
- 65 currently in therapy
- 10 graduated

Expanded Team for Direct Patient Services

Maddison Tolliver-Lynn, PhD

Megan Keough, LCSW

Tamika Zapolski, PhD

Krystal McBride, Coordinator

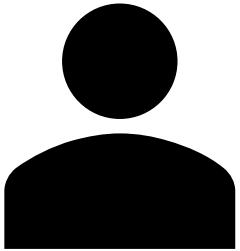
Sally Fleming, PhD
(joining May 2023)

Brigid Marriott, PhD

Darrin McClure, LCSW

Casey Pederson, PhD

Marissa Babbitt, LMHC



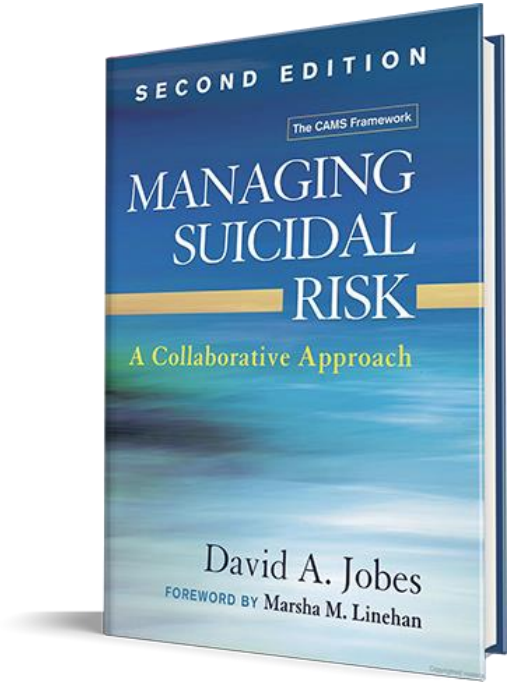
HSPP Psychologist
(joining August 2023)

HRSA Expansion: Emergency Dept Supports

1. Suicide intervention program for youth and families – largest peds ED
2. Collaboration and coordination across service lines
3. New hire – 1.0 FTE LMHC
4. Training opportunities for community healthcare providers

Collaborative Assessment & Management of Suicidality (CAMS)

- An evidence-based, suicide specific treatment for youth and adults
- Individualized suicidal drivers are identified via an empathetic and collaborative assessment process
- Sessions focus on:
  - Developing strategies and skills to address drivers
  - Refining stabilization/safety plans



Indiana Statewide Implementation of Multisystemic Therapy (MST)

- MST is a family & community-based treatment for youth ages 12-17 at risk of system consequence due to substance use and/or delinquent behaviors
- At close of treatment, **91%** of youth live at home, **86%** are in school or working, **87%** have no new juvenile arrests
- FSSA-DMHA has funded a statewide implementation which covers MST-related start-up costs for organizations for 2 years **(savings of $100,000+)**
- Interested youth-serving organizations can contact indmst@iu.edu
  For more information about MST, visit www.mstservices.com

(317) 278-8434
M-F, 9am – 5pm EST
aaaprog@iupui.edu

Services

- Free **provider-to-provider helpline** for Indiana providers caring for youth (aged 17 or younger) with substance use disorders (SUDs)
- Timely, convenient access to **evidence-based patient care services**, including telehealth services delivered by our team.
- **Referral support** with up-to-date community-based SUD resources and supports

AAA by the numbers

- 156 calls/contacts
  - Providers in 33 IN counties (and 3 other states) about youth living in 49 IN counties

- Level of care consultations / referrals
- Treatment questions
- Urgent consults – start direct services

Riley Adolescent Dual Diagnosis Program

- Diagnostic evaluation and baseline measures
- Weekly, individual CBT + MI (12-16 weeks)
- Medication management, when indicated
- Motivational incentives
- Caregiver sessions
- Ongoing progress monitoring and evaluation

https://www.rileychildrens.org/departments/dual-diagnosis-program

CHAMP

Indiana Consultation for Healthcare Providers in Addiction, Mental Health, & Perinatal Psychiatry

https://medicine.iu.edu/champ

317-274-2400

Monday-Friday
9AM - 5PM EST
champ@iu.edu

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CHAMP Program Co-Director

Camila L. Arnaudo, MD
Adjunct Lecturer in Psychiatry
CHAMP Program Co-Director

Carmen Perez
Program Management Specialist

Dylan Bell
Program Management Assistant

CHAMP Consulting Psychiatrists

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Associate Professor of Clinical Psychiatry

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Pediatrics/Psychiatry/Child Psychiatry, PGY 5
JC Edwards School of Medicine, Marshall University

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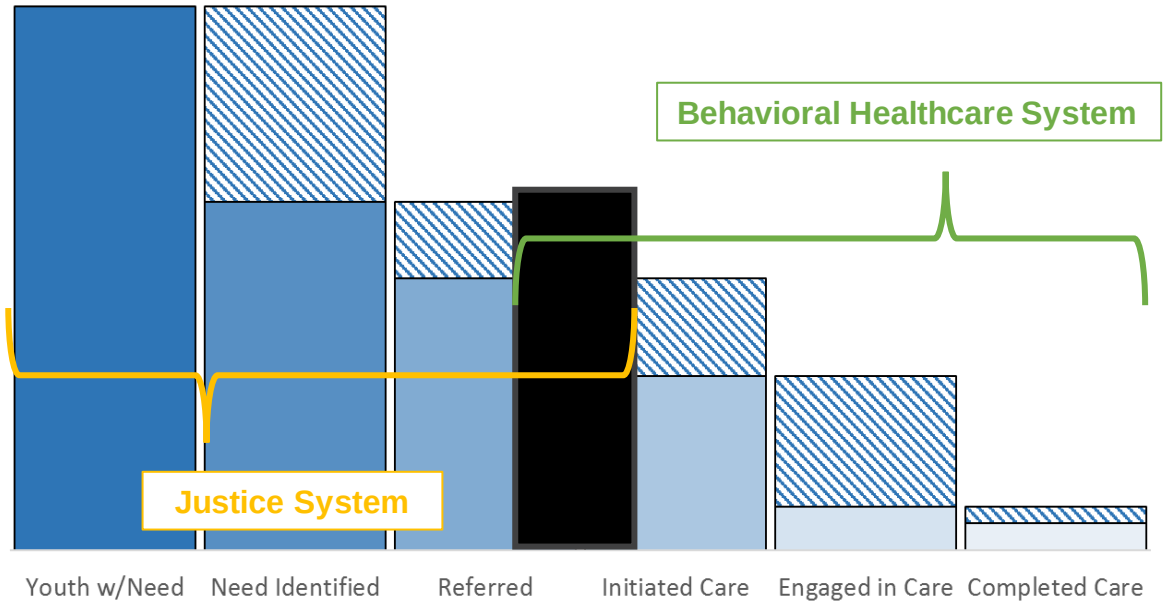
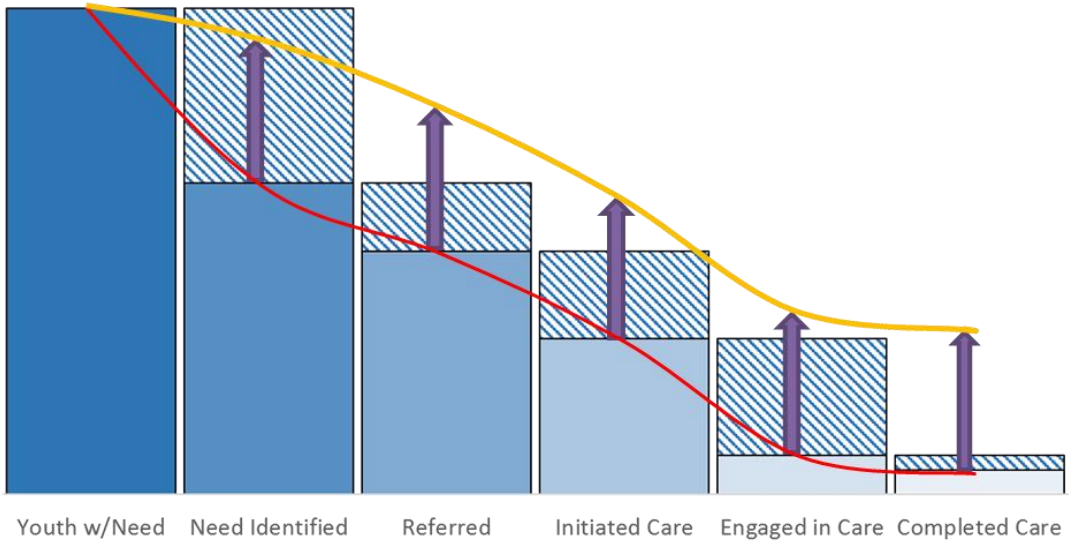
Substance Use Disorder Care Cascade:

Justice-involved individuals navigate between two systems of care



Substance Use Disorder Care Cascade:

- Increase access to and use of evidence-based addiction services for youth involved in the juvenile justice system
- In other words, reduce dropout along the Cascade



ADAPT

GOAL: Increase access to and use of evidence-based substance use treatment services for youth involved in the juvenile justice system

Learning Health System (LHS)

- Develop collaborative alliances between local juvenile justice agencies and CMHCs
- Review local data on SUD Care Cascade
- Generate local, tailored solutions to address gaps in the Care Cascade
- Conduct continuous quality improvement cycles to test solutions

ADAPT Sites and Site Champions

Bartholomew
- JJ: Nichole Phillips
- CMHC: Sarah Harvey & Stella Mills

Porter
- JJ: Tony McDonald & Jessica Miles
- CMHC: Nick Wardell & Mike Marshall

Hendricks
- JJ: Carmen Sims
- CMHC: Michelle Freeman & McKenzie Skirvin

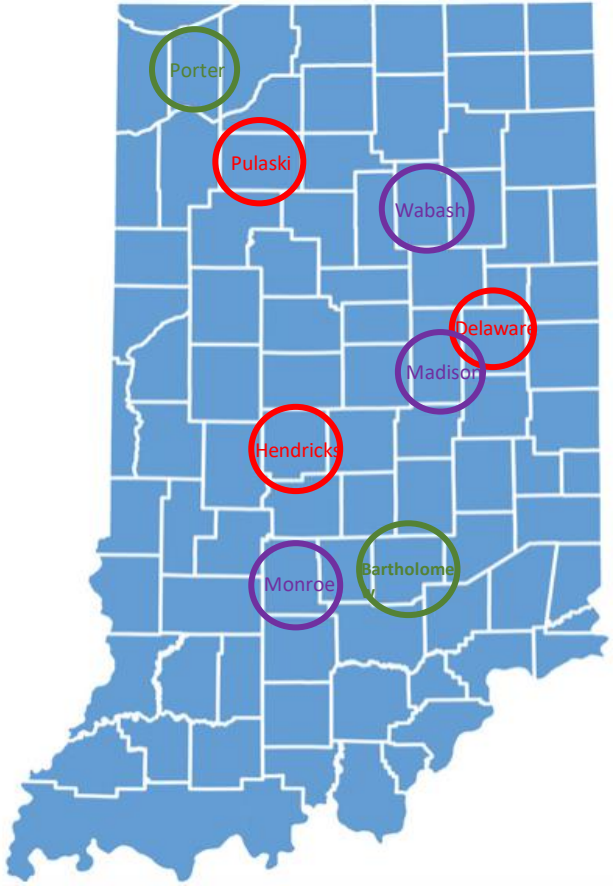
Delaware
- JJ: Mary Addison
- CMHC: Kourtney Gallegos

Pulaski
- JJ: Jen Shafer & Sandy Lucas
- CMHC: John George & Chrissy Waddups

Monroe
- JJ: Christine McAfee & Jeff Hartman
- CMHC: Kadie Booth & Nichole Stinson

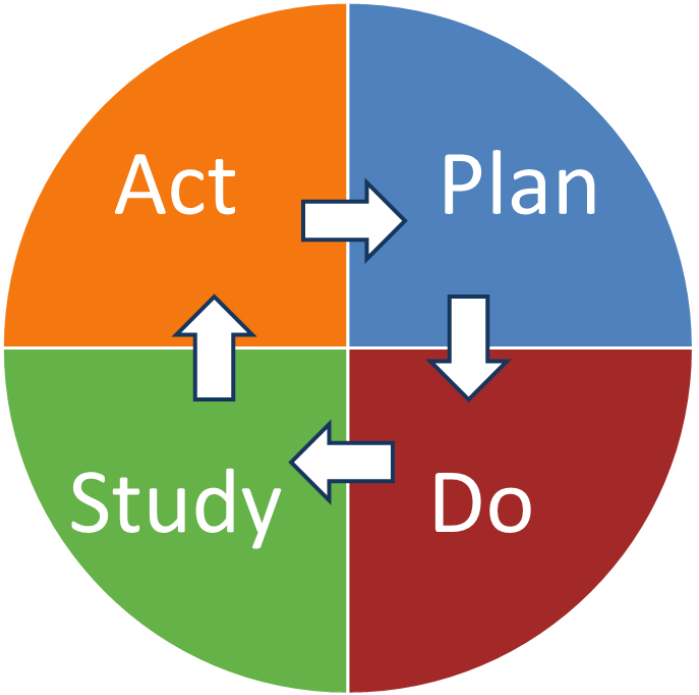
Wabash
- JJ: Trisha Hanes & Jessica DeBrota
- CMHC: Danielle Gargiulo & Wayne Peterson-Stephan

Madison
- JJ: Traci Lane & Mike Gray
- CMHC: Ruby Smith



ADAPT: Data-Driven Continuous Quality Improvement

- Review local Cascade data to visualize gaps in care
- Tailor solutions to local needs
  - Screening at intake
  - Improve referral processes for diversion/informal probation
  - Peer recovery coaches
  - Brief substance use interventions
- Define intervention success and failure



ADAPT Cohort Screening Over Time

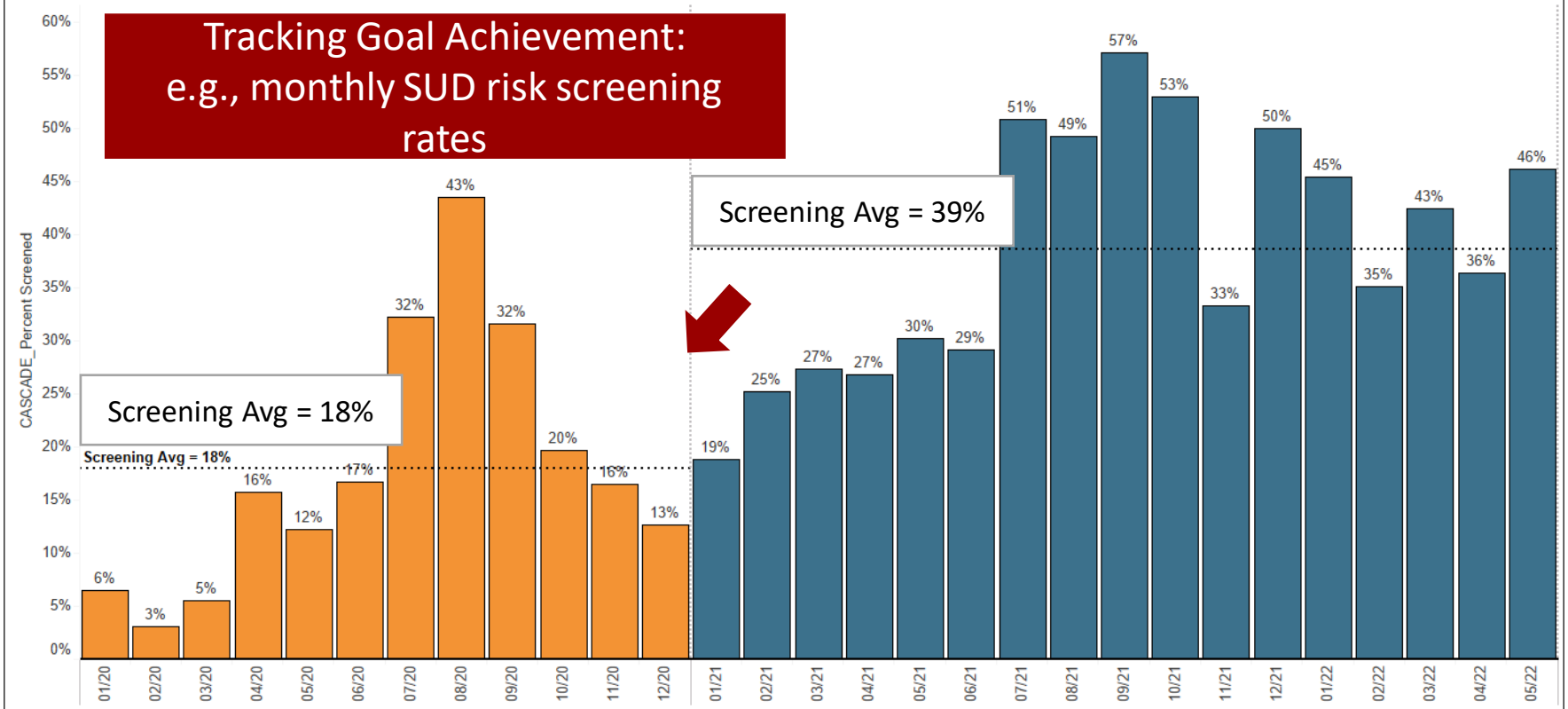
INDIANA UNIVERSITY
SCHOOL OF MEDICINE

2,213 Youth in Sample

650 29.4% Youth of Color

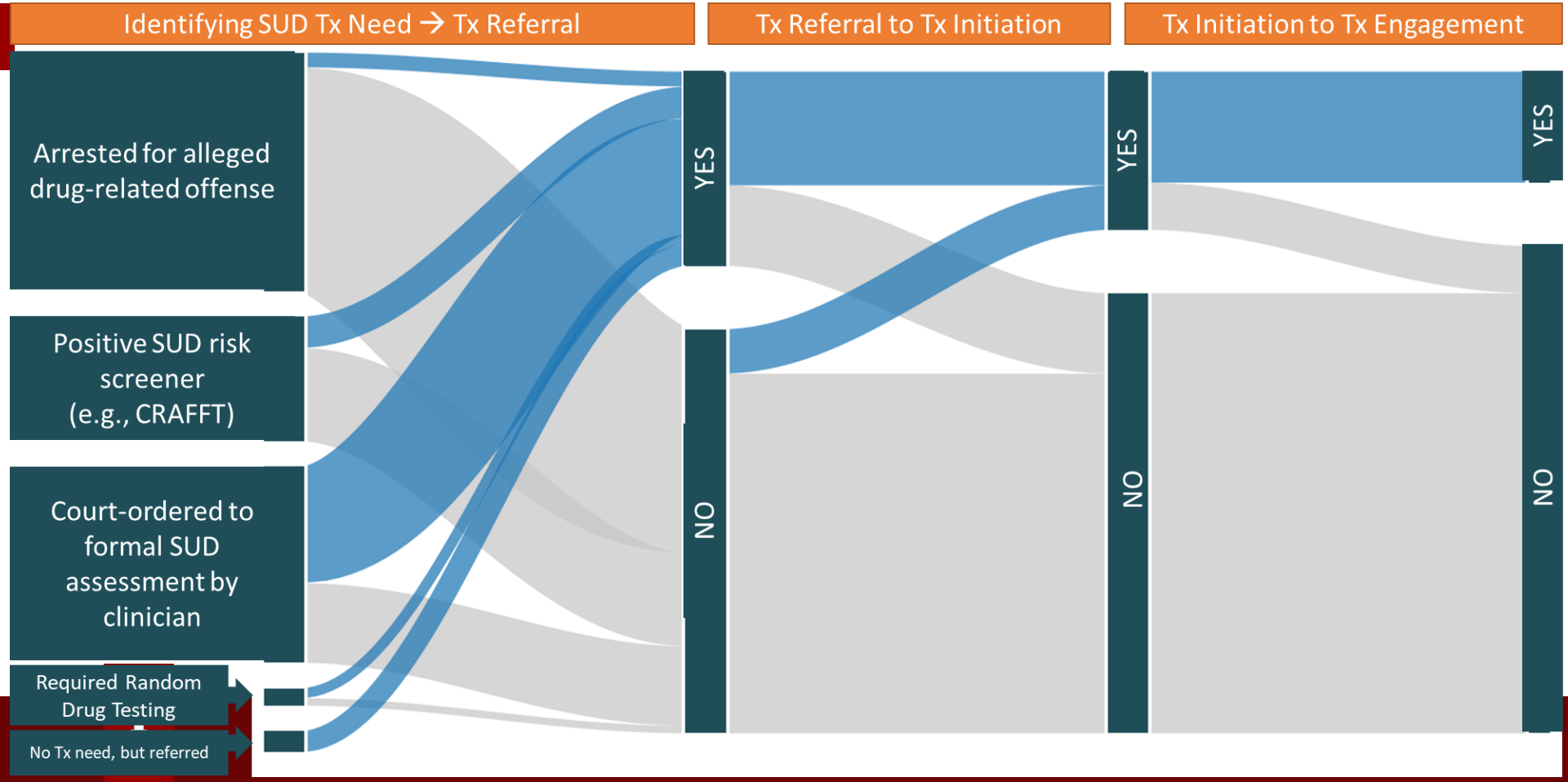
1,388 62.7% Males

816 36.9% Females



Current Filters on View: Date: January 2, 2020 to May 26, 2022

Visualizing Flow through Cascade Steps



ADAPT Innovations

- Increased access to EBPs for providers
  - 7 master's-level providers attended MET/CBT training
  - 20 providers (varied credentials) attended Teen Intervene training
- Evaluation of SUD screener
  - All Cohort 1 & 2 sites have implemented a SUD screener at JJ intake
  - Evaluation of screener used and point at which it is given
  - Fine-tuning data capture and screener administration process

ADAPT Innovations

- County-wide provider meeting
  - Share most current program offerings
  - Decrease misunderstandings across agencies
- School partnerships
  - CMHC providers trained in Teen Intervene
  - Utilize grant-provided mental health sessions for mild to moderate SUD treatment
- Reduce wait for intake appointments
  - Hold open intake appointments for DCS/YJJ referrals
  - Keep a cancellation list for priority intakes

Pediatric Integrated Behavioral Health

Brief Introduction and Update

Riley Children's Health
Indiana University Health

Pediatric Behavioral Planning Vision

As a national leader in children's health and Indiana's only comprehensive children's hospital, Riley Children's Health is uniquely positioned to lead a statewide pediatric and adolescent behavioral health strategy that ***radically improves access and leads to meaningful strides in prevention, diagnosis and treatment.***

Pediatric Behavioral Health Strategy Progress

Prevention and Early Intervention

Evidence-based practice and integrated care

- **Training Center of Excellence**
- **Integrated Care/Collaborative Care Model Expansion (state grant)**

Parent Training and Support

- **Condition-specific parent support groups (online or in-person)**
- **School-based parent training and support (parent teacher conferences, community nights)**

Outpatient Services

Increase # of outpatient appointments

- Expansion of Tier 2 (General counseling and med management services)
- Group Therapy model expansion

Develop a clinical triage and navigation line

- **Integrate/expand scope of Cart and Be Happy (for urgent/PCP consults)**
- Parent access and navigation line

Develop intensive outpatient/step down services

- Mood and Anxiety IOP
- Substance Use Disorder IOP
- Autism spectrum IOP
- Maternal mental health IOP (w/system)
- Partial Hospitalization Program

Acute Care and Crisis Stabilization

Ensure safe crisis response in the ED

- BH-safe spaces in IU Health EDs
- **Standardized training and spaces for patients in crisis across the hospital**
- Crisis Stabilization Unit

Connections to community crisis resources

- **Community Mental Health Center partnerships/Crisis Response services**
- **Mobile Crisis Response**

Expand type and number of inpatient beds

- Med-psych unit/program
- **Partnership with the state for high-acuity, hard-to-place patients**
- **General inpatient bed expansion**

Workforce Development

Advocacy/Financial Sustainability

Bold text indicates programs/services that could be extended statewide via partnerships or training/best practice sharing

Riley Children's/IU Health Integrated Behavioral Health Care in Primary Care Settings

- **WHAT**: Riley Children's Foundation has received $7.5 Million/4-year grant from the state to focus on pediatric and mental health care integration efforts with $7.5 million match required

- **WHO:** Project Leads and Communication – Faculty Leads: Leslie Hulvershorn, Matt Aalsma

  Project Manager: Cara Jones

- **WHEN:** October 1, 2022 - September 30, 2027

- **WHERE:** Selected IUH locations within the South Central, West Central, East Central, and Indy Suburban areas will be targeted for this pilot. Working within each of those regions, together we will choose at least **20 locations** to pilot an integrated care model under this grant funding. Would love to see this available to all IUH primary care pediatric patients.

Solution: Riley Children's/IU Health Integrated Behavioral Health Care in Primary Care Settings

Target population:

- Children aged 5 years + and their caregivers, pregnant and post-partum people

Activities:

- Hiring of 40 BA/MA level interventionists over four years to embed in clinics
- Assessment
- Implementation of evidence-based behavioral treatment models
- Psychopharmacology consultation
- Care coordination, case management, linkage to psychiatric care when indicated
- Virtual group programs for disorder specific interventions

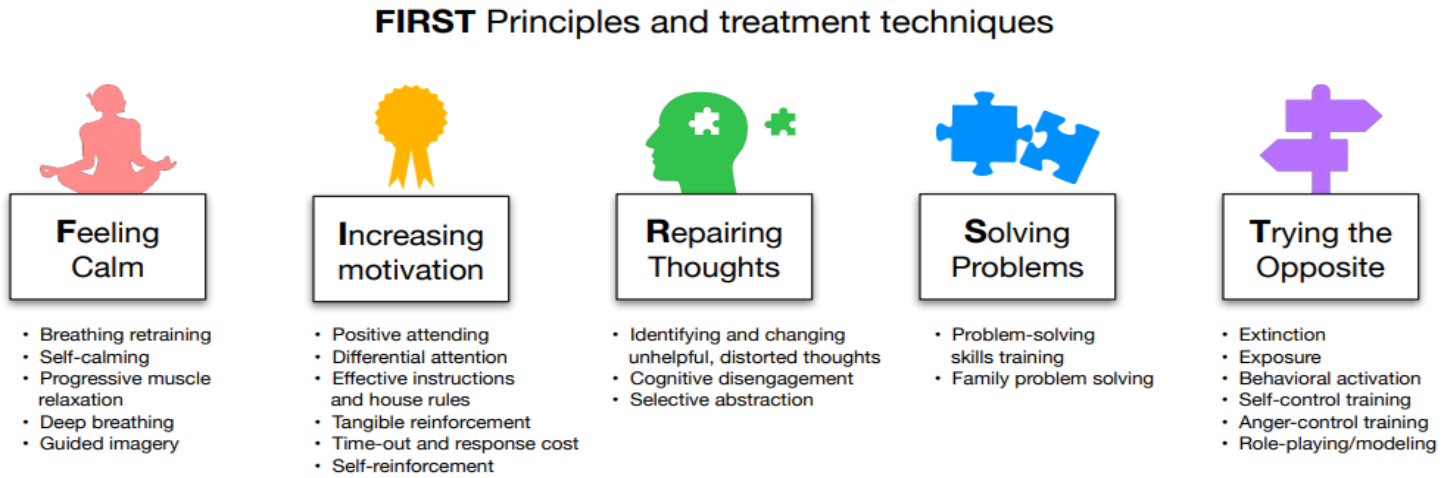
Assessment

- *K-CAT*
  - Package of statistical diagnostic assessments
  - Administered regularly, measuring reduction in symptoms
  - Goal to integrate into Cerner
  - Applicable for:
    - Anxiety
    - ADHD
    - Conduct Disorder
    - Depression
    - ODD
    - SUD
    - Suicidality

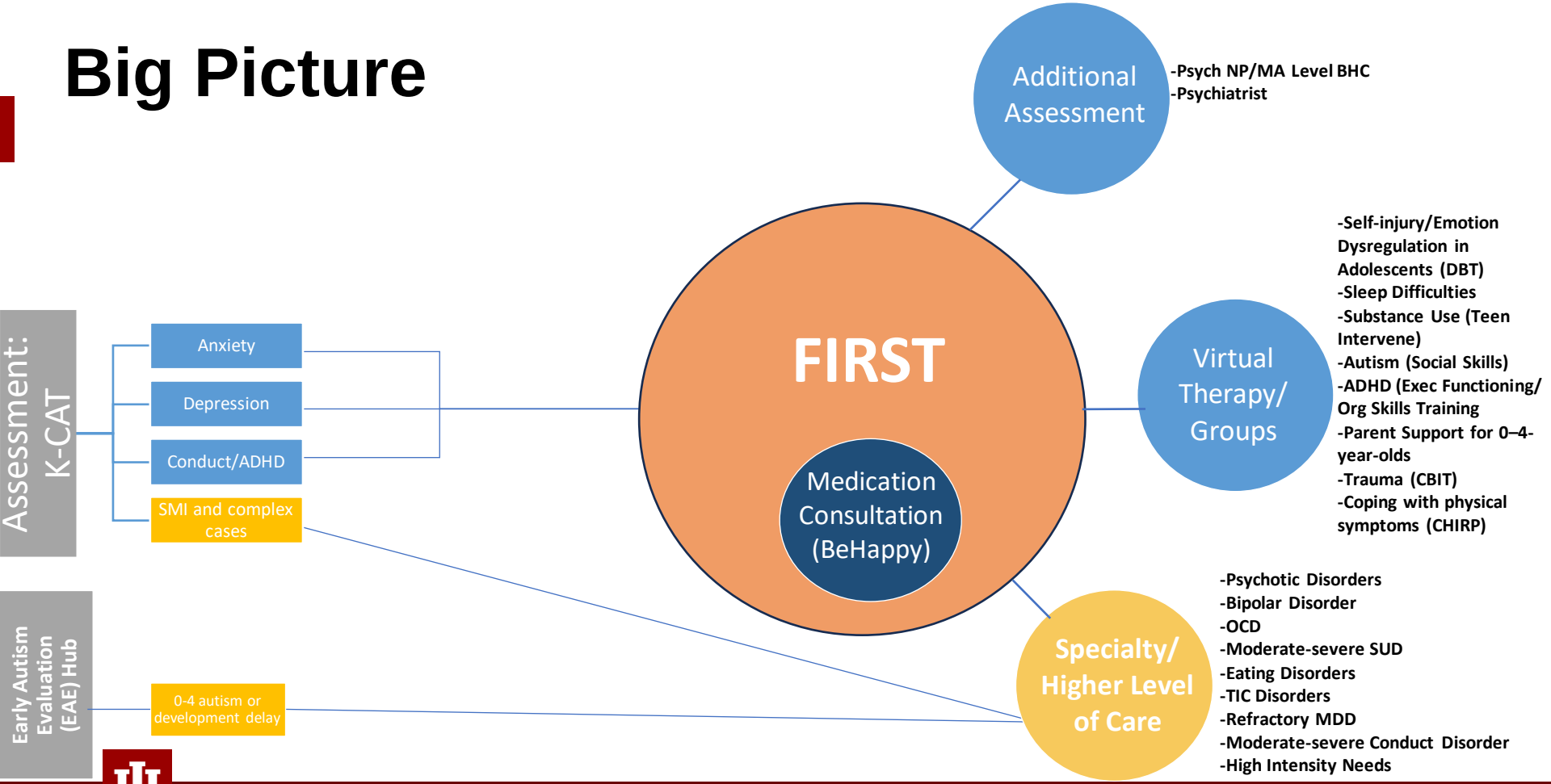
- *Additional assessments by MA level BH Clinician or Psych NP if needed*
  - Complex or unclear cases further escalated to Psychiatrist

FIRST

- FIRST is the core of integrated program
- A transdiagnostic treatment approach which builds on five core principles found in evidence-based treatment for internalizing and externalizing problems in treatment of youth with:
  - Anxiety
  - Depression
  - Conduct problems
- Administered by new BH staff



Big Picture


Additional Assessment
-Psych NP/MA Level BHC
-Psychiatrist
FIRST
Medication Consultation (BeHappy)
Virtual Therapy/ Groups
-Self-injury/Emotion Dysregulation in Adolescents (DBT)
-Sleep Difficulties
-Substance Use (Teen Intervene)
-Autism (Social Skills)
-ADHD (Exec Functioning/ Org Skills Training
-Parent Support for 0–4-year-olds
-Trauma (CBIT)
-Coping with physical symptoms (CHIRP)
Specialty/ Higher Level of Care
-Psychotic Disorders
-Bipolar Disorder
-OCD
-Moderate-severe SUD
-Eating Disorders
-TIC Disorders
-Refractory MDD
-Moderate-severe Conduct Disorder
-High Intensity Needs
Assessment: K-CAT
Anxiety
Depression
Conduct/ADHD
SMI and complex cases
Early Autism Evaluation (EAE) Hub
0-4 autism or development delay

Virtual Therapy/Groups

- FIRST not sufficient for all
- Set of virtual services under the supervision of specialty area psychologists

Age	Diagnosis/ Symptomology	Program	Virtual Modality	Length
10 - 18	Self-injurious behavior, chronic suicidal ideation, emotional dysregulation	DBT-A Skills Training	Both Individual and Group sessions	16 weeks
5 - 12	Autism spectrum disorder	RUBI+ Social Skills Training	Both Individual and Group sessions	11, one-hour sessions with optional extra
5 - 17	Executive functioning issues and/or ADHD	Executive Functioning/ Organization Skills Training	Both Individual and Group sessions	16-20, one-hour sessions
11+	Suspicion of or initial use of substances (Evident SUD to ENCOMPASS)	Teen Intervene	Group	3-4 sessions
3 – 11	Parents of 3–11-year-olds with pediatric insomnia	Sleep Train Program	Group	6 sessions
12 - 17	Adolescent insomnia	CBT-I for adolescents	Digital App	
0 - 4	Parent of newborn – 4-year-olds	Parenting Skills Group	Group	6, one-hour sessions
12 - 18	Adolescents with chronic, debilitating, fatiguing and/or painful illnesses	CHIRP	Group	
5 - 18	Children and adolescents that have experienced traumatic events	CBIT/Bounce Back	Group	10, weekly, one-hour sessions

Conclusion

- Academic – community partnership (IU Adolescent Behavioral Health Research Program LOVES partnering)
- Training in evidence-based treatment
  - Moving away from ”train and pray” models
- Need to task shift
- Gather effectiveness data