



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



Notes from the Program Director

WELCOME!

Welcome to the inaugural newsletter of the Wisconsin Charles E. Kubly 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.

Each edition of our newsletter will include updates from Drs. Jon Lehrmann and Robert Chayer, the project leaders, and from our project coordinators, Sara Herr and Jonathan Blake, regarding the Milwaukee and Northern Region Hubs. You will also see columns dedicated to medications and other “Tools of the Trade” for behavioral and mental health management, and finally announcements regarding “What is Valuable to Know,” including available resources from our intake coordinator, Rich Robinson.

We have fielded almost 150 calls and emails from you, our enrolled providers, and these are increasing every day. Most of these calls (87%) dealt with management of medications, and resulted in consultation from our child psychiatrists. In our section “Mental Health Highlights,” we spotlight one of these encounters, demonstrating how our team can help you. As a reminder, we also have a psychologist on staff, Matt Jandrisevits, (see his column regarding the PHQ-9 screening tool in this issue in “Tools of the Trade”), who is also available to answer questions regarding behavioral health treatment. He can provide consultation regarding, for example, how to direct parents to help their kids cope with grief, loss, divorce, etc., ways of gradually re-introducing kids into daily routines and school as they recover from a long-term illness or injury, or brief cognitive-based and behavioral strategies to help improve mood.

We have received 171 Baseline Surveys from enrolled providers, as well as 20 Follow-up Surveys, and 45 Provider Satisfaction Surveys. We thank you for completing these important surveys, as they allow us to gauge the impact we are having upon the management of mental health in children. This is vital information for future efforts to expand our services.

As we continue our expansion in the Milwaukee and Northern Regions, we look forward to continuing to support you in managing the mental health needs of children in Wisconsin. You will be hearing more from the project coordinators regarding further educational opportunities and other re-

sources in the coming months, feel free to contact them with any program-related questions. Also, we hope to see you at our Stakeholders Meetings in July (see “What is Valuable to Know” for more information). Finally, we encourage you to continue to reach out for consultation to our phone line and email address, our team is standing by!

Michelle R. Broaddus, PhD

Assistant Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin
 Program Director, CPCP



MENTAL HEALTH HIGHLIGHTS

Presenting Problem: Enrolled provider utilized CPCP email address and described patient as a teen boy with anxiety and depression, on Prozac 20mg/day. Provider stated that his depression has improved, but wants better anxiety control. Question: Should Prozac be raised or switched to a different medication?

Outcome: Recommendation was to raise Prozac to 30mg/day x 2 weeks, and further to 40mg/day at that point to try to decrease the anxiety, rather than switch medications.

Teaching Point: It often takes a higher dose of SSRI to treat anxiety, with depression often responding to a lower dose. It is better to maximize the Prozac than to switch, due to partial benefit seen.

WELCOME!

Welcome to the inaugural edition of the Wisconsin Charles E. Kubly newsletter. This newsletter was created to improve communication around the Child Psychiatry Consultation Program (CPCP) statewide, with the intention of expanding from our two pilot regions to develop additional hubs throughout the state of Wisconsin. As leaders in this project, Bob Chayer, MD, child psychiatrist and Vice Chair of Child and Adolescent Psychiatry at the Medical College of Wisconsin (MCW) and Children's Hospital of Wisconsin, and Jon Lehrmann, MD, general psychiatrist and Chairman of Psychiatry and Behavioral Medicine at MCW, are strongly invested in the success of this project and deeply grateful to the Kubly Family who generously invested in our Milwaukee pilot project.

The Kubly Family continues to provide a generous donation that has been used as a match to the state funding provided by Act 127. This donation is in memory of their son Charlie who died too soon secondary to depression. We are also grateful to the Speakers Taskforce on Mental Health and Representative Jim Steineke for initiating Bill 452 that led to the CPCP funding, and the Wisconsin Department of Health Services (DHS) for being great partners in managing the roll out of this project with us.

We have come a long way from where some of the initial generative ideas for this project came from—a pediatrician calling her psychiatrist husband weekly for guidance on psychiatric management of pediatric cases because she had such limited access to child psychiatry care—to where we are today. The CPCP was created so that primary care providers of children and adolescents have ready access to consultation by child psychiatrists.

The CPCP has successfully launched two initial hubs both in the Milwaukee area and Northern Region of Wisconsin. We hope you will find this newsletter to be informative and a helpful tool of communication. We welcome feedback from you so that we can continue to improve our collaborative process and our publication. Thank you.



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

CPCP • NORTHERN REGION

As a coordinator of the Wisconsin Charles E. Kubly Child Psychiatry Consultation Program, and on behalf of the Northern Region team, we would like to thank everyone involved for their help and participation in this undeniably necessary and beneficial child psychiatry service. I am proud to report that we've grown to include 15 counties, 30 practices, and have been able to reach out to 100,000 children in the northern region who have access to CPCP services. We currently have over 100 enrolled providers and are continuing to expand daily. We receive between three and five contacts per day either by phone or email, continuing our growth and expansion. We recently began offering personal on-line education for continual support and information. We also have educational needs surveys going out regularly and are open daily. Our on-call service is available throughout the week from 8am to 5pm to those providers who are enrolled. If interested please reach out to your local regional program.



Jonathan Blake
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CPCP • MILWAUKEE REGION

As the Milwaukee CPCP Coordinator, I'd like the opportunity to share with you the growth of our hub. We started in the Milwaukee area as a small Medical College of Wisconsin internal project through a generous donation from the Kubly Family, and have now grown to meet the psychiatry consultation needs of 24 sites, 138 enrolled providers that serve over 100,000 youth throughout the Milwaukee County, and growing. As we approach our target enrollment, we start to shift focus on the quality of our services, including streamlining the medication education component offered to each enrolled medical provider and pediatrician. Previously Dr. Rosa Kim, MD, would have offered this high quality educational series in-person but we are now moving towards online medication education sessions with CME hours attached for convenience and practicality for providers, and Dr. Kim can now dedicate more time to consults and face-to-face second opinions. After completion of the online medication education series, there will be a Question & Answer teleconference available to CPCP sites. If you have already received the medication trainings with Dr. Kim, no fear, you too can review the online series and obtain your CMEs. So, watch for this email from me/Jonathan including instructions, a link, login, and password—coming soon! I feel a great sense of accomplishment being a part of such an amazing project. Thank YOU for being a part of it too!



Sara M. Herr
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FACTS ABOUT ASENAFINE (SAPHRIS)

- A psychotropic agent that is available in sublingual form
- Asenapine has a black cherry flavor to it, and is supplied in sublingual tablets of 2.5 mg, 5 mg, or 10 mg
- Asenapine is indicated for schizophrenia and acute treatment of manic or mixed episodes of Bipolar I Disorder as monotherapy, or as adjunctive treatment for those on lithium or valproate.
- Recommended dosage for Schizophrenia: 5 mg BID. Short term controlled trials suggest no added benefit with 10 mg BID, but much increased side effect. If tolerated, can increase to 10 mg BID after one week



- Recommended dosage for Bipolar I Disorder: Acute treatment in manic or mixed episodes—10 mg BID, decrease to 5 mg BID if side effects. For age 10-17, use 2.5 to 10 mg BID, with starting dose of 2.5 mg. After 3 days, the dose can be increased to 5 mg twice daily, and from 5 mg to 10 mg twice daily after 3 additional days. Pediatric patients aged 10 to 17 years appear to be more sensitive to dystonia with initial dosing with SAPHRIS when the recommended escalation schedule is not followed
- Do not remove tablet until ready to administer. Use dry hands when handling tablet.
- Most common adverse reactions are akathisia (appears to be dose-related), oral hypoesthesia, somnolence, dizziness, and increased weight ($\geq 5\%$)
- Boxed warning for increased mortality in elderly patients with dementia-related psychosis
- MOA: unknown but efficacy in schizophrenia thought to be due to antagonism at D2 and 5-HT_{2A} receptors



Matthew Krasucki, MD
Child and Adolescent Psychiatrist
Medical College of Wisconsin Affiliated Hospitals

THE PHQ-9 QUESTIONNAIRE

In each newsletter, we will describe a different screening or intervention tool that can easily be utilized within the primary care visit. For this issue, we will focus on the Pediatric Health Questionnaire (PHQ-9) to assess for adolescent depression and suicidality, applicable for youth ages 12-18 years. The American Academy of Pediatrics has endorsed this tool, with evidence of solid psychometric properties (88% sensitivity and 88% specificity) as well as ease of administration. The PHQ-9 contains nine items that screen for common depressive symptoms experienced over the past two weeks. Additional items assess the negative effect of symptoms on life functioning as well as current or history of suicidality. The PHQ-9 can be completed as a self-report by patients, or administered by medical or office staff. It takes approximately five minutes to complete and interpret. Scores are assigned for each item ranging from 0 (“Not At All”) to 3 (“Nearly Every Day”). Guidelines for interpretation are as follows:

PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0–4	None-minimal	None
5–9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10–14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy
15–19	Moderately	Active treatment with pharmacotherapy and/or psychotherapy
20–27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

From Kroenke K, Spitzer RL. *Psychiatric Annals* 2002;32:509-521

The PHQ-9 is freely accessible at
<http://www.ncfhp.org/Data/Sites/1/phq-a.pdf>

For screening purposes, a severity score of 10 or higher indicates a positive screen for depression. Additionally, follow-up conversation with patients is recommended if they report any symptoms that occur more than half the days, or interfere with daily functioning. For those who screen positive for depression or endorse any of the suicidality items, follow up discussion of treatment options and/or crisis resources is recommended. Options include:

www.suicidepreventionlifeline.org
www.locator.apa.org
http://www.aamft.org/iMIS15/AAMFT/Content/Directories/Find_a_Therapist.aspx

You may also call the CPCP phone line to discuss questions or clinical direction.

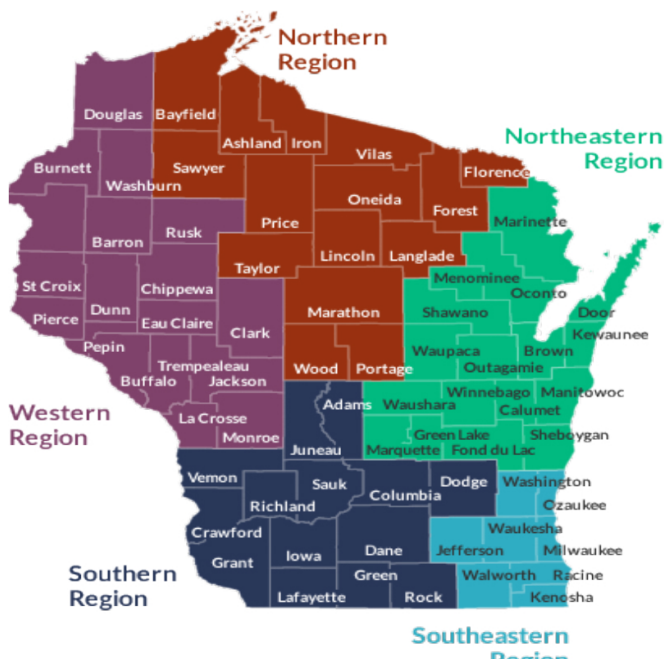


Matthew Jandrisevits, PhD
Psychologist
Children’s Hospital of Wisconsin

WHAT IS VALUABLE TO KNOW

REGIONAL CENTERS—CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

The State is divided into five regional centers: Western (based in Chippewa Falls), Southern (based in Madison), Northern (based in Wausau), Northeastern (based in Neenah), and Southeastern (based in Milwaukee). These centers offer information and assistance to families in addressing a wide variety of concerns and needs for children and youth from birth to 21 years old. The staff is available to problem solve difficult situations, locate regional services, assist with communication with schools/health benefits offices, and access to support groups and educational resources, just to name a few. Typical examples of special health care needs include, but are not limited to, medical and mental health diagnoses, cognitive disabilities, and hearing/vision impairments. There may also be parents of children with special health care needs on staff. Personal experience is a true asset! Offices are open Monday through Friday 8am-4:30pm.



Not sure of which region you fall into? Contact Wisconsin First Step at either 800-642-7837 or online at www.mch-hotlines.org, a 24-hour information and referral hotline.

WISCONSIN CHARLES E. KUBLY CPCP Stakeholder Meeting

The CPCP pilot program provides primary care clinicians with psychiatric consultation services, educational programming, referral support, and links to community resources.

**Join us in Wausau Wednesday, July 29, 2015
Northcentral Technical College
100 West Campus, Wausau, WI 54401**

AGENDA

- 9:00am–9:30amRegistration
- 9:30am–9:45amWisconsin CPCP Team
- 9:45am–10:45amCPCP Pilot 2014–2015
- 10:45am–11:15am..... Early Successes
- 11:15am–11:45am.....Questions & Answers
- 11:45am–12:00pmEvaluation Survey

No pre-registration is necessary

**Learn more! Email the CPCP Advisory Council
at klabracke@wiaap.org**

SAVE THE DATE!

**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

This newsletter is supported by the Kubly Family
Wisconsin Department of Health Services
Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin
Jon A. Lehrmann, MD, Chairman and Professor
Michelle R. Broaddus, PhD, CPCP Program Director
Newsletter Team: Jonathan Blake • Thom Ertl • Sara Herr



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

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.