



This newsletter is supported by the Kubly Family and the Wisconsin Department of Health Services
www.chw.org/cpcp • Winter, 2016

Welcome to the third 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 materials concerning mental health treatment you may find useful in your practice.



Notes from the Program Director

CPCP FUNDING

State funding for CPCP began July, 2014 under Bill 127, authored by State Representative Jim Steineke, which supports the current Wisconsin CPCP pilot. However, MCW's history with providing similar services goes back to June, 2011.

Leaders within MCW's Psychiatry and Behavioral Medicine department initiated a small project to help address the needs of children in Milwaukee caused by the shortage of child psychiatrists. With generous support from the Billie and Michael Kubly family, in memory of their son Charlie Kubly, the Kubly Access Project began providing curbside consultations and educational curriculum to pediatricians in the Milwaukee area.

Although the project has been re-branded as the Child Psychiatry Consultation Program and expanded to include the Northern region of Wisconsin, the Kubly family continues to provide matching support, and therefore services in the greater Milwaukee area are provided under the Charles E. Kubly CPCP Milwaukee Area Region.

The clinics originally enrolled under the Kubly Access Project are still enrolled in CPCP, and therefore have unique perspectives on the expansion of CPCP. As part of our process of engaging with enrolled providers, we have been fortunate to visit with these clinics for check-in meetings. These meetings have been invaluable for us to understand what has helped providers, as well as how we can improve. One provider noted that knowing CPCP services were available helped her feel like she wasn't "out on a limb," but that there was a "safety net" available.

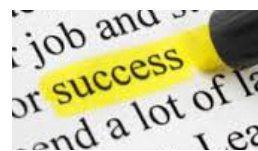
Providers that have used the CPCP line report that the service was very timely, professional, beneficial and useful and said that the consultations were reassuring. The excellent suggestions we have received for additional resources and data collection methods are also being incorporated into CPCP practices.

We also heard that, unsurprisingly, providers are often bombarded with an overload of emails and calls. We appreciate that providers have limited time, and want to maximize the impact of our outreach efforts. For that reason, we will no longer be sending out monthly email blasts, only quick email reminders of the access line number and email address. We are focusing our efforts on the quarterly newsletters, collection

of survey data, and check-in meetings with clinics to ensure we gather important information to demonstrate the impact of CPCP and avenues for improvement. We thank those who have participated, and look forward to talking to more of you to ensure we can help you provide the highest quality of care for the children in Wisconsin.

Michelle R. Broaddus, PhD

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



MENTAL HEALTH HIGHLIGHT

Presenting Problem: Enrolled provider called in regards to a 16 year old female patient not responding well to maximal dose of Sertraline (despite prior good response three years ago). Provider describes patient as having Borderline Personality Disorder (BPD), which therapist seems to agree with.

Outcome: Recommendation for trying another SSRI (such as Fluoxetine or Escitalopram) while discussing the option of Dialectical Behavioral Therapy (DBT) with the current therapist.

Psychology and Behavior Teaching Points: Patients with Borderline Personality Disorder may still warrant treatment with medications, but DBT remains a crucial component of their treatment. It is important to ensure that these patients are obtaining the correct type of therapy. In regards to the medications, in treating depression and anxiety, the algorithm remains to try a second SSRI if the first is ineffective.

The CPCP Clinical Coordinators wish you and your loved ones a wonderful 2016! We are pleased with the number of CPCP providers utilizing the online education modules to improve their pediatric practice. Once you have completed a module, watch for an email from Medical College of Wisconsin informing you that you have received your CME hour along with a printable version for your records.

Online Module Series I:

- Diagnosing and Treating Attention Deficit/Hyperactivity Disorder (ADHD)
- Pharmacological Treatment of Depression and Anxiety
- Atypical Antipsychotic Medication Use and Monitoring in Pediatrics

NOW AVAILABLE—ONLINE MODULE SERIES II:

- General Screening Tools
- Specific Rating Scales
- Suicidality

Bonus Modules—Trauma Informed Care (TIC)

- Awareness of the Impact of Traumatic Events
- Safe, Compassionate, Respectful Partnering

Please visit <http://healthykids.chw.org/> using your unique login and password emailed to you by your regional coordinator. To follow Online Module Series I completion, your clinic can schedule a conference call Q&A session with a CPCP child psychiatrist for the opportunity to discuss modules, ask medication questions, and receive case consultations.

New in the North—We prefer to meet with you in person but the Northern region now has the capability for video conferencing when time constraints, travel, or weather creates limitations. Video conferencing is available for enrollment meetings, educational sessions, and consults. We will be reaching out to you to in the near future to ask what your preference is, but feel free to contact Jonathan Blake to set up a meeting at your clinic or arrange for video conferencing. Don't forget to check out our website at www.chw.org/cpcp as it has recently received updates. Enrolled providers—login to our partner portal for more information and resources by using the secured login and password previously provided.

Are you a champion? CPCP is looking for **CLINIC CHAMPIONS**. Clinic Champions are enrolled providers that are enthusiastic about CPCP, use it regularly, and are advocates within their clinic/system. Within a few months, we will be sending out Clinic Champion invitations. Watch for yours!



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HEALTH TRANSITIONS WISCONSIN

Recently, the CPCP office has received a few inquiries regarding older adolescent and young adult patients, seen in a pediatric or primary care setting, that are in need of services. This might be a timely opportunity to offer a resource that is a part of the Wisconsin Regional Centers for Children and Youth with Special Health Care Needs that addresses these needs and offers support to young adults and their families.

Health Transitions Wisconsin is a resource that offers tools to older adolescents on what to expect when transitioning to young adulthood. There are checklists for both the adolescent and family outlining skills needed in this transition, and ways to prepare in making decisions independently for a variety of basic life needs.

There are stories of adolescents that share a personal side of a transition to young adulthood that assist with some real life examples of what this time of life entails. The website also offers support and resources to those families in need of community-based services for an older adolescent with special health care needs as they transition to adulthood.

Additionally, there is a provider tab on the site that offer resources that can be used in the primary care setting to assist the families, and adolescents, that might be in need of these services.

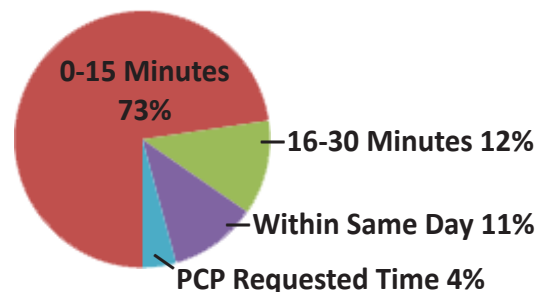
It is important that the work that is done in childhood and adolescence has the option of carrying over into adulthood as these children age out of services they may be getting at a younger age.

To access Health Transitions Wisconsin, go to <http://www.healthtransitionwi.org>.



Rich Robinson, MSM
Access Coordinator

CPCP Response Time for Calls



FACTS ABOUT SERTRALINE (ZOLOFT)



- Mechanism of Action: Sertraline has dopamine reuptake inhibition (DRI) and sigma 1 receptor binding in addition to serotonin reuptake inhibition. The DRI effects may improve energy, motivation and concentration. The sigma properties may improve anxiety and psychotic symptoms in psychotic depression (Stahl, 2013).
- Despite only being FDA approved for treatment of OCD in children ages 6-17, used commonly to treat depression, anxiety, and PTSD in children
- Typical dose ranges from 12.5–200 mg daily with the higher doses often needed when treating anxiety and OCD



- Available in 25 mg, 50 mg and 100 mg tablets as well as 20 mg/ml solution
- Starting dose typically 12.5-25 mg and may increase by 25-50 mg increments
- More common side effects similar to when used in adults: nausea, diarrhea, headache, either sleepiness or insomnia, increased anxiety, decreased libido or ejaculation delay. Other than sexual side effects, often improve or resolve with time on medication. Sexual side effects resolve when medication is discontinued
- As with all antidepressants, Sertraline has an FDA Black Box Warning. See www.parentsmedguide.org



Kirstin B. Kirschner, MD
Child and Adolescent Psychiatry Fellow
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AGES AND STAGES QUESTIONNAIRE (ASQ)

This quarter, we will focus on the Ages and Stages Questionnaire (ASQ) to screen for developmental or behavioral concerns. The ASQ may be utilized for children from one month to five years of age.

This tool is widely used within primary care offices, with solid psychometric properties. Additional information about the ASQ is accessible at <http://agesandstages.com/>.

The ASQ contains 30 items total, within Communication, Gross Motor, Fine Motor, Problem Solving, and Personal-Social domains. There is also a specific form to assess social and emotional functioning (ASQ:SE). The ASQ is administered either as a form, or online. It can be completed by caregivers within minutes, who indicate “Yes,” “Sometimes,” or “Not Yet” to their child’s functioning on each item. The ASQ is scored either by hand, or automatically when using the online assessment. Lower scores indicate potential areas for concern. The medical provider then can review the responses and make recommendations as follows:

Screening Result	Recommendation
Below Cutoff	A referral for additional developmental assessment recommended
At or just above cutoff	Discuss concerns with caregiver, suggesting activities that might build developmental skills
Above cutoff	Review developmental gains and additional enrichment activities

A positive screen for any domain provides an opportunity for conversations with caregivers regarding potential interventions and resources. You may also feel free to call the CPCP phone line to discuss questions or clinical directions.



Matthew Jandrisevits, PhD
Psychologist
Children’s Hospital of Wisconsin

~ The Charles E. Kubly ~

CPCP Child Psychiatry
Consultation Program

www.chw.org/cpcp

WHAT IS VALUABLE TO KNOW

CHILDREN'S HOSPITAL OF WISCONSIN COMMUNITY SERVICES

Services Highlighted: Family Resource Center, Child and Family Counseling, Child Advocacy Center, Home Visiting, Parent Education, Start Right, Family Finding and More

Marathon County Family Resource Center
705 S. 24th Ave., Suite 400, Wausau 54401
715 845-6747 or toll-free 1-800-577-7971

For more information and resources, visit:
www.chw.org/communityservices



NNCPAP

THE NATIONAL NETWORK OF CHILD PSYCHIATRY ACCESS PROGRAMS



Throughout the country, there is a shortage of mental health providers, especially child psychiatrists. Collaborative programs, through which child psychiatrists support pediatricians and other primary care providers via phone consultations or other types of “curbside consultations,” are a promising approach to leverage our existing supply of child psychiatrists to provide mental health services to children and youth.

The National Network of Child Psychiatry Access Programs (NNCPAP) will promote synergy, avoid duplication of efforts, and promote use of best practices within regional and state consultation programs. Through joint work and cross-program collaboration, we will have enhanced ability to identify the benefits of these programs and address challenges and problems quickly.

Wisconsin CPCP is this part of a larger network of access programs in the United States and is one of 30 states currently represented in the NNCPAP. The network supports the emerging “medical home” model, allowing most care to be provided in the relatively low-cost primary care setting. The network promotes the reach of these programs to primary care practices throughout the country.

For more information visit: <http://www.nncpap.org/>

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/>

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



Half of all
lifetime
mental health
illnesses begin
by age 14.

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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.