

# Roles and Responsibilities of the Child and Adolescent Psychiatrist in the CBHI CSAs: Options and Opportunities

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# Goals for this Meeting

- Overview of values, principles, and practice of System of Care (SOC) and Wraparound
- Overview of options and opportunities for the CAP to support the CSAs to provide high fidelity wraparound and to serve as “hubs” at the system level for local SOC collaboration and coordination
- Discussion of initial experiences in the CSAs and options for continued communication to promote CQI for the role of the CAP in the CSA

# Introduction

- Involvement of CAPs in the staffing pattern for the delivery of high fidelity wraparound is unusual in the US, and perhaps unique to MA as a state-wide effort.
- CAPs in MA have significant experience already in supporting wraparound directly at the program level: MHSPY, Communities of Care, Coordinated Family Focused Care, CBHI CSAs, experience in other states. MCPAP experience is also relevant.
- CAP involvement in supporting wraparound may be both a more effective and satisfying role than the usual outpatient “doc in a box” role.
- CAP work within SOC is closely allied with the ACGME core competency in Systems-Based Practice.

# Roles and Responsibilities of the CAP in the CSA

- Didactic training for CSA staff
  - DSM-IV TR
  - Diagnoses, and other clinical considerations, e.g. school refusal, impact of parental disabilities
  - Medications
  - Clinical considerations, e.g. genograms, support for formation of positive relationships with family and team

# Roles and Responsibilities of the CAP in the CSA-2

- Didactic training for CSA staff (cont)
  - Clinical interventions, e.g. “special time”
  - Countertransference considerations, e.g. vicarious traumatization, managing frustration or anger in the relationships with the youth, family and other team members
  - Other, as determined by the staff

# Roles and Responsibilities of the CAP in the CSA-3

- “Consultee-centered” consultation to CCs, FPs and CSA leadership about enrolled youth and their families regarding diagnosis and formulation, clinical care, and support for team functioning.
  - Individually/pairs with CC and FP (use of e-mail)
  - Group supervision
  - Review of wrap-determined future vision, culture, strengths and needs, as well as psych history/records and family medical needs

# Roles and Responsibilities of the CAP in the CSA-4

- “Consultee-centered” consultation to the staff (cont)
  - Recommendations from the CAP are presented as options for consideration and decision making by the family within the wrap team
  - Risk management/trouble-shooting
  - Be aware of the larger system services

# Roles and Responsibilities of the CAP in the CSA-5

- Availability, Affability, and Ability are key to CAP utilization and impact
  - Co-location and curbside consults, e-mail, defined “office hours” with open door policy
  - Be informal and deferential in interactions, use first name, consider extent of self-revelation with staff
  - Guard against drifting/being pulled into a professionally-driven model
  - Be especially attentive to efforts at cultural sensitivity and awareness with staff, families, and the community

# Roles and Responsibilities of the CAP in the CSA-6

- “Client-centered “consultation and treatment: work closely with the Family Partner and Care Coordinator
  - Evaluation of enrolled youth, including home visits
  - “Second opinion” regarding Dx, Rx, e.g. youth who refuses meds or will not engage in therapy
  - Participation in wraparound teams –direct and indirect
  - “Bridge scripts”
  - Psychiatric evaluation of caregivers
  - Option to provide ongoing care, from CAP time that may be available outside of the time assigned to the CSA

# Roles and Responsibilities of the CAP in the CSA-7

- “Doc to Doc” communication/interface
  - Outpatient providers (PCP, CAP, adult psychiatrist)
  - Hospital/residential CAPs
  - ESP/Mobile Crisis Team CAPs and LIPs
  - Support to community-based physicians and other providers to understand wraparound and support the team process
- Informal support to staff, especially FPs, regarding their own children—how often is this happening?

# Roles and Responsibilities of the CAP in the CSA-8

- Outreach to the community
  - Participate in events sponsored at the local level by PAL or other family organizations, e.g. “Ask the Advocate” night
  - Attend SOC Committee meetings
  - Gain knowledge about local agency policies and activities relevant to youth with SED and their families
- Participate in training a workforce that can work with youth and families in a different, more effective way.
  - Train child psychiatry residents
  - Support development of “clinical” skills in the CSA staff

# Opportunities Created by the CAP Role in the CSA

- Increase CAP cultural sensitivity and awareness by working with FP's and CCs and the community
- Increase CAP understanding of SOC/wraparound values, principles and practice
- Demonstrate the many ways CAPs can be helpful in improving the mental health of youth and their families beyond DSM diagnosis and medication management
- Destigmatize CAPs to youth and families
- Increase knowledge and interest in SOC and wraparound with colleagues in the community

# Opportunities Created by the CAP Role in the CSA-2

- Train child psychiatry fellows to work within the SOC philosophy/wraparound approach
- Participation at the systems level
  - Communicate with CSA directors and lead family partners regarding how best to focus time within the CSA
  - Participate in f/u discussion to improve the effectiveness of the CAP role in the CSA
  - Participate in CSA SOC steering committee meetings, CBHI Advisory Council subcommittees
  - Attend SOC conferences (Tampa, Georgetown)

# Some Questions for Discussion

- What are early experiences and “lessons learned” so far by CAPs in the CSAs?
- What is the best mix of activities by the CAP within the CSA?
- What should the documentation standards be for CAP work within the CSA?
- How can CSA CAPs (and CSA Directors, lead FPs, staff, and families) document the value of the CAP in the CSA and support CQI for this position?
- How can we best continue to communicate and develop a learning group about our activities in the CSAs?