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Research Objective

In 2021, the US Surgeon General declared a national emergency the urgent need for child mental health care. This SAMHSA funded study examines the impact of the **Collaborative Practice Model (CPM)**, a novel approach to improving child mental health access, on patterns of service utilization and cost among high-need children insured by Medicaid.

Study Design

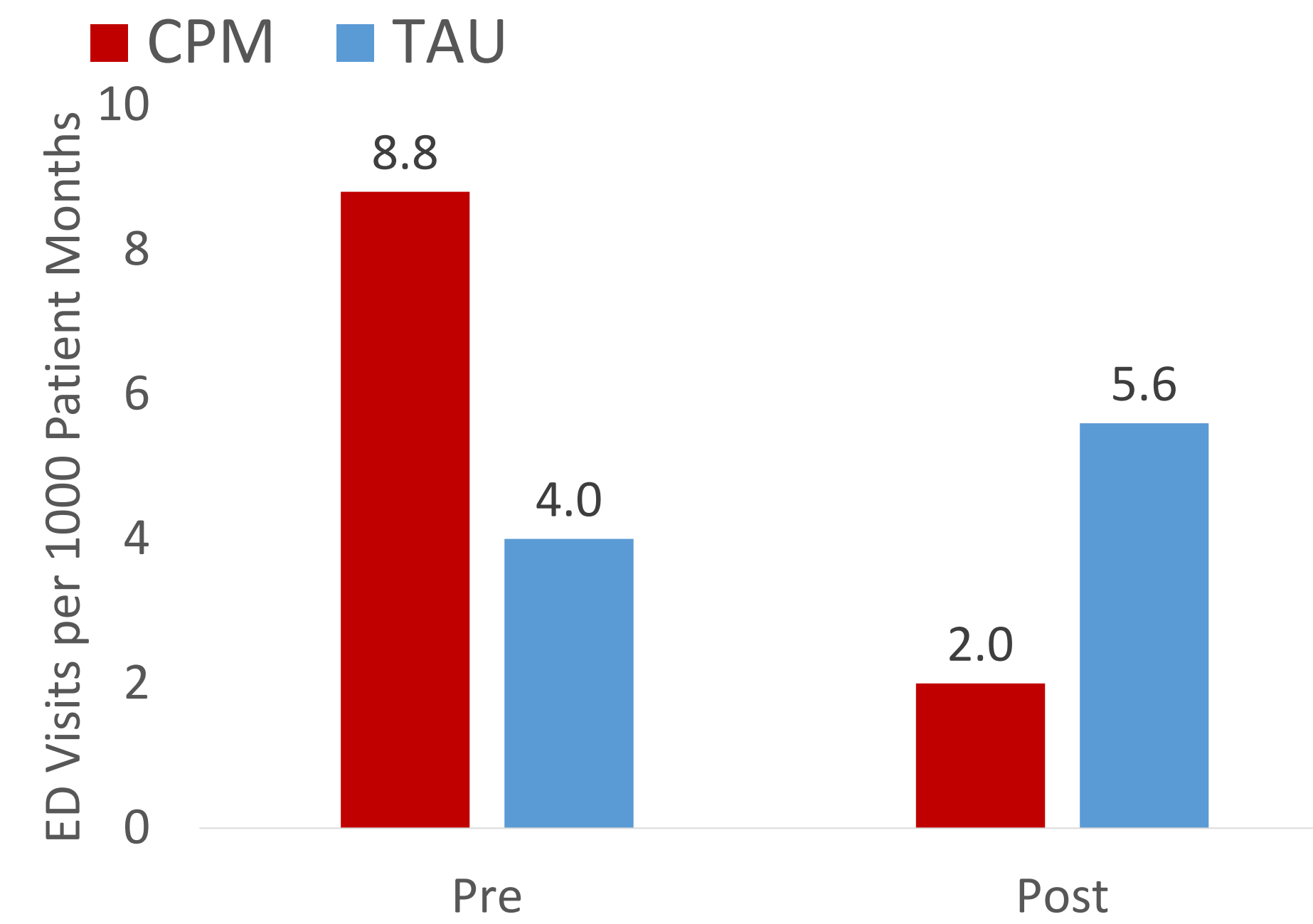
- Model:** Two evidence-based strategies, integrated care and the wraparound approach, were combined to form the pediatric CPM
- Process:** The CPM team is comprised of *peer-to-peer family support specialists, integrated child mental-health clinicians, and PCPs*
- Data Sources:** Medicaid claims and EHR data were used to conduct a prospective study comparing service use and cost for children receiving the CPM intervention vs. matched youth receiving **treatment-as-usual (TAU)**
- Study Sample:**
 - Pre-matched sample included 167 CPM youth and 809 TAU youth; all were 3 to 18 yrs. old (median 11 yrs.); 60% were male
 - Relative to the TAU group, the CPM group was less likely to be white (21% v 30%, $p=0.006$) or to carry a psychiatric dx pre-enrollment (56% vs. 65%)
 - CPM youth were more likely to identify as Latinx (42% v 29%, $p=0.002$) and speak Spanish or Portuguese (46% vs. 34%, $p=0.002$)

Principal Findings

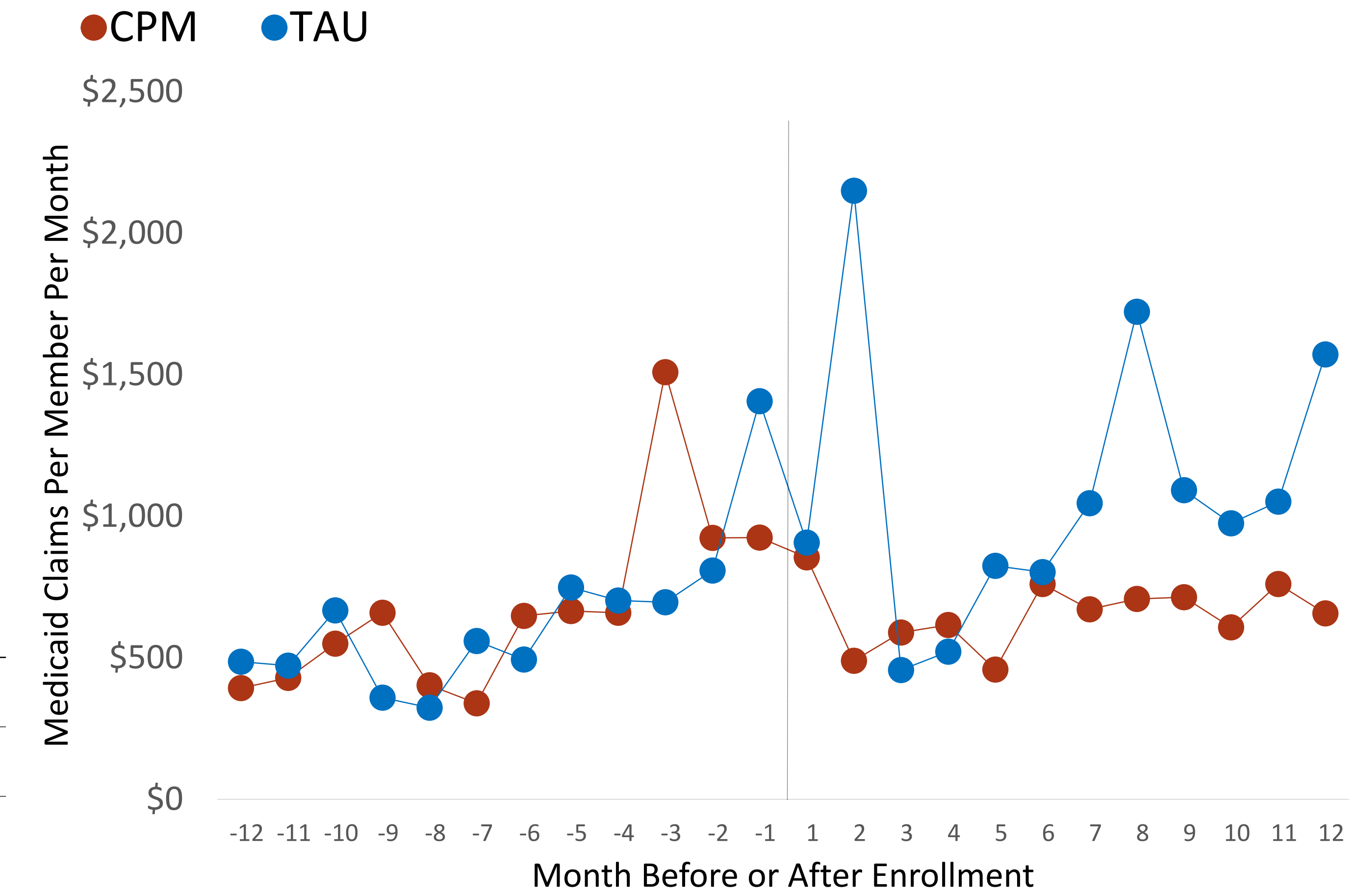
Both CPM and TAU groups shifted from more to less intensive services, pre-post intervention, but some trends diverged:

- Outpatient MH “no-show” rates in the CPM group fell pre-post from 59% to 29% ($p < 0.05$) with no change in TAU “no-show” rates.
- Psych ED use fell by 78% for CPM but rose 42% for TAU, a relative difference of -84% (95% CI -98%, 4%; $p=0.055$).
- Total-cost-of-care, per member per month (PMPM), decreased by \$472 (95% CI -\$989, \$45; $p=0.073$) for CPM youth relative to the TAU group.

ED Use Pre and Post: Collaborative Practice Model vs Treatment As Usual



Trends in Total Cost of Care: Collaborative Practice Model vs Treatment As Usual



Medicaid Claims 12-months pre to 12-months post enrollment by CPM and TAU Group

	CPM		TAU Comparison		CPM (Post - Pre) - TAU (Post - Pre)	
	Medicaid Claims PMPM	Difference (Post - Pre)	Medicaid Claims PMPM	Difference (Post - Pre)	Estimate (95% CI)	p
Medications						
Pre	\$78		\$45			
Post	\$67	-\$11	\$73	\$28	-\$39 (-\$86, \$9)	0.113
ED						
Pre	\$34		\$39			
Post	\$13	-\$21	\$25	-\$14	-\$7 (-\$28, \$14)	0.53
Inpatient						
Pre	\$187		\$115			
Post	\$68	-\$120	\$318	\$203	-\$323 (-\$864, \$218)	0.24
Outpatient						
Pre	\$417		\$490			
Post	\$487	\$70	\$664	\$174	-\$104 (-\$261, \$53)	0.194
Total						
Pre	\$717		\$689			
Post	\$635	-\$82	\$1,079	\$390	-\$472 (-\$989, \$45)	0.073

Conclusions

- Preliminary results show greater access to outpatient child mental health care for CPM youth, with improved treatment engagement, and reduced overall medical expense, compared to children in the TAU group

Implications for Policy or Practice

- Patterns of ED use, varied greatly between the two groups, suggesting that improved outpatient mental health access may reduce the need for ED care
- The urgent need to test and implement effective interventions for complex youth with mental health needs, especially from populations who have historically faced barriers to care, supports further study of the CPM approach