
NATIONAL NETWORK OF CHILD PSYCHIATRY ACCESS PROGRAMS- NNCPAP

MISSION STATEMENT

To promote the development, sustainability, and quality of child mental health and psychiatry access programs designed to address the mental health needs of children and adolescents within the primary care setting

WHY IS THIS NETWORK IMPORTANT?

- Throughout the country, there is a shortage of mental health providers, especially child psychiatrists. Collaborative programs such as the Massachusetts Child Psychiatry Access Project (MCPAP) are a promising approach to leverage our existing supply of child psychiatrists to provide mental health services to children and youth.
- The network will promote synergy, avoid duplication of efforts, and promote use of best practices within regional and state 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.
- Through the resources established by the network, we expect that we will foster the development of consultation programs in areas that would otherwise have difficulty finding the resources to start or sustain them.
- 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.

PROPOSED NETWORK FUNCTIONS:

1. Facilitate linkages among existing and emerging programs
2. Create and maintain a set of tools including:
 - A database/clearing house of consultation programs so that states/regions considering them can have greater information about the approaches utilized by other programs
 - A toolkit for states/regions in the process of developing child behavioral health collaboration/consultation programs
 - A recommended set of assessment measurements and data collection approaches that will assist new and existing programs in collecting data, demonstrating the quality and benefits of the services that they are providing and promoting
3. Consult with existing programs and those in their planning stages
4. Advocacy
5. Improving the access/consultation model through mutual evaluation and research

See Reverse for List of Members

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MEMBER ORGANIZATIONS – CURRENT PROGRAMS:

- **Alaska** Partnership Assistance Line (A-PAL)
- **Arkansas**, Psych TLC Arkansas
- **Illinois** DocAssist
- **Iowa**, Child and Youth Psychiatric Consult Project of Iowa (CYC-I)
- **Louisiana**, Gulf Coast Consultation in Child and Adolescent Psychiatry Program (GCPAP)
- **Maine**, Child Psychiatry Access Program (CPAP)
- **Massachusetts** Child Psychiatry Access Project (MCPAP)
- **Minnesota's** Collaborative Psychiatric Consultation Service
- **Missouri**, Collaborative Care at Washington University School of Medicine, Division of Child and Adolescent Psychiatry
- **New Hampshire/Vermont**, Teen Mental Health Project
- **New York**, ProjectTEACH
- **North Carolina** Child Psychiatry/Primary Care
- **Ohio** Pediatric Psychiatry Network (PPN)
- **Pennsylvania**, Children's Hospital of Pittsburgh, Pennsylvania Behavioral Health Services Program
- **Texas** Pediatric Access to Subspecialists (Texas PASS)
- **Washington State**, Partnership Alliance Line (PAL)
- **Wisconsin**, ChildPsyc911 Collaborative Consultative Service, Ministry Medical Group
- **Wyoming**, Partnership Assistance Line of (PAL) of Wyoming
- **TeenScreen Primary Care**
- **The REACH Institute**

MEMBER ORGANIZATIONS – START-UP PROGRAMS:

- **California**
- **Colorado**, Child Psychiatry Access Project
- **Michigan**
- **New Jersey**, Primary Care Child Psychiatry Collaborative Program
- **New Mexico**, Primary Care/Child Psychiatry Collaborative/Consultative Program at the Center for Rural and Community Behavioral Health, University of New Mexico Department of Psychiatry
- **Oregon** Psychiatric Access Line for Kids (OPAL-K)