

Improving Access to Mental Health Care for Youth in Rhode Island: The Pediatric Psychiatry Resource Network

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ABSTRACT

Child Psychiatry Access Programs (CPAPs) were developed to address the increasing prevalence of pediatric mental and behavioral health issues and the growing workforce shortage of pediatric mental health specialists. This article will discuss the origin of CPAPs, data to support their importance and impact, and the development of Rhode Island’s CPAP, The Pediatric Psychiatry Resource Network, or PediPRN. Data is collected for the purposes of evaluation and quality improvement. Seventy-four percent of the pediatric-serving primary care practices in Rhode Island have utilized PediPRN. PediPRN has provided 3,173 consultations to 465 professionals and has trained over 80 PPCPs with overall high satisfaction. Program sustainability and expansion are important future considerations.

KEYWORDS: mental health access; psychiatry; pediatric primary care; telephone consultation; peer consultation

care providers in delivering mental health care in the context of persistent gaps in access to pediatric mental health services, and documented limitations in pediatric primary care providers’ (PPCPs) knowledge and confidence in treating mental health conditions.² The first program was established in Massachusetts in 2004,³ and similar programs now exist in nearly all 50 states (NNCPAP website), thanks to federal funding through the Health Resources and Services Administration grants since 2018.

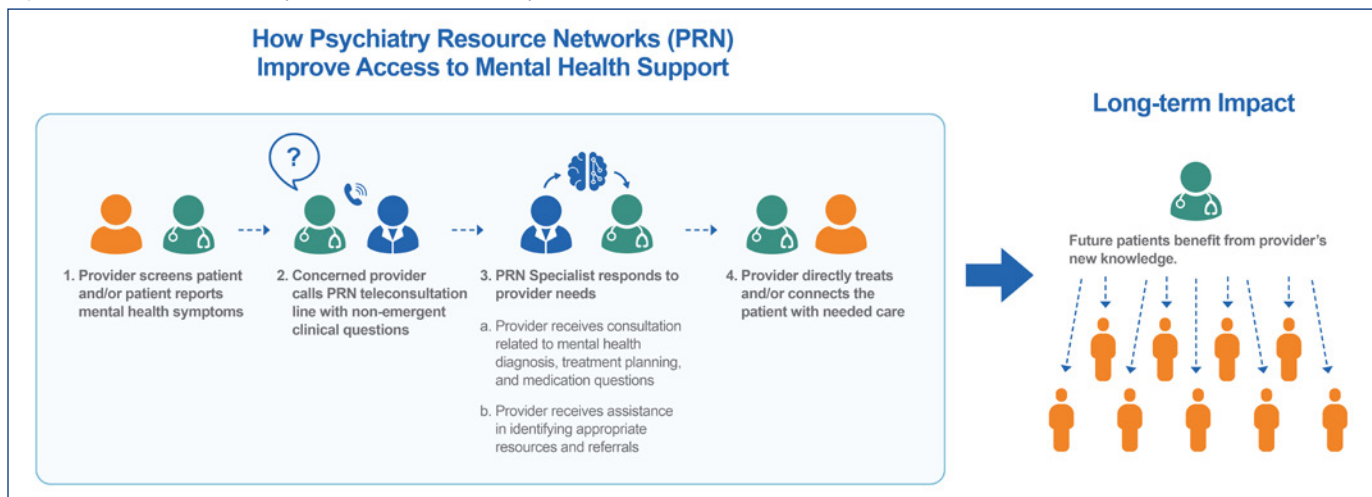
CPAPs share several core components, including same-day telephone consultations, care coordination and referral support, and continuing education and training.^{1,2} Consultations are typically delivered by child and adolescent psychiatrists and, in some programs, other licensed mental health professionals to PPCPs.² Consultation models allow for real-time response to these consultation requests either by phone or asynchronously.² Programs vary in service delivery, with many offering direct patient care such as one-time psychiatric evaluations, brief treatment, and/or second opinions.¹ Overall, CPAPs are well-received with high PPCP satisfaction.¹

A growing body of evidence suggests that CPAPs increase PPCP confidence and comfort in assessing and managing mental health conditions in youth.⁴ These programs support PPCPs in managing mild-to-moderate mental health conditions in primary care, which families prefer.⁵ Consistent

BACKGROUND

Child Psychiatry Access Programs, or CPAPs, are “programs with mental health specialists providing rapid remote mental health consultation services to pediatric primary care providers.”¹ These programs are designed to support primary

Figure 1. Extending PPCPs’ impact through PediPRN telephone consultation



with this, parents and caregivers report overall satisfaction with their primary care doctor's management of mental health conditions after a CPAP consultation.⁶ At a population level, children living in states with a CPAP are more likely to have received mental health services.⁷

The effectiveness of CPAPs is rooted in a core educational principle: building capacity within primary care rather than relying solely on specialty referral, a concept often summarized by the proverb: "If you give a hungry man a fish, you feed him for a day, but if you teach him how to fish, you feed him for a lifetime." [Figure 1.] Each consultation serves as a "teachable moment" during which PPCPs can receive case-specific guidance, engage in clinical dialogue about complex presentations, and also obtain reassurance that their proposed management plan aligns with specialty-level recommendations. When combined with formal training opportunities, these consultations increase PPCP confidence and competence, enhance the capacity of PPCPs to address mild-to-moderate mental health conditions, and help reserve the limited child psychiatry workforce for the patients with the most complex needs.

Rhode Island's CPAP, The Pediatric Psychiatry Resource Network (PediPRN), was established in 2016, making RI the 32nd state to implement a CPAP. PediPRN was initially funded by a three-year grant through a private-public partnership. For the past eight years, PediPRN has been funded by a Health Resources Services Administration grant (awarded to the Rhode Island Department of Health) in combination with support from private partners.

PROGRAM OVERVIEW

PediPRN is a practice-based consultation program implemented by the Emma Pendleton Bradley Hospital in East Providence, RI. PediPRN is structured as a longitudinal, consultative model intended to be feasible within routine clinical workflows. The primary goal of the program is to enhance pediatric primary care providers' clinical confidence and capacity to address mild-to-moderate mental health concerns of their patients.

The core component of PediPRN is peer-to-peer consultation sessions facilitated by a board-certified child and adolescent psychiatrist (CAP). The program has 1.0 full-time equivalent (FTE) of child psychiatry time divided among five child psychiatrists. Consultations are available Monday through Friday during normal business hours. Consultations are scheduled at the request of the PPCP at the time most convenient for them. The consulting CAP provides diagnostic clarification, evidence-based treatment recommendations, guidance on psychopharmacologic considerations when appropriate, and suggestions for monitoring and referral. Emphasis is placed on strategies that could be implemented within the primary care setting, as well as on identifying thresholds for specialty referral. A full-time

resource and referral coordinator triages consultation calls and provides tailored resources for patients. Referrals are matched based on insurance coverage, geographic location, and clinical need. The clinical director oversees the consulting CAPs and provides clinical leadership for the program.

PediPRN program utilizers include PPCPs (e.g., pediatricians, pediatric residents, nurse practitioners, and physician assistants) and any youth-serving professional licensed in Rhode Island. Eligibility criteria include Rhode Island licensed professionals agreeing to participate in consultations. Participation is voluntary, and no incentives are provided. No patients are directly enrolled in the program. Program utilization is tracked and monitored to assess engagement and feasibility.

Program coordination is managed by a core leadership team responsible for ensuring consistency and quality of psychiatric consultations. To promote consistency, CAPs meet monthly with program leadership to review and address any issues, and consultations follow a standardized protocol that includes case presentation, guided discussion, and summary recommendations.

Consultations are delivered in a telephone or videoconference format to maximize accessibility across clinical sites. In the case where the consult question cannot be answered over the phone due to the level of complexity, the PPCP is given the option to refer their patient for a one-time psychiatric evaluation with a PediPRN CAP.

Evaluation of consultations focuses on feasibility and perceived usefulness rather than patient-level clinical outcomes. Data sources include records of utilization and informal feedback from participating providers regarding satisfaction, perceived impact on clinical practice, and relevance to primary care mental health management. Formal outcome measures are not collected as part of this initial program description.

Pediatric mental health training opportunities are advertised via email blasts, local listservs, web-based marketing, and word of mouth. Topics are selected by PediPRN leadership and informed by recognized pediatric mental health competencies. Training enrollment is based on first-come, first-serve registration. Training sessions are conducted both in-person and via teleconference modalities. While there has been some variability in the modality, length, and topic areas of the training sessions, the majority of the cohorts have included at least 10 sessions covering different mental health topic areas. Each session is 1–1.5 hours long and includes didactics, case presentations, and interactive discussion. Presenters are identified as experts in the specific mental health area on which they present, and a moderator provides continuity across the sessions and facilitates discussions. Presentation materials and reference tools are also provided. In 2025, based on feedback from training participants regarding their training needs, PediPRN partnered with the Resource for Advancing Children's Health

(REACH) Institute to deliver their flagship training program: Patient Centered Mental Health in Primary Care course, a dynamic three-day, 16.5-hour interactive program, followed by eight biweekly, faculty-led case discussion sessions.

Evaluation of trainings focuses on program quality and satisfaction. Pre- and post- surveys are administered assessing knowledge and comfort with various aspects of mental health diagnosis and treatment, as well as satisfaction with components of education provided. Surveys do not include the collection of identifiable information and are voluntary.

RESULTS

From the program inception in 2016 through September 30, 2025, PediPRN has provided 3,173 consultations to 465 professionals. Compared to 2022, PediPRN utilization rates in 2025 have increased by 173%. Approximately 186 (74%) of the 253 identified pediatric practices in Rhode Island have utilized PediPRN services since the program's inception. The most common reasons for consultations in 2025 were mental health resources (58%), medication questions (42%), psychoeducation (27%), and treatment/level of care consultation (25%). In 2025 the most common diagnoses providers consulted PediPRN for were anxiety disorders (36%), ADHD (26%), depressive disorders (17%), behavior disorders (10%), and trauma/stress-related disorders (10%).

PediPRN has offered mental health training to local PPCPs since 2019. PediPRN has hosted five training cohorts and trained over 80 PPCPs. Overall satisfaction with the PediPRN training has been high. In the 2025 cohort, 100% of the participants rated the quality of the training as 5 out of 5. In the 2024 cohort, average session satisfaction was 9.4 out of 10 (ranging in from 7–10).

PPCPs have reported high satisfaction with the program. One participant stated, “PediPRN has been a great help to myself and my colleagues. I have used it to help with resources for patients, for facilitating care for patients...and for guidance regarding medication management.”

Another participant reported, “PediPRN has been an invaluable resource to us providers at [my practice]. We have utilized both the monthly meetings and the individual consult calls extensively over the past year. As the mental health crisis of children and teens is increasingly falling on pediatricians, PediPRN is helping us provide high level care to this vulnerable population. It is with their support and guidance that we are able to rise to the mental health needs of our patients.”

DISCUSSION

PediPRN has provided telephone consultation to youth-serving providers across the state since 2016, and has offered structured mental health training for pediatric primary care workforce development since 2019. Since inception, the

program has reached almost three-quarters (74%) of pediatric serving primary care practices in Rhode Island, and has delivered over 3,000 consultations, demonstrating substantial penetration and sustained utilization across the health-care system statewide. These findings suggest that a CPAP model can be successfully implemented and maintained in a geographically compact state while achieving broad engagement among community-based providers.

Consistent with national CPAP data, PediPRN functions largely as a capacity-building intervention. The volume of consultation and the breadth of practice participation suggest that pediatric primary care providers are using the program to support real-time clinical decision-making, particularly for the management of mild-to-moderate mental health conditions. This is aligned with the core tenets of the CPAP model, which seeks to extend the reach of a limited number of child and adolescent psychiatrists by equipping PPCPs with specialist support and education at the point of care.

PediPRN's impact has been evaluated in terms of provider experience and system-level support rather than patient-level clinical outcomes, similar to other CPAPs. While families ultimately benefit when mental health concerns are addressed in primary care, this program evaluation was not designed to measure symptom change or long-term clinical trajectories. Instead, the present findings support PediPRN's feasibility, acceptability, and sustained utilization—key prerequisites for any access model intended to operate at scale.

Several limitations warrant consideration. First, the evaluation relies largely on descriptive utilization data and provider-reported satisfaction and does not include objective measures of changes in prescribing patterns, referral behavior, or patient outcomes. Second, participation in both consultations and training was voluntary, introducing the possibility of selection bias toward more motivated or mental health-interested providers. Third, while reach across practices is high, the intensity and patterns of use likely vary substantially between sites and were not examined in this analysis.

Despite these limitations, this paper adds to the growing literature demonstrating that CPAPs can serve as a critical piece of pediatric mental health infrastructure. In a resource-constrained environment, models that emphasize consultation, education, and collaborative care offer a pragmatic and scalable strategy for extending specialty expertise into primary care settings.

As a grant-funded service, the long-term sustainability of this program is a critical priority. Other states' CPAPs have been successful with state appropriations, integrating into existing public mental health budgets, and collaboration with local universities. Continuing to evaluate cost-effectiveness and/or system-level value will be essential to supporting sustainability efforts.

Program expansion and scalability are another important

future direction. PediPRN has gradually scaled programming over the years to continue to meet the diverse needs of pediatric professionals statewide, including improving service delivery by building and maintaining a robust database of all the licensed mental health providers serving youth in Rhode Island, and increasing service capacity to conduct limited direct care services and address the needs of specific professionals (in academic settings or addressing early childhood mental health concerns). While the program currently fills critical gaps in mental health access, future work will continue to examine opportunities to broaden reach and meet the progressing needs of the state's mental health care system. Future evaluation efforts should focus on identifying factors that support successful implementation of services as well as examining changes in clinical practice patterns, referral trajectories, and economic impacts. It will also be important to examine patient-level outcomes to better characterize the program's downstream effect and support the program's integration into the broader mental health care system in Rhode Island. By embedding the program into the state mental health infrastructure, this initiative has the potential to serve as a durable model for addressing persistent gaps in mental health services and improving patient outcomes.

In summary, PediPRN demonstrates that a statewide child psychiatry access program can achieve broad adoption, sustained use, and high provider satisfaction while supporting the pediatric primary care workforce in the management of common mental health conditions. As states continue to grapple with rising pediatric mental health needs and persistent specialty workforce shortages, programs such as PediPRN represent a feasible and system-level approach to strengthening the mental health care continuum for children and adolescents.

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