

HPR III CRISIS RESPONSE & CHILD PSYCHIATRY GRANT SERVICES

PRESENTED BY:
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MOUNT ROGERS COMMUNITY SERVICES BOARD

Identified Needs

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- HPR III is comprised of 25 Counties and 9 Cities.
 - Approximately 252,000 youth live in these localities.
- There are ten Community Services Boards / Behavioral Health Authorities in HPR III and Mount Rogers Community Services Board is the lead board for the project.
 - Mount Rogers Community Services Board
 - Piedmont Community Services
 - Alleghany-Highlands Community Services Board
 - Planning District 1 Community Services
 - New River Valley Community Services
 - Blue Ridge Behavioral Health Authority
 - Highlands Community Services
 - Dickenson County Behavioral Health Authority
 - Danville-Pittsylvania Community Services
 - Cumberland Mountain Community Services Board

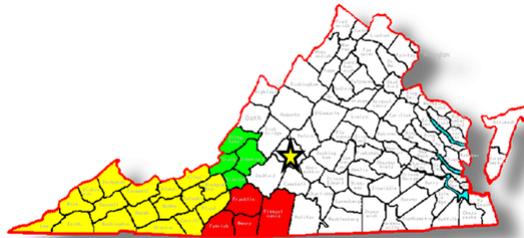
Identified Needs (cont'd)

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- Currently, these ten CSB/BHA's have a combined full time equivalent of 4.88 child psychiatrists available to serve approximately 14,000 youth.
- During FY12, none of the CSB/BHA's had an established youth-specific mobile crisis stabilization team or crisis stabilization unit.
- Many CSB/BHA's identified a need to increase the utilization of local primary care physicians as a means of addressing medication needs for youth due to the limited amount of child psychiatric time.

Identified Needs (cont'd)

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- The Commonwealth Center for Children and Adolescents (CCCA) is the closest state operated option available for youth in need of hospitalization.
 - In FY12, HPR III required a little over 22% of CCCA's total bed days.
 - Some youth experienced travel times of up to 5 hours, making family visitation and therapy very challenging.
 - Those youth who required law enforcement transportation experienced these long rides in the back of a police car.

Identified Needs (cont'd)

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- Private psychiatric facilities are often utilized in lieu of CCCA.
 - There are only 2 Child & Adolescent units in HPR III.
 - They are limited by bed space with a combined total of 28 beds.
 - Both are located in the upper end of the region, still subjecting many youth and families to lengthy transport times.

Addressing the Needs

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Increase Child Psychiatric Availability

- Offer rapid access to child psychiatrists via telemedicine services
- Provide consultation services to pediatricians and primary care physicians to assist in their abilities to address psychiatric needs

Increase Youth-Specific Crisis Services

- Add youth-specific crisis intervention staff
- Provide training to assist in addressing youth crisis situations

HPR III was awarded \$318,385 in FY13 and \$437,116 in FY14 to implement the above goals.

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Increasing Child Psychiatric Availability

A Clinical Services Coordinator was appointed to serve as project lead to provide training and to establish a primary point of contact for data collection.

The Clinical Services Coordinator met with representatives of each CSB/BHA to confirm agency-specific needs and begin to identify primary care practices that may participate.

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Increasing Child Psychiatric Availability (Cont'd)

- All CSB/BHA's either had telemedicine equipment in place or were in the process of establishing access.
- Many CSB/BHA's could identify local primary care physicians who were active partners in treating youth in their communities, but they desired more access to psychiatric consultation.
- All CSB/BHA's agreed that utilizing primary care providers would significantly enhance the continuum of care needed to support children in their home communities.

Increasing Child Psychiatric Availability (Cont'd)

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Telemedicine & Consultation Services

- The University of Virginia's Department of Psychiatry and Neurobehavioral Sciences was contracted to provide telemedicine and consultation services.
- Contract negotiations were completed April 2013.
- All of the UVA Child & Adolescent Fellows and Attending Physicians were trained in using the electronic health record hosted by Mount Rogers CSB and oriented to the goals and process of the grant services.
- With all this completed, services began May 2nd.

Current Numbers

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Telemedicine Services

- 51 telemedicine services were completed. 36 were assessments and 15 were medication follow-ups.
- 21 appointments were scheduled, but not kept.
- 30 children were successfully transferred back to a local provider for on-going treatment.
- All urgent appointments were scheduled within the week in which they were requested, often within 48 hours.

Consultation Services

- 21 CSB/BHA's and private medical practices have been enrolled in the program.
- Consultations have consisted of both case presentations and general education about diagnoses and treatment.
- Feedback from physicians has been that it has helped in strengthening knowledge and skills in the area of behavioral health.

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Increase Youth-Specific Crisis Services

The grant allowed funding to provide youth-specific crisis staff to the following CSB's:

- Mount Rogers Community Services Board
- New River Valley Community Services
- Highlands Community Services

Each of the three awarded CSB's added youth-specific staff, utilizing them in ways to meet their unique needs.

Funding was approved to offer youth-specific crisis intervention training to staff throughout Region III.

Mount Rogers Community Services Board

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- Hired a Program Manager to provide assessment, treatment, and supervision of crisis services.
- Developed the Positive Alternatives To Hospitalization (PATH) program, which provides Crisis Intervention and Crisis Stabilization services to youth experiencing crises.
- Crisis Intervention has been utilized as a means of quick entry into counseling services and Emergency Services pre-screener are able to schedule these youth as the need arises, often resulting in a counseling appointment within 24 hours of the crisis event.
- Crisis Stabilization offers both non-center based and center-based interventions. Youth may participate in family counseling in their homes, receive assistance in addressing medical issues that may be contributing to poor behavioral health, and join in group psychoeducation.

MRCSB Outcomes

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- Twenty-one youth have received Crisis Intervention services. Only two of these have required hospitalization subsequent to receiving services.
- Thirteen youth have been admitted to Crisis Stabilization services. Of those youth who received these services, none required hospitalization.

New River Valley Community Services

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- Hired an Integrated Healthcare Liaison to collaborate between the crisis team and local pediatric offices.
- Behavioral Health Consultation is integral to this position, which allows for more accurate assessment of behavioral health concerns. The consultation takes into account the medical, psychiatric, and psychosocial aspects of youth. As needs are better assessed, so is the ability to coordinate efforts among the team of professionals providing treatment.
- This team approach promotes the use of community-based services when a child is in crisis, rather than a routine response of requesting a pre-screening evaluation through the Board's Emergency Services system.

NRVCS Outcomes

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- Seventy-five children have received Integrated Healthcare Liaison services.
- Only two of these children required hospitalization.
- The success of the program has resulted in growth from initial collaboration with only one pediatric office to working with three pediatric offices and three local Health Departments.

Highlands Community Services

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- Hired a Youth Crisis Specialist to provide direct services to youth in crisis.
- The Youth Crisis Specialist also assists in facilitating telemedicine appointments and acts as a liaison with local providers in an effort to transition stabilized youth to local providers for continued care.
- The Youth Crisis Specialist also provides consultation with referral sources in an effort to direct them to an appropriate level of service should it be determined that crisis intervention services are not necessary.

HCS Outcomes

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- Eighty-three youth have received Crisis Intervention services.
- This service has resulted in a significant decrease in youth who were hospitalized.
- HCS is currently exploring the possibility of developing a Crisis Stabilization service.

Where We Go From Here . . .

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- FY13 CCCA bed day numbers reflect HPR III utilization at a rate of 16%. This is a 6% decrease of use, with only 3 CSB's receiving funding to add staff.
- Continued funding of telemedicine services for HPR III will further increase the ability to intervene quickly in critical/urgent situations and to maximize resources through coordination of local primary care physicians.
- Funding for all 10 CSB/BHA's to hire youth-specific crisis staff would allow them to add more Crisis Stabilization and/or Crisis Intervention services.

And Here . . .

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- Continued funding for CSB/BHA's to develop youth-specific crisis services:
 - allows a child to remain in his/her community for treatment, utilizing local professionals and
 - provides treatment teams with the opportunity to more easily access local professionals in addressing needs
 - enhances a System of Care that has historically had few options when youth experience crisis

Not only do these services dramatically enhance the experiences of youth and families, they move us closer to best practice models that emphasize quality care while decreasing costly inpatient and residential care.