

# **Pediatric and Adolescent Behavioral Health Urgent Care: Pilot Program with School Districts**

December 2019



## Child Psychiatry Access

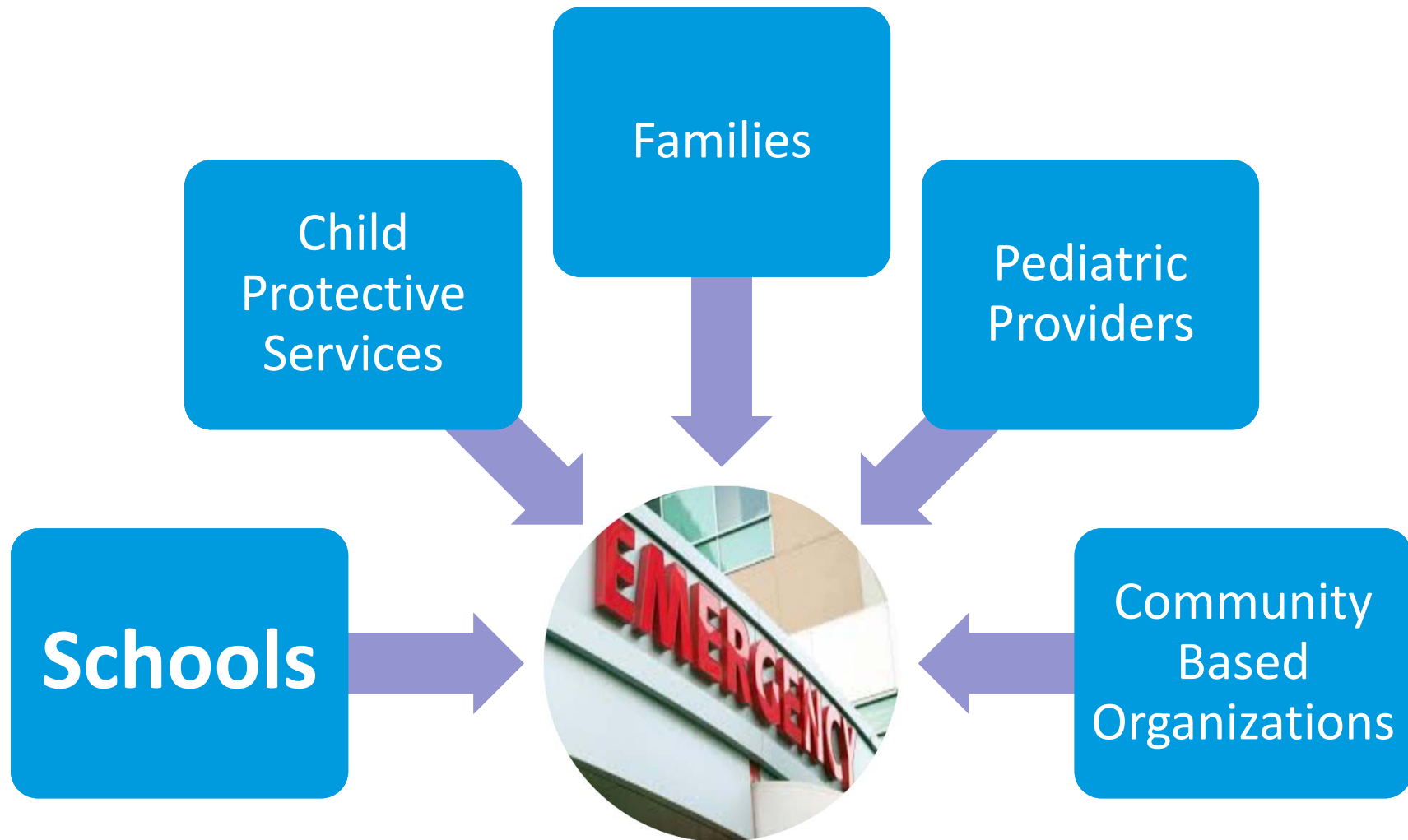
**1 in 5** children suffer from mental health issues and **suicide is second leading cause of death** ages 10-24

Access to mental health services improved

Child and Adolescent Psychiatry Access remains a challenge  
(additional 4-6 weeks after intake)

In the absence of timely access to experts, patients still end up in emergency rooms despite being engaged in outpatient care

## “All Roads Lead to the Emergency Room”



## Other existing models

	Emergency Room	School Consultation	School based MH	Integrated primary care	Walk in Clinics	Behavioral Health Urgent Care
Same day access to counselor	+	+/-	+	+	+	+
Specialty CAP Assessment	+/-	+	+	+	-	+
Same day access to MD	+	-	-	-	-	+
Engagement	-	+	+	+	+	+
Care Coordination	+/-	-	-	+	-	+
Aftercare	-	-	+	-	+	+
Prescribing	+/-	-	-	+/-	-	+

# The Urgent Care Model

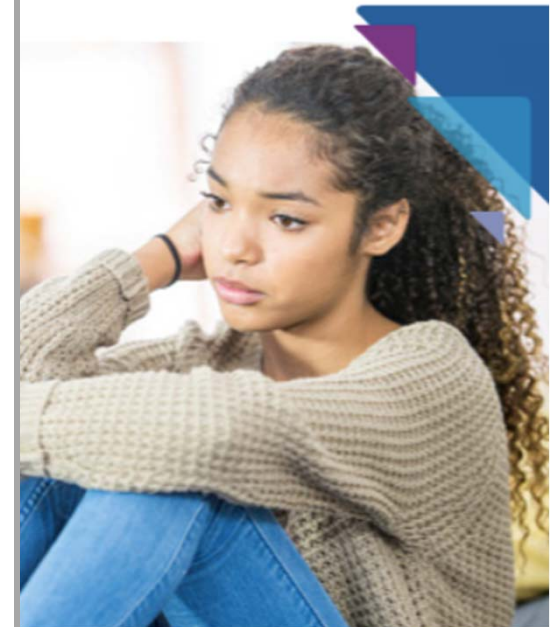
**Access**

**Engagement**

**Specialty Assessment**

**Coordination**

**Aftercare**



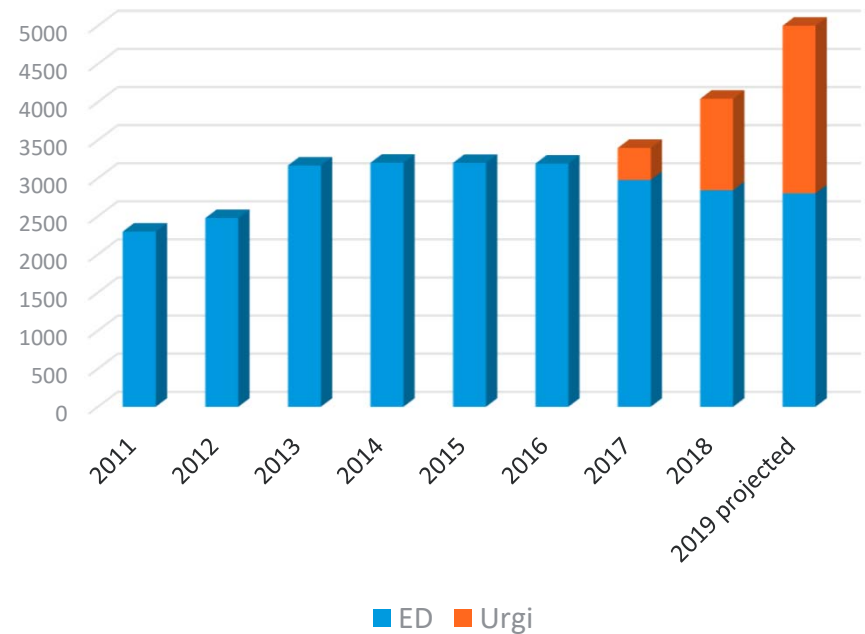
# Initial Findings CCMC BH Urgent Care DSRIP funded Pilot

5/2017-11/2019

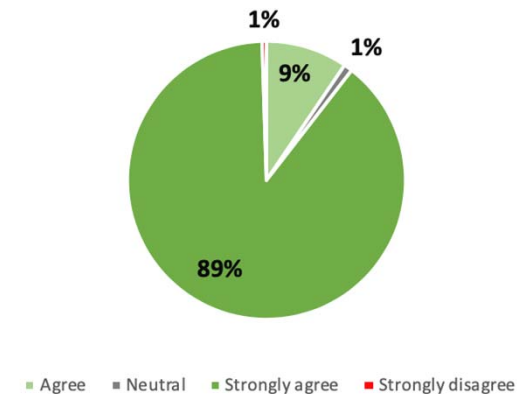
Total volume 3300

- **40 % of referrals from schools**, followed by **home** (32%) and **pediatrics** (8%)
- Most common diagnoses were **adjustment disorder** (32%), **depression** (23%), and **anxiety** (21%)
- **Decrease inpatient admissions and boarding** in the Emergency Department
- **96% of patients discharged** from ambulatory service- no need for ED or hospital utilization
- **78% received referrals to new care**, 19% back to existing care, 3% did not require new care
- Patient surveys - **98% family satisfaction** rate
- **High satisfaction** from school staff and administrators
- Community partnerships with CBO's, schools, pediatricians

BH Crisis Volume



I would recommend this service to others



# Pediatric Service Line: Integrated Primary Care

Mental Health Provider embedded in Primary Care Pediatric Office, supervised by remote child psychiatrist

Screening and assessments

Time-limited, evidence-based psychotherapy as appropriate

Care coordination and referral management

Funding fee for service billing by SW



# Community BH Urgent Care Pilot: Proposal

## Hours of Operation

- Monday – Friday 9-5p

## Collaborative Strategy

- **ACCESS** to student crisis intervention services and child and adolescent psychiatrist as well as care coordination.
- **COLLABORATIVE MODEL** Consultative clinical support, speaker engagements, programmatic/curriculum insight, on-site crisis intervention if needed (ie: onsite counseling, support groups, “Code Lavender”).

## Staffing

- Part-time Board Certified Child Psychiatrist
- Full-time Licensed Mental Health Counselor
- Part-time Pediatric Engagement Specialist
- Full-time Front Desk/Administrative support.

## Cost

- Dependent upon the number of districts

# Community Embedded Behavioral Health Urgent Care:

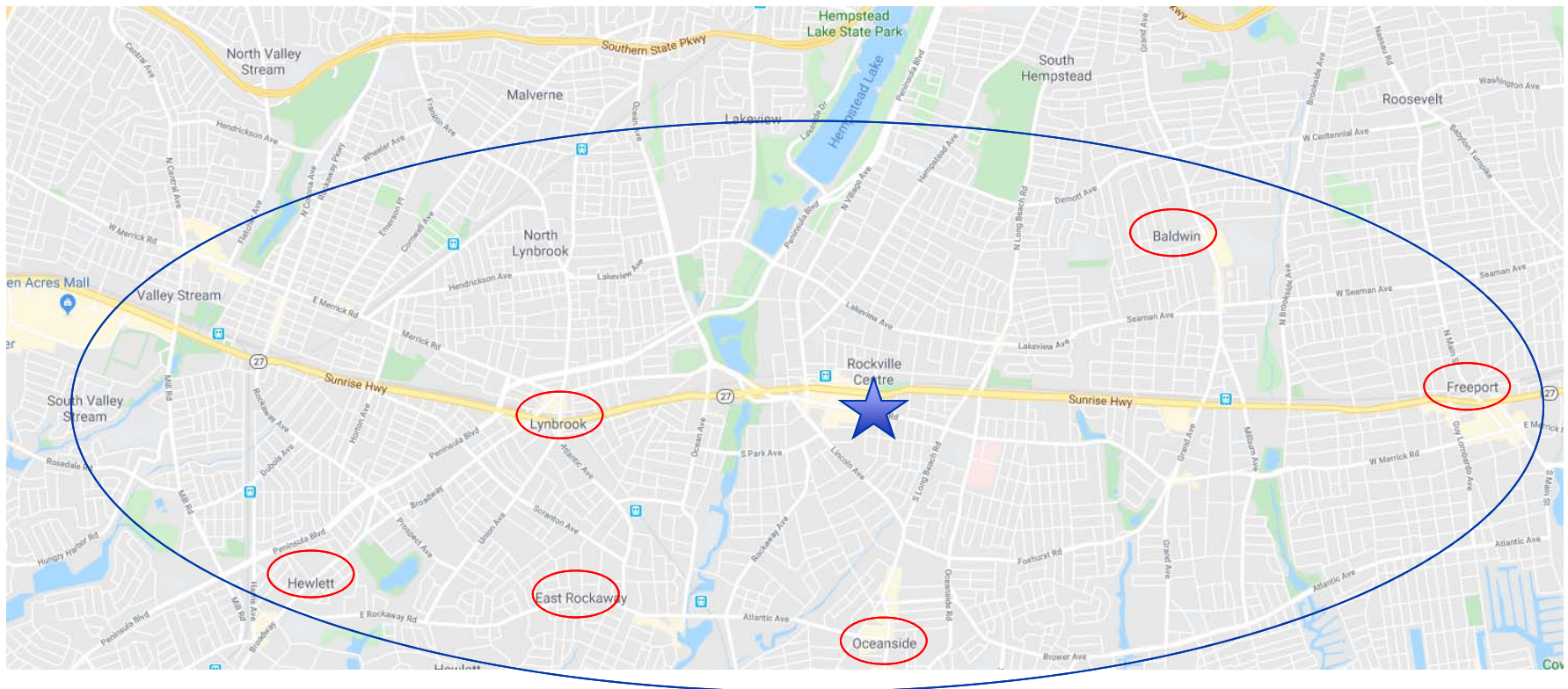
**Location:** 100 Merrick Road, Rockville Centre NY

**Hours:** Monday- Friday 9-5p

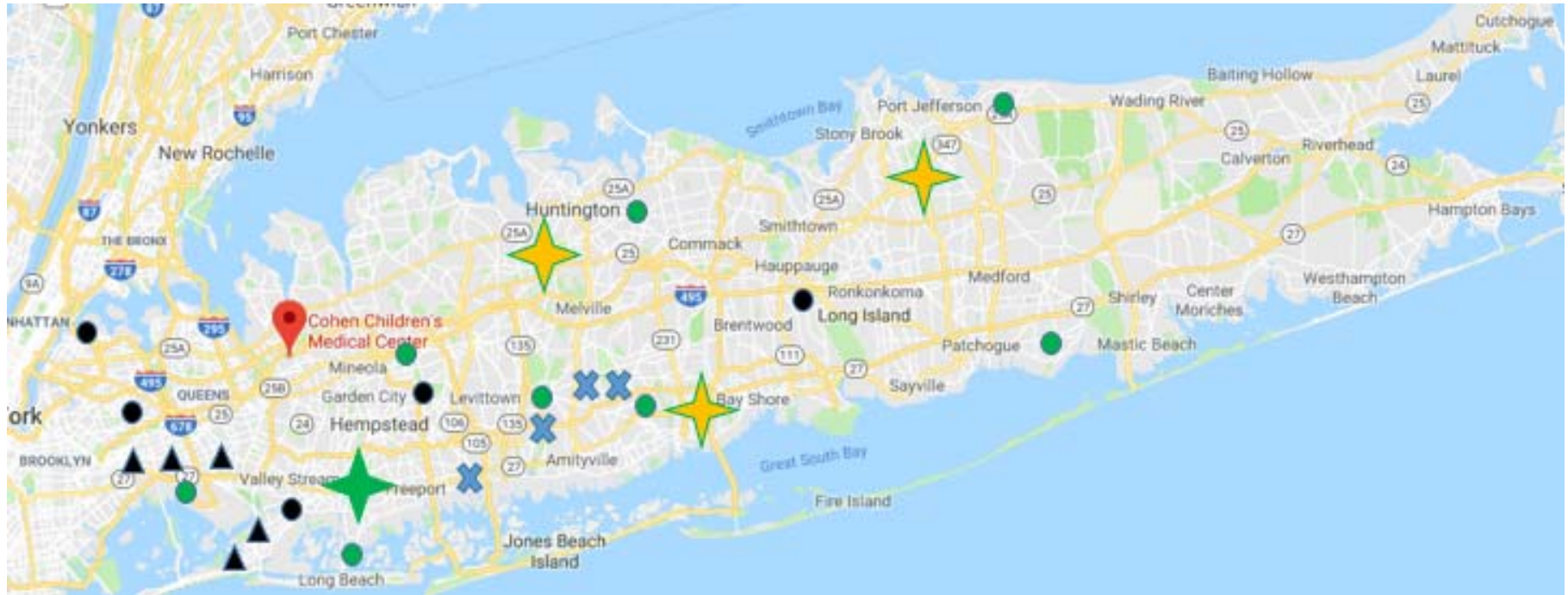
**Ages:** 5 and up- as long as district students





**Insurance:** All major plans accepted

**Referral Criteria:** Subacute crisis (i.e. safety concern, significant functional impairment) absent recent suicide attempt, agitation, intoxication, or need for medical intervention



# What's the future?



-  School Based Health Center – State and City Funded
-  Integrated Primary Care – DSRIP funded, future fee for service model planned
-  Community Embedded Behavioral Health Center – Mostly school funded, slight fee for service.
-  SOH School Contract Program – 100% School funded