A Road Map for Mental Health Services:
The Current State

Lack of Support

Based on a survey of 17 Richmond based Pediatric Primary Care Providers (PCPs):

➤ Report feeling unable to support their patients with psychiatric issues
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- Many are prescribing psychotropic medication for their patients
The Current State

Lack of Support

Based on a survey of 17 Richmond based Pediatric Primary Care Providers (PCPs):

- Report feeling unable to support their patients with psychiatric issues
- Many are prescribing psychotropic medication for their patients
- They have limited support for families attempting to access mental health services
For PCPs and Families:

➤ There is a lack of knowledge about

- Mental health issues
- Services
- Resources
The Current State
Barriers to Access

It is difficult for PCPs and Families to:
It is difficult for PCPs and Families to:
• Locate an appropriate provider
It is difficult for PCPs and Families to:

- Locate an appropriate provider
- Locate an appropriate provider that is accepting new patients
It is difficult for PCPs and Families to:

- Locate an appropriate provider
- Locate an appropriate provider that is accepting new patients
- Locate an appropriate provider that is accepting new patients AND is paneled in the family’s specific insurance
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- Locate an appropriate provider that is accepting new patients
- Locate an appropriate provider that is accepting new patients AND is paneled in the family’s specific insurance
- Locate an appropriate provider that is accepting new patients AND is paneled in the family’s specific insurance AND does not have a waiting list for services
An optimal system would:

- **Help** develop a road map of information, resources and services *with* families
An optimal system would:

- **Help** develop a road map of information, resources and services *with* families

- **Educate** families about the information, resources and services
An optimal system would:

- **Help** develop a road map of information, resources and services *with* families

- **Educate** families about the information, resources and services

- **Offer support and guidance** through each stop on their road map
An ideal system would:

- Provide the information and resources necessary to:
The Desired State

‘No Wrong Door’ for Families

An ideal system would:

- Provide the information and resources necessary to:
  - Access needed services in a timely manner
An ideal system would:

- Provide the information and resources necessary to:
  - Access needed services in a timely manner
  - Screen and treat mental health issues within the family’s natural supports and community (when clinically appropriate)
An ideal system would:

- Provide the information and resources in a manner that:
The Desired State

Information Clearing House

An ideal system would:

- Provide the information and resources in a manner that:
  - Reduces fragmentation of service delivery systems
An ideal system would:

- Provide the information and resources in a manner that:
  - Reduces fragmentation of service delivery systems
  - Creates a culture of collaboration
An ideal system would:

- Provide the information and resources in a manner that:
  - Reduces fragmentation of service delivery systems
  - Creates a culture of collaboration
  - Increases information needed to integrate child psychiatry into primary care and school settings
Who we are
The Children’s Mental Health Resource Center (CMHRC) was formed through a collaboration of 14 stakeholders in the Richmond area to
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  - **Integrate** mental health screening and treatment into pediatric primary care settings
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- **Assist** families with accessing those resources and services
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- **Assist** families with accessing those resources
- **Develop** a list of quality providers
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  - **Educate** families about resources and service available in the community
  - **Assist** families with accessing those resources
  - **Develop** a list of quality providers
  - **Shift** the culture of working in silos to increased collaboration
What we’re doing

‘GPS’ for Families

- Employing parents as “Family Navigators”
What we’re doing

‘GPS’ for Families

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- Family Navigators offer emotional and practical support for parents just entering the system, in need of additional services, or seeking support in their journey
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‘GPS’ for Families

- Employing parents as “Family Navigators”
  - Family Navigators offer emotional and practical support for parents just entering the system, in need of additional services, or seeking support in their journey
  - Family Navigators are trained to understand what questions to ask, what services are available, and how to access those services
What we’re doing

‘GPS’ for Families

- Employing parents as “Family Navigators”

- Parent Support
  - Explain processes and attend IEP, FAPT, MDT, etc., meetings with families
  - Participate in MDT meetings in the Juvenile Justice System for Richmond City
  - Facilitate a parent support group
  - Collaborate with school systems
What we’re doing
‘GPS’ for Families

- Employing parents as “Family Navigators”

- Parent Education
  - Curriculum provided by NAMI
    - Advanced Parent Leadership Training
    - NAMI Basics
    - Parents and Teachers as Allies
    - Ending the Silence
What we’re doing

‘No Wrong Door’ for Families

We are supporting PCP’s by offering:

- Trainings on mental health issues
What we’re doing

‘No Wrong Door’ for Families

We are supporting PCP’s by offering:

• Trainings on mental health issues
• Child Psychiatry phone consultations
What we’re doing

‘No Wrong Door’ for Families

We are supporting PCP’s by offering:

- Trainings on mental health issues
- Child Psychiatry phone consultations
- Screening tools for mental health symptoms
We are developing an **information clearinghouse** through our:

- Website (mentalhealth4kids.org)
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- On-site library
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- Provider and resource database
What we’re doing

We are developing an **information clearinghouse** through our:

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- Email blasts with information about trainings, new resources and/or information in relevant topics
What we’re doing

FEEDBACK REQUESTED!

• Comments/suggestions regarding the website
• How can we improve resources for YOU?
How we’re doing

So, **how** are we doing?
Since July 2014 we have:

- Provided “navigation” services for over 1,000 families and providers
How we’re doing

‘GPS’ for Families

Since July 2014 we have:

- Provided “navigation” services for over 1,000 families and providers
- Employed 3 Family Navigators and 2 Youth Navigators
How we’re doing

‘GPS’ for Families

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- Recruited and trained 13 social work interns
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- Employed 3 Family Navigators and 2 Youth Navigators
- Recruited and trained 13 social work interns
- Recruited 4 social work interns for summer 2015
How we’re doing

‘No Wrong Door’ for Families

We developed and piloted an “Access Clinic” model for treatment
How we’re doing

‘No Wrong Door’ for Families

We developed and piloted an “Access Clinic” model for treatment

• Families referred by their PCP were seen by a child psychiatrist
  • for 1-3 sessions to assess:
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    - appropriateness of management by their PCP
We developed and piloted an “Access Clinic” model for treatment

- Families referred by their PCP were seen by a child psychiatrist
  - for 1-3 sessions to assess:
    - appropriateness of management by their PCP
    - need for long-term psychiatry, other services and/or resources
How we’re doing
‘No Wrong Door’ for Families

Access Clinic Outcomes:

- **900** referrals from Pediatricians
How we’re doing

‘No Wrong Door’ for Families

Access Clinic Outcomes:

- **900** referrals from Pediatricians
- **1000** psychiatry appointments
How we’re doing ‘No Wrong Door’ for Families

Access Clinic Outcomes:

- 900 referrals from Pediatricians
- 1000 psychiatry appointments
- 400 children
How we’re doing ‘No Wrong Door’ for Families

Access Clinic Outcomes:

- **900** referrals from Pediatricians
- **1000** psychiatry appointments
- **400** children
- **71%** were returned to their PCP for ongoing medication management
How we’re doing ‘No Wrong Door’ for Families

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- **80%** experienced improved functioning
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- **1000** psychiatry appointments
- **400** children
- **71%** were returned to their PCP for ongoing medication management
- **80%** experienced improved functioning
- **15 days** was our average wait time
Issues with capacity:

- When access was opened up to a wider range of PCPs
- Wait times increased from an average of 15 days to 37 days
Our Challenges

Capacity

Issues with capacity:

➢ When access was opened up to a wider range of PCPs

- Wait times increased from an average of 15 days to 37 days
- No show rates increased from an average of 15% to 30%
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- When access was opened up to a wider range of PCPs
  - Wait times increased from an average of 15 days to 37 days
  - No show rates increased from an average of 15% to 30%

- If our child psychiatrist was out ill or on vacation, clinics did not occur
Multiple funders:

- Varying values and reporting requirements
  - However, this allows flexibility to replace lost funding from one source with another
Our Challenges

Funding

This year’s focus:

➢ Increasing sustainability
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- Increasing sustainability
  - Contracts
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- Increasing sustainability
  - Contracts
  - Reimbursements from previously non-billable services (Family Navigation and phone consultations)
Our Challenges

This year’s focus:

➤ Increasing sustainability

- Contracts
- Reimbursements from previously non-billable services (Family Navigation and phone consultations)
- Support of people in the community who believe in what we’re doing

Funding
Websites for Mental Health Resources

‘GPS’ for Families

• Current Medicaid members
  MagellanofVirginia.com

• Families with private insurance
  Individual provider

• For either/or
  SAMHSA.gov
Websites for Mental Health Resources

www.samhsa.gov
Websites for Mental Health Resources
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Thank You!
Questions, Comments, Suggestions?

(804) 447-2124
mentalhealth4kids.org