

# Navigating Care Options CABS Conference 2024

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## Goals

Identify acute crisis
resources,
intermediary care
options bridging
gaps between
inpatient/outpatient
options (PHP/IOP),
mobile communitybased mental health
resources

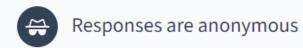


Understand
utilization of
community
resources/lower
levels of care in
prevention of
inpatient
hospitalization



Identify barriers to
utilization of
community
resources
(Transitioning from
child/adolescent
services for young
adults, insurance,
transportation)

# What comes to mind for you when you think about Navigating Care Options?



When poll is active respond at PollEv.com/ekolk146



### Identifying Level of Care

Collaborative decision making with patient and family

Level of Acuity

- "Dosage"
- Severity of symptoms
- Degree of functional impairment
- Safety to self and others

Goals of Treatment

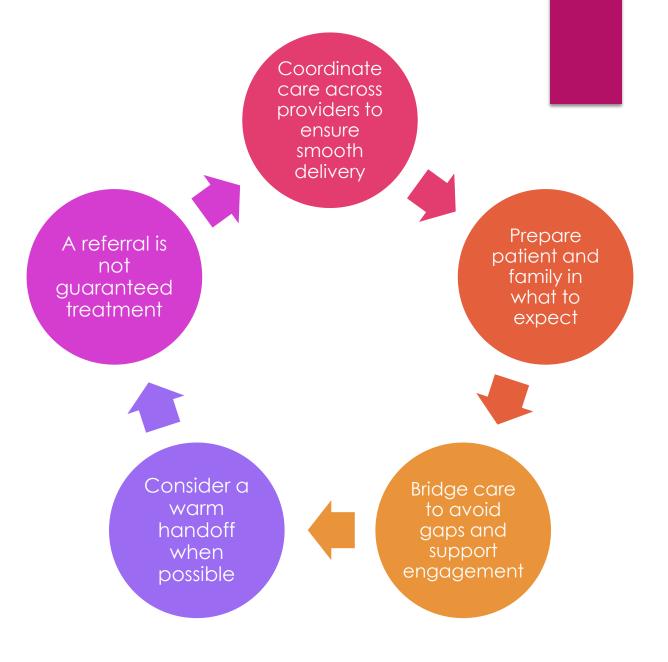
- Primary treatment, evaluation or supplemental support
- Diagnosis or symptom based
- Domain where problems are occurring

Access and Availability

- Delivery
- Age
- Insurance coverage
- Transportation

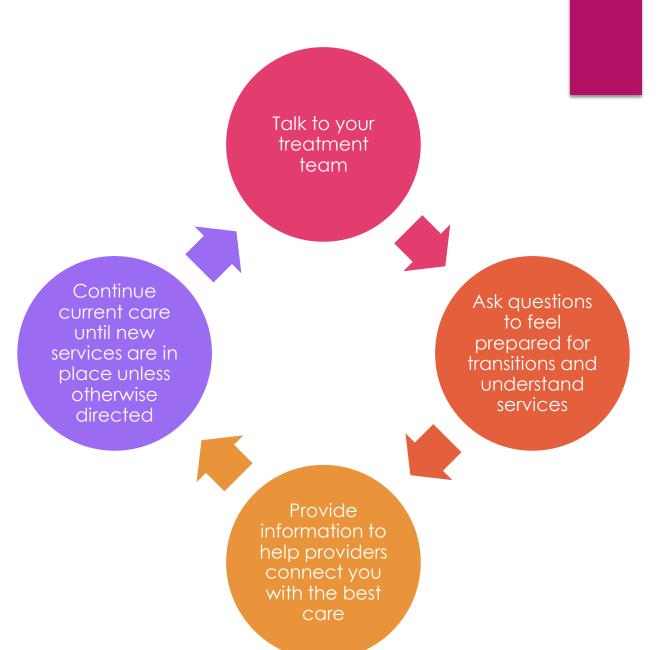
# Bridging Care For providers





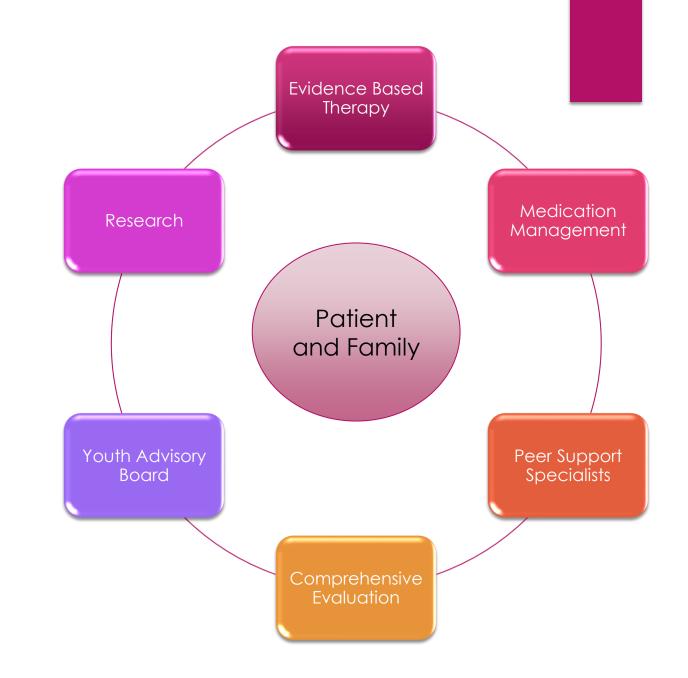
# Bridging Care For Patients and Families





# Child and Adolescent Bipolar Spectrum Services

- Multi-disciplinary integrated clinical and research clinic serving children, teens, young adults and their families
- Individual, group and family therapy
- Team approach to treatment



#### LEVELS OF CARE IN BEHAVIORAL HEALTH

# Highest: most restrictive, most intensive

- Residential Treatment Facility
- Inpatient Hospitalization
- Partial Hospitalization

# Intermediate: more intensive

- School Based Mental Health Provider/Services
- Family Based Mental Health
- Wrap around services (IBHS, MST)
- Intensive Outpatient Programs (IOP)

# Lowest: least restrictive, least intensive

- Primary Care Physician
- Outpatient Mental Health Provider
- Case Management Services

# Highest level of care

- Residential treatment facility
- Inpatient hospitalization
- Partial hospitalization (PHP)

# Intermediate level of care

- School Based Mental Health Provider/Services
- Family Based Mental Health
- Wrap around services (IBHS, MST)
- Intensive outpatient programs (IOP)

# Lowest level of care

- Primary Care Physician
- Outpatient Mental Health Provider
- Case Management Service

# Residential treatment facilities

RTF is an exceptionally high level of care indicated by a high level of impairment in less restrictive environments

Out-of-home placements can last anywhere from 3-12+ months

Residents live and attend school on campus and follow highly structured schedules involving individual, group and family therapy.

Residents are followed by a treatment team including psychiatrists, nurses, therapists, educators and milieu staff.

## Psychiatric Emergency Services

PSYCHIATRIC EMERGENCY
SERVICES (PES) AT WPH PROVIDES
EMERGENCY AND CRISIS INTERVENTION
SERVICES TO PEOPLE OF ALL AGES 24
HOURS A DAY, INCLUDING:

Psychiatric emergency and substance abuse evaluations

Referral to outpatient providers

Facilitation of inpatient admissions

### Inpatient Hospitalization



Most restrictive level of care, used when individuals are at imminent risk of harm to themselves or others, or unable to care for themselves.



Discharge planning starts first day of admission



Benefits of inpatient hospitalization

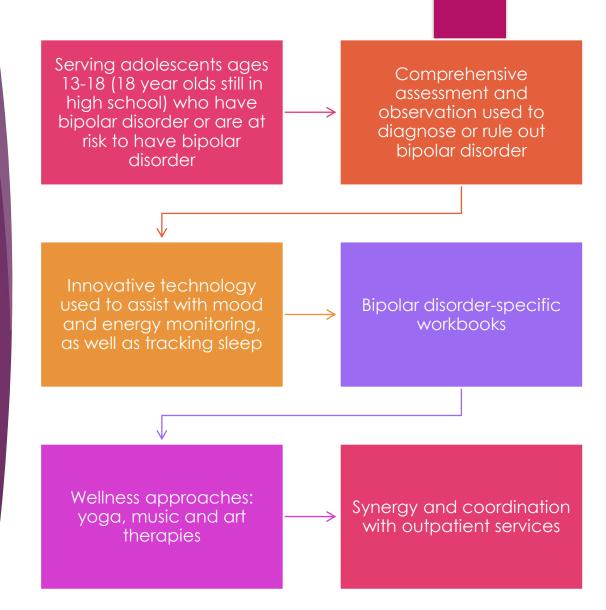
24/7 supervision in a locked facility by clinical and nursing staff.

More aggressive titration/monitoring of medications

Daily check-ins with psychiatry

Group therapy offered multiple times/day

### Acute Hospitalization: The "IN-CABS" Program at WPH



## Voluntary 201 Commitment status

### Voluntary 201

- A person who is 14 years old or older (or the guardian of a child under age 14), signs a 201 commitment for voluntary admission to inpatient mental health services.
- Person may sign self out prior to MD release, but must give 72 hour written notice (can be rescinded at any time)
- A child 14 and older can sign in to receive treatment even if the legal guardian/parent does not agree
- A legal guardian/parent can sign in for the child (under age 18) even if the child does not agree

<u>Common presentations:</u> Depression, suicidal/homicidal, self-harm, aggression, inability to care for self, psychosis

### Involuntary 302 Commitment

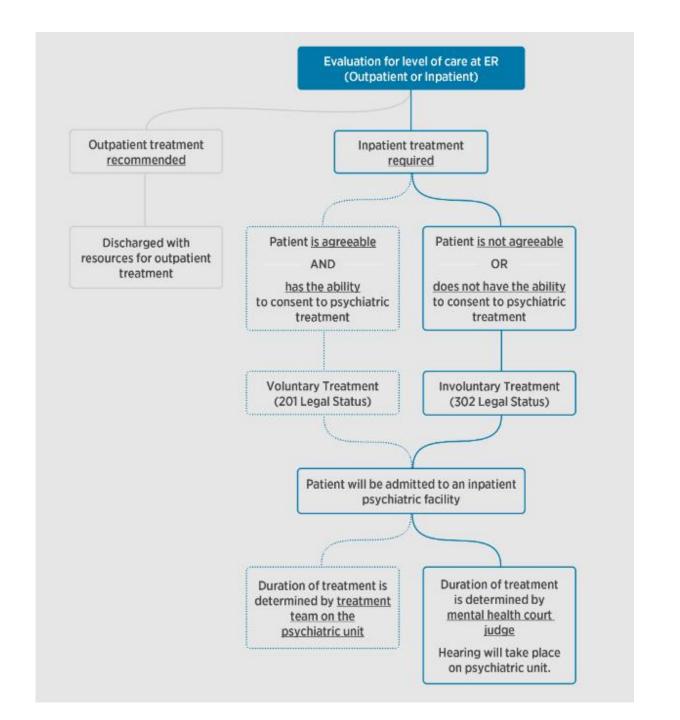
Petitioned to a county mental health delegate by someone who has first-hand knowledge of a person who is dangerous to him/herself or others or unable to take care of self.

If the 302 is upheld in ER, the person is admitted to the hospital for up to five days.

Within that five days, one of three things can happen:

- Voluntary 201
- Discharge
- Petition for extended involuntary stay

**303/304 (Involuntary Admission):** This is an extension of a 302 commitment.



## Partial Hospitalization Program



A "step-down" from inpatient hospitalization; PHPs are "day programs" and typically offer:



Thorough assessment, intensive behavioral management and comprehensive therapy (group, family, individual) implemented on a 5 day per week schedule.



Medication management by psychiatrists and nursing staff on site daily.



Length of stay: 4-6 weeks



Goal: Clarify diagnosis, stabilize symptoms, develop long term treatment plans.

#### LEVELS OF CARE IN BEHAVIORAL HEALTH

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Therapists offering structural family therapy Case Sessions with management individual child and referrals Family-Based Mental Health Services (FBMHS) is a community-based service provided in an individual's home which seeks to involve the family as a whole in the treatment process. Sessions with 24/7 crisis family services members

## Intensive Behavioral Health Services

Functional impairment evident across environments.

Needs cannot be met adequately in an outpatient setting.

Must be prescribed by an individual with a qualifying license

Team of professionals

Consultation with the child's family/friends, educational supports, and other

### School-Based Services



School based therapists meet with individuals in the school setting, typically once per week for therapy and support.



Goal: To meet a child's needs in their school environment, lowering the risk for need for partial hospitalization or approved private school.

## Intensive Outpatient

### Child, adolescent and Transition Age Adult – ages 13-22

9 hours per week – three days/week, 3 hour long visits

#### Exclusions:

- Primary Diagnosis of Substance abuse or conduct disorder
- Aggressive behavior across multiple settings home, school, community
- Intellectual Disability

#### Involves:

- Group skills training and peer support
- Weekly individual therapy and medication management
- Focused, need-specific treatment (examples: OCD IOP, STAR IOP, SUD IOP)

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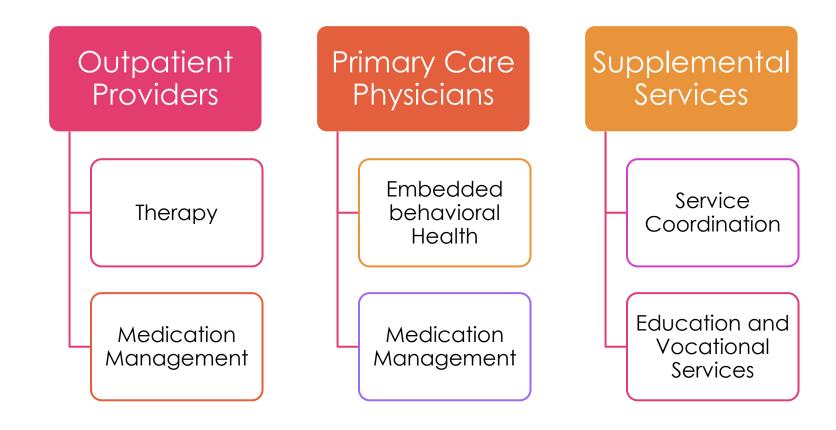
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# Lowest: least restrictive, least intensive

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## Lowest: Least Restrictive/Intense Level of Care



### Outpatient Behavioral Health

- Individual therapy
  - weekly, biweekly, monthly
- Family therapy
- Groups
- Medication Management
- In office
- Telehealth

- Community or Non-Profit Agencies
- Hospital Systems
- Private or Group Practices
- College Counseling Centers
- Spiritual or Religious Counseling Centers
- Embedded in medical hospitals or Primary Care



## Primary Care Physician Role

### Primary Care Physicians

- May provide psychiatric medication management for certain disorders
- Continue to be an integral part of the treatment team even if medication management is taken over by a psychiatrist

### Telephonic Psychiatric Consultation Service (TiPS)

- Psychiatric consultation for PCPs
- Referral to a therapist or coordinator to facilitate behavioral health services

### Behavioral Health professionals embedded in Primary Care Settings

Children's Community Pediatrics

### Supplemental Services & Supports

Service Coordination

Administrative or Blended level of care

Assessment & service planning

Link and coordinate care

Monitor and advocate

Childrens Behavioral Health Walk-in Clinic (noncrisis)

Behavioral Health assessment

One-time therapeutic interventions

Coordinate Care with team and school

Provide Referrals

Educational & Vocational Support

504 & Individualized Education Plans:

Emotional, behavioral and academic support at school

Office of Vocational Rehabilitation (OVR)

Counseling, training, placement assistance, assistive technology and other supports **Outpatient Groups** 

Bipolar Psychoeducation and Support Group (CABS)

Transition Age Youth (STAR)

College ADHD (CCF)



# Crisis Services

- Every patient should have a safety plan that their people are familiar with and that includes crisis services
- Ideally developed with treatment team and family/supports input
- If you do not have one...

  Mysafetyplan.org

**Resolve** 1-888-796-8226

Lifeline 988

Crisis text line: "home" to 741-741

**Trevor Lifeline** (LGBTQ+ youth) 1-8669-488-7386, text "START" to 678-678 or chat online at TrevorChat

**Trans Lifeline:** Peer Support run by and for trans people at 877-565-8860 (10a-4a)

**Veteran Crisis Line** 1-800-273-8255 or 988 +1

**County Specific** 



## Crisis Services

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#### Resolve

- Call, walk in, mobile and residential crisis services
- CACTIS
  - Specific for child/adolescent population
  - Phone, mobile and scheduled visits
  - Assigned teams

#### WPH/PES

- Psychiatric emergency room
- Evaluation to facilitate admission or referral to other services

Nearest emergency room or 911

## Peer Support

- Embedded Peer Specialists
- Peer Support and Advocacy Network
  - Warmline 1-866-661-WARM (9276)
  - Certified Peer Specialists
- National Alliance for Mental Health
  - ▶ Teen & Young Adult Helpline
  - Support Groups: Nami Connection & Family Support Groups
  - Helpline
  - Resource Directories



# Connecting to Resources



#### Start with your current connections

- Treatment team
- PCP/Medical Team
- School District

#### Call

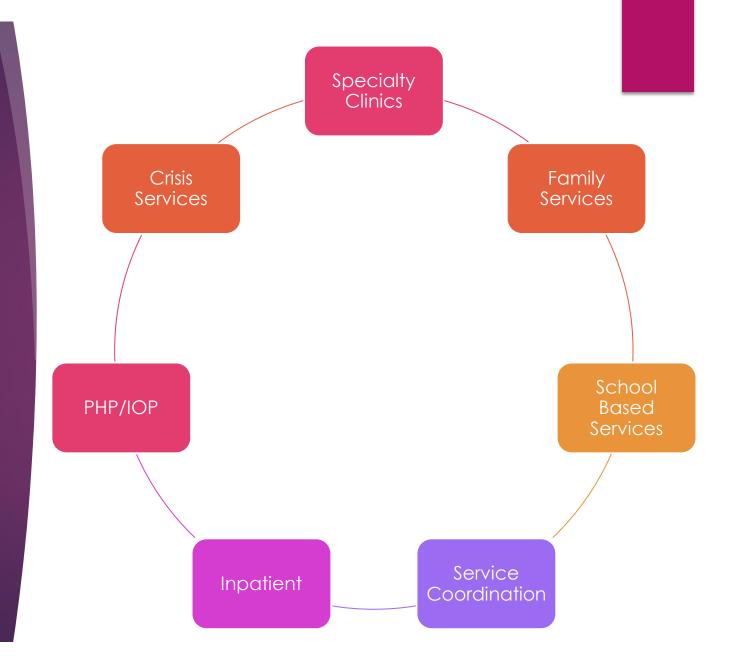
- 211
- UPMC Behavioral Health Central Intake
- Insurance Provider
- SAMHSA's National Helpline
- Disaster Distress Hotline

#### Online

- Findtreatment.gov
- Findsupport.gov
- Nami.org

# Western Behavioral Health System

- A collection of treatment programs available to meet a variety of needs
- Many clinics provide multiple levels of care and treatments



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## Community Providers

### Hospital Systems

- Children's Hospital
  - Embedded behavioral health
  - Outpatient programming
- Southwood
  - Inpatient, RTF, Family Based
- Allegheny General Hospital
  - Center for Traumatic Stress
- St. Clair Hospital
- The Veteran's Administration
- Heritage Valley
  - Staunton Clinic

### Community Agencies

- Wessley Spectrum Services
- Pressley Ridge
- Mercy Behavioral Health
- Family Services of Western PA
- Glade Run

### Substance Abuse

- Gateway Rehabilitation Center
  - Inpatient, PHP, IOP, Outpatient

### **Private Practices**

- Groups
- Individuals



## Community Highlights

- Persad Center is a human service organization whose mission is to improve the well-being of the LGBTQ (lesbian, gay bisexual, transgender, queer and questioning) communities and the HIV/AIDS communities. We serve our target populations and their loved ones, cradle to grave, across western Pennsylvania, with service centers in Pittsburgh and Washington, PA.
- Pittsburgh Action Against Rape (PAAR) provides comprehensive services to victims of sexual violence in Allegheny County including counseling, education, support groups and victim response services
- Steel Smiling bridges the gap between Black people and mental health support through education, advocacy and awareness
- ▶ The Highmark Caring Place, a center for grieving children, adolescents and their families, is a safe place where grieving children and families can come together and be with other's who understand what they're going through

### Resources



- New Hope for Children and Adolescents with Bipolar Disorder – B. Birmaher (2004)
- Raising a Moody Child M. Fristad & J. Goldberg (2003)
- The Bipolar Teen: What You Can Do to Help Your Child and Your Family – D. Miklowitz & E. George (2007)
- DBT skills Manual for Adolescents –
   J. Rathus & A. Miller (2015)
- What Works for Bipolar Kids: Help and Hope for Parents – M. Pavuluri (2008)
- Treating Bipolar Disorder: A Clinician's Guide to Interpersonal and Social Rhythm Therapy (Guides to Individualized Evidence-Based Treatment) – E. Frank (2015)

### Resources

- Step Bipolar Program (STEPBD.ORG)
- Child and Adolescent Bipolar Foundation (BPKIDS.ORG)
- Depressive and Bipolar Support Alliance (NDMDA.ORG)
- National Alliance for the Mentally III (NAMI.ORG)
- National Institute of Mental Health (NIMH.NIH.GOV)
- Bipolar Significant Other Mailing List (BPSO.ORG)
- National Alliance for Research on Schizophrenia and Depression (NARSAD.ORG)
- Juvenile Bipolar Research Foundation (JBRF.ORG)
- International Society for Bipolar Disorders (ISBD.ORG)





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