

# Behavioral Health Webinar Series for Primary Care

Thursday, November 21, 2019

12:00 – 1:00 PM

## Systems of Care: The New Big Lots Behavioral Health Pavilion

Presented by: David Axelson, MD



**David Axelson, MD**

**Join by Phone: 1-415-655-0001 Conference ID: 316 691 542**

**Join by WebEx: <https://bit.ly/2X5MzSx>**

This session is eligible for 1.0 Category 1 CME credit upon completion of the CME Evaluation Survey.

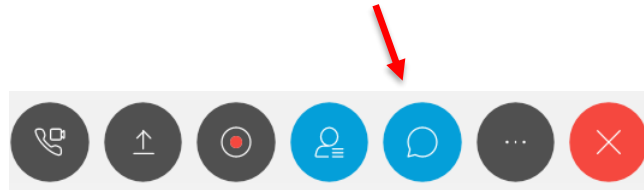
Speaker, David Axelson, MD, discloses Other Activities with Remuneration Wolters-Kluwer / UpToDate. These conflicts of interest were resolved by the CME Office. No one else in a position to control content has any relationships with commercial interests.

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# Reminders

- This webinar is being recorded.
- We have **muted** all participants.
- **Chat with us during the webinar.** To type a question or comment for the speaker or facilitator, type it directly into the WebEx chat box.



# Big Lots Behavioral Health Pavilion

*November 21, 2019*



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*When your child needs a hospital, everything matters.™*

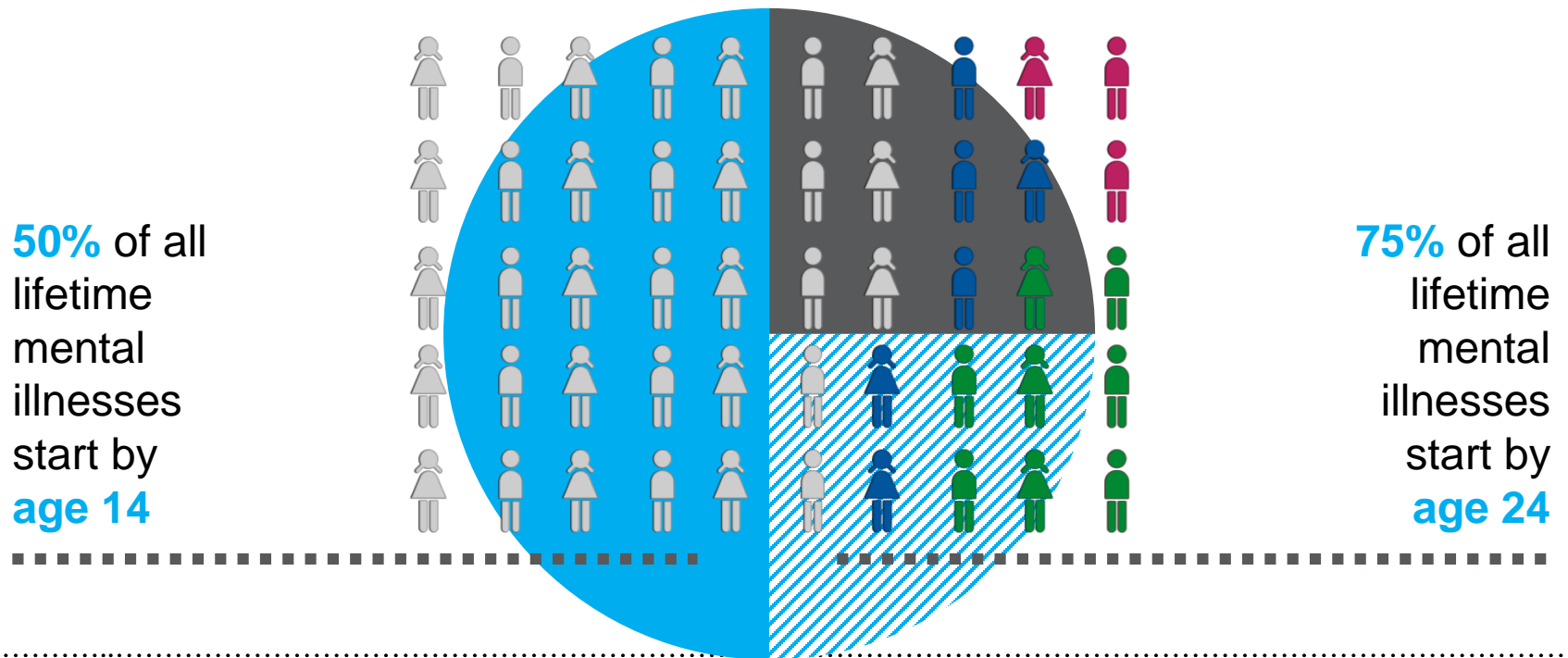


# The Burden of Pediatric Mental Illness

11% of children (ages 8 to 11) have or have had a mental illness with severe impairment

22% of teens (ages 13 to 18) have had a mental illness with severe impairment in their lifetime

Only 50% of youth with a mental health disorder receive any behavioral health treatment



Source: National Health & Nutrition Examination Survey, 2010; National Comorbidity Survey Replication-Adolescent Supplement, 2010; NIMH, *Mental Illness Exacts Heavy Toll: Beginning in Youth*, 2005

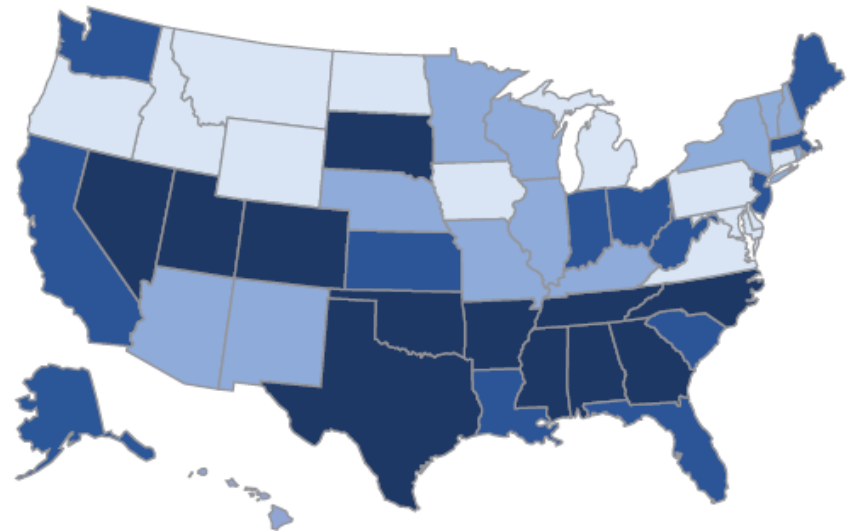


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## Figure. Prevalence of Mental Health Disorders and Mental Health Care Use Among US Youth

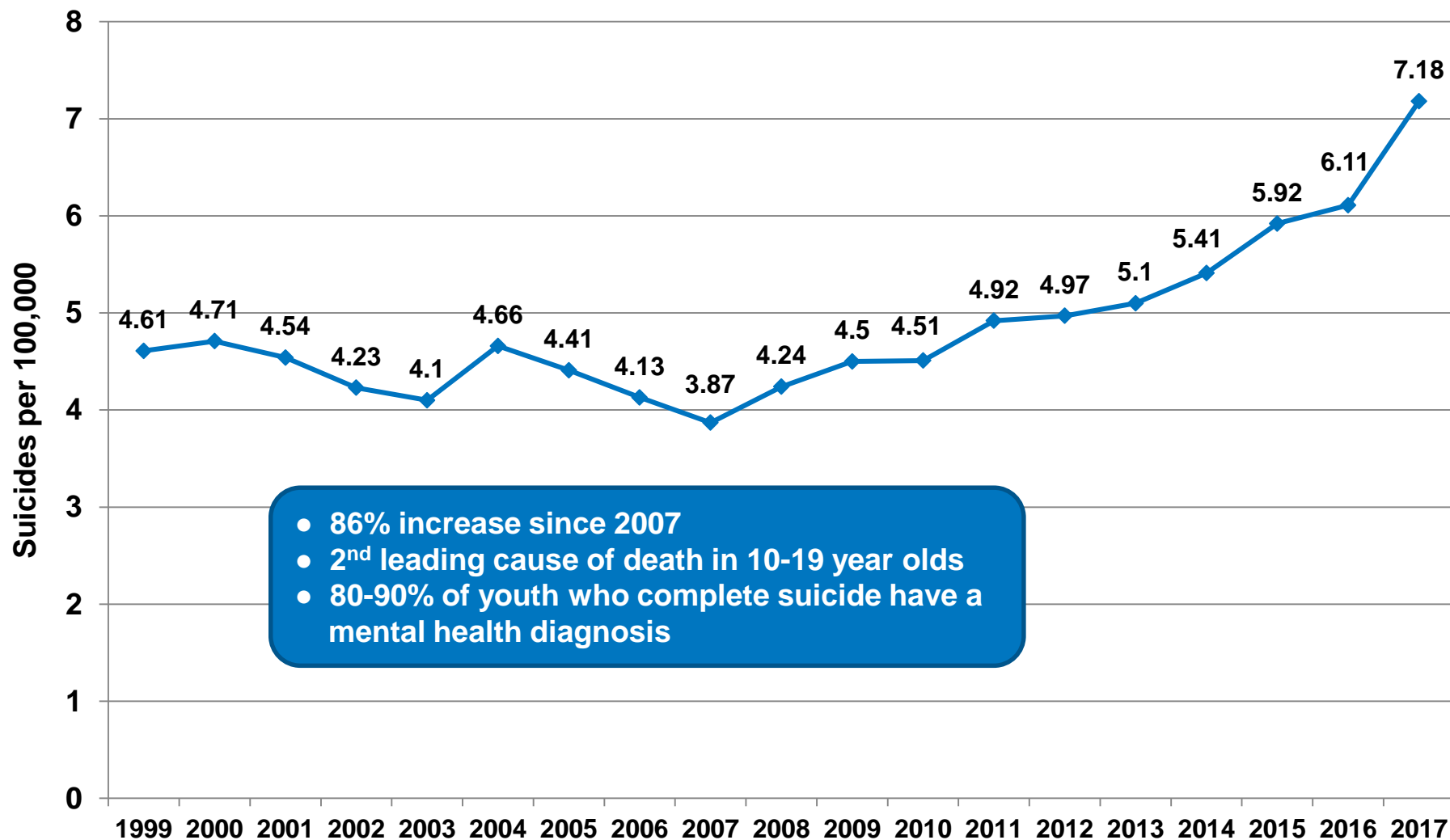
Figure. Prevalence of Mental Health Disorders and Mental Health Care Use Among US Youth

## B Prevalence of not receiving care in children with mental health disorders

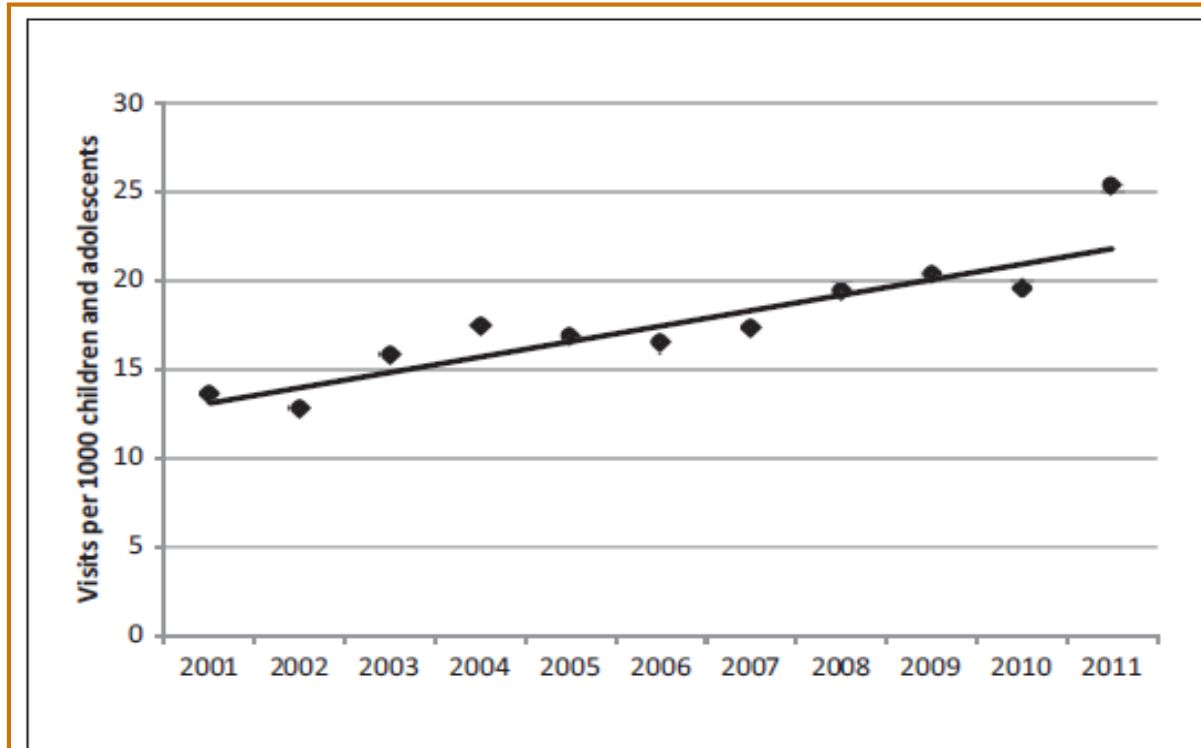


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# Rate of Death by Suicide in US: Ages 10-19



# Steady Increase in Pediatric Mental Health Emergency Visits



**Figure 2.** Emergency department visits for mental health conditions per 1000 population of children and adolescents 6 to 20 years of age, 2001-2011.

# Behavioral Health Strategic Plan



Expanding **clinical access** to pediatric mental health care



Developing targeted **prevention** efforts



Leading a coordinated, collaborative **system**



Researching the **causes and treatment** of behavioral health conditions

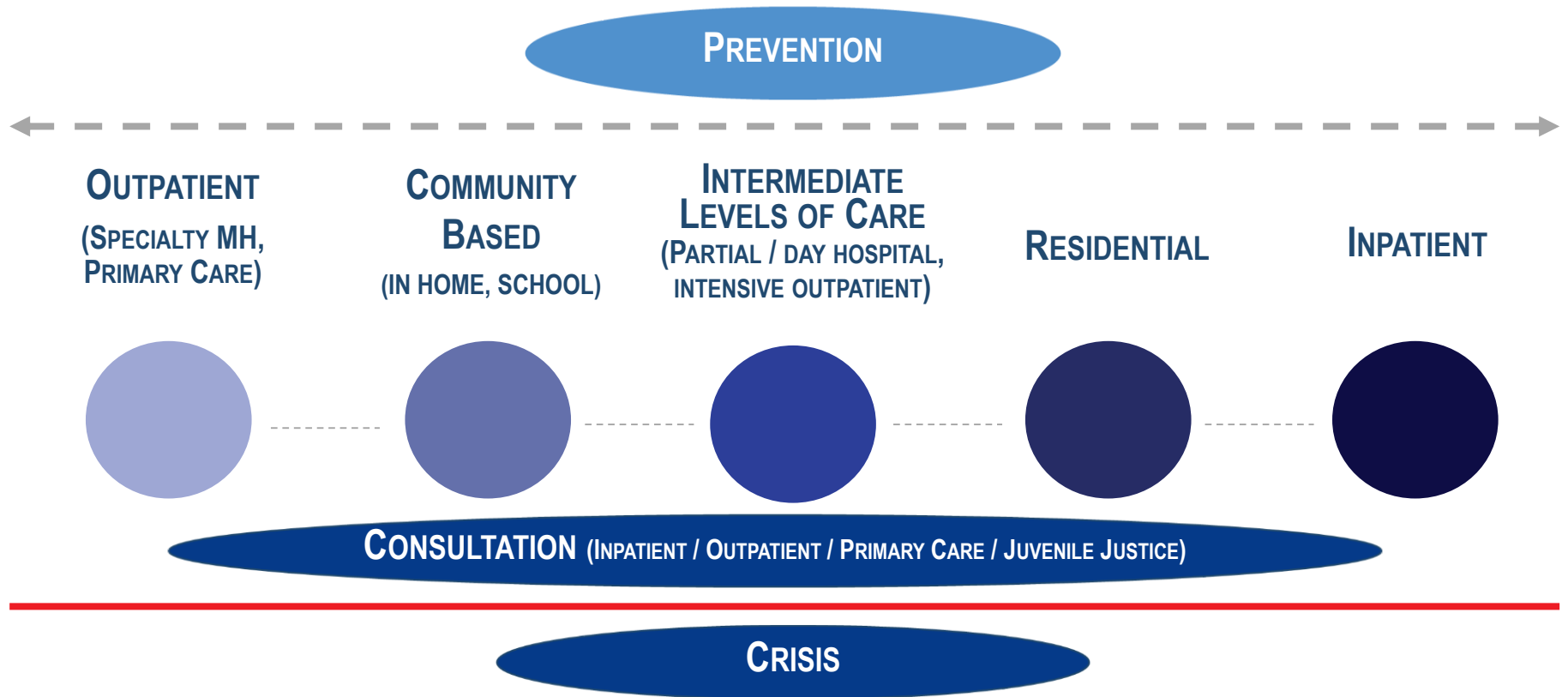
**Our Aspiration:**  
**To develop a national model for pediatric mental health care.**



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# Behavioral Health Services Are Provided Across a Continuum of Care



# NCH Big Lots Behavioral Health Service Line

## Prevention

PAX Good Behavior Game  
Signs of Suicide Curriculum  
(70 schools, 482 classrooms, 10,314 students)  
Preschool Expulsion Prevention Partnership  
Triple P

## Provider Consultation/Education

Physicians Direct Connect  
Project ECHO  
E-consults to Primary Care  
Tele-Ed to Community Agency APP's

## Psychiatry

29,739  
Clinic Visits  
8,816 Patients

## Psychology

10,914  
Clinic Visits  
3,990  
Primary Care  
Visits  
9,313  
Subspecialty  
Clinic Visits

## Behavioral Health Outpatient

82,960  
Therapy Visits

578  
discharges  
5,369  
patient days  
Average  
Length of Stay  
9.3 days

867  
discharges  
3,246  
patient days  
Average  
Length of Stay  
3.7 days  
95%  
discharged  
home

**Psychiatry**  
1,784  
Consults  
1,676  
Psychiatric  
Boarders  
4,287  
Boarder Days  
**Psychology**  
3,827  
Consults

4,947  
assessments  
36% Admitted  
(88% as  
boarders)  
8,425 Crisis  
Line Calls  
653 NCH  
Provider Calls  
~ 1,800 Code  
Violet  
Responses

2,279  
Eating  
Disorder  
PHP/IOP Days  
2,098  
Mood &  
Anxiety  
Disorder IOP  
Days

16,137  
Community  
Based Visits  
22,237  
School Visits

52,842  
Home, School  
and Clinic  
Visits

**16-bed  
Inpatient  
Psychiatric  
Unit**

**12-bed  
Crisis  
Stabilization  
Unit**

**Consult –  
Liaison  
Services**

**Psychiatric  
Emergency  
Evaluation  
Center &  
Acute Crisis  
Response**

**Eating  
Disorder PHP  
and IOP  
Mood &  
Anxiety  
Disorder IOP**

**School &  
Community  
Based BH  
Services**

**Autism and  
DD Services**

**Outpatient  
Services**

Volume Data from 2018

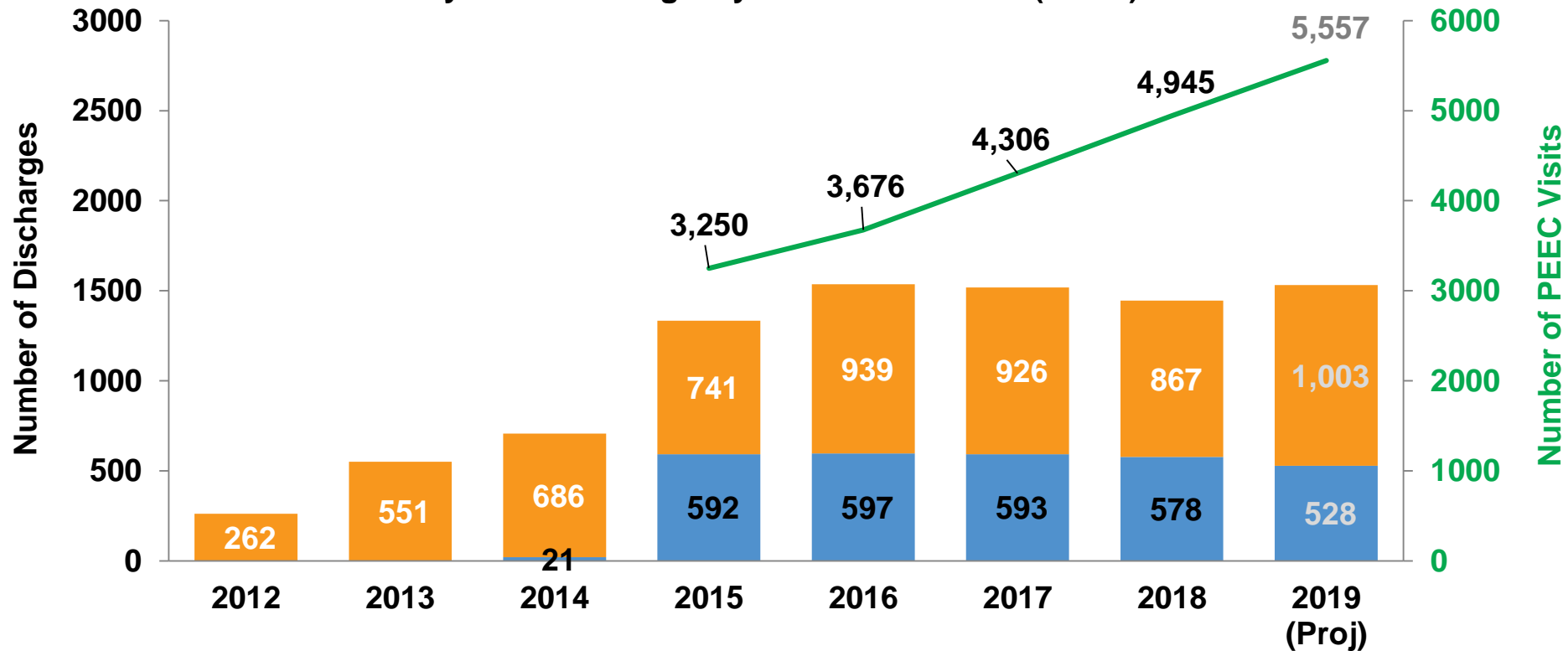
**33,263 Unique Patients  
229,335 Total Visits**

# Annual Number of Acute Visits

YCSU Discharges

Inpatient Psychiatric Discharges

Number of Psychiatric Emergency Evaluation Center (PEEC) Visits



Source: EDW

\* Represents patients discharged from YCSU & Psychiatric Inpatient

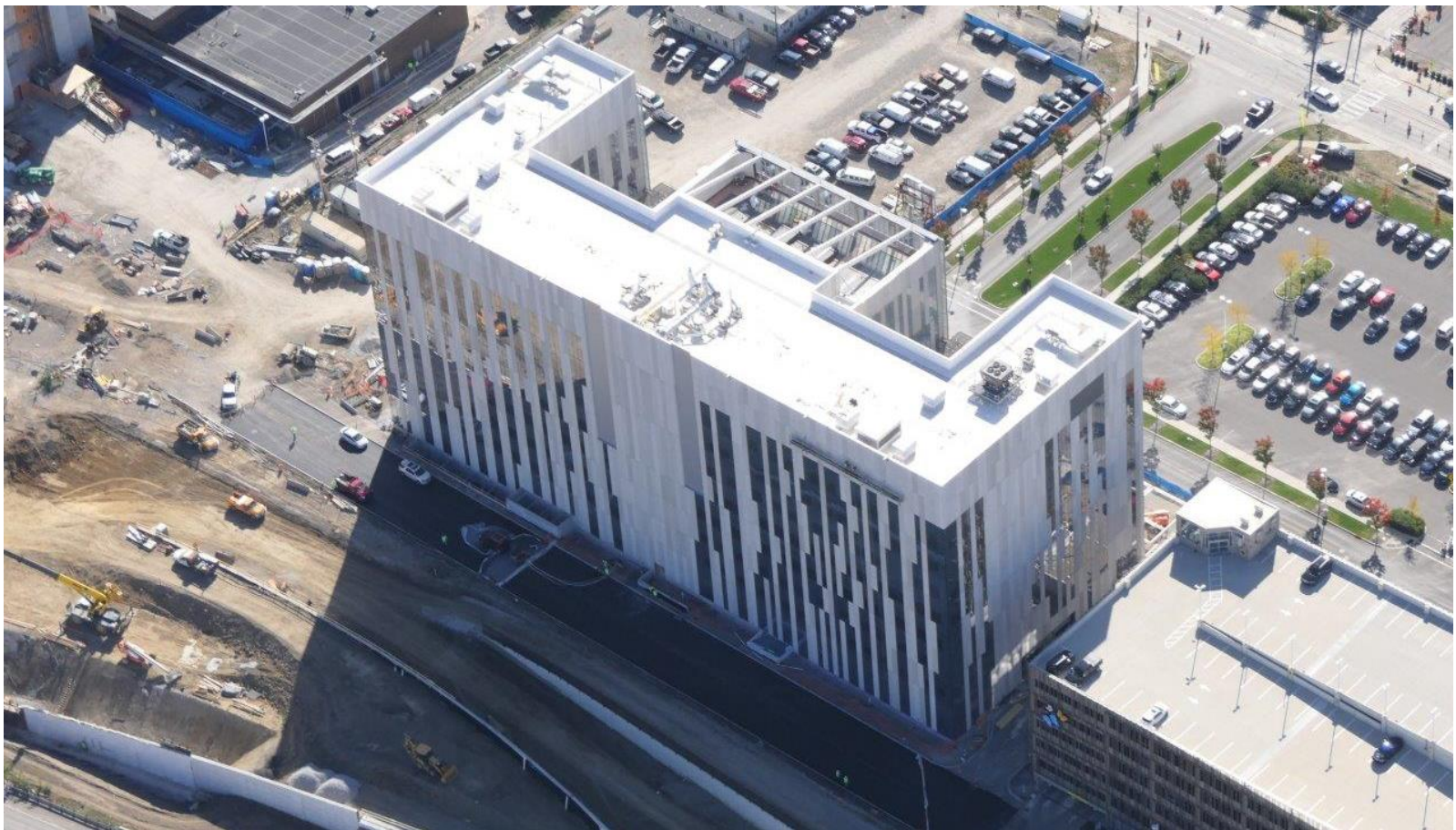


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# Big Lots Behavioral Health Pavilion







## NCH Big Lots Behavioral Health Pavilion – A Hub

- Acute Clinical Services
- Clinical Services that benefit from proximity to Acute Services
- Administration
- Education
- Research

# Pavilion Programs



## Acute Services

Psychiatric Crisis Department

Youth Crisis Stabilization Unit

Psychiatric Inpatient Units



## Innovative Outpatient Programs

Mood & Anxiety Program

Family Based Intensive Therapy

Critical Assessment & Treatment Clinic

Partial Hospitalization Program

Psychiatry Outpatient Clinic



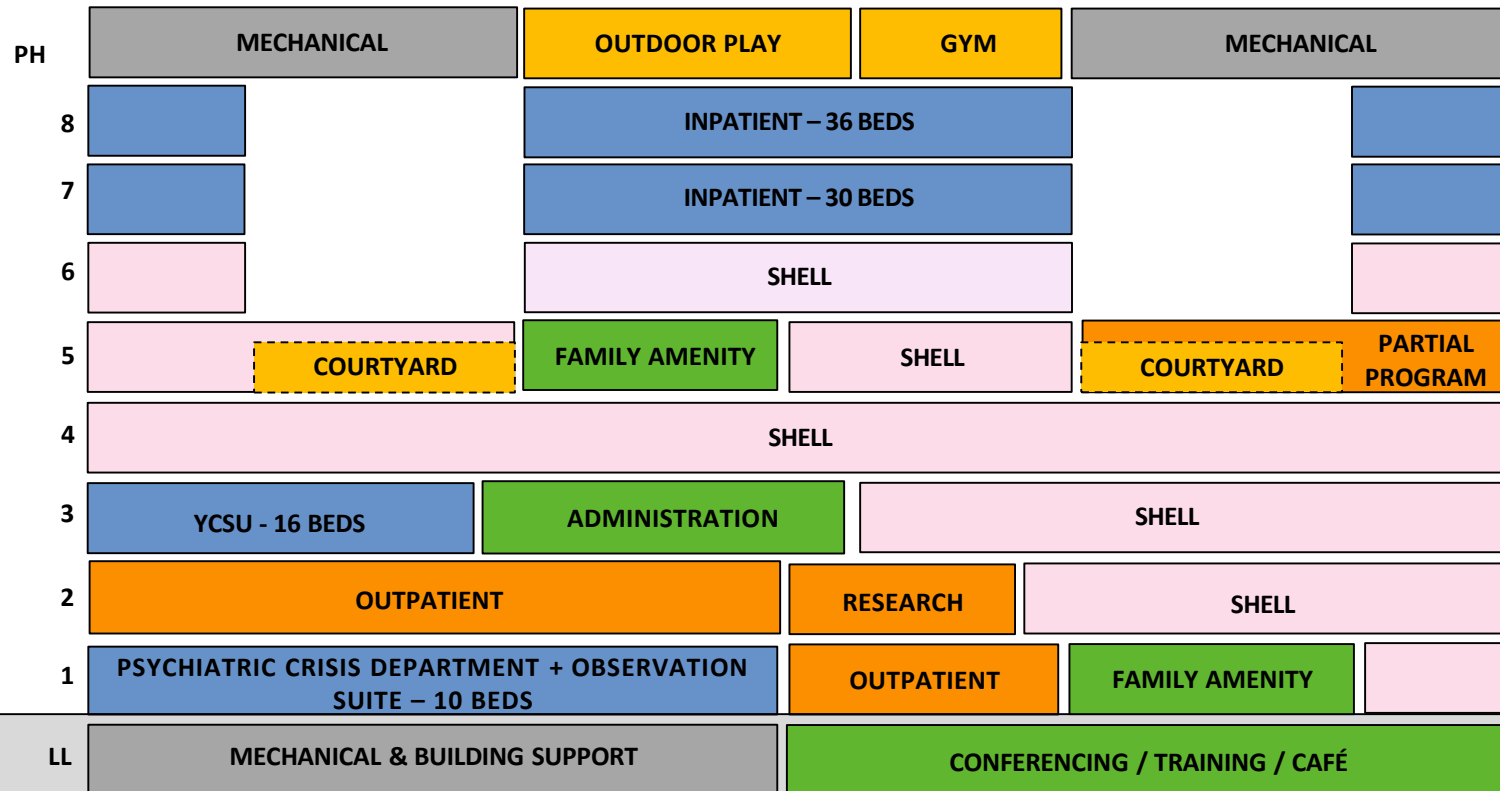
## Research

Center for Suicide Prevention &  
Research/Behavioral Health  
Research Expansion



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# Stack Diagram Impact





# BHP – First Floor





# Psychiatric Crisis Department

- Safe, secure facility to assess youth in crisis
- Triage screens for medical issues and psychiatric status
- Most patients can wait in lobby and be assessed in consult rooms
- Extended observation rooms for high acuity patients and those requiring longer assessment

# Psychiatric Crisis Department

- 24/7 coverage with licensed BH clinicians, nursing and pediatric medical physician
- 8 AM – 12 MID: child psychiatrist on site
- 12 MID – 8 AM: psychiatrist coverage by phone
- Goal is to have sufficient time and space to be able to determine optimal disposition

# Psychiatric Crisis Department

- All referrals for psychiatric admission will go through the Psychiatric Crisis Department
  - No Direct Admissions
  - Admission screening medical history and physical will be performed
  - Suicide risk and monitoring status will be determined
  - Admission orders written
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# Psychiatric Crisis Department – Lobby



# Psychiatric Crisis Department – Lobby

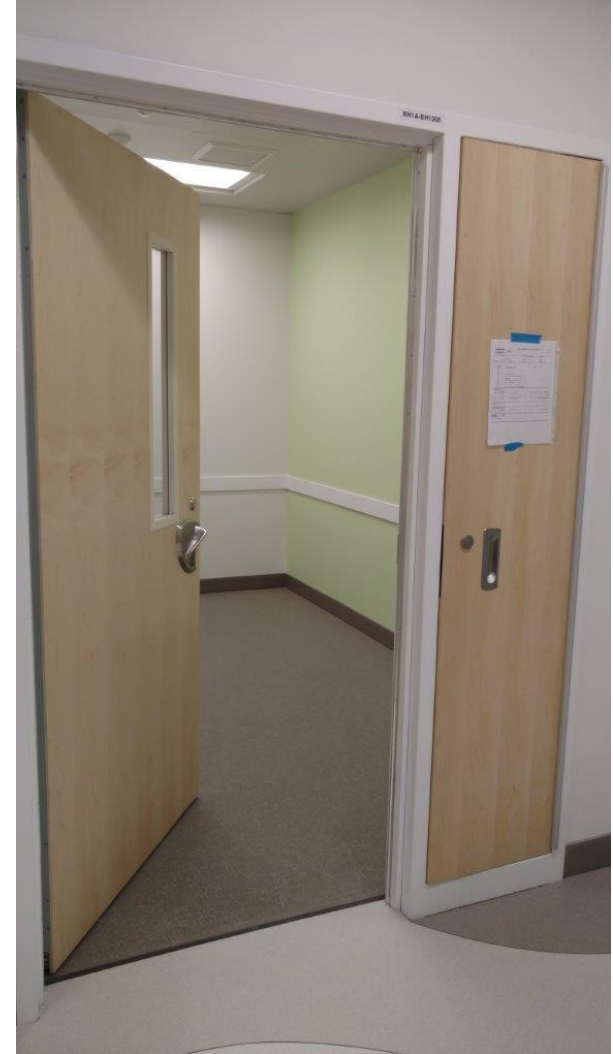


# Psychiatric Crisis Department

**Entry to Vehicle Sally Port  
Triage and Medical Exam Rooms**



**Consult Room**



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# Extended Observation Suite



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# BHP – Fifth Floor





# BHP – Fifth Floor



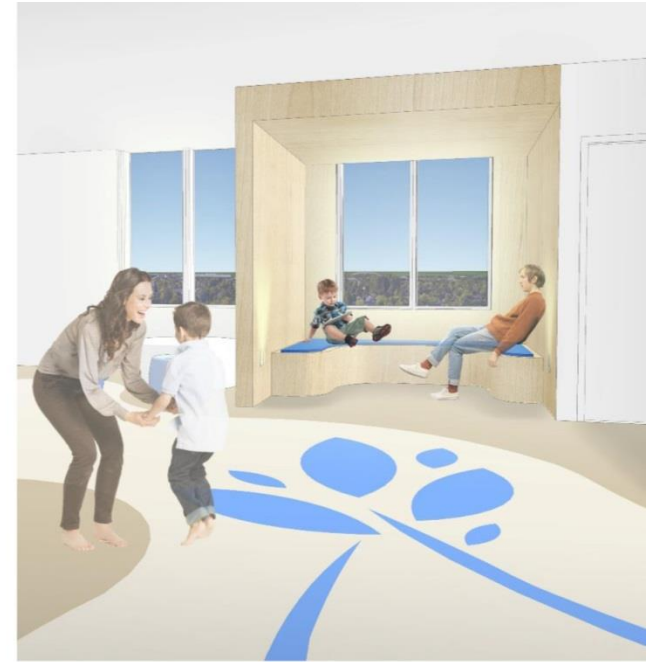
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# BHP – Seventh and Eighth Floors



# BHP – Seventh and Eighth Floors



# BHP – Seventh and Eighth Floors



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# BHP – Ninth Floor



# Pavilion Bed Ramp Up

	Current	Q1 2020	End of 2021
Inpatient Psychiatry Units	16	22	48
Youth Crisis Stabilization	12	12	16
Extended Observation <i>5 Boarders / 5 Observation</i>	0	10	10
<b>Total Beds</b>	<b>28</b>	<b>44</b>	<b>74</b>
Unopened Capacity*	--	48	18
<b>Total Potential Capacity</b>	<b>28</b>	<b>92</b>	<b>92</b>

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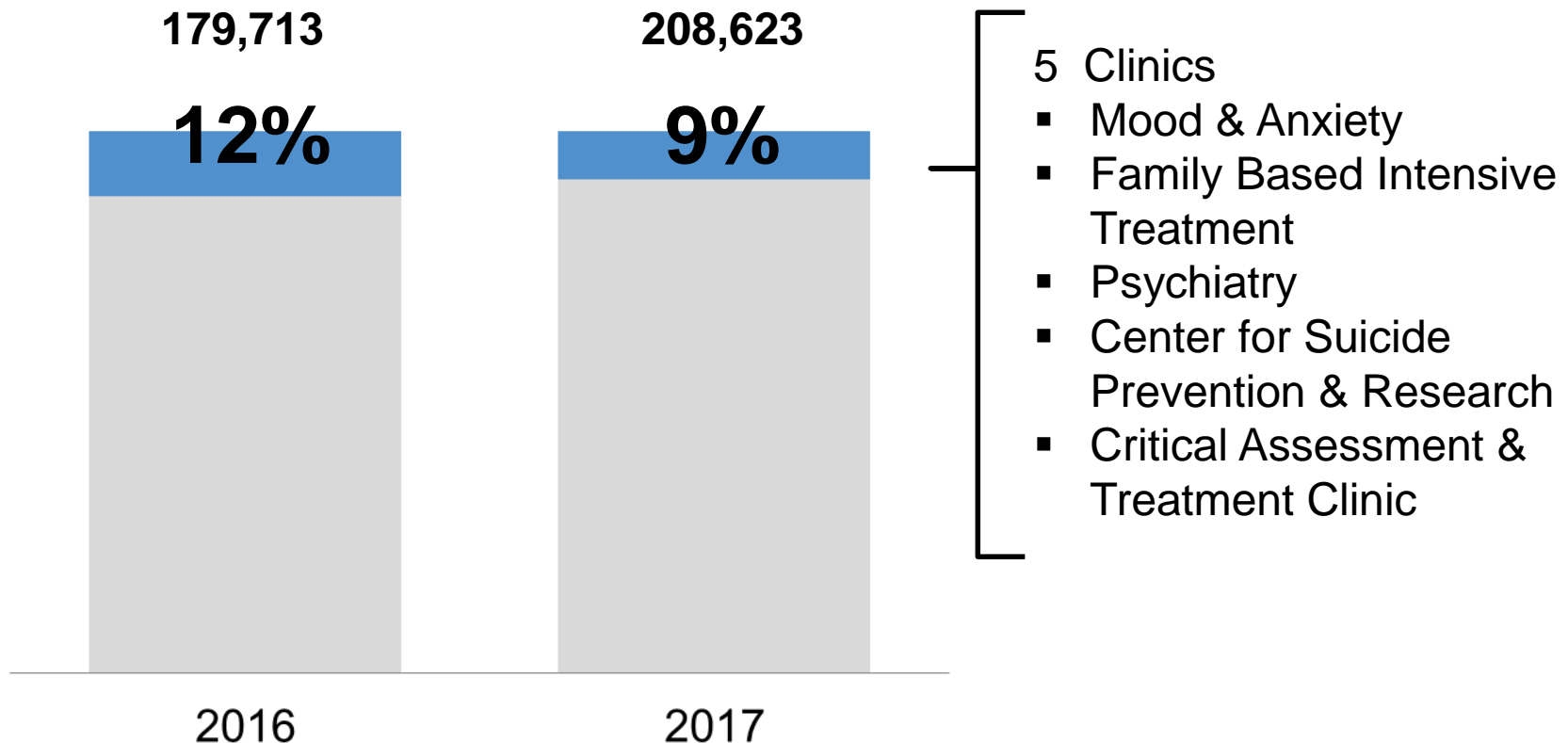
\* Represents only the 4<sup>th</sup> inpatient unit  
of 18 beds at end of 2021  
92 total beds in the Pavilion



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# Myth #1: All Behavioral Health Outpatient Services Will Be Housed in the Pavilion

## Total Number of Behavioral Health Outpatient Visits



Source: EDW, Team Analysis, Estimated projections, subject to change

# Myth #2: Psychiatric Patients Will No Longer Be Admitted to the Acute Hospital (C & D - Buildings)

1 Medically Complicated Patients Will Not Be Admitted to the Pavilion

2 During Peak Times and Pavilion Ramp Up Boards Will Persist

**Average  
Daily  
Census  
~ 2 - 4**

**Average Daily  
Census  
~ 0 – 6  
(Could be higher in Feb-Apr  
& Oct-Nov)**

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Source: EDW, Team Analysis, Estimated projections, subject to change



# Myth #3: Psychiatric Patients Will No Longer Be Seen in the Main Emergency Department

- Medically complex psychiatric patients will be triaged to the Emergency Department
  - Overdoses / Ingestions
  - Lacerations
  - Intoxication with drugs / alcohol
  - Delirium
  - Significantly abnormal vital signs or evidence of medical instability
- If stabilized in NCH ED, patients will be transferred to the Psychiatric Crisis Department

# NCH Behavioral Health Strategic Plan

**Our Aspiration:  
To develop a  
national model for  
pediatric mental  
health care**



Expanding clinical  
access to pediatric  
mental health care



Leading a coordinated,  
collaborative system



Developing targeted  
prevention efforts



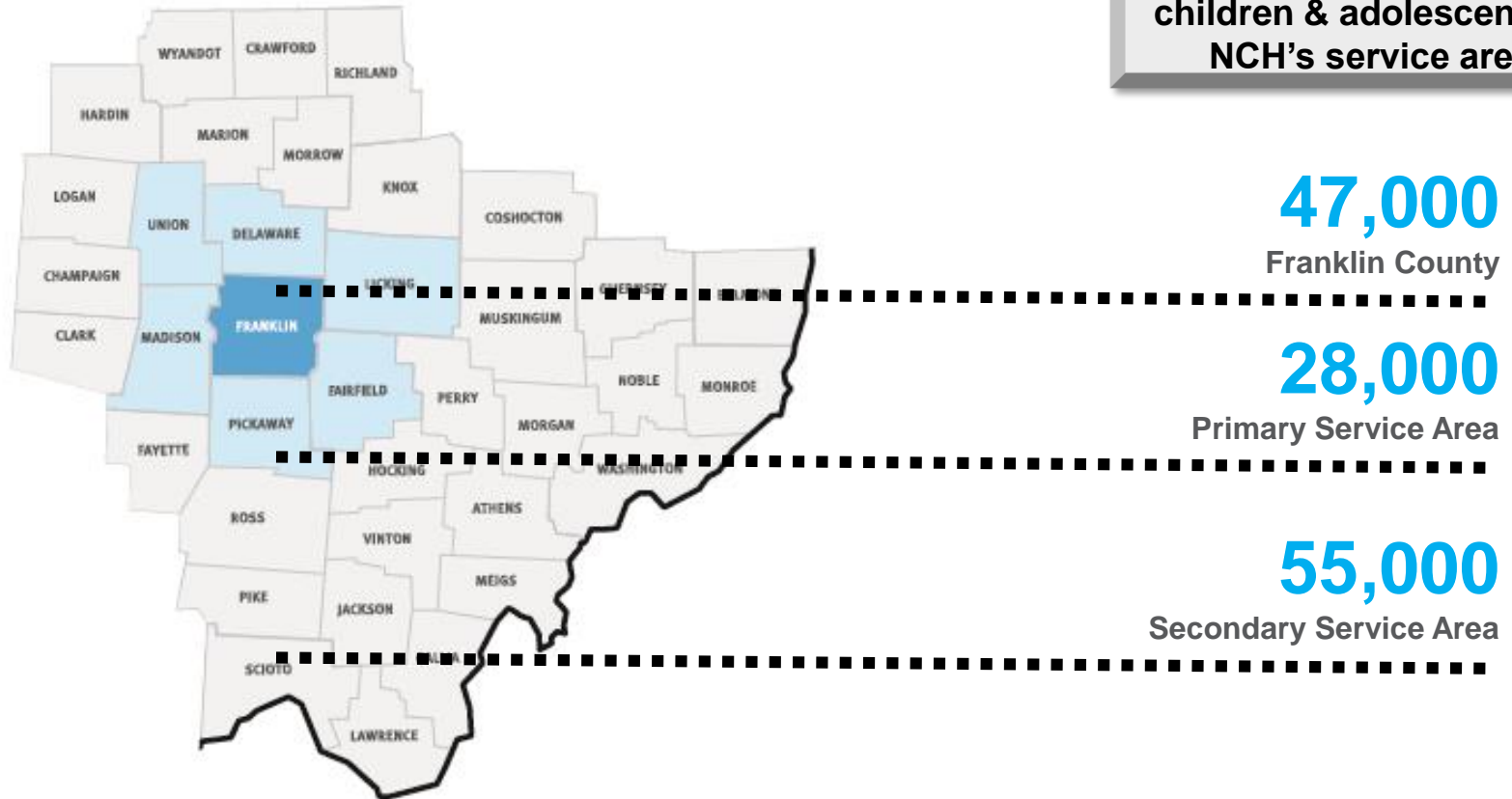
Researching the causes  
and treatment of behavioral  
health conditions



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# Regional Need

~15% prevalence equates to  
**130,000**  
children & adolescents in  
NCH's service area



Source: US Census, 2010

# Community Engagement

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- Outreach to providers in Central and SE Ohio
- Outreach to organizations (NAMI, Mental Health America)
- Partner with Columbus Foundation to foster Residential and Acute Care Providers Workgroup
- Work with Partners for Kids to develop primary care collaborations, coordinate network development with BH providers

# How and why does NCH sustain suicide prevention?

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- Consistent with our values & mission
- Reduced risk of suicide clusters and contagion
- Reduced individual, family and community suffering
- Decreased costs
  - For every 1,000 children, 5 fewer suicide attempts
  - For every \$1 spent, estimated \$4.50 ROI Garraza et al., 2016; Walrath et al., 2015
- Reduction in ED visits
- Strong interest from donors & community leaders

# Signs of Suicide (SOS)

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- Evidence-based universal suicide prevention
- Three RCTs show 40-64% reduction in self-reported suicide attempts (Aseltine & DeMartino, 2004; Aseltine, 2007; Schilling et al., 2016) at 3-month follow-up
- Greater pre-post knowledge and attitudes about depression
- Increase in help-seeking behaviors not significant (Aseltine, 2007)

# Signs of Suicide (SOS)

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- Train all adults to identify depression symptoms and warning signs for suicide
- Teach action steps to students and adults when encountering suicidal behavior
- Increase student awareness and help-seeking

## Acronym (ACT)

- Acknowledge
- Care - show that you care
- Tell a trusted adult



# Advantages of SOS

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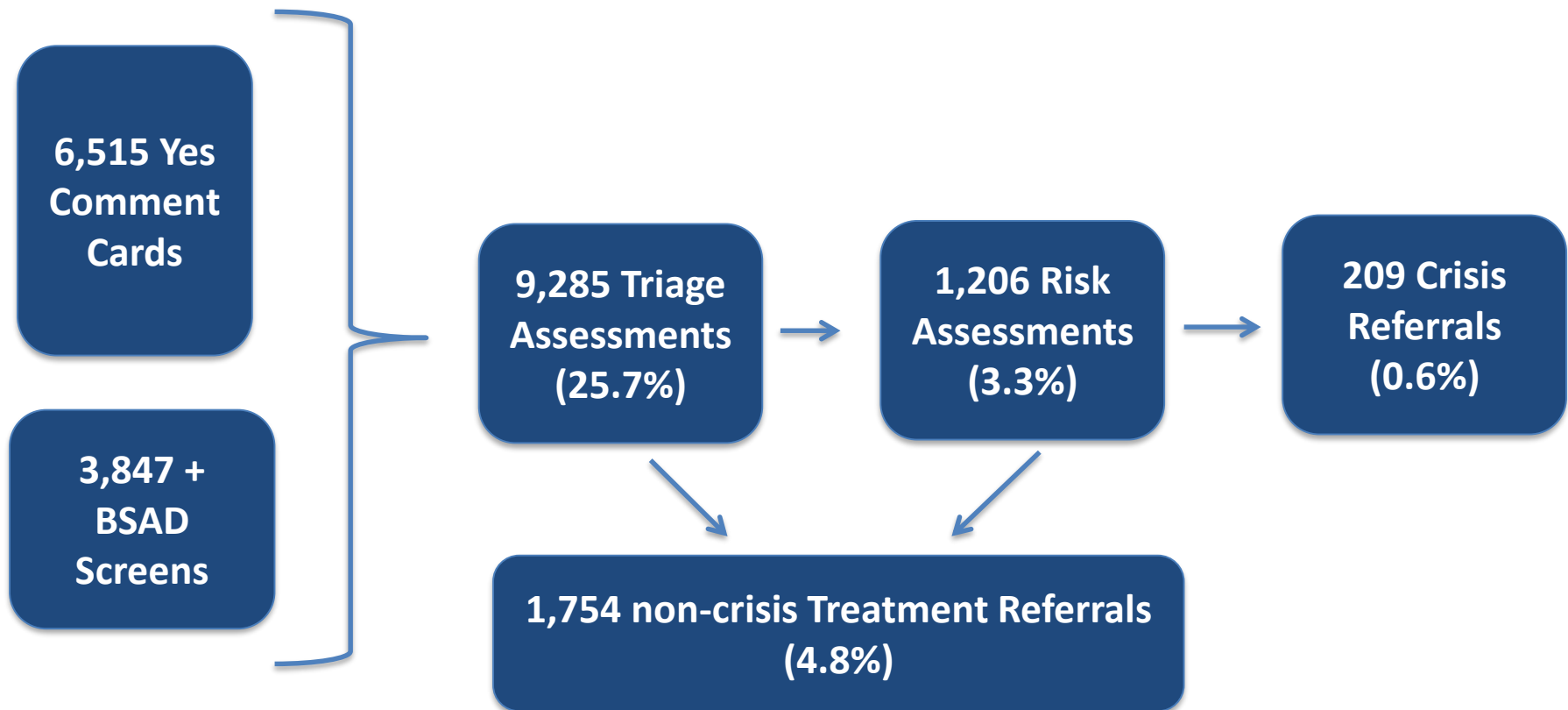
- Implemented by school staff
- Engages existing supports including school staff, parents, peers, community
- Incorporates many best practice elements
- Increases dialogue around mental health
  - Reduces stigma
- Sustainable



# NCH Signs of Suicide Implementation (October 2015 – June 2019)

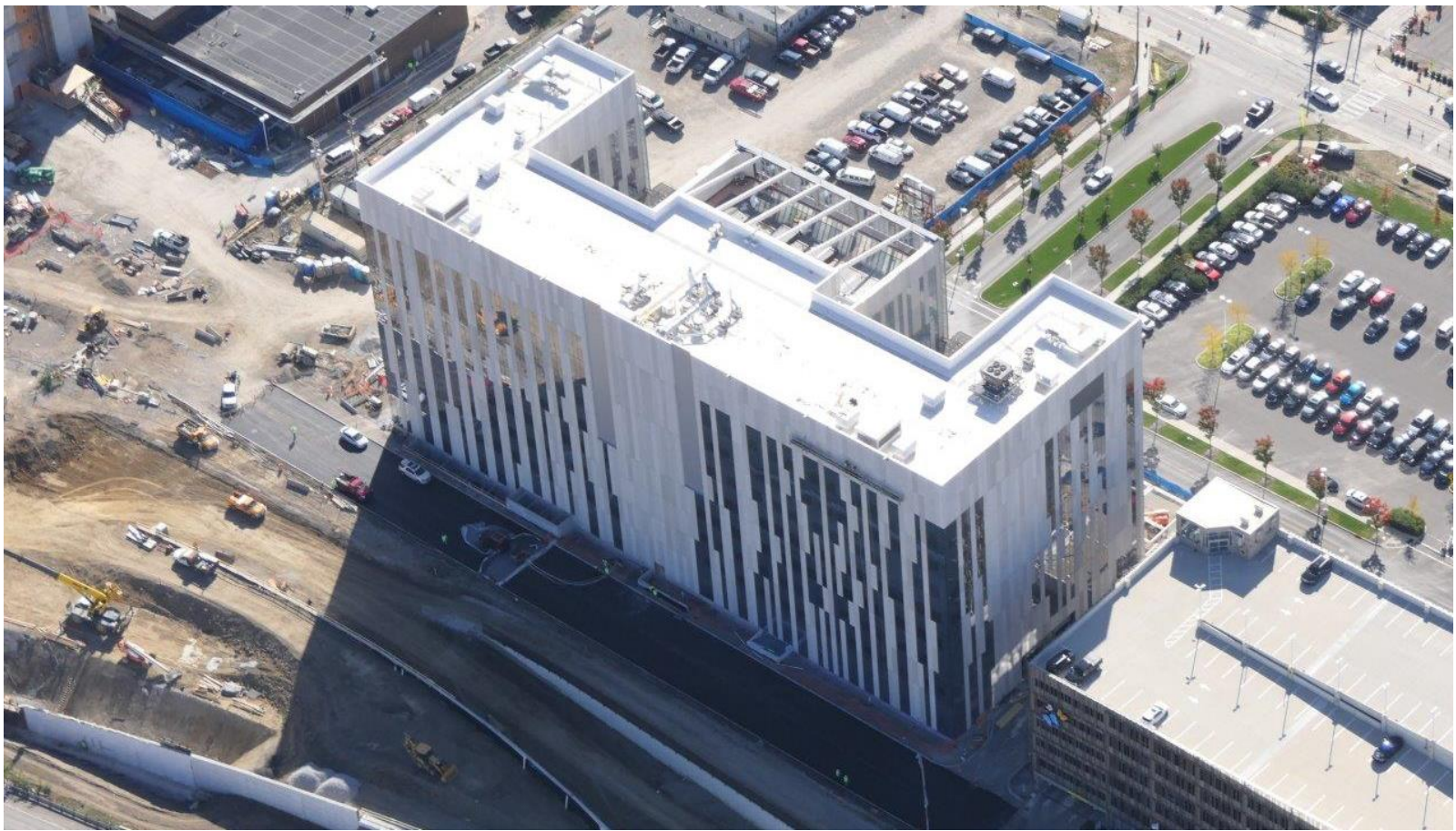
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- 134 schools, 1677 classrooms, 36,189 students



# How do I access / refer?

- Referral to Psychiatric Crisis Department
  - 614-355-0221
- Referral for BH or Psychiatric Services
  - 614-355-8080



**Thanks to the NCH team that has made this facility a reality.**

**Questions?**



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# Thank you for participating!

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## CME POSTING

**Series Name:** Behavioral Health Webinar Series for Primary Care

**Date:** November 21, 2019 / Noon-1PM

**Presentation Title:** Systems of Care: The New Big Lots Behavioral Health Pavilion

**Speakers Name(s):** David Axelson, MD

**Planning Committee:** Jennifer White, MD; William Long, MD; Nancy Cunningham, PsyD; Alex Bishara; Sherry Fletcher; Jessica Dudley

Speaker, David Axelson, discloses Other Activities with Remuneration Wolters-Kluwer / UpToDate. These conflicts of interest were resolved by the CME Office. No one else in a position to control content has any relationships with commercial interests.

**Session Objectives:**

At the conclusion of this activity, participants will:

1. Demonstrate an understanding of the principles driving the development of the forthcoming Big Lots Behavioral Health Pavilion (BHP) at Nationwide Children's Hospital.
2. Recognize how the new constellation of services fit within the larger NCH Behavioral Health Strategic Plan and regional system of care to promote best outcomes for children, youth and families.
3. Discuss with familiarity the programs and services available in the BHP, how they can best be accessed and utilized by community providers in a manner that is family and patient centered.
4. Evaluate which clinical presentations are likely to benefit from these behavioral health programs and services, and appropriate service options when they are not.

**Commercial Support:** N/A

**Join by Phone:** 1-415-655-0001

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