



YAP-P
YOUTH ACCESS TO
PSYCHIATRY PROGRAM



Youth Access To Psychiatry Program

December 5, 2023

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Director of Integrated Care, SCDMH



**Annual Telehealth
Summit of South Carolina
December 4 - 6, 2023**

Hyatt Regency Greenville
Greenville, South Carolina



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SCDMH - Mental Health Centers

- 16 centers cover a catchment area ranging from 1 to 7 counties
- All provide core mental health services
- Staffing includes psychiatrists, mental health professionals, nurses, peer support specialists, care coordinators, etc.
- Foundational Assessment of Integrated Care in 2021 identified bidirectional referral collaboration between MHC and FQHC in Barnwell County



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Child Psychiatry Access Program

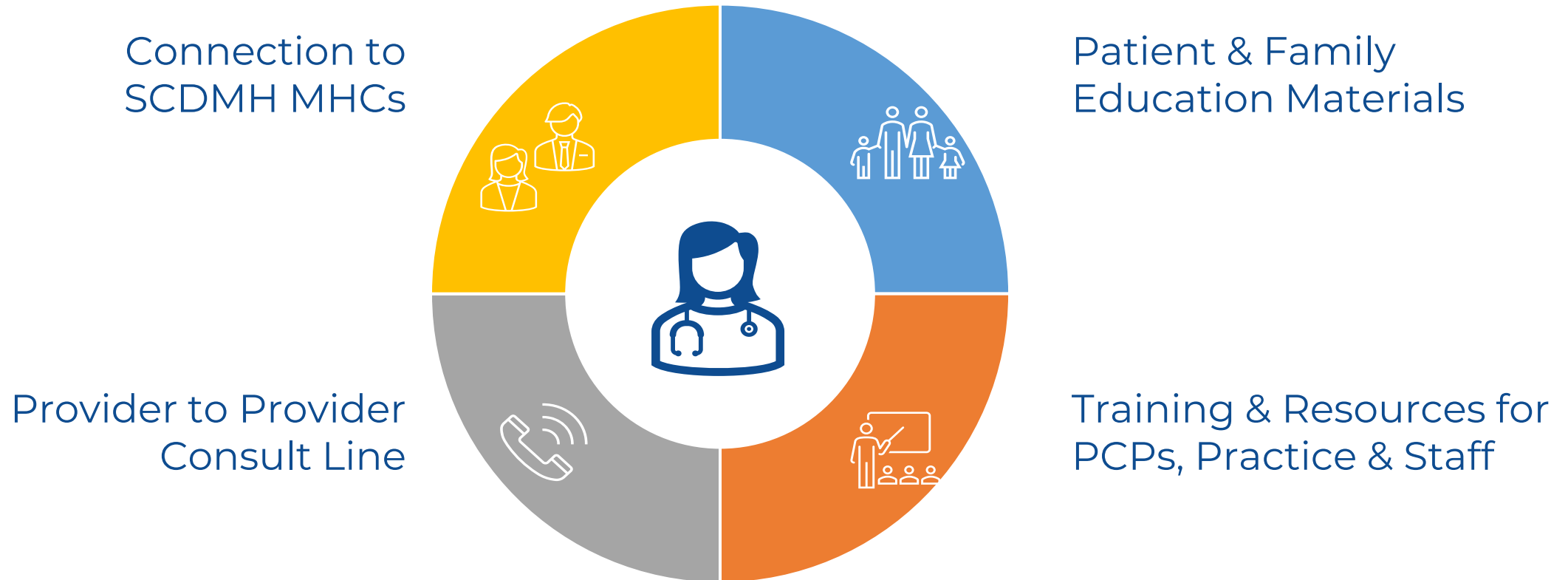
- HRSA grant awarded to SCDMH starting 9/30/21 to establish the Youth Access to Psychiatry Program, aka YAP-P
- \$445,000/year for 5 years with a non-federal annual match of \$89,000
- Goal- a continuum of supports for community pediatric providers
 - Rapid child psychiatry consultation to community pediatric PCPs
 - Enhanced care collaboration between MHCs and community primary care
 - Training and resources to support high-quality mental healthcare by PCPs

Long-term goal: improved access to and quality of mental health services for children and youth

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Continuum of YAP-P Supports



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YAP-P Consult Process



Patient Visit

A family brings their child for a medical examination

- Caregiver communicates possible MH issue &/or concern to PCP
- PCP conducts exam & has concerns about a MH condition
- MH measure possibly obtained



PCP Wants Guidance

PCP requests YAP-P consult

- PCP or staff calls 1-877-SC-YAPPY
- Basic info provided & tracked in registry
- Telehealth consult scheduled



Provider to Provider Consult

Child Psychiatrist & PCP meet virtually

- Discussion of case & treatment
- Specific recommendations provided to PCP
- Option to facilitate referral directly to SCDMH MHC services if indicated



Ongoing Support & Facilitation

Continued support from SCDMH staff & consult Line

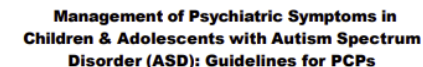
- SC Thrive referral platform
- Performance improvement project/MOC with measurement-based care focus
- Framework established for ongoing collaboration & communication

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- Patient with known ASD diagnosis is presenting with challenging symptoms or behaviors causing distress and/or impeding developmental progress
- Evaluate functioning at home, at school and with peers
- Screen for comorbid psychiatric disorders, including ADHD, anxiety and depression

Evaluate for comorbid psychiatric disorders, including screen for irritability, aggression and self-harm

- Applied Behavioral Analysis (ABA)
- Social skills group
- Speech therapy/Social pragmatics
- Occupational therapy/Sensory processing
- Parent guidance
- Early intervention for younger children
- Evaluation for IEP in school
- SC Dept. of Disabilities & Special Needs (DDSN)

- Review the pertinent clinical guidelines for each disorder and treat as instructed.
- With ASD, medication management is always best tolerated if medication dosing is started at the lowest possible dose and titrated slowly.

- Screen for and treat any comorbid psychiatric conditions or symptoms (anxiety, ADHD) change in routine, sensory or sleep issues as these may worsen irritability.
- Rule out medical conditions that may contribute, such as constipation, pain, infections, especially if there is a sudden onset of behavioral issues.
- If irritability persists, or aggression/self-harm is severe, consider medication management.

- There are no medications currently available that treat social impairment in ASD.
 - For symptoms of impulsivity and/or hyperactivity:
 - Stimulant medications
 - Alpha agonists (clonidine or guanfacine)
 - Use the same dosing as in ADHD (refer to YAP-P ADHD Guidelines if needed), but start low and go slow as they may be sensitive to medications
 - For symptoms of irritability and aggression
 - Behavioral interventions are first line
 - Mild to moderate irritability can be treated with alpha agonists (clonidine or guanfacine)
 - Severe irritability can be treated with atypical antipsychotics (see next page)
 - For symptoms of anxiety and/or repetitive behaviors
 - There is no clear evidence for specific medications to treat these symptoms
 - Consider YAP-P consultation for assistance
 - For sleep disturbance not responsive to sleep hygiene
 - Melatonin 1-6mg nightly
 - Clonidine 0.05mg nightly to start; can increase to 0.1mg nightly if needed

* Please note that all of the above medications are supported by published evidence, but not FDA approved. For any off-label prescribing, please consider calling YAP-P for consultation.

See reverse side for additional medication considerations.

We understand that the assessment and treatment of ASD is complex. Do not hesitate to contact YAP-P to discuss specific cases with a child and adolescent psychiatrist (CAP).

Based on material found on the Massachusetts Child Psychiatry Access Program website (www.mcnap.com)



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SC YAP-P Implementation Plan

- Initial implementation (pilot site): Barnwell County
- Initial expansion plan: catchment area of Aiken-Barnwell MHC
- Development of “unregistered” provider access to consult line
- HRSA award for school-based health centers (SBHCs) expansion
- Collaboration with SC Chapter of National Association of Pediatric Nurse Practitioners

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YAP-P Expansion Workgroup

- Consultants including statewide group of stakeholders
 - Prisma Health Upstate
 - MUSC Center for Telehealth Excellence
 - UNC Charlotte (evaluation team)
 - State school nurse consultant (DHEC/Dept. of Educ)
 - Wandersman Center
- Interdisciplinary: nursing, administration, social work, psychiatry, psychologist, implementation science, pediatrics, public health



SBHC Collaboration

- Where are they?
- What services do they provide?
- Who provides the services?
- Which SBHCs would benefit from collaborating with YAP-P?

Year 1 Goal: Conduct a statewide survey of SC SBHCs to understand how we can partner and to prioritize collaboration with a data-informed approach

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Locating School-based Health Centers in SC

- Information fragmented
 - No state program or state affiliate of the national *School-Based Health Alliance*
 - No statewide issued licensure or certification
- Publicly available information
 - Health provider websites – outdated information
 - HRSA (38)
 - SBHA Map (72)

NEED: Systematic process to create inventory of SBHCs locations and program contacts

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Inventory of SBHCs and Contacts

1. Pull comprehensive list of SC schools from Department of Education
2. Identify level to gather information
 - District or county level?
3. Initial outreach facilitated by State School Nurse Consultant
4. Compiled information from all sources into inventory spreadsheet
5. Triangulated data by conducting direct outreach (i.e., phone calls) to resolve any discrepancies
6. Needs Assessment sent in September '23 (after being deferred in the Spring)
7. Readiness Assessment sent to selected SBHC programs in October '23
8. Plan for statewide stakeholder meetings in March and April '23
 - Disseminate findings
 - Further build relationships for SC SBHC community



Questions?

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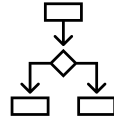
MUSC School-Based Telehealth

Erinn Kasubinski BSN, RN, MHL

School-Based Health



Synchronous



Pediatricians, Nurse
Practitioners, & Physician
Assistants



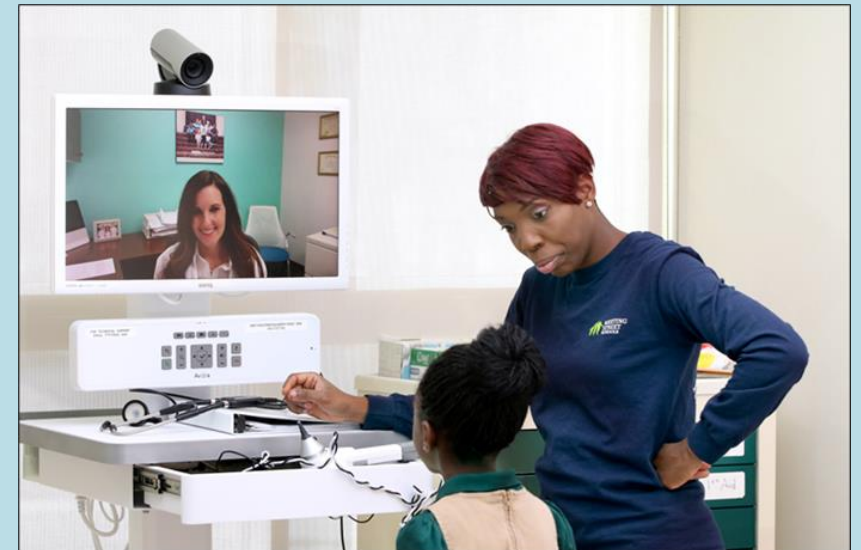
- Access to care
- ED visits



ACUTE CARE (COMMON CHILDHOOD ILLNESSES)
CHRONIC DISEASE MANAGEMENT (ASTHMA, ADHD)
BEHAVIORAL HEALTH (INCLUDING PTSD)
ASTHMA EDUCATION

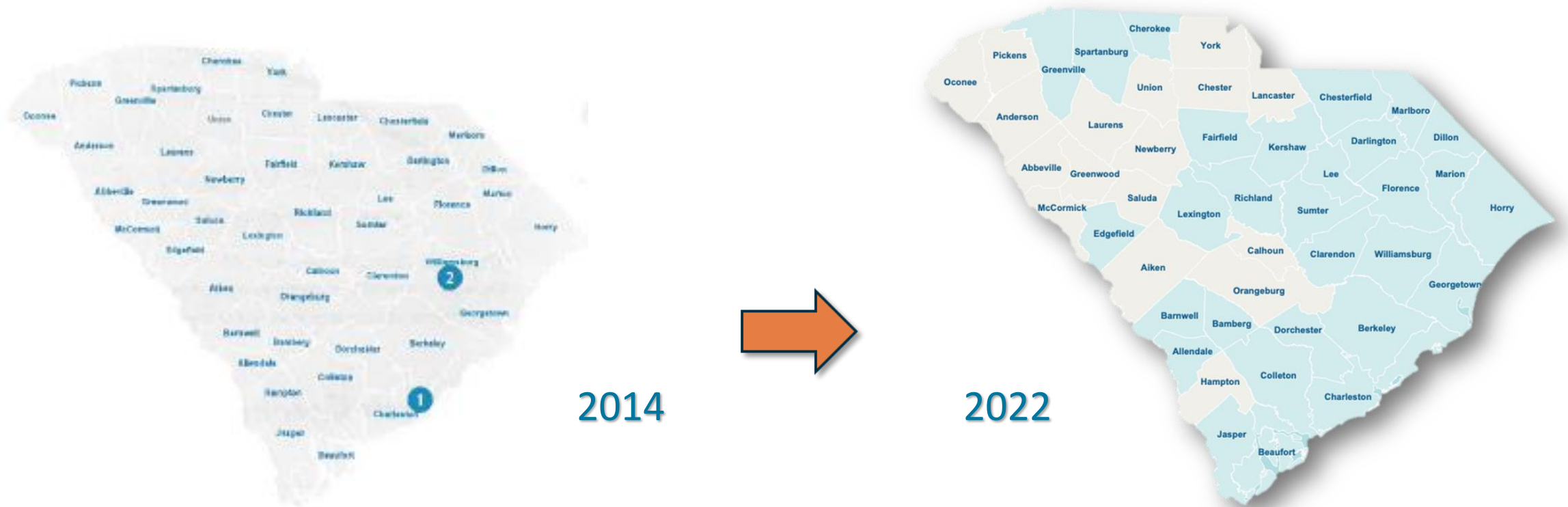
180+
Schools served
in SC

100+
MUSC Supported
SC schools



*Map includes reach of MUSC program as well as counties served by other SC school-based telehealth programs.

School-Based Health



78%

high-needs districts in the state served and growing*

*as determined by poverty ratings

35%

reduction in likelihood of ED visits among Medicaid enrollees who have asthma

Bain et al JAMA Pediatr. 2019. doi:10.1001/jamapediatrics.2019.3073

New this Year



Statewide Behavioral Health Services



REF 169: Referrals from ED and After-Hours Care



Specialty Care in Schools: PEDS ENDO