

Youth Access to Psychiatry Program (YAP-P)

More for their Mental Health.



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Agenda

- Our Staff
- The Mental Health Gap
- Bridging the Gap
- Consult Line
- Consult Case Examples
- QI Activity
- Resources
- School-Based Health Centers
- YAP-P Impact
- Integration is Easy



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Objectives

At the end of this session, the participant will be able to answer:

- What is the benefit of this program on an individual and community level?
- What is the Youth Access to Psychiatry Program, and how can a partnership be beneficial to my practice or organization?
- How can I integrate the program into my organization's workflows?



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Our Team



Grace Lambert MBA, PMP
Project Director



Victoria Scott PhD, MBA
Evaluation PI



James Green, MA
Eval. Grad Assistant



Sarah Dremann, LMSW
Marketing & Outreach



Sharyl Connor
Intake Coordinator



Ezra Moore
Operations



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Our Consultants



Anita Khetpal, MD

Child Psychiatrist

Experience treating a
wide range of disorders
across many settings



Abe Moskow, MD

Pediatrician

Developmental
behavioral pediatrics
specialty



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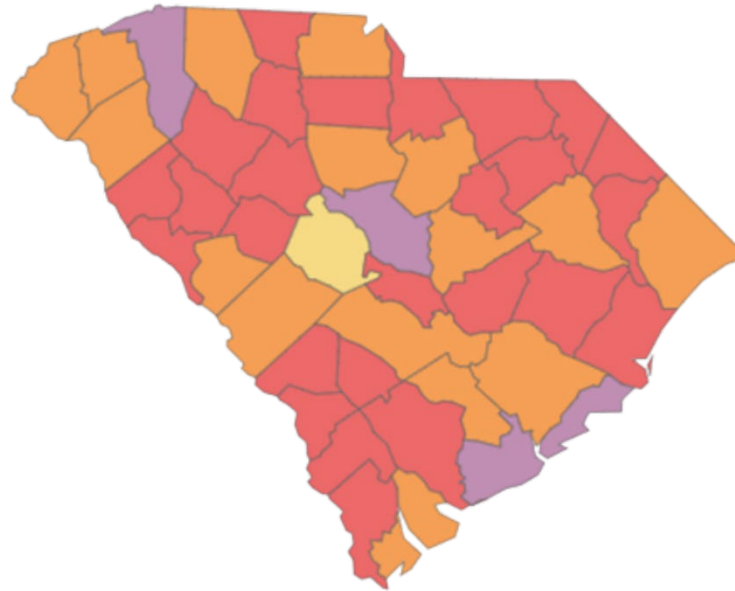
55% ↑

SC youth depression
& anxiety rates

(2016 to 2020)

PRACTICING CAPS IN SOUTH
CAROLINA, BY COUNTY

20+ 11-20 1-10 0



1 in 6

SC youth experience a
mental health disorder



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Bridging the Gap

Consultation Line

No cost provider-to-provider child psychiatry consultations with experts

Quality Improvement

QI activity for up to 26 CME and MOC 4 credit



Education Materials

For use with your patients and family members

Clinical Resources

Clinical trainings and resources for PCPs and staff



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Child Psychiatry Consult Line

Free provider-to-provider mental health consults for prescribers seeing patients age 0-25

GET HELP WITH:

- Guidance on medication management
- Diagnostic clarification
- Screening and treatment options
- And more!



PCP SEEKS GUIDANCE

By phone or online,
calendar invite sent to PCP



PROVIDER-TO- PROVIDER CONSULT

Consultant & PCP connect
via phone or virtual



ONGOING SUPPORT

Continued support
from YAP-P



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Consult Line Details

SCHEDULE CONSULT: **877-729-2779** OR **YAPP.SCDMH.ORG**

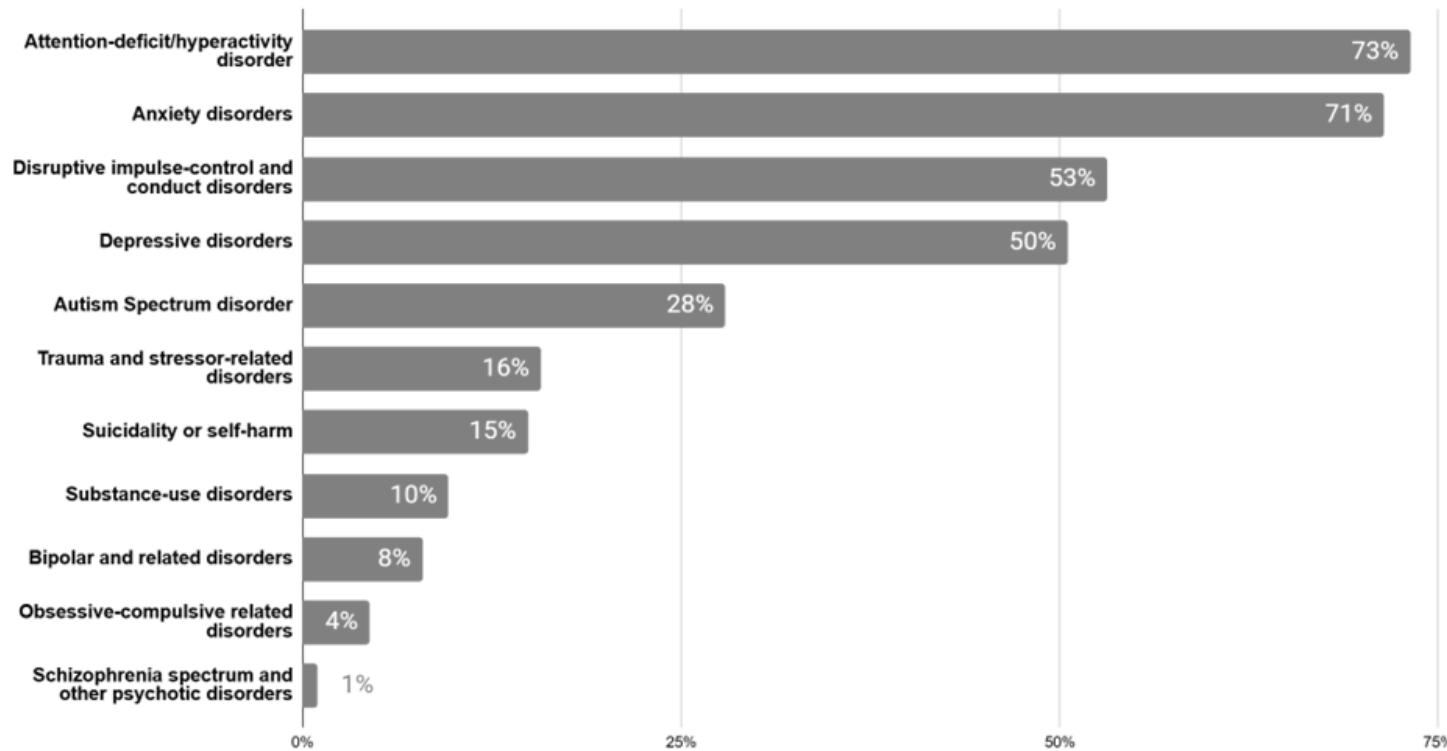
- Consult requests are answered within one business day, and **scheduling only takes a few minutes!**
- Consults available: **Monday – Friday from 8AM-5PM**
- The line is open for **prescribers seeing patients 0-25** in SC
- Intake information we ask of you:
 - PCP name, NPI#, phone & email
 - Patient age in years
 - General reason for consult
 - Patient insurance status (if known)
 - If a behavioral health screening was done in the prior 12 months (if known)



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Reasons for Consults



PROVIDER FEEDBACK

“Love that you are here. Very reassuring to be able to discuss cases with an expert, especially when I am a family's primary contact until they are fully established with their psychiatry/therapy team.”

“Consults with the YAP line are improving my skills and helping me to provide better care to patients.”



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Consult Case Example

Navigating Suspected ADHD and ASD in a High-Risk Child

Case Background:

- 4-year-old girl.
- Significant behavioral challenges, including poor eye contact, speech deficits, severe aggression, irritability, self injurious and manipulative behaviors.
- Disruptive outbursts in preschool.
- No prior diagnoses or educational supports in place.
- History of abuse and DSS involvement.
- Family history of psychopathology on both sides
- Recently started in speech therapy and independent therapy.

Recommendations:

- Further evaluation for ASD & other developmental assessments.
- Local resources to assist in comprehensive assessment and diagnosis.
- Provided direction for medication therapy for ADHD.
- Behavioral therapies like Applied Behavior Analysis (ABA) for the child.
- Parent-Child Interaction Therapy (PCIT) for the mother.



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Consult Case Example

Medication Management for a Teen with ADHD, Anxiety, & Suicidal Thoughts

Case Background:

- 17-year-old female.
- History of ADHD and anxiety.
- Recent psychiatric evaluation following suicidal thoughts.
- Had been prescribed Zoloft 100mg for anxiety and depression but worsened after a recent increase from 75mg.
- Significant life stressors, including the loss of her parents and current guardianship by her grandparents.
- Concerns about recent substance use.
- Had been disengaged from therapy for two months.

Recommendations:

- Reducing the dosage back to 75mg & cross-tapering options or safe transitions to another antidepressant.
- Drug screening
- Re-engaging the youth in therapy
- PHQ-9 and GAD-7
- Connecting the family with crisis resources such as the 988 Suicide Prevention Hotline and the Office of Mental Health (OMH) crisis line.

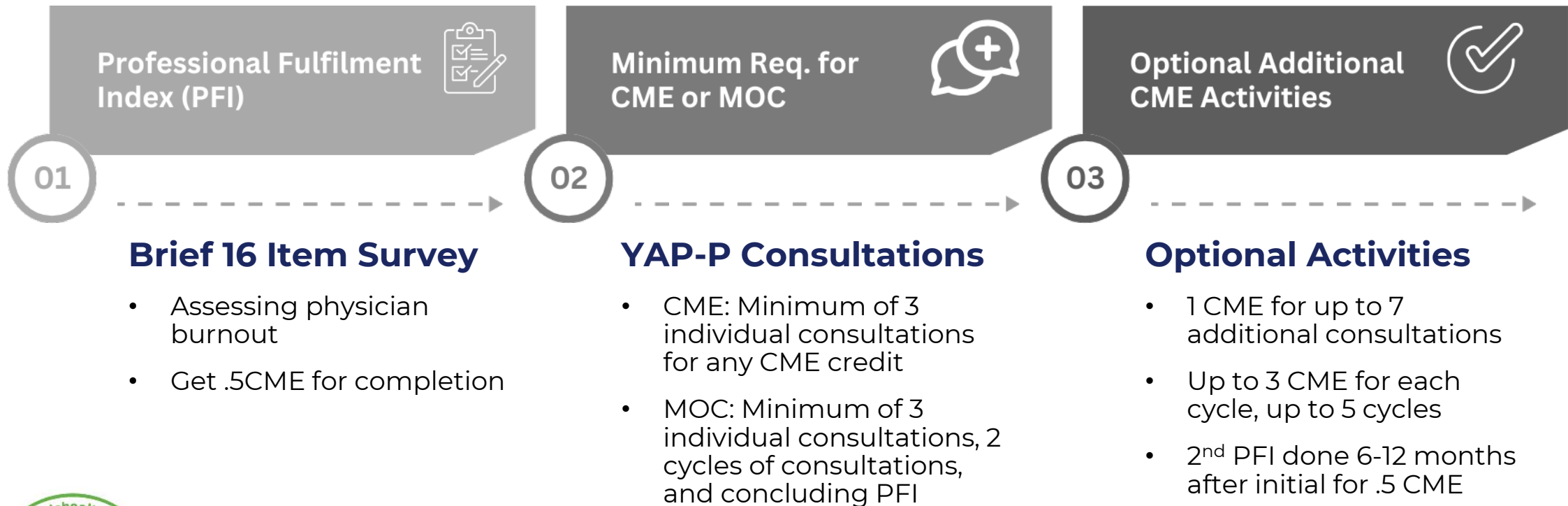


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Quality Improvement (QI) Activity

Free Opportunity to Earn up to 26 CME and MOC Credit



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Provider Trainings and Resources

Free Clinical Resources and Trainings for PCPs and Staff

Guidelines and Pearls

- Developed by our consultants
- ADHD, Anxiety, Depression, Autism, OCD, & PTSD

Laminated Medication Guides

- Developed by our consultants and the Cohen Medical Center
- Antidepressants, ADHD, and Stimulant medications

Monthly YAP-P Newsletter

- Additional CME/CEU trainings published every month

PEDIATRIC ANTIDEPRESSANT MEDICATION GUIDE Youth Access to Psychiatry Program (YAP-P) - Consult with us at 877-729-2779			
FLUOXETINE (PROZAC)	DOSING • 6-7 years: Start 10-15 mg/d • 7-11 years: Start 15-20 mg/d • 12-17 years: Start 20-30 mg/d • 18 years+: Start 30-40 mg/d every 24 hours	FORMS CAPSULE: 10 mg, 20 mg, 30 mg TABLET: 10 mg, 20 mg, 30 mg SOLUTION: 10 mg/5 mL	FDA INDICATION MDD (ages 8-17 years) OCD (ages 17 years+)
SERTRALINE (ZOLOFT)	DOSING • 6-7 years: Start 10-20 mg/d • 8-11 years: Start 10-20 mg/d • 12-17 years: Start 20-30 mg/d • 18 years+: Start 30-40 mg/d every 24 hours	FORMS CAPSULE: 25 mg, 50 mg TABLET: 25 mg, 50 mg SOLUTION: 10 mg/5 mL	FDA INDICATION MDD (ages 12-17 years)
ESCITALOPRAM (LEXAPRO)	DOSING • 6-7 years: Start 5-10 mg/d • 8-11 years: Start 5-10 mg/d • 12-17 years: Start 10-15 mg/d • 18 years+: Start 15-20 mg/d every 24 hours	FORMS CAPSULE: 10 mg, 20 mg TABLET: 10 mg, 20 mg SOLUTION: 10 mg/5 mL	FDA INDICATION MDD (ages 12-17 years) OCD (ages 17 years+)

ADHD Medication Guide*									
Methylphenidate Formulations - Long Acting, Oral*									
Formulation	10 mg/100 mg	20 mg/200 mg	30 mg/300 mg	40 mg/400 mg	50 mg/500 mg	60 mg/600 mg	70 mg/700 mg	80 mg/800 mg	90 mg/900 mg
Formulation	10 mg/100 mg	20 mg/200 mg	30 mg/300 mg	40 mg/400 mg	50 mg/500 mg	60 mg/600 mg	70 mg/700 mg	80 mg/800 mg	90 mg/900 mg
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Methylphenidate Formulations - Short Acting, Oral*									
Formulation	5 mg	10 mg	15 mg	20 mg	25 mg	30 mg	35 mg	40 mg	45 mg
Formulation	5 mg	10 mg	15 mg	20 mg	25 mg	30 mg	35 mg	40 mg	45 mg
Formulation	5 mg	10 mg	15 mg	20 mg	25 mg	30 mg	35 mg	40 mg	45 mg
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Formulation	5 mg	10 mg	15 mg	20 mg	25 mg	30 mg	35 mg	40 mg	45 mg



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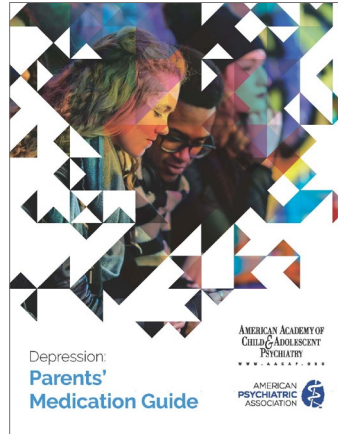
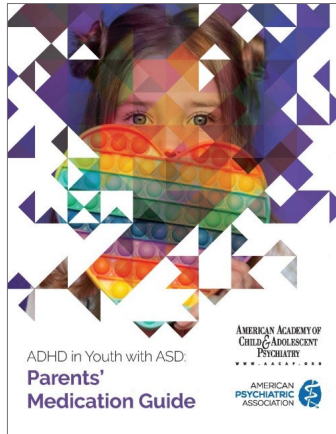
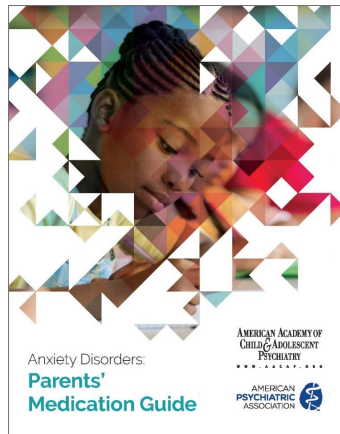


Patients & Families

Free Printed and Electronic Materials

English Materials

Available for: ADHD, ADHD in Youth with ASD, Anxiety, Depression, ASD, Emotional Outbursts, Sleep Disorders, PTSD, Helping Children Cope with Traumatic Events



Spanish Materials

Available for: ADHD, ASD, Anxiety, PTSD, Helping Children Cope with Traumatic Events



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YAP-P in School-Based Health Centers

School-based health care is provided through school and community health organization partnerships, and in collaboration with school administration and health services staff.



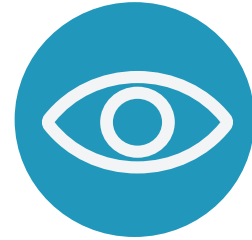
Primary care



Mental health



Oral health



Vision services

School-based health centers (SBHCs) offer the most comprehensive type of school-based health care. The Center for Disease Control and Prevention's (CDC) Community Preventive Services Task Force recommends school-based health centers (SBHCs) as an evidence-based model that improves educational and health outcomes.



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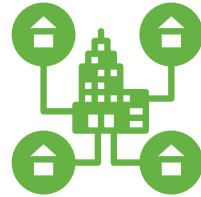


Types of SCHC Models



Traditional

Primary care accessed in a **fixed facility on school campus**



School-linked

Primary care accessed in a **fixed facility nearby, but separate from, school campus**



Mobile

Primary care accessed through a **mobile clinical unit** on or near school campus



Telehealth

Primary care accessed on **school grounds via a video platform in a designated space**



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Statewide Inventory

How did we identify SBHCs in the state?



Used SC DOE's
list of existing
schools



Emailed lead
district nurses
to identify
schools with
SBHCs



Collected
Program
Administrator
contact
information



Called Program
Administrators to
establish
relationship and
verify sites



Map sites using
Geographic
Information
Systems (GIS)



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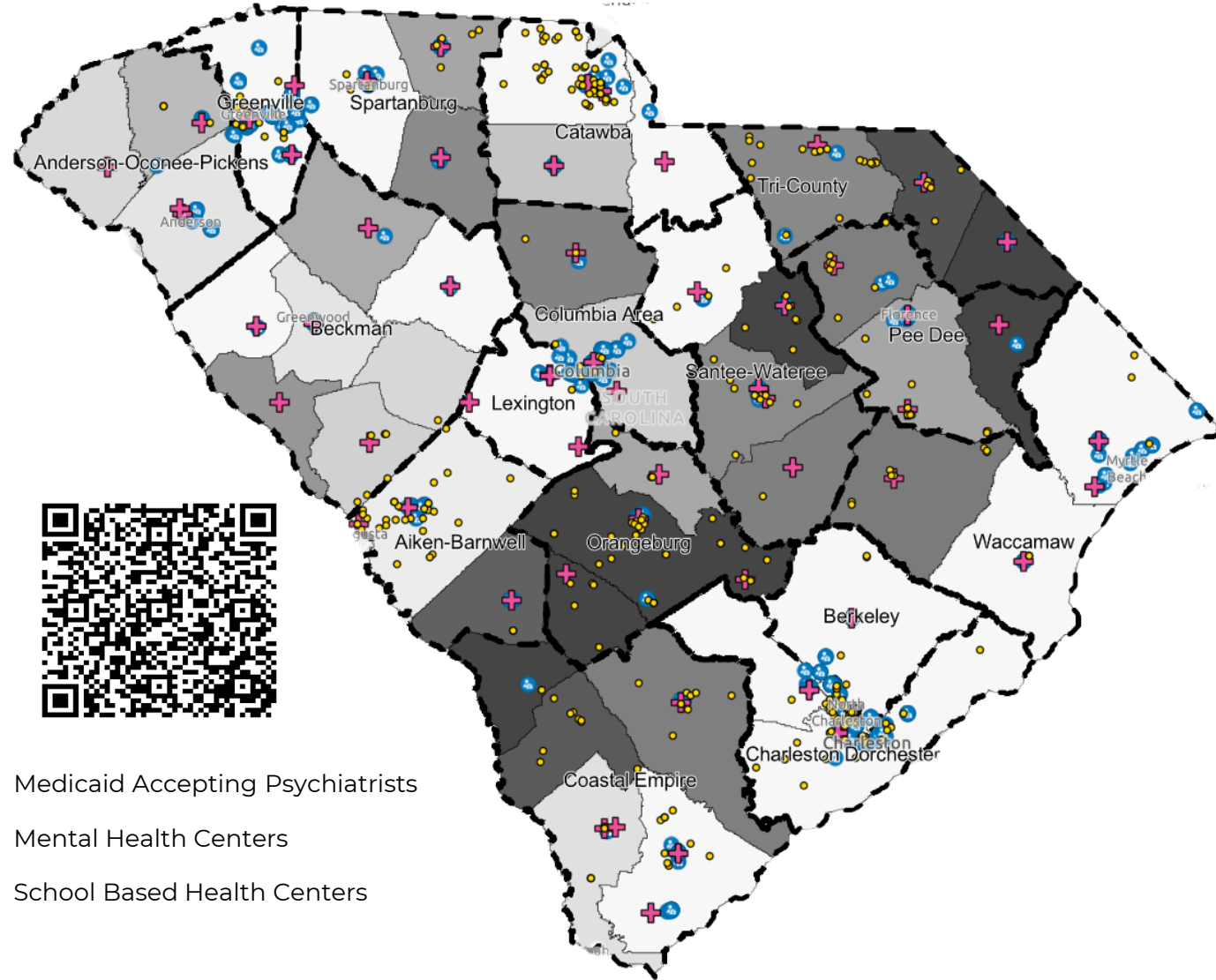
Geoloca ti on

Schools in SC

1,192

Schools served by
SBHCs

328



-  Medicaid Accepting Psychiatrists
-  Mental Health Centers
-  School Based Health Centers



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YAP-P's Impact



Total Consultations

220



Counties Served

23

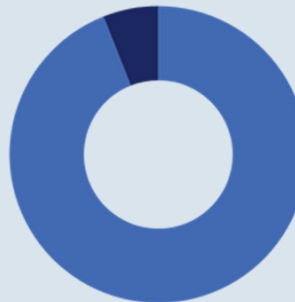
Providers indicated
confidence providing
care improved

100%



Providers reported
that the consult
changed patient care

94%



Provider Feedback

"Truly a wonderful service. I did not realize how much I needed this service until I used it."

LaChiana Hamilton, DNP
Chief of Pediatrics
BJH Comprehensive Health Services

"Phenomenal responsiveness, appropriate care, and great teaching to inform future care."

Pediatric Resident
PRISMA Health



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Integration is Easy

- We don't collect PHI
- Our services are not dependent on a patient's insurance status
- We are a rapid response line
- We accept online requests from anyone in the practice for prescribers
- Anyone on a care team can join a consultation if a prescriber is present



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YAP-P Overview Video



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YAP-P Resources

YAP-P Website



Clinical
Resources



QI Activity



Consult with YAP-P: 877-729-2779 or yapp.scdmh.org



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Questions?



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