


Behavioral Health Models for Care Delivery



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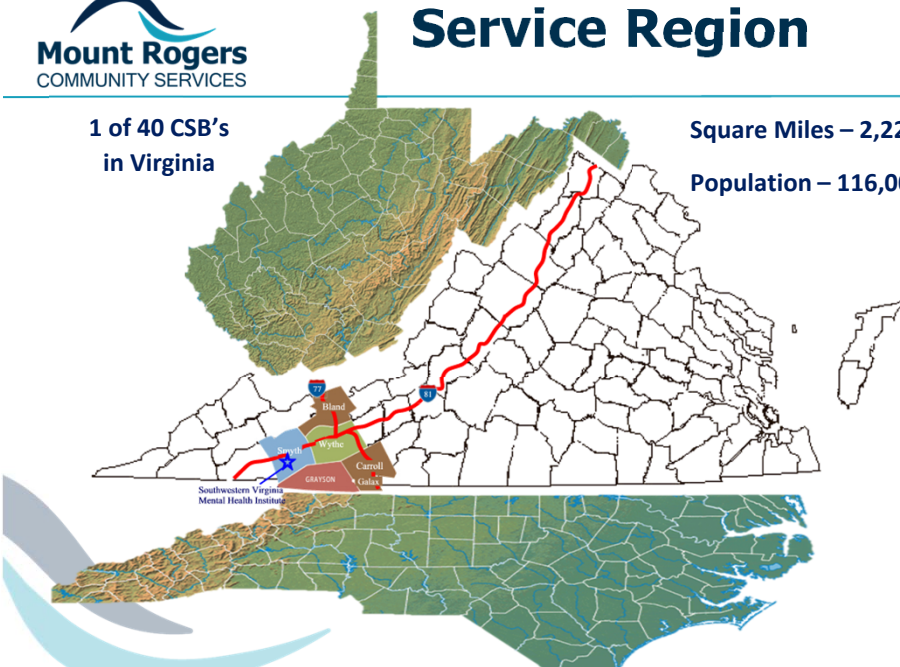


Service Region

1 of 40 CSB's in Virginia

Square Miles – 2,225

Population – 116,000



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What is a Community Services Board?

Point of entry into the publicly-funded system of services for:

- Mental Health
- Developmental Disability
- Substance Use
- Prevention and Wellness



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Individual's Served

Categories	Weldon Cooper 2020	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	Percentage FY 2020
Bland Co.	6,410	200	213	197	229	238	261	3.6%
Carroll Co.	29,367	1,646	1,619	1,656	1,707	1,855	1,834	5.8%
Galax City	6,596	601	603	670	694	667	675	10.5%
Grayson Co.	15,474	834	807	806	860	949	959	5.6%
Smyth Co.	30,068	2,275	2,315	2,394	2,465	2,549	2,735	8.2%
Wythe Co.	28,546	1,912	2,026	1,944	1,990	1,984	2,061	7.0%
Out of Catchment		508	578	657	646	668	793	
Total # individuals served		7,976	8,161	8,324	8,591	8,910	9,319	7.4%

The goal is to reach at least 5% penetration in each of the service locations to meet the needs of the individuals in each jurisdiction. Areas with lower numbers are representative of the absence of adult and/or child outpatient centers.

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Challenges

Geriatric Population

County/City	Age Group Population Estimate / Percent of Total Population		
	55 and Over	62 and Over	65 and Over
Bland	2,280 / 34.5%	1,586 / 24.0%	1,311 / 19.8%
Carroll	11,099 / 37.3%	7,682 / 25.8%	6,465 / 21.7%
Grayson	5,953 / 39.2%	4,178 / 27.5%	3,525 / 23.2%
Smyth	10,966 / 34.8%	7,567 / 24.0%	6,301 / 20.0%
Wythe	10,031 / 34.4%	7,040 / 24.1%	5,732 / 19.6%
Galax	2,350 / 34.3%	1,706 / 24.9%	1,498 / 21.8%
Virginia	2,187,964 / 26.3%	1,425,927 / 17.2%	1,144,817 / 13.8%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

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SUMMIT
BEHAVIORAL HEALTH


Successful Transitions

“When mental health is ultimately recognized as essential to physical health, not an extraneous element of it, then we will have access to true, complete, modern medicine”

John Campo, 2017

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Case 1



58 yo F with primary Dx of Paranoid Schizophrenia and Major Depressive Disorder


State Hospital System LOS 8 months

Primary Dx; Paranoid Schizophrenia, Major Depressive Disorder

Medications; Clozapine, Olanzapine, Hydroxyzine, Mirtazapine, Trazadone, Abilify

Hobbies; listening to country gospel music and watching the news

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PRESENTED WITH ANXIETY AND INTERMITTENTLY REFUSING MEDICATIONS

PSYCH SUPPORTIVE SERVICES REVIEWED AND MINOR ADJUSTMENTS TO MEDICATION WERE INITIATED TO ACHIEVE THERAPEUTIC LEVEL

NO BEHAVIORS BY DAY 30 EXHIBITING APPROPRIATE BEHAVIORS AND INTERACTING APPROPRIATELY WITH OTHERS AND DURING ACTIVITIES. FACTORS; POSITIVE REINFORCEMENT, ENGAGING IN ROUTINE ACTIVITIES, INTERESTS, AND SOCIALIZATION, MANAGING PSYCHOTROPICS, MONITORING FOR PSYCHOTROPIC INTERACTIONS, AND PSYCHOTHERAPY.

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SUMMIT
BEHAVIORAL HEALTH

This patient was successfully managed within The Summit with a LOS of 8mo.

Patient was successfully transitioned to our onsite ALF where she resided for 6 months.

Outcome: patient was able to transition successfully into the community upon DC from ALF.

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Behavioral Health Models for
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**Questions &
Answers**

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