Telemedicine, Wellness, Intervention, Triage and Referral

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER™

F. Marie Hall Institute *for* Rural *and* Community Health

Travis Hanson, JD, MS
Executive Director, TTUHSC Innovative Healthcare Transformation

Types/Rates of School Violence[1]

- July 1, 2010 to June 30, 2011 - **31** School-associated violent deaths (homicide, suicide, or involving law enforcement officer)

- **25** homicides and **6** suicides (ages 5-18 years)

- 2012 Among 12-18 year-olds, **749,200** victims of violence (serious violent crimes and simple assault), **89,000** were serious violent victimizations (rape, sexual assault, robbery, and aggravated assault)

- Males more likely to be involved in acts of violence

- Violence more prevalent in public versus private schools, those with gang presence (urban vs. suburban), and those with greater drug use,

- From 2009-2010 **74%** of schools had **1** or more violent incidents of crime with **16%** reporting more serious violent incidents

THE TWITR PROJECT

Aims of TWITR

The primary purpose is to provide screening, assessment and referral services to students who are judged to be immediate threats to do harm to themselves or others.

The secondary objectives are three fold:

1. To demonstrate that school-based screening, assessment, and referral services can be provided to students that are typically struggling with behavioral and mental health issues.
2. To demonstrate that Telemedicine Technology can be used to link remote rural schools without sufficient counselors to Psychiatry and Mental Health Service Providers in an efficient manner.
3. To provide mental health recognition and training services to educators and school resource officers to promote greater recognition and prompt referral.

THE TWITR PROJECT

The TWITR Process: Referral

- School administration [i.e. counselor, principle, teacher], or guardian notices concerning behaviors as reflected on the TWITR Project referral form. This behavior could also indicate the student posing a risk to themselves or others.

- School administration also obtain TWITR Project referral form, signed TWITR Project authorization form from parent/guardian and submit information to TWITR Project staff via fax or secured email.

- When the referral is received the assigned a TWITR Project staff will contact the referring school district and guardian/parent to establish the initial screening appointment. Guardian/parent must be present during the initial screening and all tele-psychiatry appointments.

THE TWITR PROJECT

ISD Faculty Referral

CIS Staff Referral

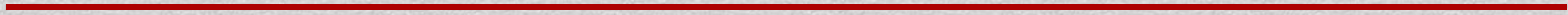Completed Referral Packet to Licensed Professional Counselor

Student Assessment(s)

Referral to Psychiatrist

Referral to PCP

Other Resources

The TWITR Process: Assessment

- TWITR Project staff will make contact with the referral school administration when they arrive at the school. The Telepsychiatry staff will follow the school districts procedures for signing in and out of the building.

- During this visit the TWITR Project staff can request student records [current grades, truancy reports, discipline referrals, and any other pertinent information] to assist in understanding the student's academic /social history and to monitor changes in student's behavior throughout the school year.

- TWITR Project staff will then complete the initial student evaluation, administer required TWITR Project assessments to the student, and other applicable parties [parent/guardian, teacher/counselor]. TWITR project staff will also obtain guardian/ parent signatures on required psychiatry forms.

THE TWITR PROJECT

The TWITR Process: Telemedicine

- At the time of the first telemedicine appointment, the TWITR Project staff will take the telemedicine laptop, and speaker to connect to the school's secure network. The TWITR Project staff will use video-teleconferencing software [i.e. Microsoft Lync] to video conference with the Child/Adolescent Psychiatrist.

- During all telemedicine appointment, trained personnel [i.e. school nurse] will collect client's vitals (blood pressure, pulse, temp, weight, and height). TWITR Project staff will provide the Child/Adolescent Psychiatrist with collected data.

- During this telemedicine appointment, the attending Child/Adolescent Psychiatrist will determine student disposition.

THE TWITR PROJECT

Disposition & Completion of Psychiatry Services

Disposition

- Medication recommendation and follow-up telemedicine scheduled.
- Medical recommendation and follow-up telemedicine scheduled.
- Recommendation for non-medical therapies with **no** telemedicine follow-up.
- Recommendation for medication and non-medical therapies with telemedicine follow-up.

Completion of Psychiatry Services

- Transfer of Care to Child's PCP for Medication/Medical Management
- Psychiatric consultation PCP to Attending Psychiatrist
- Further Telemedicine Appointments As Needed In Agreement With Tele-psychiatry Services.

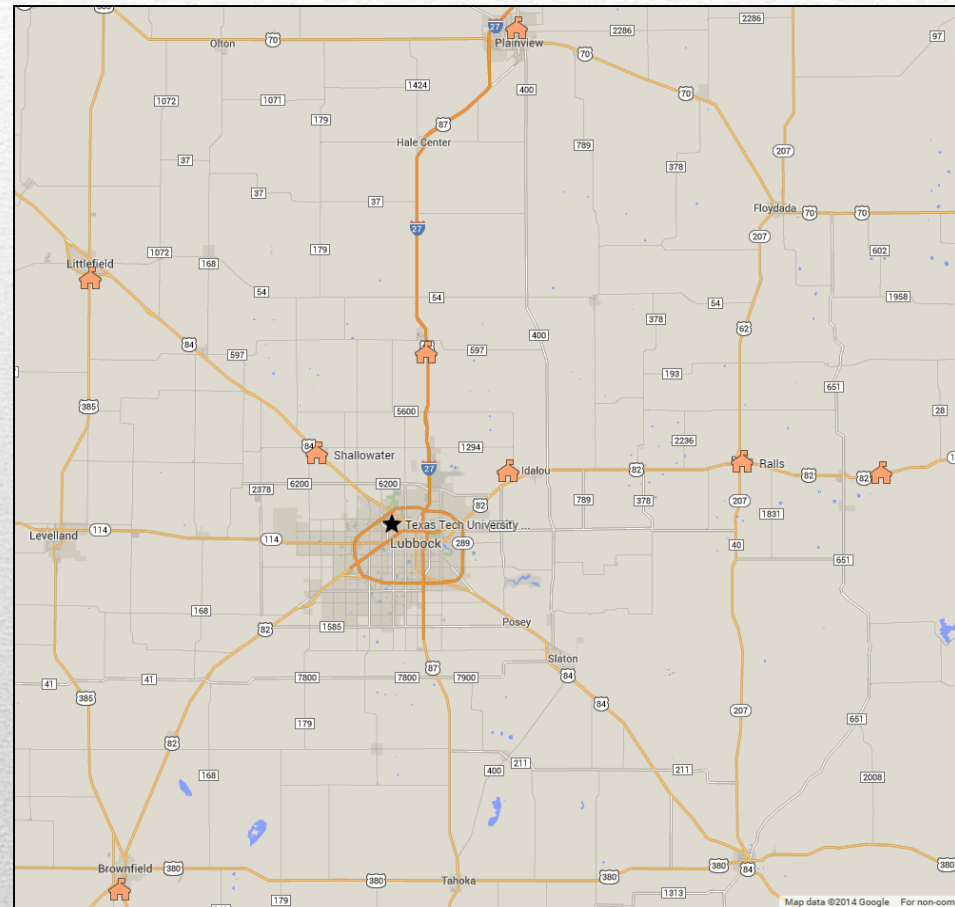THE TWITR PROJECT

Location of Schools

2013
- Plainview
- Crosbyton
- Idalou
- Ralls
- Shallowater
- Abernathy

2014 (added)
- Littlefield
- Brownfield

2015 (added)
- Lubbock Cooper
- Levelland

TWITR Outcomes

- Number of School Staff Trained = ~13,010
- Number of students impacted = ~32,139
- Number of referrals = 321
- Number screened = 130
- Number triaged = 118 (all by telemedicine)
- Number removed from school = 18
- Other outcomes = reduction in truancy (17%), reduction in student discipline referrals (25%), increase in student overall GPA (3.6%)
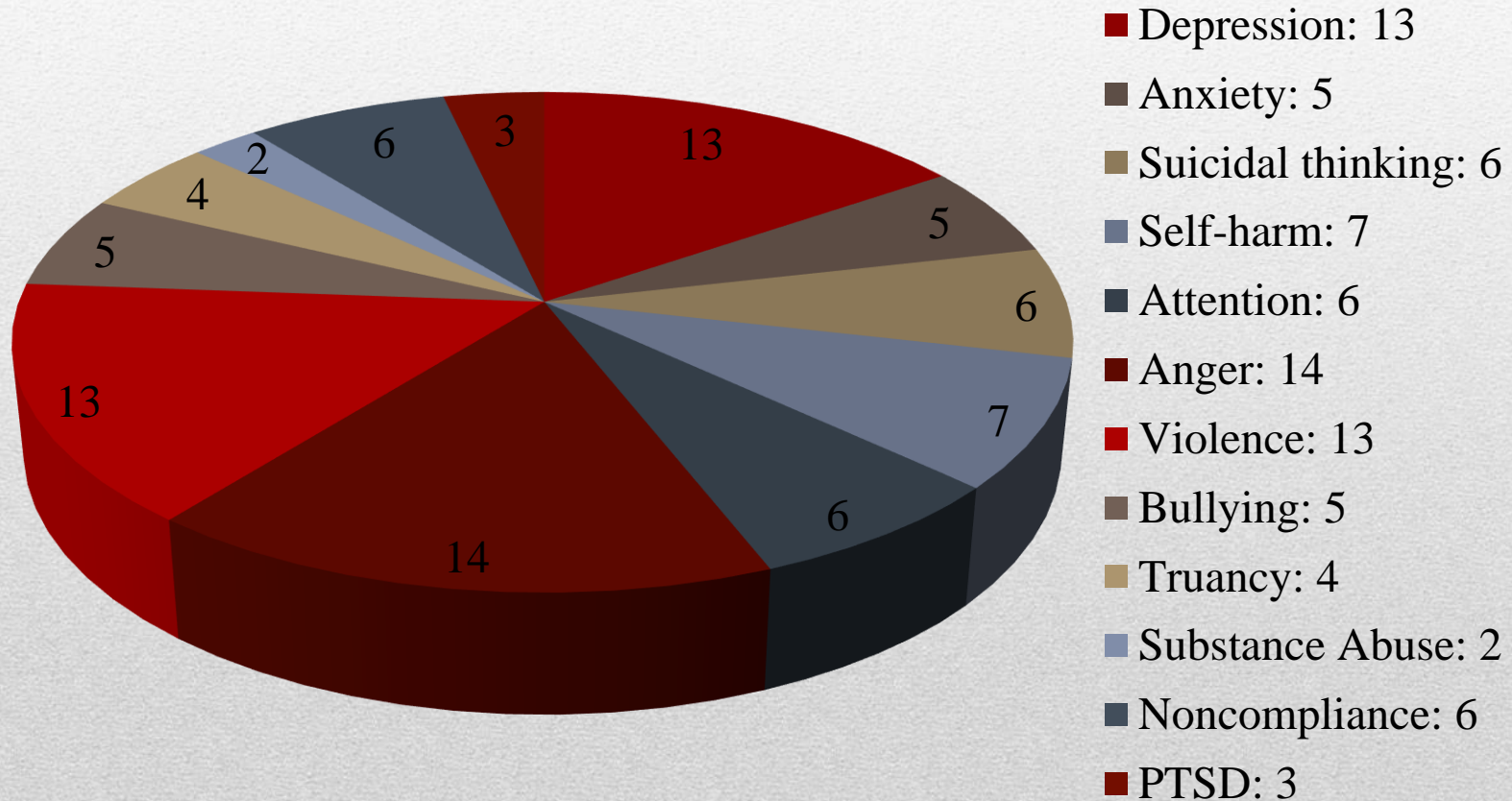
TWITR Year Two

Outcomes, Changes, And Lessons Learned

Referral Problems: 2014-15

47 students referred for screening
22 Female, 25 Male

- Depression: 13
- Anxiety: 5
- Suicidal thinking: 6
- Self-harm: 7
- Attention: 6
- Anger: 14
- Violence: 13
- Bullying: 5
- Truancy: 4
- Substance Abuse: 2
- Noncompliance: 6
- PTSD: 3

TWITR: Disposition

- 2013-14
  - Arrested – 7
  - School Withdrawal – 28
  - Referred to TTUHSC Department of Psychiatry – 25
  - Transferred from TWITR into TTUHSC Department of Psychiatry – 15
  - Referred for counseling – 10
  - Referred to Physician – 10
  - Referred to CP Services – 3
  - Referred to current provider – 6
  - Referred for substance abuse treatment – 3
  - In-patient hospitalization – 6
  - Referred to Boy's Home – 1
  - Student's with non-compliant parents – 11

- 2014-15:
  - Arrested – 0
  - Assault Charges– 2
  - School Withdrawal/Transfer – 2
  - Referred to TTUHSC Psychiatry – 21
  - Transferred from TWITR into TTUHSC Psychiatry – 8
  - Referred for Counseling – 17
  - Referred to CP Services – 2
  - Referred to Current Provider – 2
  - Referred for Substance Abuse Rx – 0
  - In-patient Hospitalization – 0
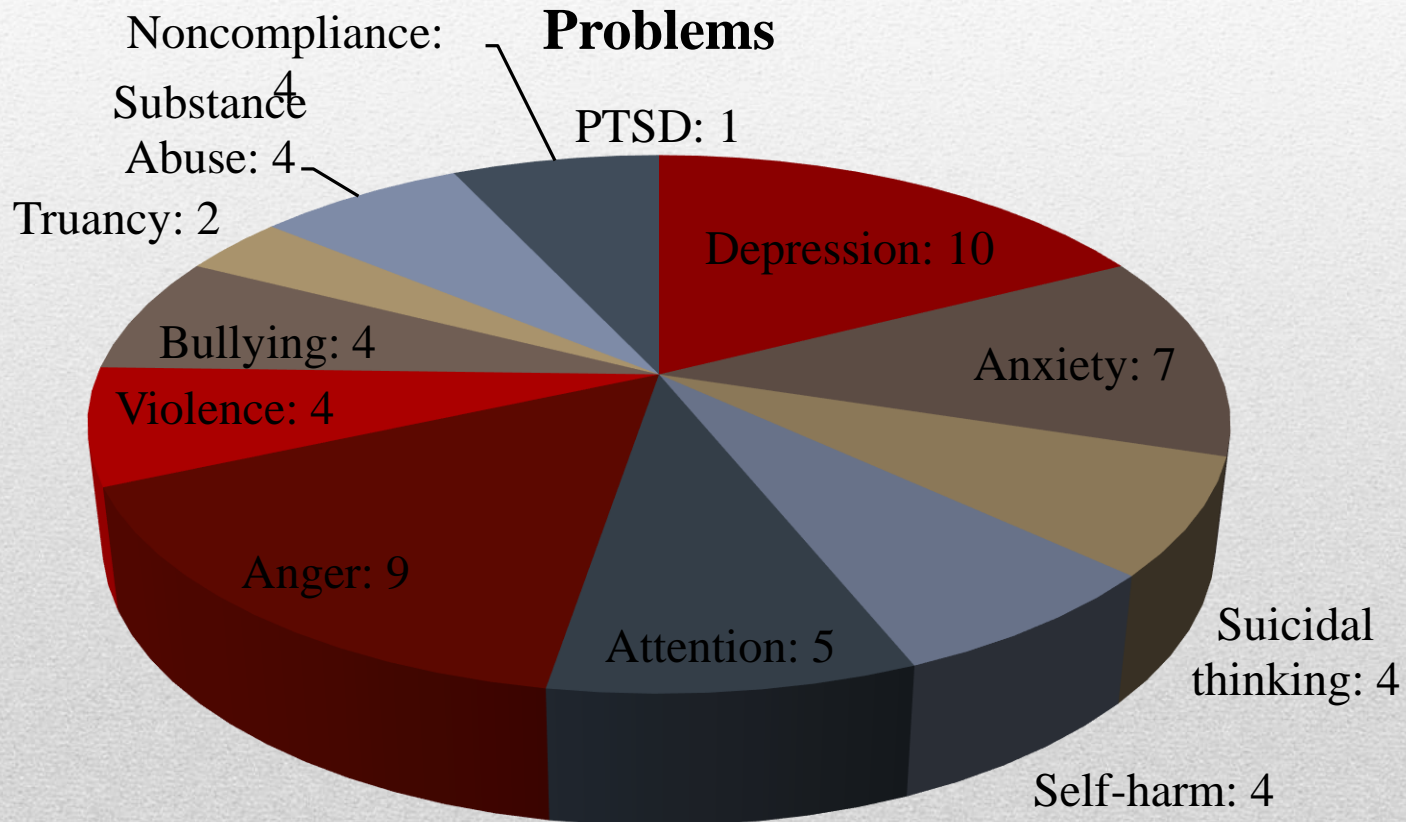 - Student's with non-compliant parents – 8

TWITR Year Three

Outcomes, Changes, And Lessons Learned

Referral Problems: 2015-16

16 students referred for screening
7 Female,   9 Male

Problems

Noncompliance: 4

Substance Abuse: 4

Truancy: 2

Bullying: 4

Violence: 4

Anger: 9

Attention: 5

PTSD: 1

Depression: 10

Anxiety: 7

Suicidal thinking: 4

Self-harm: 4

TWITR: Disposition

- 2015-16

➢ Arrested – 0

➢ School Withdrawal – 1

➢ Referred to TTUHSC Department of Psychiatry – 10

➢ Transferred from TWITR into TTUHSC Department of Psychiatry – 10

➢ Referred for counseling – 16

➢ In-patient hospitalization-1

➢ Suicidal Ideation – 4

➢ Self Harm – 4

➢ Substance Abuse – 4

➢ Student's with non-compliant parents – 3

Structured Assessment of Violence Risk in Youth (SAVRY)

- Risk Level for Violence (SAVRY):
  - Low – 7
  - Low–Medium – 4
  - Medium – 9
  - Medium–High – 4
  - High – 2

Changes/Lessons from Year 1 to 2

- Added 3 Independent School Districts to a total of 10
- Added another Licensed Professional Counselor to a total of 3
- More time training school staff about appropriate referrals and making referrals as soon as concerns arise
- Communicating assessment result to parents/guardians and schools
- Standardized violence risk assessment for all referrals
- Improved coordination with Psychiatry to decrease delays in psychiatric evaluations
- Conducting both pre and post service assessments
- Increased follow-up time for tracking student behavior
- Improved telemedicine infrastructure
- More time building relationships with school personnel

Future Directions & Plans

- Creation of a TWITR website to serve as an information and educational resource

- Working toward expanding the TWITR model in Texas and elsewhere

- Partnering with other agencies to produce educational programs addressing violence and mental health problems in schools