

# Clermont County Patient Intervention Treatment Initiative (PITI)

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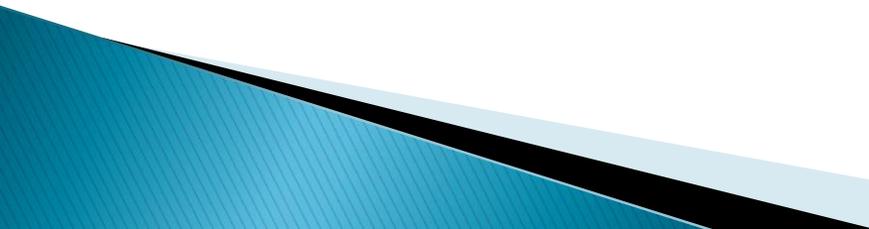
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# Why this Project?

- ▶ MHC learned of successful project in Lima and approached CCMHRB to discuss implementation;
  - ▶ MHC, CCMHRB and LPS have a long history of collaboration. CCMHRB has been contracting with MHC for almost two decades, dedicated to working together to develop treatment planning and keep clients/patients in their community.
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# WHY?

## Current issues in Clermont County CCMHRB (Board ) view point

- ▶ Large Non-Medicaid population. Many residents lack insurance and are considered 'working poor'.
  - ▶ Decreased funding resulting in gaps in services.
  - ▶ Serving only SPMI, no public funding for 'general population' for past seven years.
  - ▶ Post hospital clients have priority, but often do not follow through.
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# WHY?

## Current issues in Clermont County MHC (hospital) view point

- ▶ Cuts in public community behavioral health has resulted in cost shift to the community hospitals.
  - ▶ Large gap between hospital level of care and community services: no step down.
  - ▶ Change in focus at local State hospital resulting in more acute stays.
  - ▶ Large number of re-admits.
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# WHY?

## Current issues in Clermont County LPS (provider) view point

- ▶ Clients are more ill and have more needs.
  - ▶ Limited ability to provide intensive CPST.
  - ▶ Cost of medications.
  - ▶ No step down services from hospital.
  - ▶ Large county with little public transportation.
  - ▶ Medicaid caps.
  - ▶ Increase quality of care.
  - ▶ Prevent hospitalizations and promote recovery.
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# PITI project

- ▶ Began in 2011 with the development of our Crisis Intervention Team (CIT).
  - Mobile Crisis Unit (MC) implemented
  - Communication with MC and BHU regarding admissions
  - Direct admits to BHU for known clients assessed by MC.
  - Referrals to MC for individuals seen at ED but did not meet criteria for hospitalization.
  - MC provides follow along until person is connected to ongoing services.

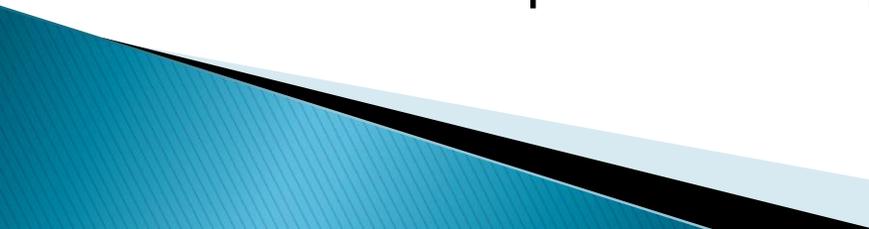
# PITI project

- ▶ Expanded in April 2012. MHC had learned of successful model in Lima.
  - ▶ MHC, LPS, MC, CCMHRB, CRC met to determine which clients would benefit from holistic treatment approach.
  - ▶ Ten high utilizers of crisis services, LPS services and hospital services were identified.
  - ▶ Five clients were chosen to begin the project.
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# PITI project

- ▶ Individualized treatment plan developed for the 5 chosen clients.
    - When to hospitalize
    - Where to hospitalize
    - Treatment provided in hospital
    - Services in community
  - Treatment plan is provided to ED staff to assure continuity of care.
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# PITI project

- ▶ Plan is given to all team members and is shared with the client.
  - ▶ Plan is given to ED staff at the hospital to assure continuity of care.
  - ▶ Team meets monthly
    - Review progress of 5 clients
    - Review success of plan
    - Problem solve
    - Re-develop treatment plan as needed
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# Conclusion

- ▶ We have just begun the project, and its too early for outcomes!
- ▶ BUT...
  - Communication has improved across multiple systems (provider, board, hospital, courts, LE)
  - Seeing less hospitalizations
  - Seeing more connections to services
  - Quality of care has improved

# Questions

If you would like to hear more about the project:

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