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A full continuum of care for children & adolescents

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BLACKSBURG - NRVCS serves literally thousands of New River Valley residents each year, providing an array of services and programs designed to meet the community's behavioral health needs.

While the agency has expanded services in a number of areas over the past ten years, NRVCS officials have made a concerted effort to grow those programs that specifically target children and adolescents.

"Obviously, if we are able to identify issues in a young person and begin taking action to address those challenges early on, they have a much better chance of growing up to become a healthy adult and productive member of our society," noted James Pritchett, NRVCS Director of Crisis & Family Services.

At the core of these services are three board certified child and adolescent psychiatrists, a family nurse practitioner, and pediatrician who independently serve as the team lead when a child is referred for psychiatric evaluations, medication management, and/or behavioral consultation services.

"Together with the other treatment providers involved, these practitioners are making a significant difference in the way we deliver care to children and adolescents," noted Pritchett.

Dr. Circe Cooke attended medical school at the University of Albuquerque and completed her residency at the University of Kentucky. Dr. Cooke, who also has an interest in treating youth with attachment disorders or autism spectrum disorders, has been on the NRVCS staff since 2007.

Dr. Michelle Friebe is a former New York City public high school teacher who entered medical school thinking she would go into surgery before being introduced to the field of child psychiatry. After finishing her fellowship at the University of Virginia with specialized training in Freudian play



NRVCS CHILDREN'S PSYCHIATRIC SERVICES TEAM: Seated are Patti Sandoe, N.P. (left) and Brigitte Rotche, M.D. Standing are (from left) Michelle Friebe, M.D.; Jessica Jeffrey, D.O.; and Circe Cooke, M.D. (Photo - Mike Wade/NRVCS)

therapy, she joined NRVCS in 2007.

Dr. Jessica Jeffrey is the newest member of the NRVCS children's psychiatric services team, having joined the agency in September 2014. Dr. Jeffrey, who received her medical degree from the Edward Via College of Osteopathic Medicine, is particularly interested in patient education and genetic/medical causes for psychiatric illness.

Dr. Brigitte Rotche, a local pediatrician, has worked with NRVCS since 2009. She earned her medical degree from Rush Medical College in Chicago and completed her pediatric internship and residency at

the Loyola University Medical Center in Illinois.

Patti Sandoe, MSN, FNP, obtained her master's of nursing degree from the University of Virginia and later earned her post-master's Family Nurse Practitioner degree at Virginia Commonwealth University/Medical College of Virginia. She has 25 years of experience in nursing with practice in nursing education and family medicine.

NRVCS begins serving some children literally from birth. Infants who are deter-

THE NRVCS CONTINUUM OF CARE FOR CHILDREN AND ADOLESCENTS

NRVCS works in partnership with various community agencies to implement innovative and evidence-based programs and services, including those specifically aimed at assisting children and adolescents who are diagnosed with behavioral health issues. The goal is to maximize value for not only the individual consumer and his or her family, but also for the community.

Program	Innovation
Early Intervention	Early Intervention supports families of infants and toddlers, ages birth to three years, with developmental delays and disabilities. Early Intervention professionals help families build on the things they do every day to support their child's learning and development in order to reach their goals for their child.
Early Childhood Case Management & Head Start Services	Early Childhood case managers assist children (typically from birth to age 7) who are at risk for serious emotional disturbance and their families in finding medical, psychiatric, social/emotional, educational, and other services which are needed for the child to thrive in the community. Head Start based therapy is a blend of outpatient, in-home, case management and short-term crisis services, all designed to improve the ability of a referred student to learn in the classroom.
ID/DD/Autism Services	Intellectual disability/developmental disability (ID/DD) services help children and adolescents remain in their homes, schools, and communities. We work closely with families and other service providers in the community to ensure that the child's needs are being addressed. All individuals referred for case management receive a comprehensive assessment of their needs and strengths.
Behavioral Treatment Services	Behavioral therapists assist families in the use of interventions to help improve their child's behavior and communication. Treatment may include behavioral supports, communication modification/devices, supplying appropriate activities, sensory integration, continued education and assessments.
Case Management	Case Managers assist children with serious emotional disturbances or those who are at risk for developing serious emotional disturbances. Services assist children and their families in finding medical, psychiatric, social/emotional, educational, and other resources which are needed for the child to thrive in the community. Case management services can be delivered in the following settings: the home, school, and/or community.
Outpatient Services	Outpatient Services may include individual, as well as family and group therapy. Services may be tailored to meet the individual needs of each individual, which may include: attachment issues, substance abuse, and/or trauma. Psychological testing can also be made available, depending on the individual's needs.
Therapeutic Day Treatment	The goal of the Therapeutic Day Treatment program is to provide an optimal environment for children with significant disturbances to learn practical living skills that will enhance their academic and behavioral performance. Eligible children have documented mental, behavioral, and/or emotional illnesses which result in significant functional impairments in major life activities.
In-Home Services	The goal of In-Home Services is to keep a child in his or her home. In-Home is an intense service with a minimum of three hours of service provided weekly.
Healthy Alternatives to Residential Treatment (HART)	The motivation behind the HART home program is to provide children with alternative placements when necessary and approved by local Family Assessment and Planning Teams (FAPT) to prevent them from being removed from their community. By placing children in a HART home in their community, they can avoid the negative impact of institutionalization and also take part in normal adolescent activities that will promote appropriate social development.
Crisis Intervention	Crisis services are provided to children and adolescents who are in a mental health or emotional crisis. Services are designed to help stabilize mood and behavior in order to prevent hospitalization or any other disruption in the child's environment.
Kids' Program for Assertive Community Treatment (KPACT)	This is an intense service for children and adolescents who are at risk for removal from their homes, or children with treatment needs that surpass the typical therapeutic offerings of NRVCS. Each KPACT case involves wrap-around services that are approved by local FAPT and individualized to meet the specific needs of each child and family.
Psychiatric Services	NRVCS' psychiatric services team conducts psychiatric assessments and evaluates referred youth for medication to stabilize them within the home and broader community. In the process, they collaborate with all treatment providers and specifically work with the youth's Primary Care Provider to ensure that comprehensive care results.
Prevention	Prevention programs strive to reduce individual, family, and environmental risk factors, increase resiliency, enhance protective factors, and achieve individual and comprehensive community wellness through a team or a collaborative approach. Programs are proactive, evidence-based, and outcomes are measurable.

Additional information about these programs can be found at our website: www.nrvcs.org.



STUDENTS “KICK BUTTS”: Students in the after-school program at Narrows Elementary/Middle School proudly display their signs in support of “Kick Butts Day” - an international anti-tobacco awareness campaign - on March 18. The after-school program is facilitated by NRVCs Prevention Services. (Photo - Connie Clark/NRVCs)

Developmental assets can have a powerful influence on young people

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Many of us are likely guilty of focusing too much on the negative impact that today’s society seems to be having on young people. We are constantly bombarded with news reports and social media posts that dwell on this, and youth who exhibit bad behavior are often glamorized in our modern culture.

Fortunately, there is a national movement underway that is attempting to shift the way we think about - and interact with - young people.

Staff with NRVCs’ Prevention Services are currently working on implementing strategies in each of our local communities that focus on developmental assets, factors that play a key role in a young person’s potential for personal growth and success.

Based on extensive research, the 40 developmental assets identified by the Search Institute include a variety of positive experiences, opportunities, and qualities that children and adolescents need in order to one day become healthy and productive adults.

The developmental assets cover eight broad areas of human development which are evenly split among categories that are external (environmental) and internal (personal). Search Institute data has shown that the more assets young people experience,

the less likely they are to engage in risky behaviors.

“In general terms, this is about decreasing risk factors while increasing resiliency in our young people,” noted Kathy Kenley, a supervisor with NRVCs Prevention Services. “There are protective factors to consider - things families, schools and the community can provide - but there are also constitutional factors - the qualities a child is born with - that come into play.”

According to Search Institute studies, the average student in grades 6 - 12 only experiences 18 of the 40 developmental assets.

“We’ve learned from the youth surveys we conduct here in the New River Valley that kids are engaging in risky sexual behavior and drug use at an early age,” explained Dana Schultz, also a supervisor with Prevention Services.

“Young people tend to be very impressionable, and there’s a learned helplessness in many of them,” Schultz added. “So, we have to change the mindset within our communities and put our energy behind positive youth development.”

Kenley pointed out that NRVCs Prevention efforts are designed to provide individuals, families and community members with the opportunity to promote developmental assets on some level.

To learn more, visit nrvc.org/prevention.

mined to have developmental delays or disabilities are often referred to the Early Intervention program, which serves babies and toddlers up to age three.

Children enrolled in Head Start, as well as those up to age seven, who are at risk for serious emotional disturbance can receive case management services through NRVCs. The agency also provides case management and support for children with intellectual or developmental disabilities, as well as those who have been diagnosed with an Autism Spectrum Disorder.

Outpatient services are offered to children and adolescents with emotional or mental health issues. Thanks to a strong partnership with local school systems, NRVCs is also able to provide school-based clinical services at nearly every public school in the New River Valley. Therapeutic day treatment is also available to students from throughout the region.

“We’re extremely proud of our collaborations in the community and the school-based programs are a great example of how we’re working with other stakeholders to take our programs where they are needed most,” Pritchett added.

Young people with more intensive needs may receive in-home services, where NRVCs provides services on a weekly basis - often in an attempt to avoid having the child removed from the home. Similarly, KPACT (Kids’ Program for Assertive Community Treatment) provides wrap-around services for children to keep them from being hospitalized for their mental health issues. Additional crisis intervention services are also available.

HART (Healthy Alternatives to Residential Treatment) homes offer children an alternative placement to prevent them from being removed from their community.

NRVCs Prevention Services utilize strategies designed to reduce problems related to alcohol, tobacco, or other drug use, mental disorders, physical illness, or violence and abuse.

“What we’ve learned over the years is that community-based behavioral health services aren’t one size fits all,” Pritchett continued. “So, we sometimes have to adapt our programs and how we deliver them to better meet the needs of a particular community or population.”



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REACH expands crisis services to serve children and adolescents

RADFORD - Mobile crisis services are now available to children and adolescents with intellectual or developmental disabilities throughout southwest Virginia thanks to the REACH (Regional Education Crisis Services Habilitation) program.

According to Erica Whiting, a project manager with REACH, the program officially expanded to include these services back in October 2014. The move was, in part, the result of a regional needs assessment conducted in partnership with NRVCS' Prevention Services to identify available services for this particular population, as well as the barriers to accessing those services.

"This is the second phase of our expansion project as identified in the Department of Justice settlement agreement," noted Whiting. "Our goal is to partner with families and providers throughout the region to strengthen supports, increase access to services, reduce risk of hospitaliza-



tion and keep young people in their homes."

REACH children's providers are available 24/7 to provide mobile crisis intervention and stabilization as well as on-call services to eligible youth and their families. Whiting did point out that REACH does not offer out-of-home residential crisis placement for individuals under the age of 18.

REACH is a statewide program that also provides services and supports to adults with intellectual or developmental disabilities. The clinical team that covers the New River Valley and the rest of Health Planning III is headquartered in Radford and managed by NRVCS.

To learn more, visit nrvc.org/reach.

NRVCS Quarterly Service Data

NRVCS has released its service data for the first and second quarters of Fiscal Year 2015 (July 1, 2014 - June 30, 2015).

According to the report, the agency served a total of 6,259 consumers during the first quarter (July 1 - September 30, 2014). During that time period, NRVCS provided services to 3,138 children (individuals under the age of 21) and 3,121 adults.

During the second quarter (October 1, 2014 - December 31, 2015), NRVCS served a total of 7,787 individuals. Of that total, 3,710 were children under the age of 21, and 4,077 were adults.

The figures in this report represent an unduplicated number of individuals served and include consumers who received services for mental health, developmental disabilities and/or substance use disorders.

NRVCS Prevention Services reported 5,907 total contacts in the first quarter and 15,965 during the second quarter.