

**Community Response and Standards  
for the  
Prevention of Suicide  
October 18<sup>th</sup>, 2019**

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# Objectives

- To learn how a hospital and community mental health agencies collaborated to adopt the standardized triage tools
- To understand how standardized tools can be used to screen patients to right level of intervention
- To learn how to use the C-SSRS as a tool in the prevention of suicide

# CDC, NIMH & WHO Statistics

Since 1999 suicide rates have increased 28%

Suicide is the 2<sup>nd</sup> leading cause of death ages 15-24, previous to this study it was 3<sup>rd</sup>

Nearly 1 in 10 high school students attempt suicide each year

16% of HS school students have seriously considered suicide

1 in 100,000 children ages 10 to 14 die by suicide yearly

1 in 100,000 youth age 15 to 19 die by suicide yearly

It is estimated 1 person in the US dies by suicide every 12-16 minutes

# OHIO Statistics

Ohio suicide rate increases 24% from 2008 – 2017

- 15,246 persons died by suicide in Ohio during this time
- 13.3 deaths per 100,000 people
- Highest rate in Appalachian counties
- Rate among men 4x higher than women
- Children 14 and younger, rates increased by 14%
- Adults 60+ increased by 57%

Above statistics from Ohio alliance for Innovation in Population Health. Columbus Post Dispatch May 13, 2019

# Myths vs Facts

There's no point in asking about suicidal thoughts...If someone is going to do it, they won't tell you.

Asking a depressed person about suicide may put the idea in their head

Someone that makes suicidal threats won't really do it. They're just looking for attention.

# CCHMC Division of Psychiatry

Offers an extensive psychiatric continuum of psychiatric services within a pediatric hospital system

- 102 Acute Inpatient beds
- 33 Residential Beds
- 2 (3) Partial Hospitalization Program (PHP)
- Outpatient – Individual, Group Therapy & Medication Management
- School Based Mental Health Services
- Suicide Prevention – “Surviving the Teens”
- Therapeutic Integrated Program (TIP)
- **Psychiatric Intake Response Center**



# MindPeace

Our mission is to ensure that there is a *seamless system* of mental health care for children that meets specific characteristics of *quality*, provides a *continuum of care*, has *system connections*, and is *affordable*.

MindPeace,  
County Mental Health &  
Recovery Services Boards  
& School Districts

Lighthouse

Cincinnati  
Children's  
Hospital

Tri Health

Beech  
Acres

The Children's  
Home

Butler Behavioral  
Health

Talbert  
House

Camelot  
Care

St. Joe's

Central Clinic

St. Aloysius

Child  
Focus

Solutions

GCB

Catholic Charities  
SW Ohio

Community  
First

## School Based Mental Health Network PRK – 12<sup>th</sup> Grade

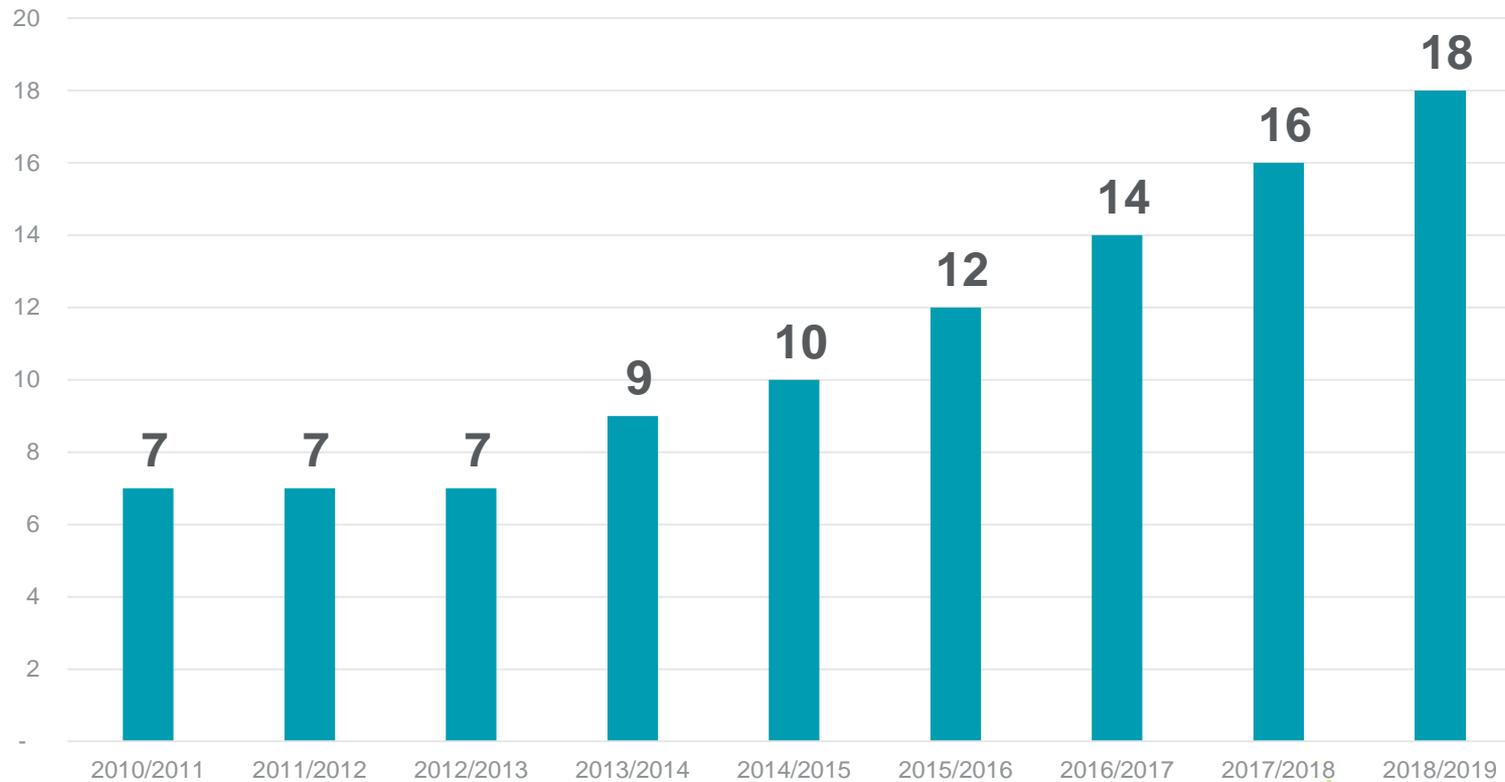
MindPeace Value: Neutral party, partnership launch, shared outcomes, quality improvement efforts, business model help, on-going problem solving assistance

# Model of Care - Our Goals for a Lead School Based Mental Health Partnership

- Chosen by community stakeholders
- Financially self-sustaining utilizing third party insurance
- Equity: all children served, no matter their payer source
- Co-located
- Full-time
- Integrated and aligned (shared outcomes)
- Accountable (agreement with community learning center)
- Continuum of services (prevention, intervention, treatment)

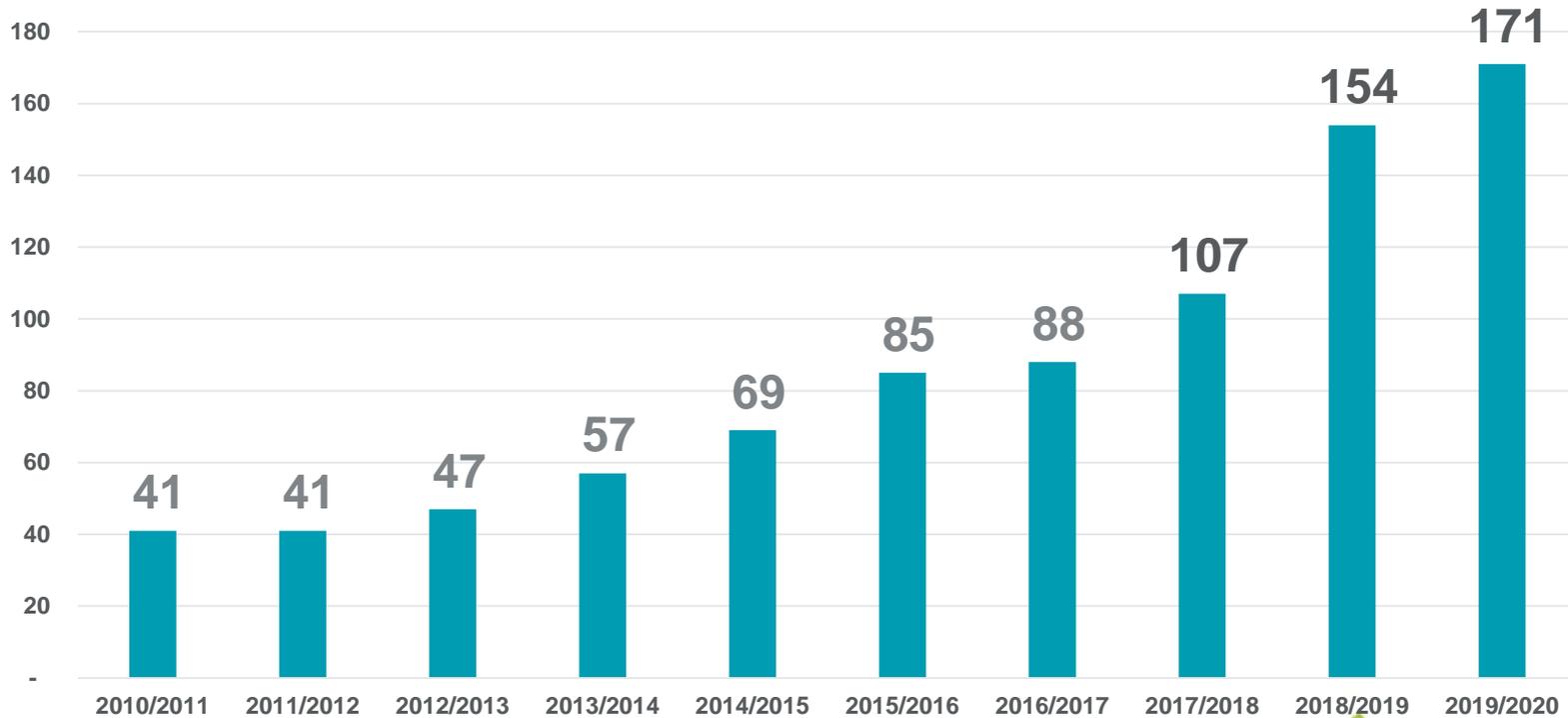
# Network Data 2018-2019

## # of Child Serving Agencies in MindPeace School Based Network



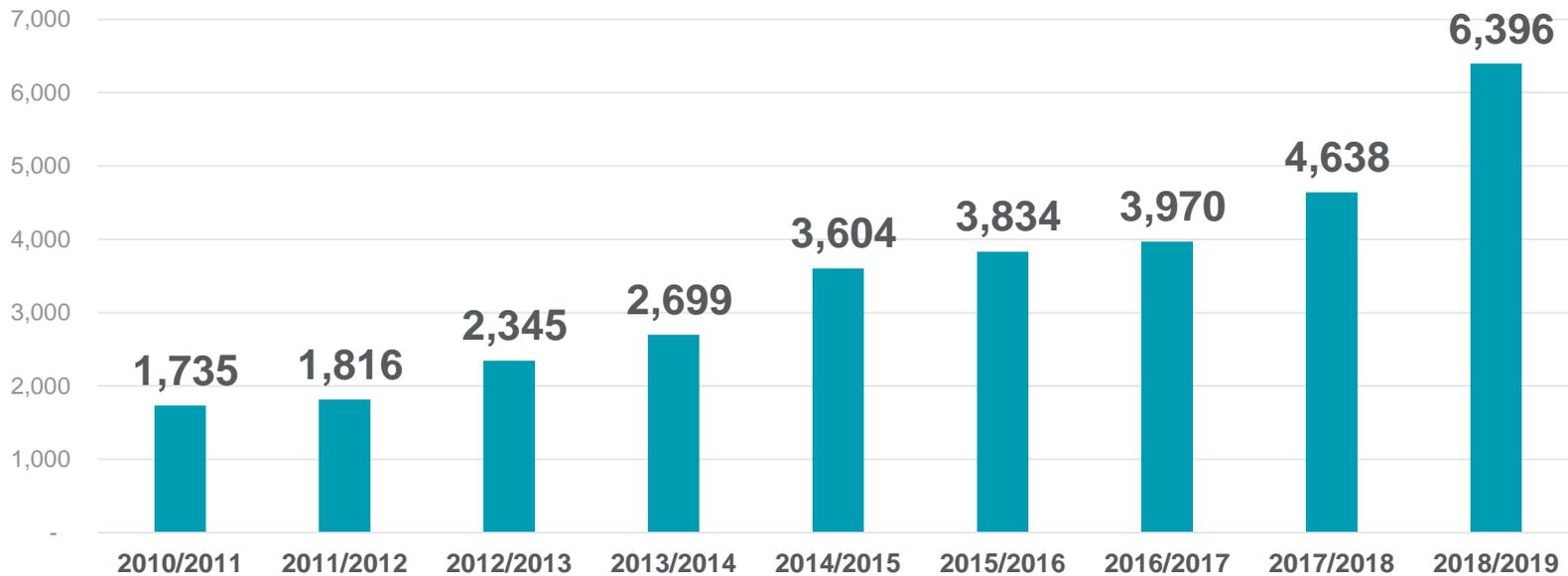
# Network Data 2018-2019

## # of Community Learning Centers/Schools in MindPeace School Based Network



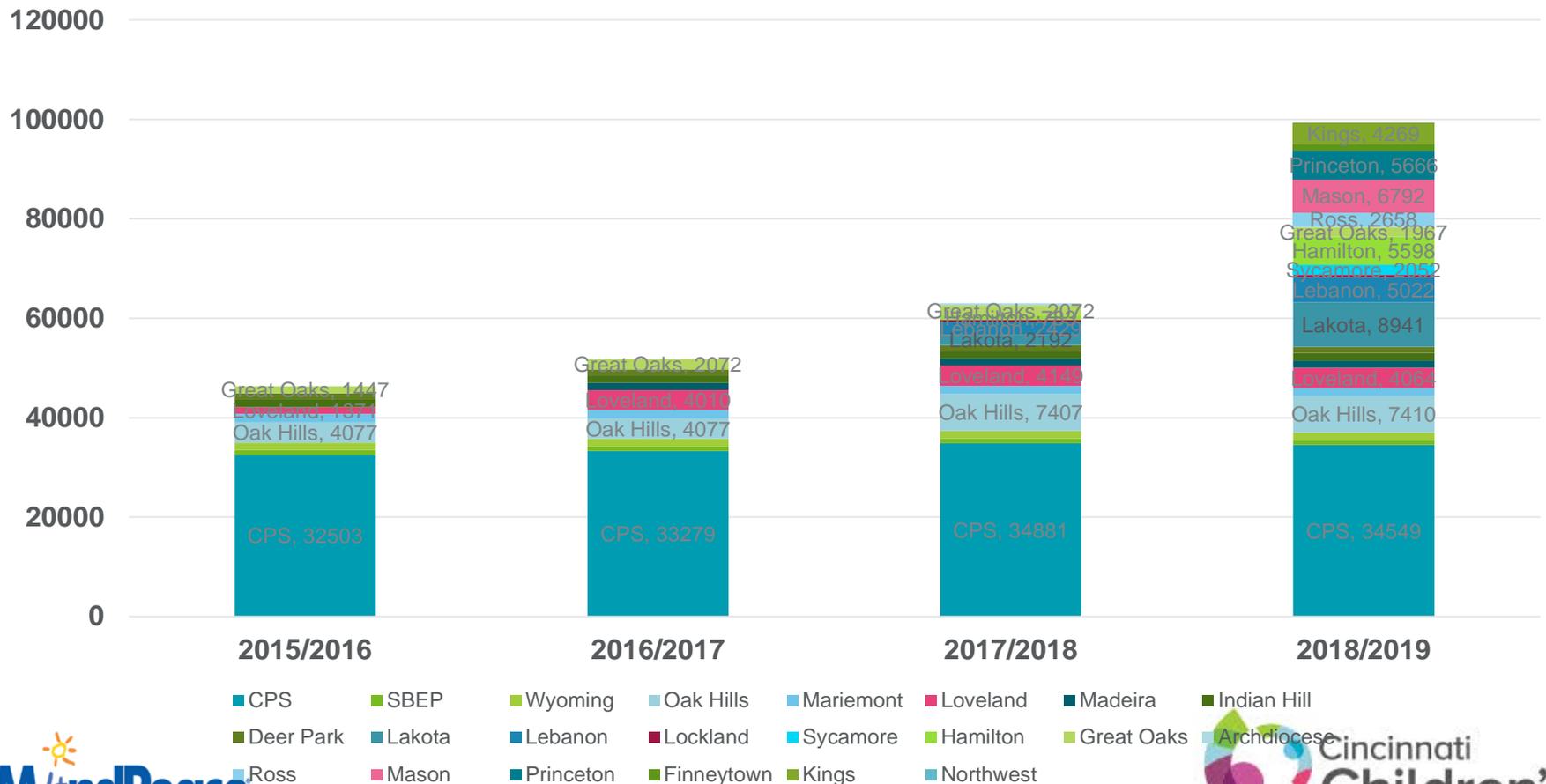
# Network Data 2018-2019

## Total Number of Students Served in Treatment in MindPeace School Based Network



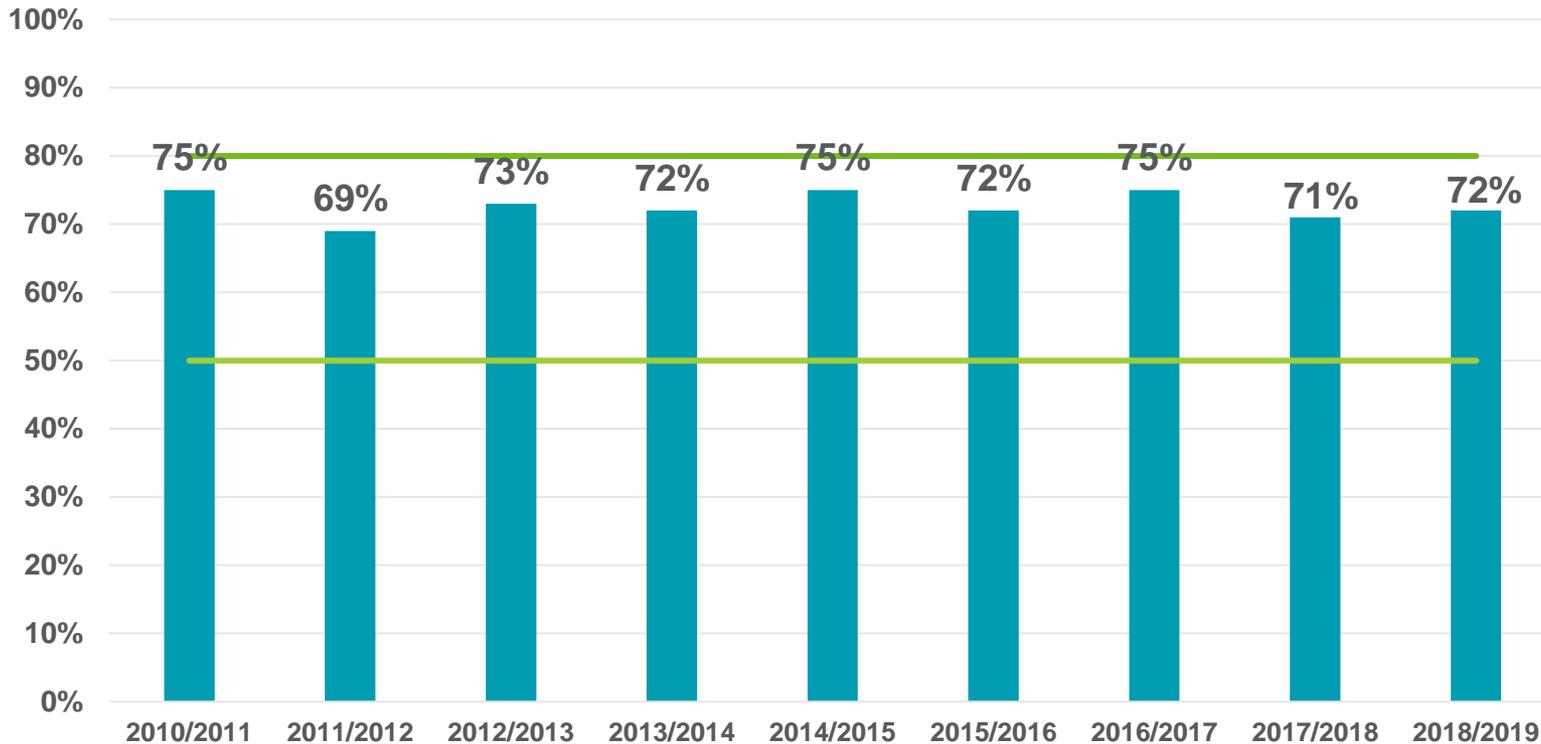
# Network Data 2018-2019

## # of Students Who had Access to Services in MindPeace School Based Network



# Network Data 2018-2019

## Total % Access to Care for MindPeace School Based Network



# Network Access to Care

*Nationally, 25% to 50% of children access to care.*

*For the Cincinnati School Based Mental Health Network,  
over 100,000 students have access to care*

*73% of students who need treatment access care.*

- The SERA (Suicide, Education, Research and Advocacy) Collaboration is dedicated to engaging, organizing, and working with the community to increase knowledge, resources, and support structures so all are able to have access to the best suicide prevention and postvention programs.
- Founded by Cincinnati Children's Hospital Medical Center
- Accomplishments:
  - Development of postvention recommendations for schools
  - Postvention recommendations including sample plans and checklist to all high schools in Greater Cincinnati
  - Newsletter targeting all high schools in Greater Cincinnati developed and sent quarterly
  - Information available via [www.MindPeaceCincinnati.com](http://www.MindPeaceCincinnati.com)

# Youth Suicides in Ohio, Hamilton County, Cincinnati City 2016-2018

	2016	2017	2018**
<b>All suicides in Ohio (all ages)</b>	1689	1787	1087
<b>8-25 yo</b>	247	286	177
<b>8-17 yo</b>	54	84	49
<b>18-25 yo</b>	193	232	128

	2016	2017	2018*
<b>All suicides in Hamilton County (all ages)</b>	107	112	101
<b>8-25 yo</b>	24	24	17
<b>8-17 yo</b>	6	6	4
<b>18-25 yo</b>	18	18	13

	2016	2017	2018*
<b>All suicides in Cincinnati City (all ages)</b>	35	45	35
<b>8-25 yo</b>	9	12	5
<b>8-17 yo</b>	5	3	1
<b>18-25 yo</b>	4	9	4



For Children's Mental Health



# MindPeace Catalyst for Change - Crisis

MindPeace brings CCHMC and community MH leaders together to discuss increase in ED volume and increase in youth suicides

- Many suicidal youth were already in services or had been referred for services

# Collaboration CCHMC, MindPeace, Community

1. Increased Access to Crisis Services – Safety Net Team
2. CCHMC Alternative to ED - PIRC Bridge Clinic
3. Standardized Suicide Education & Training
  - **Columbia Suicide Severity Rating Scale (C-SSRS)**
  - PIRC Triage Tool (C-SSRS & Overt Aggression Scale)
  - Crisis Management Plan

# Safety Net Team – Leads to Improvement

## 24- Hour Access to Community Agencies

- Variability in access to community MH after-hours services
- Developed process for agency securing on-call
- Developed process for ED to contact agency
- Community MH agency EMR access with patient/parent permission
- Increased capacity across community for open access near term outpatient appointments

# CCHMC Built the PIRC Bridge

- Increased in patient volume in EDs
- Only One option for emergency/crisis services – ED
- Limited capacity and access to higher level of care services
- Inappropriate utilization of medical services
- Larger cost to the patient/family
- Increase wait-times in the ED
- Decrease pt/family satisfaction

# PIRC Bridge Overview

**Goals:** To provide an integrated care model to help patients and families access mental health services.

## Levels of Intervention:

- Care Coordination Calls (CCC)
- Immediate/Urgent Psychiatric Assessment by a licensed independent SW/CC
- Access to prescribers

## Objective:

- To minimize unnecessary ED visits
- To minimize acute psychiatric admissions
- To provide crisis management – evidence based interventions
- To support transition to ongoing mental health providers

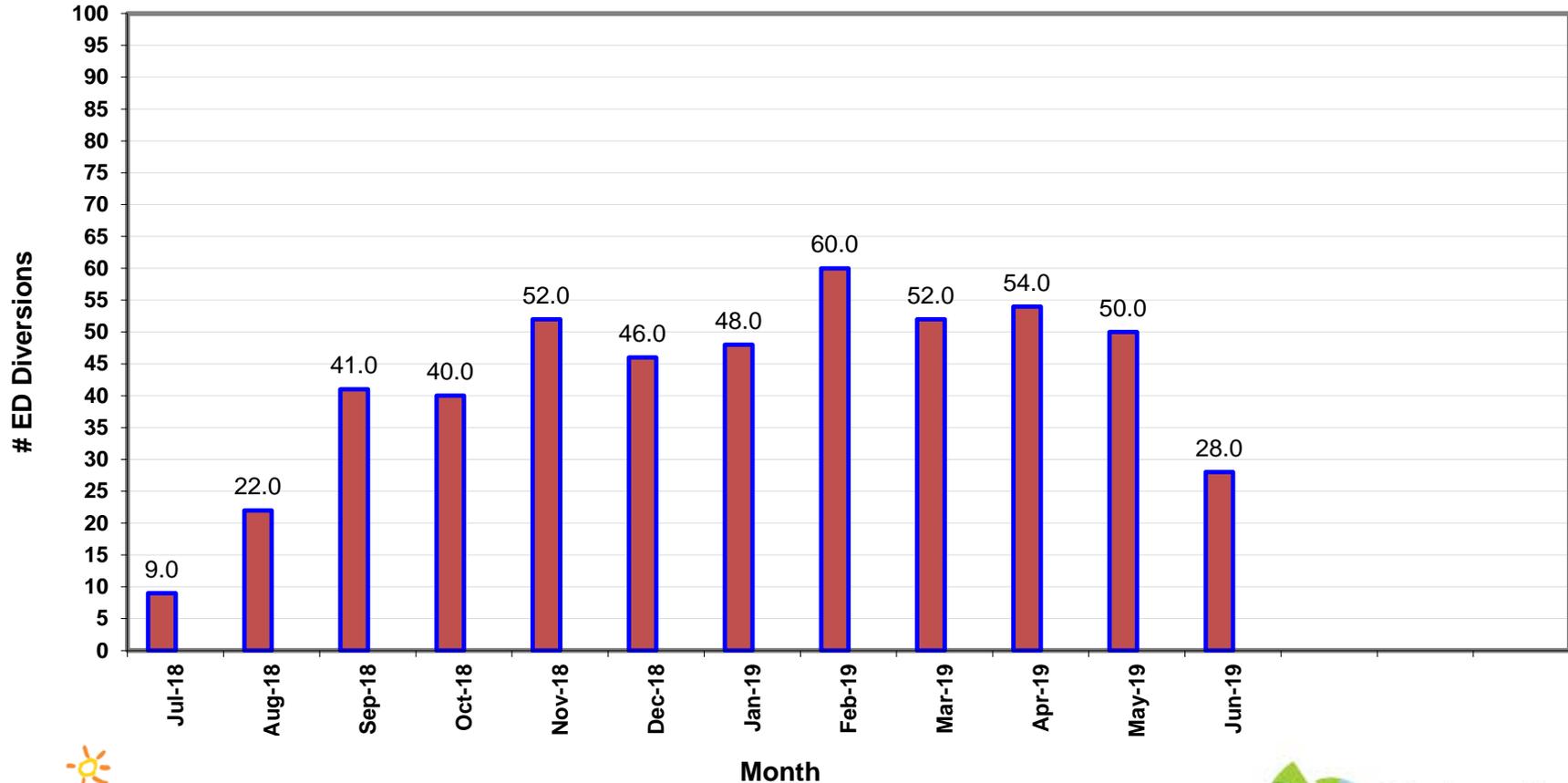
# PIRC Bridge Referral Pathways

There are multiple ways in which a patient can access the Bridge:

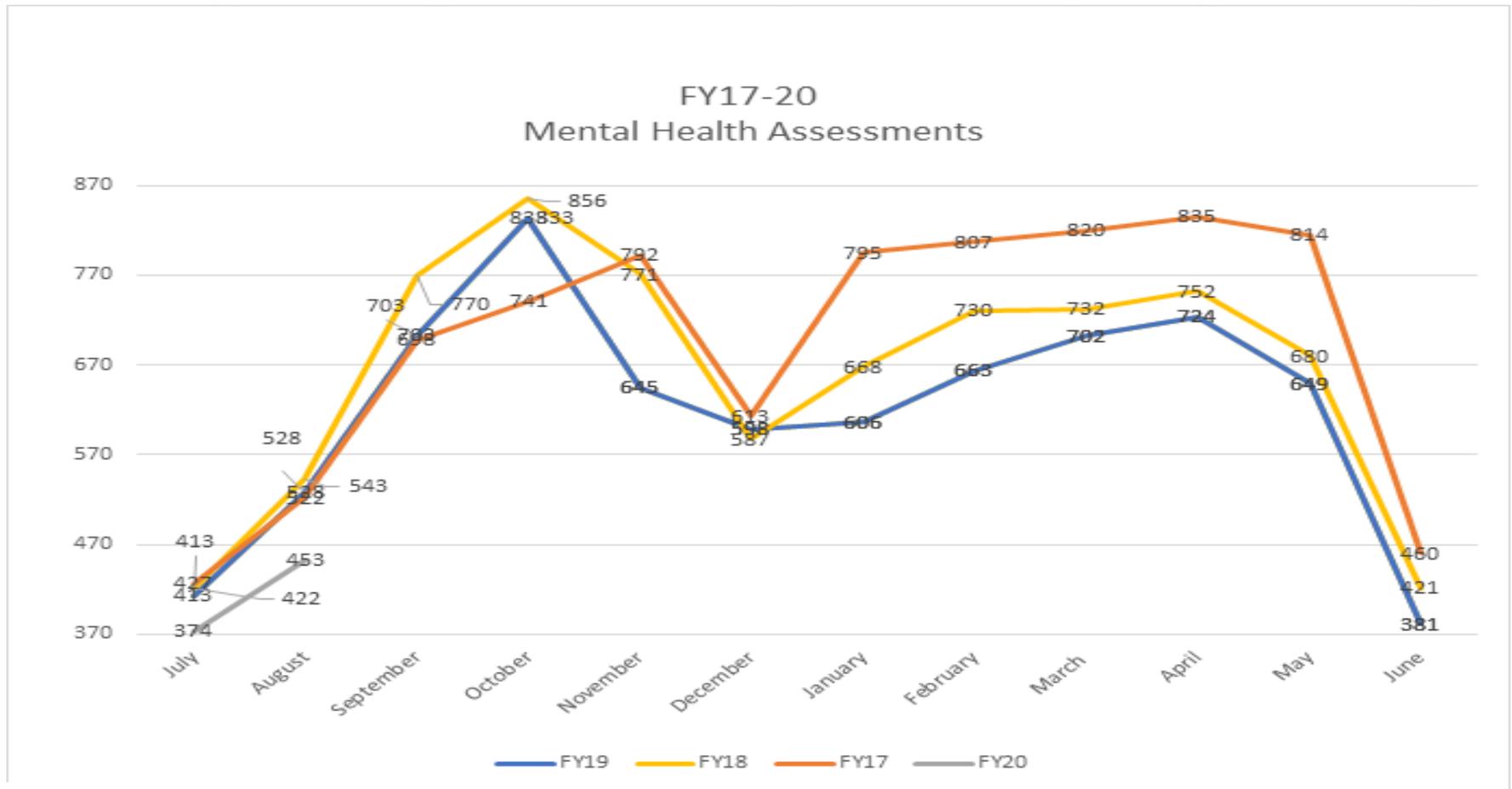
1. Emergency Department diversion
2. CCHMC patients who are experiencing a mental health crisis
3. Patients who present to the ED, but have no medical concern
4. Psychiatric patients discharged from the emergency department.

# Increased Volume of ED Diversions

## Bridge Clinic ED Diversions FY19



# Combined Interventions Resulted in Decrease ED Volume



# Focus on Suicide Identification

Variability in knowledge and education on suicide assessment & crisis management

- Unclear and multiple definitions of suicide
- No Evidence based tool to screen for suicide
- Variability and lack of standardization on when to send pt to ED
- Inconsistent and lack of crisis management

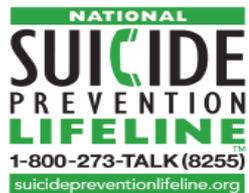
# Columbia Lighthouse Project Columbia Suicide Severity Rating Scale (CSSR-S)

	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6		
3) Have you thought about how you might do this?		
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	High Risk	
Always Ask Question 6	Lifetime	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</i>		High Risk

Website: <http://cssrs.columbia.edu/>

- Multiple screens for specific need
- Education
- Training
- Support

[http://zerosuicide.sprc.org/sites/zerosuicide.actionalliancecefo/suicideprevention.org/files/cssrs\\_web/course.htm](http://zerosuicide.sprc.org/sites/zerosuicide.actionalliancecefo/suicideprevention.org/files/cssrs_web/course.htm)



Any **YES** requires a behavioral health referral.  
However, if the answer to 4, 5 or 6 is **YES**,  
**immediately ESCORT** to Emergency Personnel for  
care, call 1-800-273-8255, text 741741 or call 911.

**DON'T LEAVE THE PERSON ALONE.  
STAY WITH THEM UNTIL THEY ARE IN  
THE CARE OF PROFESSIONAL HELP**



# What is the Columbia Suicide Severity Rating Scale (C-SSRS)

- A series of evidenced based question about **suicidal thoughts** and **suicidal behaviors**
- **Provide Common language and definition**
- **Provide standardized interventions**
- **Inter-rater reliability**
- **Simple and Efficient:** Provides information to laymen and clinical staff to identify next steps for an individual in crisis
- **Documentation of medical necessity**

# Lethality Risk

**Suicidal  
Ideation**

**Method**

**Intent  
Behavior**

Suicidal Ideation only (No Plan, Intent or Behavior) → Education and Skills  
Suicidal thoughts with Plan (No Intent or Behavior) → Urgent Evaluation (0-1 day)  
Suicidal thoughts with Intent or Behavior → Emergency Evaluation

# 1 & 2 SUICIDE IDEATION

## 1. Passive Suicide Ideation Wish/Thought

- Wish to be dead
- Ambivalent or passive thoughts about death

## 2. Active Suicide Ideation

- General, non-specific thoughts of wanting to die by suicide  
*"I have thought about killing myself, but never thought how I would do it"*

If 1 & 2 = NO  
Go to #6

If 2 = YES  
ask 3,4,5, 6

1. *Have you wished you were dead or wished you could go to sleep and not wake up?*
2. *Have you actually had any thoughts of killing yourself?*

## LOW RISK INTERVENTIONS:

### Routine Evaluation

- Referral to Pediatrician
- Refer to mental health provider

# 3. Suicidal Ideation w/METHOD

## 3. METHOD –

The *how* with no intent to act

- Thought of at least one method
- No access to lethal means
- No intention to act on thoughts

*I thought of shooting myself, but I don't have a gun.*

*Thought about hanging myself, but what if my little sister found me?*

*3 Have you been thinking about how you might do this?*

## MODERATE RISK INTERVENTION: Urgent Evaluation (1-2 days)

- Contact patients mental health provider
- Refer for urgent mental health assessment

# 4 & 5 Suicidal Ideation with Intent

## 4. Some Intent to Act w/o Plan

- Thoughts and some intention to act
- Does not have to endorse 100% wanting to die

*I don't care anymore, I am worthless,  
I am too much of a burden to my family*

## 5. Intent w/ Specific Plan

- Pt has the how, when and where

*After school, I will take the pills that I have been  
hiding in my room before anyone else in home*

### HIGH RISK INTERVENTION: Immediate Evaluation (Now)

- Refer for immediate mental health assessment
- Contact and Refer to the ED

4. *Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?*

5. *Have you started to work out or worked out the details of how to kill yourself?  
Do you intend to carry out this plan?*

# 6. Suicidal Behavior - Attempt

## 6. Suicide Attempt:

When a person engages in a “potentially self-injurious act with at least some intent to die”.

A suicide attempt begins with the first pill swallowed or scratch with a knife.

Actual harm is not needed, just potential for injury.

### **HIGH RISK INTERVENTION: Immediate Evaluation (Now)**

- Contact and Refer to the ED
- Mental Health Clinician Assessment in facility setting

*6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?  
Was this in the last 3 months?*

***Do you have command hallucination stating to kill yourself?***

# Protective Factors

Does the patient identify a reason for living?

Reason for living:

- Responsibility to family or others, living with family
- Supportive social network or family
- Fear of death or dying due to pain and suffering
- Belief that suicide is immoral, high spirituality
- Engaged in work or school
- Other

# Development of Standardized Triage Tool

## Overt Aggression Scale

Modified from (S.C Yudofsky, J.M. Silver, W. Jackson, J. Endicott, D. Williams, 1986)**Instructions:** Please place an X on the right hand margin, check if they are currently present, occurred only in the past, or both.

	X	Aggressive Behavior (check all that apply)	Present	Past Only
		<b>Verbal Aggression</b>		
1)		Makes loud noises, shouts angrily		
2)		Yells mild personal insults, e.g. "You're stupid."		
3)		Curses viciously, uses foul language in anger, makes moderate threats to others or self.		
4)		Makes clear threats of violence towards others or self ('I'm going to kill you", or "I may just kill myself.)		
		<b>Physical Aggression Against Objects</b>		
5)		Slams door, scatters clothing, makes a mess.		
6)		Throws objects down, kicks furniture without scratching it or making marks in the wall.		
7)		Breaks objects, kicks in walls, smashes windows.		
		<b>Physical Aggression Against Self</b>		
9)		Picks or scratches skin, hits self, pulls hair (with no or minor injury only).		
10)		Bangs head, hits fist into objects, throws self onto floor or into objects (hurt self without serious injury).		
11)		Small cuts or bruises, minor burns.		
12)		Mutilates self, causes deep cuts, bites that bleed, internal injury, fracture, loss of consciousness, loss of teeth.		
		<b>Physical Aggression Against Other People</b>		
13)		Makes threatening gesture, swings at people, grabs at clothes.		
14)		Strikes, kicks, pushes, pulls hair (without injury to them).		
15)		Attacks others, causing mild to moderate physical injury (bruises, sprain welts).		
16)		Attacks others, causing severe physical injury (broken bones, deep lacerations, internal injury)		

	Past Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?	
2) Have you actually had any thoughts about killing yourself?	
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6	
3) Have you thought about how you might do this?	
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High Risk
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	High Risk
<b>Always Ask Question 6</b>	Lifetime Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</i>	High Risk



Any YES requires a behavioral health referral. However, if the answer to 4, 5 or 6 is YES, immediately ESCORT to Emergency Personnel for care, call 1-800-273-8255, text 741741 or call 911.

**DON'T LEAVE THE PERSON ALONE. STAY WITH THEM UNTIL THEY ARE IN THE CARE OF PROFESSIONAL HELP**



# CCHMC – PIRC Triage Tool

Clinical Information				
SYMPTOMS	<b>Suicide</b> If no to 1 & 2 STOP If yes to 2: ask 3,4,5, 6	1. Have you wished you were dead or wished you could go to sleep and not wake up? 2. Have you actually had any thoughts of killing yourself?	3a. Have you been thinking about <u>how</u> you might do this? 3b. Do you have a <u>specific plan</u> how you will kill yourself?	4. Have you had these thoughts and had some <u>intention</u> of acting on them? 5a. Have you started to work out or worked out the <u>details</u> of how to kill yourself? 5b. Do you <u>intend</u> to carry out this plan? 6a. Have you ever done anything, started to do anything, or prepared to do anything to end your life? 6b. Was this in the last 3 months? Do you have command hallucination stating to kill yourself?
	<b>Homicide</b> If no to 1 & 2 Stop If yes to 2: ask 3, 4, 5, 6	1. Have you wished somebody was dead or that they would go to sleep and not wake up? 2. Have you actually had any thoughts of killing someone?	3a. Have you been thinking about <u>how</u> you might do this? 3b. Do you have a <u>specific plan</u> how you will kill someone?	4. Have you had these thoughts & had some <u>intention</u> of acting on them? 5a. Have you started to work out or worked out the <u>details</u> of how to kill someone? 5b. Do you <u>intend</u> to carry out this plan? 6a. Have you ever done anything, started to do anything, or prepared to do anything to end someone's life? 6b. Was this in the last 3 months? Do you have command hallucinations stating to kill others?
	<b>Aggression Description</b>	<input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Physical aggression against self: No injury	<input type="checkbox"/> Physical aggression against other people: threatening gestures, swing at people, hit, push: No Injury <input type="checkbox"/> Physical aggression against objects: slams door, kick, furniture, dent wall	<input type="checkbox"/> Physical aggression against other people: attack others causing bruising, sprain, broken bones, injury <input type="checkbox"/> Physical aggression against objects: break objects, smash window, destruction of property
	<b>Psychosis Symptoms</b>	<input type="checkbox"/> Auditory hallucinations <input type="checkbox"/> Visual hallucinations <input type="checkbox"/> Disorganized thinking <input type="checkbox"/> Delusional <input type="checkbox"/> Paranoia No impairment	<input type="checkbox"/> Auditory hallucinations <input type="checkbox"/> Visual hallucinations <input type="checkbox"/> Disorganized thinking <input type="checkbox"/> Delusional <input type="checkbox"/> Paranoia Mild impairment with ability to function	<input type="checkbox"/> Auditory hallucinations: command <input type="checkbox"/> Visual hallucinations: causing distress <input type="checkbox"/> Disorganized thinking: not orientated <input type="checkbox"/> Delusional: impacting behavior/functioning <input type="checkbox"/> Paranoia: impacting behavior/functioning Impaired - unable to function
<b>Interventions</b>	<b>Low Risk Routine Evaluation</b> <input type="checkbox"/> Behavioral health assessment <input type="checkbox"/> Behavioral health referral	<b>Moderate Risk Urgent Evaluation (1-2 days)</b> <input type="checkbox"/> Behavioral health assessment <input type="checkbox"/> Consult supervisor/prescriber <input type="checkbox"/> Consult PIRC	<b>High Risk Immediate Evaluation (Now)</b> <input type="checkbox"/> Behavioral health assessment <input type="checkbox"/> Consult supervisor/prescriber <input type="checkbox"/> Consult PIRC <input type="checkbox"/> Refer to Emergency Department	

## Purpose:

- To provide a standardized tool to identify and communicate imminent risk concerns
- To determine when to refer a youth to CCHMC Emergency Department

This is a tool and does not replace your clinical judgement.

# Crisis Management Plan



Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
MRN: \_\_\_\_\_

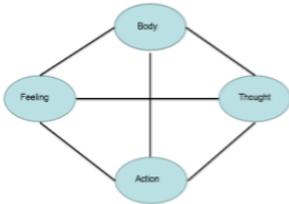
Date: \_\_\_\_\_

This plan is designed to help maintain my well-being and prepare me for times of high stress and/or crisis. It includes making my environment safe, identifies when I need help, and my coping strategies.

**MAKING MY HOME SAFE**

<input type="checkbox"/> Lock up all sharp objects, weapons, medications, choking items, and poisons
<input type="checkbox"/> Increase supervision
<input type="checkbox"/> Guardian will search child's room to ensure unsafe items are removed
<input type="checkbox"/> Follow daily routine
<input type="checkbox"/> Bedroom door remains open and bathroom door remains open/unlocked
<input type="checkbox"/>

**Cognitive Behavioral Therapy Model:** Helps me better understand the connections between my thoughts, feelings, body, and actions



**COPING SKILLS & PROBLEM SOLVING**

**What can I do on my own to make the situation better?**

<input type="checkbox"/> Draw/color	<input type="checkbox"/> Write in journal
<input type="checkbox"/> Listen to music	<input type="checkbox"/> Deep belly breaths
<input type="checkbox"/>	<input type="checkbox"/>

**When my parents/caregivers notice my warning signs, what can they do to help?**

<input type="checkbox"/> Listen	<input type="checkbox"/> Spend one-on-one time
<input type="checkbox"/> Give space, but check in	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**FAMILY/FRIEND/COMMUNITY SUPPORTS**

When my parents/caregivers and I struggle to resolve my crisis, who can we call for additional help?

Place/Name	Phone Number
1.	
2.	
3.	

**UPCOMING APPOINTMENTS**

Place/Name	Date/Time
1.	
2.	

If you or your parents/caregivers notice you are struggling or are in crisis, follow these steps:

1. Tell your parent/caregiver (or someone you trust) that you feel unsafe.
2. Parent/caregiver: ask your child how they are feeling.
3. Review the Crisis Management Plan and the intervention(s) you and your child learned (see below).
4. If you are still in need of help, call your child's outpatient mental health provider.
5. If you are in need of additional assistance call the Psychiatric Intake Response Center (PIRC) at 513-636-4124.
6. After you have tried numbers 1-4 above and feel you cannot keep your child safe call 911 or take your child to the nearest emergency room.

R1300  
HIC 08/19

Original - Medical Record Copy - Patient



Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
MRN: \_\_\_\_\_

**INTERVENTIONS (Please check all that apply)**

- Cognitive Behavioral Therapy (CBT) Model – Diagram on page one.
  - Discussed the connection between thoughts, feelings, actions and body.
  - Outlined current symptoms and how a change in one area can impact the other areas.
- Behavioral Activation Intervention
  - Engaging in activities improves mood and combats negative thoughts.
  - Identify an activity you enjoy and identify a time to engage in the activity.
  - Specifically: \_\_\_\_\_
- Cognitive Intervention
  - Self-talk/Self instruction- change the inner dialogue: "just because \_\_\_\_\_ doesn't mean \_\_\_\_\_."
  - Specifically: \_\_\_\_\_
- Praise Intervention
  - Praise/attention given to a behavior increases the likelihood the behavior will occur more frequently.
  - Remember the behavior(s) you identified to work on and practice the strategies that you learned.
  - Always give Specific Praise for Compliance.
  - Specifically: \_\_\_\_\_
- Effective Directions
  - Avoid unnecessary commands, "information" questions and avoid "tone of voice" questions.
  - Specifically: \_\_\_\_\_

**RESOURCES PROVIDED**

Agency Name	Phone Number
1.	
2.	

**ADDITIONAL COMMUNITY RESOURCES:**

- National Suicide Prevention Lifeline: 1 (800) 273-TALK [8255]
- Suicide Prevention Apps: My3 <http://my3app.org/> | A Friend Asks <http://jasontfoundation.com/get-involved/student/a-friend-asks-app/>
- CCHMC Psychiatric Intake Response: (513) 636-4124
- Crisis Text Line: text HOME to 741741
- Trevor Project LGBTQ: 1-866-488-7386 or Text START to 678678  
or online TrevorChat at: <https://www.thetrevorproject.org/get-help-now/>
- Emergency Services: 911

Name of persons completing form:

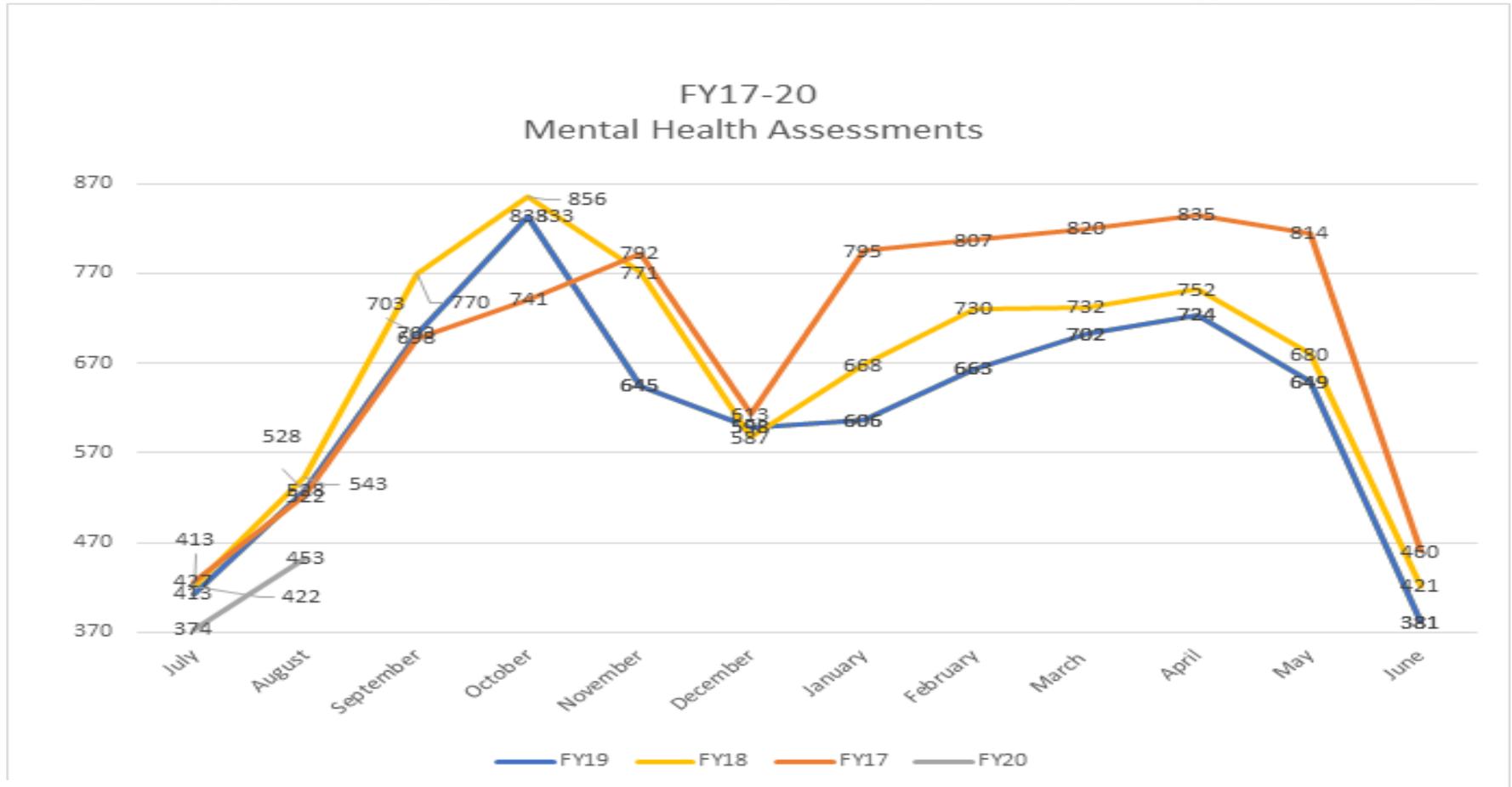
Patient: \_\_\_\_\_ Parent/Caregiver: \_\_\_\_\_  
Clinician: \_\_\_\_\_ Other: \_\_\_\_\_

R1300  
HIC 08/19

Original - Medical Record Copy - Patient



# Combined Interventions Resulted in Decrease ED Volume



# Group Discussion

- Is your facility or community experiencing an increase in patients/families in psychiatric crisis?
- What solutions have you implemented to meet the demand?

# For More Information

<http://www.cssrs.Columbia.edu>

[http://zerosuicide.sprc.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/cssrs\\_web/course.htm](http://zerosuicide.sprc.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/cssrs_web/course.htm)

[www.mindpeacecincinnati.com](http://www.mindpeacecincinnati.com)

[www.cincinnatichildrens.org/service/psychiatry](http://www.cincinnatichildrens.org/service/psychiatry)

