

Supporting Youth with High Acuity Crisis and Suicidal Needs

NASMHPD and Vibrant Webinar

Thursday, January 19, 2023, 2-3pm ET



OKLAHOMA

Mental Health &

Substance Abuse

**Strategies for Supporting Youth and Families
with High Acuity Needs**

Someone to call 988

Mobile Response and Stabilization Services



988- Began July 1

MRSS – Began 5 years ago

**Call Centers dispatch Mobile Response Team to
where the youth and family located**

**Youth or Family define the Crisis, not dependent on
the Call Center to determine**

Provides a warm handoff to the mobile response team



Someone to Respond

Mobile Response Teams

- In person response 24/7/365
- Mobile Response in the youth's own community and school
- Team – Care Coordinator/Family Support Provider and access to licensed clinician
 - Assessment
 - De-escalation
 - Safety planning
- Connection to outpatient services or higher level of care if needed for safety
 - Follow Up



A System to Support

CCBHC

High Fidelity
Wraparound
services

In home
therapy
services

Embedded
school-based
services

Wellness

Medication
Management

A System to Support

School Based Services

Embedded therapist

Embedded behavioral health aide

Behavioral Intervention Services and Support in Schools (BISSS)

HB 4106 – Crisis Protocol Development



A System to Support Brief Therapeutic Stay Home

- Families needing higher level of care, discharging from higher levels of care, at risk for removal by DHS, youth reunifying with their family from DHS
 - Team to include licensed therapist, care coordinator and family support provider working with the family 7am to 10pm
 - Stay is generally 5 days and does not disrupt parent work or school schedules
 - In-ear communication device to communicate with parent and advise strategies to utilize in real time
 - Enhanced Security including video monitoring in all common areas 24/7, security system with police, fire and EMS monitoring. Separate monitoring room for staff in secure location adjacent to the home.



A System to Support **Urgent Recovery Clinic (URC)**

- Available 24/7/365
- Rapid Stabilization with the goal to leave within 24 hours or less
- Family model where caregiver stays with the child/youth during their stay
- Professional Team including licensed clinician, other support staff including a family support provider
 - Stabilize the crisis with both the child/youth and the caregiver
- 24 hour follow up appointment to ensure connection to outpatient services
 - Connection to higher level of care if needed



A System to Support Community-based Structured Crisis Center

- 24/7/365
- Provide crisis care in excess of 24 hours
- Team including medical, nursing, social services, clinical and other staff to meet the need
- Specialized coordination for families who are experiencing homelessness
 - Linkage to other levels of care needed



A System to Support

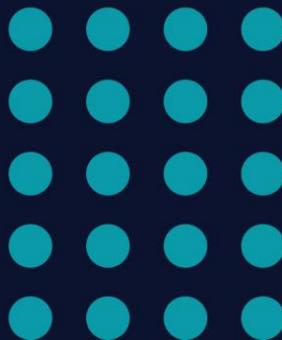
- Crisis Continuum
- Input from parents and young people regarding all levels of the continuum
- Collaboration with OJA – Office of Juvenile Affairs to better serve youth in juvenile justice system who are experiencing a crisis
- Collaboration with DHS – Department of Human Services regarding how to best serve youth in custody who are experiencing a crisis
 - Support for Group Home staff
 - Support for foster parents
 - Enhanced Foster Care Program

Supporting Youth with High Acuity Crisis and Suicidal Needs

Tim Marshall Senior Advisor consultant to Innovations

Dr. Francis (Frank) Gregory CT-Department of Children and Families

January 19, 2023



The Challenge: More children and adolescents with mental health needs and more acute needs

- Prevelance-5-10% Serious BH Need 15-20% with an SED need
- Post-pandemic Prevalence- 40% to 50% of increase child/adolescent mental health need
- Increase in acuity
- But....do we need more beds?



Can we maintain more children and adolescents at home and in the community with a more responsive behavioral health system?

Crisis System of Care should:

- Be responsive and validate parents/caregivers, children, youth and young adults
- Be responsive to major system partners: Ed., EDs, Primary Care, law enforcement, CW, JJ, ID/DD, community providers and others.
- Reduce inappropriate use of inpatient care
- Reduce inappropriate arrests
- Reduce over-use of hospital Emergency Departments for BH
- Coordinate with Emergency Departments
- Consistent response and improved accountability and quality



Potential or Partial Solutions



1. More parents/caregivers, children, adolescents and young adults with lived experience to assist in developing the solutions
2. Mobile Response systems
3. Alternatives to Emergency Departments for behavioral health crisis assessments
4. More flexibility in walk-in outpatient clinics for crisis assessments
5. Crisis Care Coordination and High Fidelity Wraparound support to ED and areas of bottle neck in the system
6. Intensive In-Home services
7. Comprehensive Student Mental Health in schools

Potential or Partial Solutions

Statewide Family Organization

- FAVOR and use of Family System Managers (FSMs)
 - Recruiting and supporting family and youth voice “to the table”
 - Building “Family Care Connections”
 - Development of the “Green Form”



Potential or Partial Solutions

Mobile Response System

- Crisis is defined by the caller-default is face to face assessment
- Be Available: 24/7/365
- Be Highly Mobile: Go to where the youth is
- Be Responsive: Arrive within 45 minutes or less
- High Volume: Reach all in need
- Promote widespread community awareness that a rapid crisis response and stabilization is available
- Consistent, high-quality service

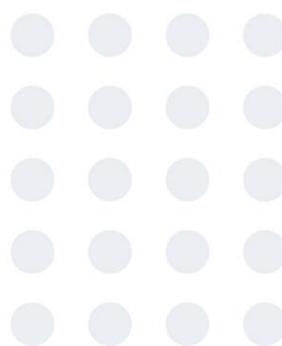


Potential or Partial Solutions



Alternatives to the Hospital Emergency Department

- 23 Hour Crisis Assessment Centers
 - CT Urgent Crisis Centers (UCCs) crisis assessments- 3-4 hour best practice (Four-North South East West)
- Short-term Crisis Residential
 - CT Sub-Acute Crisis Stabilization Centers(SACS) 1-14 day bedded short-term sub-acute



Potential or Partial Solutions

Enhanced Outpatient Care Clinics

- Emergent: seen within 2 hours
- Urgent: seen within 2 days
- Routine: seen within 2 weeks
- Or Crisis Assessment walk-ins accepted anytime during operational hours



Potential or Partial Solutions



Accelerated evidence-based high-fidelity wraparound

- **Intensive Transition Care Managers (ITCMs) with Crisis Outreach Family Peer Partner**
 - Children and youth stuck in an ED or other intensive service
 - ED referral is made to the Family Peer Partner
 - Rapid: Wraparound, Plan of Care development, Crisis Safety Planning, Child and Family Meetings
 - 2-3 month LOS
 - Warm hand-off if needed to longer term (6 month) high fidelity Wraparound Care Coordination or other appropriate community behavioral health service

Potential or Partial Solutions



Intensive In-Home Services and community-based EBPs

- IICAPS Intensive In-Home Child & Adolescent Psychiatric Services
- FFT-Functional Family Therapy
- MDFT-Multi-Dimensional Family Therapy
- MST-Multi-Systemic Therapy

Community-based:

- TF-CBT-Trauma-Focused Cognitive Behavioral Therapy
- MATCH-ADTC-Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems
- CBITS/BB-Cognitive Behavioral Intervention Trauma in Schools and Bounce Back

Potential or Partial Solutions

Comprehensive Student Mental Health

- **Support for School Climate:**
 - Health Promotion and Suicide Prevention materials
- **Support for Social Emotional Learning curriculum**
 - Professional development trainings on teacher/school staff self-care and student mental health
- **Support for Multi-tiered Student Mental Health**
 - Screening, identification, referral and linkage to mental health system
- **Peer to Peer Student to Student support**
 - Development of Student Peer to Peer support toolkit and support implementation
- **Direct linkage to service array**
 - Mobile Crisis, Care Coordination, Youth Service Bureaus, Outpatient Treatment Providers and Intensive In-Home Services.



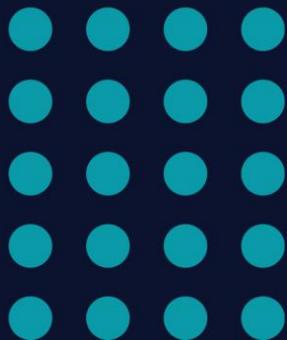
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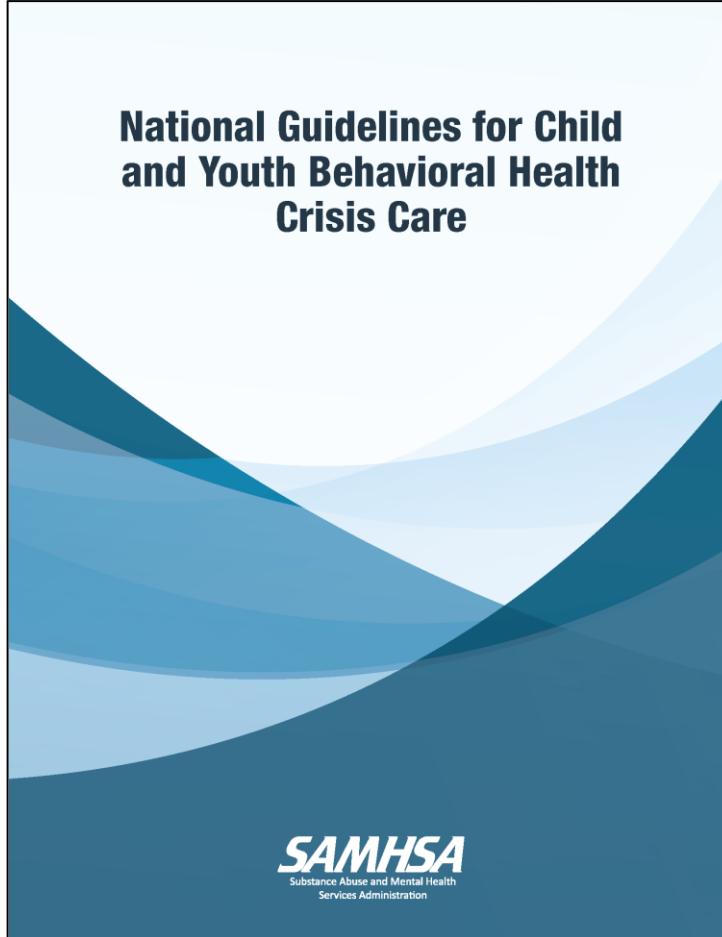
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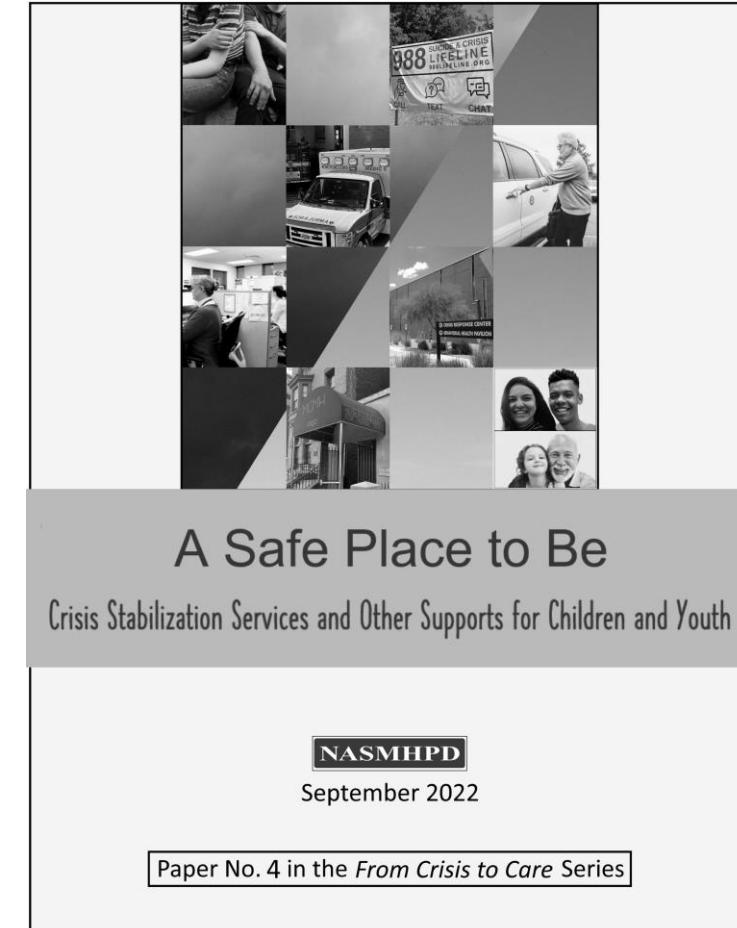
UCONN
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National Resources

SAMHSA's [National Guidelines for Child and Youth Behavioral Health Crisis Care](#)



NASMHPD's [A Safe Place to Be: Crisis Stabilization and Other Supports for Children and Youth](#)



Thank You!

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Q&A and Open Discussion

