THE INSTITUTE FOR INNOVATION & IMPLEMENTATION
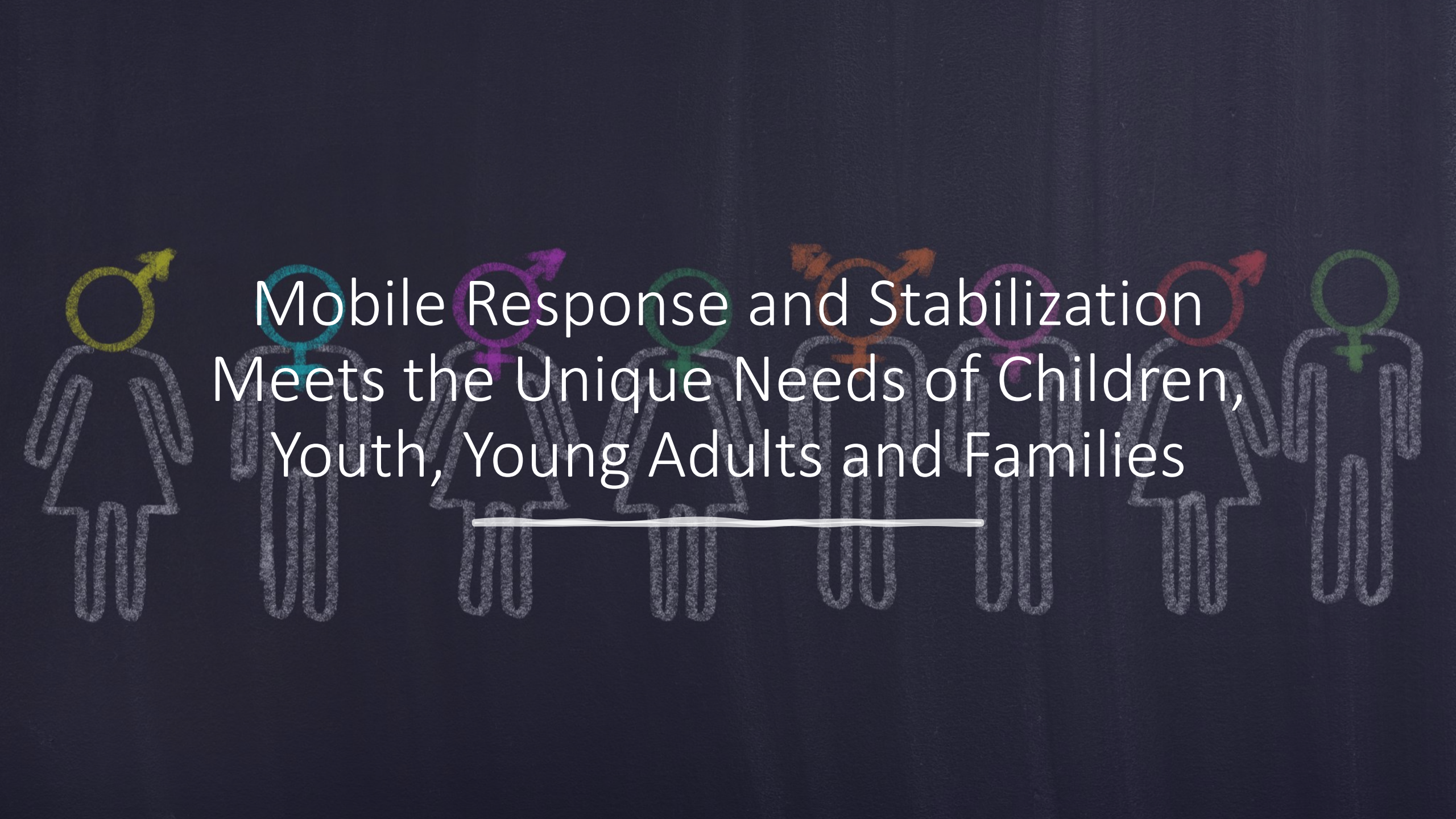
Integrating Systems • Improving Outcomes

Customizing the Crisis Response System to Meet the Needs of Children, Youth, Young Adults and their Families

UNIVERSITY of MARYLAND
SCHOOL OF SOCIAL WORK
THE INSTITUTE FOR INNOVATION
AND IMPLEMENTATION

Mobile Response and Stabilization Meets the Unique Needs of Children, Youth, Young Adults and Families

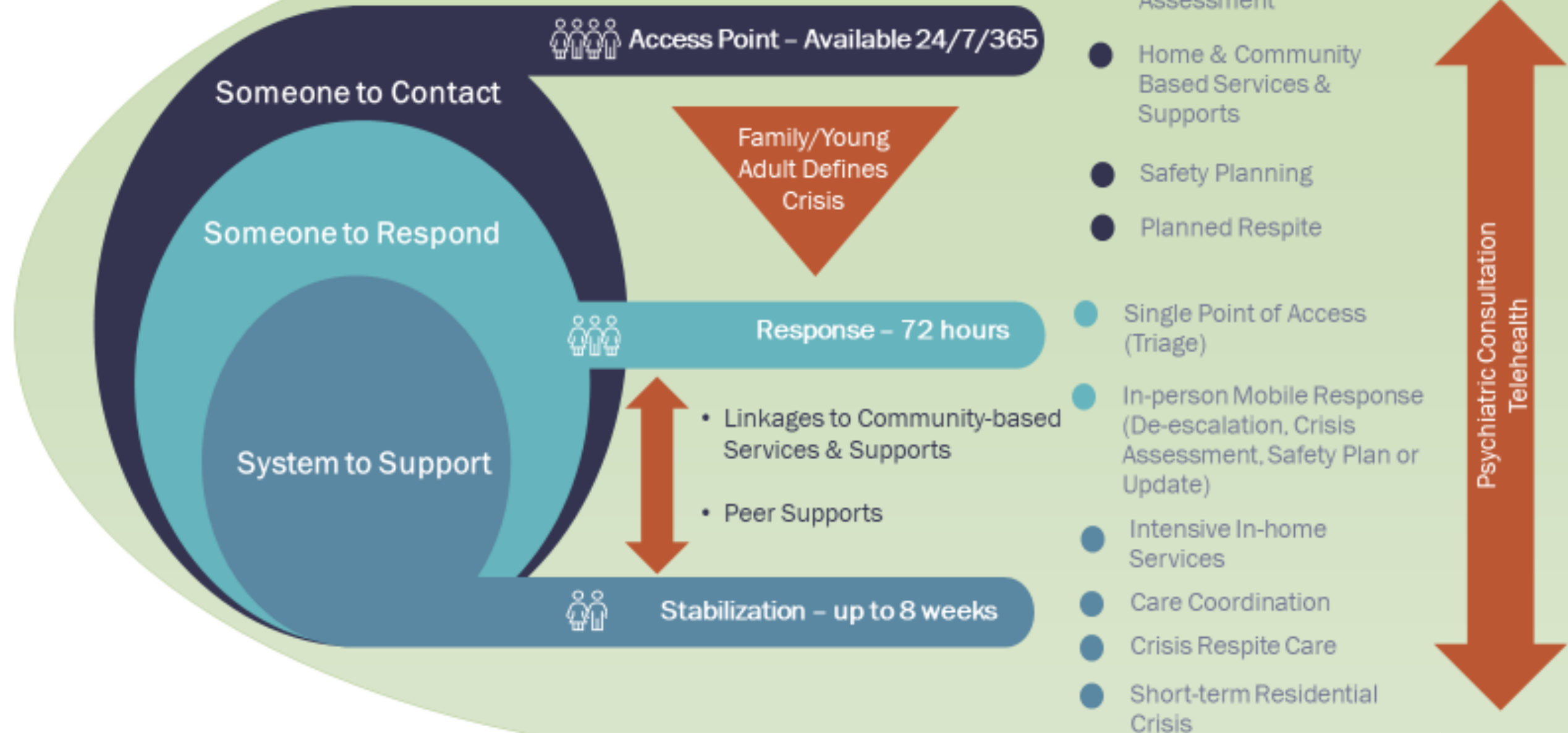# Unique Needs of Children, Youth, Young Adults and their Families

- Developmental
- Parents/Caregivers
- Service Delivery Systems

MRSS Continuum

Someone to Contact

Access Point – Available 24/7/365

Family/Young Adult Defines Crisis

Someone to Respond

Response – 72 hours

System to Support

- Linkages to Community-based Services & Supports
- Peer Supports

Stabilization – up to 8 weeks

- Screening & Assessment
- Home & Community Based Services & Supports
- Safety Planning
- Planned Respite

- Single Point of Access (Triage)
- In-person Mobile Response (De-escalation, Crisis Assessment, Safety Plan or Update)
- Intensive In-home Services
- Care Coordination
- Crisis Respite Care
- Short-term Residential Crisis

Psychiatric Consultation Telehealth

MRSS Basics

1. Screen in, not out

2. Callers know why and when they need help; we believe them

Crisis is defined by the family/YA

Responses are face to face

1. Available 24/7/365

2. Face to Face within 1 hour

Customized for children, youth, and families

1. Workforce is trained specifically to respond to children, youth, and caregivers

2. Support occurs in homes and communities

MRSS Core Components

Call Center

- 24/7/365 – engagement is a priority
- Family/Young Adult defines the crisis (mobile response always sent)
- Briefly screen for risk of harm to self/others
- Warm handoff to youth-specific mobile response

72 Hour Component

- Face to face within 1 hour
- 24/7/365
- Crisis de-escalation
- Developmentally appropriate assessment

Up to 8 Weeks of Stabilization

- Connection to community supports and services
- Reconnection with activities such as sporting activities, arts such as acting and painting, extra curricular activities within the school
- In-home clinical support for the youth and family
- Connection to higher level of support if determined necessary

UNIVERSITY *of* MARYLAND
SCHOOL OF SOCIAL WORK
THE INSTITUTE FOR INNOVATION
AND IMPLEMENTATION

Interruption Points

Places in the pathway(s) that system leaders need to intervene to change the experiences of families and address the identified problem. Interruption points are opportunities for system leaders to change care pathways and/or create new pathways.

MRSS Goals:

Maintain
- Maintain youth in their current living situation and community environment, reducing the need for out-of-home placements, which reduces the need for inpatient care and residential interventions.

Support
- Support youth and families by providing trauma informed care.

Promote
- Promote safe behavior in home, school, and community.
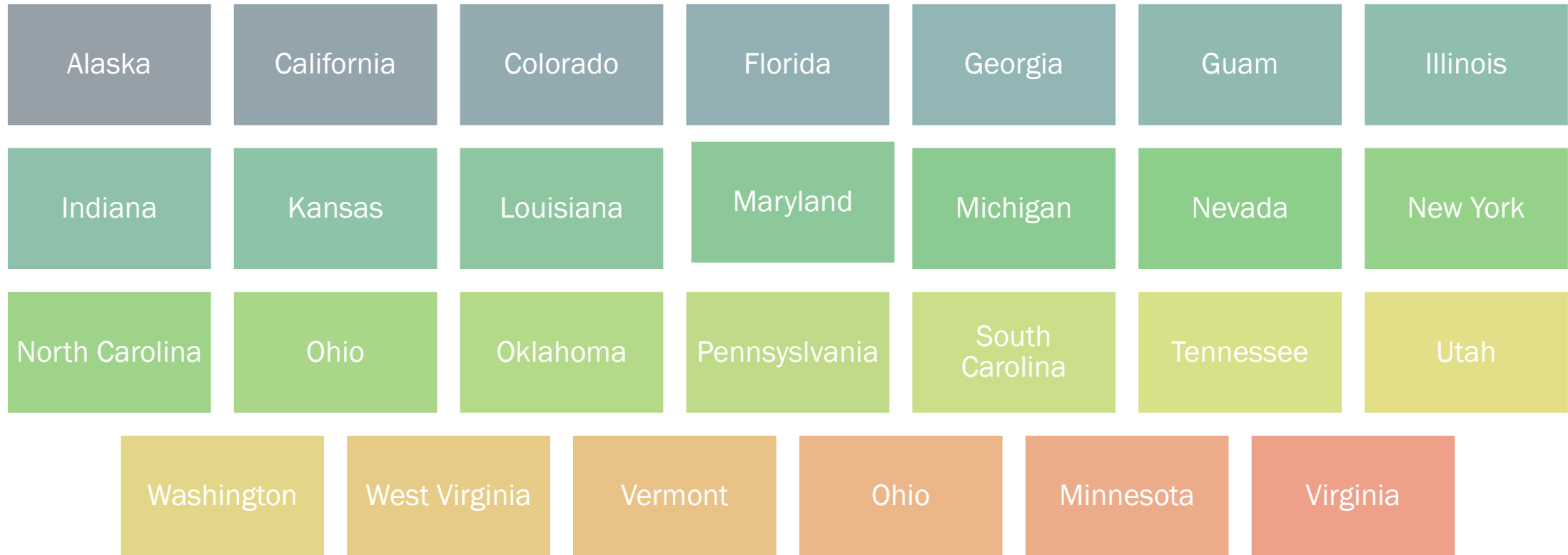
Reduce
- Reduce the use of emergency departments (ED), hospital boarding, and detention centers due to a behavioral health crisis.

Assist
- Assist youth and families in accessing and linking to ongoing support and services, including intensive clinical and in-home services, as needed.

UNIVERSITY of MARYLAND
SCHOOL OF SOCIAL WORK
THE INSTITUTE FOR INNOVATION
AND IMPLEMENTATION

MRSS Peer to Peer 2016 to 2018

Alaska	California	Colorado	Florida	Georgia	Guam	Illinois
Indiana	Kansas	Louisiana	Maryland	Michigan	Nevada	New York
North Carolina	Ohio	Oklahoma	Pennsyslvania	South Carolina	Tennessee	Utah
	Washington	West Virginia	Vermont	Ohio	Minnesota	Virginia

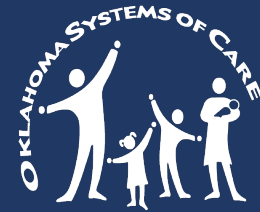# Oklahoma

Oklahoma's Youth Crisis Mobile Response is an integral component of Oklahoma Systems of Care (OKSOC) and founded on OKSOC values and principles, which provide the driving force for the provision of behavioral health services to Oklahoma's children, youth, young adults, and families.

Youth Crisis Mobile Response provides **statewide** rapid, community-based mobile crisis intervention services for children, youth, and young adults up to the age of 25 who are experiencing behavioral health or psychiatric crises.

What we know to be different

- A crisis is defined by the caregiver and youth or young adult.

- A crisis can be any circumstances, beliefs and perceptions that overwhelm our ability to cope effectively with stress.

- The youth or young adult is not able to resolve the situation with the skills and resources available.

- Their behavior may put them at risk of harming themselves or others and/or placement change.

Triggers

Trauma

Behavior

Crisis

Logic Model

Needs
Crisis call center and mobile response stabilization

Geographic Region
Statewide

Core Values
- Strengths-Based and Individualized Planning
- Family-Driven and Youth-Guided Service
- Culturally and Linguistically Competent
- Community-Based
- Data-Driven Decision-Making
- Outcomes-Based Evaluation

Population
- Children, youth and young adults aged 0 to 25

Goals
- Create capacity and capability to provide crisis response services and supports

Objectives
- Systemic approach to crisis and mobile response intervention
- Align services with best practice
- Identify, assess, and intervene in crisis situations
- Return youth to their prior level of functioning
- Lessen any negative impact
- Partner with community behavioral health providers
- Implement services and supports

Outcomes
- Systemic crisis response and support
- Meaningful connections to community resources
- Increased access to services
- Increased stability in home
- Reduced school absences
- Reduced out of home placements
- Reduced interactions with juvenile justice
- Reduced inpatient hospitalizations

Vision
Children, youth, young adults, and their families will access services early to remain in their own homes and in their own communities safely and successfully with hope and resilience for the future.

Youth Crisis
MOBILE RESPONSE

- Temporary break from situation resulting in crisis call
- No change in custody or placement, so living environment remains stable
- Can be an appropriate strategy for MRT
- Can include both formal and informal arrangements:
  - Informal: Staying overnight, for the weekend, or an extended temporary time with other family members or friends
  - Formal: Making a Respite Request through Oklahoma Systems of Care with payment vouchers to Respite Providers

Youth Crisis
MOBILE RESPONSE

2,032 youth experiencing a crisis and mobile response were enrolled in OKSOC.

- 75% of those youths were clinically impaired* at enrollment.
- 52% of those youths who reached 6-month follow-up showed clinically significant improvement*.

*As measured by the OKSOC psychometric assessment: the Ohio scales

Jan 2019-Jan 2022
Total Calls = 19,493

Youth Crisis
MOBILE RESPONSE

Lessons from the experience

Jan 2019-Jan 2022
Total Calls = 19,493

Youth Crisis
MOBILE RESPONSE

- 78% of callers reported that they would use the Crisis Call Center again.
- 71% of callers reported that the crisis was resolved.
- 74% of callers reported that their experience with the Crisis Call Center was good/great.
- 61% of callers reported that their experience with the MRT was good/great.
- 73% of callers reported that they were satisfied with their youth's progress since their call.
- Unintended Consequences

E-TEAM at the University of Oklahoma has served as the Oklahoma Systems of Care evaluators since 2002. E-TEAM provides ongoing design and implementation of OKSOC's statewide evaluation, including development of the OKSOC evaluation portal—EON—a secure web-based application which provides real-time access to evaluation and program monitoring data. E-TEAM gathers and assesses evidence documenting service utilization; program effectiveness for children, youth, young adults, and their families; and system costs.

E-TEAM also partners with OKSOC on eLearning and in-person trainings to facilitate continuing professional education for children's behavioral health provider staff across the state. This partnership provides meaningful interactions for learners, promotes and fosters fidelity to OKSOC core values, and reduces travel costs and time away from work.

Connecticut

What changed CT Model

Complaints

- "They do not come out." "We stopped calling." (50%)
- Inconsistency- No standardized approach for screening or assessment
- Inadequate coordination- EDs, Law Enforcement, Schools and Families
- Inadequate quality performance
- Confusion 12 different crisis
- Limited capacity – Limited hours

Goals

- Increase face to face Mobile Response to community & families
- Increase calls
- Ensure competent crisis assessment
- Expand use for: families, Schools, EDs, Police, Foster Families
- Reduce Beh. Health visits to ED
- Divert use of Inpatient to community
- Improve public awareness & confidence
- Improve linkage to community network

What CT needed

Be Responsive
- no telephonic screening- "your crisis isn't a crisis"
- Quick response (CT average 30 min.)
- Listen to caller-not just what was being said-
  - *"My son will not eat his peanut butter and jelly sandwich."*

- **Structured, consistent** EBP like Model

- **Re-assure the caller-** "I am on the way."... any dogs, guns or specific directions

- **Linkage and connection** to longer more appropriate care but offer support while waiting.

CT Core Elements

- **Statewide Call Center** with one number- 211-1-1- now 988

- **Community based, family supportive** clinical intervention

- **Free of charge** to <u>all</u> youth and families regardless of insurance type

- Rapid **acute stabilization** (45 min. response) as well as short-term **follow**-up stabilization services (up to 45 days). **Connections** to ongoing services as needed

- Staffed by **licensed Master level** (or license eligible) with consulting Psychiatric APRN or Child/Adol. Psychiatrist. **Use of Peers** is encouraged.

- Statewide **Performance** Improvement Center (PIC)

CT Lessons Learned

- Engage and include parents/caregivers, youth and family in process.

- Engage and include the community and stakeholders in the process.

- Statewide/Countywide single Call Center, standardized screening, assessment and stabilization. including linkage to on-going support

- Be Responsive
  ◦ Face to Face assessment
  ◦ Be quick
  ◦ Be Strength-based and Family Centered