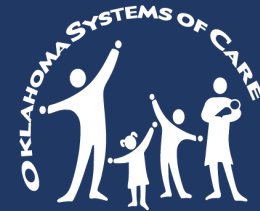




Youth Crisis
MOBILE RESPONSE



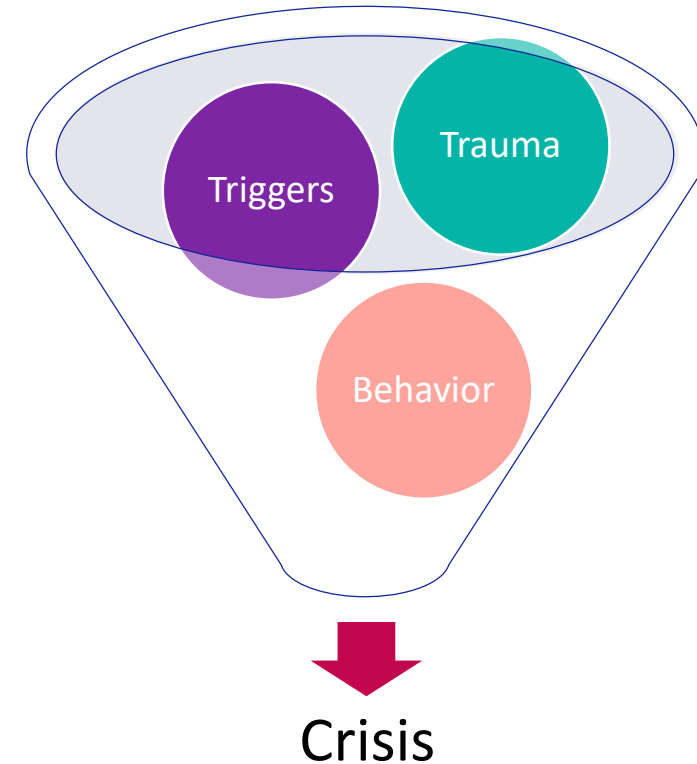
Oklahoma's Youth Crisis Mobile Response is an integral component of Oklahoma Systems of Care (OKSOC) and founded on the OKSOC values and principles, which provide the driving force for the provision of behavioral health services to Oklahoma's children, youth, young adults, and families.

Youth Crisis Mobile Response provides 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 is a Crisis?

- 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.





Youth Crisis

MOBILE RESPONSE

Rapid response to non-life-threatening emotional symptoms/behaviors that are disrupting functioning.

Immediate assistance to children, youth, young adults, and caregivers in de-escalating those symptoms/behaviors.

Prevention or reduction of the need for care in a more restrictive setting, such as inpatient psychiatric hospitalization or detention, by providing a timely, community-based response.

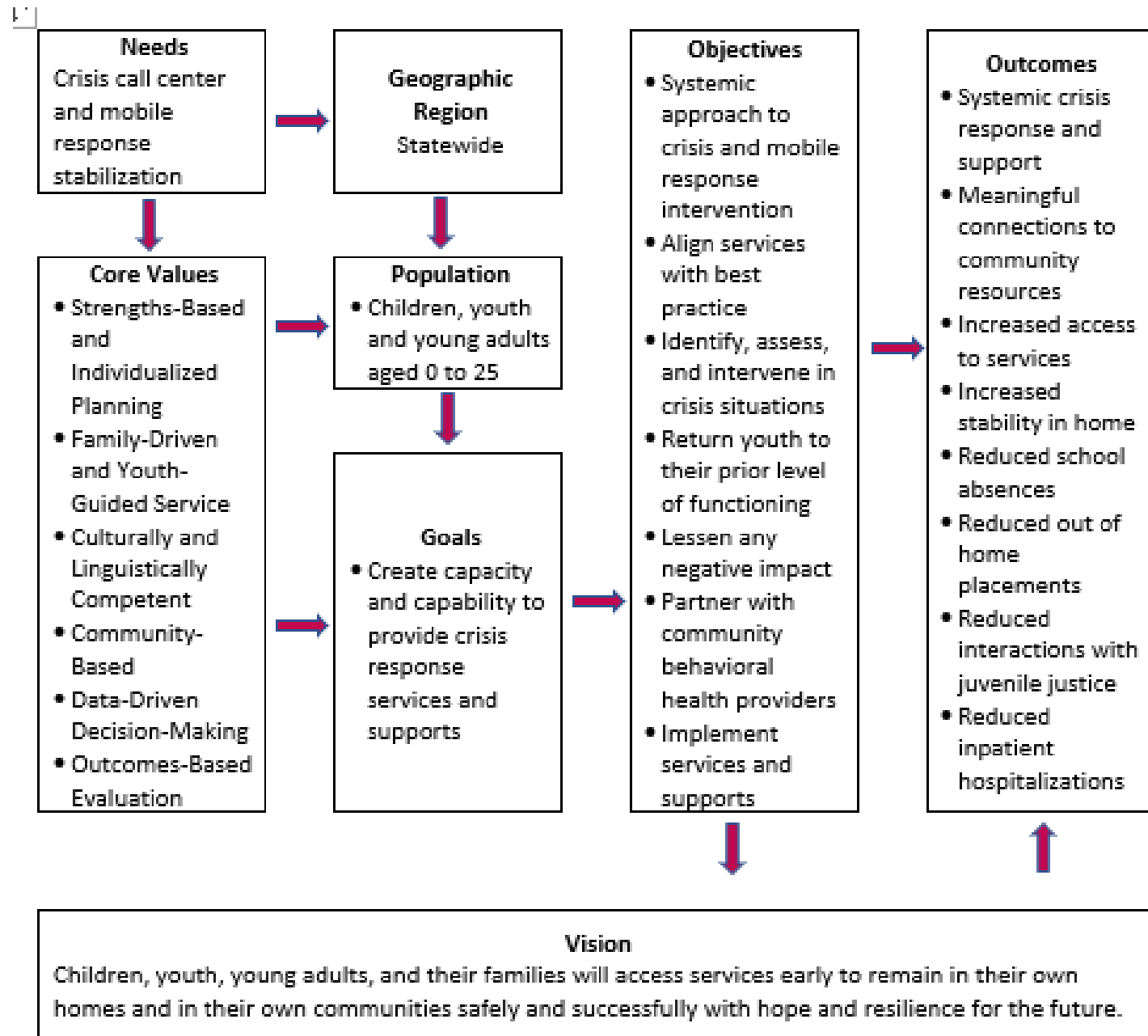


Development of plans for appropriate treatment to minimize risk, aid in stabilization, and improve life functioning.

Support of children, youth, and young adults to remain at home in the community.

Increased subsequent engagement with treatment and supports.

Logic Model



Metrics— Crisis Call Centers



Process Measures

- Total Calls
- Abandon Percentage
- Average Answer Time
- Average Call Time
- Average Abandon Time
- Total Phone Hours

Outcomes Measures

- Caller Satisfaction with Call Center
- Callers Reporting They Would Use Call Center Again



Process Measures

- Youth Demographics (age, gender, ethnicity, risk factors, DHS/OJA)
- MR by Date (assists with program planning, staffing, etc.)
- MR by Time of Day (assists with program planning, plans, etc.)
- Response Type (Warm Transfer, Deferred Transfer, Transfer to Law Enforcement, Emergency Medical Services, 911)
- Reason for Call (Suicidal, Family Conflict, Violent Behavior, etc.)
- Safety Screening (Domestic Violence, Imminent Risk of Harm, etc.)

Outcomes Measures

- Placement Stability
- School Stability
- Return on Investment
- Impairments at Baseline Enrollment and Improvement at Follow-Up (Only for those enrolled in OKSOC)
- Caller Satisfaction with MRT
- Caller Reporting Crisis Resolved
- Caller Satisfaction with Youth's Progress Since their Call

Metrics— Mobile Response Teams



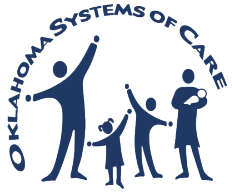
Continuum of Care



- Mobile Response services are part of ODMHSAS' Continuum of Care for children, youth, young adults, and their families.

- Follow-up for a mobile response may include:
 - Oklahoma Systems of Care
 - Outpatient therapy
 - Community-based stabilization
 - Psychiatric consultation for assessment and/or treatment planning
 - Medication management
 - Inpatient admission

Crisis Call Center



- Single point of access
- Streamlines process and removes barriers for crisis treatment
- No wrong door: mechanism and protocol in place by which to connect youth, family, or agency to the single point of access
- 1-833-885-CARE (2273) toll-free, 24 hours a day, 7 days a week, 365 days a year
- Assessment and screening to determine presenting issue of crisis and needs of child, youth, or young adult
- Assessment of risk of harm to child, youth, or young adult and/or others
- Initial determination of appropriate level of response

Crisis Call Center

- Located in Oklahoma City, OK.
- Provides Call Center Services for 76 of 77 counties across Oklahoma.
- Administers Caller Satisfaction Surveys for all Call Center Calls and Mobile Responses.
- Alliance for Information and Referral Systems (AIRS) and American Association of Suicidology (AAS) accredited.
- All call center staff trained in Applied Suicide Intervention Skills (ASIST), active listening, de-escalating and safety planning skills.
- Licensed Professional Counselor on staff full-time.



Youth Crisis

MOBILE RESPONSE

Crisis Call comes in

Answer call with "Thank you for calling the Oklahoma Youth Crisis line. My name is _____. How may I help you?" Establish rapport. Determine age of caller. Ask about other agencies at the site. Collect demographic info & safety screen.

Serious or imminent harm is present. Intent and means to cause harm to self or others

Caller remains on call.

Active rescue. Connect with emergency response.

Caller disconnects from call.

Active rescue. Connect with emergency response.

Youth expressing thoughts of suicide

Follow established protocol and assess risk.

If imminent risk: active rescue. Connect with emergency response.

If no imminent risk: Warm handoff (conference call with MRT and caller) and immediate response.

Youth is in behavioral health crisis.

Collect info needed to make transfer to MRT

Warm handoff (conference call with MRT and caller) and immediate response.

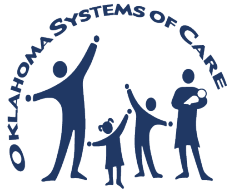
Ask if caller would like deferred response (24 hours); no warm transfer; schedule in OK Crisis Response Data System.

No immediate crisis response is needed.

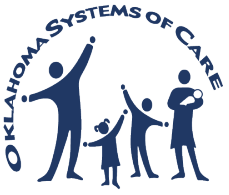
Provide compassionate listening, info, and/or referrals.

Document in Youth Information System.

Crisis Call Center



- Call Center staff determine level of service needed for each call
 - Emergency face-to-face response within 1 hour
 - Non-Emergency face-to-face meeting within 24 hours
 - Active listening and information only
- Calls are triaged and documented according to appropriate triage protocols
 - Mobile Response
 - Live form in the Youth Information System
 - Emergency (fire, medical or police)
 - 211 referral for resources / information only



- Call Center staff gather relevant information which includes:
 - presenting concerns;
 - suicide risk and risk of harm to and/or from self or others;
 - current living situation, custody, and placement;
 - availability of supports;
 - current medications and compliance;
 - use of alcohol or drugs, and
 - medical conditions.

Crisis Call Center

Crisis Call Center— Triage



Pre Crisis

- Behaviors and symptoms are starting to surface. The youth is not in current crisis.
- Deferred Response. 1-24 hours of response from Mobile Response Team.

Post Crisis

- Anything that took place prior to call and the youth is not currently in crisis.
- Deferred Response. 1-24 hours of response from Mobile Response Team.



Crisis Call Center— Triage

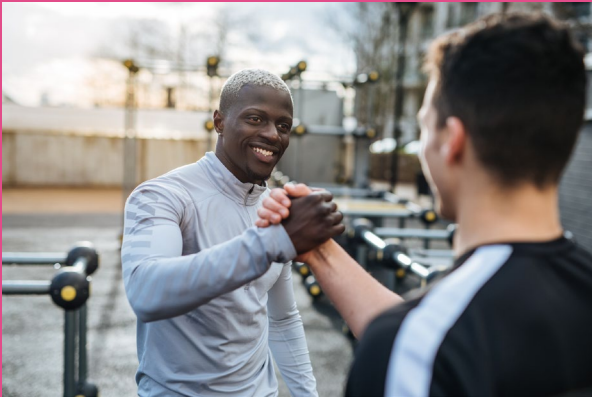
Current Crisis

- Youth is currently having a behavioral, mental health, or psychiatric crisis at the time of the call.
- Warm Handoff for immediate response.
- MRT has 15 minutes to return call to the call center or caller.
 - Callers are instructed to call Crisis Center back.
 - Crisis Call Specialists call the caller back in 20 minutes to confirm the MRT has made contact.

Warm Handoff to MRT



- Crisis Call Center staff enter call information in the OKSOC Youth Information System (YIS) where it is immediately available to the Mobile Response Team (MRT).
- Crisis Call Center staff then facilitate a warm handoff or transfer of care to the MRT while on the phone with the caller.
- More impactful than a simple referral and ensures that callers and children, youth, young adults, and families are actively connected to service providers.
- Improves knowledge and comfort level of callers and partners, such as DHS, schools, etc.
- Improves safety and comfort levels for MRT staff.



Mobile Response Teams (MRT)



- 24 hours a day, 7 days a week, 365 days a year
- On-site, face-to-face emergency response
- De-escalate the emergent situation
- Prevent placement disruption, inpatient hospitalization, detention, and homelessness
- Restore the youth and family to a pre-emergency level of stabilization
- Refer and link for evaluation and assessment for mental health and substance use services
- Ensure access to a comprehensive array of behavioral health treatment and support services

Mobile Response Teams (MRT)



- All MRTs have a Master's level licensed clinician as team member.
- MRTs work with the referred family to de-escalate and connect with follow-up services at the community level including Oklahoma Systems of Care (OKSOC).
- 12 contracted agencies with the Oklahoma Department of Mental Health and Substance Abuse Services that cover 72 counties in Oklahoma.
- Currently have 5 counties without contracted MRT.



- MRTs provide mobile, on-site, face-to-face response (can be via telehealth) within one hour of receipt of referral. This can be changed to a 24-hour time window at the request of the involved family.
- If a crisis rises to a level requiring clinical intervention, MRTs have access to a Licensed Behavioral Health Professional (LBHP) via telehealth or face-to-face. These cases fall under established medical necessity protocols set up by the Oklahoma Health Care Authority.
- MRT follow-up service will last up to 72 hours, until the involved youth is stable, or up to 8 weeks if the youth is transferred to another level of care. In cases such as these, there must be close supervision of an LBHP.

Mobile Response Teams (MRT)



- Can go into homes, communities, emergency rooms, police stations, detention centers, shelters, schools, etc.
- Cannot go into psychiatric hospitals that provide treatment at the residential and acute levels of care.
- Trained and equipped to assess for medical criteria to meet the need of acute and/or residential level of care hospitalizations.
- Assist with locating hospital placements, if necessary.
 - If none are available, MRTs can assist with intensive safety planning for continued crisis control (documenting behaviors, assisting with timelines, reserving a bed, etc.).
- Do not transport.

Mobile Response Teams (MRT)



8-week stabilization services require service coordination by a Care Coordinator with a minimum of once weekly face-to-face visits and could include:

- Behavioral Health Aides as in-home/community stabilizers
- Family support and training
- Case management and coordination of services and supports
- Therapy
- Psychiatric consult
- Medication management and consult
- Health and wellness counseling

8 Week Stabilization



Crises rising to a level requiring clinical intervention require that MRTs have access to an LBHP via telehealth or face-to-face. Cases such as these would fall under established medical necessity protocols set up by the Health Care Authority

- 24/7 Licensed Behavioral Health Provider(LBHP)
- MRT will assist the family with accessing inpatient or residential care
- Access to OHCA 24/7 for locating inpatient or residential bed space
- MRT will work with the family in order to arrange travel to inpatient or residential facility

Inpatient or Residential Care



- Higher Level of Care
 - Inpatient Treatment
 - CBA/MRT Assessment
 - Contact Oklahoma Health Care Authority (OHCA)
- OKSOC
 - Outpatient Treatment (Wraparound, Service Coordination, CCBHC)
 - Make OKSOC Referral at systemsofcare.ou.edu
- Medical/Psychiatric
- Medication
- Support Group
- Counseling
- Respite Care
 - Make Respite Request at systemsofcare.ou.edu (requires log-in)

Making Appropriate Referrals



- 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

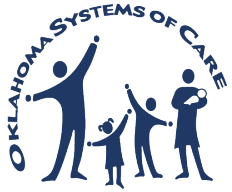
Respite Instead of Placement Change



Crisis Safety Plan

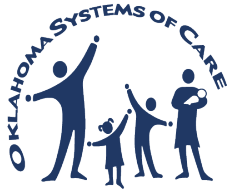
- Developed with the child, youth, or young adult and family
- Proactive plan rather than reactive response to help anticipate issues and preempt or lessen severity of trauma and impact
- Written document in brief, easy-to-read format that uses the youth's or young adult's own words
- Comprehensive, personalized and practical

Crisis Safety Plan



- Helps youth or young adult and family and support system recognize the youth's or young adult's warning signs and coping methods; and
- Describes safety steps and supportive services to prevent and/or manage threats and triggers to problematic behaviors impacting well-being and safety of youth, young adult, and/or others.

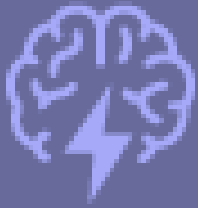
Crisis Safety Plan



A crisis and safety plan should:

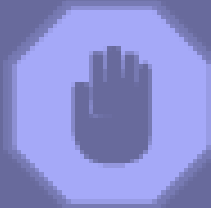
- Define appropriate behaviors and inappropriate behaviors that relate to the safety concern;
- Be very detailed, as this helps the youth or young adult and family know exactly what is happening in the course of the day in order to control the behavior;
- Include proactive plans to educate others about safety issues;
- Include proactive plans for negative reactions to the behavior or situation from authorities, peers, and members of the community that could cause further harm or shame to the youth or young adult; and
- Address community safety.

Crisis Safety Plan



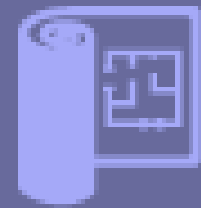
PREDICT

Discuss some of the concerns around safety for the youth or young adult, family members, and others. What are some warning signs of an impending crisis or safety issue?



PREVENT

Assist the youth or young adult and family members to determine activities and supports to help avoid a crisis or safety issue from occurring. Identify formal and informal supports.



PLAN

Develop steps to manage any concerns. Who calls whom? Who does what? When? Where?



Response and Placement Example

• Placement Change to Inpatient

At approximately 8:00 pm, a DHS worker called concerning a youth involved in a violent attack on the biological mother three hours earlier. Law enforcement officers intervened to de-escalate the situation and ascertain whether the youth had thoughts of self-harm or suicide. The youth responded “Yes” to this question, describing a specific suicide plan to the officer. Law enforcement protocol in this situation was to transport the youth to an emergency room for further evaluation. The protocol also included contacting DHS to provide an on-site caseworker. This case was processed as a crisis in progress at the time of the call with DHS involvement since the caller in relation to the youth was a DHS worker. In addition to demographic information needed for the client database, the Crisis Call Staff member was able to establish multiple recent risk factors and summarize the reasons for the call before making a “warm transfer” to MRT which responded within one hour, referring the client for treatment at an inpatient psychiatric hospital with follow-up referrals after discharge.

In this case, a placement change was assessed as the most effective intervention for the youth and family.

• No Placement Change

At approximately 2:00 pm, the mother of a pre-adolescent child called to seek crisis assistance. She found a note in her child’s bedroom describing a non-specific plan for suicide on an upcoming night. The parent also described the child’s increasing temper with family members and a recently growing fear of the dark. The crisis was not documented as current, but a safety screen in the protocol identified the child as “Imminent risk of harm to self or others.” The Crisis Call Staff obtained basic demographic data for the child and family and summarized the reasons for the call, then made a “warm transfer” of the case to the MRT. The MRT responded within 24 hours at the child’s home, assessing the home for safety to the child and others, also providing guidance and resources to the caregiver (mother). The MRT determined that the child did not require further assessment for inpatient services. The caregiver agreed to the child remaining at home and committed to enroll the child in outpatient services.

In this case, DHS was not involved. No change in placement was needed, hence, placement was diverted.

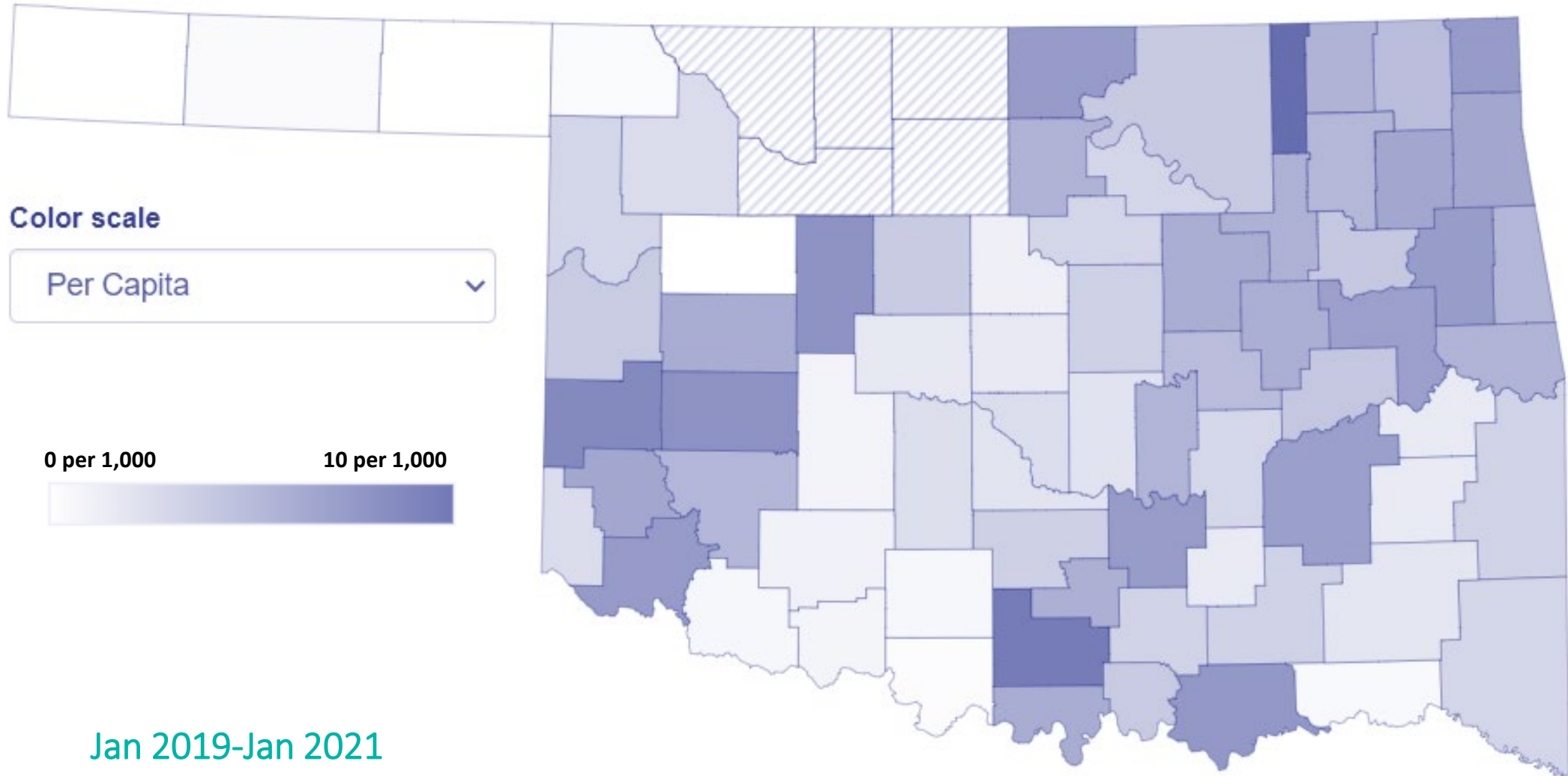
Outcomes

Jan 2019-Jan 2021



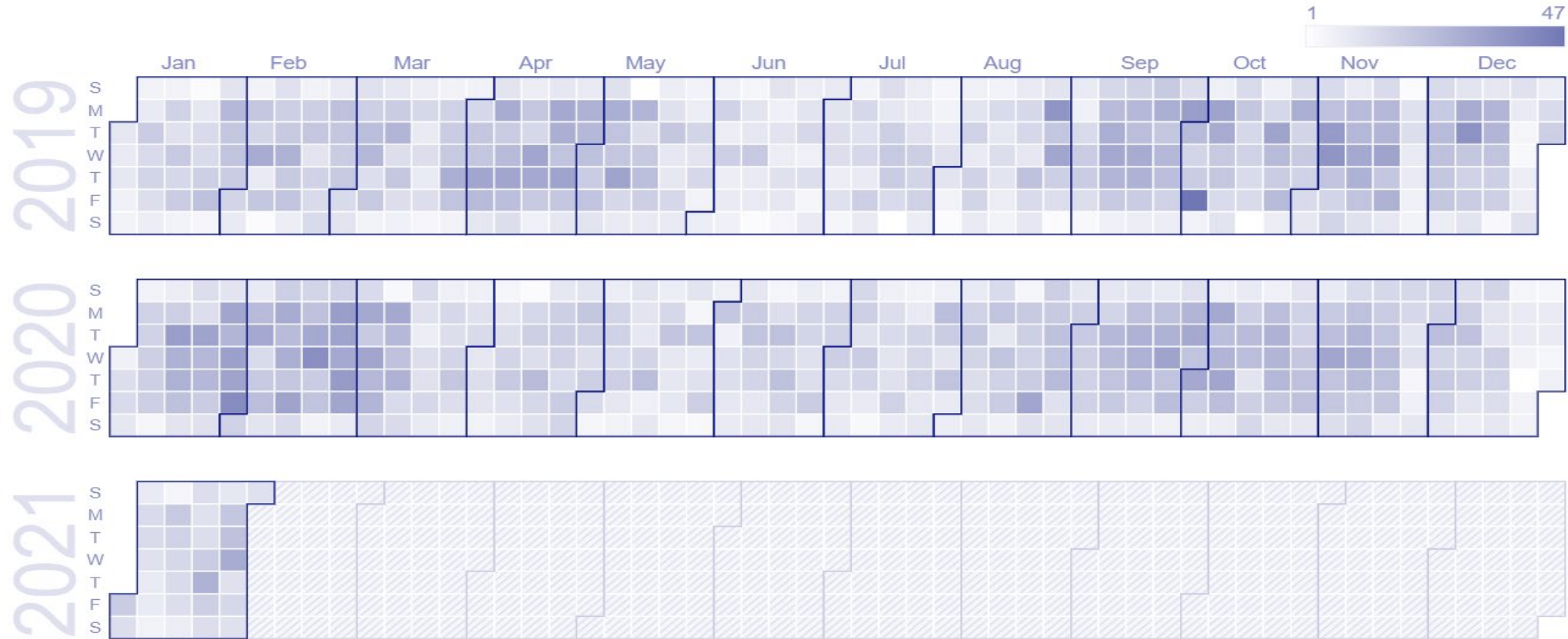
Total Calls = 13,079

Mobile Response by County



Jan 2019-Jan 2021

Mobile Response by Date



Jan 2019-Jan 2021

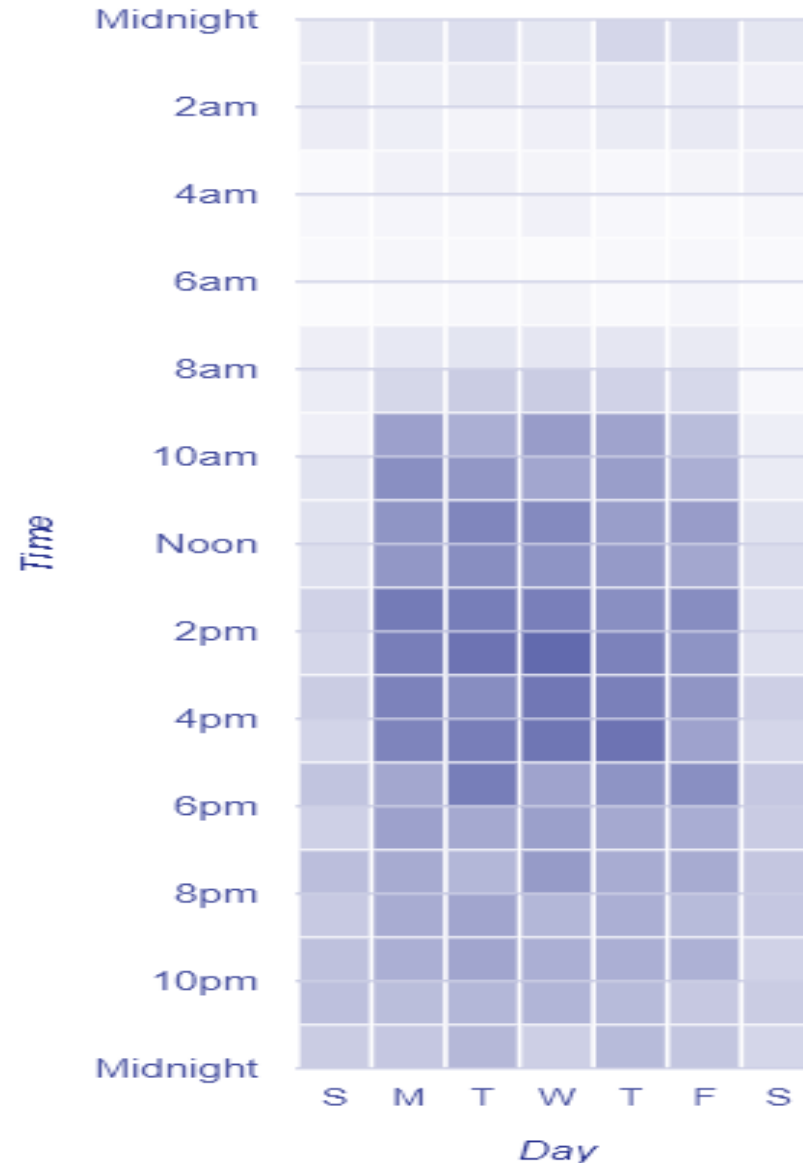
- Process measure allows for planning for staffing needs
- The number of calls during the summer months is relatively low.
- In the past, the highest number of calls has always been during April. We theorize this is because of standardized testing in schools. However, that pattern has not held during the Covid-19 pandemic.

Mobile Response by Time of Day

- Process measure allows for planning for staffing needs.
- Majority of calls happen between 2:00 and 5:00 p.m.

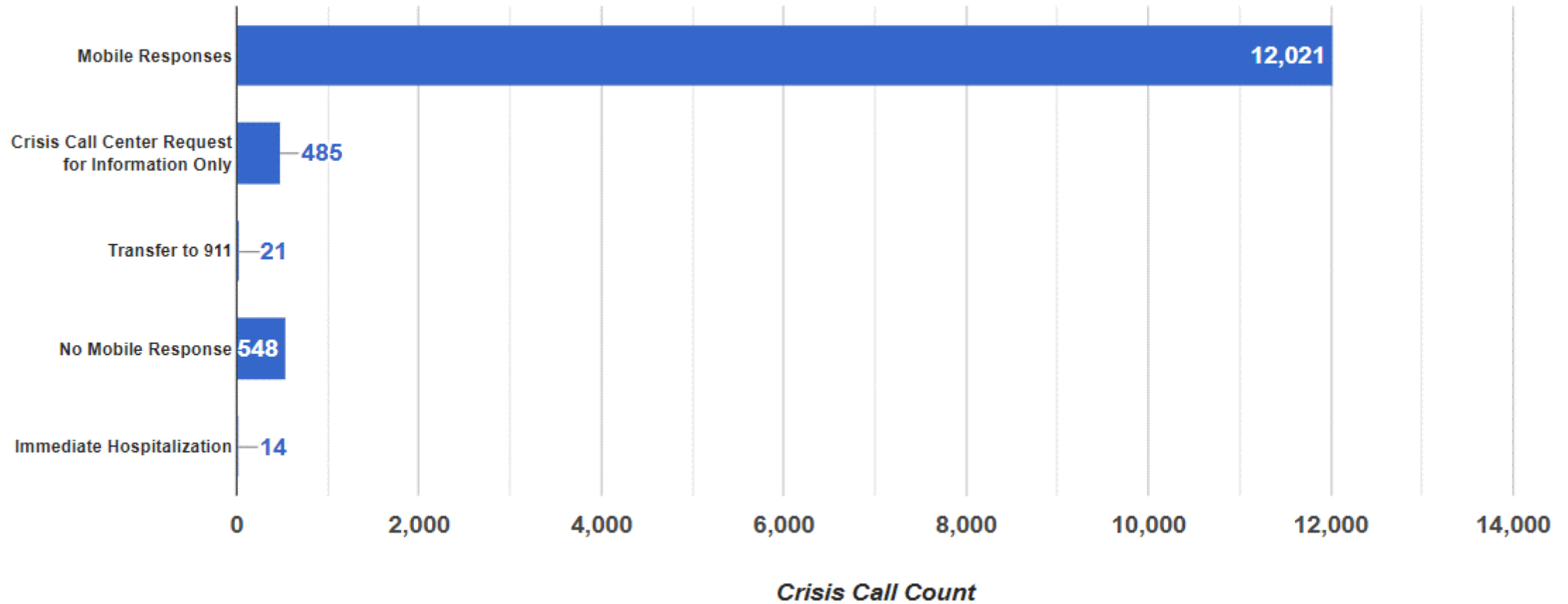


Jan 2019-Jan 2021





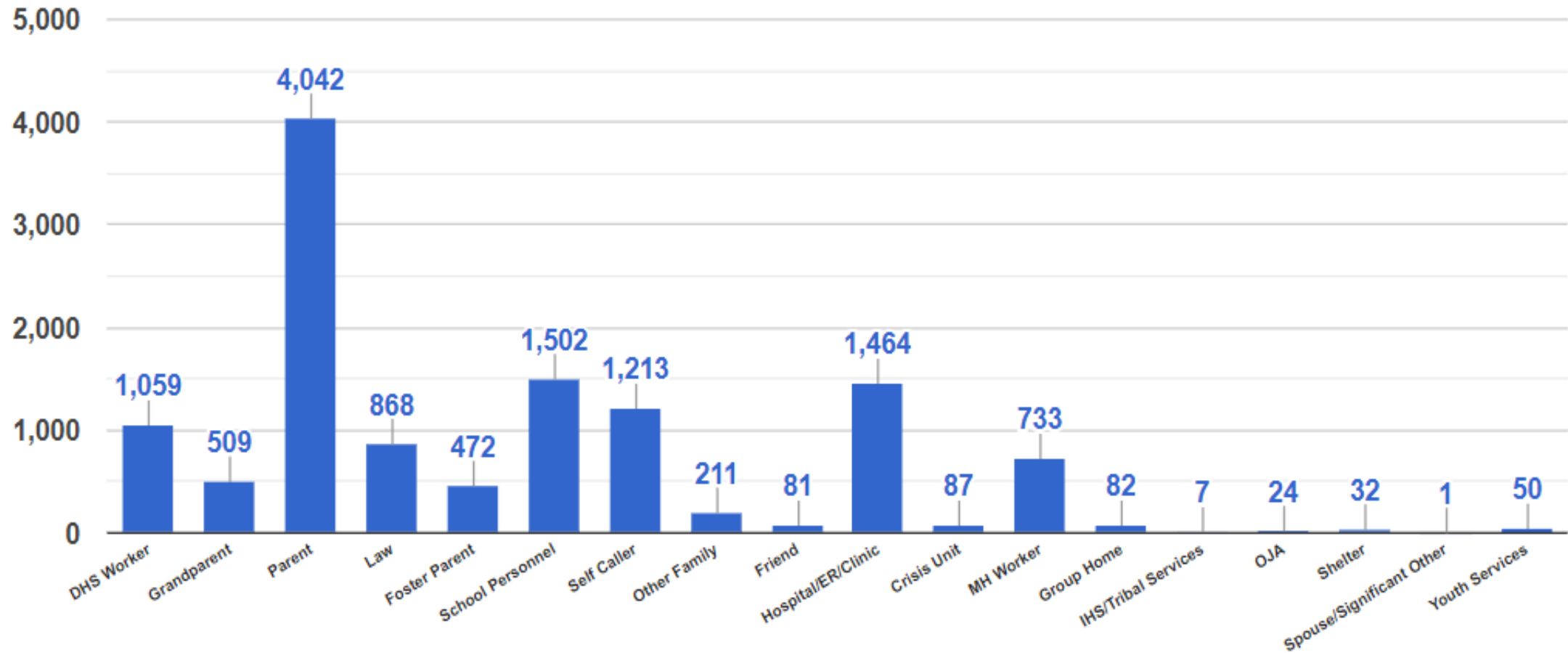
Crisis Calls by Response



Jan 2019-Jan 2021



Relationship of Caller to Youth



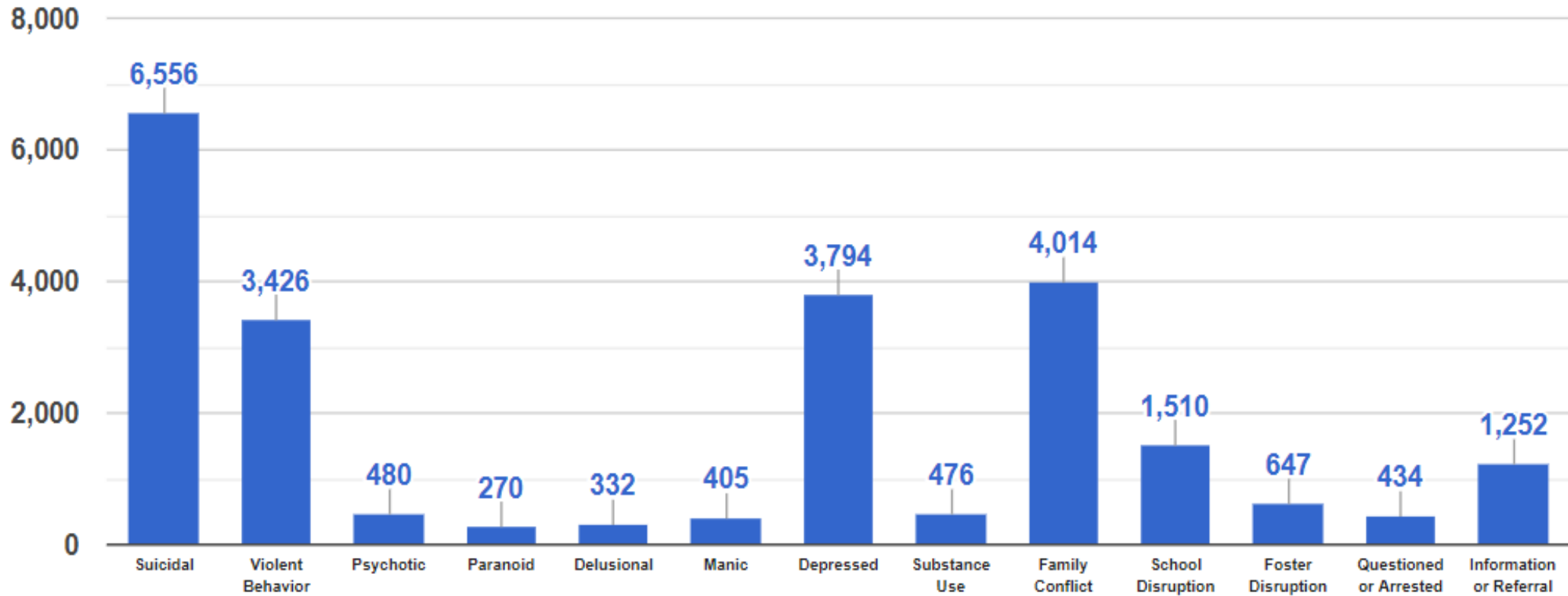
Jan 2019-Jan 2021



Total Calls = 13,089 however all callers do not disclose their relationship to the youth.



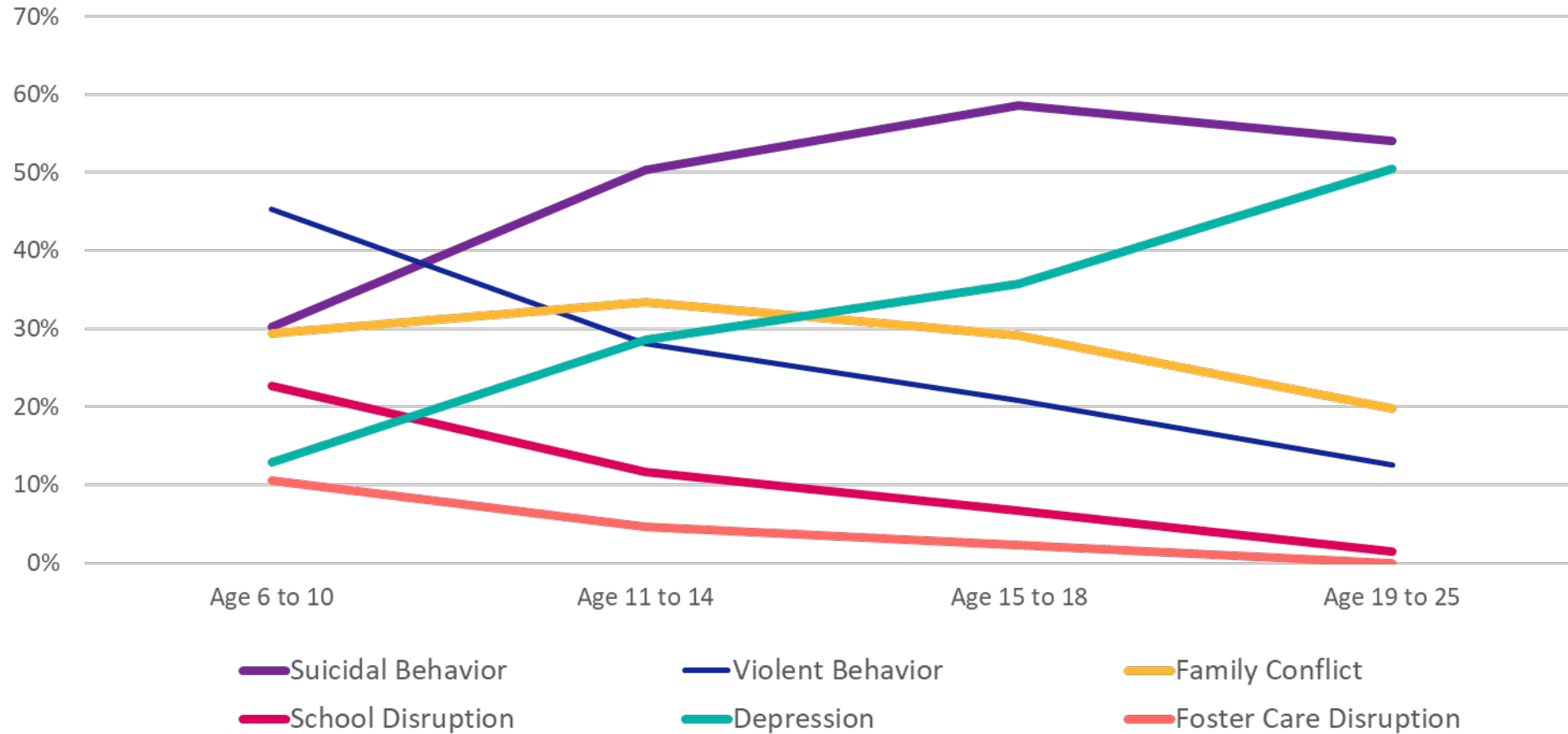
Reason for Crisis Calls



Jan 2019-Jan 2021



Reasons for Crisis Calls by Age Group



Jan 2019-Jan 2021

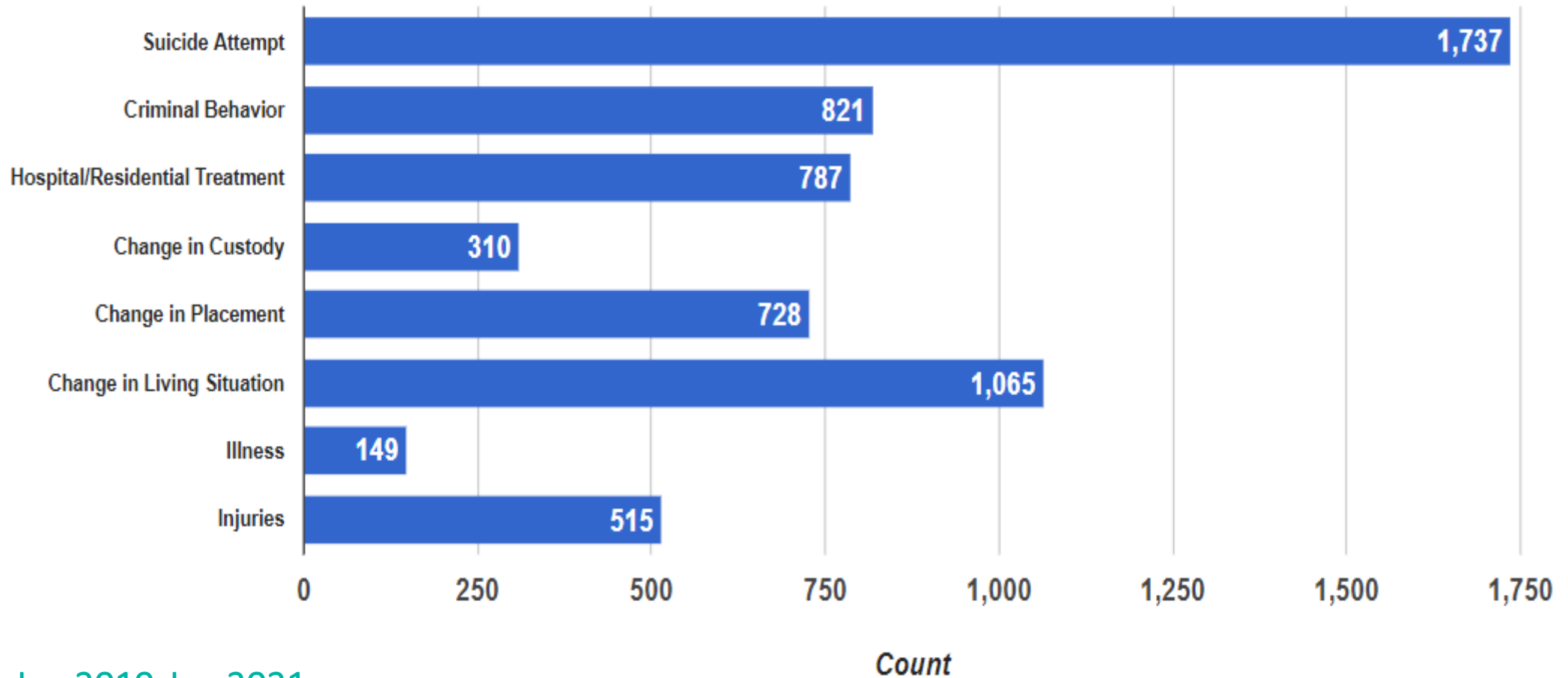
Reason for Crisis Calls



- Mobile Response treatment protocols are designed to fit the need of the client, which can vary according to age, environmental conditions, prior risk factors, and existing diagnoses.
- Whereas only 10% of younger children experience depression as an impetus for crisis intervention, upwards of half of high school age to young adult calls pertain to crises associated with depression as an underlying cause (usually also connected with suicidal behaviors).
- By contrast, violent behavior, more common among young children needing crisis attention (here, at 45%), falls below 20% among high school to young adult clients needing crisis attention.

Jan 2019-Jan 2021

Risk Factors

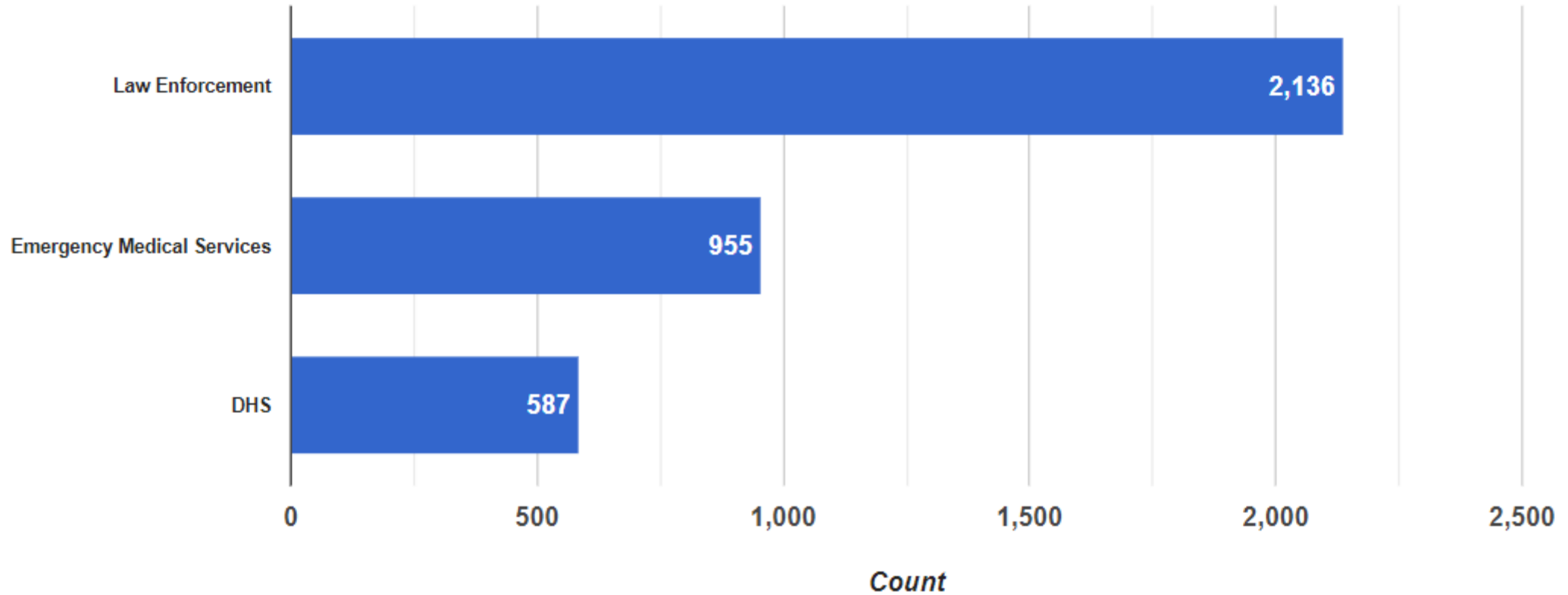


Jan 2019-Jan 2021

Total Calls = 13,089 however all youth do not experience these risk factors.



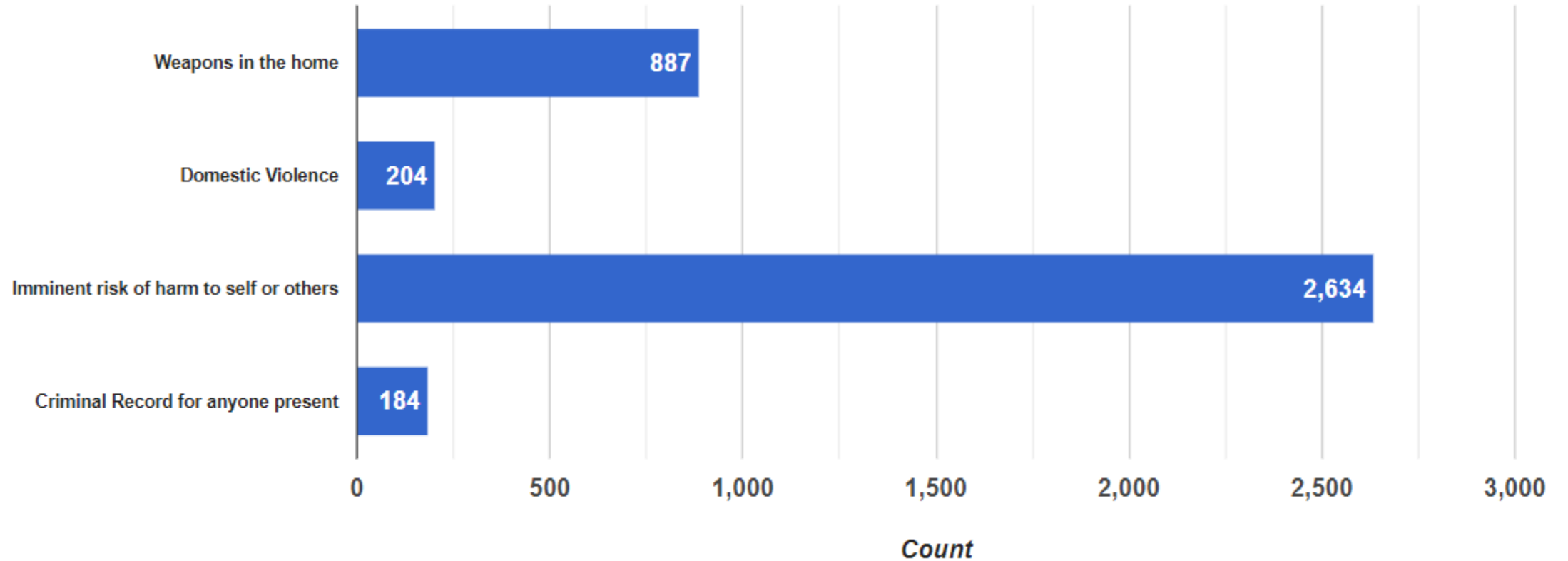
Other Agencies at Scene of Crisis



Jan 2019-Jan 2021



Safety Screening



Jan 2019-Jan 2021



**79% of children, youth, and young adults
were diverted
from a change in placement.**



Inpatient Hospitalization

Of the 21% of youths not diverted,
82% of youths experiencing
Change in Placement went to
Inpatient Hospitalization.

Jan 2019-Jan 2021

School Stability



90% of youths
at risk of school disruption
returned to class.

Jan 2019-Jan 2021



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

Enrolled in
OKSOC &
Accessing
Youth Crisis
and Mobile
Response

Jan 2019-Jan 2021



Youth Crisis
MOBILE RESPONSE



Mobile Response: Outpatient vs Inpatient

Jan 2019-Jan 2021

- Inpatient Placement / Referral
 - (Intensive Crisis Intervention)

# Nights per Client	Rate Per Night (2018)	Mean Stays	Total Cost per Client
5	\$293	1.5	\$2,198
7	\$293	1.5	\$3,076

Outpatient services will begin/resume once client is released from hospital care, adding \$900 to \$1,000.

- Outpatient Services
 - (Deescalation and Crisis Diversion)

Service Item	Rate	Per	Total
Screening	\$25	Event	\$25
BH Plan	\$135	Event	\$135
BH Assessment	\$82	Event	\$82
Case Management	\$20	15 min.	\$81
Family Therapy	\$21	15 min.	\$854
			TOTAL \$1,777

Follow-Up



- 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.

Jan 2019-Jan 2021

OKSOC Evaluation



Evaluation is an integral part of Systems of Care and provides evidence documenting:

- service utilization,
 - program effectiveness, and
 - system costs.
- The evaluation of Oklahoma Systems of Care is essential to maintain and grow funding to provide services for Oklahoma children, youth, young adults, and families across the state.
 - Our data allows us to prove that Oklahoma Systems of Care helps better lives and uses funding efficiently and with maximum impact.



- OKSOC and OK Youth Crisis Mobile Response are data-driven—we make strategic decisions based on data analysis and interpretation.
- The evaluation looks at information gathered from families to determine if services are helping:
 - Each individual child, youth, young adult, and/or family
 - All children, youths, young adults, and/or families served across the state
- The evaluation also assesses the cost and impact of services.
- This allows us to make better decisions about treatment modalities, service options, staffing, and funding.

Data-Driven Decision- Making



As the evaluator for OKSOC, E-TEAM designed and maintains a statewide evaluation data collection effort based on data collected through the Youth Information System (YIS) by the local OKSOC sites.

The YIS is a secure, web-based application which provides real-time access to evaluation and program monitoring data to:

- state management,
- individual site leadership, and
- site wraparound facilitators.

Point your browser to <https://systemsofcare.ou.edu/>

Youth Information System (YIS)



Crisis Call Center staff enter:

- Demographic information on youth and family
- Presenting concerns;
- Suicide risk and risk of harm to and/or from self or others;
- Current living situation, custody, and placement;
- Availability of supports,
- Current medications and compliance,
- Use of alcohol or drugs, and
- Medical conditions.

Youth Information System (YIS)



Mobile Response staff enter:

- Type and location of response;
- Referrals made;
- Respite arrangements made;
- Change in placement;
- Change in custody;
- Change in school status (detention, suspension, expulsion); and
- Follow-up comments.

Youth Information System (YIS)



Evaluation

- At the time of the crisis call and mobile response youth and young adults may be:
 - enrolled in OKSOC or
 - referred to OKSOC and subsequently enrolled.
- Data for these enrolled youth and young adults captures
 - Clinically significant impairment at baseline,
 - Clinically significant improvement at follow-up,
 - Days out of home placement,
 - School (tardies, absences, suspensions, detentions),
 - Self-harm, and
 - Contacts with law enforcement

Youth Information System (YIS)



- Demographics
 - Youth/Young Adult Age and Gender
 - DHS Custody
 - Developmental Disabilities and Medical Issues
 - Call Time (hours, day of week, and date)
 - Frequency Distributions by County
- Process
 - Reason for Call
 - Risk Factors and Safety Screening
 - Location and Type of Response
 - Referrals
- Outcomes
 - Placement Change
 - School Status Change
 - Respite
- OK Youth Crisis Mobile Response Satisfaction



Oklahoma Systems of Care (OKSOC) provides services to children and youth experiencing serious emotional disturbance. OKSOC began in 2 communities in 1999. State and federal financing and the active sponsorship of the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) have helped OKSOC expand across the state and increase the number of families and children, youth, and young adults served. OKSOC supports, maintains, and grows local systems of care communities by providing infrastructure, training and technical assistance, and staff professional development. Care is delivered using an integrated team that comprehensively addresses physical, mental health and substance use disorder treatment needs with a goal to ensure access to appropriate services, improve health outcomes, reduce preventable hospitalizations and emergency room visits, and avoid unnecessary care.



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 Youth Information System (YIS)—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.