A System to Support: Crisis Stabilization Services for Children and Youth

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The Institute for Innovation and Implementation
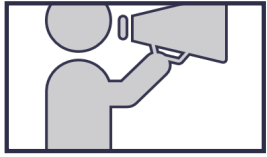
Overview

Amending or attempting to **retrofit** an adult crisis response system to serve the needs of youth and families **is insufficient.**

988 provides the opportunity to **streamline the process for youth and families** experiencing a crisis to obtain timely, necessary services and supports, reduce unnecessary use of emergency departments and police response, and provide equitable response and access for diverse populations.

Crisis stabilization services include an array of services and supports for youth and families focused on de-escalation and stabilization within the home and community.

Stabilization services are **grounded in Systems of Care values and principles.**

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System of Care Values

Family- and youth-driven: Self-determination in services, with youth participating in care planning and decision-making as developmentally able; ongoing, measurable involvement in the planning, development, implementation, and evaluation of system-level policymaking

Home- and community-based: Comprehensive array of services & supports are provided in home, school, or other non-institutional settings, including natural and informal supports

Equitable: Consistent access to and availability of, quality, and short- and long-term outcomes of services across race, ethnicity, language, disability, religion, sexual orientation and gender identity and expression, national origin, socioeconomic status, geography, immigration status, and system involvement.

Strengths-based and individualized: Services & supports focused on the positive attributes or characteristics of each child, youth, and caregiver and tailored to their unique preferences and needs.

System of Care Values

Culturally humble, linguistically competent, and fully accessible: Services adapted to reflect the cultural, racial, ethnic, and linguistic needs and preferences of children, youth, and their caregivers to ensure accessibility regardless of religion, national origin, gender, gender expression, sexual orientation, physical disability, socioeconomic status, geography, immigration status, or other characteristics.
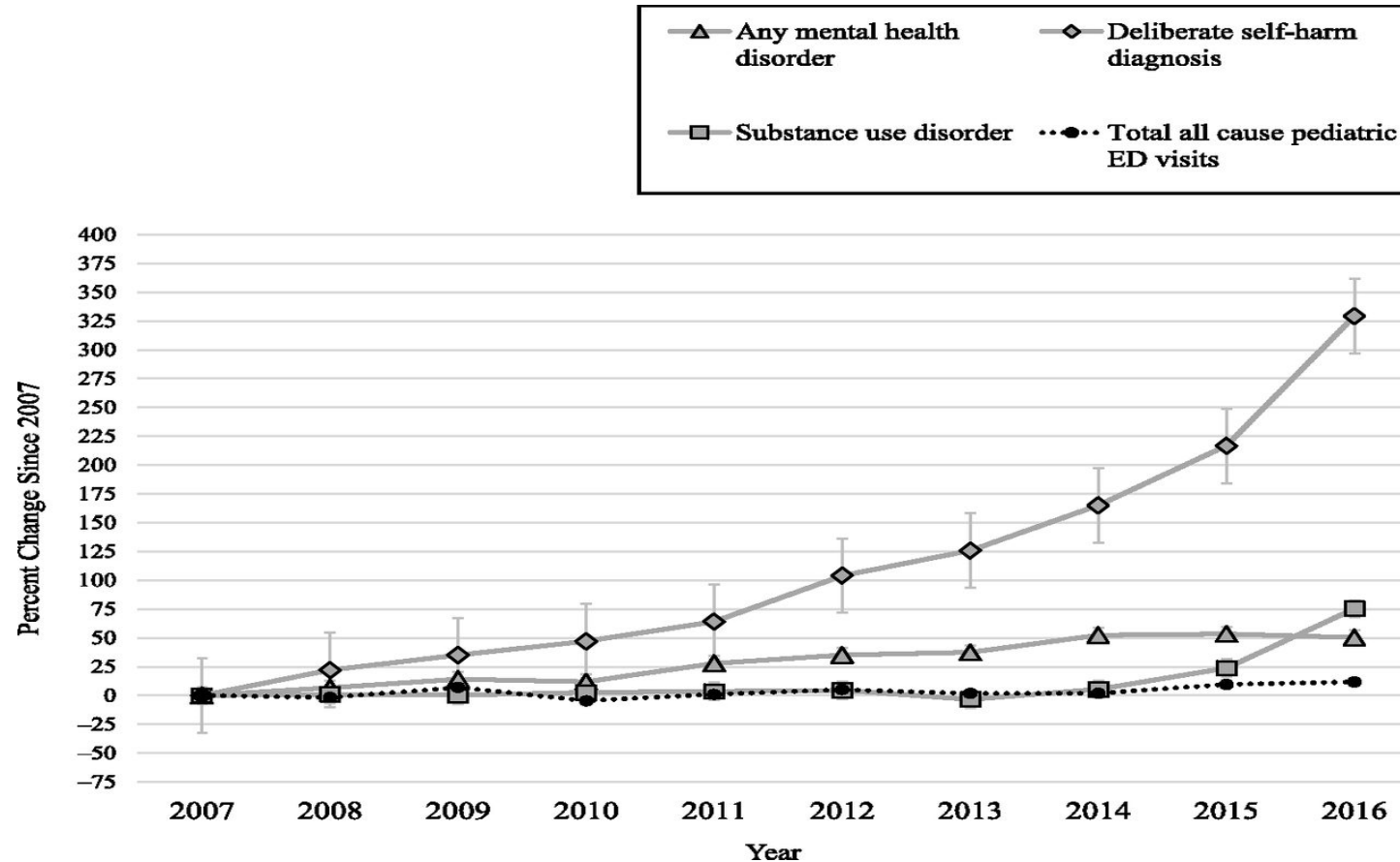
Data driven and outcome oriented: Mechanisms to ensure that services, providers, and systems are focused on continuous quality improvement and have adopted, in collaboration with children, youth, and families, policies and practices to track, manage, and utilize metrics to achieve goals
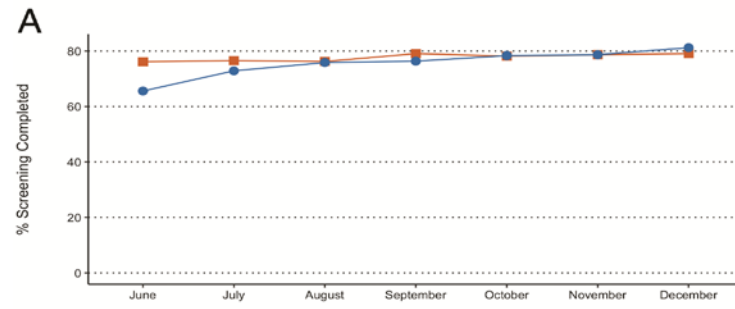
Trauma-Responsive : Service and supports that shift the focus from "What's wrong with you?" to "What happened to you?" by realizing the widespread effects of trauma – physically and/or emotionally harmful events that adversely impact well-being – on youth and families; integrating knowledge about trauma into policies, procedures, and practices; and actively avoiding re-traumatization
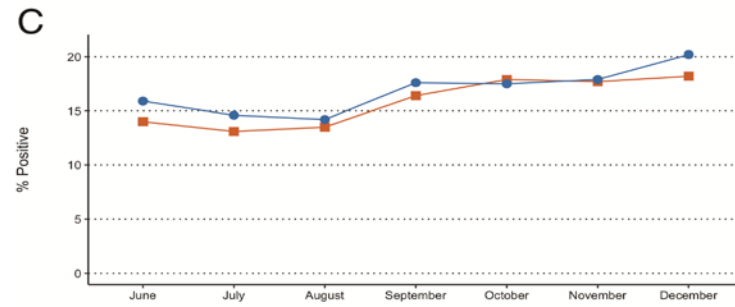
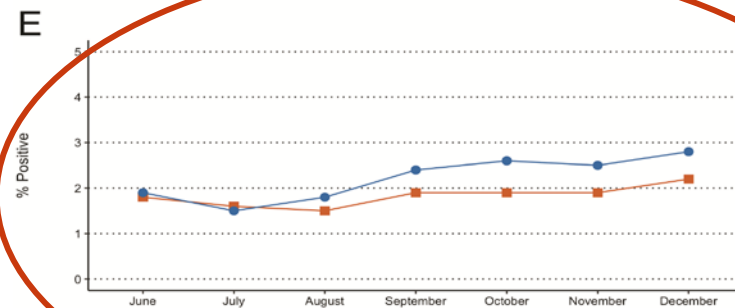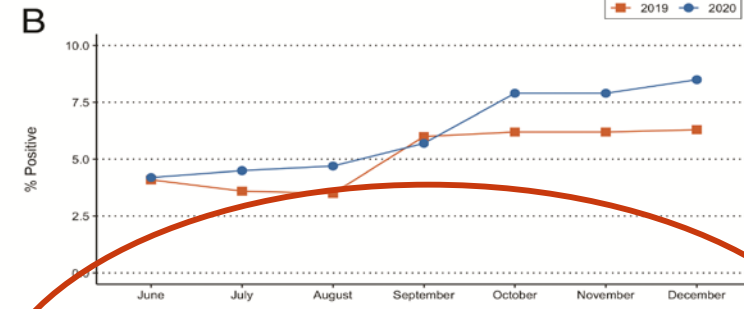# Need for Youth Crisis & Stabilization Services Before COVID...

And After...
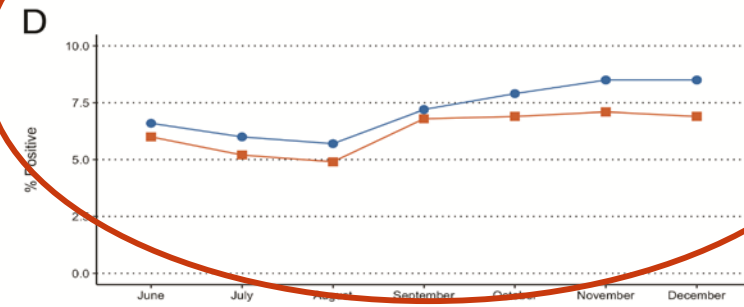
The Needs of Diverse Youth and Families

The Front Door for Families and Youth

- Creating a **single point of access**, as is intended with 988, streamlines the process and removes barriers to obtaining timely, necessary services and supports for youth and families experiencing a behavioral health crisis.

- An easy-to-remember single phone number available to the community and family- and youth-serving partners (e.g., child welfare, juvenile justice, schools, medical providers, etc.) to contact with a **"no wrong door"** approach simplifies what has historically been a time-consuming, complex, and sometimes dispiriting process.

- **No wrong door"** is an approach that provides all youth and families with access to appropriate service interventions **regardless of where they enter the system of care, their ability to pay, or their diagnostic condition.**

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MRSS Continuum

Number of Families

Someone to Contact
Available 24/7/365 – call line (connected to 988)

Crisis Prevention

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

Access Point: Key Tasks

01

SCREEN
Assess safety and risk, including imminence of harm

02

LISTEN
Recognize and understand family/youth defined crisis

03

ENGAGE
Building alliance and agreement that a response will be helpful

04

DETAILS
Identify family/youth preferences, household information, and needs

05

DISPATCH
Warm handoff to mobile team

24
365
7

988
Implementation

- ✓ Infrastructure
  - ▪ Technology
  - ▪ Customization for children, youth and families
  - ▪ Care Pathway
- ✓ Training for the workforce
- ✓ Engaging partners
- ✓ Creating Feedback Loops
- ✓ Data and Outcomes

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Children's Crisis Systems Are Different

MRSS Core Elements

ü Crisis is defined by the family/young adult recognizing family/young adult's sense of urgency

ü Single point of access with a youth specific triage and connection to mobile teams

ü Available 24/7/365 with face-to-face response

ü 100% immediate mobile response by teams trained to work with youth, young adults, and families

ü Response does not include law enforcement unless deemed necessary after risk/safety screening

ü Developmentally appropriate assessment

ü Focuses on shifting care pathways from high intensity services recognizing natural intervention points

ü Recognizes that the exposure to higher intensity services can be trauma inducing

ü Recognizes and supports the natural support system

ü Recognizes the healing potential within communities

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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

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Decision Tree:
Moving forward to *Stabilization Services*

Transition out after 72-hour component with appropriate crisis plan and referrals in place.

Family wants to continue

No better fit

Refer directly to more appropriate service

Transition out after 72-hour component with appropriate crisis plan and referrals in place

Ongoing need

Eligibility requirements met

If ongoing supports are needed, refer to program in youth's jurisdiction or age range.
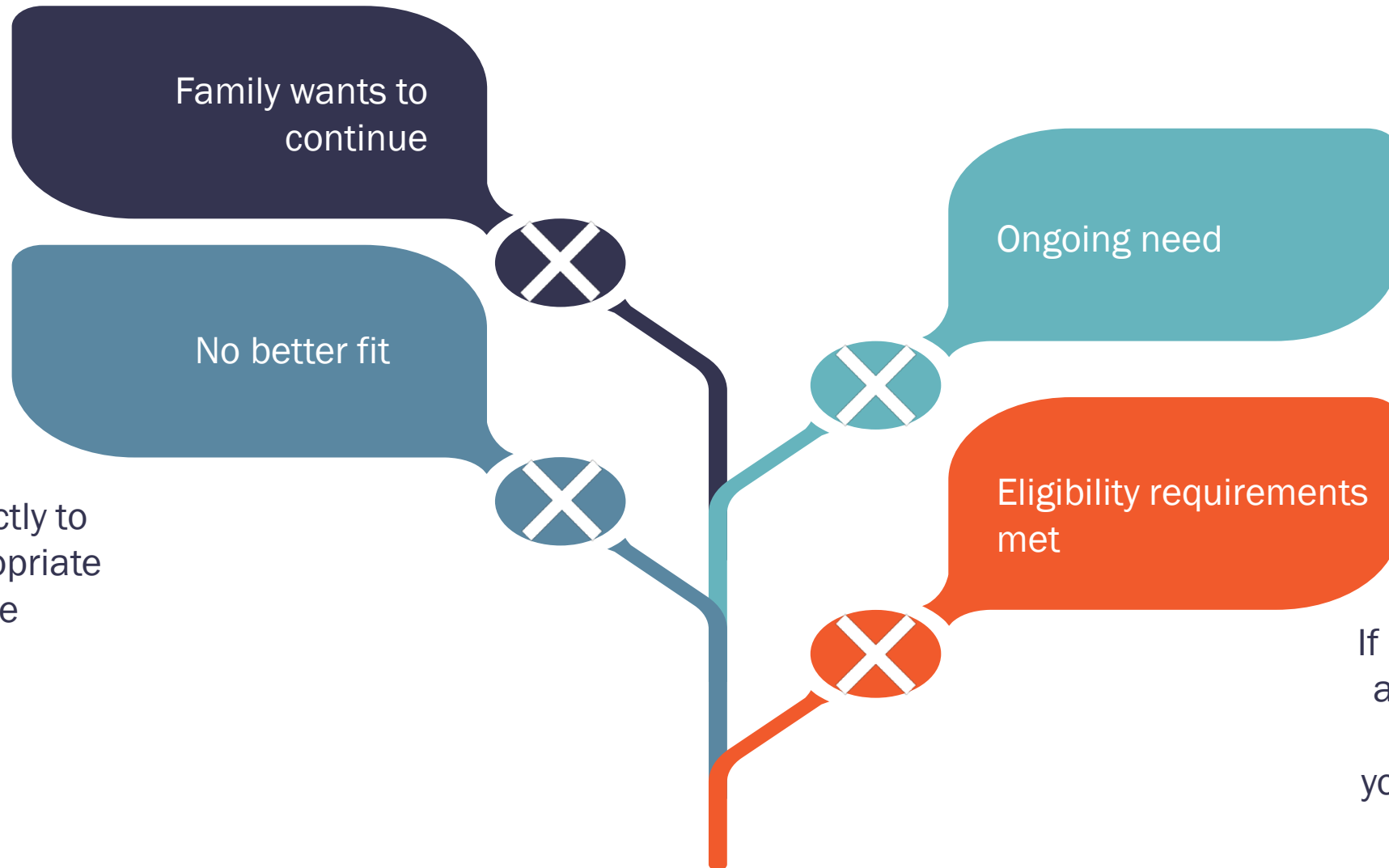
Stabilization Services (Up to 8 weeks): A System to Support

Symptom- and solution-focused goals integrated into an individualized plan of care

Plan of care empowers youth and families to be active partners in and guides the service delivery process

Reconnection with activities such as sporting activities, arts such as acting and painting, and extra curricular activities within the school

Home and community-based services including in-home clinical support and peer support

Connection to higher level of support if determined necessary

Connection to community supports and services

Key Components of Stabilization Services

Care Coordination

Parent, Infant, and Early Childhood Supports

Peer Support & Natural Supports

Intensive In-Home Services

School, Community & Office-Based Services

Population Specific Resources

- Parent/caregiver education
- Skill building
- De-escalation, calming, and soothing techniques
- Positive youth development, social, and recreational programs
- Systems and benefits navigation
- Respite Care

- Linkages to psychiatric or primary care services for medication management or evaluations
- Identification of natural an informal supports
- Cross system collaboration with other child- and family-serving agencies – education, child welfare, housing, and economic supports, as applicable

Stabilization: Key Tasks

ENGAGE
Family, providers, and supports

PLAN
Continuity of care planning within the first week of stabilization

MONITOR
Connect with providers & supports as directed in POC

ADJUST
Based on satisfaction & progress data, plan is adjusted as needed

MAINTENANCE
Ensure connections are in place.

Engage

Plan

Monitor

Adjust

Maintain
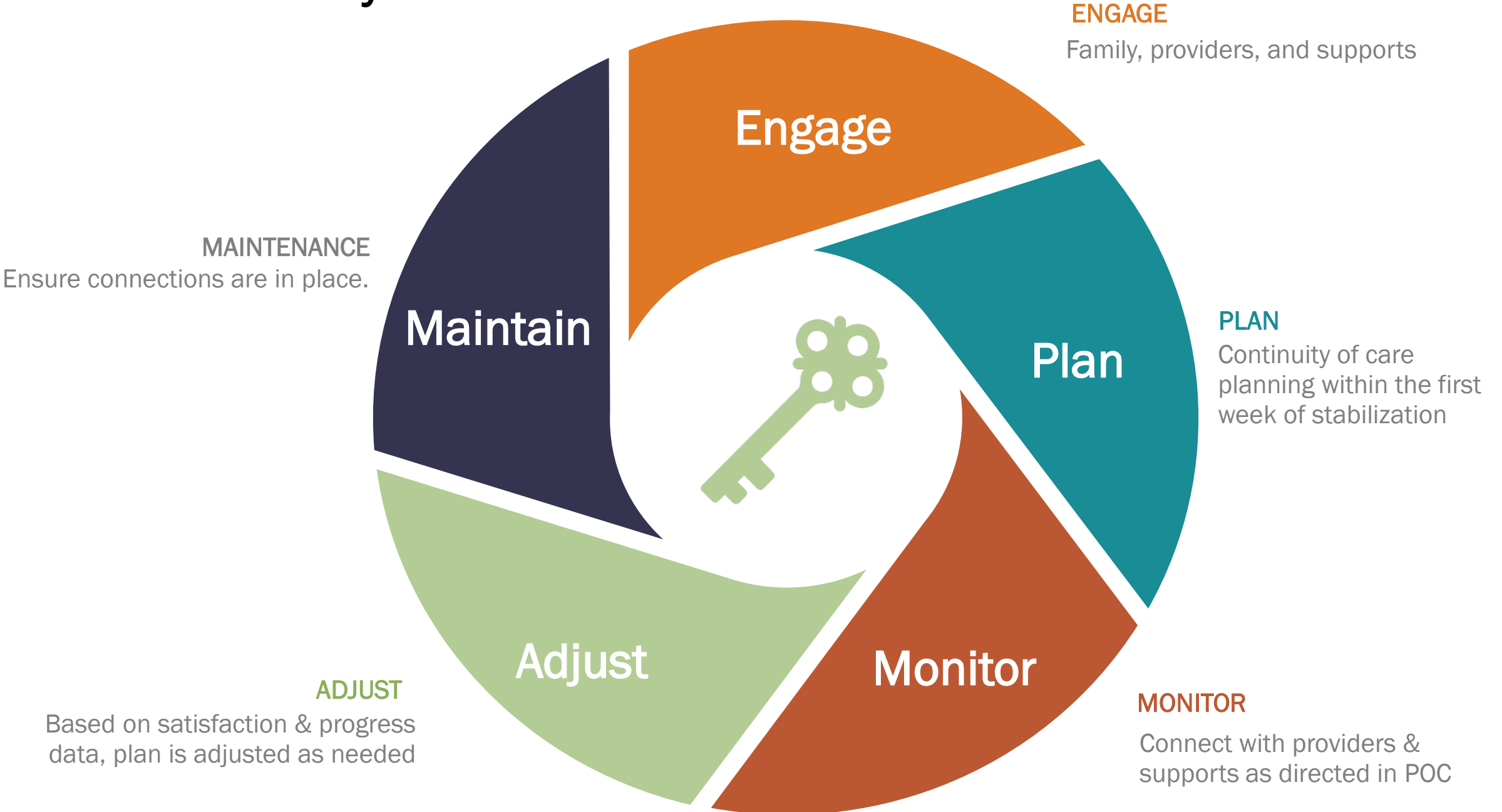
Population Specific Considerations

Early childhood (0-5)

- **Home visiting** approaches like Attachment and Biobehavioral Catch-up (ABC), Health Families America, Parents as Teachers, or Nurse-Family Partnership
- Improved **caregiver-child interactions** via Child-Parent Psychotherapy and Parent-Child Interaction Therapy
- **Part C Infants & Toddlers Services** for children <3 if the family and provider identify a possible developmental delay in the child.

Youth of transition age (14-26)

- Youth peer support
- **Peer-led organizations** (e.g., Living Room model, clubhouse model)
- **Early intervention** programs for those prodromal symptoms of psychosis or early-onset psychosis

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Population Specific Considerations

Youth with Intellectual or developmental disabilities

- Expressive and receptive language skills
- Cross system collaboration
- Customizations

Youth experiencing foster care

- Treatment Foster Care Oregon
- Together Facing the Challenge

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Crisis Stabilization Units

- Diagnostic and functional assessments

- Crisis intervention

- Medical assessment, including co-occurring disorders

- Treatment and warm hand-off to other services and supports

Within a continuum of care

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Crisis Stabilization Units

New York: Children's Crisis Residence "…are **one component of a comprehensive continuum of crisis services**, intended to help avert extended emergency room visits and inpatient hospitalizations. Community-based crisis services available within the continuum include crisis hotlines, mobile crisis intervention, and **other crisis service components under Children and Family Treatment Supports and Services, as well as Comprehensive Psychiatric Emergency Programs.** For children in crisis who are identified as needing a short-term higher level of care, the expanded benefit of a Children's Crisis Residence [can now offer children and their families the greater level of service and support needed to help ensure a more successful return home." [emphasis added]

New York Office of Mental Health (NYOMH). (2021). *Children's crisis residence program guidance.* https://omh.ny.gov/omhweb/bho/docs/childrens-crisis-residence-program-guidance.pdf & NYOMH. (2021, Mar.) *New York State Children's Health and Behavioral Health Services Billing and Coding Manual.* https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/billing_manual.pdf

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Recommendations

- Ensure that child- and family-serving system partners, including youth and families with lived experience, are included in 988 and crisis system design and implementation efforts.

- Use data to inform the development of a children's crisis continuum that addresses historic use of emergency rooms and police response as well the needs of diverse populations.

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Recommendations

- Develop capacity within a robust crisis continuum to provide stabilization services in homes and communities for up to six to eight weeks to meet the needs of youth and families who require ongoing stabilization after initial mobile response.

- Consider funding and system design mechanisms to allow youth and families to access appropriate crisis service interventions regardless of where they enter the system of care, their ability to pay, or their diagnostic condition.

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