

The Continuum of Crisis: Which Services and When?



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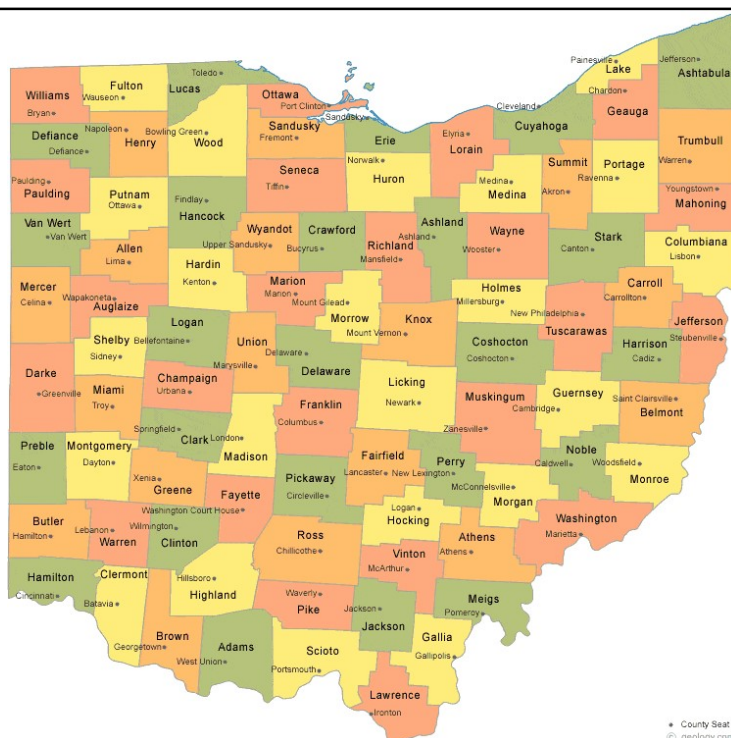
Learning Objectives

- Describe the range of mental health crisis services available and appreciate the importance of a continuum in providing care.
- Understand when and how to use different crisis services based on the severity and type of mental health crisis.
- Identify and discuss strategies to overcome challenges in overreliance on emergency departments for crisis services.



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Where are you joining from?



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Context



Mental Health related concerns and youth suicides are on the rise



Emergency Departments (ED) have become critical access points and the safety net



Youth are not receiving the services they need

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Known Challenges

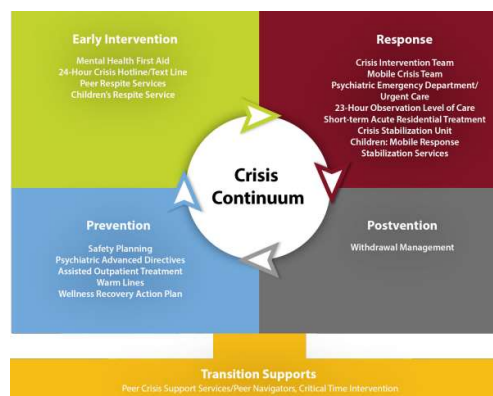
- Diverse population with broad spectrum of presentations
- Inconsistent approach to detection
- Lack of personnel, capacity, and infrastructure
- Challenges with timely access to a mental health professional
- Busy/fast-paced ED environment
- Paucity of outpatient/community resources



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Optimizing and Improving Care Along the Crisis Continuum

- Prehospital
- Emergency Department
- Community
 - Prevention
 - School-based
- Systems of Care
 - Medical Home
 - Behavioral Health Integration
- Research



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Crisis Service	Brief Description	Example
Psychiatric Emergency Centers/Department	Immediate access to specialized assessment and crisis stabilization	NCH PCD
Hospital Emergency Department	Immediate access to emergency medical care	Local/community hospital
Hospital Emergency Department with embedded Psychiatric Emergency Services	Immediate access to emergency medical care, MH providers complete evaluations and make referrals	Akron Children's Hospital Cincinnati Children's Hospital Medical Center
Inpatient Psychiatric Hospital Care	Hospital based care for youth who are a danger to themselves, others or unable to function in the community and can't be safely treated in any other level of care	Not for profit For profit: Sun Behavioral Health, Windsor Laurelwood, Belmont Pines

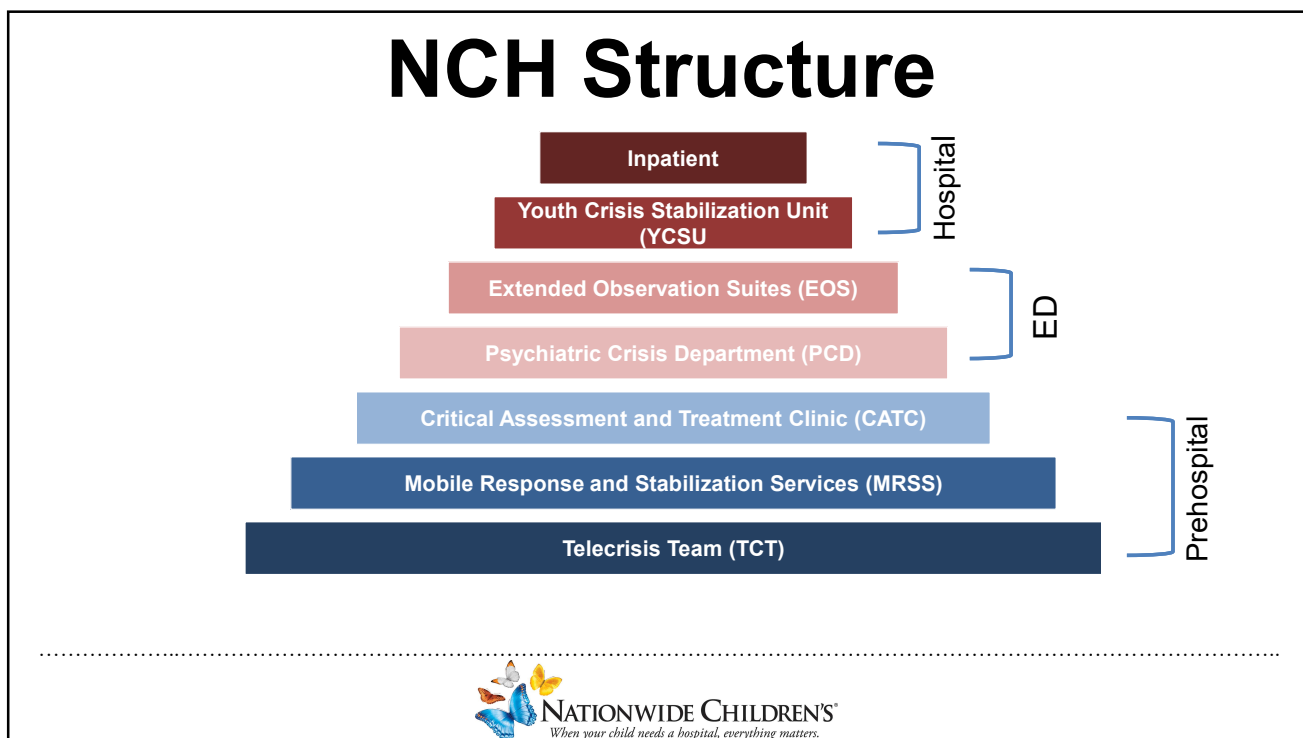
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Crisis Service	Brief Description	Example
Crisis Triage/Assessment Centers and Crisis Urgent Care Center	Walk-in location with crisis assessments to determine priority needs and disposition	Syntero and the Buckeye Ranch Same Day Access, Coleman Health Services Walk-In Clinics, BHP Care Now Clinics
Crisis Stabilization/Observation beds	Observation/treatment in a safe environment, meetings with caregivers and other supports, referrals to community treatment	NCH EOS and YCSU
Crisis Respite Services	Short-term temporary relief to a youth's primary caregivers in a home or community-based setting	Ohio RISE Huckleberry House
Mobile Crisis Services	Community-based rapid response, de-escalation, determination of needed treatment	MRSS Ohio https://mrssohio.org/providers/

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Crisis Service	Brief Description	Example
24/7 Crisis Line Telephone, Text or Internet Chat based	Trained or licensed staff provide support, referrals, and immediate linkage to other services if indicated	988 Suicide and Crisis Lifeline Crisis Text Line Ohio CareLine Community/County Crisis Line
Emergency Medical Services	Community-based acute medical care, transport to emergency departments	
Crisis Intervention Team (CIT)	Specially trained law enforcement officers, de-escalation, recognize signs/symptoms of a MH emergency, treatment vs. arrest	Multiple participating law enforcement agencies across the state of Ohio
Transportation	Safe and timely transportation to crisis services	Ohio RISE, government sponsored health insurance plans

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The Telecrisis Team (TCT)

The Youth Psychiatric Crisis Line

- 24/7 resource for Franklin Co. youth/families in crisis

The NCH Partner and Provider Line

- Provides assessment, consultation, safety planning, and assistance with hospitalization for providers within the NCH system of care

The Law Enforcement Line

- Calls involving youth can be transferred from 911 for assistance

MRSS State Line

- Manage Franklin Co. residents accessing care through the statewide call-center



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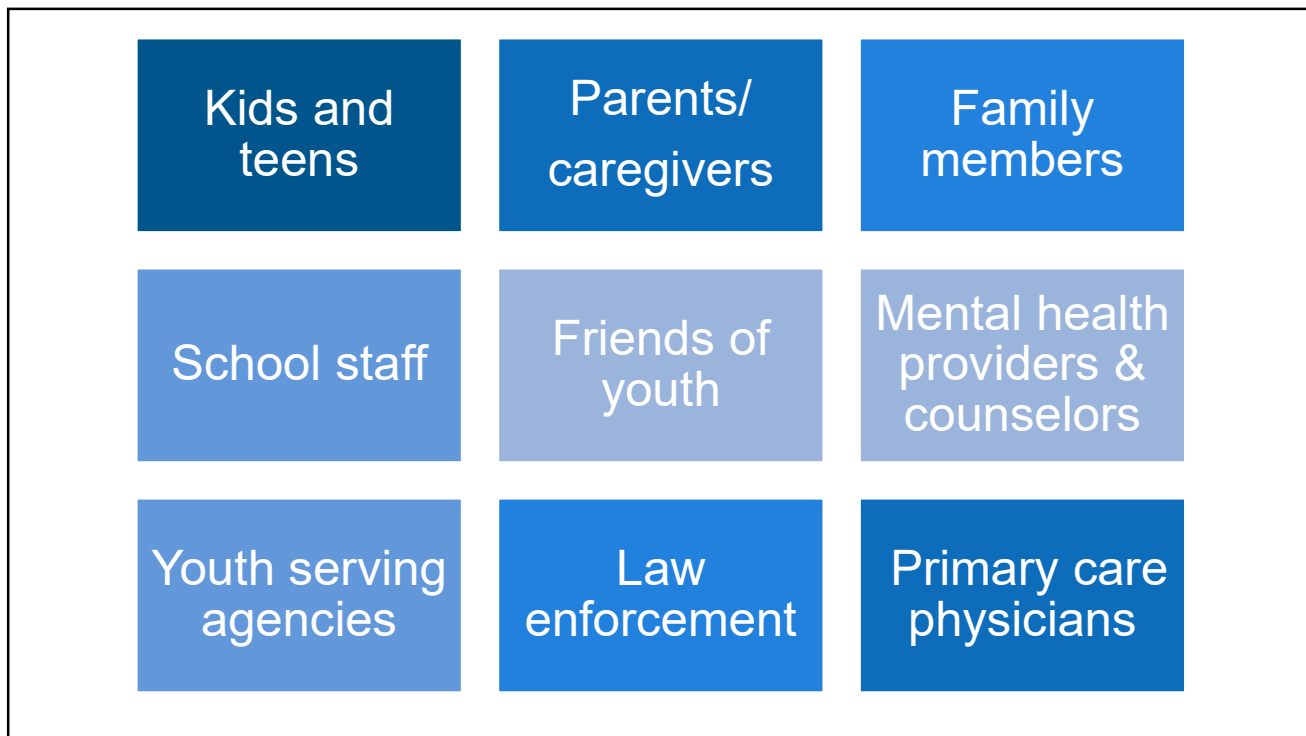
Nationwide Children's Hospital and Franklin County Youth Psychiatric Crisis Line

If you or someone you know is experiencing a mental health crisis, please contact your mental health provider or the Nationwide Children's Hospital and Franklin County Youth Psychiatric Crisis Line. A skilled professional is available 24/7/365 to talk with you.

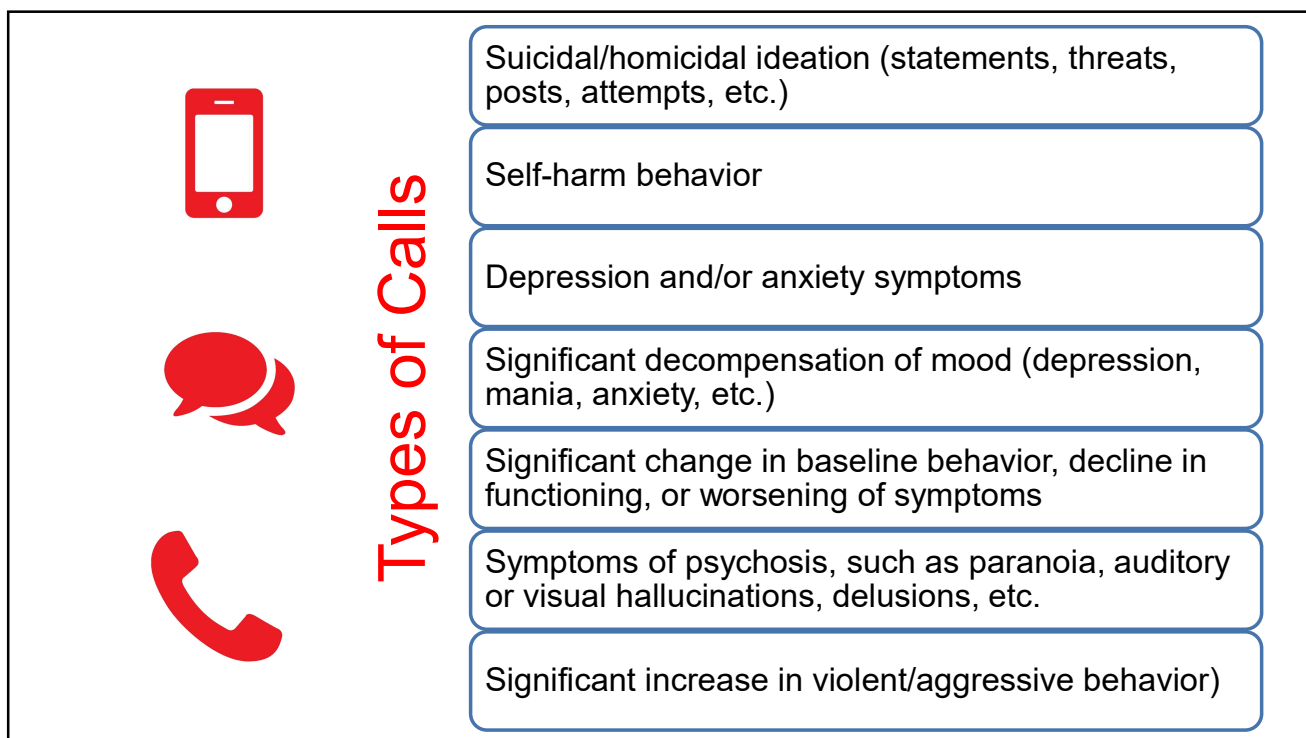
Help for youth ages 17 and under 24/7/365.

 **(614) 722-1800**

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Potential Call Outcomes



- Risk assessment
- De-escalation
- Crisis management
- Safety Planning
- Lethal Means Counseling
- Linkage and referral to community resources
- MRSS team dispatched



- 911 for immediate risk
- Wellness Check



- ED or PCD recommendation

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Telecrisis Team: How to Access the Nationwide Children's Hospital Partner and Provider Line

The Telecrisis Team (TCT) offers consultation and assistance for all Nationwide Children's staff when patients and families are experiencing a psychiatric crisis within the Nationwide Children's continuum of care.

Contact the Partner and Provider Line if you have a patient experiencing a psychiatric crisis and you need assistance with:

- Consultation
- Level of care assessment
- Psychiatric evaluation
- Safety planning

When you call the Partner and Provider Line, please provide the following information:

- Reason for concern and nature of the crisis
- Patient's history of risk and lethality
- Patient's behavioral health treatment history
- Is the patient agitated?
- Is the family aware that the TCT is being contacted?

Call (614) 938-PLAN (7526).

Please call the Partner and Provider Line if you are providing care for a patient that may be in need of psychiatric evaluation. The Partner and Provider Line number is for Nationwide Children's staff only and should not be shared with families. Families should be directed to call their county crisis line number.

For Franklin County, please provide families with the number for the Franklin County Youth Psychiatric Crisis Line: (614) 722-1800.

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MRSS OHIO
MOBILE RESPONSE AND STABILIZATION SERVICES
1-888-418-MRSS (6777)


Youth not engaged in treatment and not known to the community until a crisis unfolds


Care coordination and crisis intervention services can quickly stabilize a child's health


Safety and well-being of youth and their families


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NCH + MRSS

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76% of calls to the NCH Crisis Line are resolved by safety planning & follow-up.
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Of the youth who present to the Psychiatric Crisis Department, approximately 70% are discharged with safety planning & follow-up.
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Most youth who are referred for outpatient crisis care can be safely managed in their home environment.
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Address barriers to linkage and support transitions.

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MRSS Details



Screening & Triage

24/7 Availability


- Crisis line call 24/7
- Family determines crisis
- Triage on immediate safety
- Intake information on crisis, including all those involved
- Plan response (right away or by appointment)
- Triage up if needed (911)
- Collect info on what to expect upon arrival



Mobile Response & De-Escalation

Initial response within 60 minutes


- Location of crisis, or location family identifies
- Can last up to 72 hours for ongoing de-escalation and crisis needs
- Urgent evaluation: Work to understand crisis event and responses
- **Interventions**
 - Risk assessment
 - Standardized screens
 - Safety planning
 - Crisis counseling
 - Psychoeducation
 - Telehealth engagement with psychiatry, if needed



Stabilization

Can last up to 6 weeks


- Individualized crisis plan includes stabilization plan
- Achieve family goals, build skills, crisis prevention techniques, environmental safety, linkage to resources and supports
- Coordination of specialized service
- Cross-system partnering
- Service transition
- Can occur over telehealth, in home, or other location the family requests, but the family cannot be required to present to a location in order to receive stabilization services



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.


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MRSS What to Expect




Hours of Operation

- Monday - Friday 9am - 9:30pm




Team composition

- Clinicians
- Qualified Behavioral Health Specialists (QBHS)
- Parent Peer Support Specialists (PSS)
- Clinical Lead Supervisors (CLS)
- Clinical Manager (CM)
- Psychiatry




Initial Crisis Response

- Home/Community visit: Typically, a team of 2 providers (clinician & QBHS or PSS)
- Certain situations may warrant a solo clinician response
- Within 60 minutes or can schedule up to 48 hours if family prefers



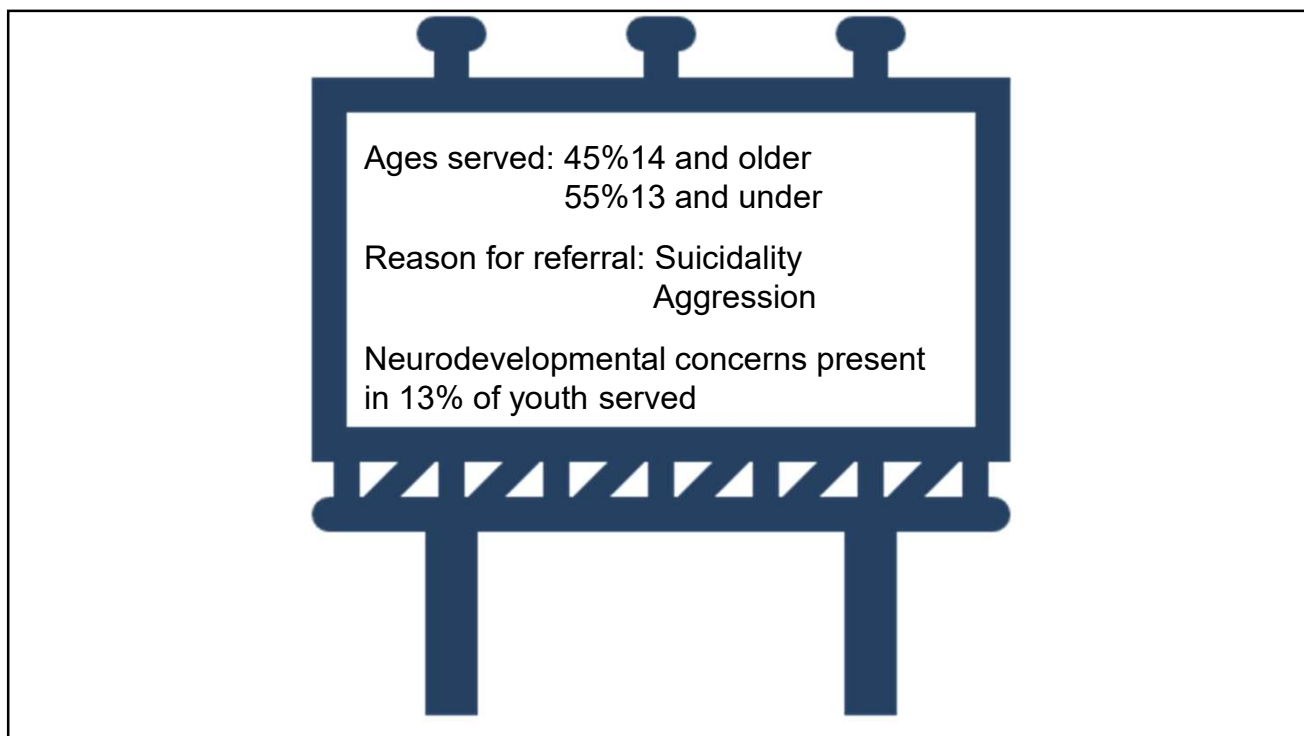
Stabilization Visit

- Usually 1 provider (any member of the team depending on patient/family needs)
- Can last up to 6 weeks



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.

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Critical Assessment & Treatment Clinic

Purpose

- Provide acute outpatient assessment and focused treatment for youth and families to maintain safety in the community and link to the appropriate level of ongoing care

Objectives

- Reduce Emergency Department visits
- Reduce psychiatric inpatient admissions and readmissions
- Crisis stabilization and support during transitions

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Critical Assessment & Treatment Clinic


Functions

- Therapeutic assessment
- Individual, family, group therapy
- Time-limited psychiatry services to support stabilization

Eligibility

- Recent lethality/safety concerns
- Safety can be maintained in the community
- Not otherwise involved in MH treatment

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Ages served: 4-21 individual therapy
9-17 group therapy

Top visit Diagnoses:

- Depressive disorders
- Anxiety disorders
- Adjustment disorders
- Trauma and stressor related disorders
- ADHD



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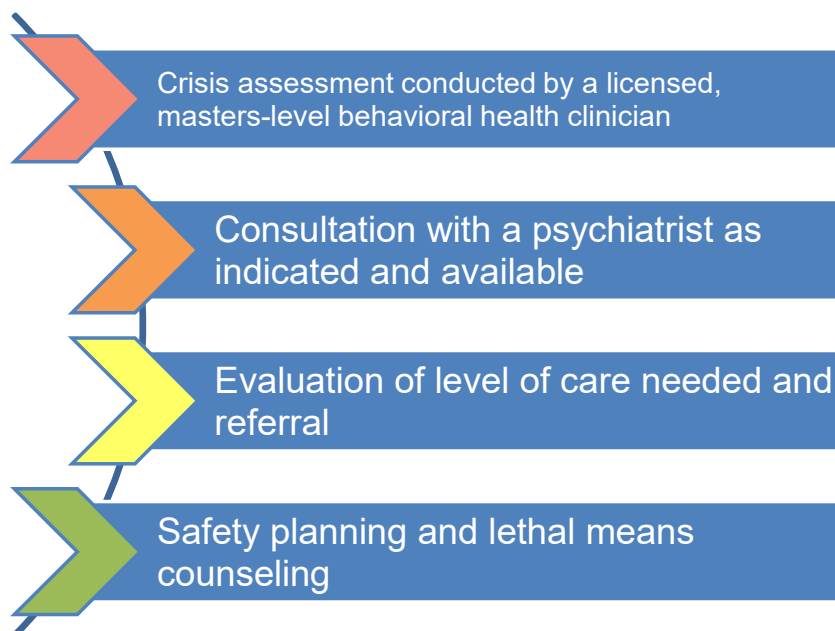
The Psychiatric Crisis Department (PCD) at the Big Lots Behavioral Health Pavilion at Nationwide Children's treats children and adolescents for mental and behavioral health crises. It's like an emergency room, but for children experiencing a mental or behavioral health crisis.



Photography: Lomonaco & Pitts, Architects P.C

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What to Expect Psychiatric Crisis Department (PCD)



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Services not offered in the PCD:

- One-on-one or family therapy
- Psychological testing or neurologic evaluation
- Psychiatric evaluation for those age 18 or older
- Respite care or temporary care to provide breaks for caregivers
- Drug or alcohol treatment
- New prescriptions, refills or medicine changes

Photography: Lomonaco & Pitts, Architects P.C

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Extended Observation Suite



- Located within the PCD
- 10 multipurpose bed hallway
- Allows for continued assessment and brief interventions
- Potential to prevent unnecessary inpatient hospitalization



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Youth Crisis Stabilization Unit



Average Length of Stay: 3.7 Days

Treatment	Frequency
Individual and Family Therapy	3 ½ hours a day
Psychiatric Intervention	Daily
Recreation Therapy	Daily
Animal Assisted Therapy	Consulted; varies by patient
Music Therapy	Consulted; varies by patient



Care Team

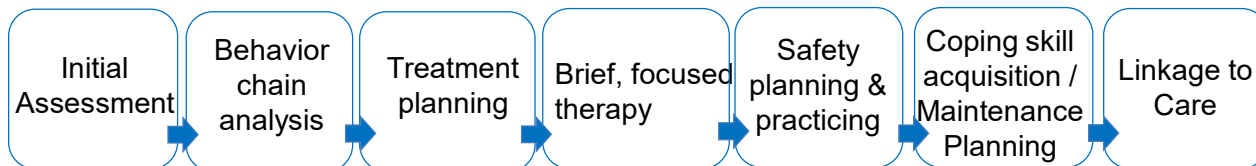
Child and Adolescent Psychiatrists, Master’s Level Therapists, Nursing Staff, Recreational Therapists

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- ✓ Single Room
- ✓ Non-Milieu Environment (individual vs. group focus)
- ✓ Parents / Guardians encouraged to be as involved as possible and stay overnight if indicated

Goals: Return to pre-crisis functioning, increase coping abilities, improve family functioning



Photography: Edward Caruso



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Admission Criteria

✓ Considered for Admission

- Youth and guardian agreeable to admission and participation in treatment*
- Youth experiencing significantly worsening mental health symptoms
- Unmanageable suicidal, homicidal, and/or self-harm ideation where youth cannot effectively safety plan
- Post suicide attempt
- Youth experiencing significant family conflict
- Youth under the age of 18

✗ Excluded from Admission

- Youth unlikely to benefit from talk therapy due to underlying condition:
 - Psychosis
 - Moderate / significant cognitive delays
 - Severity of symptomology requiring pharmacologic intervention
- Current violence or physical aggression towards others
- Youth requires significant staff redirection to remain in room
- Youth is disruptive of other patients' treatment
- Youth is not medically cleared

*Guardian participation is expected, and virtual accommodations can be facilitated.



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Crisis Intervention Team (CIT)



Improve safety and outcomes



Reduce trauma



Increase awareness and responsiveness



Diversion



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CIT & Youth

Crisis Services for youth in the area	Process of emergent psychiatric evaluation	Youth Psychiatric Crisis line info	MRSS info
Downside of hospitalizations	How police and youth providers may interface	Stats re: youth and mental illness	Power struggles
Trauma and youth	Active listening	Pain-based behavior	Importance of self-awareness



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Call to Action

Crisis Services Providers by Mental Health and Addiction Services Board Area

The screenshot shows a web interface for 'Availability of Mobile Response and Stabilization Services: CY 2023'. It features a map of Ohio with counties shaded in blue to indicate service availability. A legend indicates 'Service Available within Board Area?' with 'Yes' in blue and 'No' in grey. To the right of the map, there are filters for 'Year' (set to CY 2023) and 'Crisis Service' (set to Mobile Response and Stabilization Services). Below the map, there is a detailed list of crisis service providers for the selected county, including their names, addresses, and phone numbers. A note at the bottom states: 'Teams of behavioral health professionals are available to respond in person to an individual experiencing a mental health or substance use crisis. These teams can meet people in their homes, schools, doctors' office, or any other location to assess the situation, de-escalate crisis and help people connect to needed services. Services can be for adults or youth (MRSS programs and non-MRSS programs).'

- Crisis services are available to and benefit Ohio youth
- Awareness and access is key
- Funding and resources can be barriers

<https://mha.ohio.gov/research-and-data/dashboards-and-maps/dashboards/tableau-resources/crisis-services-dashboard>



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Crisis Resources from NCH



- Note that all are **public/family-facing**, so feel free to share!
- Handouts included are:
 - Franklin Co. Youth Psychiatric Crisis Line flyer
 - MRSS flyers (long and short versions)
 - PCD What to Expect Flyer
 - Crisis Escalation Helping Hands
 - Safety Guide for Self-Harm or Suicide Helping Hands



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NCH Big Lots Behavioral Health Intake Department

The **BH Intake Department** at NCH will assist families with initiating Behavioral Health services for their child.

To request an appointment:

Call **614-355-8080** and press option #2

Monday – Thursday, 8:00am – 6:00pm

Friday, 8:00am – 5:00pm



What to Expect:

A BH Intake Resource Coordinator will contact the family and complete and intake phone call, which will last approx. 25 mins. They will update registration, insurance, and ask questions about the child's symptoms. Following the call, the child will be scheduled for an appointment with a care provider, or added to a waitlist, depending on the service(s) the family needs.

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Thank you for your attention!
Any questions?

