

# YOUTH MOBILE CRISIS INTERVENTION

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# SERVICE INITIATION

- Beginning July, 2013, HPR V began receiving \$825,000 annually to provide youth mobile crisis, telepsychiatry, and to form a crisis stabilization unit
  - 4 CSB's developed mobile crisis services at that time:
    - Colonial, Middle Peninsula/Northern Neck, Virginia Beach and Western Tidewater
  - Hampton/Newport News started a Child Mental Health "Urgent Care Center"
    - Youth can receive a full crisis evaluation including a psychiatric evaluation immediately in an outpatient setting during clinic hours
  - Funds were also made available to begin 30 hours per week of telepsychiatry within the region

# WHY ARE CRISIS SERVICES NEEDED?

- Prior to having youth mobile crisis services in Virginia Beach, it was difficult to get a youth experiencing a crisis into community MH services in less than two weeks
  - Private providers were 4-6 weeks at best, for those with private insurance
  - Often, by the time services could be implemented the families were “past” the crisis
    - Either the family no longer desired the service, or the child’s behaviors had escalated to the level of hospitalization

# PROGRAM DESCRIPTION

- Virginia Beach receives only \$89,000 annually to provide youth Crisis Intervention services
  - 2 Full Time staff provide the service, supervised by a LCSW, with additional staff available during peak referral times
    - The cost of having 2 staff dedicated full time is mitigated by billing Medicaid for Crisis Intervention whenever possible
    - To date, 49% of referrals have had Medicaid
  - Services last up to 30 days at a time
  - Focus is on the immediate stabilization of the crisis, and then linking to ongoing services as needed
  - In Va Beach, the goal is to be able to offer a Crisis Risk Assessment within one business day
  - Emergency Services continue to provide 24/7 access as needed

# PROGRAM DESCRIPTION

- Referral sources include DSS/CPS, guidance counselors, teachers, acute hospitals, parents, private practitioners, and others
  - Anyone meeting criteria receives the service, regardless of insurance
  - After the immediate crisis is stabilized, focus turns to linking the youth and family to any needed ongoing services
    - Often, clients will be linked to services in the community if they have private insurance, or with the CSB if they have Medicaid or are uninsured

# IMPLEMENTATION PHASE

- Many presentations were given across the city to any possible referral source regarding the new service
- Once word got out, referrals were rapid, and resources quickly became overwhelmed
  - Additional staff to support the program had to be identified for times that referrals were high
  - Since inception in August, 2013, 321 youth have been referred to the Va Beach Youth Mobile crisis team.
  - Only 9% of youth required hospitalization once crisis services were initiated.

# HOW THE SERVICE WORKS:

- There are 3 “roles” of a crisis clinician:
  - Assessment/Intake specialist
  - Stabilization expert
  - Case manager who quickly links to ongoing services

***\*All 3 are equally important, but must be balanced***
- At no point are mobile crisis services trying to replace the hospital if the person is actively suicidal/homicidal.
  - A child might qualify for crisis for a variety of reasons:
    - Depression, aggression, withdrawal, threats, destruction of property, running away, recent hospitalization, etc.
    - Suicidal ideations will result in a prescreen. If hospitalization is not needed, crisis services could be initiated.

# HOW THE SERVICE WORKS:

- The following are objectives of crisis intervention:
  - To prevent exacerbation of a condition;
  - To prevent injury to the member or others; and
  - To provide treatment in the least restrictive setting.
- Per DMAS, services are provided “following a marked reduction in the individual’s psychiatric, adaptive, or behavioral functioning or an extreme increase in personal distress.”
- Crisis clinicians have 30 days to help a family stabilize, and link the client to the appropriate level of treatment needed
  - Services can repeat if needed, based on a new assessment



# FUTURE PLANS

- Additional funds approved to begin July 1, 2015
  - Three additional localities in HPR V will begin providing mobile crisis services
    - Portsmouth, Norfolk, and Hampton/Newport News
  - Children diagnosed with Intellectual Disabilities whom may need crisis services will be able to access a regional crisis service operated by Western Tidewater CSB
  - Virginia Beach is hoping with a small increase in funding to be able to add a 3<sup>rd</sup> Full Time, licensed senior clinician to the youth mobile crisis team.