

Connecticut Crisis Services: When and How to Choose?

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COMMUNITY | HEALTH | CARE



Objectives

- ▶ Learn about MCIS and the types of services that can be provided
- ▶ Learn how to refer a youth
- ▶ Learn who is appropriate for MCIS



What is Mobile Crisis?

Mobile Crisis is a state-wide, community based and family supportive clinical intervention service for children & adolescents experiencing a behavioral or mental health crisis.

**Hours of Operation:
Sunday-Saturday 24/7
365 days a year**

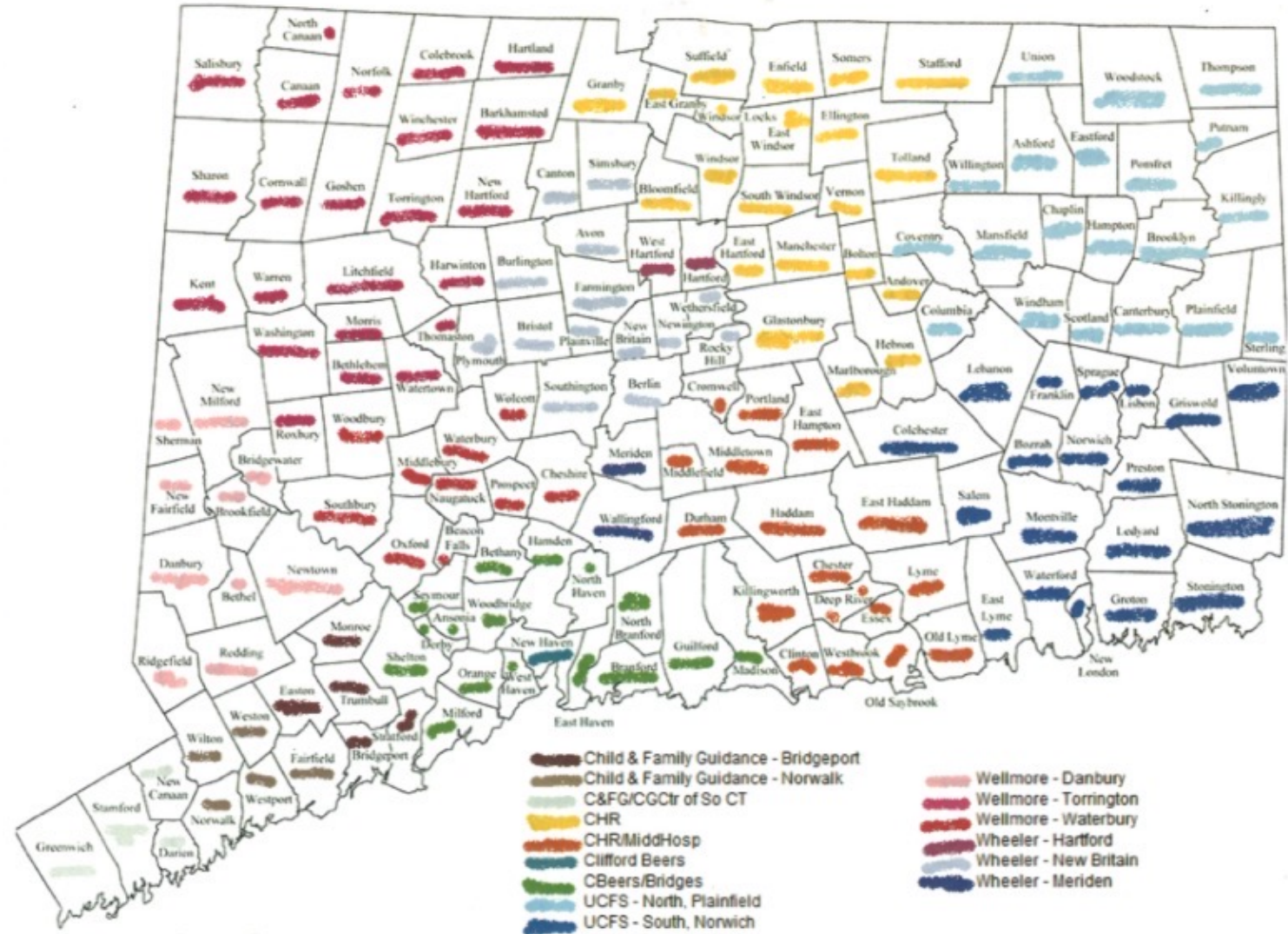
Since January 1st, 2023, we have moved to 24/7 community response!



MCIS Catchment Areas

There is an agency to service every town in Connecticut. 211 will automatically connect you to the agency that covers your town. The following agencies provide MCIS services:

- Child & Family Guidance Center
- Child Guidance Center of Southern CT
- Clifford Beers
- Community Health Resources (CHR)
- Middlesex Hospital
- United Community & Family Services (UCFS)
- Wellmore Behavioral Health
- Wheeler Health



Who Provides MCIS Services?

Mobile Crisis services are provided by trained, mental health professionals.



The Mobile Crisis staff consists of licensed or license eligible Clinical Psychologists, Clinical Social Workers, Marriage and Family Therapists, Professional Counselors, and Alcohol and Drug Counselors as well as bachelor's level providers who work closely with our clinicians.



Mobile Crisis Intervention Services

Who can access MCIS services?

- Children and Youth ages 3 to 17 (can serve up to age 18 if still in high school).
- Anyone who encounters a youth in crisis i.e. School Social Worker, Teacher, Parent, the youth themselves, etc.
- Services are voluntary and even if needed, can be declined by a parent/guardian
- We can see children based on implied consent

How do you access MCIS Services?

- Call 211 opt 1 and then 1.
- Caller will then be connected to a call specialist.
- Warm transfer to the MCIS provider where demographics and response type are discussed.

Where do you go to receive MCIS services?

- MCIS staff will respond to wherever the identified child in crisis is at the time of the call or where it may be requested.



Who is appropriate for 211 services?

- ▶ Any child that you believe to be in crisis. This includes but is not limited to, self harm, suicidal/homicidal ideations, disruptive/unsafe behaviors at school/home, anxiety and depressive symptoms.



What can MCIS offer to clients and their families?



Support and Validation



Crisis Intervention Services



Risk Assessment



Safety Planning



Stabilization and Follow-Up



Collaboration with providers



Psycho-education



Referral to treatment providers

Stabilization & Follow-up Services

Following the initial crisis assessment, MCIS can stay open with a family for up to 6 weeks.

In these 6 weeks, families are provided with face-to-face follow up sessions either in school, at a community location, or at their homes, as well as frequent phone contact and advocacy efforts on behalf of the child.

During this time, MCIS clinicians will work to make clinically appropriate referrals and recommendations to connect the family to the services they need.



Community Tragedies

- ▶ Mobile Crisis teams are also available to respond to larger scale community crises. In cases such as this, the management team may call a particular location to offer a response, or it can be requested through 211.
- ▶ We can offer group and individualized support to children impacted by a traumatic event, and if assessed to be at high risk, we can facilitate further contact and services with the family.



Lastly...

WE WILL NEVER TURN A CRISIS AWAY! WE ARE NOT
DEFINING THE CRISIS, YOU ARE.





Wheeler

Family Health
& Wellness Center

www.wheelerclinic.org

Urgent Crisis Center

The Village for Families and Children

Laine Taylor, DO

Chief Medical Officer



Objectives

- u Learn about the new level of care called Urgent Crisis Center
- u Learn when and how to refer a youth
- u Understand who to refer to the UCC, Mobile Crisis, or the Emergency Department



Urgent Crisis Centers



1680 Albany Avenue, Hartford, CT 06105
(860) 297-0520
thevillage.org/UCC



141 East Main Street, Waterbury, CT 06702
(203) 580-4298
wellmore.org/urgent-crisis-center



255 Hempstead St, New London, CT 06320
(860) 437-4550
childandfamilyagency.org/urgent-crisis-center



20 York Street, New Haven, CT 06510
(203) 688-4707
ynhh.org/childrens-hospital/services/emergency-services

In partnership with:

DCF



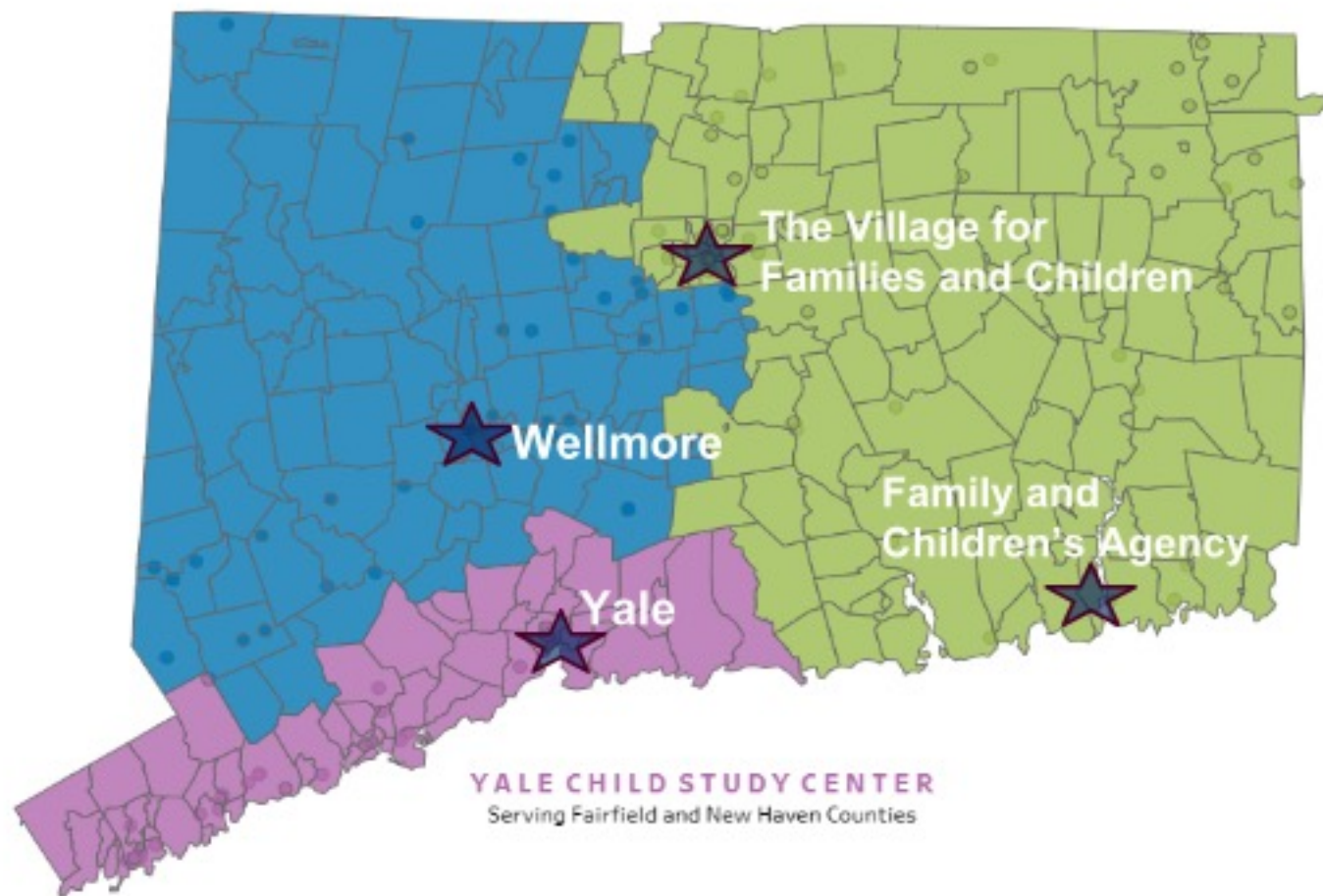
*If a youth needs immediate medical attention,
call 9-1-1 or go to the nearest hospital.*

WHEELER CLINIC, INC

Serving Fairfield, Hartford, Litchfield, Middlesex, and
New Haven Counties

HARTFORD HOSPITAL

Serving Hartford, Middlesex, New London,
Tolland, and Windham Counties



YALE CHILD STUDY CENTER
Serving Fairfield and New Haven Counties

Urgent response for children's mental health crises.

- Thoughts of suicide or self-injury
- Feelings of depression, anxiety or hopelessness
- Out-of-control behaviors
- Substance misuse
- Any mental health crisis



No appointment needed

Urgent Crisis Center

24/7/365

The UCC will:

- receive youth/young adults ages 0-18, experiencing a behavioral health crisis via walk-in (or police or ambulance drop off [*coming soon*])
- triage youth based on risk and needs;
- provide de-escalation and crisis stabilization services
- offer a thorough assessment to determine appropriate level of care
- develop a crisis safety plan collaboratively with the family
- Provide quality care coordination
- Aftercare/bridge services until next service is available





July 20, 2023



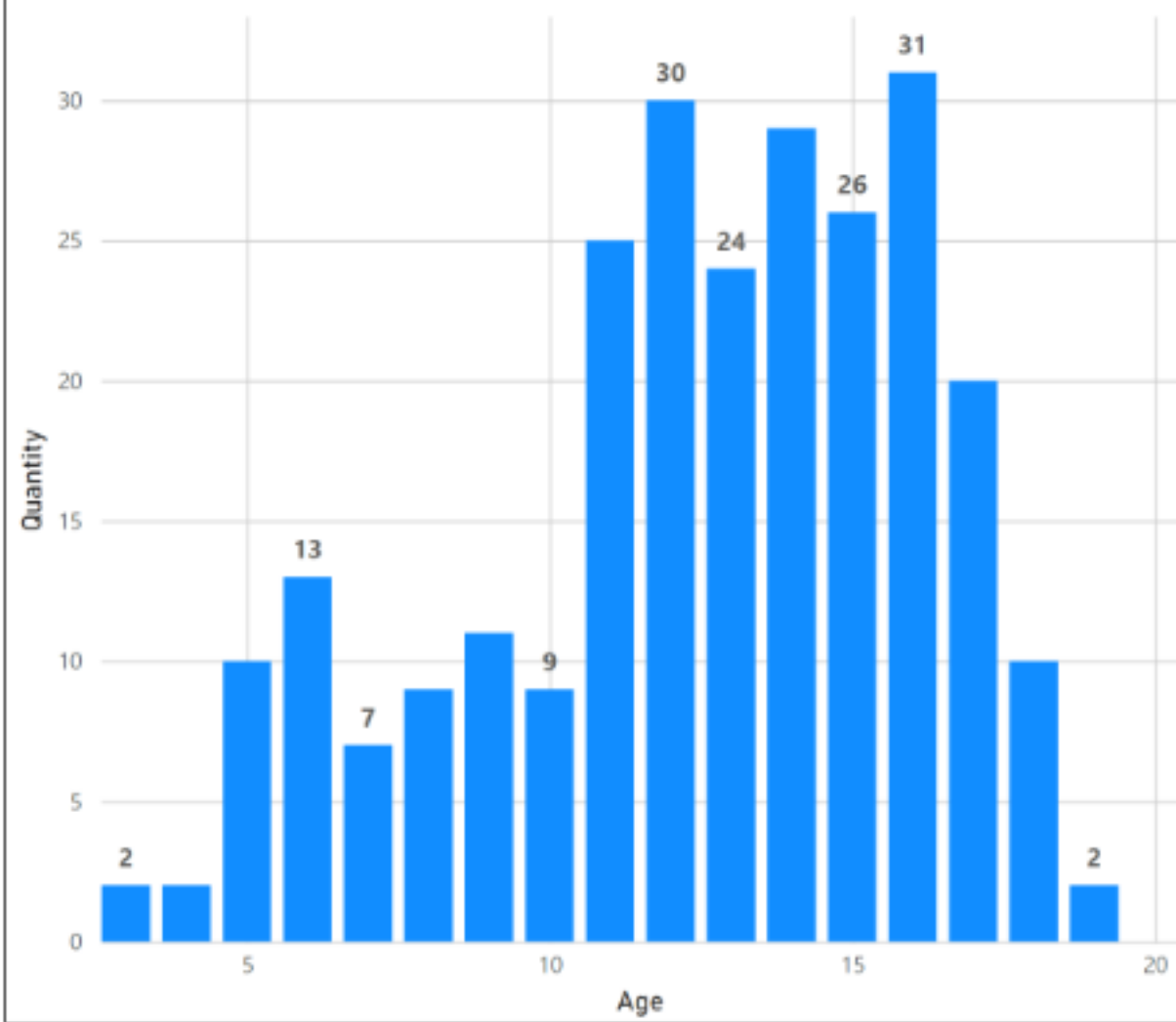
Service Date

7/25/2023 2/20/2024

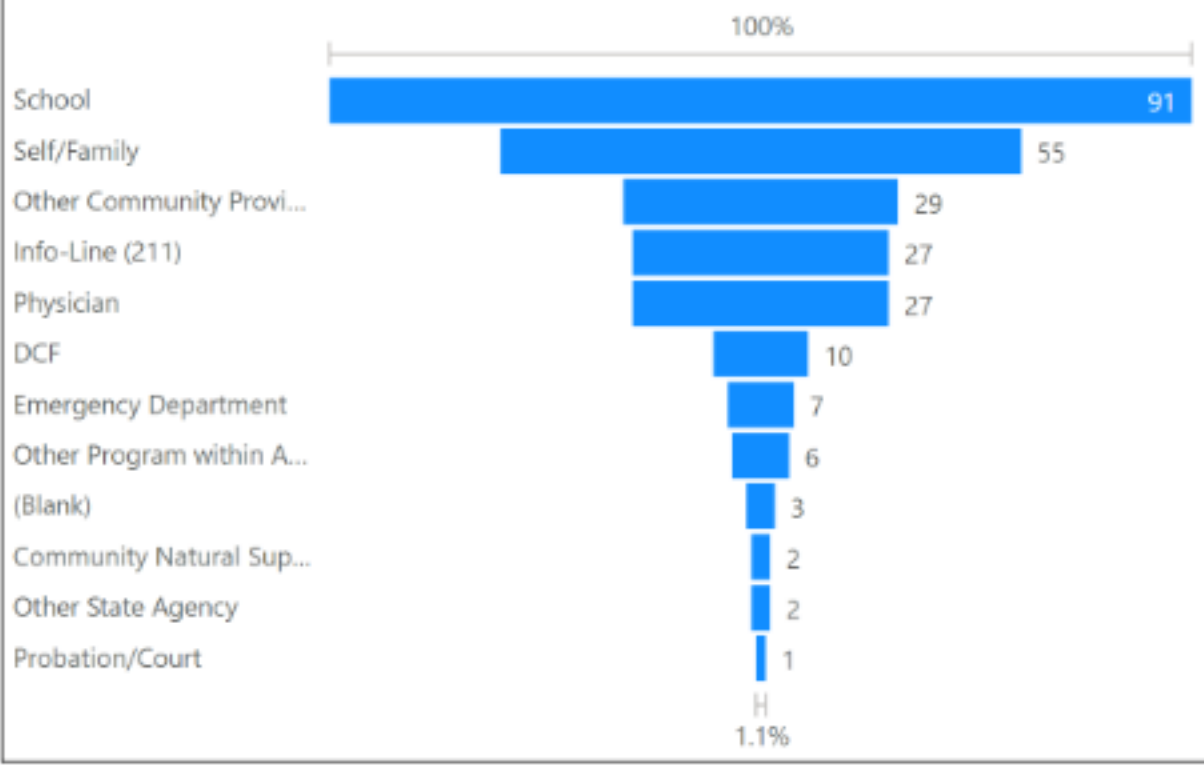
UCC Census-To-Date

260

Client Age Distribution

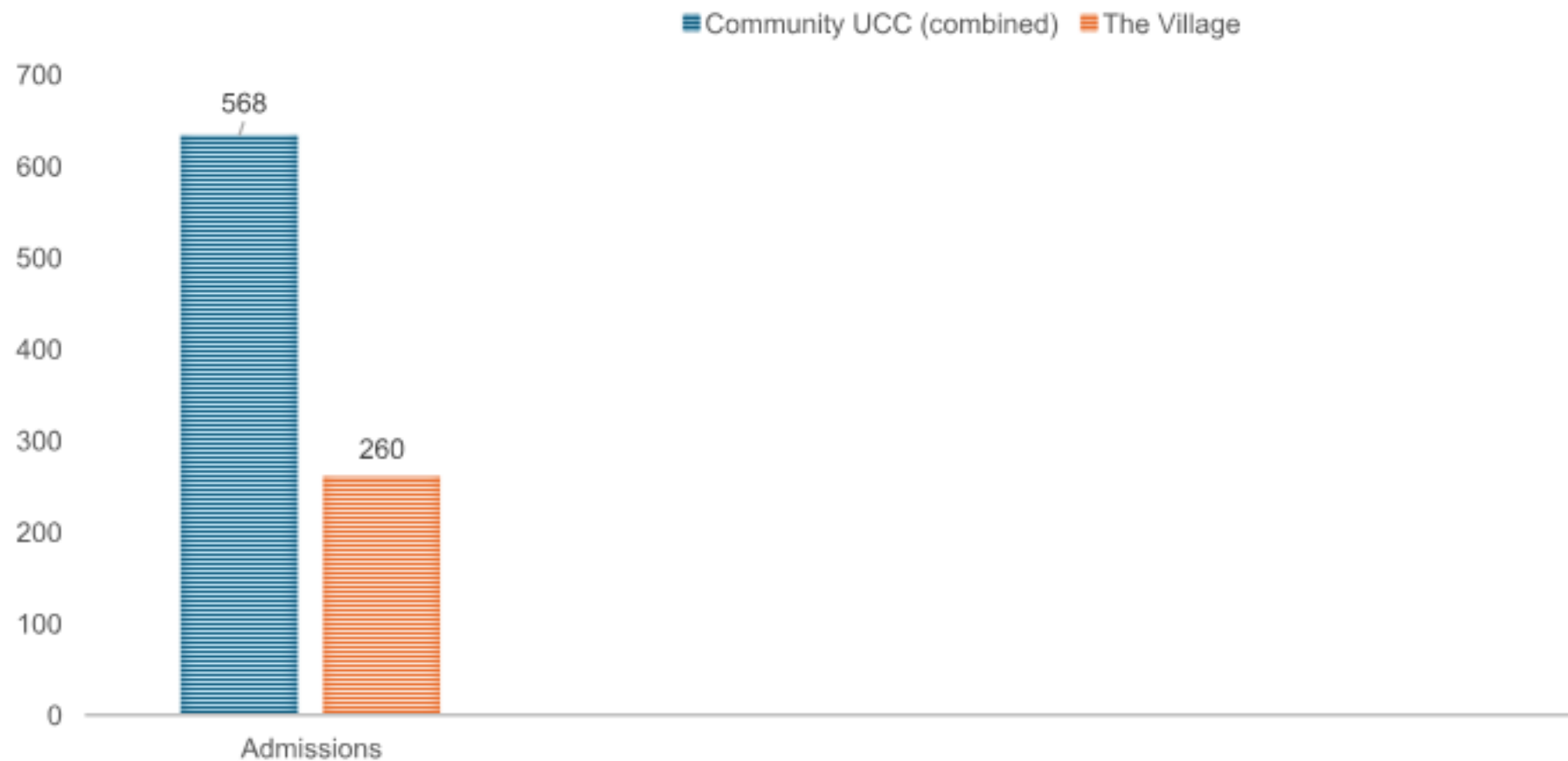


Referral Source



Referral Source	Number of Clients	Average Age
School	91	11.89
Self/Family	55	12.87
Other Community Provider Agency	29	13.48
Info-Line (211)	27	11.60
Physician	27	11.42
DCF	10	14.75
Emergency Department	7	11.89
Other Program within Agency	6	16.00
(Blank)	3	14.33
Community Natural Support	2	
Other State Agency	2	
Probation/Court	1	
H	1	1.1%
Total	260	12.39

UCC Admissions



Client Residence



Hospital Diversion

56% would have gone to the
Emergency Room



Hearing from the families...

Very kind staff. Very responsive and caring treatment.

I feel I'm being well taken care of and that I'm being treated by professionals

Great communication

Everyone was very friendly and helpful. Never felt judged.

Everyone was truly wonderful in accommodating us today. We appreciate your time and energy!

We were told the protocols to follow and approximately time and we agreed but was a little less than expected. We are pleased with the attention and service we got.

Staff were very friendly and gave a thorough evaluation with good suggestions

Extremely helpful and compassionate, listened and we are very happy with the whole process.

We need a million of these centers.

Hearing from the families...

Excellent team and great communication. Deeply appreciate the immediate access to help and resources. Feel more hopeful about our daughter's treatment plan and feel we have good options. Thank you all.

I am so glad and filled with gratitude that we are back here at the village to receive continued support with known services as well as the group of providers. Going elsewhere clearly was not the answers we sought. We are here today and safe thanks to the village. Trying to get services elsewhere put my child's care in risk. I am glad to see the staff again, and continue to get back on track with his needs.

Everyone was so nice and caring and there for my daughter and myself through a very emotional time. It was nice to have the support

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Felt very welcomed before we even walked through the door. It can be overwhelming dealing with a teenager who is having a mental crisis and just knowing that there are people who can help makes the situation feel a little more comforting. And that there is a light at the end of the tunnel.

The program allowed us to go through what we are dealing with in a quiet more comfortable atmosphere. Everyone was really nice and very thorough. I felt like they spent enough time with my child to make an informed assessment and recommendation.

If your child is experiencing a mental health crisis, you have options.

Mobile Crisis Intervention Services (MCIS) & Urgent Crisis Center (UCC) QUICK FACTS



When to choose MCIS?

- Personal choice
- Family would prefer a behavioral health assessment at their home, elsewhere in the community, or the child won't leave the home
- Guardians cannot be present for an assessment but are in agreement, and another adult is present
- The family does not have transportation

When to choose UCC?

- Personal choice
- Family prefers a behavioral health assessment to take place in a calm, quiet, spacious office setting
- Medical assessment by a Registered Nurse or psychiatric provider would be beneficial

When to choose the Emergency Room?

- Personal choice
- Require immediate medical intervention
- Require withdrawal management and detox
- Immediate safety cannot be maintained

	MCIS	UCC
Age	Birth-17 and 18 year olds still in high school.	Birth-18, or up to 21 if in DCF custody.
How to access care	Dial 211, press 1, and press 1 again. (24 hours per day, 7 days per week, 365 days per year) You can also use 988. (National Suicide Prevention Hotline)	Walk-in or call (860) 297-0520 to ensure there is no wait times for intervention.
Cost	No out-of-pocket cost, regardless of if the family has insurance.	All insurance accepted. Sliding scale and fee reduction also available. No services will be denied due to inability to pay.
Location	Assessments can take place anywhere in the community; however, permission is required to conduct assessments in their homes.	The Village 1680 Albany Avenue, Hartford, CT 06105 (860) 297-0520 - thevillage.org/UCC
Who will meet my child?	A master's level clinician will meet with your child and perform assessment.	A comprehensive, multidisciplinary team.
Guardian information	While consent from parents/guardians is required, they do not have to be present if another adult is present. MCIS will follow up with parents/guardians after the assessment.	A legal guardian must be present for the entire assessment. We partner with guardians throughout the process to provide hope, motivation, and empower you to advocate for your family's needs.
Length	Assessments take an average of 2 hours.	Assessments take a minimum of 4 hours.
What happens after?	MCIS follows up with current providers, pediatricians, schools, etc. If there are not clinical services in place, we can make referrals, and may stay involved for up to six weeks or until long-term services are able to start.* *Signed consent by legal guardian required	UCC follows up with your current provider or helps link your family to services in the community, providing a warm hand off to a new provider. We'll follow up with you and your child between your visit and your first session with your provider.

Lucy- 14 year old female

- Lucy is a 14 year old female with a history of depression. With the support of Access Mental Health, you started Lexapro to treat the depression 1 month prior. Father called after hours on call with a question about Lexapro. In the background you hear arguing and yelling. Father stated that Lucy is angry about being restricted from attendance of a concert when she was found with a vape. While he called to find out if the medication can cause suicidal thoughts and wonders if he should stop it, you soon learn that the argument is escalating and she is telling her parents that she wants to die. You ask father if she has made any gestures or attempts at suicide. He says no, but he is getting concerned because he has never seen her act this way. Dad says he is feeling worried about Lucy's safety and he does not think that he could transport Lucy anywhere right now.

Mobile Crisis

- Unable to transport. Clinicians can be dispatched to the home to prevent unsafe travel.
- Crisis support and stabilization in the home.
- Able to give real time guidance to parents on safety concerns after crisis has been stabilized.
- Appropriate referral to treatment after clinical assessment.
- Bridging support with follow up brief therapy until connected to the treatment program.

Patrick- 9 year old boy

- Sam is a 9 year old male with a history of panic. His panic has worsened over the past month. Mom has struggled to get him to school and he has missed 12 days of school in the past month. The school has expressed concerns and a DCF 136 was discussed with mom. In the past week, Patrick began to decline in his self care. He have stopped bathing, he are not interested in time with friends, and he has a decreased appetite. Patrick endorses increased bullying at school as the trigger for the initial school refusal. However, he noted increased fear with leaving the home for any reason at all. Mom comes with Patrick to your office seeking support in getting Patrick into a program that will address the agoraphobia, panic, and getting him back to school. Mom feels Patrick would go to an evaluation.

Urgent Crisis Center

- Able to be assessed in a clinic setting. You can reassure that the setting is warm, safe and not like a hospital
- There is a multi-disciplinary assessment where medical concerns can be screened alongside behavioral health concerns
- The evaluation by a psychiatric provider can help refine diagnosis and discern if medication intervention would be useful.
- Appropriate referral to treatment after multidisciplinary assessment.
- Aftercare case management to assure connection to care.
- May return for bridging support

Sam- 12 year old

- Sam is a 12 year old whose pronouns are they/them/him. Sam has a history of PTSD related to sexual abuse by their stepfather and neglect by their biological mother. In the past week, Sam had worsening depression, isolation, restriction of eating and suicidal ideation. Two nights ago, Sam ran from the foster home to the home of their maternal grandmother. Sam got into an argument with grandmother and returned late that night. Tonight, after returning from school, Sam went to their room and skipped dinner. While checking in, Sam's foster sister found Sam in bed seeming to sleep, but with an open bottle of medications beside them.

Emergency Department

- Need for acute medical attention beyond first aid
- Need for psychiatric admission after medical stabilization

ACCESS Mental Health CT

If you are unsure whether to call 211 option 1 or utilize the Urgent Crisis Centers, call ACCESS Mental Health. They will help guide you in deciding which is the most appropriate choice.

Wheeler Clinic Hub Team: 855-631-9835

Hartford Hospital Hub Team: 855-561-7135

Yale Child Study Hub Team: 844-751-8955



www.thevillage.org