Oklahoma Children’s Mobile Response and Stabilization (OK CMRS)

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Why OK CMRS?

- 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 timely, community-based response.
The OK Children’s Mobile Response & Stabilization System (CMRS) 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.

Oklahoma’s CMRS 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.
Why OK CMRS?

- Experiencing a mental health crisis can be traumatizing for children, youth, and young adults and their caregivers and families.
- Many times law enforcement, emergency rooms, and inpatient treatment have been the only options to get help during these crises despite their level of training, experience, or capacity in providing services to children, youth, and young adults.
- Ensures that crisis interventions and mobile response are guided by standards consistent with recovery and resilience.
- Works toward reducing the possibility of future crises with planning.
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OK CMRS Goals

• 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.
• Assistance to children, youth, young adults, and caregivers with identified supports, resources and services in their communities.
• Increased subsequent engagement with treatment and supports.
Continuum of Care

MOBILE RESPONSE SERVICES MUST BE VIEWED as PART of a CONTINUUM of CARE for CHILDREN, YOUTH, YOUNG ADULTS, and THEIR FAMILIES.

FOLLOW-UP for a MOBILE RESPONSE MAY INCLUDE:

- OKSOC
- COMMUNITY-BASED STABILIZATION
- PSYCHIATRIC CONSULTATION for ASSESSMENT and/or TREATMENT PLANNING
- INPATIENT ADMISSION

OUTPATIENT THERAPY

MEDICATION MANAGEMENT
Components of OK CMRS

Crisis Call Centers

- 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 to harm of child, youth, or young adult and/or others
- Initial determination of appropriate level of response
Components of OK CMRS

Mobile Response Teams

• 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 youth and family to 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
Crisis Call Center

- Calls are answered 24 hours a day, 7 days a week, 365 days a year and are triaged according to appropriate triage protocols.

- Call Center staff gather relevant information which includes:
  - presenting concerns;
  - 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

- 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
  - Emergency (fire, medical or police)
  - 211 referral for resources / information only
Crisis Call Center

**PRE CRISIS**
Behaviors and symptoms are starting to surface. Youth 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.

**CURRENT CRISIS**
Youth is currently having a behavior, mental health, or psychiatric crisis at the time of the call.
**Warm Transfer** for immediate response.
Warm Handoff

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

- Work with family to de-escalate and connect with follow-up services at the community level including Oklahoma Systems of Care (OKSOC).
- 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.
- 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

- 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 available, MRTs assist with intensive safety planning for continued crisis control (documenting behaviors, assisting with timelines, reserving bed).
- MRTs do not transport.
8 Week Stabilization

- 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
Inpatient or Residential Care

- 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
6496 Calls
FY 2020*

* FY 2020 Data Presented in Following Slides
79% Diversion Rate
One Result

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

90% of youths at risk of school disruption returned to class.
• 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 DID NOT HOLD DURING THE COVID-19 PANDEMIC.
Calls by Time of Day: Heat Map FY 2020

The majority of calls occur during afternoon school hours.

- 92 calls Mondays between 1:00 and 2:00 P.M.
- 90 calls Tuesdays between 2:00 and 3:00 P.M.
- 87 calls Mondays between 4:00 and 5:00 P.M.
- 85 calls Thursdays between 4:00 and 5:00 P.M.
THE FOLLOWING AGENCIES WERE PRESENT WITH MOBILE RESPONSE TEAMS

- **Law Enforcement**: 1,077
- **Emergency Medical Services**: 513
- **DHS**: 307

**Non MRT Responders**

**Count**
Safety Screening

- Weapons in the home: 487
- Domestic Violence: 122
- Imminent risk of harm to self or others: 1,590
- Criminal Record for anyone present: 124
Safety Screening

• 20% of callers reported imminent risk of harm to the youth or others
• 7% of callers reported weapons in the home
• 3% of callers reported that someone present at the scene had a criminal record
• 2% of callers reported that family had a history of domestic violence
Youth Demographics

- 52% of youth identified as suicidal by callers
- 30% of youth were experiencing family conflict
- 26% of youth displaying violent behaviors
- 28% of youth identified as depressed by callers
- 8% of youth had a history of developmental disabilities
- 4% of caregivers accepted respite resources, including funding
- 3% of youth had a caregiver who was incarcerated
- 4% of youth were questioned or arrested by law enforcement during crisis
Youth, Age, and Gender

**Female**

- Under 6: 90
- 6 to 11: 496
- 12 to 15: 1,305
- 16 to 18: 706
- 19 to 25: 89
- Over 25: 4
- Unspecified: 1

**Male**

- Under 6: 123
- 6 to 11: 818
- 12 to 15: 1,010
- 16 to 18: 615
- 19 to 25: 86
- Over 25: 1
- Unspecified: 2
Risk Factors

- Suicide Attempt: 873
- Criminal Behavior: 372
- Hospital/Residential Treatment: 404
- Change in Custody: 40
- Change in Placement: 248
- Change in Living Situation: 465
- Illness: 63
- Injuries: 229
Crisis Call/ Mobile Response 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 mobile response team was good/great.
• 73% of callers reported that they were satisfied with their youth’s progress since their call.
The E-TEAM at the University of Oklahoma has served as the Oklahoma Systems of Care evaluation team since 2002. The 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 to state management, individual site leadership, and site Wraparound facilitators. The E-TEAM gathers and assesses evidence documenting service utilization; program effectiveness for children, youth, young adults, and their families; and system costs. The 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 staff time away from work.