HEARTLAND FAMILY SERVICE CRISIS RESPONSE TEAMS SARPY

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Mission Statement

□ To provide crisis response services that are immediate methods of intervention that can include stabilization of the person in crisis, counseling and advocacy, and information and referrals depending in the assessed needs of the individual.

HEARTLAND FAMILY SERVICE CRISIS RESPONSE TEAMS

Featured in:

- Psychiatric Times
- Behavioral Healthcare Magazine
- Vera Institute of Justice
- Nebraska Juvenile Justice Association
- Omaha World Herald
- Daily Nonpareil
- Local TV Stations



Assessment, Support, and Prevention (ASAP)

The Heartland Family Service Assessment, Support And Prevention (ASAP) program provides immediate assistance to individuals in crisis in Sarpy County. Responding to emergency calls from law enforcement, ASAP therapists quickly intervene to provide therapeutic screening, referral and community service recommendations. Mental health recommendations are provided in writing to referring staff before the ASAP therapist leaves the location. This intervention allows the LE personnel to return to service sooner so they can respond to other calls in the community.

Who can be referred?

- Any age.
- Someone not meeting requirements for immediate hospitalization/incarceration.
- Anyone experiencing any sort of "crisis."
- Law Enforcement is the only individual/organization who can request the ASAP team.

Crisis Mediation Team (CMT)

The Heartland Family Service Crisis Mediation Team (CMT) consists of licensed mental health therapists who provide faceto-face risk assessments for at-risk youth with behavioral health issues. CMT therapists are contacted by law enforcement, Probation, the CARES Program, and/or the Diversion Program to assist with such youth in crisis and are available 24 hours a day, seven days a week, 365 days a year. CMT interventions ensure that youth in crisis are served in the least restrictive, most normative setting possible, and connect the family with community-based services in order to avoid hospitalization, protective custody, and/or incarceration of the youth. The main goal of the program is to keep the family intact with specific safety measures in place. This program is currently only available in Sarpy, Cass, and Otoe counties in Nebraska.

Background of the Initiative

Implementation November 2014 to April 7, 2015

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- Law enforcement frustration
- Override rates of RAI's (Risk Assessment Instrument)
- Parent/Guardian refusal of the youth remaining in the home
- First time offenders being detained
- Identification of Detention Alternatives
 - Increase youth remaining in the home setting
 - Decrease youth detained
- County Attorneys need to provide evidence that a community intervention has been facilitated to file for Uncontrollable.

Background of the Initiative

Implementation November 2014 to April 7, 2015

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Availability of Nebraska Crime Commission Grant

- Expansion of Infrastructure
- Similar community program to extend off of
- Meetings with local JDAI stakeholders
- Partnership with Heartland Family Service
- Training for Law Enforcement and Stakeholders
- Similar community program to extend off of

Timeline of the Initiative

- November 2014- Partnership with Heartland Family Service
- February 2015- Expanded Partnership with Region 6
- □ <u>April 2015-</u>Start of the service in Sarpy County
- December 2015- Start of the service in Cass County
- □ **February 2017-** Start of the service in Otoe County

Who can be referred?

- Parent refusing the youth return home
- Youth refusing to return home
- Youth in Uncontrollable, Ungovernable, or other status offenses
- Acute runaways
- Youth with law enforcement contact at a young age
- 1st time low risk youth

Purpose of the Crisis Response Teams

- Assist the referring organization (Law Enforcement/Juvenile Services) in assessing the needs of the client immediately following/during a crisis event.
- Provide prompt responsive screening practices that ensure equitable treatment and support timely initiation of services.
- Crisis Response Therapists provide crucial referral information to the client immediately or within the first 24 hours following a crisis event.

How does ASAP/CMT work

- Dispatch/LE/Juvenile Services contacts the on call phone number.
- Caller provides request to answering service, is placed on hold and then connected to the On Call Therapist.
- Therapist is expected to arrive on scene in 30-60 minutes of request.
 - Other counties using Telehealth.
- Assessment completed with client/family.
- Recommendations provided to client/family and LE.

Telehealth Crisis Response

Law Enforcement or Dispatch Call

Available 24/7 – 365

- On Call Service will answer and connect law enforcement directly to the on call therapist
- Therapist will obtain information from law enforcement and then connect to Telehealth Screening On line in 15 minutes or less
- Use a cruiser laptop with a web cam to connect to the therapist
- Laptop can remain in cruiser with client or be taken out
- Take the client to police station for an assessment and a computer set up there

Post Crisis Services

Follow up by HFS

- > <u>24 hour Follow-up</u>
- Lead therapist of the team
- will contact the family
- Region 6/5 Partnership
- For those eligible, a referral
- for wrap-around case
- management through
- Professional Partners
- Program with initial contact in
- □ 24-48 hours
- > <u>30 Day Follow-up</u>
- Lead therapist of the team
- □ will contact the family

Case Mgmt. Options

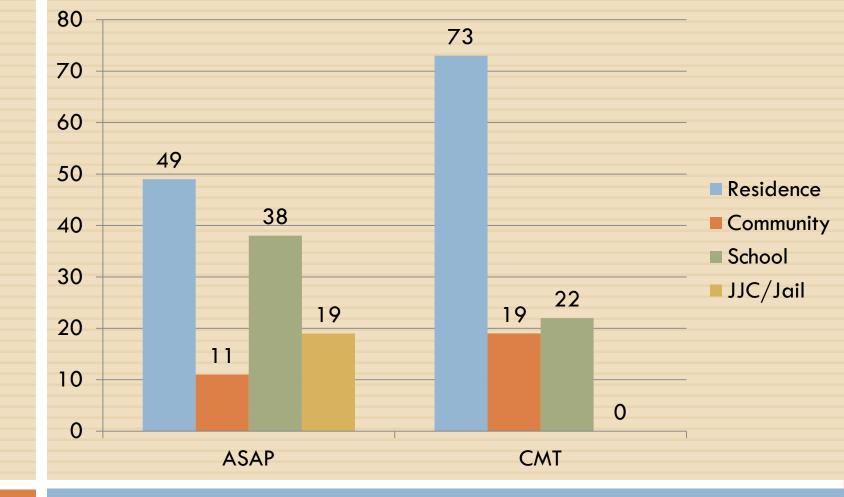
- □ Region 6/5
- MH Referral
- Substance Abuse Referral
- Housing Assistance
- Transportation
- □ **Food Pantry**
- Child Care Needs
- Medical Assistance
- Social Security/SSI
- Financial Needs
- State Assistance
- Employment Assistance
- **Education**
- Clothing/Hygiene Needs
- Identification Assistance
- □ Other

Youth Teams (through February, 2017)

□ ASAP

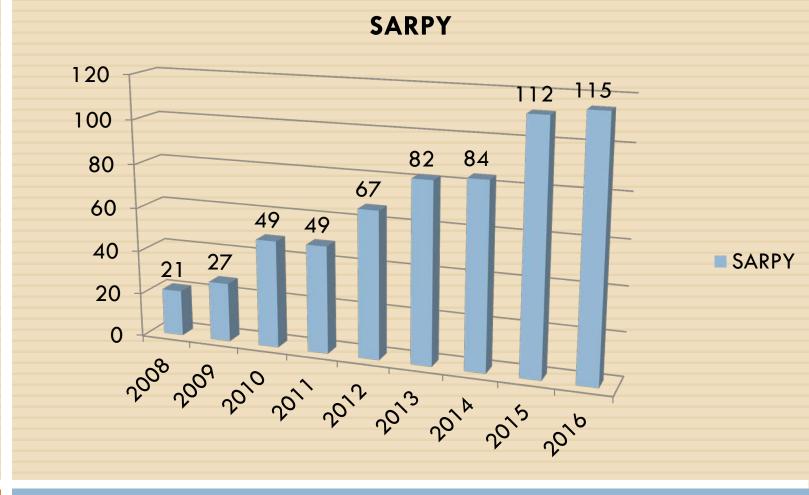
- Sarpy County: 07/2008
 - 618 Assessments
- Cass County: 05/2011
 - 35 Assessments

- Sarpy County: 4/2015
 - 200 Assessments (80%)
- Cass County: 10/2015
 - 26 Assessments (153%)
- Otoe County: 2/2017
 - 1 Assessment
 - Training began w/SO on 03/15/2017.



Sarpy: Location of Calls Comparison (2016)

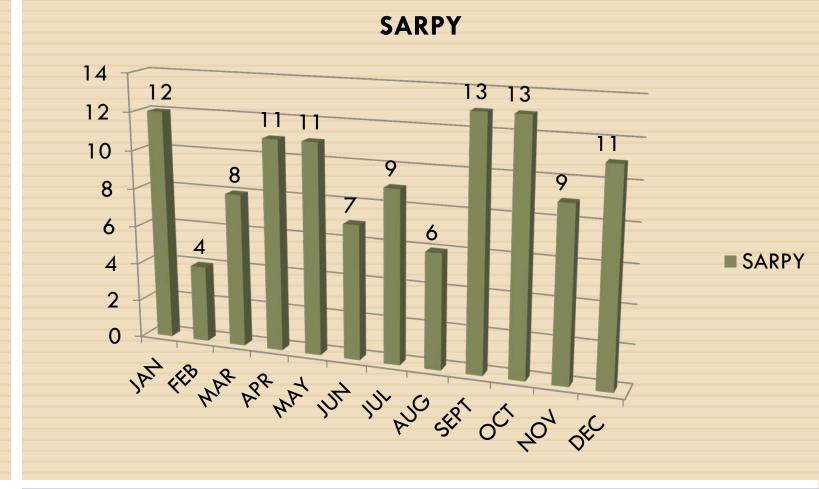
CMT: Zip Codes most identified with calls: 68123, 68046, and 68005.



ASAP Youth Calls

2016: 101/107 or 94%-No Hospitalization Required

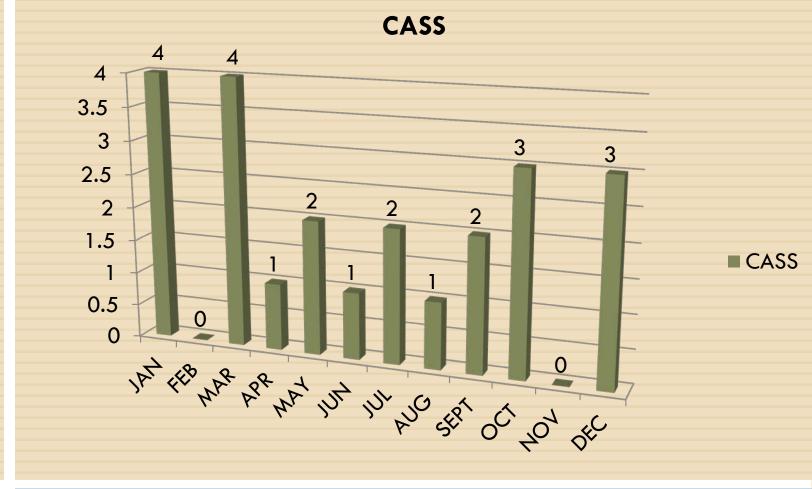
SCSD: 47%; BPD: 30%; PPD: 9%; LVPD: 7%; JJC: 15%; SCJ: 2%.



CMT Youth Calls

2016: 111/114 or 97%-No Further Action Required

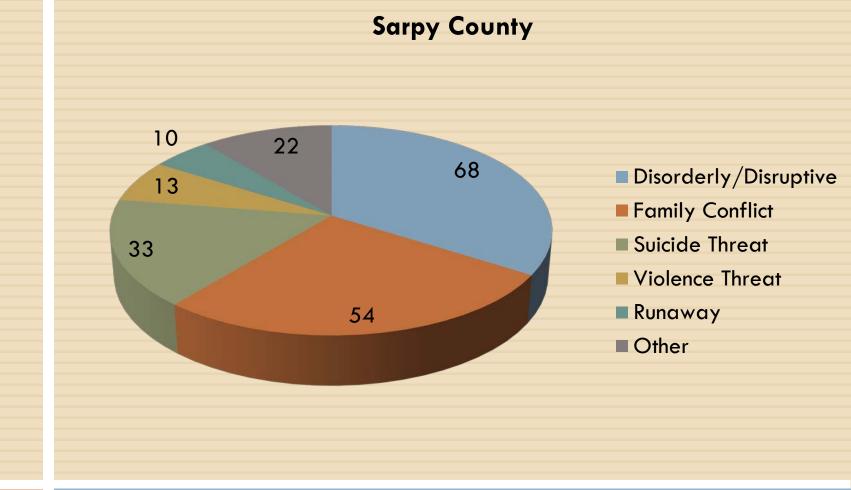
SCSD: 41%; BPD: 27%; PPD: 14%; LVPD:13%; JJS: 4%.



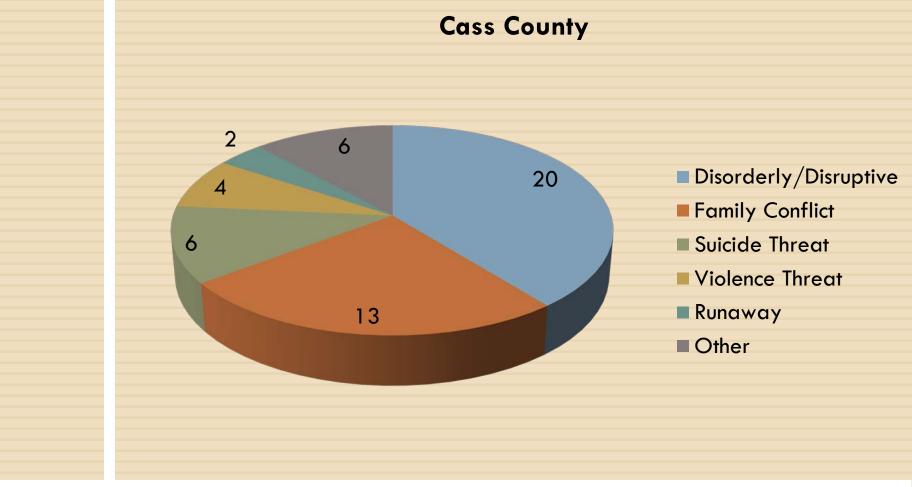
CMT Youth Calls

2016: 22/23 or 96%-No Further Action Required

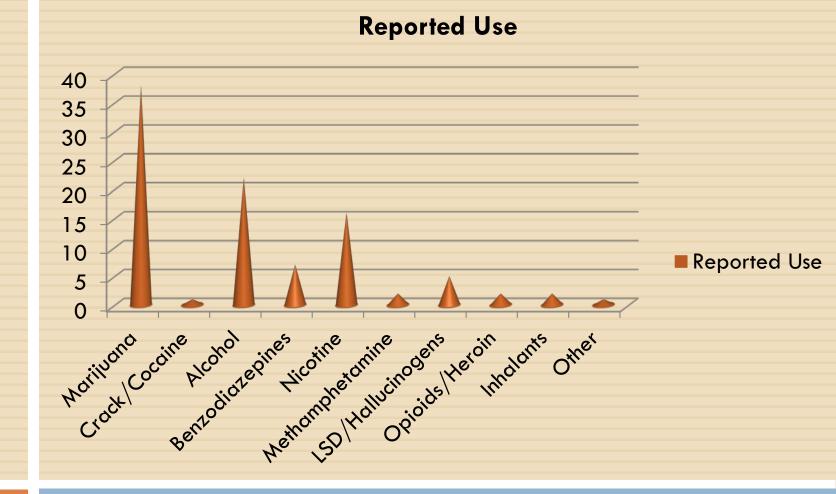
CCSD: 96%; PPD: 4%



CMT Dispositions-2016

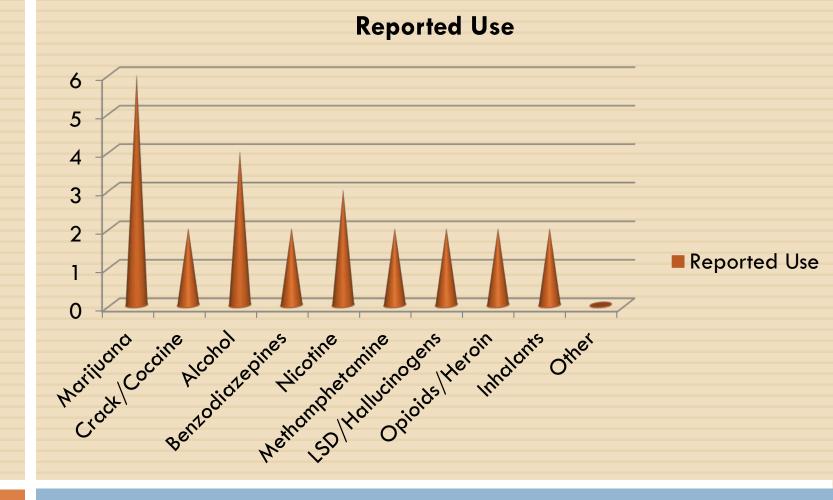


CMT Dispositions-2016



Sarpy CMT: Drug Use/Abuse Reported by Client

Substance Utilizers: 46



Cass CMT: Drug Use/Abuse Reported by Client

Substance Utilizers: 9

Additional Data Collected

- Type of Intervention
- □ Zip Code
- □ Age
- □ Gender
- School Enrollment
- Race
- Suicidal Screening
- Medication

- Current Providers
- Follow-up with the youth and family
- Referrals made
- Medicaid Eligibility
- □ Time of the intervention

Examples

- Runaway Female
- Male engaged in violence and threats of Running
- Male struggling with Disruptive Mood Dysregulation Disorder (DMDD)

Future Goals

ASAP

- Continue to monitor trend of rapidly increasing juvenile calls
- Themes of Juvenile calls (ie relationships, bulling)

- Continue to examine what zip codes most calls are taking place in to see what services may need to be added.
- Continue to identify trends such as Disposition, Drug/Alcohol Use, and Theme of Family Conflict.
- Utilize and evaluate Telehealth Services in crisis situations.

Questions?

