

BEHAVIORAL HEALTH RESOURCES FOR CONNECTICUT YOUTH

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OBJECTIVES

At the conclusion of this continuing medical education activity, the participant will be able to know when, where and how to:

1. ACCESS- Mobile Crisis Services for children and adolescents
2. ACCESS- walk in Urgent Behavioral Health Assessments for children and adolescents.
3. ACCESS- free, real time telephone consultation with child psychiatrists.
4. ACCESS assistance for patients and families to connect with behavioral health and substance abuse services.

ACCESS-Mental Health CT

- State funded program created 2014 to ensure that all youth under 22 years of age have access to psychiatric and behavioral health services through their primary care practitioners.
- Mission: To support primary care providers in meeting the needs of children, adolescents and young adults with mental health and substance abuse problems.
- Designed to increase PCP's behavioral health resources and knowledge base so that you can identify and meet the behavioral health needs of youth and their families.

ACCESS PROGRAMS

- **MCPAP**
 - Started 2004 in response to shortage psychiatric providers and increasing behavioral health needs
- **ACCESS Mental Health CT**
 - First Proposed ~ 2008
 - Started 2014 (following the tragedy at Sandy Hook)
 - Over 89% of PCPs enrolled
 - (2/3 Pediatrics/1/3 Family Practice)
 - Over 70,000 consultative services provided
- **Nationally+**
 - 38 states and DC, (as well as 7 tribal nations, US Territories and British Columbia now have variations of ACCESS Programs)

NNCPAP.ORG



What AMH-CT Provides

- **Free real time telephone psychiatric consultation** to primary care providers concerning their patients ages 0–21, usually immediately, but at least within 30 minutes of the initial call
- **Assistance with referrals**, finding community behavioral health services and connecting families to care
- May provide families with **peer support and clinical bridging services**, where indicated.
- Ongoing **education** for providers about pediatric mental health assessment and treatment.
- When indicated, can provide a **one-time face-to-face psychiatric consultation** with patients to assist the PCP with caring for the child and family within the medical home.

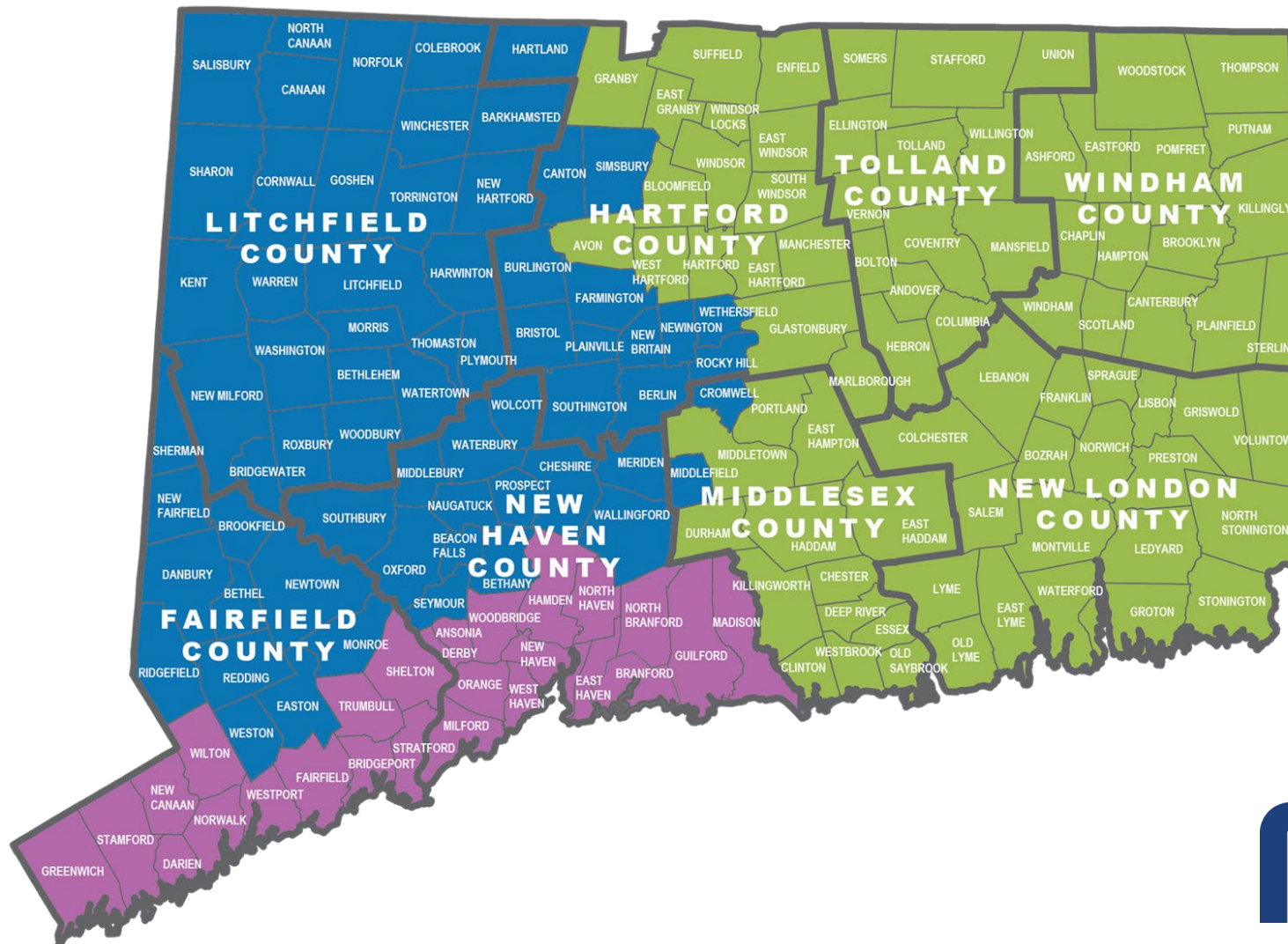
How ACCESS MHCT Works

The ACCESS Mental Health Connecticut program consists of:

- 3 expert pediatric behavioral health consultation hubs
- Geographically located to cover the state.
- Each “Hub” consultation team includes
 - Child and Adolescent psychiatrist(s),
 - Licensed Behavioral Health clinician(s),
 - Program coordinator
 - Family peer specialist
- The location of the medical home determines which team

ACCESS-Mental Health CT

- **Hartford Hospital 855.561.7135**
- **Wheeler Clinic, Inc. 855.631.9835**
- **Yale Child Study Center 844.751.8955**



Program Coordinator

- The voice on the telephone heard most frequently when PCPs call.
- The “Hub of the Hub”
- Able to assist the PCP in determining which member of the behavioral health team will be most helpful in the clinical situation.
- Care coordination and treatment referrals for families

Child and Adolescent Psychiatrist

- Answers PCP questions in real time.
- They may assist with diagnostic clarification, screening, psychopharmacology questions, treatment recommendations and plan, requests for information. No question is a bad question.
- This can be done telephonically, while a patient is still in the office, or at another time that is convenient.
- When indicated, can provide a one-time face-to-face (in person or televideo) consult for diagnostic evaluation, psychopharmacological & other treatment recommendations.

Behavioral Health Clinician

- Work directly with families to assess Care Coordination and assistance with referrals for mental health care
- Will work with families to assess needs, preferences, resources and barriers to develop and facilitate client centered treatment plans and assist with referrals and care coordination.
- Provides mental health evaluations to assist the primary care provider with caring for the patient in the medical home, or to assist with level of care determination
- Brief transitional “bridging” services when needed.

Family Peer Specialist

- A person with first-hand mental health recovery experience as a parent of a child (or other family member) with mental health issues
- Able to provide support to families on their journey. Examples might include:
 - After a child receives a difficult diagnosis
 - When a parent is struggling with school communication
 - When additional services are needed for the patient
 - To ensure family was able to access mental health care
- Assists with care coordination/referral

How Does it work?

The Initial Call

The PCP calls **ACCESS-MH CT Hub teams** toll free number (any weekday between 9 and 5 PM) with a question they would like to receive consultation about.

- When they call, our hub coordinator will ask how we can help and collect brief demographic information
- Depending on the nature of the question the PCP will first be connected with a Child Psychiatrist. Who will review the concerns, answer questions, develop a treatment plan with the PCP and refer to the other members of the Hub team as needed.
- Usually, the doctor will be connected at the time of the call, but when this is not possible the PCP will receive a call back within 15-30 minutes.

Care Coordination Referral Assistance

- ACCESS Team will help to link families with appropriate, local behavioral health services.
- Following consultation with the PCP, The team will work directly with the family to assess resources and barriers to treatment and assist the families to connect with the best fit and availability.
- We will continue to work with them until they are connected to care.
- We will follow up with patient after the first appointment and notify the PCP of the clinician and confirm that the patient has connected with care.
- This is MUCH more successful, and effective for the patient and practice than simply giving a list of recommendations.

Additional Services

- **Peer Support**

- The Peer Support Specialist can provide support to families while connecting to care.
- Identify additional supports, services or needs and assist with care coordination and referrals.

- **Bridging Therapy**

- When indicated ACCESS clinicians can provide brief (2-3) transitional services for patients & families until they connect to care (but not psychopharmacology).

Face to Face Consultation

- The psychiatrist may offer a one-time face to face (or telemedicine) consultation with your patient to provide PCP with further clarification of diagnosis, pharmacological or treatment recommendations.
- No prescription or other direct treatment is offered.
- When a youth is seen for consultation the findings and recommendations will be discussed with the PCP. Additionally, a written report will be provided.
- Insurance may be billed, if insured. (No other services are billed).

EDUCATIONAL OFFERINGS

- **Monthly “Clinical Conversation” Webinars**
 - Past recordings (and PowerPoints) available at www.ACCESSMHCT.Com in resource section.
- Available for office-based trainings, upon request.
- **ACCESS MH For Moms**
 - Separate related program offering perinatal psychiatry consultation for pregnant mothers through 1year post partum.
 - 833-978 MOMS (6667)
- **ARRIVING SOON**
 - **Clinical Toolboxes**
 - (including clinical algorithms and resources_
 - **Psycho-Educational Videos for Families**
 - To be distributed to schools, emergency departments and primary care practices to assist to support children and families.

ACCESS MH CT- Final Points

- This is a resource provided to all primary care providers in the state of Connecticut taking care of children and young adults **ages 0-21**
- **IT IS FREE TO ALL** (Insurance may be billed for face-to-face consultation)
- **The Primary Care Provider must initiate the consultation**
(Do not give out the number to patients unless instructed to by AMHCT staff)
- **No Voicemail.** During 9 – 5 hours, all calls will be answered by our coordinator or other team members.
- **This does not replace 211/Mobile Crisis Services or UCC**
 - For urgent matters call them. If you are not sure, call us and we will help decide the best option for your patient.
- No call or question is a bad call. When in doubt, check it out. We are here to assist.

ACCESS Mental Health FOR MOMS

Provides perinatal psychiatric expertise and consultation to medical providers who treat pregnant and post-partum women struggling with mental health and substance use issues.

- Works with obstetric, pediatric and adult primary care, and psychiatric providers to support their capacity to identify, screen, assess, treat, and refer their pregnant and postpartum patients with behavioral health concerns up to one-year post delivery.

- **Real-time perinatal psychiatric consultation** over the phone. Providing individualized, case-based education to frontline perinatal practitioners.

- Phone conversations may entail:

- Diagnostic clarification
- Psychopharmacology and counseling recommendations

- **Resource and referral support team**

- Schedule of Online webinars, recordings of past webinars and other clinical resources available online

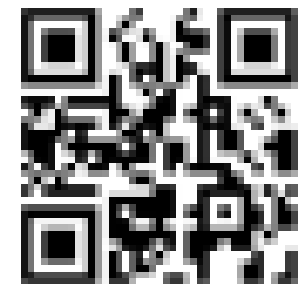
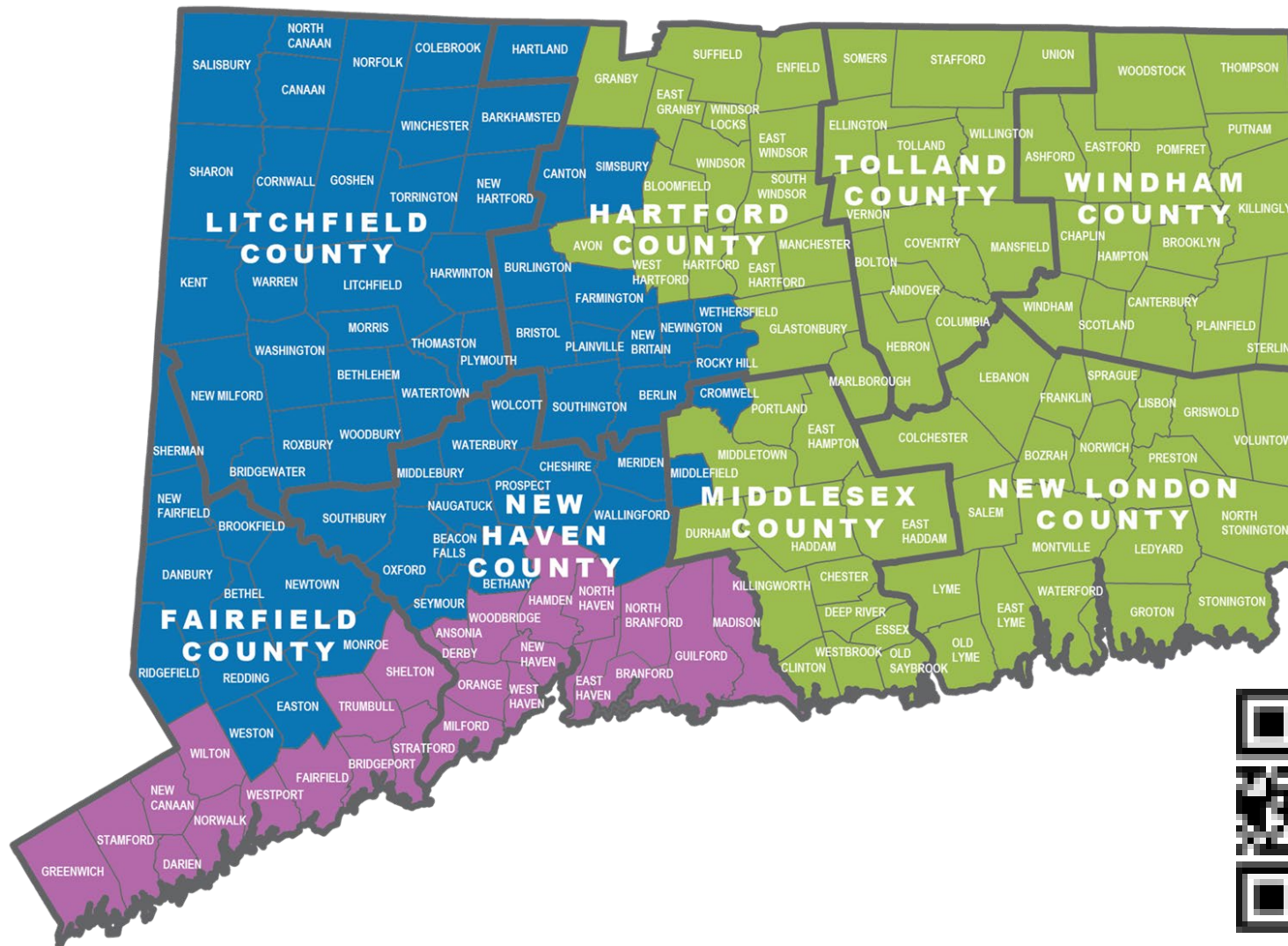
- www.accessmhct.com

- **833-978-MOMS (6667) Monday-Friday, 9 a.m. – 5 p.m.**



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MCIS

Mobile Crisis Intervention Service

A state-wide, community based and family supportive clinical intervention service for Children & Adolescents experiencing a behavioral or mental health crisis.

Hours of Operation:

24/7


365 days a year

(Previously called EMPS- Emergency Mobile Psychiatric Service)



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, Alcohol and Drug Counselors as well as bachelor's level providers who work closely with the clinicians.

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



ACCESSING MOBILE CRISIS 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, Primary Care Provider or the youth themselves, etc.
- Services are voluntary and even if needed, can be declined by a parent/guardian

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.
- MCIS will never turn a crisis away! They are not defining the crisis, you are.

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 RESPONSE

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.
- MCIS 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.

URGENT CRISIS CENTERS

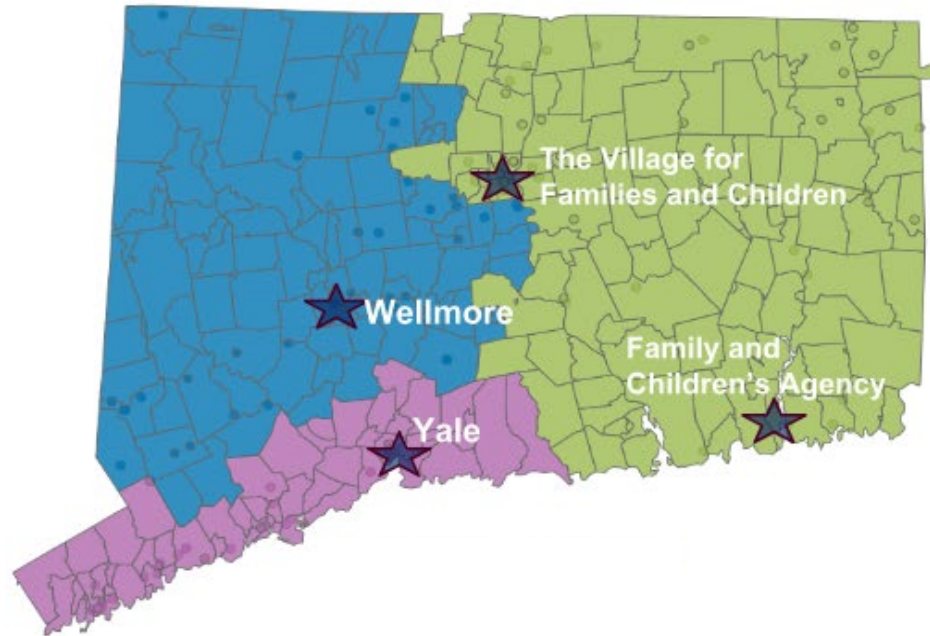
Urgent response
for children's
mental health crises.

- 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 Location Map



URGENT CRISIS CENTERS

Hartford 860-297-0520/New London 860-437-4550
Waterbury 203-580-4298/New Haven 203-688-4707

Urgent Crisis Centers



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



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



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



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

In partnership with:



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

UCC - Services provided

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



URGENT CRISIS CENTERS

	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 first to check on wait times
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 - Hartford 860-297-0520/ Child & Family Agency - New London 860-437-4550 Wellmore Waterbury 203-580-4298 Yale-New - Haven 203-688-4707
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.

Where to Send Them?

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

SACS

Sub-Acute Crisis Stabilization Program

The SACS program is a short-term residential stabilization service for youth ages 5-18 years old who are working through a mental health crisis.

- Youth can stay in the program up to 14 days

Providing:

- Individual, family & group therapy
 - Psychiatric consultation and medication management
 - Safety and stabilization support
 - Skills development for parents and youth
 - Care coordination
 - Food and nutrition
 - Hygiene items
 - Family engagement and support
- Acceptance into the program is contingent on availability and appropriateness.

Contact:

(860) 297-0536
sacsreferrals@thevillage.org



Location:

1680 Albany Avenue
Hartford, CT



Referrals:

Scan below to submit a
referral or visit:
thevillage.org/SACS-referral



SACS - Admission Criteria

- **Consideration for admission could include the following:**
 - Voluntary, not a high risk of running away
 - High risk of hospitalization/re-hospitalization or emergency department use:
 - High likely of continued substance abuse, symptoms are significantly interfering with functioning in the home/community; behaviors have recently escalated;
 - Harm to self or other but can likely be prevented through appropriate supervision;
 - Youth cannot be fully stabilized without 24-hour observation and cannot be safety maintained in the home or in a lower/intermediate level of care;
 - Youth is not acutely dangerous to self or others, not gravely disabled and

ACTION LINE – 2-1-1 Adult Crisis Hotline



Adult Crisis Telephone Intervention and Options Network

- Centralized phone answered by 2-1-1
- Provides Telephonic options and support for individuals in distress
- support, referrals and information about community resources
- Warm transfer to the Mobile Crisis Team (MCT)
- When necessary, direct connection to 9-11

Lucy - 14 year old female

- Lucy is a 14 year old female with a history of depression. You had recommended fluoxetine and gave them them referrals to a therapist. However, they had declined the medication and have not called the therapist
- Father calls after hours with wanting to know if you call in the fluoxetine now or something else because she is getting worse. In the background you hear arguing and yelling. Father explained that Lucy was angry because she was restricted from a concert after being found with a Vape and was saying she wants to die. You ask if she has made any gestures or attempts at suicide, dad says no, however he he is worried about her safety and does not think he can transport her anywhere at this time.

Lucy → Mobil 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 male

- Patrick is a 9 year old male with a history of panic episodes.
- His panics have worsened over the last month. He reports being bullied and he is now refused to go to school for the last 3 weeks. School is considering filing a DCF 136. Over the last two weeks he has declined in his self care, stopped bathing, not eating, has decreased appetite, not interested in seeing friends. He is fearful whenever he needs to leave home.
- However, he was able to come to your office today and mom is hoping you can help “get him some help or give him some medicine.” She feels Patrick would be able to go to an evaluation.

Patrick → 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.

SAM → 911/ ED

Emergency Department

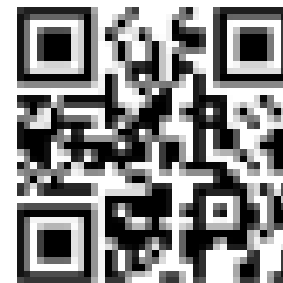
- Need for acute medical attention beyond first aid
- Need for psychiatric admission after medical stabilization

Contact Numbers

- **211-1** MOBILE CRISIS INTERVENTION SERVICE
- **URGENT CRISIS CENTERS**
 - Village for Children, Hartford – 860-297-0520
 - Wellmore, Waterbury 203-580-4928
 - Yale, New Haven 203-688-4707
 - Child and Family Agency of SW CT 860-440-7128
 - M-F 8am-10pm, Sat 10am-6pm
- **988** - Suicide hotline
- **911** - Police, Fire, Emergency Medical Services

ACCESS MENTAL HEALTH – CT Hub Teams

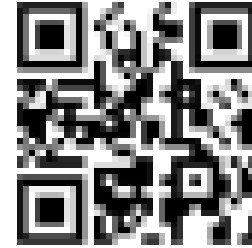
- **WHEELER HEALTH**
 - 855-561-7135
- **HARTFORD HOSPITAL**
 - 855-561-7135
- **YALE CHILD STUDY CENTER**
 - 844-751-8955
- **ACCESS MENTAL HEALTH FOR MOMS**
 - 833-978-MOMS (6667)



ACCESSMHCT.COM



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