



# Crisis Services Children & Families

# Integral Care: Agency Overview

- **Local Mental Health Authority**
- **Community Mental Health and Intellectual Disabilities Services**
- **Over 40 physical locations**
- **Service Areas are:**
  - **Adult Behavioral Health**
  - **Child and Family**
  - **Intellectual and Developmental Disabilities**
  - **Psychiatric Crisis Services**

# Psychiatric Emergency Services

- No age restrictions for children to walk-in for a crisis assessment
- Open 7 days a week; 8a-10p on Weekdays / 10a-8p on Weekends
- Prescribing evaluations offered on Weekdays
- Average wait is about an hour to meet with a counselor. A little longer for a prescriber, if available same day. May schedule appointments for prescribing consultations 1-2 days out.
- PES referrals for children come from schools; second most common is the Crisis Helpline
- Goal is crisis stabilization and connection to ongoing care
- PES supports children and families in accessing a higher level of care when appropriate

# Mobile Crisis Outreach Team Model

MCOT / EMCOT

- Serves individuals who are unable to seek mental health crisis services on their own
- Removes barriers to seeking mental health crisis care
- Right Care, Right Place, Right Time
- Solely community based
- Purpose is crisis stabilization in Least Restrictive Environment of care
- Prevent over-use and misuse of emergency departments, psychiatric hospitalizations, and unnecessary law enforcement involvement
- Collaborate with key partners in the community and provide training to first responders and community partners



# Mode of Referral/Dispatch

- **MCOT:** Community members and School District Police
  - > **Integral Care 24/7 Helpline - 512-472-HELP (4357)**
- **“Expanded” MCOT:** First Responders (LEO/EMS)
  - > **911 Call Center**
- Responding team composition
  - MCOT: pairs of clinicians
  - EMCOT: single clinicians

# Integral Care's MCOT

## MCOT

- Hours of Operation: 8 am to 10 pm, Mon—Fri; 10 am to 8 pm, Sat/Sun
- On-Call 24/7
- Respond to all referrals from Integral Care's 24/7 Hotline Call Center
- Response timeframes (Routine, Urgent, Emergent)

# Integral Care's EMCOT

## Expanded MCOT (EMCOT)

- Hours of Operation: 6 am to 10 pm, Mon—Fri; 10 am to 8 pm Sat/Sun
- Respond to all referrals from 911 Call Center
- Co-located at CTECC, with APD CIT, TCSO CIT, and multiple EMS Medic Stations
- Response Timeframes

# Initial Crisis Assessment

- Lethality risk (suicide) (Narrative and CSSR-S)
- Disposition planning (Least Restrictive Environment of Care)
- Safety Planning (Barbara Stanley's Safety Planning Intervention)
- Systems approach to working with parents and caregivers to ensure wraparound support both within the household and outside it.
- Support and intervention is often comprised of rapport building, psycho-education, de-stigmatization, reducing shame, safety planning, empowerment, and collaboration with both child and caregivers to determine appropriate level of care to meet child's needs.

# Crisis Relapse Prevention Services

- Duration is short term (not to exceed 90 days) and transitional
- All services provided in the community (MCOTs)
- 24 hour crisis follow-up (after initial assessment)
- Living skills training, counseling, crisis case management
- Psychiatric evaluation by prescriber
- Linkage to ongoing psychiatric services

# Crisis Services to Children & Youth

	MCOT		EMCOT		PES	
	children	youth	children	youth	children	youth
<b>FY16</b>	153	157	185	259	433	703
<b>FY17</b>	316	161	160	321	327	632
<b>FY18</b>	525	234	149	308	460	611
<b>FY19</b>	603	187	149	312	550	666
<b>FY20</b>	435	200	188	287	414	538

Source: Integral Care

# Crisis Services to Children & Youth

## FY 21 Year To Date\*

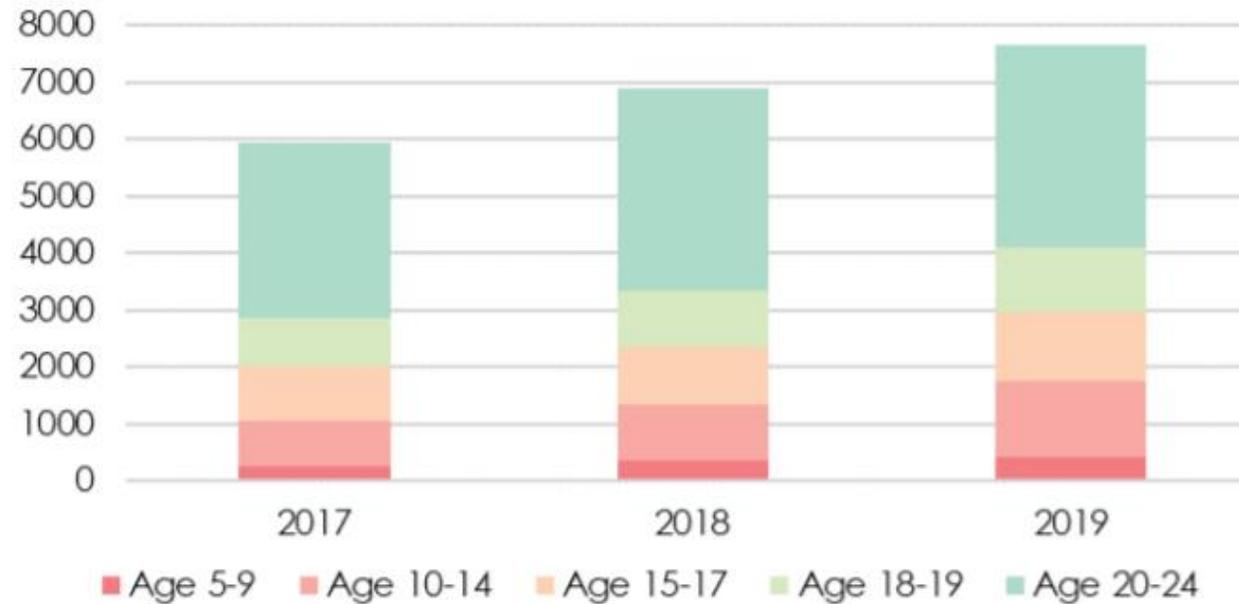
- MCOT – 484 children/families served; 1587 visits
- EMCOT – 176 children/families served; 492 visits
- PES – 205 children/families served; 509 services

\*Data does not contain numbers for Youth ages 18-24



# Emergency Department Visits

Emergency Department Visits for Mental, Behavioral or Emotional Issues, Travis County

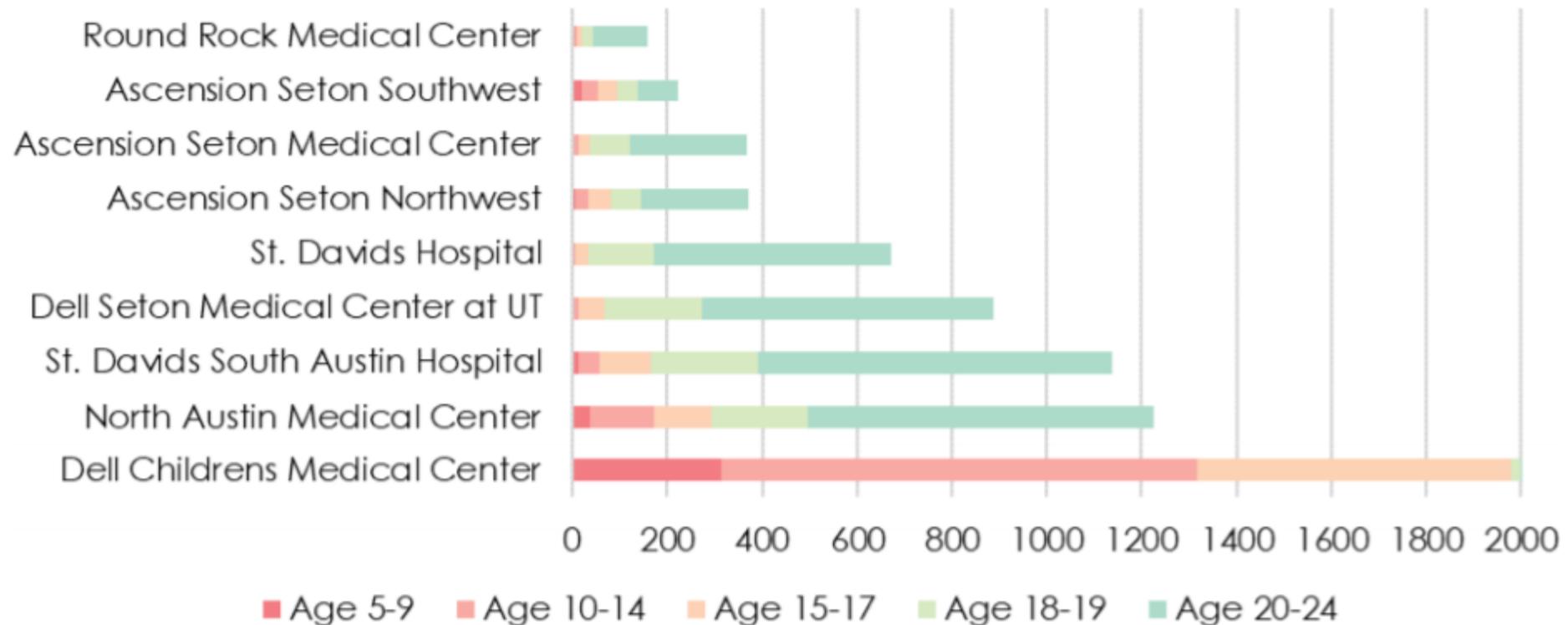


Source: Texas Hospital Emergency Department Public Use Data Files.  
Texas Department of State Health Services, Center for Health Statistics



# Emergency Departments

Emergency Department Visits for Mental, Behavioral or Emotional Issues, Travis County Children and Youth, 2019



# Crisis Services Trends

- Prior to the pandemic 1 in 5, or 20%, of school age children had a diagnosable mental health condition; in December 2020 data out of Penn State University was reporting those numbers were closer to 33-38%.
- Suicide remains the leading cause of death among 12-24 year olds of any race/ethnic identity, with Black and Latinx/Latine youth most at risk, and this risk increases with the intersectionality of LGBTQIA+ identity.
- Increase in acuity at the local level with increase in hospitalizations.
- While long term impacts are still yet to be determined, we are seeing an increase in suicidal ideation, substance use, and complicated grief in children and adolescents.

# Travis County's Five Year Plan

## Children's Mental Health and Substance Misuse

This five-year plan sets a direction for our community to improve the health and well-being of children and youth in Travis County. The plan identifies community priorities across four goal areas:

- Wellness and Resilience
- Early & Effective Intervention
- Coordinated Crisis Services
- System Improvements

As our community emerges from the disruption, stress and pain of the past year, many children and youth are experiencing an increased need for mental health and substance use services. There is no better time for organizations to work together to respond to this need.



# Crisis Task Force Recommendations

- Objective 1: Implement a coordinated 24/7 single point of entry to connect children, youth and their families in crisis to appropriate, accessible and individualized supports.
- Objective 2: Develop a multi-tiered system of support that includes expanded community-based options.
- Objective 3: Develop supports for caregivers of children and youth with severe mental health needs or substance use disorder.
- Objective 4: Create public education and information campaigns to raise awareness of what to do in a crisis.

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