



Intensive Children's MCOT

Mobile Crisis Outreach Team Model

- 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



Integral Care's 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 Helpline Call Center
- Response timeframes (Routine, Urgent, Emergent)

Mode of Referral/Dispatch

- Community members and School District Police
 - > Integral Care 24/7 Helpline - 512-472-HELP (4357)
- Responding team composition
 - > Pairs of clinicians and independent



Intensive Children's MCOT

Program expands on the existing county investment in Integral Care's Mobile Crisis Outreach Team (MCOT) to add additional capacity to serve children and their families. In particular, this Program focuses on expanding school, home, and community-based intervention services to:

- A. Prevent unnecessary inpatient hospitalization;
- B. Provide continuity of care and crisis support following an initial crisis response, especially for those families not previously connected to behavioral health supports; and
- C. Act as hospital liaisons to Dell Children's Emergency Department (ED) to coordinate with their personnel on determining an appropriate level of care, which can include:
 - 1. Private psychiatric hospital admission
 - 2. Placement to a State Mental Health Facility (SMHF)

All MCOT services are provided in the community with subsequent linkage to ongoing behavioral health services while collaborating with all systems associated with the child's care.

MCOT strives to provide the right care, at the right place, and at the right time while offering assistance in the least restrictive environment. The goal of the Intensive Children's MCOT is to work collaboratively with the client and their family to help stabilize the crisis and bridge the client/family to on-going support/services in the community or through the agency.



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

- Crisis assessment and crisis intervention
- 24 hour Crisis Follow-up
- Crisis Counseling
- Safety Planning
- Family Support services
- Site-based psychiatric screening and psychiatric crisis assessment
- Up to ninety (90) days of Crisis Relapse Prevention Services
- Case Management
- Medication Management
- Psychosocial Rehabilitation
- Rehabilitative Skills Training
- Ensure linkage to ongoing behavioral healthcare (frequently in close collaboration with Integral Care's Systems of Care - Children's Services and appropriate community-based service providers)



Intensive Children's MCOT

Positions

- 1 Team Lead
- 4 Qualified Mental Health Professionals (QMHPs)
- 1 Family Partner Specialist

Performance Measures

1. Number children and adolescents served through Intensive MCOT
2. Number of visits to children and families by Intensive MCOT
3. Number of child dispatches assigned to Intensive MCOT
4. Number of crisis episodes 30 days post discharge
5. Number of Children and Adolescents connected to on-going services



Performance Measure Summary

Dec 2021- Feb 2022

Intensive Children's MCOT began serving clients on December 27, 2021

- Number of unduplicated children and adolescents served by Intensive MCOT-- **65**
- Number of visits to children and families by Intensive MCOT-- **142**
- Number of child dispatches assigned to Intensive MCOT-- **56**
- Number of crisis episodes 30 days post discharge-- **1**

Children and Families were served during this period by the two new personnel hired, and existing MCOT program staff. The clinicians have worked collaboratively during this time to ensure the community is being served in a responsive and equitable manner.

Through intentional communication with our partners, follow-up calls to client's/caregivers, and clear understanding of clinical need, early indications show increased collaboration between MCOT and Emergency Departments, school district law enforcement, DFPS, and Integral Care's Child and Family Services. Feedback from clients, community partners, and MCOT clinicians report shorter response times by MCOT (i.e. a quicker response), timely intervention, and earlier access to services appropriate to the child/families' level of care. MCOT will attempt to quantify these anecdotal experiences by the end of the year.



Stakeholder Engagement Meeting

During Q1, Intensive Children's MCOR held its first stakeholder meeting on October 19, 2021 to announce the development of the program; the groups that were represented at this meeting included Travis County Health and Human Services, Dell Children's Emergency Department, Department of Family and Protective Services (DFPS), Integral Care, Partners for Children, and Safe Harbor (formerly Safe Landing).

- Today, MCOT calls to recruit additional members working to promote the mental health of Travis County children and youth to ensure attendance of all pertinent community partners.
- The second Stakeholder Meeting will be scheduled to occur in Q3 to continue to elicit feedback from our stakeholders to help inform and implement our program design/methods that address accessibility to this program.



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