

Episode 22: Oklahoma's Youth Mobiles Crisis Response System: A Promising Model of Crisis Intervention

Release Date: May 16, 2023

Intro:

Welcome to the NCJA podcast. This podcast series explores promising practices, provides guidance on strategic planning, and discusses how the Byrne Justice Assistance Grant Program or Byrne JAG contributes to improving justice systems across the country. We hope you enjoy it.

Simone Greene:

Hello and welcome to the NCJA podcast. My name is Simone Greene and I am a Senior Program Manager here at NCJA. Today we are joined by two individuals from the Oklahoma Department of Mental Health and Substance Abuse Services. We have Kelly Perry and Terrence Spain. So today we're going to be talking about crisis services that are provided by the ODMHSAS, specifically Oklahoma's Youth Crisis Mobile Response team. But before we dig in, I want to give Kelly and Terrence the opportunity to introduce themselves. So I will start with you, Kelly. Can you just tell us a little bit about your background?

Kelly Perry:

Sure. I'm Kelly Perry and I'm the Senior Manager of our Child and Adolescent Crisis Service for the Department of Mental Health and Substance Abuse Services. I started my career working with children and adolescents probably about 30 years ago. So I've worked in a residential treatment, some inpatient, outpatient, program management and now working for state government.

Simone Greene:

Great. Thank you. Terrence, can you introduce yourself for us?

Terrence Spain:

Yes, it'd be my pleasure. My name's Terrence Spain. I'm a senior program manager with the Department of Mental Health and Substance Abuse Services. I oversee adolescent substance abuse and co-occurring disorders, and I also have the wonderful honor of overseeing our Office of Juvenile Affairs Partnership. For me, I've been in the field for probably a little over 15 years. I started out working as a residential counselor in a outdoor wilderness facility for at-risk youth and worked for the Office of Juvenile Affairs in North Carolina and Oklahoma before moving over to the prevention side of substance use in the state of Oklahoma. And now that's kind of led me up to this position and I'm just glad to be on here today and share some of the great things that we have going on in the state.

Simone Greene:

Great, thank you. And it seems like the two of you are just the people to tell us all about what's happening in Oklahoma. So mental health and specifically challenges with mental illness are really hot button issues as everywhere people are really struggling. Just to sort of lay the groundwork, can you talk a little bit about the mental health landscape in Oklahoma and then can you just give us a picture of what the mental health care system looks like in your state?

Terrence Spain:

The mental health landscape in Oklahoma right now is, I would say that it's an exciting time in all honesty. With the emergence of 988 and being able to really utilize that along with our children's mobile crisis, it's been pretty exciting for us. Currently, we are really utilizing 988. We're seeing a lot of great feedback that's coming back as far as individuals being able to utilize it, getting that warm person experience when someone is calling in crisis. And I think the biggest thing about that too is we've made this shift with 988 to the point where families are truly defining the crisis and it's not the professional or individual on the other line that's defining the crisis, which puts a lot of control back into the family and use hands in being able to understand what services they need, how they need help, and where they best need help.

And I think that's one of the biggest and most exciting things at this point in time around mental health within our state. But of course, we have some challenges that we're trying to really work on and face. But all in all, I think we at the state have a great team. We have a great group of providers that are working throughout the state. I'm not sure if you guys really understand our state in the sense of we are a big state, but yet about 65% of our population lives within the Tulsa and Oklahoma County areas.

So that's two basic counties within a state with 77 counties. So we have a lot of challenges that come up in the area of rural access to services. And I'll let Kelly kind of speak a little bit about the mobile crisis services because she's truly the expert on it, and I'm just amazed and awe of everything that she knows and what she's been able to do with being able to provide those crisis services around the state.

Because I think if I'm right, Kelly, if a family were to call, we can get a crisis unit to them within one hour, I think I'm correct, one hour. So think about that when you think about the size of Oklahoma and being able to get someone there who can help you, hold your hand and get you to another warm handoff so that you can begin to receive the services that you need. So I'll pass it over to you, Kelly.

Kelly Perry:

Yeah, I mean, I feel like we are seeing nationally an increase in the acuity of the young people who are needing mental health care. And so that is affecting our state, that's affecting our country. I feel like in Oklahoma, we are fortunate to be a little bit ahead of some of the other states because we have had mobile crisis and stabilization services for young people for about five years.

So I feel like 988 started in July, but we were preparing for five years before that. Getting our teams together, having a system. We collect some incredible data that helps communities plan, see kind of trends and plan for services. So I feel like we're doing great things in our state.

Simone Greene:

Great. Thank you for that. And Kelly and Terrance, both of you mentioned 988. And so for any listeners who may not necessarily be familiar with 988, would you mind just sharing a high level description of what 988 is?

Kelly Perry:

Sure. So, 988 is a national call center, so kind of like 911 for other types of emergencies, we now have where people can just dial 988 specifically for mental health emergencies. And again, in our state for children and youth, those caregivers and those young people, they define the crisis. So if they feel like it is a crisis, we believe them and we respond. The great thing is that we do have 988. For adults, they're able to stabilize over the phone about 90% of those calls that we're finding. For young people and families, that looks a little bit different because if they say we are in crisis and we need someone right

now, we will send someone right now. So it's not that call center that's making that decision, it's the family that's making that decision.

Simone Greene:

Thank you for that. That's really important to note. So I guess now's the time to talk a little bit more specifically about the Youth Mobile Crisis Response System. So can you just let us know how it began and how it works?

Kelly Perry:

Sure. So it began for us about five years ago, and we had a call center. We actually had two in Oklahoma. We had one that kind of covers most of Oklahoma. And because in Tulsa in particular, they had had a mobile response system for adults for about 20 years. And so we continued to keep that because people in that community knew that number. They were familiar with that, they were comfortable with that. And so we basically kind of have two numbers. People can call, they will have someone who answers the phone, they will get some information about what that crisis is. They kind of help triage. So, we ask about situations, are there weapons involved? And so they kind of decide what response that should look like. So there have been some where a law enforcement response, an AMSA response was needed.

Most of those calls and mobile response team is the best team to go out. And so they gather that information and they do a warm handoff. And so we have teams across the state, and usually those teams are a care coordinator and a family support peer provider. And so they're the first ones who go out. And we have found that that team approach and with a peer really helps those families engage. It helps families not feel so threatened.

Those teams go out initially, they will kind of very quickly assess the situation and they have access either through in-person or through telehealth to a licensed clinician. So that clinician can also assess to see if that person is in immediate danger and needs a higher level of care for their safety. But that team also most of the time is able to meet with that caregiver, meet with that young person, and help stabilize the crisis right there, help to develop a plan and then help them very quickly get connected to outpatient services.

Simone Greene:

Perfect. And you mentioned that the mobile crisis response team is made up of a care coordinator and a family support provider. What kind of training do these team members typically get or have?

Kelly Perry:

Sure. So in our system, we have training, we have wraparound training. In that wraparound training, we have some online training that happens first. And then we have in-person training, and then we have ongoing coaching. And so there's kind of a foundation of what wraparound is for those teams, and then they're specialized to their role.

So we have wraparound training, but then we also have family support provider training. We have case management training. So they go through all of that training, and then they have ongoing coaching with people who are experts in the wraparound process. And so we have monthly calls. We have coaches who go out and visit. We have coaches who go out, they go to their agency, but they also go out with them to see families and observe and give them feedback. And then they also do monthly calls.

So monthly calls by their role. So case care managers have their own call, family support peer providers have their call, and so they can really get focused on what their role is and what kind of support they need from us to be able to do the best for families.

Simone Greene:

Great. And so Terrence mentioned the size of Oklahoma, but even given those type of constraints that you have, you're still able to get team members out quickly. How?

Kelly Perry:

Yes. So our agencies have teams across the state. So every county, the people that we contract with are already providing services in those counties, and so they can quickly get to them. And we have an option, the families can also defer. So if they say, and which does happen, we have some families who call because they feel like they're in crisis, but they say, "my kid's still at school. I won't be home from work until 5:30". And they have the option, unless it is an intimate risk issue, they have the option to say, "could you come at 6 o'clock"? Or they can even come within 24 hours. So those are kind of the two things that we look at within one hour or if they would like it deferred within 24 hours.

Simone Greene:

And so I just want to sort of clarify, because we know when we say the term youth, and in children and kids, it can mean different things to different states. So can you just clarify what age range we're talking about when we talk about the youth who are receiving your services?

Kelly Perry:

Sure. So for our mobile response and stabilization services, those are for people, 0 to age 24. So we know that transition aged youth, sometimes the adult system is not really the best fit, and they may be still in youth services with an agency. And so that can look different. And so depending on their individual need, then they may have an adult team that responds or they may have a child and youth team that responds.

Simone Greene:

Thank you. And what role does law enforcement play in this? For instance, is there an aspect of this of diverting individuals outside of the criminal justice system into different types of services, or does that play a role in this at all?

Kelly Perry:

Sure. And that is our goal is that if we can safely respond to a mental health crisis with a mental health team, that is much preferred rather than law enforcement going, because that just changes the whole environment of the response. And we also, we do provide crisis intervention training to law enforcement across our state.

So they work with us and some communities have more people trained in that than others. The other thing that we do is we provide iPads to our law enforcement. And so they have those iPads with them, so they can go out to a call if they are the first ones called, they can go out there and they can immediately connect through the iPad for that person who's experiencing a crisis with a licensed mental health professional. And they can talk to them while they're on their way to actually do an in-person

mobile response. And so our preference is that our mobile teams are the first people to respond in situations where it is not safe or there are weapons or things like that.

Sometimes they will go out at the same time as well. So we still try not to... for it to be only law enforcement, but that our mobile teams are a part of that, even if it's a situation where law enforcement needs to be there for safety, we also still try to have our mobile teams be out there.

Simone Greene:

Thank you. And I think that one of the things that people are always curious about, especially when starting up a new program is around resources and funding. So would you mind just sharing a little bit of background about how some of the funding sources that you have used now and even potentially previously for these types of services that you provide?

Kelly Perry:

Sure. So the initial funding to get this started, we applied for Systems of Care Expansion Grant, and starting mobile response teams was a part of that request. So we had funding through a SAMHSA grant initially, but we built into our system to have some state funding, and we also have Medicaid reimbursement for our mobile response teams. And so that's how we've been able to sustain that.

Simone Greene:

Thank you. And so what does the evaluation process look like for this program? What kind of results have you been able to notice so far?

Kelly Perry:

Right now, we are able to divert about 85% of the people who receive mobile response services from having to go to a higher level of care. And so the information that we gather, we gather demographic information, we gather information on where those referrals are coming from. We collect data on what days of the week that we see more calls, what months of the year, what times of day. We were able to see one county in particular for a while starting about 6 o'clock. We had a very large number of calls in one county.

And what they found out there was something going on through social media that was kind of perpetuating this. And so the local mental health professionals were able to look at that data, kind of find out what was going on and develop a plan. The other information, we collect the data on who are making those referrals. So we can see are we getting the most calls from parents, schools? We have a lot of young people themselves call for themselves.

So we're able to track that and the reason for the call, we can see if someone is suicidal, if they are dealing with depression, if it's a family behavioral health issue, family conflict, those kinds of things. So we take a look at that as well. And then we also pay attention to our kids who are in OJA custody, Office of Juvenile Affairs, those involved in juvenile justice or those involved with child welfare. And so we're able to particularly track trends with those young people too.

Simone Greene:

And I'm curious, where do most of your referrals come from?

Kelly Perry:

Most referrals actually come from family members. We have a large number that come from schools, and one of the things our state is implementing is we have some legislation that just passed last year where every district in our state has to work with their local community, certified community behavioral health center to develop a crisis protocol. So all of those schools right now are writing emails for what their district is going to do for their young people experiencing mental health crisis.

Simone Greene:

Great. And so what do you think success looks like for this program? What are your hopes and dreams for this?

Kelly Perry:

So one of the things that we're trying to focus on is the continuum. So from what are we doing in outpatient to prevent young people from going in crisis to mobile response to our new urgent recovery centers and crisis stabilization. So the things that we hope to achieve is to be able to divert young people from going to emergency rooms, going into higher levels of care. We pay attention to young people who... if we get a call from a school, we want to know was that young person able to stabilize and get back into class.

So we also track are we able to divert from suspensions and expulsions and get young people back to class. So those are kind of the things that we look at. We also look at is someone using the crisis system over and over. And so then we will make a plan specifically for that. What is going on? What's the issue with getting them engaged in other services? So that's the other thing is we don't want kids kind of perpetually living in crisis. So how can we stabilize that immediate crisis but continue to help that young person stay stabilized?

Simone Greene:

So between behavioral health programs specifically focused on crisis response models, many of the people who listen to our podcast are just super, super interested in this type of model. 988 launched last year, the Bipartisan Safer Communities Act passed last year as well. And so many of our podcast listeners are really interested in these types of programs. And so do you have any sort of advice or agencies that might be considering funding or starting a program like this?

Kelly Perry:

Yes. So I think SAMHSA does a great job of always putting out their opportunities for people to either start those systems of care programs or expand those. And we always try to take a look at, you know, we've had systems of care for many years, but we try to take a look at where are the gaps, what are the barriers? And really kind of focus on what do we need to implement related to that.

Right now, one of the things that we're specifically taking a look at is how do we better serve in/outpatient, but also in crisis services are young people who may have autism, who may have an intellectual disability. Sometimes it's really hard to find appropriate levels of care for young people who have higher levels of aggression. And so we try to also focus on where are those groups of kids that are really struggling to be able to access the services? And so special populations we have seen, it is more difficult for them.

So we will do things like through grant opportunities, we will try to get funding through grant opportunities to start that, but then we are always working as a state to develop a plan to be able to

sustain that. And so we are always working on state funding, Medicaid funding. How can we incorporate those to sustain those programs?

Simone Greene:

And are there specific partners that should be at the table, especially partners that sometimes may go unnoticed.

Kelly Perry:

So I think when we develop these things, we try to pull in everyone who is a stakeholder. One of the things that I am really proud of that Oklahoma does is family voice and youth voice. We make sure at a leadership level, those people are at the table, not just at a local level. So we have a lot of family voice and input related to programs. So we're starting our urgent recovery centers. And one of the things we did is we have met with parents who have had their children in the crisis system, whether that was through mobile response or higher levels of acute care. And we asked them what did they feel like was helpful, what was not helpful, what is missing, what needs to happen? And we're asking young people the same thing as well, what does that mobile response feel like for you?

And sometimes we have heard as some people get older, they're saying, "I really don't want you coming out, but I do want someone to talk to". And that's their preference. And so we're taking all of those things into consideration, but we also look at our other stakeholders such as our Medicaid, our healthcare authority. So we meet with them. We also meet with our providers because they know their own communities better than we will ever know those communities, and the cultures of our communities look really different.

And so we also listen to people in that community, to providers in that community as we develop these programs too. And as Terrence said, "we have done a lot of work with the Office of Juvenile Affairs", and so our mobile response teams, they respond to juvenile detention centers when they're requested to. They help with training for juvenile detention centers. We have great relationships with the Office of Juvenile Affairs.

We work very hard with our leaders in our child welfare department, and we have some specialized programs. We know some of these kids, they're our most vulnerable kids in our state. And so we want to make sure that we really have a focus and keep them as a high priority in meeting their needs.

Simone Greene:

Before we close out, I have, I guess technically two more questions. And I would love to hear from you, Kelly, and you Terrence as well. So the first question is, so what has been the biggest surprise, sort of being a part of this Youth Mobile Crisis Response team program? And the next question and the answers may be the same, is what has been the most rewarding aspect of it?

Kelly Perry:

I'm not sure that we've had a lot of surprises because we tried to prepare ourselves, and we always think about being so flexible that when something does surprise us and comes up, we can quickly adapt and make the changes that we need to make. I think that just the higher levels of acuity that we have seen, I'm not sure that it's so surprising. It is concerning, and we are trying to strategize to meet the needs for those people.

I think one of the things that stands out to me is the level that our teams will go to to meet the needs of these young people. We have had teams in all kinds of situations, families with very complex needs, and the things that we have seen our teams do to meet the needs of those kids and families is remarkable. And I'm so proud of the teams that we have and the teams that we work with and the things that they do.

As we've been sitting here, I'm getting calls from teams where we have been working on some situations with some young people who have very complex needs, and they're still reaching out, saying, "where are we with this? What can we do"? And they continue to work. And as we know across the board, there is a shortage of higher levels of care, and our teams work daily. We have had them work before for a young person for three weeks, calling every hospital in the state, out of state multiple times a day, really trying to make sure that that young person has what they need to be safe and stable.

Simone Greene:

Thank you. And you, Terrence, your biggest surprise and the most rewarding aspect?

Terrence Spain:

Well, one of the biggest surprises I think that I've seen with children's mobile crisis is I've come to look at them as mobile utility tools because they can function in so many ways. We talk about this aspect of coming in and helping out with a crisis. Recently I had the opportunity to speak with a parent who stood up and said, "they actually came out and just talked to my child, and that was all my child really needed at that point in time, was just someone to talk to".

But the fact that they came out there just to do that and how it makes families feel, they feel cared for, because in Oklahoma, we want to take care of all of our Oklahomans because we know that if we have stronger families and stronger youth, then we've got a stronger Oklahoma. So I think that's the biggest surprise for me.

All in all, I love the opportunities that we have of working with children's mobile crisis, with officer juvenile affairs, and being able to help out not only our detention centers, but also our local law enforcement like Kelly was talking about. Because we know that when youth receive the appropriate service at the right time, we then start to decrease those number of youth that go into detention settings or that fall into the Office of Juvenile Affairs System because we can provide the services that they need.

Simone Greene:

Perfect. Beautifully said. Well, Kelly and Terrance, thank you so much for speaking to me today, but also just for your commitment to this work. So it's been really, really rewarding to be able to hear more about your program and the type of work you do across the board. So thank you for being here.

Kelly Perry:

Thank you for having us.