Visiting Nurse Service of New York
Community Mental Health Services

The Children’s Mobile Crisis Team

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Session Overview

• Outline the planning and implementation process with a focus on challenges and lessons learned

• Identify key data collection points required for tracking success (process and outcome measures)

• Policy and procedure development, including communication protocols

• Sustainability and Replication of Model
Overview of Community Mental Health Services

- Started in 1986 to serve patients with mental health needs and continue the public health mission of VNS.
- Operate 12 distinct programs, including acute services, long-term programs and children and family services.
- Serve more than 9,000 clients each year, offering services in all 5 boroughs.
- Employ approximately 300 staff.

- Three key elements characterize our basic approach to care:
  - An outreach approach; services are provided at-home or in the community
  - Multidisciplinary teams provide services, bringing together the diverse skills of all appropriate allied health professionals (Social Workers, Psychiatric Nurses, Social Work Assistants and Psychiatrists)
  - All services are clinically oriented and based on a solid understanding of each client’s multi-system needs

- We provide care to underserved populations including:
  - those with acute and chronic mental illness
  - children and adolescents with emotional and psychiatric problems
  - mentally ill geriatric adults
  - individuals with substance abuse disorders

- Our clients frequently suffer from multiple systems problems, including medical illness, substance abuse, poverty, legal and housing problems.
Demographics

- 20.3% (392,965) of the total population of NYC children live in the Bronx
- Between 44% – 58% of children living in CDs 1 – 4 (South Bronx) live below the poverty level.
- Median household income in the entire Bronx is less than $30,000 annually 73% of the population are Latino.
- The Citizen’s Committee for Children of New York evaluated all 59 of NYC’s community districts, and established that the children and adolescents in CDs 1–4 are at the highest risk for:
  - Poverty
  - Poor school attendance/performance (52% of class of 2008 didn’t graduate)
  - Higher rates of juvenile delinquency
  - Teen pregnancy (highest rates in all of NYC – 11.8%)
  - Child abuse (Bronx has highest rates of abuse reports in NYC - 45 per 1,000 children)
- High Crime Rates
- Mott Haven and Morrisania have some of the highest rates of pediatric asthma in NYC
- Poor access to healthy, affordable food – consumption of fruits/vegetables is low, obesity and diabetes is high
- 13% - 16% of adults in South Bronx report having Diabetes
- 26% - 31% of adults in South Bronx are obese
Which of these addresses barriers to student learning and overall success?

Schools Calling EMS at Alarming Rates
Bronx Mobile Crisis Team

- VNSNY’s Bronx Children’s Mobile Crisis Team (BCMCT) provides rapid response crisis care for children, teens (0-18 years of age) and their families who need:
  - Crisis assessment
  - Crisis stabilization
  - Prevention planning
  - Caregiver support
Mission and Goals

○ **The Mission** - prevent unnecessary hospitalizations and stabilize crisis

○ **Available 24/7** - BCMCT is available 24 hours a day, 7 days a week to provide rapid responses and crisis management for children and adolescents in active crisis situations.

○ BCMCT serves all Bronx borough school districts

○ BCMCT serves all residential Community Districts
In initial contact is done with LifeNet by telephone and follow up visits are conducted in the home.

Teams consisting of Psychiatric Social Workers, Family Advocates and Crisis Counselors respond within two hours of receiving a crisis referral.

Cases taken under care are offered:
- Crisis de-escalation and risk determinations
- Psychosocial assessments
- Initiation of prevention planning
- Collaboration with existing services
- Coaching for caregivers on how to manage situations and prevent future crisis situations
Referrals

- 41% were school based
- 23% from family or care givers
- 20% came from ACS or preventative services
- 16% from other sources (clinics, juvenile justice services)

Referrals by gender:
- 44% female
- 56% male

Age Demographics:
- Ages 0-5= 8%
- Ages 6-12=39%
- Ages 13-17=53%
VNSNY Existing System of Care
FRIENDS

-how Comprehensive psychiatric and psychosocial assessment
-how Crisis intervention and stabilization
-how Individual and group treatment
-how Engagement of parent/caregiver in accessing services for their child
-how Parent psycho-education and support, including group and family modalities
-how Ongoing case consultation and collaboration with the Promise Zone school team
-how Outreach and engagement for clients who are chronically truant and absent from services
-how Case management
-how Linkage to external community agencies for additional services
-how Staff training and support

VNSNY, 2012
2014 Outcomes: Mental Health Levels of Service

<table>
<thead>
<tr>
<th># Diverted Hospitalizations</th>
<th>184</th>
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<tbody>
<tr>
<td>Client Contacts</td>
<td>576</td>
</tr>
<tr>
<td>Direct Service Hours</td>
<td>2680</td>
</tr>
<tr>
<td>Case Management Hours</td>
<td>3450</td>
</tr>
<tr>
<td>% of Hospitalizations (90 days)</td>
<td>1%</td>
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</tbody>
</table>
Key Data Points

- 76% of referrals cited mood/anxiety symptoms as a presenting issue in crisis behaviors
- 23% were referred for factors including non compliance with existing mental health treatment recommendations
- 32% displayed behaviors that involved physical and verbal aggression towards peers/others
- 16% cited suicidal ideation or attempts (history and current) as a part of client’s referral information
- 42% of accepted cases had existing ACS involvement or were actively in the foster care system
- 38% Assigned current Individualized Education Plan’s with emotional disturbance or learning disability classifications
- 9% were sent to local emergency rooms for further evaluation by BxCMCT staff or another service provider
- 29% Refused voluntary services or were non compliant with the program linkage attempts
- 53% of cases seen by BxCMCT were connected to new or prior mental health treatment providers.
Implementation: Process Lessons Learned

- Training and Communication
  - Assess appropriateness of referrals
  - Identify roadblocks to seamless and timely service delivery
  - Establish and agree upon clear communication channels

- Identify program goals and outcomes
  - Ensure all staff understand and are working toward common goals
  - Establish policies and procedures to track outcomes

- Create system for regular feedback on successes and challenges
  - Weekly team meetings
  - Monthly Phone Calls - City Level (DOHMH)
Advocacy Resulted In Settlement

• In addition to stating that 911 could not be used as a disciplinary measure, the stipulation required therapeutic crisis intervention training over the next three years for 1,500 staff members at 20 schools that have the highest rates of sending students to emergency rooms. These schools include many District 75 programs for children with the most serious special needs; They send at least five disruptive students a year to hospitals.

• The city must also give all schools guidelines for de-escalating a crisis, to be used by key staff members. Schools must identify a location in each building where the students can be safely isolated. The city also has to report data on a regular basis about 911 calls from schools.
Lessons Learned

**Communication**
- Establish clear communication channels at all levels
- Monthly City level meetings to ensure all work toward common goals
- Regular feedback on successes and challenges

**Resource audit**
- Identified teams strengths and needs to increase capacity and sustainability
- Identified community’s strengths and needs for optimal supports
- Identified pathways and roadblocks to multi-disciplinary team collaboration

**Data**
- Identified data points for referral entry and exit
- Identified program data goals and outcomes
Challenges

- Response time by LifeNet
- Funding
- Electronic Medical Records and Information Sharing?
- Increased funding and PD time dedicated to training school staff in mental health 101
- Communication and education on the CMCT in all 5 Boroughs
Health Homes for children?

- A uniformed intake process for children that allows for optimal engagement and retention
- Additional Mobile Response Teams have been formed in NYC to address the inappropriate utilization of emergency rooms by schools
- Explore integration of Mobile Crisis Teams into a system of care created with the Children’s Health Homes
Contact Information

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