

Navigating Resources for Youth with Significant Mental Health Needs

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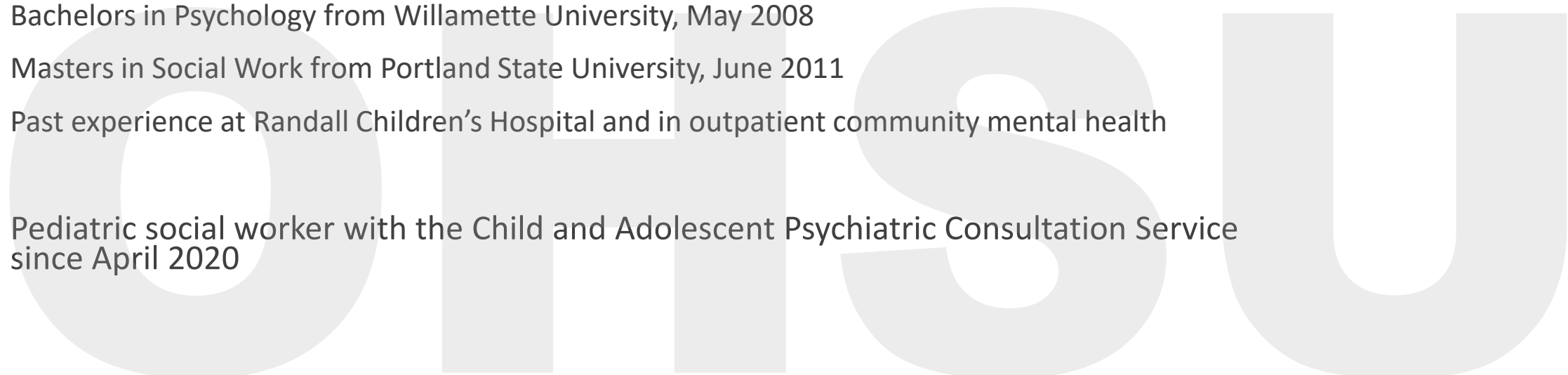
About Me

Bachelors in Psychology from Willamette University, May 2008

Masters in Social Work from Portland State University, June 2011

Past experience at Randall Children's Hospital and in outpatient community mental health

Pediatric social worker with the Child and Adolescent Psychiatric Consultation Service since April 2020



Learning Objectives

- Describe the various mental health levels of care and the area agencies providing services at each level of care
- Distinguish the different systems of care and understand how to access them
- Understand the process of care coordination and wraparound
- Understand how to access immediate mental health care for patients in crisis

The Oregon Mental Health Continuum of Care

Outpatient

Intensive outpatient

Intensive Community Treatment Services

Partial Hospitalization and Day Treatment

Residential

Subacute

SCIP and SAIP (long-term residential)

Acute Care

Lowest acuity

Highest Acuity



The Oregon Continuum of Care



Please note: Access to these levels of care are dependent on insurance.

Understanding Each Level of Care

Clinic-Outpatient

Once a week with a therapist, unless therapist agrees to more.

Must be referred by clinician to med management if agency offers it

- Must be enrolled in *counseling* to access psychiatry if with a group practice.

**Early
Identification**

**Clinic-Based
Outpatient**

**Intensive
Outpatient**

**Day Treatment &
Partial Hosp.**

**Psychiatric
Residential**

**Subacute
Inpatient**

**Acute
Inpatient**

>> increasingly secure with intensity of needs and services >>

Intensive Community Treatment Services

- Need referral from current outpatient therapist
- Morrison, Lifeworks NW, Albertina Kerr, Trillium, Options, and Catholic Community Services

Once or twice weekly therapy
Skills training
24/7 crisis response
Medication management

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Catholic Community Services

24/7 crisis response and intensive community-based services

Referral must come from ED or Mental Health Walk-in clinic

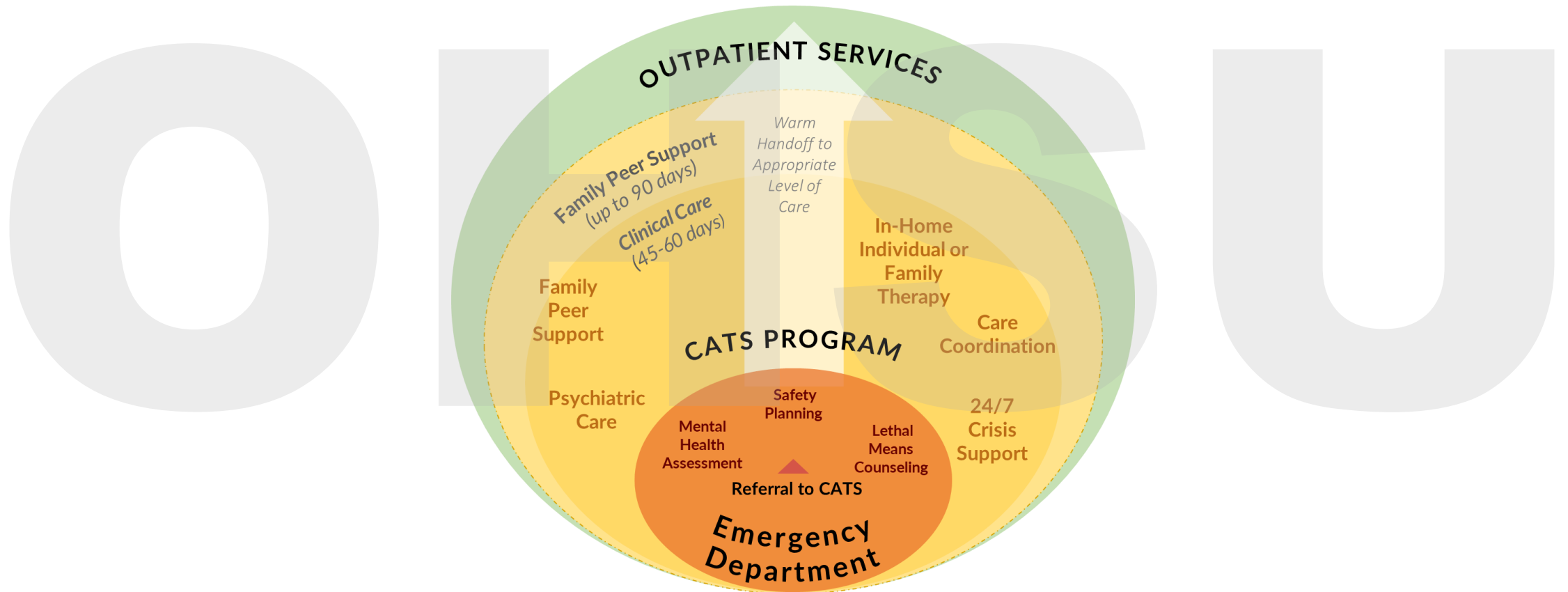
Mostly accessible for those funded by OHP

Three tracks:

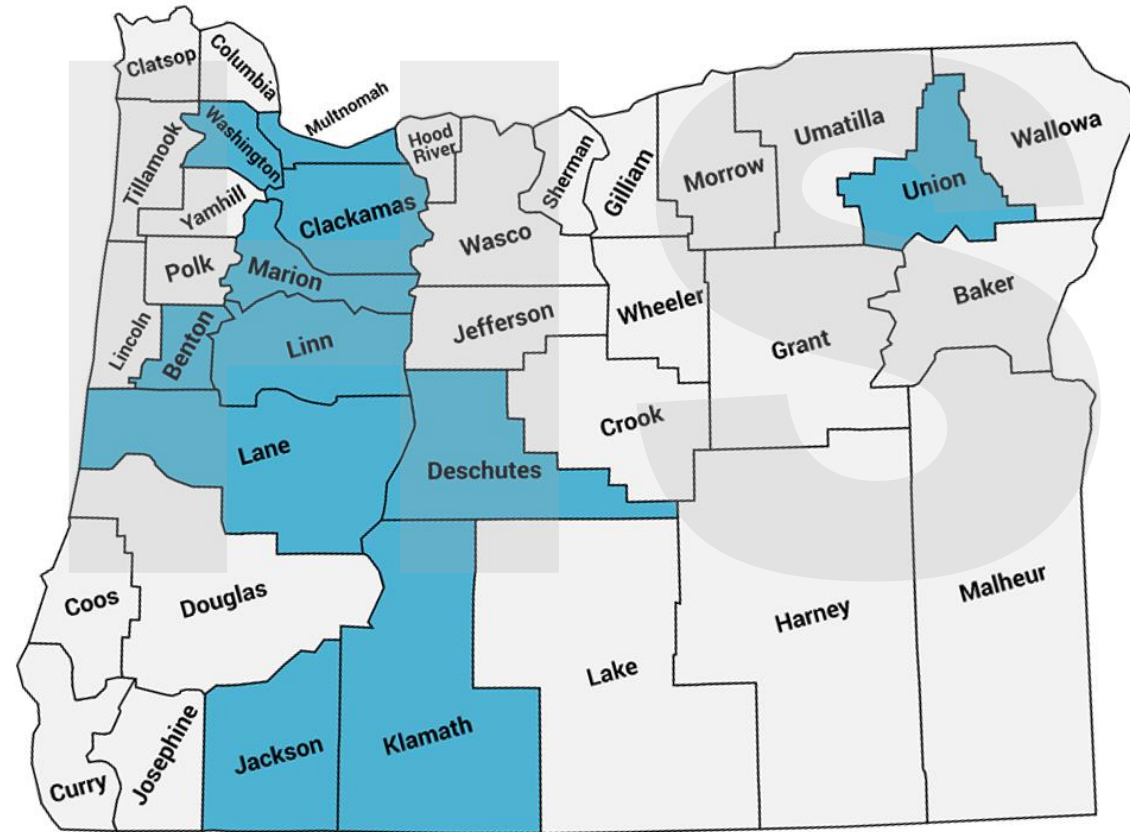
- Crisis Stabilization
- Community Based Intensive Treatment
- CATS (Crisis and Transition services)

Pro Tip: Don't have to send your patient to the ER!

Crisis and Transition Services (CATS)



CATS Expansion



Intensive In-Home Behavioral Health Treatment (IIBHT)

A new level of care starting to roll out across Oregon

Services Include:

4-6 hours of in-home treatment a week

Med management, skills training, care coordination, skills training, and peer support services

Designed to preserve community placement and avoid change in placement

Not time-limited and includes 24/7 crisis response

Day Treatment and Partial Hospitalization

Partial Hospitalization Program (PHP)

- In Portland area: Providence Pathways and Discovery Mood and Anxiety
- Five days a week, 6 hours a day. Average LOS 4-6 weeks.
- Intensive therapeutic programming throughout the day
- For Providence Pathways, referrals need to come from a hospital setting. Discovery accepts community referrals.

Day Treatment

- Similar to PHP but incorporates school more—has a teacher present in classroom
- Available through Trillium (Edwards School) and Lifeworks Northwest
- Some other programs also can be referred to through the school district

Residential (PRTS)

- Locations at Parry Center (SE Portland), Children's Farm Home (Corvallis), Discovery Mood and Anxiety (Beavercreek), Madrona (Tigard)
- Average length of stay 1-2 months
- Structured programming, medication management 1-2x per week, family and individual therapy 1-2x a week, education is incorporated.
- May allow for community outings and visits home.

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SCIP and SAIP

SCIP: Secure Children's Inpatient Programs

- 10 beds, currently holding at 6

SAIP: Secure Adolescent Inpatient Programs

- 28 beds

Long-term psychiatric care.

Considered “state level”, funded by OHA.



Subacute

- Locations at Albertina Kerr, Parry Center, and Children's Farm Home
- Average length of stay 2-3 weeks
- Similar structure to residential but focus on quicker stabilization



Acute Care

- Two locations in all of Oregon: Unity (Portland) and Providence Child and Adolescent Psychiatric Unit (aka CAPU, in Oregon City)
- Focus is on safety and stabilization; average LOS 7-10 days
- Highest level of care:
 - Daily medication management
 - Ability to administer IM medications and manual restraints
 - Higher nursing to patient ratio.
 - Locked unit and highly supervised with video monitoring for safety

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A note about residential, subacute, and acute care access in Oregon

22 acute care adolescent beds at Unity, ages 11-17

6 acute care children's beds at CAPU, ages 5-12

20 adolescent acute care beds at CAPU, ages 13-17

24 subacute beds at Albertina Kerr, 6 reserved for ages 12 and under. Currently 10 beds are being used.

35 residential/subacute beds at Parry Center (25 filled)

32 residential/subacute beds at Farm Home (18 filled)

What Meets Criteria for Inpatient Psychiatric Admission?

- Suicidal ideation with method, means, plan and intent
- Active psychosis that poses a risk to youth's safety
- Homicidal ideation with plan and intent

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What Doesn't Meet Criteria for Inpatient Psychiatric Admission?

Chronic suicidality without intent

Physical aggression

Runaway behaviors

Non-suicidal self-injury

Substance use

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Oregon vs. Washington Mental Health

Oregon

- 14 is age of consent for counseling
- 15 is age of consent to medical treatment
- Need legal guardian consent to admit to inpatient psychiatric treatment

Washington

- Age of consent is 13 for all levels of care
- Voluntary vs. Parent Initiated Treatment
- Inpatient units are mostly in Seattle area

Systems of Care: Substance Abuse Disorder (SUD) Treatment

Outpatient, intensive outpatient, and residential treatment

Residential: DePaul (FORA in Portland), Madrona (Tigard), NARA (Portland), Rimrock Trails (Prineville), and ADAPT Deer Creek (Roseburg).

Pro tips: Admissions occur from the community.
Youth must be willing to engage.

Systems of Care: Intellectual and Developmental Disabilities

Must go through a screening process and be found eligible through the county.

Anyone can start the referral process.

- The condition must be expected to last a lifetime.
- The condition must impact at least two everyday living skills.
- The onset of the intellectual disability must have occurred prior to age 18. The onset of the developmental disability must have occurred prior to age 22.

Referral needs a statement of need from a medical provider (on website).

Tip: Google '[the patient's county]' and 'developmental disabilities' to find the application.

Resources through I/DD Services

Advocacy, case management, resources and referral, and supported decision making

Services offered depend on assessment of need

May qualify for group homes and foster placement through DD system.



Systems of Care: A Note on Disordered Eating

Systemically, eating disorder treatment is viewed as a medical rather than a mental health concern.

Center for Discovery, MonteNido, Kartini Clinic, Providence

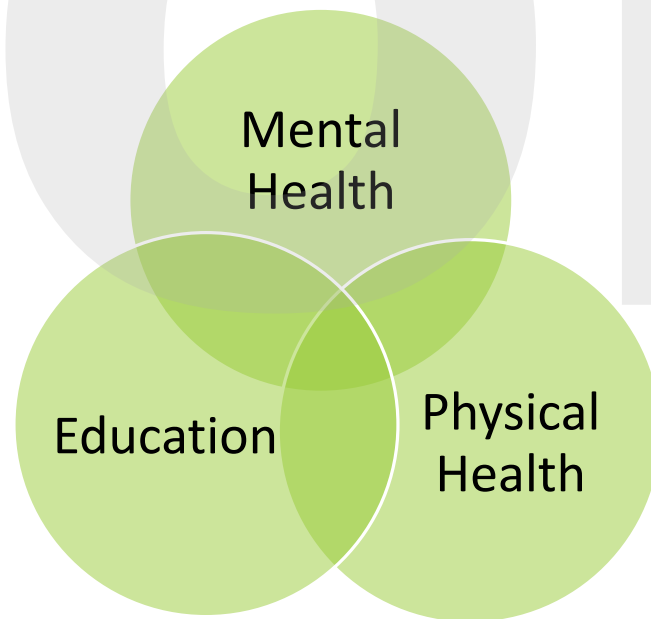
- Also various private providers and dieticians who specialize

A patient with an active eating disorder must be medically stable and eating two meals a day in order to admit to a psychiatric unit.

Complex Care Coordination

Provides a single point of contact to work with providers and patients to support patients with multiple or complex needs

For commercial insurance, call and request nurse or mental health care coordinator to be assigned.



Tip: Call health plan directly to request “care coordination” or “case management”

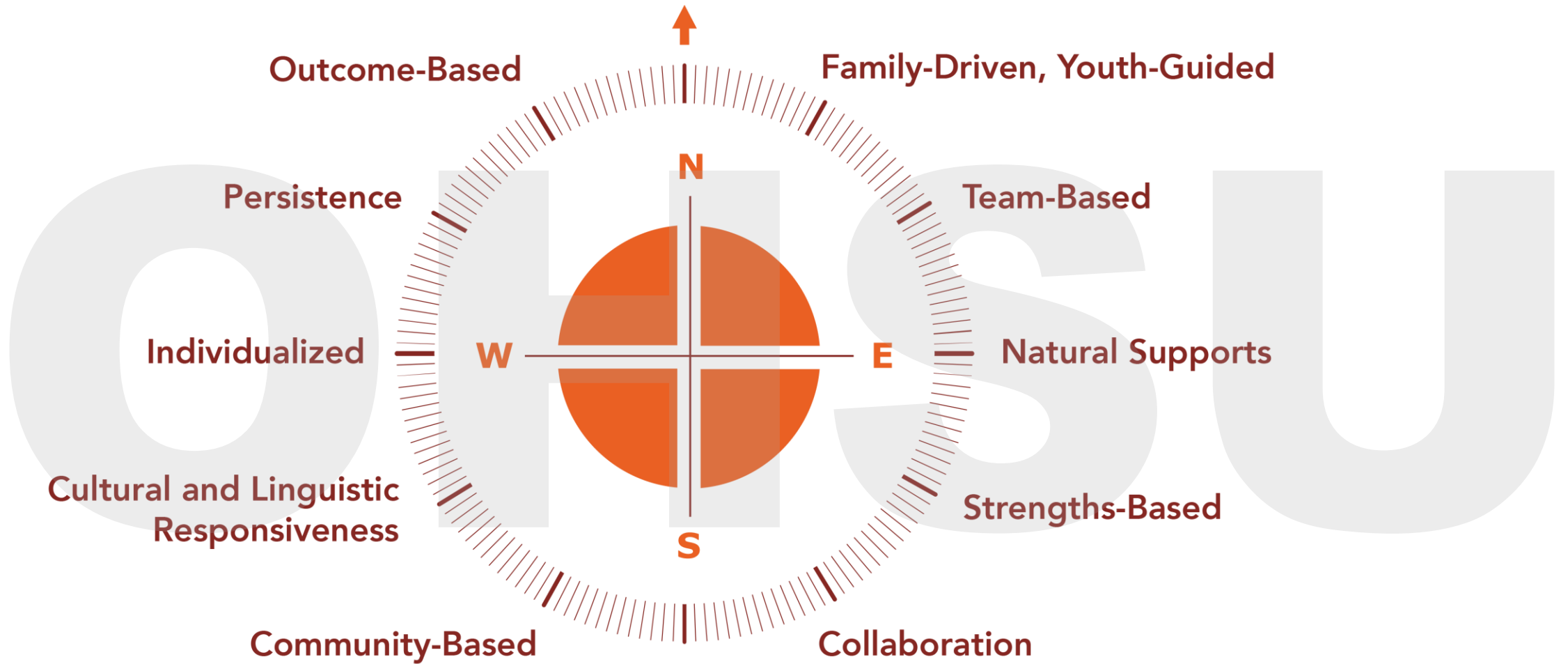
Oregon Wraparound

What is Wraparound?

- “Wraparound is a collaborative, team-based, principles-driven planning process. Through the Wraparound process, teams create one individualized plan of care to meet the needs, and improve the lives, of multi-system involved youth and their families.” – [oregonwraparound.org]

Must have multi-system involvement, one being a mental health diagnosis.

Tip: Refer through county mental health



Intensive Care Coordination

- A good option for kids with intensive mental health needs but do not have other systems involvement
- Not as structured as wraparound, but still can offer good advocacy and support

Refer through CCO, regardless of county
(ie CareOregon)

How do I help my patients access care??

Start with outpatient. And early.

- Get on waitlists and leave messages *everywhere*

Mental health walk-in

Many schools have mental health agencies imbedded within them

If a patient has OHP, there are search engines that show who has openings.

Psychologytoday.com search for commercial insurance

Crisis Supports

It's 4pm and my patient just disclosed that they are having suicidal thoughts with some planning. My social worker or behavioral health support person is unavailable or gone for the day. What do I do?

- Risk assessment: Is ideation active or historical? Access to means? Intent?
- Is family aware?
 - Important to consider family's ability to supervise
- Do they have a therapist they are working with?
- Use your county crisis line as support!



Referring to an ED vs. Urgent Walk-in

Start with urgent walk-in if it is safe to do so.

Refer to ED if youth is in imminent danger, or medically unstable

Emergency departments usually don't have immediate access to psychiatry

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In Summary

- There are many different levels of care available, but there are generally waitlists and access can be difficult.
- Encourage your patients/families and their therapists to keep calling! Often times referrals fall through because they don't have updated information.
- Unless in immediate crisis in the ER, patients must be engaged in outpatient therapy in order to access higher levels of care. Current therapist needs to be the one to refer.
- A patient's insurance plan, especially their CCO if they have OHP, have many supports available to help support patients and families. Care coordination can be extremely helpful.
- Use your county crisis lines and urgent walk-ins.

Thank you! Questions?

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