# Addressing the Needs: Speaking From and For the Front Line

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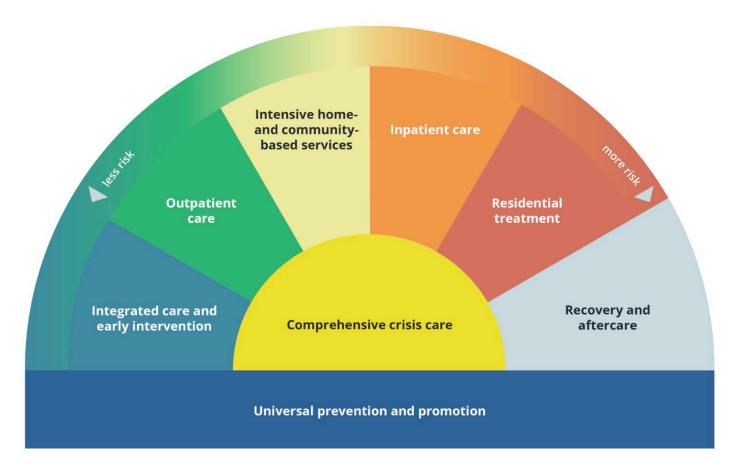
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# **Professional Disclosures**

- Assistant Professor, Tulane School of Medicine, Dept of Child Psychiatry
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- Psychologist, Jefferson Parish Human Services Authority, Developmental Disabilities Community Services
- Psychologist, Tulane Early Psychosis Intervention Clinic
- Executive Council member, Louisiana Psychological Association
- Adjunct Professor/Instructor, Tulane Department of Psychology/Charles Drew University

# Continuum of Care

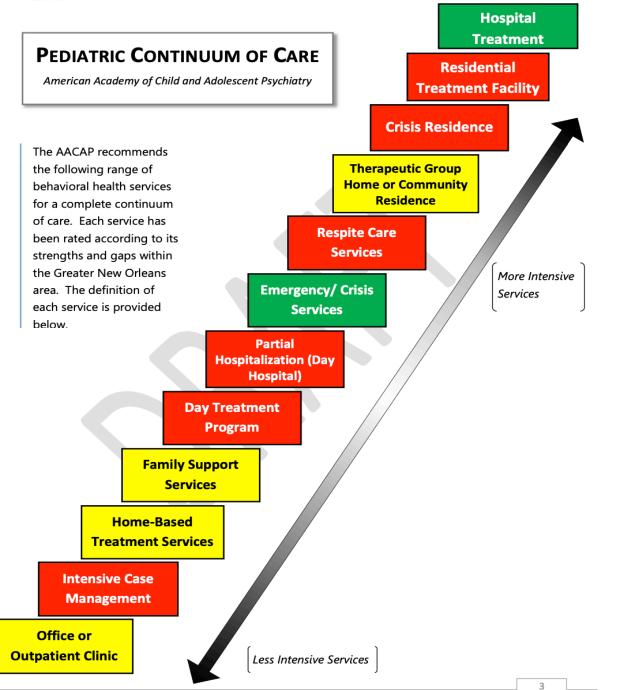


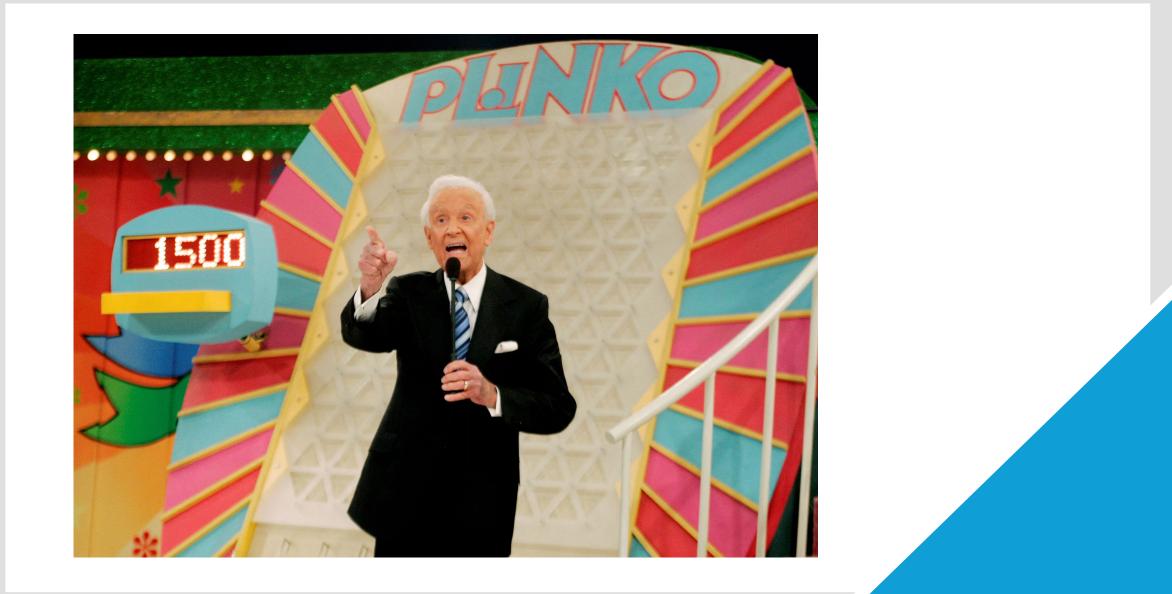
## Pediatric Model

Family-friendly practices	Pediatric inpatient and	diatric inpatient and clinics			
Effective partnerships with community mental health and basic needs providers Study impact of new program implementation or innovations	Pediatrician-led treatment         - Early identification and screening         - CSHN status for MH concerns         - Monitoring of MH symptoms         - Management of mild MH concerns         Co-management with MH clinician         - Mild-moderate MH concerns         Effective EPIC & human communication         Access to scheduled and real-time consultation         by MH clinicians and CAP (Tulane Early         Childhood Collaborative and C-CAP model)         - In person, telephone, telehealth         -For prevention, early identification, management         -Promote common-factors approach for consistent clinical approaches         Co-located MH professional for selected         speciality teams         Inpatient med-psych beds for children with co-occurring disorders (e.g. anorexia nervosa, non-eplleptic seizures, diabêtes and suicidality)	Outpatient specialty mental health			
		Single point of entry evaluation clinic facilitate access, reduce frustration General and specialty multidisciplinary MH programs - Child and adolescent psychiatry - Links with community-based services -Group therapy and support Subspecialty programs can include early childhood, anxiety disorders, mood disorders, disruptive behavior problems, psychosis, or specific -	hospitalization PHP in partnership with OPSB (Center for Resilience) -intensive mental health and educational intervention in day treatment/PHP Aftersentol hospital diversion/after care program(s)s Therapeutic nursery Med-Psych family-based treatment Programs can be transitional (hospital diversion, step-down, or long term)	Inpatient/Residential  Inpatient  -Provide diagnostic assessment and safety for youth with severe, debilitating psychiatric disorders and/or psychiatric safety concernsAble to meet the needs of children with stable medical conditions  - Include substantial opportunity for family interactions and interventions for assessment and treatmentEffective communication and coordination with outpatient clinicians and service providers is essential Residential group home: longer-term, small- group based intensive ecological treatment with family involvement as much as possible	

Content source: Gleason & Zeanah, 2020







Sonic (male, age 9) is identified by his school as in need of Tier 3 services. His counselor recognizes the need for services beyond the scope of her school. What next?

A: She contacts her supervisor, who advises her to work with the behavioral health contractor

B: She contacts a friend in behavioral health care for a referral

C: She provides a direct referral to the most appropriate agency

D: She adds this issue to her to-do list and gets to it as quickly as she can

# Usual (unwanted) outcomes

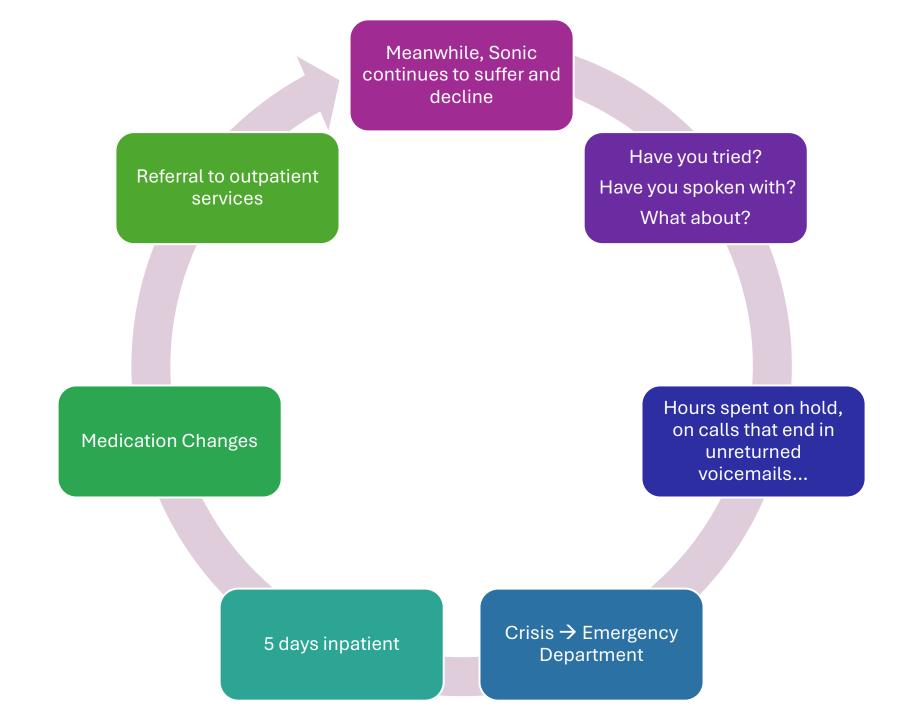
"What's his insurance?"

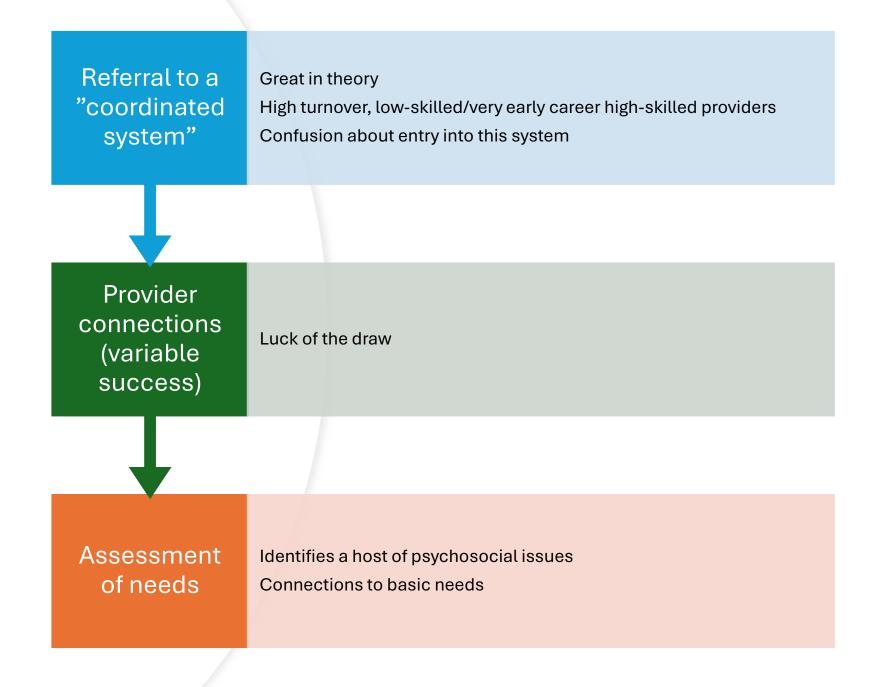
"There's an X month wait."

Caregiver is unable to follow-up independently.

Caregiver is unable to meet provider's availability.

Sonic's family and educators grow increasingly concerned. Sonic's grades and self-esteem are declining.





Meanwhile, Sonic's well-being continues to deteriorate. He increasingly expresses suicidality. He has broken property at home and school in angry outbursts. He has been diagnosed with ADHD, Depression, and ODD.

### iep suspension medication therapy school bip absences hearings parenting suspension absences assessment psychiatry case referrals management **CSOC** hospitalization



Disorganized spider webs are often called **cobwebs or tangle webs**, and are built by spiders in the Theridiidae family. These webs are intentionally designed to be messy and unorganized, and are often attached to a support beam or the corner of a ceiling.



#### Here are some characteristics of cobwebs:

#### Design

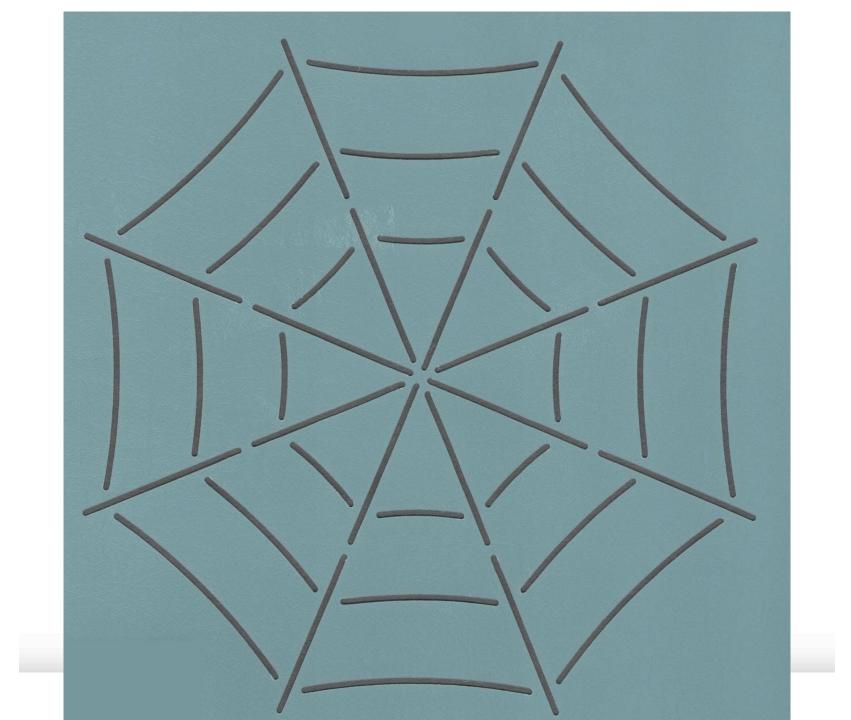
Cobwebs are asymmetrical and unorganized, and can look like a jumble of silk strands.

#### Location

Cobwebs are often found attached to a support or foundation, such as a plant, rock, or ceiling.

#### Purpose

Cobwebs are designed to entangle insects, such as ants or crickets. The web has a trellis of high-tension threads that reach the floor or substrate, with sticky droplets at the end. When an insect crosses the thread, it breaks and the insect is stuck in the gum.



# Coordinated Specialty Care (CSC)

- A multi-component, evidencebased, early intervention service for individuals experiencing a first episode of psychosis (FEP)
- Aims to improve clinical outcomes as well as general health and social outcomes





BROUGHT TO YOU BY CALM

Components of Coordinated Specialty Care

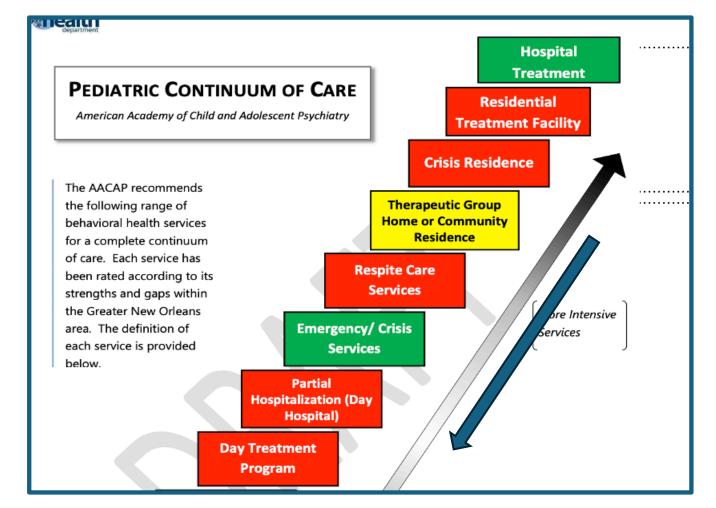
#### **SAMHSA Recommendations:**

- Shared decision-making framework
- Medication management
- Psychotherapy
- Case management
- Family education and support
- Peer support & lifestyle interventions
- Supported employment and education

#### Local CSC Example: EPIC-NOLA

- Weekly case staffings
- Psychiatry and other MHPs in same clinic
- Case managers as liaisons
- Parent support groups
- Family therapy
- Clinic owned and operated transportation
- Peer support in clinic and in the community
- Aid with vocational training opportunities and educational aspirations
- Public health initiatives to reduce stigma

Sonic's school decided they could no longer serve him because of his behavior. They offered home-based education services. Mama Sonic has a full-time job with no one to support him at home.



Coordinated Specialty High Level Care

#### **SAMHSA Recommendations:**

- Shared decision-making framework
- Medication management
- Psychotherapy
- Case management
- Family education and support
- Peer support & lifestyle interventions
- Supported employment and education

# CSC in school-based day treatment

- Various interdisciplinary team meetings per week
- Full-time in-house psychiatry services
- Full-time MHP staff (8 child caseload)
- Full-time family liaison
- Monthly family engagement events
- Center controlled/contracted transportation services
- Certified special education force
- Strategic integration of community and culturebearers as full-time staff and enrichment providers
- Frequent staff development
- Full-time nurse
- PLAY! PLAY! PLAY!

### What It Takes To Begin

- Acceptance that complex problems require complex solutions
- Collaboration between those with lived experiences, scholars, community leaders, policy-makers and the fiscally-minded
  - Must be financially and technically supported
- Construction of truly youth-centered approaches
  - High-level mindsets matter





### What We Gain:

- Improved child and family outcomes across all domains
- Decreased provider burn-out, increased work satisfaction
- Increased workforce retention + recruitment of desired workforce
- Long-term cost-savings





### Thank you for your service and thoughtfulness,

Monica

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