

Addressing the Needs: Speaking From and For the Front Line

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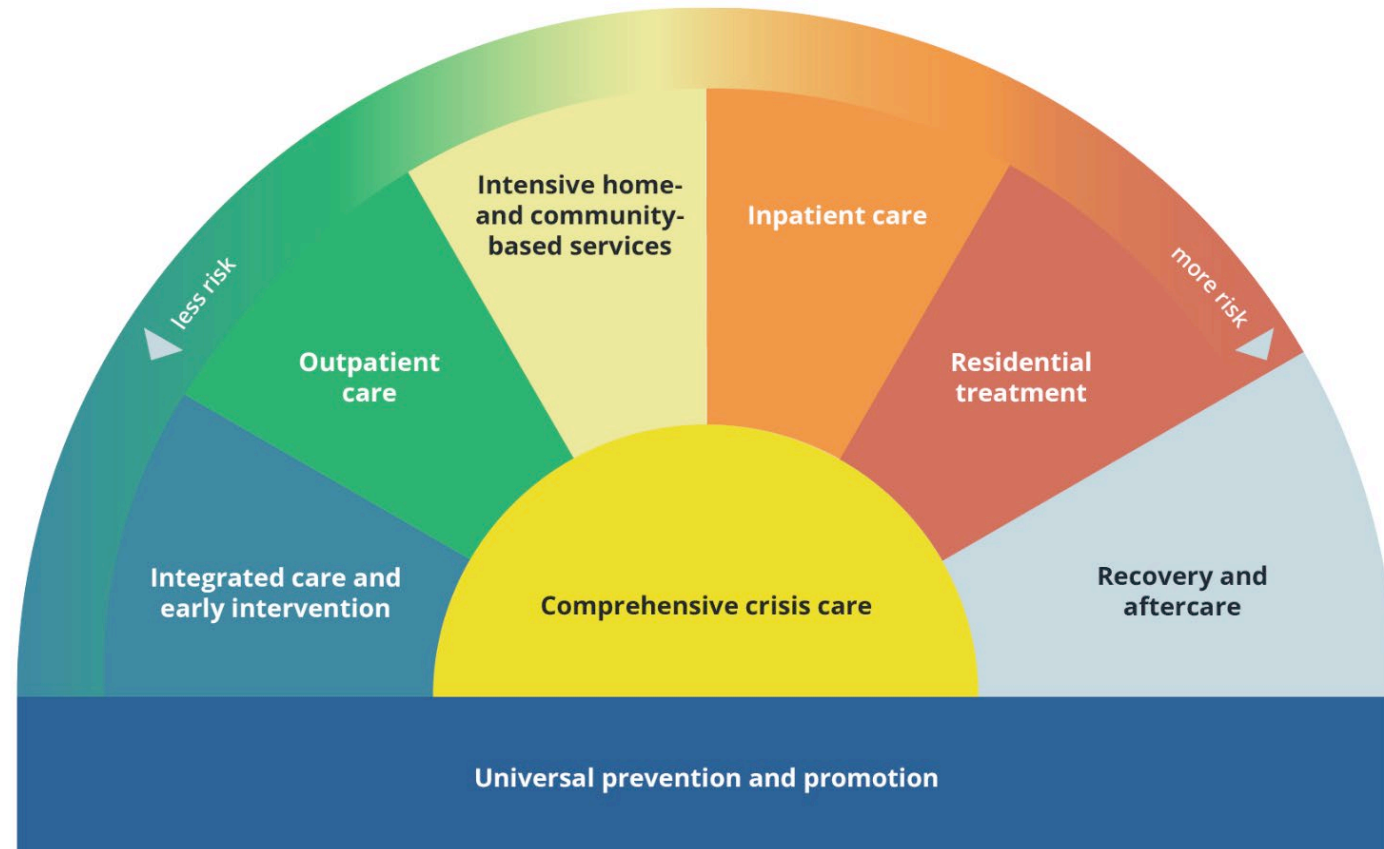
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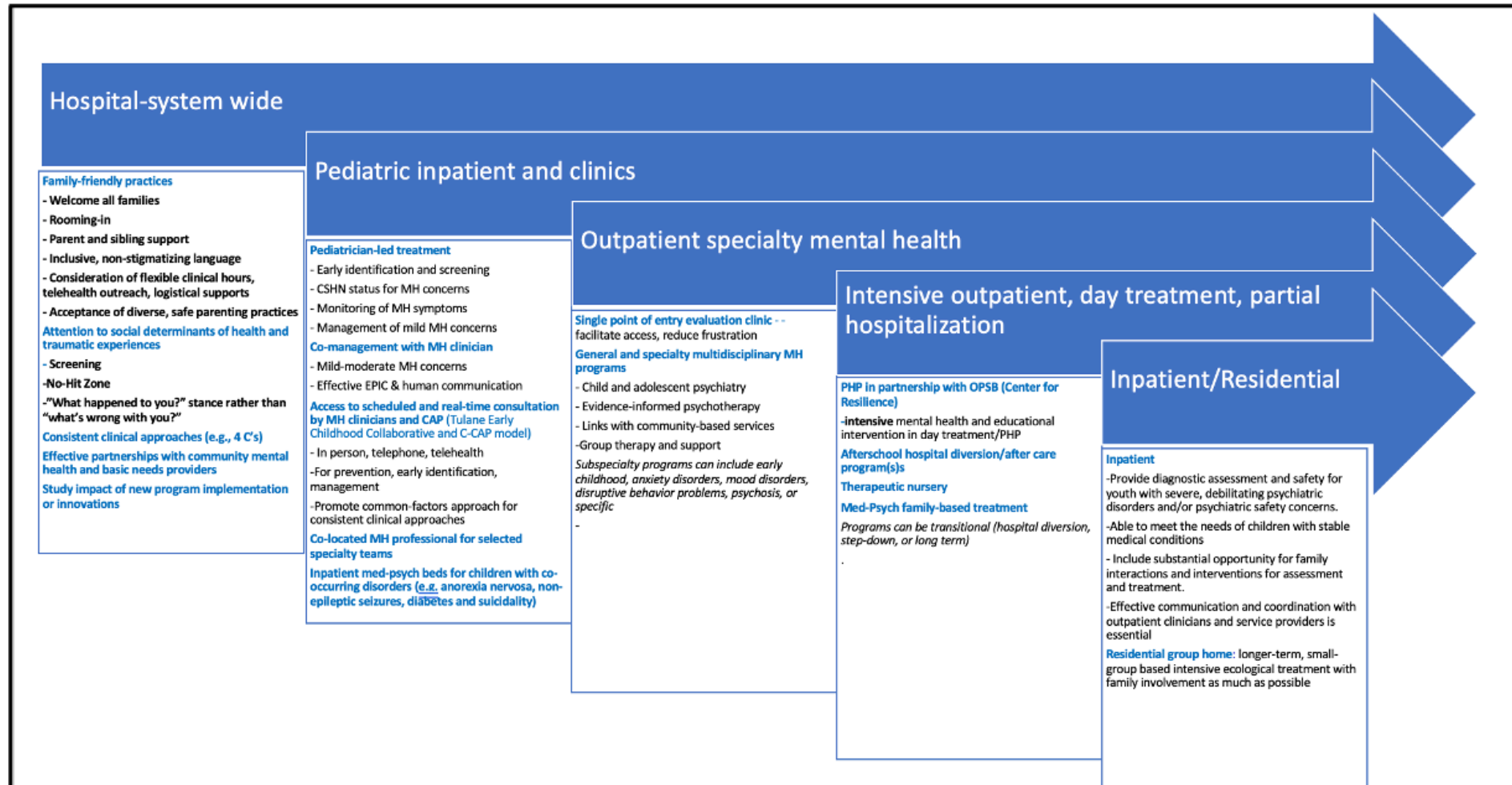
Professional Disclosures

- Assistant Professor, Tulane School of Medicine, Dept of Child Psychiatry
- Psychologist, Trauma and Grief Center, Children's Hospital of New Orleans
- Psychologist, Jefferson Parish Human Services Authority, Developmental Disabilities Community Services
- Psychologist, Tulane Early Psychosis Intervention Clinic
- Executive Council member, Louisiana Psychological Association
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Continuum of Care



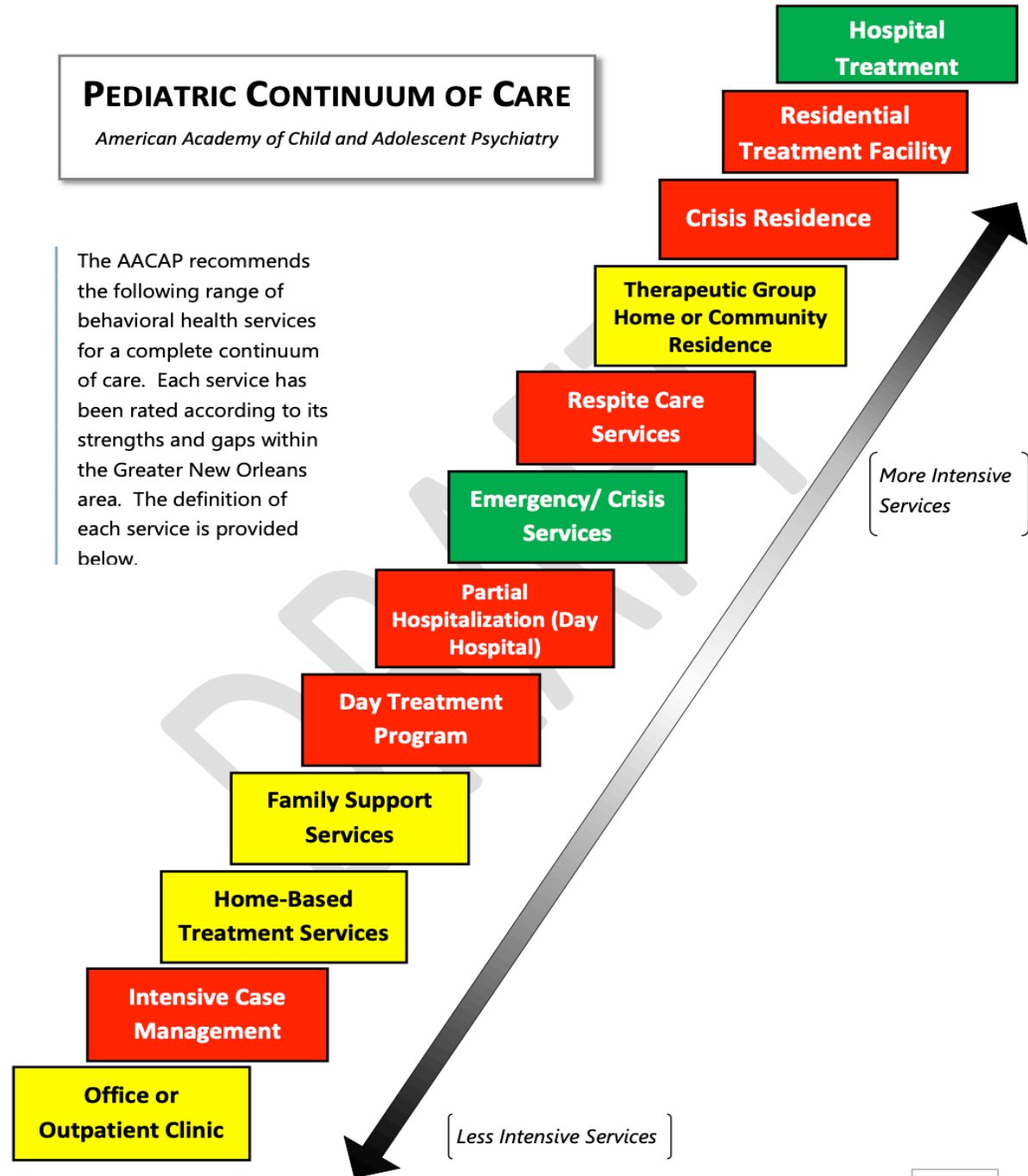
Pediatric Model



PEDIATRIC CONTINUUM OF CARE

American Academy of Child and Adolescent Psychiatry

The AACAP recommends the following range of behavioral health services for a complete continuum of care. Each service has been rated according to its strengths and gaps within the Greater New Orleans area. The definition of each service is provided below.



More Intensive Services

Less Intensive Services



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

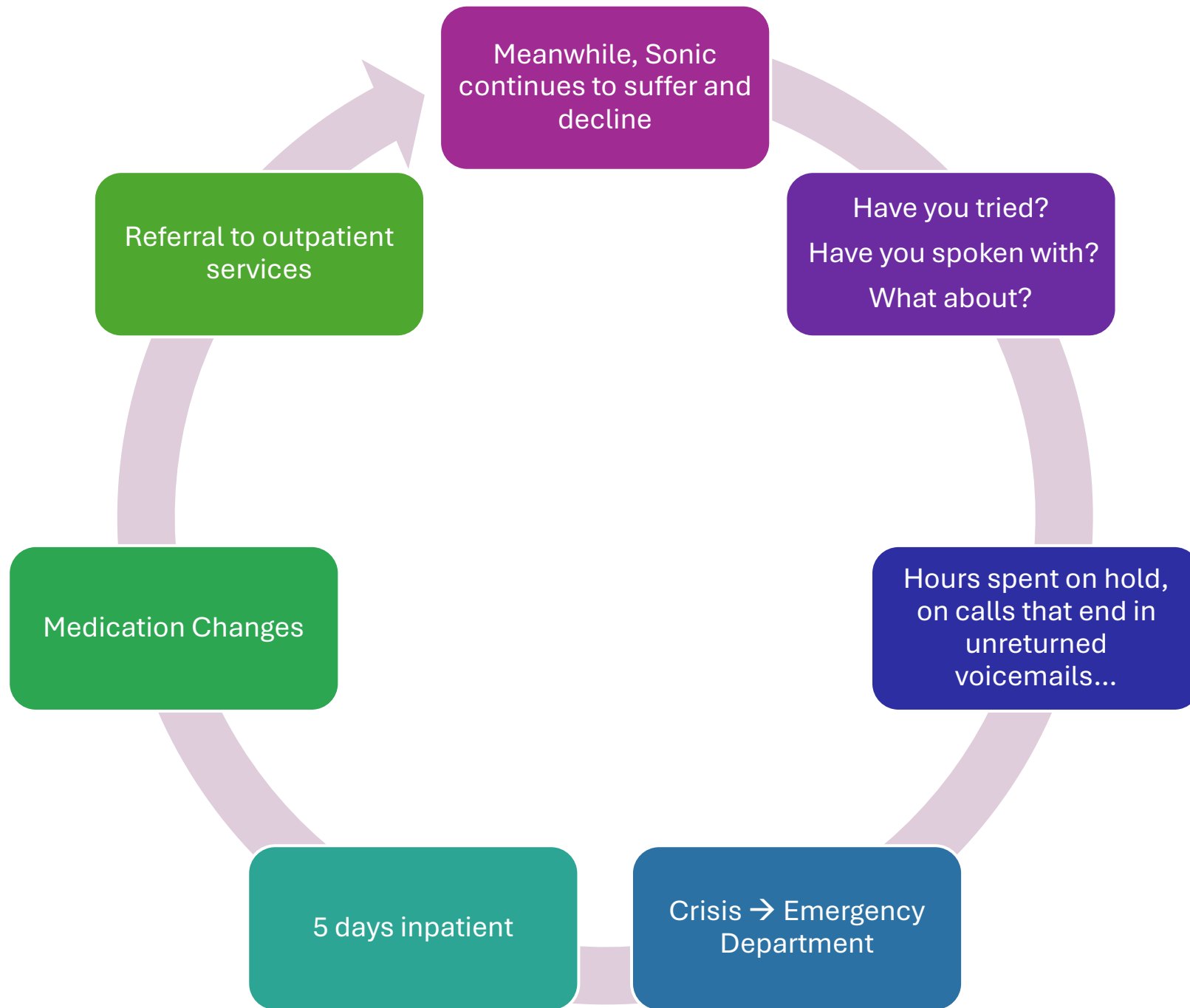
“What’s his insurance?”

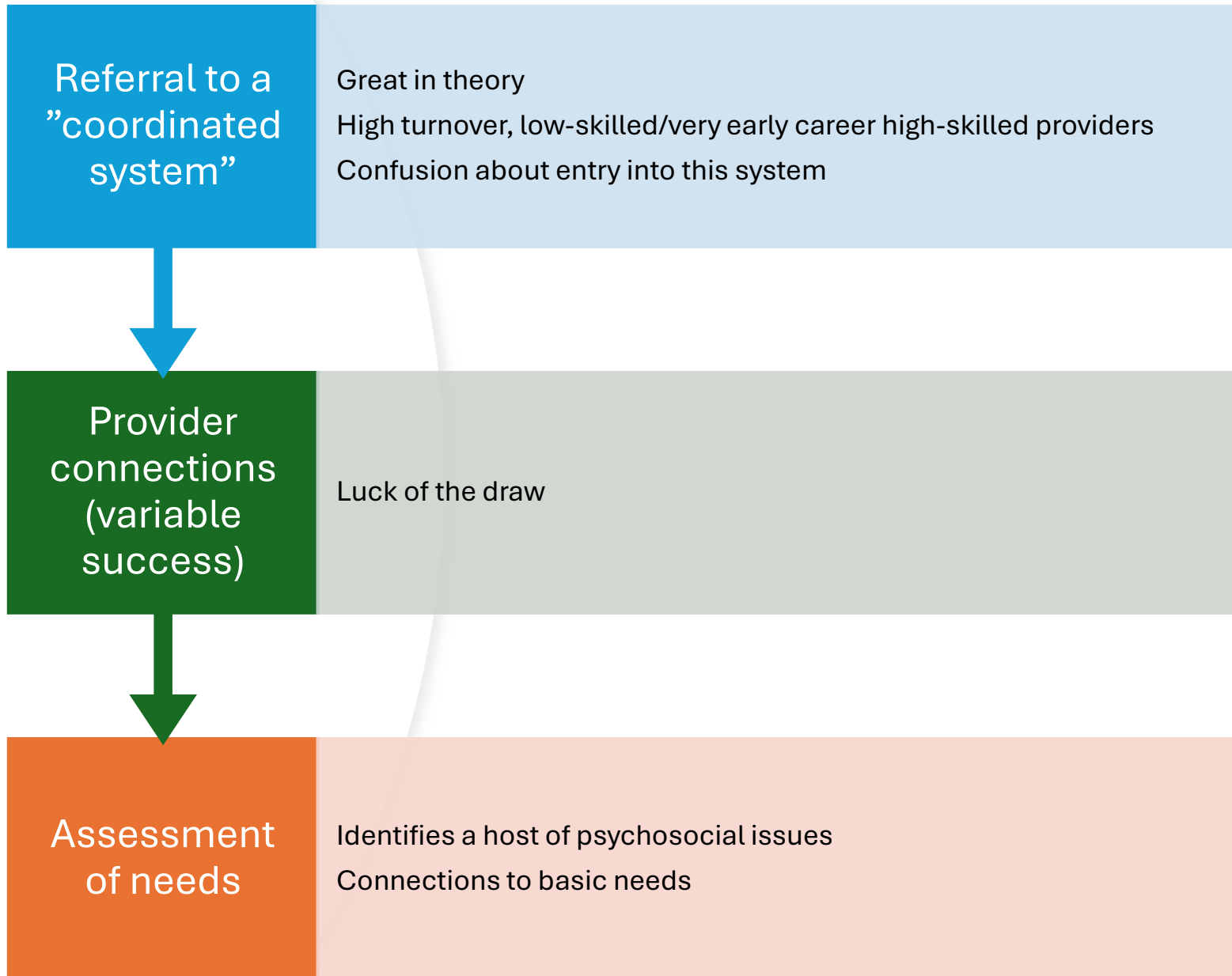
”There’s an X month wait.”

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



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

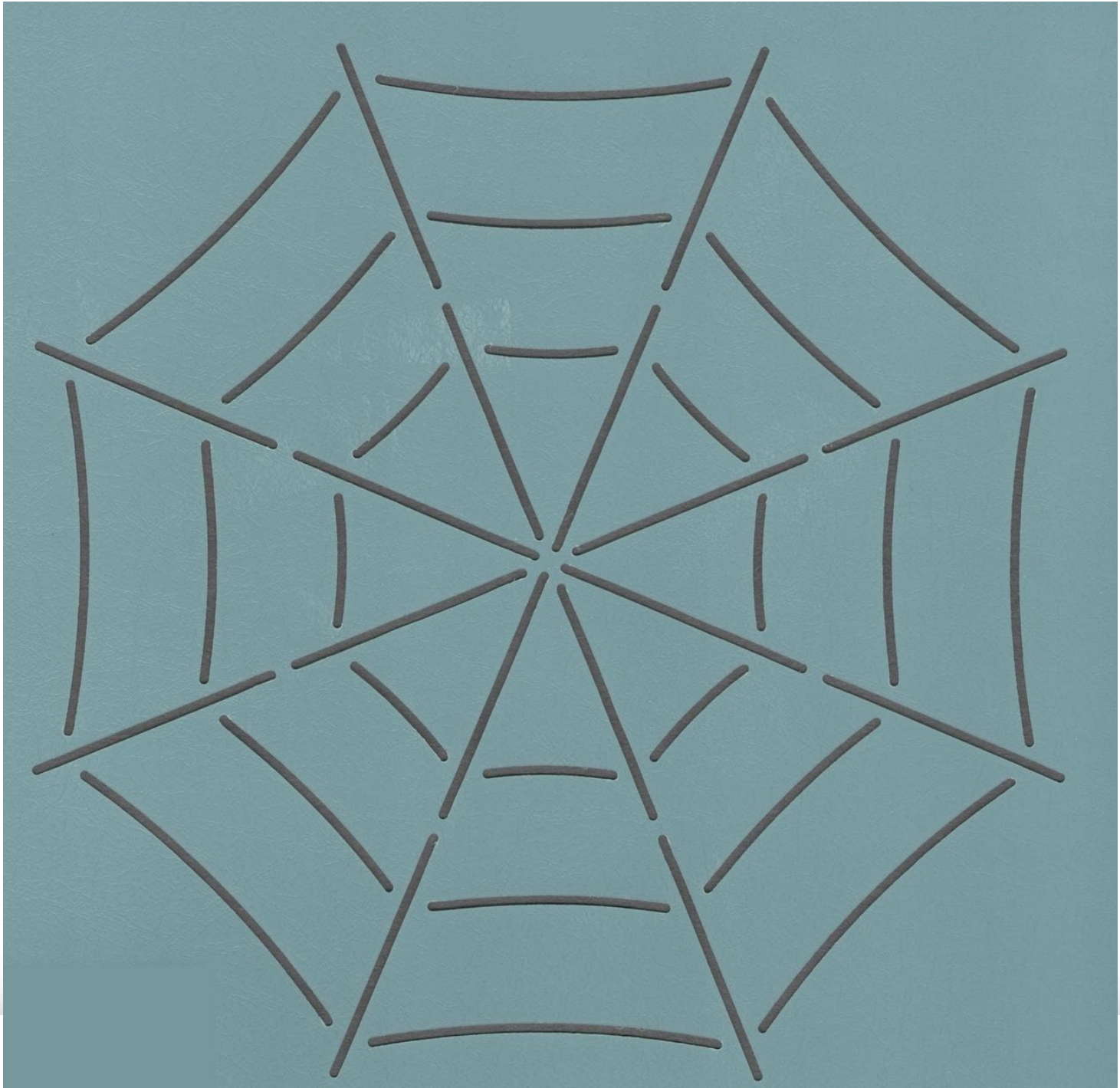
Cobwebs are asymmetrical and unorganized, and can look like a jumble of silk strands. [🔗](#)

Location

Cobwebs are often found attached to a support or foundation, such as a plant, rock, or ceiling. [🔗](#)

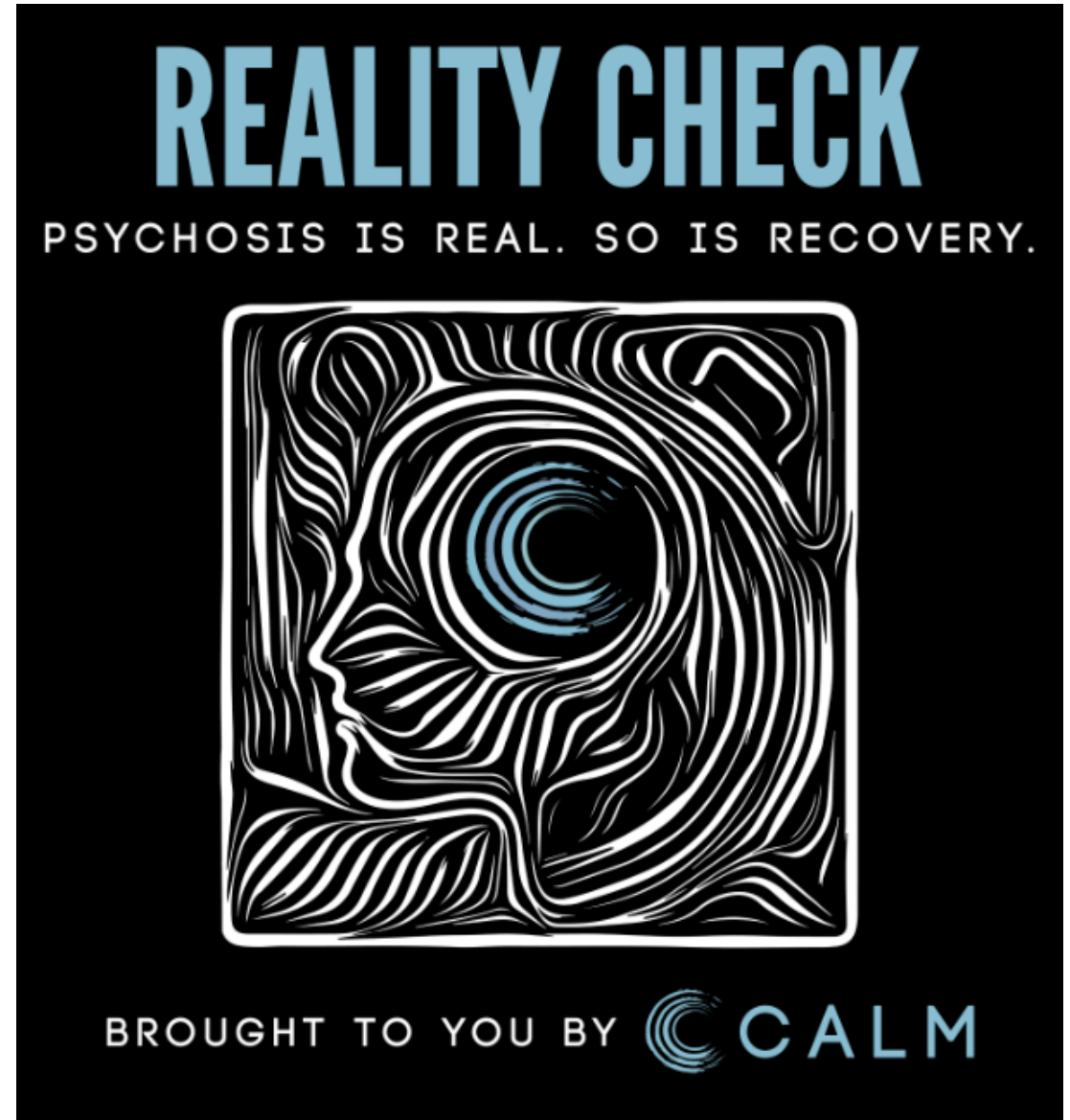
Purpose

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, evidence-based, 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



Components of Coordinated Specialty Care

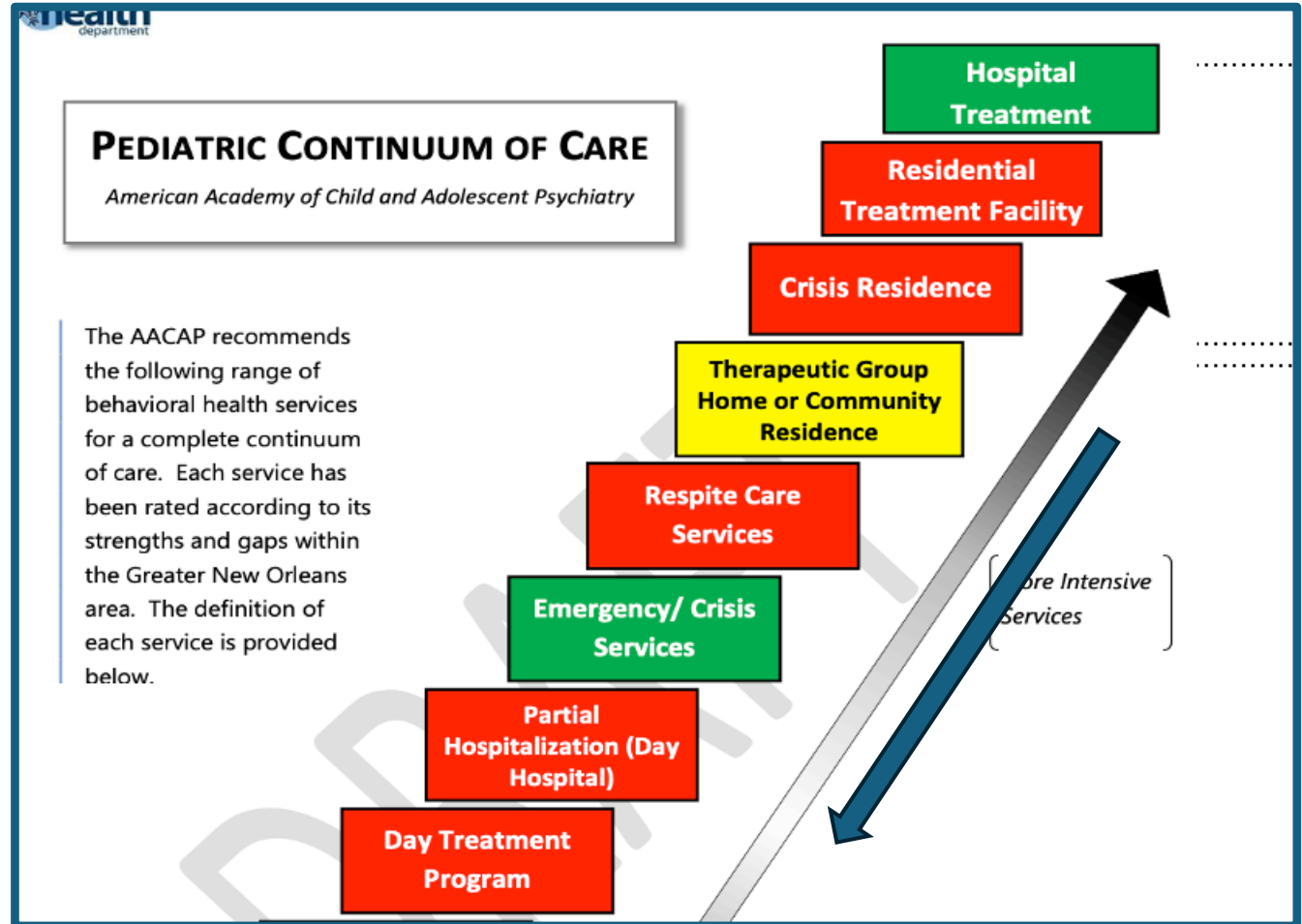
SAMHSA Recommendations:

- 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 culture-bearers 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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