



Supporting Educators Response to the
Mental Health Needs of Teens

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UR Supporting Our Students

Strengthening Educators' Response to the Mental Health Needs of Teens

Hosted by the Expanded School Mental Health Team at UR Medicine



www.URSOS.org

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Strengthening Educators' Response to the Mental Health Needs of Teens

Welcome From Our Team!



Melissa Heatly, Ph.D.
Project Director
Proj. ECHO Lead



Allison Stiles, Ph.D.
Co-Director
YMHFA Lead




Linda Alpert-Gillis, Ph.D.
Senior Advisor



Corey Nichols-Hadeed, JD
Project Coordinator




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Strengthening Educators' Response to the Mental Health Needs of Teens


Monroe County Applications Due 12/10/21 Join us for Info Sessions on 11/3 at 12:00 and 12/3 at 1:00




Expert Training & Case Consultation



Develop District YMHA Trainers






School-Based Referrals to Short-Term Interventions




Adolescent Mental Health Tools & Community Resources

Hosted by the Expanded School Mental Health Team at UR Medicine

E-mail **Corey Nichols-Hadeed** for more information
Corey_Nichols@URMC.Rochester.edu

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Strengthening Educators' Response to the Mental Health Needs of Teens


Background

- 38% of youth reported "emotional difficulties,"
- 14% reported contemplating suicide,
- 7% reported having made attempts
- Nationally, only 20% of youth access the care they need
- Nationally**, school-employed staff provide 70 – 80% of the necessary BH supports
- In the Finger Lakes**, Schools are the most common point of entry for child mental health services
- Educators increasingly recognized as 'frontline' providers of child and adolescent mental health services

Patterns exacerbated by COVID-19



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Strengthening Educators' Response to the Mental Health Needs of Teens

UR-Supporting Our Students


Goal: Enhance the capacity of middle and high school educators within the NY Finger Lakes region to support teens with serious behavioral health needs


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Strengthening Educators' Response to the Mental Health Needs of Teens




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Develop District YMHFA Trainers





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Strengthening Educators' Response to the Mental Health Needs of Teens

Anticipated Benefits


- Enhance your district's capacity to recognize, support, & refer youth with MH challenges
 - Disseminate Youth Mental Health First Aid throughout your district and community
 - Access Expert & Peer Consultation regarding teens with complex MH challenges
- Access to a NEW PILOT Urgent Intervention Service referral stream for School MH Professionals
 - Access to Best Practice Tools & Community Resources
 - Access to UR-SOS School Mental Health Toolkit
- Reduce Isolation, Improve Collegial Support & Foster County-Wide Connections
- FREE Continuing Education Units for Participating Educators



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Project ECHO: Strengthening Educators Response to the Mental Health Needs of Teens



Expert Training & Case Consultation


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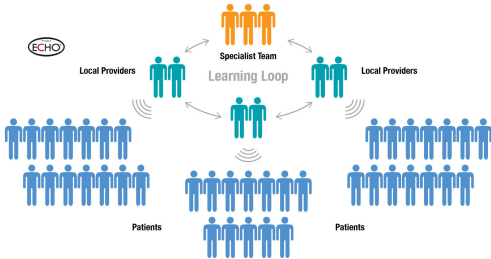



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Project ECHO: Strengthening Educators Response to the Mental Health Needs of Teens


Project ECHO is a tele-mentoring model used to support case-based learning and provide specialty training for professionals supporting teens with serious mental illness.

Teach All, Learn All Model





SAMHSA
Substance Abuse and Mental Health
Services Administration



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Project ECHO: Strengthening Educators Response to the Mental Health Needs of Teens

Bi-Weekly ECHO Topics

- Identifying and Approaching Youth in Distress
- School-Based Safety Planning
- Brief Crisis Intervention & De-Escalation
- Referral to Treatment & Community Resources
- Special issues in Serious Mental Illness

 <small>Melissa Heatly, Ph.D. Project Director Proj. ECHO Lead</small>	 <small>Allison Stiles, Ph.D. Co-Director YMHFA Lead</small>	 <small>Linda Alpert-Gillis, Ph.D. Senior Advisor</small>	 <small>Corey Nichols-Hadeed, JD Project Coordinator</small>
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Office of
Mental Health
Monroe County
Youth OMH Partner



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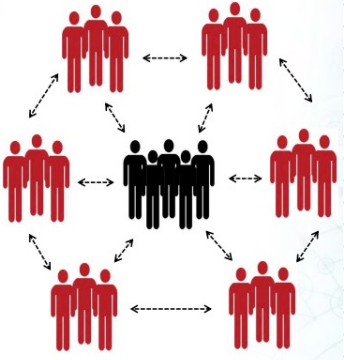
UR SOS
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Project ECHO: Strengthening Educators Response to the Mental Health Needs of Teens


Peer Learning in Project ECHO is Fueled by YOU!

De-identified case presentations offer an opportunity to brainstorm evidence-based solutions or share successes with colleagues and other professionals within the network.


We welcome cases that involve common scenarios related to adolescent mental health in schools, as well as difficult, complex or challenging presentations and management.




PLEASE NOTE that Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any URMC-PBHW clinician and any patient whose case is being presented in a Project ECHO® setting.




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School-Based Project ECHO for
Teen Mental Health



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School-Based Project ECHO for
Teen Mental Health



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De-identified Case Presentation Template

Date: _____ **Presenter Name:** _____ **ECHO Dist:** _____

ECHO ID: SOS-2022-____ New Presentation Follow Up **Present**

Pt Age: _____ **Race:** Black White Asian Native Mixe

Current Mental Health Diagnoses (check all that apply):

Major Depressive Disorder Attention Deficit Disordr
 Generalized Anxiety Disorder Intellectual Disability
 Developmental Delay Learning Disorder
 Autism Spectrum Disorder Social Anxiety Disorder
 Posttraumatic Stress Disorder Oppositional Defiant Dis

Primary Concerns/Questions for Discussion? - What is your most press?

Mental Health Symptoms - What are the relevant current symptoms and?

History of present illness: Age, gender and brief description of patient (gn mental health, or SUD history, Significant past symptoms and their outcome):

Mental Health Treatment - Type and length of past and/or current treatm

What have you tried so far? - In-school supports, family communication, interventions

ECHO ID Request Form

***Required items in order to DE-identify your case. Patient ID #: SOS-2022-**

1. Student's Gender*:	
2. Student's District:	
3. Presenter's Phone Number:	
4. Presenter's Email:	
5. District's Name and City*:	
When do you want to present your case?	

PLEASE NOTE that Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any URMC-PBHW clinician and any patient whose case is being presented in a Project ECHO® setting.

When we receive your case, we will email you with a **confidential ID number (ECHO ID)** that must be utilized when identifying your student during ECHO Sessions.

The information in this message is privileged and confidential. It is intended only for the use of the recipient at the location above. If you have received this in error, any dissemination, distribution or copying of this communication is strictly prohibited. If you receive this message in error, please notify Carey Nichols-[URMC ECHO Coordinator](mailto:Carey.Nichols@URMC.rochester.edu), at Carey.Nichols@URMC.rochester.edu immediately.

Insurance: Medicare/Medicaid Private Ins Self Pay


RTI: RTI Tier 1 RTI Tier 2 RTI Tier 3 Other

Drugs/Day: RX Methamphetamine Marijuana

Seen by: _____
(teen (family, partner, friends, school staff, other professionals, etc.)

Additional Information: _____
(Treatment, Psychiatric Medication, Physical Health or Developmental Needs)

Other: _____



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Project ECHO: Strengthening Educators Response to the Mental Health Needs of Teens

Regional Experts in Teen MH

Dedicated School Practitioners

Local Schools, Teens, & Families


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Strengthening Educators' Response to the Mental Health Needs of Teens

ECHO IS: Dynamic Learning Loops

- Interactive, Engaging Learning Environment
- Co-management of Cases
- **Learning by doing** – guided practice
- Learning from didactics
- Learning from each other
- Collaborative Problem Solving


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Project ECHO: Strengthening Educators Response to the Mental Health Needs of Teens

Responsibilities	Approximate Time Commitment
Attend Bi-Weekly UR-SOS ECHO Meetings	<p>Two 60-minute Meetings per month February through June</p> <p>Earn up to 10 <u>Free</u> Continuing Education Credits for Educators, Administrators, Social Workers, & Nurses</p>
Offer at least one case presentation	
Provide peer feedback & Share resources	



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Training of Trainers: Youth Mental Health First Aid



www.MentalHealthFirstAid.org




Develop District YMHFA Trainers



SAMHSA
Substance Abuse and Mental Health
Services Administration



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Training of Trainers: Youth Mental Health First Aid




YMHFA teaches adults who work with youth the skills needed to **identify, understand, and respond to signs of mental illness and substance use disorders.**

Adults learn how to reach out and **provide initial support** to youth (12-18 years old) who may have a mental health or substance use problem and **connect them** with appropriate care.






Substance Abuse and Mental Health Services Administration

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Training of Trainers: Youth Mental Health First Aid

What YMHFA Training Covers

- **Common signs of mental health challenges in teens** (e.g., anxiety, depression, eating disorders & ADHD)
- **Common signs of substance use challenges**
- **How to interact** with a child or adolescent in crisis
- **How to connect** the youth with help
- **Expanded content** on trauma, substance use, self-care & the impact of social media and bullying



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Training of Trainers: Youth Mental Health First Aid

UR-SOS will offer a FREE YMHFA Training of Trainers class for one of your UR-SOS Team Members

Responsibilities

- 1) Identify a District YMHFA Trainer
- 2) Trainer attends 3-Day YMHFA ToT Class
- 3) Trainer provides 3 YMHFA trainings in your school and community over the 1st year
1 session co-lead with URMC Partner





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Training of Trainers: Youth Mental Health First Aid

School District YMHFA Trainer




Adults Who Work With Youth


Paraprofessionals




Coaches




Teachers & Administrators




Parents




Community Members




School Security & Resource Officers



Effective MH Response for Local Middle & High School Students







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Training of Trainers: Youth Mental Health First Aid


What Do We Get out of YMHFA?

Use this crucial turnkey model to increase your school and community's ability to:


-  **1. Be prepared** - just as people learn CPR, teach other adults learn how to help students in mental health crises
-  **2. Recognize students' mental health symptoms**
-  **3. Support students in need** - Youth with mental illnesses often suffer alone, they don't need to
-  **4. Connection with Care** – Learn how to link youth with appropriate services


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UR-SOS: Tools & Resources




School-Based Referrals to Short-Term Intervention Services



Adolescent Mental Health Tools & Community Resources


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Priority Access to Short-Term Intervention

START: Short Term Assessment & Response Team

Our goal at PBH&W's START team is to offer *readily accessible* and *short-term* interventions (**1-6 sessions**) to help with current stressors occurring within a family.




School-Based Referrals to Short-Term Intervention

START allows families to access short-term crisis interventions quickly – usually within 5 – 10 business days – and consists of a balance between evaluation and intervention. The goal is to identify immediate challenges within the family and determine how to better manage them.

Who is eligible for START services?
Youth and families experiencing significant distress related to an identifiable stressor are eligible for our services.

START is not appropriate for youth:

- With immediate safety concerns – call 911 or take the child to the nearest emergency room
- Needing same-day evaluations – consider contacting the Mobile Crisis Team at 2-1-1
- Who are already receiving mental health services in the community



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Priority Access to Short-Term Intervention

READY for Short-Term Treatment

The READY for Short-Term Treatment is an outpatient service designed to offer *accessible* and *short-term* evidence-based interventions (**8 – 12 sessions**) for lower-risk youth who are ready to engage in develop skills. READY focuses on rapidly building skills, insight, and support for a child and family, then returning to community-based care.



School-Based Referrals to Short-Term Intervention

The READY Program offers:

- Initial assessment and goal identification
- Parent and child psychoeducation on presenting issues
- Child & Parent skill development
- Discharge planning focused on enhancing future skills, safety, and development

Optional Components

- Medication consultation with PCP agreement to prescribe
- Optional Trauma Narrative Component



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Priority Access to Short-Term Intervention

We will train one member of your team in:


- READY & START Treatment Models
- How to talk with parents & school teams about READY & START
- Clinically appropriate cases for READY & START
- Strategies for triaging referrals to READY & START
- Completing the online Referral Form & process for assignment
- Follow-up after referral, including additional resources



School-Based Referrals to Short-Term Intervention




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UR-SOS: Tools & Resources



Adolescent Mental Health Tools & Community Resources

UR Medicine:
Pediatric Behavioral Health & Wellness Outpatient Services

Community Resource Manual

Press Ctrl + F to bring up the navigation menu to search the document under the

Please Ctrl + F to bring up the navigation menu to search the document under the

Browse Results tab or to jump to main headings under the Browse Headings tab:

1. **Community Resource Guide**
 - A. Community Mental Health Services, Services, Children and Adolescents
 - B. Additional Community Mental Health Resources and Supports
 - C. In-home Services for CASH and Families
 - D. Parenting Education
 - E. Social Skills, Coping and Treatment Services
 - F. Chemical Dependence Services
 - G. Youth Respite Services
 - H. CPSP/CCU Comprehensive Disability Response Offices (CDRO) and their Outcomes
 - I. Emergency Services and Intensive Outpatient Services
 - J. Mental Health Crisis Services
2. **Community Mental Health Providers**
 - A. Pediatric Behavioral Health & Wellness Services
 - B. Community Mental Health Centers
 - C. Family Doctor Support in Rochester
 - D. Crisis Respite Line
3. **Community Chemical Dependence Providers**
 - A. Addiction Services Overview
 - B. CASH and CPSP
 - C. Emergency Services Overview
 - D. Home County Mobile Crisis Unit
 - E. CASH and Adolescent Center Hospital Service (CASH/ACS)
 - F. CASH and Adolescent Center Hospital Service (CASH/ACS)
 - G. CASH and Adolescent Center Hospital Service (CASH/ACS)
 - H. CASH and Adolescent Center Hospital Service (CASH/ACS)
 - I. CASH and Adolescent Center Hospital Service (CASH/ACS)
 - J. CASH and Adolescent Center Hospital Service (CASH/ACS)
4. **Community Mental Health Acute Providers**
 - A. CASH-PC
 - B. Emergency Services Overview
 - C. Triage Services Program
 - D. Home County Mobile Crisis Unit
 - E. CASH and Adolescent Center Hospital Service (CASH/ACS)
 - F. CASH and Adolescent Center Hospital Service (CASH/ACS)
 - G. CASH and Adolescent Center Hospital Service (CASH/ACS)
 - H. CASH and Adolescent Center Hospital Service (CASH/ACS)
 - I. CASH and Adolescent Center Hospital Service (CASH/ACS)
 - J. CASH and Adolescent Center Hospital Service (CASH/ACS)

Best Practice Tools

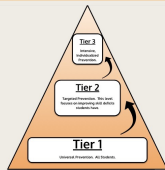
		Past 1 Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?	Yes	
2) Have you actually had any thoughts about killing yourself?	Yes	
If YES to 2, answer questions 3, 4, 5 and 6. If NO to 2, go directly to question 6.		
3) Have you thought about how you might do this?	Yes	
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	Yes	High Risk
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	Yes	High Risk
Always Ask Question 6		
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <small>Examples: Collected pills, obtained a gun, gave away vehicles, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</small>	Yes	High Risk


NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)

Any YES indicates that someone should seek behavioral healthcare. However, if the answer to 4, 5 or 6 is YES, seek immediate help; go to the emergency room, call 1-800-273-8255, text 747441 or call 911. **STAY WITH THEM** until they can be evaluated.


Regional Exemplars

Home (Option 2)






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Substance Abuse and Mental Health Services Administration

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Corey_Nichols@URMC.Rochester.edu



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Substance Abuse and Mental Health Services Administration

Find our Web Page: www.ursos.org
Join our Listserv: https://is.gd/UR_SOS



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A Beginner's Guide to the TeleECHO Session

How to use this guide

The following guide outlines what happens during a typical TeleECHO session and provides recommended steps for facilitating a successful session. Use this guide as a starting point for creating a session flow that makes sense for your Hub Team, your topic and your audience.

Pre-session huddle

The Hub Team should connect a few minutes prior to the session start to address any last-minute questions, go over the agenda, and confirm session roles, such as: facilitator(s), chat monitor, who will write down the recommendations during the case presentation, and etc.

Welcome and introductions

Creating a sense of community starts with the welcome and introductions. A member of the Hub Team should facilitate introductions of the spoke participants and the Hub Team. There are many ways to facilitate introductions, just be mindful of the size of your group and how much time to spend on introductions.

Announcements and session overview

Go over any announcements and briefly go over the session agenda. You may invite the spoke participants to share any announcements as well.

Brief lecture

The brief lecture is a training opportunity to share information and best practices. The type of training is flexible and can be presented as a didactic, journal club, show-and-tell activity, workshop, etc.

We recommend that this portion be between 15-30 minutes long depending on the total length of the TeleECHO session (15 minutes for a 60-minute session and up to 30 minutes for a 90-minute session).

Case presentation(s)

The case presentation is based on a real-life scenario and is an opportunity for a spoke member to request advice and recommendations from other spoke participants and the Hub Team.

We recommend that the case presentation discussion be facilitated in a specific order in the spirit of "All Teach, All Learn," to empower the spoke participants to share their expertise and fully engage in the discussion:

1. **Introduction** - the facilitator introduces the case presenter (this will be one of the spoke participants).

2. **Case Presentation** – there is flexibility in how this information is presented. Some TeleECHO programs use a case presentation form and others are less formal and do not require that a form is used.

3. **Summary of Case** - the facilitator summarizes the case presentation and asks the case presenter to confirm that the summary is accurate.

Important: Identifiable information should never be included during the case presentation. A Hub Team member should review any case presentation materials for identifiable information before it is shared with the group.

4. **Clarifying Questions** - the facilitator asks for clarifying questions, starting with the spoke participants and then the Hub Team.

5. **Recommendations** - the facilitator asks for any recommendations or impressions, starting with the spoke participants and then the Hub Team.

6. **Summary of Recommendations** – a Hub Team member records the recommendations. The facilitator or another Hub Team member summarizes the recommendations and confirms with the case presenter that all questions have been addressed.

7. **Wrap up Case Presentation** - the facilitator thanks the case presenter and invites them back for a follow-up presentation, if appropriate.

Closing remarks

The facilitator thanks everyone for attending, goes over next session details and requests case presentations for upcoming sessions.

Debrief with Hub Team

Discuss what worked well and what could be improved upon, including the flow of the agenda, timing, and whether to switch the order of the different elements within the session.



School-Based Project ECHO for Teen Mental Health



ECHO ID Request Form

***Required items in order to DE-identify your case.**

Patient ID #: SOS-2022-

1. Student's Gender*:	
2. Student's District:	
3. Presenter's Phone Number:	
4. Presenter's Email:	
5. District's Name and City*:	
When do you want to present your case?	

PLEASE NOTE that Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any URMCM-PBHW clinician and any patient whose case is being presented in a Project ECHO® setting.

When we receive your case, we will email you with a **confidential ID number** (ECHO ID) that must be utilized when identifying your student during ECHO Sessions.

The information in this message is privileged and confidential. It is intended only for the use of the recipient at the location above. If you have received this in error, any dissemination, distribution or copying of this communication is strictly prohibited. If you receive this message in error, please notify Corey Nichols-Hadeed, ECHO Coordinator, at Corey.Nichols@URMC.rochester.edu immediately.



School-Based Project ECHO for Teen Mental Health



De-Identified Case Presentation Template

Date: _____ **Presenter Name:** _____ **ECHO District:** _____
ECHO ID: SOS-2022-__ **New Presentation** **Follow Up Presentation** **Gender:** Male Female Other
Pt Age: _____ **Race:** Black White Asian Native Mixed-Race Other _____

Current Mental Health Diagnoses (check all that apply):

- | | | |
|--------------------------------------------------------|--------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Major Depressive Disorder | <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Panic Disorder |
| <input type="checkbox"/> Generalized Anxiety Disorder | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Learning Disorder | <input type="checkbox"/> Bipolar Disorder |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Social Anxiety Disorder | <input type="checkbox"/> Other |
| <input type="checkbox"/> Posttraumatic Stress Disorder | <input type="checkbox"/> Oppositional Defiant Disorder | |

Primary Concerns/Questions for Discussion? - *What is your most pressing question/concern for the group today?*

Mental Health Symptoms - *What are the relevant current symptoms and how are they being expressed?*

History of present illness: *Age, gender and brief description of patient (grade in school, on IEP?, etc.); Relevant developmental, mental health, or SUD history; Significant past symptoms and their outcome?*

Mental Health Treatment - *Type and length of past and/or current treatment, response to treatment*

What have you tried so far? - *In-school supports, family communication, referral to community resources, response to interventions*



School-Based Project ECHO for Teen Mental Health



Past Psychiatric History

<input type="checkbox"/> Past Psychiatric Hospitalizations	
<input type="checkbox"/> History of Suicide Attempts	
<input type="checkbox"/> Other Information	

Social History

Current living situation:	
DHS Involvement:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance/Payer/Self-Pay:	<input type="checkbox"/> State Ins (Medicare/Medicaid) <input type="checkbox"/> Private Ins <input type="checkbox"/> Self Pay <input type="checkbox"/> Other _____
Current School Supports:	<input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> RTI Tier 2 <input type="checkbox"/> RTI Tier 3 <input type="checkbox"/> Other <i>Describe:</i>
Current Substance Use:	<input type="checkbox"/> Alcohol (> 3 Drinks/Day) <input type="checkbox"/> RX <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Marijuana <input type="checkbox"/> Other _____

Main Supports - *Who are the key people supporting this teen (family, partner, friends, school staff, other professionals, etc.)*

--

Relevant Medical History – e.g., Behavioral Health Treatment, Psychiatric Medication, Physical Health or Developmental Needs

--

Is there anything else we should know about this case?

--



READY Short-Term Treatment Program

UR Medicine: Pediatric Behavioral Health & Wellness

What is the READY Program?

The READY program is a short-term therapy program for youth and families who have needs that do not require longer term outpatient mental health care. Families take part in one intake appointment and up to 12 therapy sessions. Patients and families choose two to three primary goals to focus on in the program. They will learn strategies to handle their original concerns and to cope with new problems that might happen later.

The READY Program is offered at both primary PBH&W locations (South Ave and East River Road) as well as at school-based satellite clinics.

Goals of the READY Program are to:

- Provide children and teens with evidence-based ways to help them handle their emotions, tolerate distress, and get along with others better
- Give parents the tools to help their child learn and practice new skills
- Discuss community resources that can provide the youth and family with additional support during and after the READY program

Participation in the READY Program includes:

- Weekly Individual Therapy with a READY clinician who is specially trained to provide short-term therapy
- Optional **Psychiatric Medication Consultation** (first-time consultation or second opinion, 1-2 visits) with ongoing prescribing by established **Primary Care Provider**, if medication is recommended

Welcome.

As part of UR Medicine Pediatric Behavioral Health & Wellness Outpatient Services, our goal at START is to offer readily accessible interventions to help with current stressors occurring within a family. We also:

- Assist with identifying concerns, strengths and treatment goals
- Provide short-term therapy that focuses on the individual goals of youth and their families
- Help determine appropriate community and educational resources

Please note that services provided by CIS are only available for youth and families that are not currently receiving services from any UR Medicine Pediatric Behavioral Health & Wellness program or engaged in mental health services with another provider or facility.



Contact Us.

For more information or to schedule an appointment, please call (585) 279-7800.

1860 South Avenue
Rochester, NY 14620
(585) 279-7800
Fax: (585) 256-1901

Part of Strong Memorial Hospital.

golisano.urmc.edu/behavioralhealth



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1200_11/13/20

Pediatric Behavioral Health & Wellness

START: Short-Term Assessment & Response Team

Helping families overcome challenges.



MEDICINE of THE HIGHEST ORDER

What makes Crisis Intervention Services unique?

START allows families to access interventions quickly – usually within five business days – and consists of a balance between evaluation and intervention. Families meet with their crisis therapist for one to six sessions. The goal of this short-term treatment is to identify immediate challenges within the family and determine how to better manage them. Through treatment, families will:

- Develop greater insight about their child
- Build on their existing strengths
- Learn skills to handle future crises, should they arise
- Identify appropriate community and education supports
- Work together with their crisis therapist, referring back to their goals and how to best accomplish them



Who is eligible for our services?

Youth and families experiencing significant distress related to an identifiable stressor are eligible for our services.

START is not appropriate for youth:

- With immediate safety concerns – *call 911 or take the child to the nearest emergency room*
- Needing same-day evaluations – *consider contacting the Mobile Crisis Team at 2-1-1*
- Who are already receiving mental health services in the community

About our team.

Each child and family we serve can be confident knowing that treatment will be provided by an experienced team including:

- Crisis therapists
- Case managers
- Other mental health professionals

What to expect at your first appointment.

At the first appointment, you and your child will meet with a crisis therapist, who will discuss the situation and/or behaviors that resulted in your family being referred to START.

Your crisis therapist will gather information about the challenges your family is facing, including situations where the challenge is absent or less intense. The therapist will also work together with your family to identify its strengths and resources. The treatment team will support your family by working with the crisis therapist to identify resources in the community that could be helpful to you.

What to bring to the first appointment.

The following documentation, if applicable, should be brought to the first session:

- Your completed Patient and Family Information Form. Please note: If you are unable to bring the form with you, we will ask you to fill it out prior to meeting with your crisis therapist
- Insurance information
- Any legal documents related to the child/adolescent, including custody paperwork
- Individualized Education Plan or 504 Plan
- Additional paperwork relevant to your child

At least one parent/guardian should accompany his or her child or adolescent to the first appointment. However, we encourage all parents/guardians to attend sessions whenever possible.

Medication information.

Medication consultation is not typically provided as part of CIS. If it is determined that your child would benefit from psychiatric and medication consultation, you will be provided with information for appropriate resources.

Attendance policy.

The expectation is that families will attend all scheduled appointments. However, we recognize this is not always possible. We allow one missed, cancelled or rescheduled appointment. If your family misses, cancels or reschedules a second appointment, you will be referred to other community resources. This enables Crisis Intervention Services to meet the needs of as many families as possible.



Short-Term Assessment and Response Team (START) Frequently Asked Questions

What is Short-Term Assessment and Response Team (START)

(START) is an intervention provided through UR Medicine: Pediatric Behavioral Health and Wellness Outpatient Services. The purpose of this service is three-fold:

1. To provide immediate interventions to help with current stressors occurring within a family
2. To clarify diagnoses and needs to aid in treatment planning and to identify appropriate community and educational resources
3. To provide short-term therapy that focuses on a goal identified by the youth and family

What is unique about START?

START allows families to access interventions more quickly and consists of a balance between evaluation and intervention. As a result, families will meet with their START therapist for 1 to 6 sessions. The goal is that through short-term treatment, the family will develop greater insight about their child, build on their existing strengths, learn skills to handle future crises should they arise, and identify appropriate community and education supports. Throughout treatment, families and their assigned START therapist will refer back to goals that the family has identified to ensure a focused treatment approach.

Who is involved with START?

Our belief is that more heads are better than one. START consists of a treatment team, including therapists, case managers, and other mental health professionals. For the comfort of the family, team members other than the START therapist may observe sessions to provide additional input.

How does START differ from other services provided through UR Medicine: Pediatric Behavioral Health and Wellness Outpatient Services?

START differs in that treatment is short-term (1 to 6 sessions) and solution-focused. The goal is to identify the immediate challenges within a family system and how those challenges can be better managed. We believe that the skills and strategies families develop to address their initial presenting concerns will generalize to future challenges the family may face.



What is the attendance policy?

The expectation is that families will attend all scheduled appointments. However, we recognize that this is not always possible. As a result, families are permitted only one missed, cancelled, or rescheduled appointment. If a family misses, cancels, or reschedules a second appointment, they will be referred to other community resources. This allows our service to meet the needs of as many families as possible.

What should I expect at the first appointment?

At the first appointment, the youth and parent/guardian will meet with a START therapist. They will discuss the situation and/or behaviors that resulted in the family being referred to START. They will gather information about the challenges the family is facing, including situations where the challenge is absent or less intense. Additionally, the therapist and family will work collaboratively to identify the family's strengths and natural resources. The treatment team will also support the family by working with the START therapist to identify additional resources in the community that could be helpful to the family. As stated previously, multiple team members may be involved to collaborate and provide appropriate recommendations.

What should I bring to the first appointment?

The following documentation, if applicable, should be brought to the first session:

1. Any legal documents related to the child/adolescent, including custody paperwork
2. Individualized Education Plan or 504 Plan
3. A completed copy of the Patient and Family Information Form, including a list of medications
4. Insurance information
5. Additional paperwork relevant to your child

Who should attend the first appointment?

In addition to the child or adolescent, at least one parent/guardian should attend. However, we encourage all parents/guardians to attend whenever possible.

Will my child receive a prescription for medication at the first appointment?

No. We do not prescribe medication treatment as part of START services. We can offer a one-time medication consultation appointment as long as the child's pediatrician is willing to prescribe the medication.