

What is Community Based Psychiatry (CBP)?

- In-home therapy facilitated by an MST or IFT Therapist aimed at Family Preservation.
- Strength-based family therapy that is focused on making use of community supports for the youth and family to make positive behavioral change.
- Brief treatment (3 to 6 months) and intense contact (6-10 hours a week) to service families in their homes.
- Involves multiple “stakeholders” including: parents, family, school, work, probation, diversion, social services, mental health clinicians, church, peers, and any other identifiable positive relationships.
- Therapy is designed to be action-oriented, with well-defined, measurable goals that require increased responsibility from the youth and his/her family.
- Interventions are designed to assist parents with increasing monitoring and supervision of the youth.
- Goal of all community based work is management of behaviors to prevent out of home placement in psychiatric hospitals, detention centers, and foster care.
- Caseloads of therapists are small and allow for 24/7 coverage of family’s needs.
- Helps make positive behavioral changes for success in school, home, and community functioning.
- Empowers parents to address the needs of the youth more effectively.
- Emphasizes long-term change that families can maintain after the program ends.

Goals of our Community Based Psychiatry (CBP)

- Family preservation.
- Improve parenting practices.
- Engage youth / family in positive recreational activities.
- Increase family affection.
- Improve family / community relations.
- Decrease association with negative peers.
- Empower family to solve future difficulties.
- Increase association with pro-social peers.
- Teach appropriate parenting skills.
- Improve school / vocational performance.
- Improve family communication.
- Assist family with stabilization of mental health symptoms.
- Support youth and family with navigation through legal process.
- Address issues around substance abuse / use.



How to access our services

If you know a youth or family who would benefit from these services, please call the CBP Supervisor, Marisa Murgolo at (303) 724-9404 to discuss the referral process.

Families can also be referred to the UCH Community Based Psychiatry Teams by their Caseworkers, Therapist, Educators, Probation Officers, Physicians or other professionals.


Our Staff

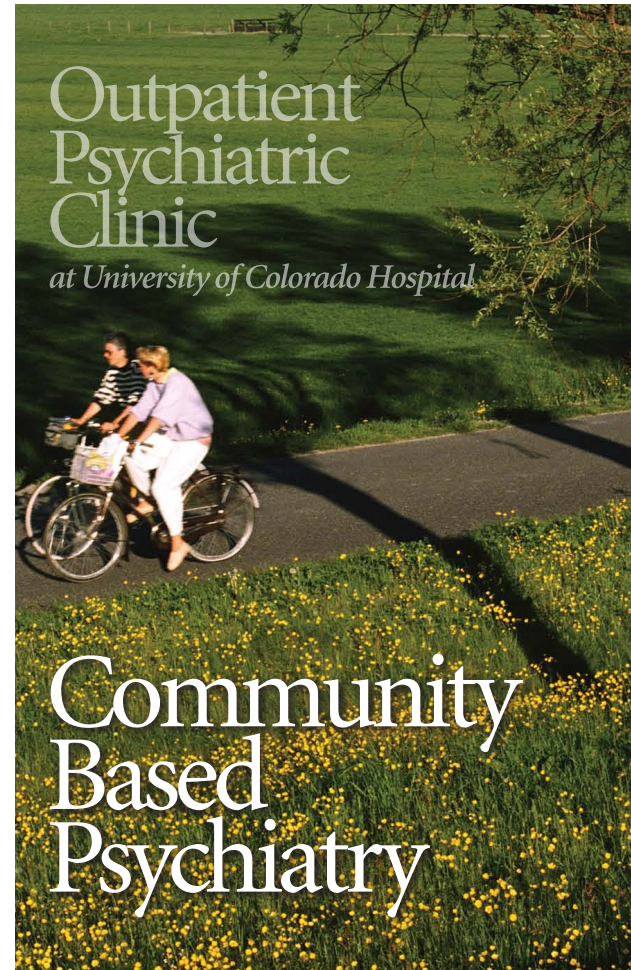
- All therapists hold a Masters Degree and are clinically licensed (LCSW, LMFT, LPC).
- Each team has a Child Psychiatrist who is dedicated to the team for the purposes of advising and assisting with assessment and support of CBP clients and their families.
- Our teams work in conjunction with the UCH Outpatient Psychiatric Clinic to fully address mental health needs (i.e. Psychiatric evaluations, medication management, after-care therapeutic services).

Location



**13001 E. 17th Place
Aurora, CO 80045
Campus Box A011-04
Phone: (303) 724-9404
Fax: (303) 724-9474**



**University of Colorado Hospital
Outpatient Psychiatry Clinic**
ANSCHUTZ MEDICAL CAMPUS



**Outpatient
Psychiatric
Clinic**
at University of Colorado Hospital

**Community
Based
Psychiatry**

***Mutisystemic
Therapy (MST)
Intensive Family
Therapy (IFT)***


**University of Colorado Hospital
Outpatient Psychiatry Clinic**
ANSCHUTZ MEDICAL CAMPUS

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Early Childhood Intensive Family Therapy (ECIFT)

- Young children, age 0 – 6, with mental health diagnosis & behavioral disorders or at high-risk for abuse or neglect.
- Typical diagnosis include: PTSD, Deprivation & Maltreatment, Disorders of Affect, Grief Reactions, Mood Disorders, Anxiety Disorders, Behavioral Disorders, Regulations Disorders of Sensory Processing, & Adjustment Disorders.
- Referrals usually come as a step-down from the Kempe Center’s therapeutic preschools, the Kempe Kares program, the Department of Human Services, inpatient hospitalizations, or from outpatient clinicians/ case workers/ school staff seeking to avoid hospitalization, or out of home placement.
- Typical referral behaviors include: low levels of parental structure / consistency in the home, inappropriate discipline, ineffective parenting techniques, poor school performance, low frustration tolerance, and interpersonal issues.
- This service is to improve the ability of the child’s caregivers to manage and sustain the child in his/her home setting.
- This service is offered in partnership with The Harris Fellowship program.
- Youth must be currently living in the home or have a plan to transition within 45 days.

Multisystemic Therapy (MST)

- ✦ MST is an evidenced based therapy with high involvement of supervision and consultation.
- ✦ Targets youth involved in the legal system, age 12-17, with co-occurring mental health issues.
- ✦ Referrals usually come from the Juvenile Court System or County Department of Human Services for adjudicated youth.
- ✦ Typical referral behaviors include: truancy/negative school performance, out of control behaviors in the home (including verbal & physical aggression), inefficient family functioning, ineffective parenting, low monitoring and supervision, substance use, gang involvement, negative peer associations, poor management of psychiatric symptoms, criminal activity.
- ✦ Seeks to understand the “fit” between the child’s problems and the factors which contribute to them.
- ✦ All clinicians are fully trained in the MST model. UCH is a site licensed by MST Services, an evidenced based model developed out of the Medical University of South Carolina. MST is recognized nationally as a “best practices” model for adjudicated youth.
- ✦ Youth must be currently living in the home or have a plan to transition within 45 days.



Intensive Family Therapy (IFT)

- ◆ Children & youth, age 0-17, with mental health issues.
- ◆ IFT uses an integrative approach, accessing multiple theories in a brief, strength based, intensive format.
- ◆ IFT uses a systemic approach and focuses on the most acute areas of need that often contribute to family dysfunction.
- ◆ Therapists work closely with the client’s school and community. Within the school, the therapist assists with issues related to: acting out behaviors, impulsivity, inattentiveness, social skills deficits, truancy, tardiness, academic struggles, and others. Therapists often attend IEP meetings to assist with advocating for families to help clients receive most appropriate services for their academic and/or behavioral needs.
- ◆ Referrals usually come as a step-down from inpatient hospitalizations, or from outpatient clinicians / case workers / school staff seeking to avoid hospitalization, to provide appropriate care to the client.
- ◆ Typical referral behaviors include: low levels of parental structure / consistency in the home, inappropriate discipline, ineffective parenting techniques, poor school performance, low frustration tolerance, significant mental health challenges and interpersonal issues.
- ◆ Youth must be currently living in the home or have a plan to transition within 45 day

Rapid Response (RR)

- Children & youth, age 0-17, transitioning from hospital placement.
- An additional benefit provided to Medicaid Clients that have been admitted onto the Psychiatric Inpatient Unit of The Children’s Hospital that aids in the patient’s transition from hospital to the home, school & community.
- Therapists complete an integrated assessment and initial mental health evaluation, over the course of two to eight weeks.
- The aim is to provide in-home stabilization and crisis intervention. The assessment and stabilization process has the purpose of informing a recommendation for an appropriate level of care, and assisting the family in enrolling in continued care.
- Therapists are tasked with formulating an assessment around the social supports that a family needs to make each transition a success, to provide stabilized mental health treatment in the community, and to reduce the likelihood of future hospitalizations.
- The following areas will always be addressed/assessed:
 - *Safety Planning* – to address any imminent risk of self-harm, harm to others, or psychotic behaviors.
 - *Medication Stabilization* & referral to a sustainable resource for mental health treatment.
 - *Re-entry to School* – that includes a focus on the patient’s special needs.