# Children's Crisis Outreach Response System

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19th Annual Research Conference
A System of Care for Children's Mental Health: Expanding the Research Base
February 23, 2006
Tampa, Florida

## Crisis in Children's Emergency Services

- Inpatient bed crisis
  - 12.1% increase in hospitalizations from 2003 to 2004
- Long Waiting lists for CLIP
- Funding crisis

## Previous Services were not meeting the needs of the community

- Previous services not developed within a System of Care framework
- Did not provide continuum of services
- Family Involvement was lacking
- Facility-based beds were more restrictive and less flexible to meet the needs of children and youth

## Values of New Crisis System

- To create a single, integrated, comprehensive system of crisis outreach response, stabilization intervention and transition to community supports
- Support maintaining children and youth in their home or current living arrangement
- Promote strengths and skill building for family
- Needs and priorities of the youth and family determine how and when services are rendered
- Intervention goals and desired outcomes are determined in partnership

## Eligibility Criteria for CCORS

- Child or youth between 3 and 17
- Not enrolled in the King County Mental Health Plan (publicly funded system)
- In acute crisis for which a serious emotional disturbance can not be ruled out
- Physically located in King County at the time of the crisis

## Telephone Screening

- Single point of entry
  - Crisis Clinic
  - Referral by parent, youth, or other person connected to child and family
- Screening
- Intervention Options
  - Resources & Information
  - Non-Emergent Outreach
  - Emergent Outreach from CCORS
  - Emergency Room
  - Immediate Police Intervention

## Emergent Crisis Outreach

- 24/7 access year round
- FREE Service - Services are provided regardless of insurance/ability to pay

## Emergent Crisis Outreach

- Telephone dispatch from Crisis Clinic to CCORS team
- Access to a "live" person 24/7
  - No answer transfer
- Interpreter services and TTY available when needed
- Outreach to the site of the crisis (home, school, ER, etc.)

## Emergent Crisis Outreach

- Team of a Children's Mental Health Specialist and a Family Advocate
- Outreach within 2 hours of initial call
- Provide Stabilization of Crisis
- Assessment completed on site with treatment goals and desired outcomes identified
- Safety Plan developed with family and youth to include natural supports and community resources that will help with future crises

## Emergent Crisis Outreach

- Utilize flexible strategies to hold the child or youth in the home until the crisis is stabilized including ongoing, intensive in-home services
- Coordination and referral for hospitalization when necessary
  - CCORS outreach prior to hospital authorization and/or involuntary commitment

## Crisis Stabilization Beds (CSB)

- Therapeutic Foster homes across the County
- 5 no-decline contracts – additional placements when needed
- Single room occupancy
- Voluntary stay
- Typically 72 hours – up to 14 days maximum
- Schedule reconciliation appointment at time of placement

## Non-Emergent Outreach

- Crisis Clinic determines family is stable but requires outreach the next day
- Two slots per day, Monday – Friday (10:00 AM and 6:00 PM)
- All calls on weekends referred as crisis outreach
- Can add additional appointments as needed
- Can delay appointment at family request

## Stabilization Services

- Up to 8-weeks additional support
- Utilize values and principles of wraparound
- Family Advocate supports the family with clinician's guidance
- Develop community and natural supports
- Individual and family meetings
- Access to psychiatric services
- Linkage to other supports and services
- Follow-up to ensure linkages have occurred

## Quality Assurance

- Implementation and Oversight Team
  - County Staff
  - Agency Staff
  - Crisis Clinic Staff
  - Crisis & Commitment Services Staff
  - Family
  - Host Parent
- Have met from weekly to monthly since March 2005

## Data Collection

- Monthly reports from CCORS Agency
- King County Data Information System
  - Very limited
- Satisfaction Survey
  - Within 14-30 days of case closing
  - To begin in March or April

## CCORS Referrals

- 554 referrals from May 1, 2005 – January 31, 2006
- Average of 61 referrals per month (range of 42 – 124)

## Demographic Characteristics of Children Served

Gender

| | |
|---|---|
| Male | 44.7% |
| Female | 55.3% |

Average age of children seen = 14.1 years

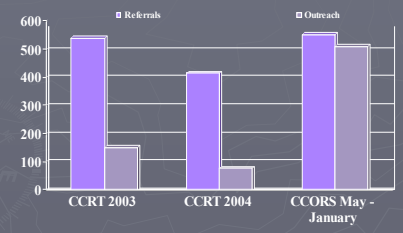
- 434 unduplicated cases reported on

## Race/Ethnicity

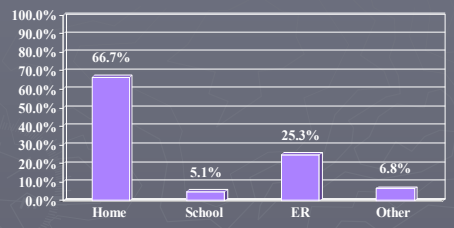
| | |
|---|---|
| American Indian or Alaska Native | 3.0% |
| Asian | 7.1% |
| Black or African American | 14.4% |
| White | 66.2% |
| Of Hispanic Origin | 11.4% |
| Other | 11.4% |

(n = 434)

## CCORS Outreach

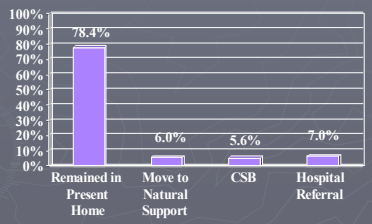



## CCORS Outreach Location




**Average Response Time = 54 Minutes**

## CCORS Outreach Dispositions May '05 – Jan '06




## CCORS Non-Emergent Outreach

Available NEO Appointments = 380

NEO's Scheduled = 225 (59.2%)

NEO's Kept = 213 (95%)

All but 1 NEO occurred at the family's home

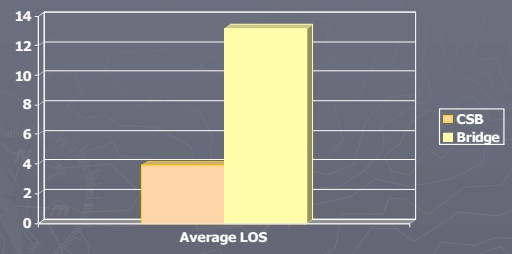
## CCORS Service Utilization

| | |
|---|---|
| Case Management | 96.1% |
| Comprehensive Community Support | 42.6% |
| Crisis Intervention | 61.6% |
| Psychotherapy | 13.8% |
| Family Therapy | 26.0% |
| Mental Health Assessment | 19.6% |

## Crisis Stabilization Bed Days

- Total of 29 children and youth over 9 months (average of 3.2 per month)
- Average stay of 3.94 days per stay (range is 1 – 17 days)

## CSB vs. Facility-Based Beds




## Inpatient Hospitalization

- King County hospitalizes approximately 30-35 children and youth per month
  - Voluntary and involuntary
  - Mean LOS for voluntary = 10.5 days
- Approximately half might be touched by CCORS
- Watching what happens to inpatient hospitalizations
- Bottom Line – We Don't Know Yet

## Next Steps

- Continue to collect data
  - Particularly watching hospitalization data
- Implement Satisfaction Survey
- Address variability in provider/public system