Children’s Crisis Outreach Response System

Susan McLaughlin, Ph.D.
Children’s Mental Health Planner
King County Mental Health, Chemical Abuse & Dependency Services Division

Kristin Grace, MSW
Director
Children’s Crisis Outreach Response System
YMCA of Greater Seattle

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

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
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)
19th Annual RTC Conference  
Presented in Tampa, February 2006

**CCORS Outreach**

- Referrals: CCORS 2003, CCORS 2004, CCORS May January
- Average Response Time = 54 Minutes

**CCORS Outreach Location**

- Home: 66.7%  
- School: 5.1%  
- ER: 25.3%  
- Other: 5.8%

**CCORS Outreach Dispositions May ’05 – Jan ’06**

- 78.2% Remained in Present Home  
- 6.0% Moved to Natural Support  
- 8.3% CSB Hospital  
- 5.0% Referral

**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)
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