

MIDD 2 Initiative CD-11: Children’s Crisis Outreach Response System

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of “reduce the number, length, and frequency of behavioral health crisis events.”

The Children’s Crisis Outreach Response System (CCORS) supports a countywide crisis response system for King County youth up to age 18 who are currently experiencing a mental health crisis. These services are provided to children, youth, and families where the functioning of the child and/or the family is severely impacted due to family conflict and/or severe emotional or behavioral problems, and where the current living situation is at imminent risk of disruption. CCORS also addresses the needs of children and youth who are being discharged from a psychiatric hospital or juvenile detention center and need intensive short-term services while ongoing supports are being put in place.

1. Program Description

◇ A. Service Components/Design (Brief)

The CCORS program utilizes strength-based, individualized approaches via teams that include Crisis Intervention Specialists (Mental Health Professionals and Children’s Mental Health Specialists), family advocates, and parent partners. Teams meet the referred youth and families in the home and other community locations. CCORS partners with families, as well as other professionals and systems, and uses short-term, evidence-based, crisis intervention strategies. Services are available 24 hours a day, 7 days a week, 365 days a year.

The CCORS program has three main components: Crisis Outreach Services and Non-Emergent Outreach; Intensive Stabilization Services (ISS); and Crisis Stabilization Beds (CSBs), also known as Hospital Diversion Beds.

Crisis Outreach Services and Non-Emergent Outreach

CCORS’ Crisis Emergent and Non-Emergent Outreach services are available to children and youth in King County who meet certain crisis service criteria and are not currently receiving services through a contracted mental health agency. Emergent Crisis Response consists of: 1) crisis telephone response available 24 hours a day, 7 days a week that includes immediate access to a mental health professional, as well as: 2) an outreach team that, at a minimum, consists of a Children’s Mental Health Specialist and a Family Advocate who are trained in crisis management.

Crisis Outreach services provide rapid face-to-face response at the community site of the escalating behavior. Teams develop crisis safety plans with family and youth input. Teams also provide crisis outreach to children/youth not engaged with a contracted mental health agency that have been referred for inpatient hospitalization. Teams provide referrals for voluntary hospitalization or coordination with the Designated Mental Health Professionals (DMHPs) for

involuntary hospitalization when needed, while keeping youth in the least restrictive option available that is clinically appropriate.

Intensive Stabilization Services (ISS)

ISS is an intensive service lasting up to 90 days that provides children and youth whose placement is at risk with immediate crisis stabilization. They build on the family's and child/youth's strengths and provide creative and flexible solutions focused on teaching and modeling parenting and problem-solving skills, developing skills necessary to manage behavior within the home/community environment and to prevent out-of-home placement. A variation of this stabilization service is available to those not enrolled in the public mental health system services provided by King County who are determined to need and agree to stabilization services upon initial crisis outreach services. They are available for up to eight weeks. This care is coordinated with new or existing community providers, including, but not limited to, other treatment providers, Department of Child and Family Services (DCFS) social workers and school staff.

Crisis Stabilization Beds (CSBs)

Crisis Stabilization Beds (CSBs) are designed for CCORS clients who would likely be hospitalized or experience another out of home placement without the use of a CSB, or are enrolled in BHO-contracted mental health services and are in need of a CSB for hospital diversion. Crisis outreach teams facilitate access to these beds.

Potential Future Service Improvements⁹¹

As part of broader efforts to improve crisis response countywide, CCORS and King County will explore potential ways to deliver crisis services for transition-age young adults up to age 21, and/or to serve previously homeless youth in behavioral health crisis.

◇ B. Goals

CCORS's main goals are:

- To provide a single, integrated, county-wide, comprehensive system of crisis outreach response, stabilization intervention, family reunification, and transition to community supports for children and youth
- To ensure the safety of children/youth and their families and/or caregivers who are facing crisis situations while helping them stay in the least restrictive location via community-based services and supports.

⁹¹ Other ways that CCORS' services could expand may also be reflected in planning and/or implementation of other MIDD 2 initiatives, such as CD-02 Youth and Young Adult Homelessness Services, CD-16 Youth Behavioral Health Alternatives to Secure Detention, and CD-17 Youth Crisis Facility.

◇ C. *Preliminary Performance Measures (based on MIDD 2 Framework)*⁹²

1. *How much? Service Capacity Measures*

More than 1,000 unduplicated youth per year benefit from CCORS services via blended funding.

2. *How well? Service Quality Measures*

- Increased use of preventive (outpatient) services
- Diversion of referrals from hospitals and emergency departments

3. *Is anyone better off? Individual Outcome Measures*

- Reduced behavioral health risk factors
- Improved wellness and social relationships
- Reduction of crisis events

◇ D. *Provided by: Contractor*

Services for this initiative will be procured from a community-based organization with expertise in providing this service.

2. **Spending Plan**

As MIDD funding represents only a modest portion of the cost of the current comprehensive countywide program, federal block grant funds, state Children’s Administration (CA)/DCFS funds, and state non-Medicaid funds remain essential to the program’s full operation. The spending plan shown here relates solely to the recommended MIDD investment.

⁹² Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

Year	Activity	Amount
2017	Child/family teams with 24-hour availability to provide in-person support within two hours to any eligible child/family in crisis in King County, as well as short-term follow-up services and CSB access as needed	\$563,750
2017 Annual Expenditure		\$563,750
2018	Child/family teams with 24-hour availability to provide in-person support within two hours to any eligible child/family in crisis in King County, as well as short-term follow-up services and CSB access as needed	\$578,408
2018 Annual Expenditure		\$578,408
Biennial Expenditure		\$1,142,158

3. Implementation Schedule

◇ A. Procurement and Contracting of Services

Services will continue to be procured from the current CCORS provider. Competitive bids are not needed at this time, as a contract is already in place with the current CCORS provider, the YMCA of Greater Seattle.

◇ B. Services Start date (s)

Services continued in January 2017.

4. Community Engagement Efforts

The initiative is continuing from MIDD 1 with an established program model and minimal expected change. Routine community engagement that occurs as part of the ongoing delivery of this program includes: a) regular community-based trainings, including education about what the CCORS program offers and/or crisis intervention information and supports for youth and families with child serving system and community partners, including schools and law enforcement; b) monthly coordination meetings which include DSHS CA/DCFS and periodic input from the Crisis Line and Crisis and Commitment Services (DMHPs); and c) participation on King County behavioral health crisis system improvement efforts, including conducting a focus group of parent partners working in the behavioral health system.