

## **CSCN Overview and Service Matching Guide**

### **What is the need that we are seeking to address?**

The biggest issue currently is that a child doesn't truly meet the need of a 51.15, yet there are no good options between natural supports and hospitalization. This program seeks to meet the safety planning, short-term needs of these children through the use of crisis stabilization.

### **Target Population:**

According to DHS 34.02 (5) "Crisis" means a situation caused by a consumer's apparent mental disorder which results in a high level of stress or anxiety for the consumer, persons providing care for the consumer or the public which cannot be resolved by the available coping methods of the consumer or by the efforts of those providing ordinary care or support for the consumer.

The crisis worker may be called out for any crisis situation as noted above.

Children will not be matched to network providers if the child meets the criteria for a 51.15 emergency detention.

NOTE: A vast majority of the crisis contacts will not result in the use of this matching service as many times natural supports are available and utilized.

The simplest articulation of criteria for 51.15 is:

The person is identified to have a mental illness, drug dependence, developmental disability AND the person presents with imminent risk of danger to self or others.

According to the law, the crisis worker and law enforcement have a responsibility to apply least restrictive treatment.

The CSCN will not be contacted until the crisis worker has exhausted all community-based options and natural supports. The CSCN will verify with the on-site crisis worker that all lesser restrictive options have been exhausted.

### **Assessment Process:**

Within the community, each child will receive a face-to-face crisis assessment. This assessment is conducted either directly by the county or the county's agent under contract with the county and looks at an individual's mental health and/or AODA history, family history, current presentation, current needs, as well as risk factors, protective factors and warning signs. This information is used to determine the immediate safety plan for the child. The program's goals and philosophy match with recovery concepts and mandate the use of least restrictive options.

### **Typical Needs of Children Being Served:**

Family discord

Ideation and threats of self harm

Physical aggression limited to family setting

Physical aggression in a variety of settings

Medical clearance would have been obtained as appropriate for the situation

**Matching:**

Children will be matched with the least restrictive service to meet their immediate stabilization needs. At the same time, geography could be a factor as it has the potential to keep children within their community and closest to their natural supports and may play a role in the process as well. For example, if a foster or treatment foster care setting is not available within the county, while a group home or RCC is available within the county and it would not be counter to the needs and presentation of the child, we would need to consider continuity of care and the fact that reintegration would be more simple and effective for the child at the in-county program rather than other options.

Each Crisis Stabilization Provider, having been licensed and/or certified by the county or Department of Children and Families, has the opportunity to evaluate their internal needs prior to accepting a child for stabilization services. The home or agency needs to evaluate their current population's needs and their ability to meet the needs of the referred child when determining whether or not to accept the child for stabilization services. Only the receiving entity can know the current needs of the children they serve as well as their limitations within service provision.

**Services (in order of least restrictive):**

| Level of Need:   | Match Type:           | Duration –<br>Minimum<br>to<br>Maximum<br>Stay: | Match or<br>Existing<br>Resources:                                     | Who approves<br>match –<br>Immediate<br>and/or Ongoing             |
|--|-----------------------|---|--|--|
| A safe place to stay and remove the child from the challenges within natural environment. No significant mental health symptoms. | Foster Care           | Minimum –<br>1 day<br><br>Maximum<br>– 5 days   | Needs a safe place to stay due to no natural supports able to provide. | Immediate and Ongoing -<br>County and/or<br>Agent of the<br>County |
| A homelike setting that provides trained treatment supervision to the child.   | Treatment Foster Care | Minimum –<br>1 day<br><br>Maximum<br>– 5 days   | Needs a safe place and trained support.                                | Immediate and Ongoing -<br>County and/or<br>Agent of the<br>County |
| Trained awake staff needed to support the child's needs.   | Group Home            | Minimum –<br>1 day<br><br>Maximum<br>– 5 days   | Needs a safe place and monitoring for mental health needs.             | Immediate and Ongoing -<br>County and/or<br>Agent of the<br>County |
| Trained awake  | Residential           | Minimum –                                       | Needs a safe   | Immediate and  |

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| staff to support child's needs. Access to treatment staff, may include psychiatry at some RCC services. 24/7 professional staff to manage mental health needs of the child and able to intensively monitor needs. | Care Center (RCC) | 1 day<br><br>Maximum – 5 days | place, monitoring, and some therapeutic service to meet mental health needs.   | Ongoing - County and/or Agent of the County   |
| 24/7 medical monitoring and supports for individual's experiencing mental illness and dangerousness.  | Hospitalization   | Based on medical advice.      | Needs a safe place with intensive monitoring in regards to mental health and dangerousness, psychiatric evaluation, and no other options can meet the child's needs. | Immediate and Ongoing - County and/or Agent of the County in collaboration with the hospital. |

**Duration of Services:**

The goal and purpose of this service is to provide crisis stabilization services. It is not a long-term match option. For this reason, children will receive services at one of the options above for not more than 5 calendar days. During these five days, the placing and receiving agencies will have regular communication and participate in a process that ensures least restrictive treatment and minimizes length of stay to the period of stabilization only.

In order to ensure that children receive only stabilization services and at the least restrictive level possible, the following checks and balances will be in place:

- On the 1<sup>st</sup> business day following match, the receiving entity will complete a crisis assessment to determine the ongoing needs of the child. This will be communicated to the placing agency.
- If the stabilization services continue beyond a 5<sup>th</sup> business day, the placing and receiving agency must meet and develop a plan that addresses the child's needs and promotes the least restrictive model.

Note: This is an outline of the thoughts and processes associated with the program. I am very open to further discussion and collaborative problem solving in order to best serve the children of our communities.