Child Priority Response
Mobile Crisis Service

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## CPR: Child Priority Response

<table>
<thead>
<tr>
<th>Who We Are:</th>
<th>What we Do:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Started 1996</td>
<td>Hotline Triage</td>
</tr>
<tr>
<td>Funding</td>
<td>Assessments</td>
</tr>
<tr>
<td>Eligibility</td>
<td>Connect to Services</td>
</tr>
<tr>
<td>Restraints</td>
<td>Routine Visits &amp; Wellbeing Checks</td>
</tr>
<tr>
<td>Transportation</td>
<td>Gatekeeper to Levels of Care</td>
</tr>
</tbody>
</table>
Crisis Data by Age and Male and Female - 2015

- Under 6: Males (39), Females (13)
- 7 to 9: Males (244), Females (64)
- 10 to 14: Males (610), Females (300)
- 15 to 18: Males (609), Females (595)
- SUM: Males (1502), Females (972)
With GLS Support

Grant 2011 to 2014
• Added workers to CPR who also did training

Current GLS Grant (2014 – 2019)
• Added 2 workers to provide intensive, IOP type service
• Behavioral Health Screen: web-based screening tool
## Behavioral Health Screen Data Report

<table>
<thead>
<tr>
<th>&amp; Location</th>
<th># Screened</th>
<th>Suicide</th>
<th>Depression</th>
<th>Anxiety</th>
<th>Trauma</th>
<th>Eating Disorder</th>
<th>Substance Abuse</th>
<th>Already in Services</th>
<th>Referred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority House</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cases Out of</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cases in Kent</td>
<td>8</td>
<td>7</td>
<td>8</td>
<td>6</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Cases in New Co.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cases in Sussex</td>
<td>9</td>
<td>7</td>
<td>9</td>
<td>8</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17</strong></td>
<td><strong>14</strong></td>
<td><strong>17</strong></td>
<td><strong>14</strong></td>
<td><strong>13</strong></td>
<td><strong>2</strong></td>
<td><strong>1</strong></td>
<td><strong>1</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>
Hotline to Handoffs

1. Phone Triage
2. Preparing for Initial Contact
3. Assessment
4. Planning for Safety
5. Continuity of Care
6. Completing the Referral Process
Who calls the Hotline?

Parents
Kids and Teens
Schools
Police
Emergency Departments
Treatment and Service Providers
Responding to the Hotline

PHONE TRIAGE
• Scope of the Problem
• Understanding Risks and Supports
• Priority of Response

PREPARING FOR CONTACT
• Who needs to be there? (parent, guardian, referral source)
• What you know/what you don’t know? (acting out trigger or part of larger issue)
• Where to assess? (time/place/who transports)
Responding in the Field

Assessment
- Key Contacts for Info Gathering
- Communications Workflow

Risk Formulation
- Considerations to Stabilization

Collaborative Safety Planning

Putting Plans into Action
- Handoff? Or arrange next contact
Continuity of Care

Scheduling visits
Case Management
Aftercare Planning
Handoffs
Challenges

1. Safety *(for youth and workers)*
   - Home Environments
   - Transportation
2. Repeat Clients
3. Community Therapists
4. Stigma
Quality Assurance

Review why CPR did not go out to see child
Review all youth seen by CPR and admitted to hospital
PBH review of records
Record Phone Calls
Satisfaction Survey
Complaints
Consistency across workers