

# Crisis Care: Initial Quality Snapshot

Crisis care was explored in routine outpatient and Wraparound care at six sites across Idaho. Twenty-six individuals in care for more than six months were interviewed, and their care documentation reviewed, to better understand the quality of crisis care. We found that: a) crisis prevention and response plans are completed infrequently; b) youth experience crises at much higher rates than documented in service notes; c) helpful crisis care is marked by a prevention orientation and timely in person and telehealth access to professionals.

In the Fall of 2020 and Spring of 2021, staff at the Idaho Department of Health and Welfare's Quality Assurance (QA) Department conducted a Quality Review of outpatient care provided within the Idaho Youth Empowerment Services (YES) program. For additional details about this process contact the project lead Michelle Schildhauer ([Michelle.Schildhauer@dhw.idaho.gov](mailto:Michelle.Schildhauer@dhw.idaho.gov)) for the full the Quality Review report.

“...It was scary. I've never seen anyone have a panic attack like that.”

*-Parent of Youth in YES*

**Key Questions.** We sought to answer three questions about the care process for preventing and responding to crises. They were:

1. How routine is crisis prevention and response (CPR) planning?
2. How frequent is the experience of a crisis event?
3. How helpful is care that is provided while in crisis?

To answer the first question we reviewed care documentation to identify if a crisis prevention and response plan was completed. The frequency of a crisis event was answered by reviewing service documentation for crisis experiences, and comparing these frequencies to results from youth and caregiver interviews. Ratings of care helpfulness were obtained from interviews with youth and caregivers.

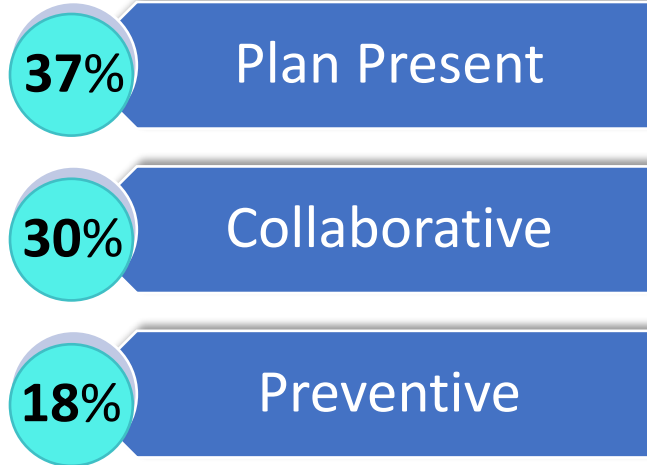
- 1. Frequency of Crisis Prevention and Response (CPR) Planning.** A formal CPR plan document was included or referenced in 37% of youth files. Youth in Wraparound were substantially *less* likely than other outpatient youth to have a formal crisis plan in the documentation provided to the reviewers. There were no updated CPR plans found at any agency during the six months of care we reviewed. This indicates that by the end of the review period, zero percent of youth had a current CPR Plan consistent with their needs and developing strengths.

Union Point Group

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**2. Experience of Crisis Event.** Crisis events were documented as occurring in 4% of reviewed charts. In interviews, **60%** of respondents described experiencing a crisis. This disconnect may indicate that youth and caregivers experience more events as crises than are recognized by providers. To equip youth and caregivers for these events, plans should be created collaboratively and address both crisis prevention and intervention. The figure to the right shows the percent of individuals with a plan that is present, preventive, and collaborative.



**3. How Helpful is Crisis Care?** Across caregivers and youth who reported experiencing a crisis, **72%** of persons reported having a helpful experience of care while in crisis. Caregiver and youth descriptions of helpful and unhelpful crisis prevention and response practices are provided below.

Helpful Crisis Care	Unhelpful Crisis Care
Was given some instructions [for] if, when [youth] becomes symptomatic again.	I was frustrated, anxious, I was really flustered. Not knowing what to do. Trying to figure out what would work. Lots of frustration on my part. It was rough.
There were times that she was self-harming. I let the counselor know. She saw both of us the next day.	He started to say he wanted to kill himself. We had to urgently find someone to help us with this. .... It was pretty difficult.
[Counselor] is really good to text with me and she is really good at getting back to me.	[I was] desperate and alone. No one to reach out to.
We had a family support worker who said if we couldn't get anyone in the office or the therapist we could call her anytime. She was amazing.	Without state insurance, you get no help which is stupid. We both work [and didn't qualify for state insurance].

**Recommendations.** Three recommendations for insuring high quality crisis prevention and response are provided based on the initial findings. They are:

- 1. Standardize Crisis Prevention and Response planning tools.** Adopt statewide forms, initial plan timeliness standards, and CPR update criteria and timeliness standards.
- 2. Train on, and monitor the fidelity of, Crisis Prevention and Response planning.** In particular, train on and monitor for prevention oriented strategies which youth and caregivers can enact before professionals are involved or arrive.
- 3. Create clear guidelines for, and monitor performance of, timely sharing of Crisis Plans** to families, all care team professionals, and crisis care providers (such as Crisis lines).