



QRTIPS

Health Care Agency • Behavioral Health Services • CYS Quality, Review & Training

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Coordination of Care between CYS O.C. Child Abuse Prevention Center (In-Home Crisis Stabilization) and CYS CSP Children's Residential Program (Crisis Shelter)

In-Home Crisis Stabilization

- Clients are generally referred to In-Home Crisis Stabilization by CYS CAT Team or CYS County Clinicians.
- In-Home Crisis Stabilization Services (IHSS) usually last between 3-6 weeks and focus on a client's immediate crisis. IHSS provide crisis intervention, case management, rehab services, individual and family therapy during a client's episode of care with the program. Therefore, it is important that a county/contract clinician continuing to provide long term specialty mental health services to the same client coordinate care to avoid duplicating services.
- IHSS focus on the client's crisis that triggers the referral to IHSS. However, the CYS county/contract clinician providing long term specialty mental health services to the same client can continue to do so for issues already identified on the client's long term service plan (CSP) requiring long term attention.

CYS CSP Children's Residential Program

- Once a referral for a client has been made to CYS Community Service Programs' Crisis Residential Program (CRP) and he/she has been accepted, he/she will remain at the shelter for up to three weeks (and perhaps longer) and receive specialty mental health services from CRP's clinical team.
- CRP clinicians focus on the client's immediate crisis and provide individual, family and group therapy, case management and crisis intervention during the client's episode of care at CRP. Therefore, it is important that a county/contract clinician continuing to provide long term specialty mental health services to the same client coordinate care to avoid duplicating services
- CRP clinicians focus on the client's crisis that triggers the referral to the CRP. However, the CYS county/contract clinician providing long term specialty mental health services to the same client can continue to do so for issues already identified on the client's long term CSP requiring long term attention.

The key factor is communication between the crisis program and the "regular" clinician. This is a mutual responsibility. Family case conferences with all providers participating are encouraged, if necessary, to assure coordinated care. The charts should include documentation of this communication between the programs.