

PARTNERING FOR EFFECTIVE CRISIS RESPONSE IN THE DURHAM REGION

Sheri Rice: Durham Mental Health Services

Victoria Kehoe: Distress Centre Durham



Agenda:

1. The 'Problem'
2. History and development of holistic crisis response in Durham Region
3. Challenges to effective integration
4. Designing an effective cross-agency collaboration
5. Where we're at now
6. Where we're heading

THE 'PROBLEM'

The Problem:

- Historically, multiple agencies were providing crisis response in isolation of each other
- At some agencies, crisis response was available on a limited basis; with no evening or weekend support
- Within sectors, collaboration was happening (e.g., child and youth providers - Kinark, Frontenac, Chimo)
- However, family problems / crisis situations often cross sectors (Child and Youth vs. Adult Mental Health)
- The result was that families and clients in Durham Region were not receiving holistic, seamless or timely crisis response support

HISTORY AND DEVELOPMENT

History and Development of Holistic Crisis Response in Durham Region

- Establishment of Local Crisis Supports (1990's – 2000's)
- Review of Crisis Services (Fall of 2004)
- Community Feedback Sessions (Spring of 2005)
- Partnerships Formalized (2008) – *MOUs developed between Kinark, Frontenac, Chimo and DMHS to provide a streamlined crisis response for Child, Youth and Adults in the Durham Region*
- Continuous Quality Improvement (2008 – present)

Benefits to Partnership

- Joint mobile responses to address both child and adult mental health needs
- 24/7 live response
- Increased collaboration extended throughout and beyond the Crisis Programs already in existence (easier access to full range of services offered by partnering agencies)
- Increased capacity to promote wellness and to provide a timely service for individuals

CHALLENGES

Challenges to Effective Integration

- How would it look?
- Who would run it?
- Who would fund it?
- What metrics would be captured and by whom?
- Who would be responsible to supervise the staff?

DESIGNING AN EFFECTIVE RESPONSE

Designing an Effective Cross-Agency Collaboration

- The development of 'One' crisis number servicing children, youth and adults
- Promotion and communication of the partnership and the 'new' crisis line number
- Multi-disciplinary Teams – dispatched based on the needs of the client, the family and the situation
- Children and Youth Crisis Intervention Workers from Kinark and Frontenac began working on-site at DMHS
- Steering Committee developed
- Each agency responsible for their own staff and metrics/stats
- Formal MOU to work together cross-sectorial

WHERE WE'RE AT NOW

Guiding Principles

- “No Wrong Door” – wherever clients access, they are connected to needed supports. This eliminates the need for clients to attempt to navigate the ‘system’ and instead, allows for trained professionals to do so for them.
- “Crisis” is defined by the caller / client (i.e., Problem vs. Crisis vs. Emergency vs. Emotional Support)
- Linkage to community supports; both internally at partnering agencies as well as externally
- Multi-Disciplinary Approach – Family Response – team dispatched matches the needs of the client/family/situation
- Emergency Department Avoidance

Logistics

- Service Availability
- Multi-Disciplinary Teams
 - Crisis Workers, Child and Youth Workers, Case Managers, Peer Support Specialists, Volunteers
- Services offered:
 - Immediate Telephone Support
 - Crisis De-Escalation
 - Safety Planning
 - Risk Assessment
 - Triage:
 - Short-term telephone support?
 - Mobile response?
 - Short-term crisis beds?
 - Supported linkage to agency and/or community supports based on family/child needs?
- On-going Client and Community Input / Feedback
- Crisis Resolution and Continuing Support / Follow-Up as Needed

WHERE WE'RE HEADING

Additional Partners – Future Growth

- In the fall of 2016, Durham Mental Health Services and Distress Centre Durham entered into discussions around formalizing their working relationship in order to build capacity and streamline crisis response within the system
- Although the two agencies had been working together to support shared clients for many years, it had always been an informal relationship
- An MOU was developed and the partnership was initialized

DMHS and DCD

- The **initial phase** of the partnership allowed for DMHS Crisis Intervention Workers to work on-site at DCD on the weekend shifts
- This initiative aimed at building a strong working rapport and knowledge of each agency's staffing and work dynamics
- The **second phase** of the partnership involved some combined trainings for each agency's staff as well as developing a logic model and rationale for triaging clients

DMHS and DCD

- The **third phase** of the partnership will be commencing in the coming months and will focus on shared care and the triaging of clients
- This will enable each agency to build capacity in their respective crisis lines/programs in addition to ensuring that clients receive a well-rounded intervention depending on their needs and the intensity of the crisis situation they are experiencing
- It will also open up the doors for clients to access a more streamlined initiation of services offered by both agencies

Q & A

DISCUSSION

Contact us:

Victoria Kehoe

Executive Director

Distress Centre Durham

victoria@distresscentre.durham.com

905-430-3511, ext. 33

Sheri Rice

Program Director

Durham MEtnal Health
Services

srice@dmhs.ca

905-666-0831, ext.
3223