

Crisis Services Follow-Up, SED Screening, and Service Satisfaction Survey

Consumer Name: _____

Purpose of Follow-Up:

Initials

_____ Initial Safety **Call** (within 2 calendar days for all youth who present to crisis with suicide ideation)

Date of Crisis _____; Date of follow up _____

_____ Follow-Up (at least 1 follow up contact for all youth diversions to assure linkage to outpatient agency/services) – phone / in person Date of Crisis _____

Date of follow up _____

_____ SED Screen (all youth presenting to crisis must be screened for SED) –

phone / in person; Date: _____

_____ Satisfaction (client satisfaction must be measured for all youth/their families who present to crisis) –

phone / in person / mail: Date: _____

Greeting by Worker / Introduction

Good morning/afternoon/evening.

May I please speak to (youth client). [If youth client is hospitalized or too young, ask to speak to one of his/her parents.]

Document who you are speaking to.

Child/Youth _____ / Age _____

OR - Parent _____

OR - Other _____

My name is (worker) and I work for (agency).

I [or my colleague (name)] spoke to you / your child on (date of crisis contact) as a result of your contact with crisis requesting assistance.

Script about why contacting youth and family member

My agency calls all families to discuss next steps and follow-up service needs after a family’s contact with our county crisis program. In addition, my agency wants to gather input about the crisis services families were provided. Your input is important as it assists us in improving our practices and identifying training needs for staff.

Follow Up Service Needs / Suicide Screening / Next Steps

A. Suicide Screening Questions – utilize this scale for all youth who presented to crisis with suicide ideation; if no suicide ideation was presented at crisis, skip and go to B

COLUMBIA-SUICIDE SEVERITY RATING SCALE <i>Screening Version (Since Initial Contact with Crisis)</i>		
SUICIDE IDEATION DEFINITIONS AND PROMPTS	Since Initial Contact	
Ask questions that are bold and <u>underlined</u>	YES	NO
Ask Questions 1 and 2		
<p>1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.</p> <p><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2) Suicidal Thoughts: General non-specific thoughts of wanting to end one’s life/die by suicide, “I’ve thought about killing myself” without general thoughts of ways to kill oneself/associated methods, intent, or plan.</p> <p><u>Have you actually had any thoughts of killing yourself?</u></p>	<input type="checkbox"/>	<input type="checkbox"/>
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
<p>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. “I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.”</p> <p><u>Have you been thinking about how you might kill yourself?</u></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u>, as opposed to “I have the thoughts but I definitely will not do anything about them.”</p> <p><u>Have you had these thoughts and had some intention of acting on them?</u></p> <p><u>OR - I thought about when I would kill myself.</u></p> <p><u>OR - I thought if I had the chance I would kill myself</u></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.</p> <p><u>Have you started to work out or worked out the details of how to kill yourself and do you intend to carry out this plan?</u></p>	<input type="checkbox"/>	<input type="checkbox"/>

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screening Version (Since Initial Contact with Crisis)

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Since Initial Contact	
	YES	NO
<p>6) Suicide Behavior</p> <p><u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u></p> <p>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p align="center"><small>For inquiries and training information contact: Kelly Posner, Ph.D.; posnerk@nyspi.columbia.edu New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; © 2008 The Research Foundation for Mental Hygiene, Inc.</small></p>		

B. Are you currently feeling safe?

C. Do you know what to do if you feel unsafe?

D. Have you sought out services – with whom, where?

To be completed by the worker; not a question to the consumer

Is there a current crisis plan in place: Yes No

Comments:

SED (Serious/Severe Emotional Disturbance) Screening Questions

Worker to complete this box: Has a SED already been identified for the youth?

- Yes – Note in the “Disposition” box below the treatment plan and if youth in need of additional services/referrals.
 No – Complete form below

To assist in helping us understand what follow up services may be most helpful to you/your child, please respond to each question, looking at the last 12 months, by answering with a “yes” or “no”.

	YES	No
1. Are you / has your child been experiencing problems in school in the last 12 months (truancy, suspension, failing classes, being sent to the principal)? _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you / has your child been experiencing behavioral, emotional or learning problems for which you have been struggling to get help for yourself / your child? _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you / does your child have any emotional or behavioral challenges needing services? _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you feel that you / your child could use more services than your parents / you have been able to provide? _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you/is your child receiving any services, or been referred to any of the following services, in the last 12 months: <ul style="list-style-type: none"> • Special education (what school) _____ <input type="checkbox"/> <input type="checkbox"/> • Child protection (who is your worker) _____ <input type="checkbox"/> <input type="checkbox"/> • Juvenile justice (who is your worker) _____ <input type="checkbox"/> <input type="checkbox"/> • Mental health (who are you seeing) _____ <input type="checkbox"/> <input type="checkbox"/> • Alcohol and other drug abuse (who are you seeing) _____ <input type="checkbox"/> <input type="checkbox"/> 		

Disposition

<input type="checkbox"/>	Youth
<input type="checkbox"/>	Parent/Guardian

Service Satisfaction Questions

My agency is interested in gathering input about the crisis services families were provided. We appreciate your honest feedback as it will assist us in improving our practices and identifying training needs for staff. There are approximately 20 questions. If there are any questions you do not want to answer, let me know and we will skip that question.

- A. The crisis was resolved to my satisfaction? (I was happy with how the crisis was resolved)
- Strongly Agree Agree Disagree Strongly Disagree

Comments: _____

- B. These questions ask for your feedback about the crisis response. Please let me know how you rate each statement

	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	N/A
1. The crisis was responded to in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The crisis worker treated me with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The crisis worker spent enough time with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The crisis worker listened to me, my story, and my version of events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The crisis worker was sensitive to the specific needs and issues related to my cultural background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The crisis worker intervened in a way that did not make me feel worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The crisis worker did a good job of addressing the problems that I was concerned about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The options were explained to me in a way that I could understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I had the opportunity to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I received information about what was happening (steps in the process)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I was involved in the development of the proposed action plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Even if I did not agree with the outcome, my concerns were considered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The experience was helpful in getting necessary services/supports/help needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. This experience helped to keep me safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. I now have a couple questions that will help us identify ways we can improve/enhance our crisis practices:

1. Was there any particular acts of kindness or caring that you felt supported you or helped you through the crisis? Please describe.

2. Was there any particular action that made you feel uncomfortable or uncared for? Please describe.

3. What would you like to see improved?

4. How likely would you be to call/come in again or suggest a friend call?

Likely Unlikely

D. Comments: