

Reducing Pediatric Mental Health Crisis Burden in Cody, Wyoming through a Crisis Café Model



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Hypothesis

Implementing a crisis café for distressed pediatric patients awaiting transfer will reduce ER wait times and improve patient experiences in Cody, Wyoming.

Background

Community Context:

- Cody, Wyoming: rural setting with long winters, extreme summers, and geographic isolation
- Higher-than-average rates of:
 - Uninsured/unemployed residents
 - Children in poverty
 - Violent crime, housing distress, long commute times

Mental Health Burden:

- High risk of suicidality tied to community stressors
- Shortage of psychiatric providers (many residents >100 miles from care)

Community Voices:

- Pediatric patients face 4–6 hours in ED awaiting transfer
- Staff report limited training/resources to manage crises
- Local providers express urgency for an alternative intervention

Literature Review

Crisis Café Model Evidence:

- “The Living Room” study: warm, non-clinical environment reduces agitation
- Commonly used by **ages 5–13** when available to public
- Nearly **50% of referrals** come from ED/crisis settings
- Outcomes:
 - Reduced ER stay by ~2 hours 40 minutes
 - 39% fewer ER triage visits
 - 98% of patients felt respected and would recommend

Economic Data:

- Initial setup: ~\$100,000
- Operational Cost: ~\$200,000/year
- Net benefit: ~\$220,000 (Melbourne study)



Downtown Cody, Wyoming

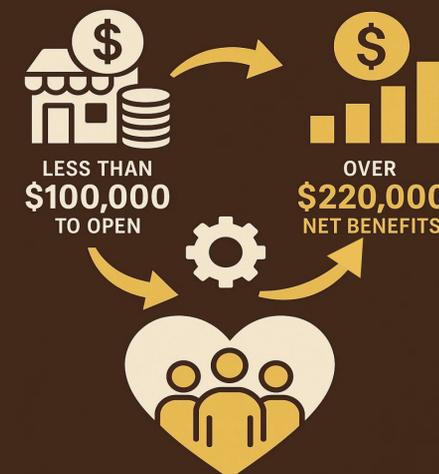
Intervention

- Off-campus, short-term crisis housing for distressed pediatric patients awaiting transfer
- Ambient, safe, non-clinical space
- Pediatric patients (ages 5–13 most likely users)

Measurable Objectives:

- Short-term (first 6 months):
 - Reduce pediatric hold times to 15–30 minutes
 - Overall reduction in ER wait times
- Medium-term (1–2 years):
 - ≥30% referrals captured
 - Positive satisfaction reports
 - Financial break-even

IMPACT OF CRISIS CAFÉS



Sustainability Considerations

Resources Needed:

- ~\$500,000 start-up for set up and two years of initial operational costs
- Trained community staff + physician oversight (1–2 hours/week)

Potential Barriers & Solutions:

- **Staffing:** Small, aging population → leverage philanthropic/retired community volunteers
- **Resource Abuse:** Risk of non-crisis patients seeking housing → strict referral criteria + policy enforcement

Outcome Measurement Plan:

- Patient satisfaction surveys (comfort, agitation, staff support)
- ER time audits (before/after implementation)
- Financial cost-benefit analysis

