

Psychiatric Emergencies in Children and Families: Transforming the Philadelphia Crisis System of Care



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Learning Objectives

- Discuss recent national and local trends in emergency behavioral health presentations for children and adolescents
- Describe local public system resource enhancements and future recommendations

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- Discuss recent national and local trends in emergency behavioral health presentations for children and adolescents



Epidemiology of Childhood Behavioral Disorders

- 1 in 5 children ages 9-17 with diagnosable mental health disorder
- Suicide is the second leading cause of death for young people aged 10-24
- Half of people with lifetime mental illness have symptoms by age 14
- Increased recognition of mental health challenges:
 - Early diagnosis of neurodevelopment disorders (i.e. Autism)
 - Childhood onset of disorders (ie. Psychotic Disorders and Substance Use disorders)
- Increased recognition of the impact of Adverse Childhood Experiences (ACES) on ALL health outcomes

Challenge:

- “Children who come into contact with the mental health system for the first time often do so in the context of a crisis that occurs at home, school, or in the community.”
- Examples of crises:
 - Suicidal or homicidal thoughts or behaviors
 - Acute depressive symptoms
 - Anxiety
 - Traumatic stress reactions
 - Severe disruptive or oppositional behaviors

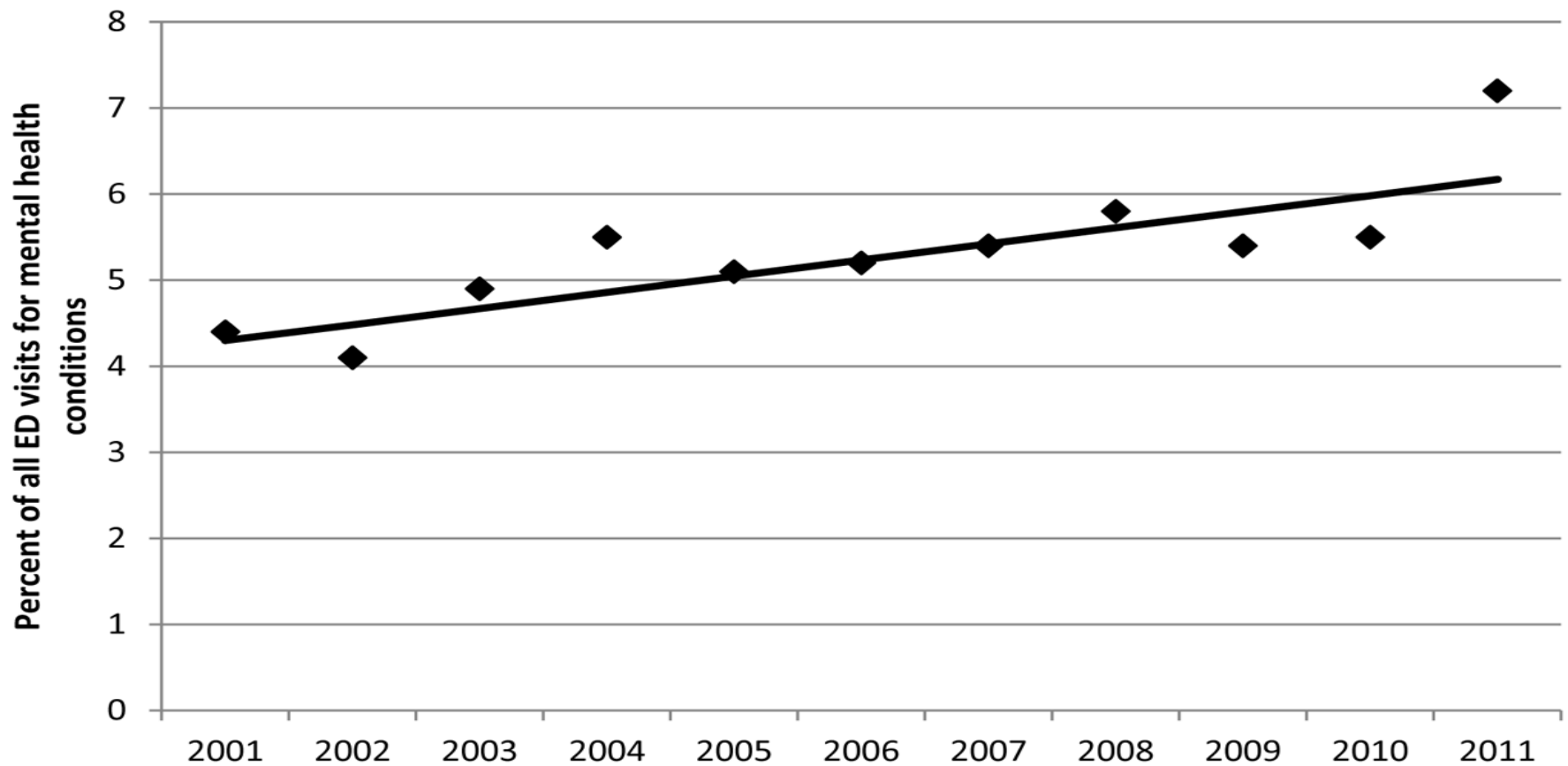


CASSP Principles Ground Behavioral Health System of Care

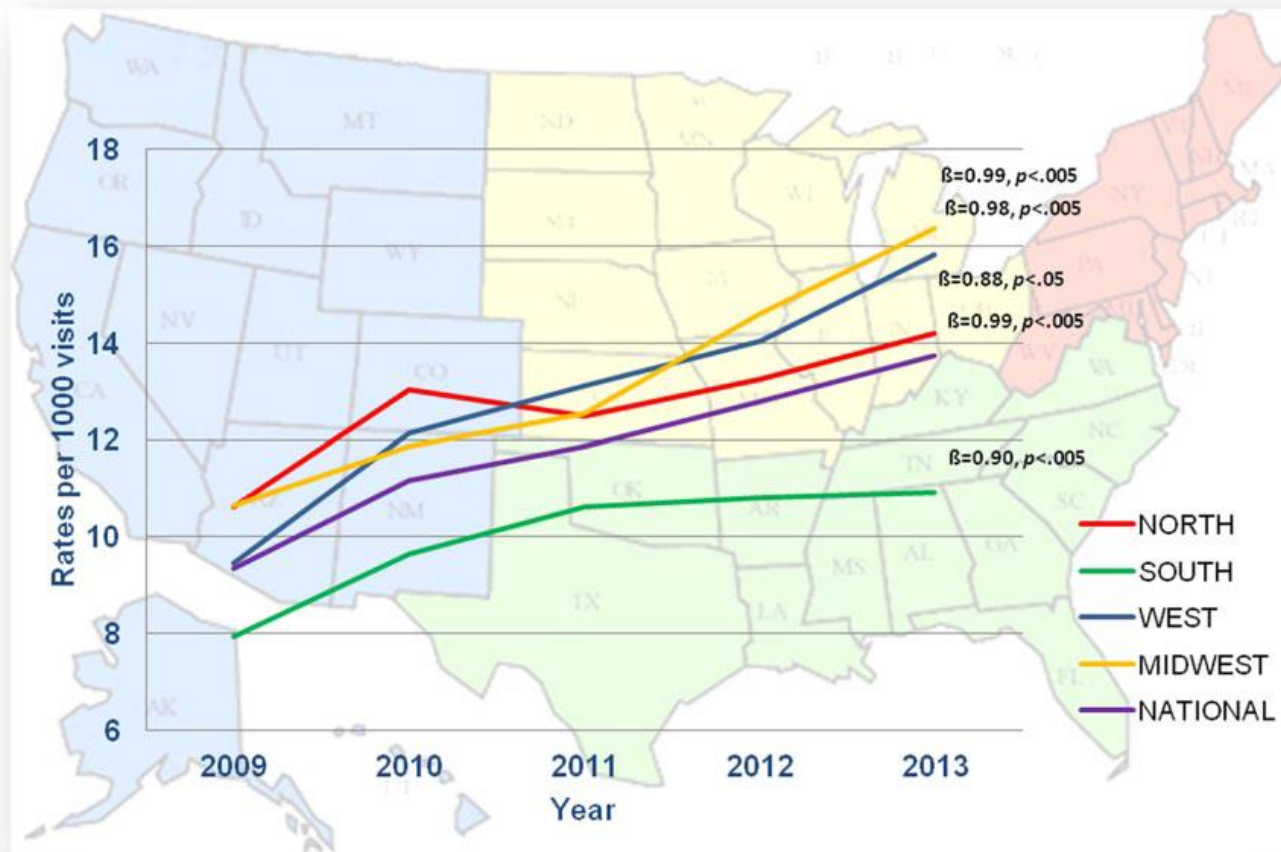
- Child-Centered
- Family- Focused
- Community- Based
- Multi-System
- Culturally Competent
- Least Inclusive/Least Restrictive



ED visits for mental health conditions; Children ages 6-20 yo



Pediatric Emergency Department Mental Health Visits



Learning Objective

- Describe local public system resource enhancements and future recommendations



Continuum of Child & Adolescent Services

	Infancy	Early Childhood	Childhood	Early Adolescence	Adolescence	Young Adult	
Prevention	Natural and Community Based Supports, Prevention programs via DHS/DBH/OVR/OAS/IDS/Courts/School District						
Community Treatment Supports		Case Management (BCM, ECM, COC)					
		HiFi Wrap (JJ involved Youth 10-17)					
Crisis Assessment							
Outpatient Assessment Access Centers							
Provider Based Assessments (CBE, EAS, FBA)							
Crisis Intervention		Children's Mobile Crisis Teams (CMCT)					
	Crisis Mobile Intervention Service (CMIS)						
Community Based Child and Family Treatment Services	Outpatient Treatment (Individual, Family, Group)						
		Behavioral Health Rehabilitation Services (BSC, MT, TSS, CIRT, CTSS)					
		School Based Interventions (STS, TESC)					
		Therapeutic Summer and Afterschool Programs (ASP, STAP and Group TSS Camps)					
	Early Childhood Treatment Program						
		Long Term Partial					
	Family Services (FBS, FFT, MST-PSB, PHIICAPS)						
Alcohol and Other Drug Treatment						Outpatient	
						Intensive Outpatient Treatment	
						Short and Long Term Residential	
Community Residential Rehabilitation- Host Home							
Residential Treatment Facility							
Residential Services							Residential Treatment Facility- Adult
Acute Services						Acute Partial Hospital	
						Inpatient Crisis Stabilization Units	
						Acute Inpatient Hospital	

Acute Care Continuum Re-Development

- Reinforce mobile crisis response capacity in mobile community programs:
 - Family Based Services
 - BHRS (“wrap around”) services
 - Outpatient service capacity (with on call component)
- Address Gaps in Continuum
 - Mobile Crisis Services
 - Crisis Response Center



Mobile Crisis Services

Benefits

- Rapid mobile response and face-to-face crisis stabilization at moment of crisis
- Reduce barriers to accessing care by providing initial response and follow-up care in home, school, community = decrease stigma
- Promote Referral and linkage to ongoing care
- Increase access to mental health care and decrease restrictive care

Core Elements

- 24/7 availability
- Warm phone line
- Rapid deployment to person
- Resolution-focused care
- Crisis safety planning
- Warm handoff to ongoing care (if needed)



Vision

The Children's Crisis Services procurement will expand and improve Philadelphia's current children's crisis continuum of care by developing services that will provide:

- Rapid Response
- Crisis Stabilization
- Resolution-Focused treatment
- **Family Driven care**



Crisis System of Care Model

Phase I Prevention	Phase II Early Intervention	Phase III Acute Intervention	Phase IV Crisis Treatment	Phase V Recovery and Integration
<ul style="list-style-type: none"> • MHFA • SAP/Prevention Programming • Trauma 101 • Community Based Providers (Crisis Planning) • Community Stakeholders <ul style="list-style-type: none"> • School • DHS • Extra Curricular 	<ul style="list-style-type: none"> • Community Based Providers (Crisis Planning) • CMCT • CTSS • HiFi Team 	<ul style="list-style-type: none"> • Community Based Providers (Crisis Planning) • CMCT • CMIS • Crisis Evaluation Centers 	<ul style="list-style-type: none"> • CMCT • CMIS • Crisis Evaluation Centers • Stabilization Beds • Acute Inpatient 	<ul style="list-style-type: none"> • CMIS • Community Based Providers • HiFi Team • Community Stakeholders <ul style="list-style-type: none"> • School • DHS • Extra Curricular

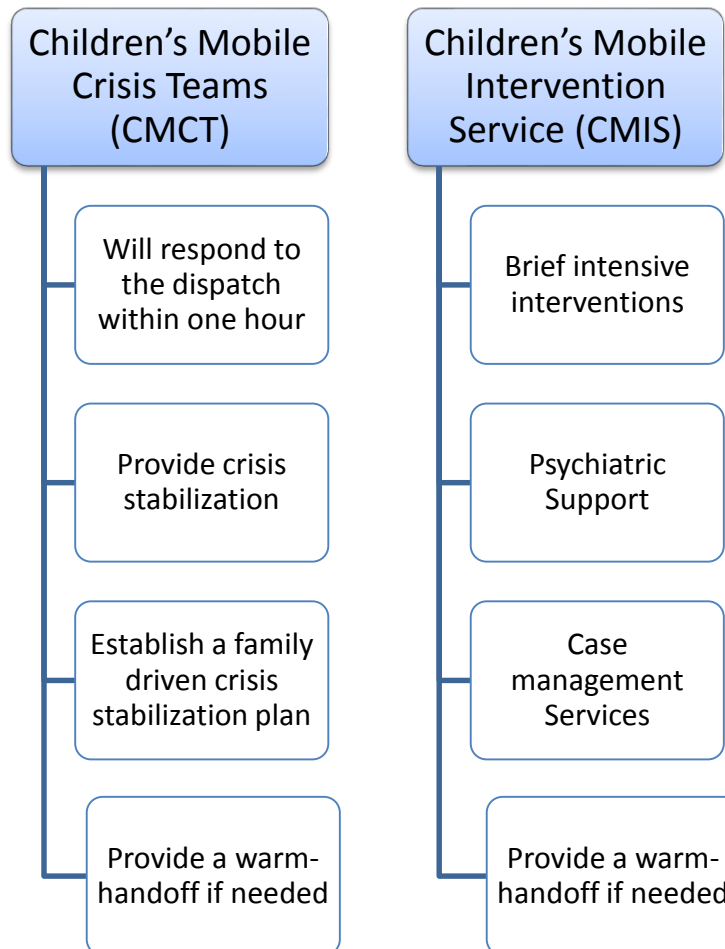
Players: Cross-System Collaborators

Logistics: Process to facilitate movement of people and data

Competencies: Strong Skills that promote resilience and reduce harm

Parts: Used as intended and produce results

Children's Mobile Crisis Teams & Children's Mobile Intervention Service



* new services to have screening tool for substance use

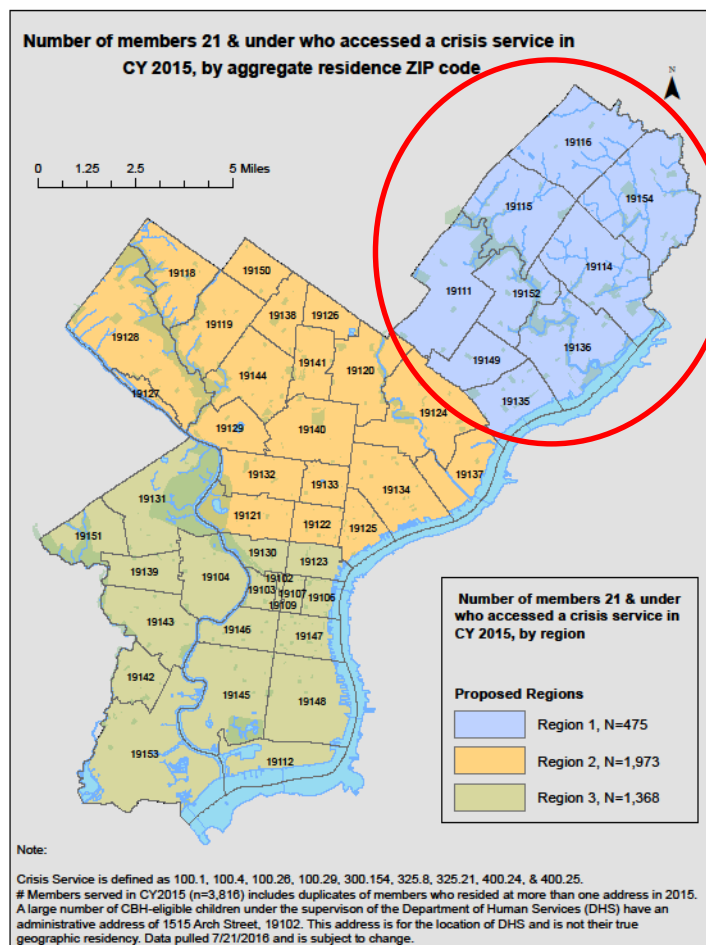


Children's Mobile Crisis Teams

Regionalized Map

Elwyn
Region 2

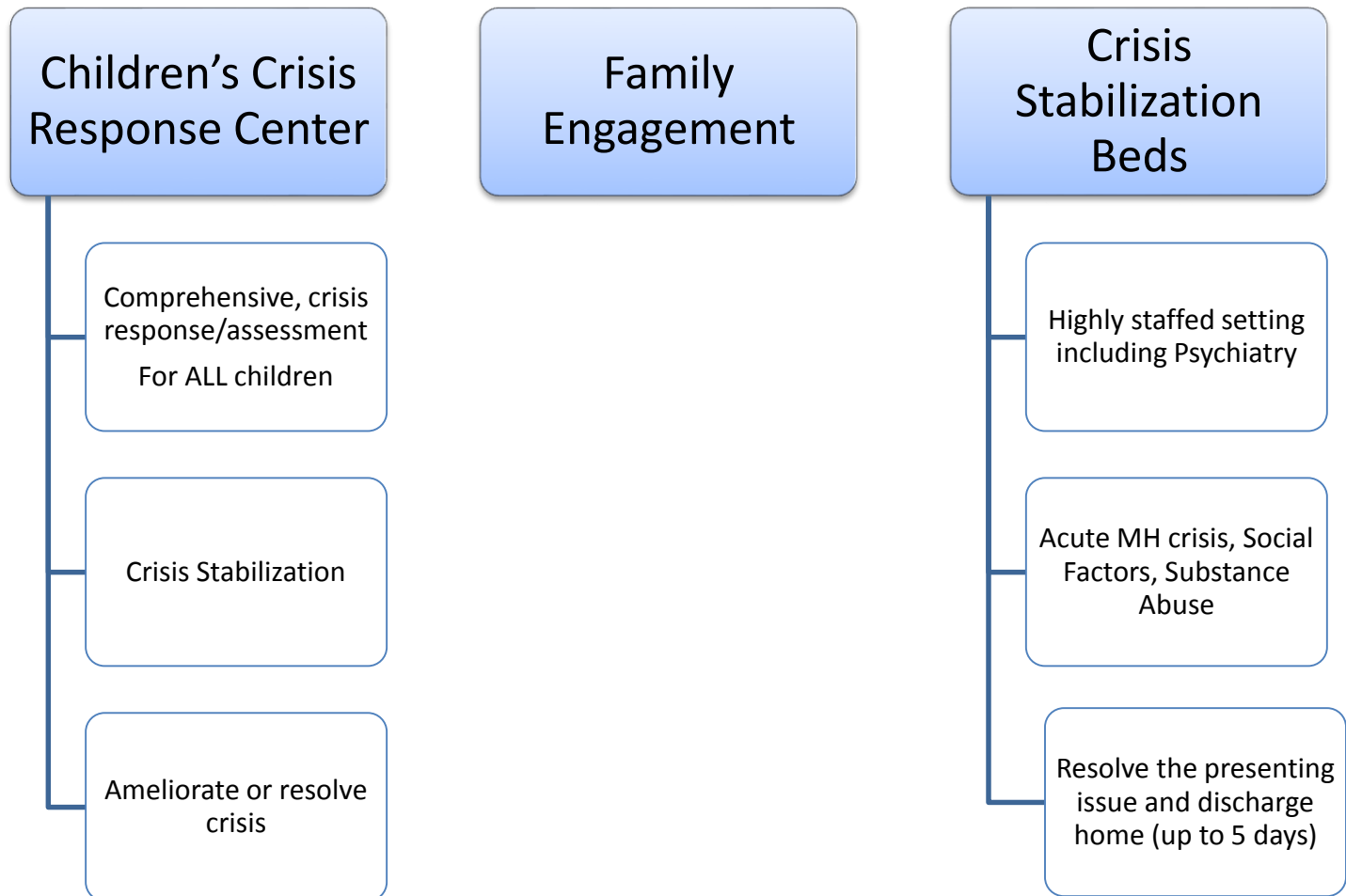
Bethanna
Region 3



PATH, Region 1



Children's Crisis Response Center, Intensive Treatment Beds & Crisis Stabilization Unit



Experiencing a mental health crisis?

We provide immediate help for children and teens in crisis.



CALL US 24/7



How are these services different?

Provide rapid crisis response

Assessment is a part of it, but it's not the whole story...

Provide crisis stabilization & treatment

Family driven care
(embedded family peer specialist)

Resolution-focused approach



Effective January 5, 2018

NOTICE OF NEW CHILDREN'S CRISIS RESPONSE CENTER & CHILDREN'S CRISIS RESOURCES



Our priority is to ensure that all children throughout the City of Philadelphia have access to behavioral health services and resources during a crisis.

The Philadelphia children's crisis system is designed to:

- Prevent crisis whenever possible.
- Ensure interventions provide rapid relief and a sense of control to the child and family.
- Provide services in a family-focused, strength-based, trauma-informed manner.

The following options are available to help a child and family access the support they need during a behavioral health crisis:

Is the child already connected to behavioral health services?	Does the child require an urgent, same-day behavioral health evaluation?	Does the family require assistance or guidance regarding a child's behaviors or emotions?	Is the child experiencing emotions or behaviors that may cause a life-threatening injury to him/herself or others?
Contact the behavioral health provider. If additional assistance is needed, please contact Community Behavioral Health Member Services at (888) 545-2600 24 hours/7 days per week	People Acting To Help (PATH) Urgent Care Center 8220 Castor Avenue, Philadelphia, PA 19152 (215) 728-4651 Hours of Operation: Monday – Friday, 11 a.m. to 6 p.m. Closed on Holidays Accessible to public transit, and on-site parking is available	Call Philadelphia Crisis Line (215) 685-6440 24 hours/7 days per week <ul style="list-style-type: none">• Telephonic Support• Request Children's Mobile Crisis Team• Guidance regarding 302 petitions	Philadelphia Children's Crisis Response Center 3300 Henry Avenue Falls Two Building, 3rd Floor Philadelphia, PA 19129 (215) 878- 2600 Hours of Operation: 24 hours/7 days per week Accessible to public transit, and on-site parking is available



QUESTIONS



References

- Aston, G. “Three Ways Hospitals are Improving Behavioral Health Care.” *Trustee Magazine*, 16 Jul. 2015, trusteemag.com/articles/918. Accessed 24 March 2018.
- Kalb, L., Stuart, E. , Freedman, B. et al. Psychiatric-related emergency department visits among children with an autism spectrum disorder. *Pediatric Emergency Care* 2012;28: 1269-1276.
- Roger, S.C., Mulvey, C.H. et al. Escalating Mental Health Care in Pediatric Emergency Departments. *Clinical Pediatrics* 2017; 56(5): 488-491.
- Simon, A.E., Schoendorf, K.C. Emergency Department Visits for Mental Health Conditions among US Children, 2001-2011. *Clinical Pediatrics* 2014; 53(14): 1359-1366.



References

- Smith, J. “Child, Adolescent autism patients visiting Eds in higher number.” *Clinical Psychiatry News*, 15 Dec. 2016, mdedge.com/clinicalpsychiatrynews. Accessed on 8 Feb. 2017
- Zima, B., Rodean, J., Hall, M., Bardach, N.S., Coker, T.R., Berry, J.G. Psychiatric Disorders and Trends in Resource Use in Pediatric Hospitals. *Pediatrics*, 138(5):e20160909
- Vanderploeg, J.J, Lu, J.J, Marshall, T.M. & Stevens, K. (2016). Mobile crisis service for children and families: Advancing a community-based model in Connecticut. *Children and Youth Services Review*, 71, 103-109.

