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

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Deputy Chief Medical Officer, Children’s Services
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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
Learning Objective

- 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 (i.e. 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

Percent of all ED visits for mental health conditions

Pediatric Emergency Department Mental Health Visits

Learning Objective

- Describe local public system resource enhancements and future recommendations
## Continuum of Child & Adolescent Services

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

<table>
<thead>
<tr>
<th>Phase I Prevention</th>
<th>Phase II Early Intervention</th>
<th>Phase III Acute Intervention</th>
<th>Phase IV Crisis Treatment</th>
<th>Phase V Recovery and Integration</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHFA</td>
<td>Community Based Providers (Crisis Planning)</td>
<td>Community Based Providers (Crisis Planning)</td>
<td>CMCT</td>
<td>CMIS</td>
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<tr>
<td>SAP/Prevention Programming</td>
<td>CMCT</td>
<td>Crisis Evaluation Centers</td>
<td>Crisis Evaluation Centers</td>
<td>CMIS</td>
</tr>
<tr>
<td>Trauma 101</td>
<td>CTSS</td>
<td>Stabilization Beds</td>
<td>Stabilization Beds</td>
<td>Extra Curricular</td>
</tr>
<tr>
<td>Community Based Providers (Crisis Planning)</td>
<td>HiFi Team</td>
<td>Acute Inpatient</td>
<td>Acute Inpatient</td>
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<tr>
<td>Community Stakeholders</td>
<td>School</td>
<td>Community Based Providers</td>
<td>Community Based Providers</td>
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<tr>
<td></td>
<td>DHS</td>
<td>CMCT</td>
<td>HiFi Team</td>
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**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

Kappy Maddenwald
Children’s Mobile Crisis Teams & Children’s Mobile Intervention Service

**Children’s Mobile Crisis Teams (CMCT)**
- Will respond to the dispatch within one hour
- Provide crisis stabilization
- Establish a family driven crisis stabilization plan
- Provide a warm-handoff if needed

**Children’s Mobile Intervention Service (CMIS)**
- Brief intensive interventions
- Psychiatric Support
- Case management Services
- Provide a warm-handoff if needed

*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

**Children’s Crisis Response Center**
- Comprehensive, crisis response/assessment
  - For ALL children
- Crisis Stabilization
- Ameliorate or resolve crisis

**Family Engagement**

**Crisis Stabilization Beds**
- Highly staffed setting including Psychiatry
- Acute MH crisis, Social Factors, Substance Abuse
- Resolve the presenting issue and discharge home (up to 5 days)
Experiencing a mental health crisis?

We provide immediate help for children and teens in crisis.

CALL US 24/7

http://www.philachildrenscrc.com/
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?
  - 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

- Does the child require an urgent, same-day behavioral health evaluation?
  - 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

- Does the family require assistance or guidance regarding a child’s behaviors or emotions?
  - Call Philadelphia Crisis Line (215) 685-6440 24 hours/7 days per week
    - Telephonic Support
    - Request Children’s Mobile Crisis Team
    - Guidance regarding 302 petitions

- Is the child experiencing emotions or behaviors that may cause a life-threatening injury to him/herself or others?
  - 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


References

