



# Improving the Child and Adolescent Crisis System: Moving from a 911 to a 988 culture

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*Perhaps the most potent element of all, in an effective crisis service system, is relationships.*

*To be human. To be compassionate.*

*We know from experience that immediate access to help, hope and healing saves lives.*

*~ SAMHSA 2020,*


*National Guidelines for Behavioral Health Crisis Care*

*Best Practice Toolkit*



# Best Practices in Crisis Response

- **anyone, anywhere, and anytime**
- **diversion from emergency departments and justice system**
- **Core principles**
  - Addressing Recovery Needs
  - Significant Role for Peers
  - Trauma-Informed Care
  - Zero Suicide/Suicide Safer Care
  - Safety/Security for Staff and People in Crisis
  - Crisis Response Partnerships with Law Enforcement, Dispatch and Emergency Medical Services (EMS).

A young boy with curly hair, wearing a dark suit jacket, a light blue striped shirt, and a dark tie, stands outdoors. He is looking slightly to his right with a neutral expression. The background is a blurred outdoor setting with trees and a path. The text "Trying to fit children into an adult system" is overlaid in white, centered on the image.

Trying to fit children into an  
adult system

# Children's Mental Health System of Care Principles

1. Family-Driven
2. Youth-Guided/Driven
3. Culturally & Linguistically Competent
4. Array of Community-Based Services
5. Best Practice in Service Delivery
6. Quality Assurance
7. Government Accountability
8. Interagency Collaboration





# Children's mental health

- Prevalence of chronic mental health disorders growing among youth, doubling in the past decade and impacting 20–25 percent of school-aged youth
- Most common
  - anxiety (7.1%)
  - ADHD (9.4%)
  - behavior problems (7.4%)
  - depression (3.2%)



# Limited screening, treatment

- benefits of prevention and early intervention for **physical health** well-recognized
- routine child **mental health** screening and checkups have lagged
- < 25 yo - delay to initial treatment after initial symptom onset
- less than half of children with a mental health condition receive treatment
- Impact - approximately \$247 billion annually





# Children's mental health crises

System challenges



## Limited prevention, early identification/intervention

- We wait for crises to occur before investing our resources on them.
- Many concerns that result in hospitalization may have been better served via community-based care models with appropriate wraparound supports



# Misuse of Emergency Departments (EDs)

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- EDs typically first point of contact for children having mental health crises
- Pediatric behavioral health visits dramatically increased in recent years
- 33%-40% of pediatric visits for psychiatric reasons not urgent
- ~ half of psychiatric referrals to EDs from schools inappropriate
- Children boarded for hours to days until viable placements identified
- EDs less effective, more expensive than outpatient for treating youth psychiatric needs





## Law Enforcement Involvement in Child Mental Health Crises

- A young person with a mental health condition is 6 times more likely to get arrested, 16 times more likely to get injured or die during police encounters
- Nearly 70 percent of children in the juvenile justice system have a diagnosable mental health disorder
- 60% of children with an emotional disturbance will be arrested at least once within 4 years after leaving high school, 39% report being on probation or parole
- Most police academies devote less than 1% of training to interactions with adolescents, yet 20% to 40% of juvenile arrests are for “contempt of cop” offenses, such as questioning or “disrespecting” an officer

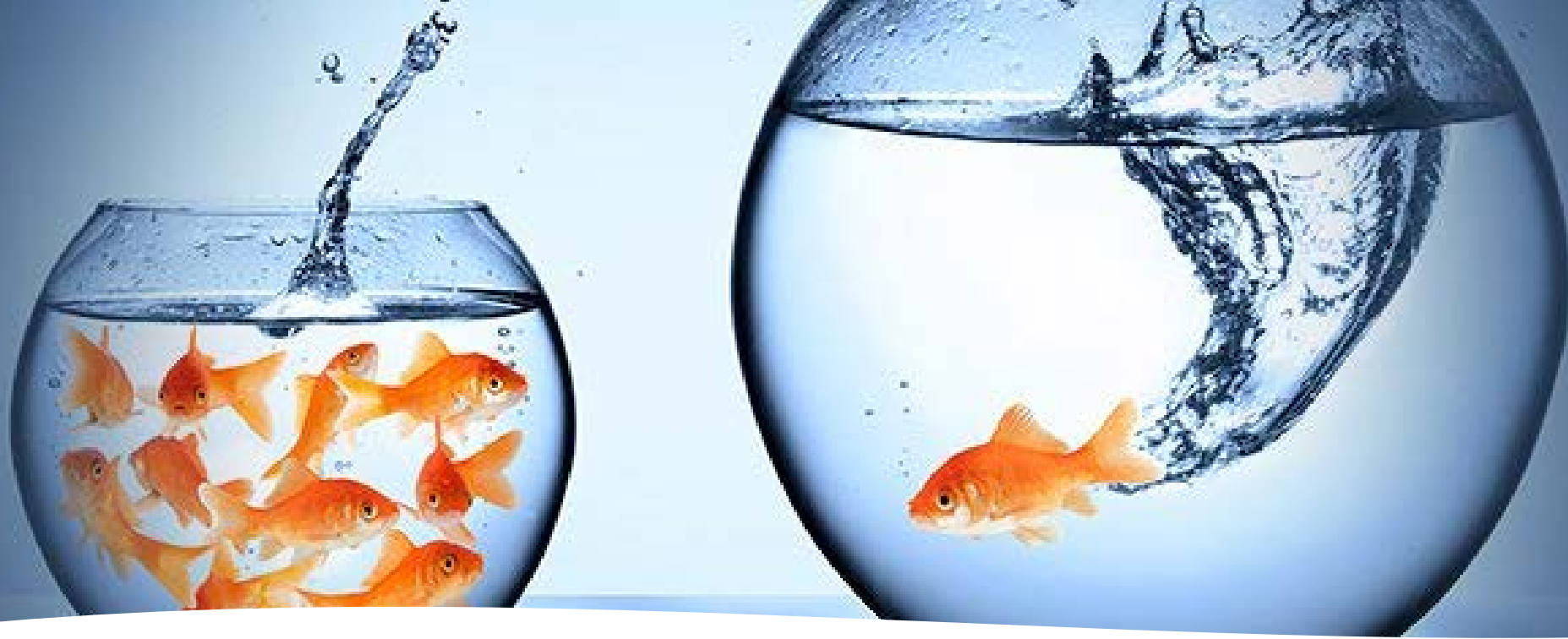


# Racism and Inequity

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- Children's emotional and behavioral health (EBH) crisis events → disciplinary or legal action
- Disproportionately affects Black and Latinx students compared to White youth
  - More likely to be suspended/expelled, routed to juvenile services
- Systemic racism contributes to a preference for disciplinary versus mental health response
  - Implicit bias/racism among educators, health providers
  - Fewer mental health resources, greater law enforcement in communities of color





## A Paradigm Shift

- Telehealth
- Work upstream – schools, primary care
- Child and adolescent considerations in Best Practice Toolkit
- Lessons from COVID-19



# Expand Telehealth in Children's Crisis System

- COVID-19, dramatic increase telehealth to support child mental health
  - federal, state and local infrastructure support
  - policy adjustments to ease use
  - technical assistance and training to providers and consumers



# Robust telehealth capacity requirements

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- continued infrastructure improvements (e.g., enhanced broadband systems, up-to-date telehealth delivery equipment, internet connectivity services for providers and consumers);
- policy expansion (e.g., reimbursement parity for telehealth, expanded access of Medicaid and Children's Health Insurance telehealth programs);
- ongoing guidance and support to providers and families to increase adoption and facility of telehealth services





# Telemental health reduces ED stays, improves care

- Children's Hospital of Colorado
- Child and adolescent behavioral health specialists → pediatric EDs and urgent care centers
- Goal - improve care and decrease patient transfers
- Compared to usual care, children and youth who received the telehealth consult:
  - ED lengths of stay 2.8 hours shorter
  - 40% lower charges for care
  - Higher care satisfaction among ED providers and the patients' caregivers

# Upstream Thinking





# WHO KEEPS CHUCKING THESE KIDS IN THE RIVER?



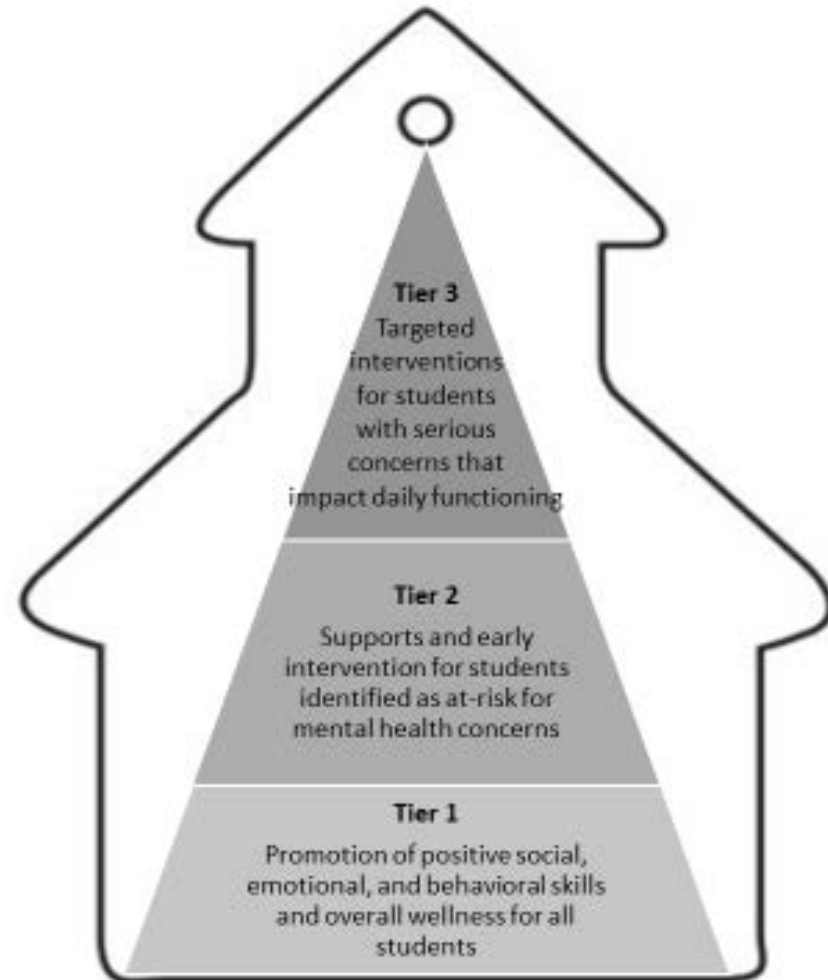
## Upstream Thinking

- Early identification and intervention → Better outcomes
- Mental health versus discipline/justice response
- To repair crisis system, must simultaneously build universal mental health promotion, early identification/intervention

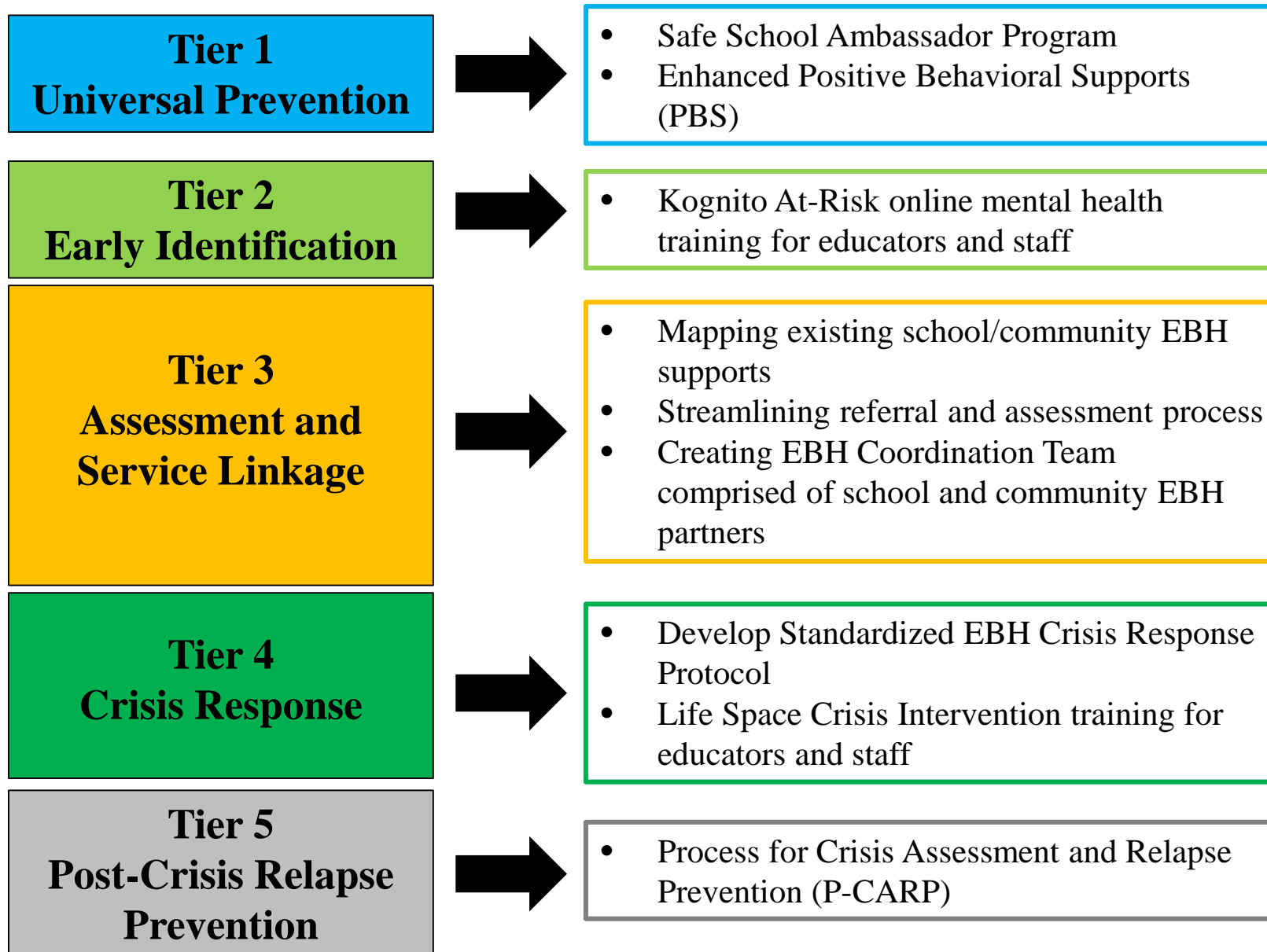


# Comprehensive School Mental Health Systems

- Multi-tiered Systems of Support (MTSS)
  - Promotion to Treatment
- School-Community Partnerships
- School Crisis Prevention and Response



# School Emotional and Behavioral Health (EBH) Crisis System





# Impact of School EBH Crisis System

- Increase in **school staff knowledge and preparedness** to address EBH issues across the continuum
- Increase in **student actions and behaviors** to prevent mistreatment and improve school climate
- 56% fewer **suspensions**
- 75% fewer **office referrals**
- More on-site crisis response and threat assessments



# Pediatric Primary Care

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- Trusted, well-utilized
- Apprise families of mental health supports
  - Strategies to promote mental health
  - De-escalation techniques
  - 9-8-8 system
- Child Psychiatry Access Programs
- Collaborative Mental Health Care



# Best Practice Considerations for Child and Adolescent Crisis Systems

*Someone to Talk To  
Someone to Respond  
A Place to Go*



# Regional Crisis Call Hub Services

*(Someone to Talk To)*

- Expand technology options for callers
- Educate children beginning in preschool and throughout K-12 schooling about how to access regional crisis call services
- Specialized training in child and adolescent development and mental health and illness.
- Skills to navigate family systems
- Developmentally attuned guidance to for de-escalating children and adolescents
- All calls should be delivered in a culturally responsive manner
- Training in adolescent reactivity to peer rejection or romantic breakups
- Versed in supports responsive to LGBTQ+ children and adolescents
- Familiar with school-specific concerns
- Understand the array of child and adolescent supports and service delivery options



# Mental Health Symptoms Presenting as a Crisis in Youth

## Mental Health Category

## How This May Present as a Crisis Call to a 9-8-8 Phone Responder “My Child:”

### **Autism**

“doesn’t speak or look at me or seem to want to engage.”  
“won’t listen or respond to me.”  
“freaks out if we don’t do our usual schedule or change our plans”  
“doesn’t play or show any interest in other children.”  
“freaks out over everyday, normal noises.”  
“does weird stuff with toys instead of playing with them.”  
“just wants to swing or rock for hours and won’t stop.”

### **Anxiety**

“won’t go outside, worries about everything.”  
“won’t be apart from me, wants to know where I am.”  
“says having bad dreams every night and comes to my room.”



# Mobile Crisis Team Services (*Someone to Respond*)

- Expand technology options for crisis response teams, including the use of telehealth
- Specialized training (as outlined above for call responders) including training in:
  - child and adolescent development and mental health and illness
  - skills to navigate family systems
  - escalation cycle across the developmental spectrum, and developmentally attuned de-escalation skills
  - culturally responsive crisis management, including skills in supporting the unique strengths and needs of BIPOC and LGBTQ+ youth and families;
  - assessing for child abuse, neglect and family violence
  - assessing parent readiness and ability to implement recommendations and interventions
- Familiar with school-specific concerns and school procedures to support students with emotional and behavioral needs
- Understand the array of child and adolescent supports and service delivery options

# Crisis Receiving and Stabilization Services (*A Place to Go*)

- Children and adolescents should have a separate area from adults
- Receiving spaces should be developmentally attuned
- Telehealth should be available for care provision and engagement of supportive others
- Specialized training in child and adolescent development and mental health (as outlined above for call responders and mobile crisis teams)
- Medical staff must have training in child and adolescent health
- Spaces for family support and gathering





# Children's Crisis System Lessons and Innovations from COVID-19

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- Equity – access, quality of care
- Telehealth services - needed and feasible
- EDs not suited for mental health or substance use crises
- Vulnerability of children at risk of abuse, neglect, family violence
- Schools as hub - full continuum of supports







# WHO KEEPS CHUCKING THESE KIDS IN THE RIVER?

