

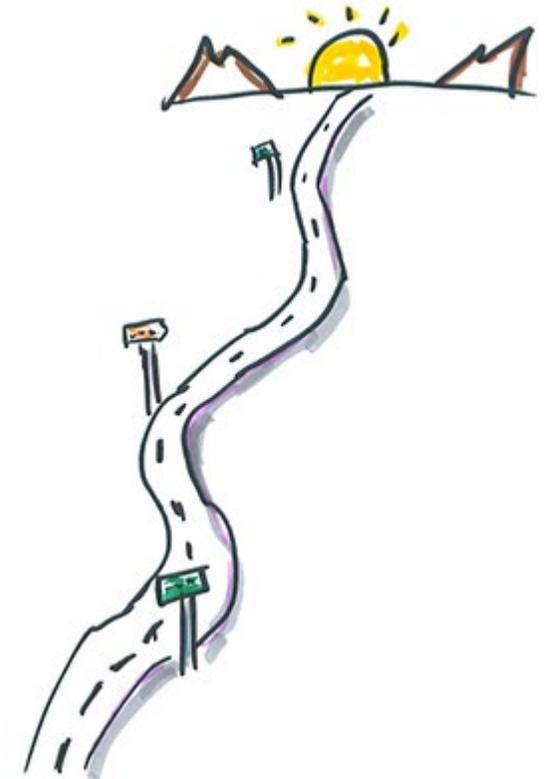
Critical Crossroads: Improving Emergency Care for Children in Mental Health Crisis

**Emergency Medical Services for Children Program (EMSC)
Division of Child, Adolescence and Family Health (DCAFH)
Maternal and Child Health Bureau (MCHB)
Health Resources and Services Administration (HRSA)**



Roadmap

- EMSC
- Pediatric Mental Health: Background/Need
- HRSA Critical Crossroads Project
 - Federal Steering Committee
 - External Panel
 - Methods
 - Care Pathway Template
 - Final Product
- Key Take-Aways



Emergency Medical Services for Children (EMSC) Program

EMSC Legislative Mission

Improve and expand emergency medical services for children who need treatment for trauma or critical care



Pediatric Mental Health

- Approximately **one in five** youth experiences a mental disorder at some point during their lifetime. (Williams, Scott & Aarons, 2017).
- **One in ten youth** will experience a serious emotional disorder (SED) that will significantly impact their ability to function at home, in school, or in the community. (Williams, Scott & Aarons, 2017).
- Suicide is the **second leading cause of death** for children 10-14 years old and adolescents 15-19 years old (CDC 2017).

Background: The Need

Emergency Care System is increasingly becoming the safety net for a fragmented mental health infrastructure in which children and adolescents are among the most vulnerable populations

- JAMA Pediatrics: ED utilization for suicide attempts and ideation **doubled between 2007 and 2015**
 - 43.1% of Suicide Attempt/Ideation visits were for children aged 5 to younger than 11 years and only 2.1% were hospitalized.
- 2013 National Pediatric Readiness Assessment:
 - found that only 47.2% of hospital EDs have a children's mental health policy, and within rural areas, this drops to 33%.
 - While over half of all EDs report having designated transfer guidelines for children with mental health issues, only 38% of rural and remote EDs have such guidelines.
- Limited inpatient psych & behavioral health resources = extended boarding time; challenge for linkages to community services.



Formulation of Critical Crossroads Project

- Established to assure cross-department collaboration to improve emergency care for children in mental health crisis, with particular acknowledgment of the unique needs presented within rural areas.
- Led by HRSA MCHB and the Federal Office of Rural Health Policy (FORHP), the committee launched to consolidate and disseminate resources that can be applied towards improved emergency care for children in mental health crisis.
- Expected outcomes:
 - Strengthened federal partnerships and stakeholder engagement to enhance alignment and coordination in efforts to improve emergency care for children in mental health crisis.
 - The creation and dissemination of a tool to help improve the quality of emergency medical care for children and youth experiencing mental health crisis.



Federal Steering Committee

U.S. Department of Health and Human Services

- **Health Resources and Services Administration:**
 - Christy Edwards; FORHP
 - Lorah Ludwig
 - Kristin Martinson; FORHP
 - Theresa Morrison-Quinata
 - Erin Reiney, MPH
 - Alexander Ross, Sc.D, OPAE
- **Indian Health Service**
 - Pamela End of Horn, MSW, LICSW
 - Chris Fore, PhD
- **National Institutes of Health**
 - Jeremy Brown, MD
 - Lisa Horowitz, PhD, MPH
 - Valerie Maholmes PhD, CAS
- **Administration of Children and Families**
 - Beth Claxon, MSW
- **Substance Abuse and Mental Health Administration**
 - Savannah Kalman, MFT
 - Richard McKeon, PhD, MPH
 - Elizabeth Sweet, PhD
- **Office of the Assistant Secretary for Planning and Evaluation**
 - Joel Dubenitz, PhD
- **Center for Disease Control and Prevention**
 - Rebecca Bitsko, PhD
 - Jennifer Kaminski, PhD
- **Office of the Assistant Secretary of Preparedness and Response**
 - Daniel Dodgen, PhD

U.S. Department of Transportation

- **National Highway Traffic Safety Administration:**
 - Cathy Gotschall
 - Jon Kromer, MD

U.S. Department of Justice

- **Office of Juvenile Justice**
 - Catherine Pierce

Committee Functions

Forum for cross-governmental collaboration surrounding Pediatric Emergency Care and Mental Health Emergencies.

The committee met monthly to:

- identify gaps,
- discuss existing practices and resources from the field,
- key concerns, opportunities, challenges,
- brainstorm and develop a strategy for tool, including the definition of search terms and key concept areas of inclusion.



Expert Review Panel

- **Joan Asarnow, PhD, ABPP**, Professor of Psychiatry & Biobehavioral Sciences, Director, UCLA Youth Stress & Mood Program, Director, SAMHSA Center for Trauma-Informed Adolescent Suicide, Self-Harm & Substance Abuse Treatment & Prevention
- **Thomas Chun, MD, MPH, FAAP**, Associate Professor, Departments of Emergency Medicine and Pediatrics, Associate Director of Clinical Research, Department of Emergency Medicine, Assistant Dean, Office of Admissions, The Alpert Medical School of Brown University, Attending Physician, Emergency Department, Hasbro Children's Hospital
- **Susan Duffy, MD, MPH**, Associate Professor, Emergency Medicine and Pediatrics, Alpert Medical School of Brown University, Director Pediatric Special projects, Department of Emergency Medicine, Attending Physician, Pediatric Emergency Medicine, Hasbro Children's Hospital
- **Kathleen Donise, MD**, Director, Lifespan Child Emergency Psych Services
- **Vera Feuer, MD**, Pediatric Emergency Psychiatry | Cohen Children's Medical Center, Assistant Professor | Psychiatry and Emergency Medicine | Hofstra-NSLIJ School of Medicine, AACAP
- **Ken Gramyk, MD, FACEP**, President Lake Pend Oreille Emergency Medicine
- **Jacqueline Grupp-Phelan, MD**, UCSF Department of Emergency Medicine
- **Hillary Hewes, MD**, Pediatric Emergency Medicine, University of Utah
- **John Hoyle, MD FACEP, FAAP**, Professor, Depts. of Emergency Medicine and Pediatrics and Adolescent Medicine, Western Michigan University, Homer Stryker, MD School of Medicine
- **Charles Macias, MD, MPH**, Executive Director, National EMS for Children Innovation and Improvement Center Chief Clinical Systems Integration Officer, Texas Children's Hospital
- **Rachel Stanley, MD, MHSA**, Division Chief, Emergency Medicine, Associate Professor of Pediatrics, The Ohio State University, Nationwide Children's Hospital



Methodology

- Targeted Literature Search (scholarly and grey literature) developed from inclusion criteria created by fed committee
- Environmental Scan
- Results Limited to Hospital Setting
 - Known prehospital programs

Review of Relevant Evidence: Search Strategies and Databases Reviewed

Search Strategies	Document Strategies Used
Search Terms	("Mental Health"[Mesh] OR "Behavioral Medicine"[Mesh] OR "Suicide"[Mesh] OR "Suicide, Attempted"[Mesh]) AND "Emergencies"[Mesh] AND (infant [Mesh] OR child [Mesh] OR adolescent [Mesh]); pediatric mental health emergency; Cochrane Evidence; Mental Health; Cochrane Pre-hospital and Emergency Care; MENTAL HEALTH; pediatric mental health emergencies
Years Searched	2008-2018
Language	English
Age of Subjects	Birth-18 years
Search Engines	PubMed, Cochrane, CINAHL, PsycINFO
Titles and Abstracts Reviewed	409 (31 titles pulled for review from NIH Librarian's search and hand searching of references)
Number of Articles Selected for Evidence Table	62

Evidence Found with Searches Included in the Evidence Table

Found (Yes/No)	Summary of Evidence – All Questions	Number of Articles
<input checked="" type="checkbox"/>	Systematic reviews	5
<input checked="" type="checkbox"/>	Randomized controlled trials	4
<input checked="" type="checkbox"/>	Nonrandomized studies	69

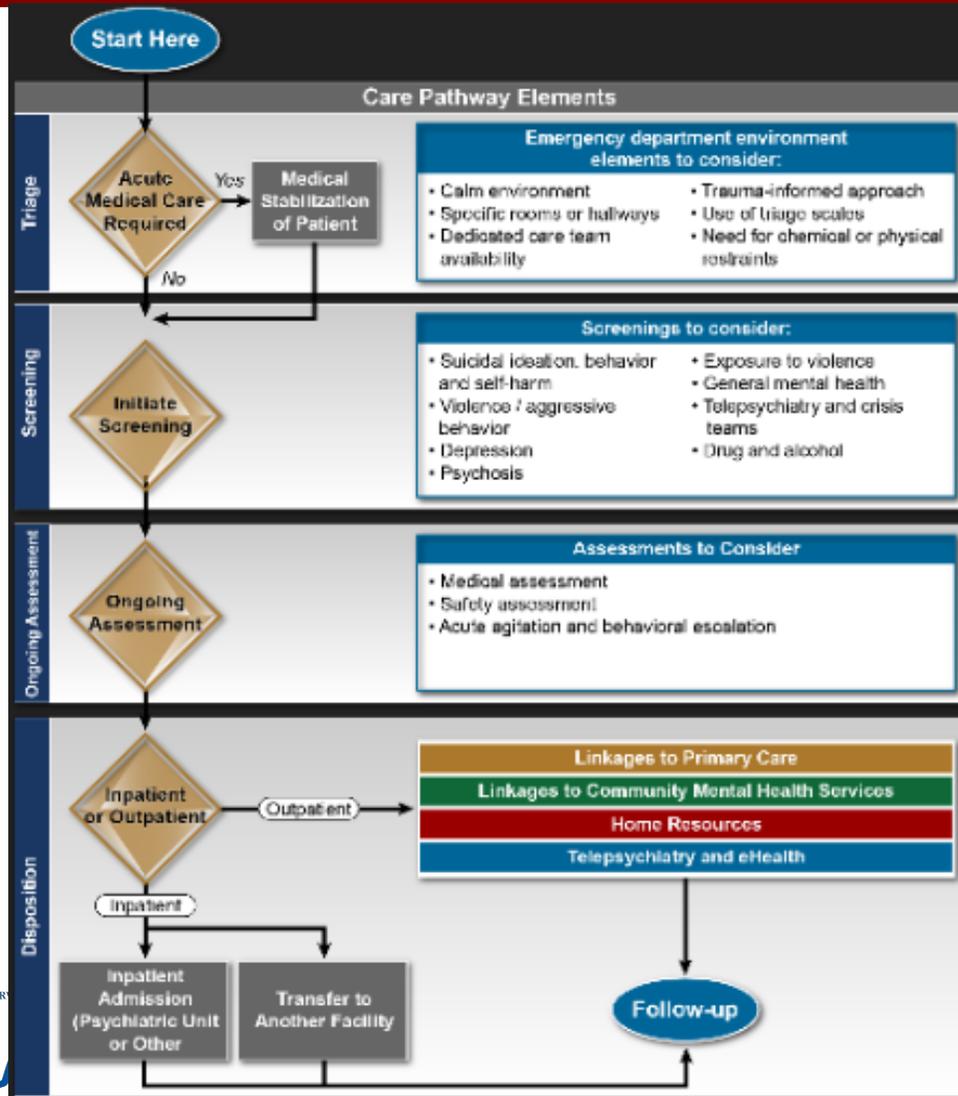


Care Pathway

A care pathway is a tool that describes and sequences how health care professionals manage specific clinical presentations, facilitating the course of care for patients and increasing the quality of services delivered.

- Care pathways have been shown to improve patient outcomes.
- Defining characteristics: explicit goals, key elements of care based on evidence and best practices, mechanisms for communication, coordination of the roles of a multidisciplinary care team, the patient, and family members, and identification of appropriate resources.
- The Critical Crossroads Care Pathway Toolkit is designed to walk a hospital through existing research and resources, and catalyze the creation of a customized care pathway based on local context.
- The Toolkit is not intended to dictate care.

Critical Crossroads Care Pathway Template



Screening Tool	Lift and Questions	Availability	Additional Details
Ask Suicide Screening Questions (ASQ)	4 Questions: Risk Factors 3 Questions: Suicidal Ideation	Free; full toolkit is available online	Well-tested screening tool designed to assess major facets of established suicide risk factors, with three addressing suicidal ideation in a way targeted to youth with medical concerns (Ballard et al., 2017; Horowitz et al., 2012). It is recommended to rule out suicide risk for pediatric patients in the ED for any visit type (Babeva, Hughes & Asarnow, 2016; Newton et al., 2017). Validated for use in adolescents in the ED setting (Feuer, Rucker, Saggiu & Adnrus, 2018)
Self-Assessed Expectations of Suicide Risk Scale	3-item scale	Free with access: Article in <i>Journal of Depression and Anxiety</i>	Assesses youths' own expectations of their future risk of suicidal behavior and is a significant predictor of suicide attempts (Cyz, Horwitz & King, 2016).
Columbia Suicide Severity Rating Scale (C-SSRS)	2-6 Questions	Free, available online	CSSRS ED-6 is designed to assess the severity of suicidal ideation and is a prelude to the more comprehensive CSSRS

Case Stories: Rural Perspectives

- Emergency Department in the rural Pacific Northwest
- Emergency Department in rural New England
- Emergency Department in a Rural Midwestern State
- Emergency Department in a Regional Hospital in a Rural Midwestern State
- Emergency Department in a Regional Hospital in a Southwestern State
- Urgent Care Facility in Western State
- Emergency Department in a Rural Northwestern State



The Product: Care Pathway Toolkit



CRITICAL CROSSROADS: PEDIATRIC MENTAL HEALTH CARE IN THE EMERGENCY DEPARTMENT

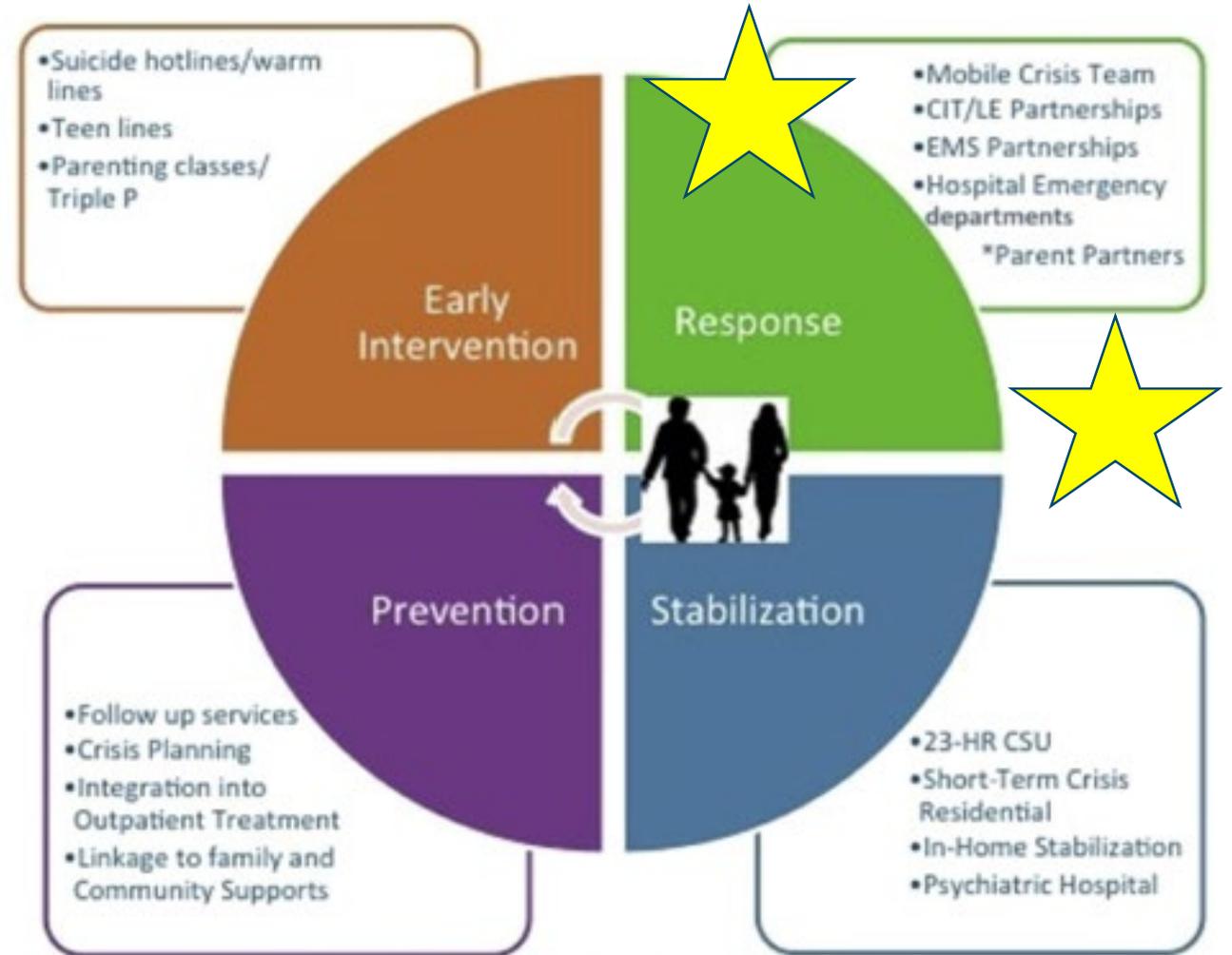
A Care Pathway Resource Toolkit

Version 1.0



Key Take-Aways

- An unmet need
- Gaps in research
- Disproportionate impact in rural, frontier, & native communities
- EMS in the broader continuum of care for children in mental health crisis



Ideal full continuum of crisis services. EMS, emergency medical services; LE, law enforcement.

Questions?!?



Contact Info

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