ISSUE BRIEF

Improving Outcomes for Children in Crisis
With Evidence-Based Tools

Authors:
Rachel Bembas
Lauren Niles
Caitlin Thomas-Henkel

Contributors:
Brent Barkett
Karis Burnett
Courtney Thompson

Peer Reviewed:
Uma Ahluwalia

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Introduction

Children are in crisis nationally at levels never seen before. In every community, children are languishing in emergency departments (EDs) and child welfare offices because too few beds are available to treat them. As a response, in federal fiscal year (FFY) 2023, the Substance Abuse Mental Health Services Administration (SAMHSA) awarded Transformation Transfer Initiative (TTI) funding to states and territories focused on implementing and expanding 988 access and crisis services for children and adolescents.

This is one of the top issues facing the TTI projects focused on children and adolescents this year. State child welfare, Medicaid, and behavioral health agencies often serve the same children, youth, and families in crisis. Given the increased need for services for children and youth with high acuity conditions or serious emotional disturbance, it is important that child welfare, Medicaid, and behavioral health collaborate effectively. Yet these three systems are siloed at the governance, service array, and financing levels, leading to poor outcomes.

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Health Management Associates (HMA) developed this series of issue briefs to give technical assistance to these TTI projects to improve the need for child welfare, Medicaid, and behavioral health systems to better work together to tackle these issues. This brief focuses on the tools and measures used to monitor outcomes for youth in crisis and how state and local governments can use the data to improve behavioral healthcare for these individuals.

Highlights

- The disruptions to everyday life that the COVID-19 pandemic presented placed youth at greater risk of experiencing major depression, substance use disorder, and suicide.

- At present, far fewer behavioral health metrics than physical health measures are included in core data sets for children.

- Several organizations are stepping up efforts to monitor and analyze outcomes data for youth in crisis and develop programs to identify evidence-based best practices for improving behavioral healthcare for this population.

- Improvements in this area will require consensus-based approaches.

Background

The COVID-19 pandemic has had a detrimental impact on many aspects of the health and well-being of society. Disruptions to activities and education, social isolation, economic hardships within families, illness, and the increase in domestic violence have resulted in troubling trends for youth mental health, in particular. Before the pandemic, youth mental health was already at a troubling level, with more than one-fifth (21%) of adolescents ages 12−17 experiencing at least one episode of major depression and nearly one-fifth (19%) of high school students reporting that they have seriously considered suicide.[1]

Since the start of COVID-19, the United States has seen a significant increase in mental health conditions for all ages, but a statistically significant increase in both reports of depression and thoughts and attempts of suicide, especially among individuals who felt disconnected from others, women, and both White and Indigenous populations.[2] Alarmingly, the pandemic has resulted in an increase in overall emergency department (ED) visits for mental health conditions among youth. One longitudinal study conducted during the pandemic highlighted that suspected suicide attempt ED visits were 51 percent higher among girls and 4 percent higher among boys age 12−17 years compared with pre-pandemic figures.[2]

Given the extreme challenges facing US youth, paired with the devastating statistics underscoring the outcomes of higher prevalence of mental health conditions, it is critical that we identify opportunities to improve our behavioral health system to better meet the needs of our youngest citizens. Critical to system improvement are robust measurement, evaluation, and accountability systems, with meaningful quality measures that are designed to hold entities accountable for their role in promoting health and outcomes, but also indicate, in real time, where the system currently is weak and in need of resources and innovation.

Gaps in Metrics

The need to improve the range of meaningful behavioral health quality measures available to monitor, evaluate, and account for outcomes in the youth mental health system is widely acknowledged across the spectrum of service and care providers. Existing quality measures are disadvantageous for identifying key care processes to promote improved outcomes. More specifically, existing measures place limited emphasis on prevention, care coordination, structural components of the health and social system (e.g., provider availability, wait times, access to community supports), outcome measures, and school or social service connection. Furthermore, although many teens spend much of their time in school and structured activities, data rarely flows throughout the system to ensure communication across involved entities or ways to assess the total quality of services and care youth receive.

THIS BRIEF ADDRESSES TWO FUNDAMENTAL QUESTIONS:

1. What tools and measures exist now to monitor and improve outcomes for youth experiencing mental health crises and risk of suicide?

2. How can counties and states improve system-wide monitoring efforts to reduce incidence of mental health crises in youth and reduce suicide attempts and death?

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[1] Bitsko RH, Claussen AH, Lichstein J, et al. Mental Health Surveillance Among Children — United States, 2013−2019. *MMWR Suppl.* 2022;71(Suppl-2):1−42. doi: http://dx.doi.org/10.15585/mmwr.su7102a1

[2] Yard E, Radhakrishnan L, Ballesteros MF, et al. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12−25 Years Before and During the COVID-19 Pandemic — United States, January 2019−May 2021. *MMWR Morb Mortal Wkly Rep.* 2021;70:888−894. doi: 10.15585/mmwr.mm7024e1

The Centers for Medicare & Medicaid Services (CMS) Child Core Set is a foundation upon which to build more robust behavioral health quality measures.[3] Overall, the measure set outlined in Table 1 adopts a reactive approach to youth mental healthcare, focusing largely on post-acute care processes and medication management. Only one measure in the set centers on early identification of behavioral health conditions, but it solely revolves around depression. Noticeably, none of the measures deals with social connectedness, quality of life, access to appropriate care and supports, routine mental wellness checks, or outcomes.

Table 1. CMS Core Behavioral Health Measures for Children

2024 CMS Mandatory Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set) – Behavioral Health Measures			
Behavioral Health Care			
271	NCQA	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	Administrative or EHR
672	CMS	Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH)	Administrative or EHR
268	NCQA	Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)	Administrative
448	NCQA	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)	Administrative
743	NCQA	Use of First-Line Psychological Care for Children and Adolescents on Antipsychotics (APP-CH)	Administrative
264	NCQA	Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 (FUA-CH)	Administrative
265	NCQA	Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH)	Administrative

Key: NCQA (National Committee for Quality Assurance), EHR (electronic health record)

Innovative Models and Metrics

In direct response to the data and quality measurement gaps, a number of organizations have developed innovative initiatives, programs, and models. On the following page are a few promising examples.

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[3] Medicaid.gov. 2024 Mandatory Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set). Available at: https://www.medicaid.gov/sites/default/files/2023-08/2024-child-core-set_0.pdf. Accessed September 26, 2023.

Zero Suicide Toolkit SAMHSA's Zero Suicide initiative is exceptionally innovative and has proven effective in leading the charge toward evidence-based suicide prevention. The framework includes seven elements, one of which is the use of continuous quality improvement to collect and examine data routinely. Organizations can use the toolkit to identify and implement continuous quality improvement efforts with fidelity and build supportive data systems that include meaningful measures, such as routine suicide screening, safety plan development, lethal means counseling, suicide deaths among people with and without identified suicide risk, and suicide attempts among those individuals.

Measuring Mental Health Among Adolescents and Young People UNICEF, in collaboration with George Washington University and the Karolinska Institute, created the Measuring Mental Health Among Adolescents and Young People (MMAPP)[4] initiative. MMAPP offers a path toward understanding and addressing mental health needs through evidence-based programs that support well-being among youth. The initiative is intended to address the gap in meaningful and actionable data on youth behavioral health by developing a culturally adaptable and clinically validated data collection tool, establishing a set of global indicators promoting standardized data collection, and promoting data-driven advocacy efforts to inform policy and programs.

Measurement-Based Care Measurement-based care (MBC) is an evidence-based practice that uses the routing collection and use of patient-reported progress measures to inform clinical decision making.[5] This approach is relatively feasible and scalable for many clinical practices and well-suited for under-resourced community-based behavioral health settings.

Collaborative Care Model Collaborative Care Model (CoCM) brings mental health services into pediatric settings and has proven effective in the early identification and treatment of behavioral health conditions. Specifically, CoCM addresses access barriers and the stigma facing youth who have behavioral healthcare needs. CoCM is a data-driven approach and a steward of MBC through the use of validated screening tools to coordinate care and monitor progress or regression.[6]

The Washington State Common Measure Set The Washington State Common Measure Set represents an effort to improve behavioral health outcomes in the state. In 2013, the state legislature passed a law intended to improve the behavioral health system, which resulted in, among other advancements, the development of a set of child behavioral health metrics for inclusion in the Washington State Common Measure Set.[7] These measures, detailed in Table 2, provide standardized approaches for assessing key aspects of the youth behavioral health system, including treatment penetration and crisis services—important concepts absent from national measure sets.

[4] UNICEF. Measuring Mental Health for Adolescents and Young People at the Population Level. March 2023. Available at: https://data.unicef.org/topic/child-health/mental-health/mmap/. Accessed September 26, 2023.

[5] Huffman LG, Lawrence-Sidebottom D, Huberty J, et al. Using Digital Measurement–Based Care for the Treatment of Anxiety and Depression in Children and Adolescents: Observational Retrospective Analysis of Bend Health Data *JMIR Pediatr Parent*. 2023;6:e46154. doi: 10.2196/46154 https://pediatrics.jmir.org/2023/1/e46154/

[6] Lyons J, Hillyard B. Unique Collaborative Care System: Solution to the Youth Mental Health Crisis. *Psychiatric Times*. September 8, 2023. Available at: https://www.psychiatrictimes.com/view/unique-collaborative-care-system-solution-to-the-youth-mental-health-crisis. Accessed September 26, 2023.

[7] State of Washington. Washington State Common Measure Set, 2023. Available at: Washington State Common Measure Set, 2023. Accessed September 26, 2023.

Table 2. Washington's Common Measure Set for Youth Behavioral Health

Washington State Common Measure Set- Youth Behavioral Health Measures	
Measure	**Description**
Treatment Penetration for Children with MH Tx Need	Proportion of children with mental health treatment needs who receive mental health treatment services.
Treatment Penetration for Youth with SUD (substance use disorder) and COD Tx Needs	Proportion of youth ages 12−20 with SUD and co-occurring disorder (COD) treatment needs who receive appropriate behavioral health treatment services.
Mental Health Crisis Services	Proportion of children who have received at least one mental health crisis service in measurement year (MY).
Mental Health Inpatient Services	Proportion of children with any inpatient mental health services in MY
Psychotropic Polypharmacy	Proportion of children who filled four or more prescriptions for psychotropic medications in at least one month of MY.
Involvement in Criminal Justice System	Proportion of youth aged 12-20 who have any criminal justice involvement in MY, including arrests and convictions.

Allegheny County Community Health Improvement Plan Allegheny County in Pennsylvania has embedded youth metrics as part of the overall Community Health Improvement Plan.[8] The included metrics account for the proportion of teens who receive mental health and SUD treatment, the reduction in reported substance use, decreases in overdose and suicide rates, and participation in EBP programs for children and youth.

Call to Action

Federal, state, and local entities, payers, provider organizations, and community-based organizations must take steps forward collectively to bolster and improve existing standardized monitoring, evaluation, and quality measurement efforts for youth mental health. The following examples represent key steps toward achieving this aim.

- **Build consensus**. Begin with establishing clear objectives, goals, and outcomes for the youth mental health system. These goals should account for how youth encounter entities across the medical, social, and education systems.

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[8] Allegheny Public Health Department. Plan for a Healthier Allegheny 2023-2027. Available at: Allegheny_County_PHA.pdf (alleghenycounty.us). Accessed September 26, 2023.

- **Develop a common monitoring and evaluation approach.** Building from the agreed-upon objectives and goals for youth mental health, arrive at a consensus-based approach to monitoring and evaluating outcomes. This methodology will involve both tracking and analysis, but also the specific quality metrics, outcomes, and indicators that are meaningful and useful in gauging progress toward outcomes and understanding key structures and processes in the system that are critical to achieving those goals. Importantly, measures also should include how youth are engaging effectively in other key areas of development, such as school and structured activities. Measures should also evaluate if their health-related social needs are met, such as food and housing security.

- **Implement data governance and quality infrastructure.** Implement data quality assurance processes to ensure accuracy, completeness, and reliability. Establish a governance framework with assigned data stewards who are responsible for developing policies and procedures for data sharing, data handling, and overseeing data quality, security, and compliance.

- **Bolster data and information sharing for coordinated efforts across the system.** Taking into consideration the various entities responsible for the health and well-being of youth across the care continuum, and the unique spaces where youth receive support, develop processes and procedures for safely sharing information.

- **Foster transparency.** Make certain processes and procedures are in place to ensure data and insights are available to relevant stakeholders, including policymakers, providers, researchers, and the community, through reports, dashboards, and public presentations.

- **Involve the community.** Ensure patients, families, advocacy groups, and other community stakeholders are engaged in both the development of systems to drive improvements in outcomes, as well as given opportunities to review and respond to collected data.

- **Continuously improve.** Set in place processes and procedures to continuously evaluate and improve upon monitoring, evaluation, and quality measurement efforts.

Conclusion

It is imperative that our approach to measuring the behavioral health and wellness of children and adolescents evolves to better identify opportunities for early action, track agreed-upon population goals and objectives, and encompass the holistic well-being of this population. The current outcomes measurement approaches are insufficient, with challenges such as limited quality measures, data collection and exchange, and cross-sector communication and planning.