# Barriers and Innovations to Delivering Crisis Intervention Services Before and During COVID-19 in California

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## Introduction

- Impacts of the COVID-19 pandemic on child and adolescent mental health[1], social determinants of health[2], and mental health service delivery[3] have been observed.
- It is important to understand how the pandemic has impacted community-based child crisis services in order to improve adaptability during medical and social crises.

## Objective

- To understand barriers and facilitators of appropriateness, feasibility, fidelity, and sustainability for child crisis triage programs before and during the COVID-19 pandemic.

## Methods

- Multi-year community-partnered formative evaluation of 8 county-based child crisis triage programs in California funded by the California Mental Health Services Act.
- Conducted semi-structured qualitative interviews with program leads and staff at 6-month intervals.
- Interview guide adapted domains and constructs from the Consolidated Framework for Implementation Research[4].
- Interviews were audio-recorded, transcribed, and thematically analyzed in Dedoose.

| | Pre-COVID Closures | | Post-COVID Closures | |
|---|---|---|---|---|
| | **Baseline** | **6-month** | **12-month** | **18-month** |
| Dates | June–Sept 2019 | Jan–Feb 2020 | June–Oct 2020 | Feb–Apr 2021 |
| Participants | Leads | Leads | Staff | Leads |
| # of Interviews | 8 | 8 | 8 | 8 |

## Results

- Some programs observed increased mental health needs and acuity despite declines in service utilization.
- Referral channels were disrupted for many programs and reduced of access to, and increased strain on, community resources impacted service delivery and linkage.
- Staff turnover and challenges hiring new staff during the pandemic reduced the capacity of some programs.
- Uptake of telehealth was rapid but mixed, with some concerns for its acceptability and effectiveness. Many deployed telehealth flexibly based on context and patient/family preference.

*Child crisis triage programs in California adapted and innovated in response to new and exacerbated barriers posed by the COVID-19 pandemic.*

"…post-COVID, now everybody is like, 'well, it's not that bad; we'll see if we can manage it in the house...' Like everybody seems to be managing it or at least attempting to manage it more at home and it has to be in full blown crisis mode before they're willing to go to the hospital and get any services." Site G

"prior to COVID, more than half… of our crisis calls in our whole system were starting to be children and youth, and then when COVID hit, that really took down the number of kids that we were seeing. ... But it seems like it's coming back up." Site C

**Increased Needs and Acuity, Declining Utilization**

"…because of early closing of the schools, a large source of our referrals for our program—due to kids having crisis in schools—has essentially been eliminated." Site F

"It got worse just because of the pandemic and the emergency departments getting filled with COVID and… reaching capacity, and them not wanting any mental health folks in the emergency department at all. So we really had to scramble to… try to get more creative about placing kids." Site E

**Disruptions to Referrals and Community Resources**

"[hiring for some roles] was halted a little bit because of COVID because… we wanted them… to go out in there like to schools and sit with kids or go to the hospitals and… go to homes and whatnot. And with COVID, that kind of put a halt on it." Site A

"I think [lack of applicants is] due to the pandemic. I think it's become too darn easy to be a therapist on Zoom. … You don't have to deal with billing, you make 100 bucks an hour. It's hard to compete with really and that's happening here and it's happening in other places too." Site D

**Staff Turnover and Hiring Challenges**

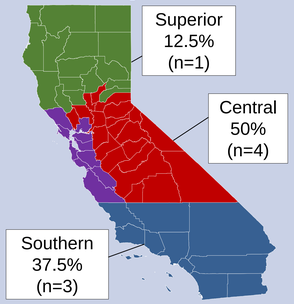
"we're experiencing a bunch of different kinds of challenges that we never expected to experience… you have connectivity issues… like do our clients have the kind of technology that they need, do they have telecommuting equipment, do they have phones, do they have Internet service…" Site B

"…[parents/caregivers] really often are just exhausted from the process… and when I've mentioned telehealth or we talked about it, often they're just really like, 'no, can we just talk, if possible.' And it's just one more thing that they have to do…" Site G

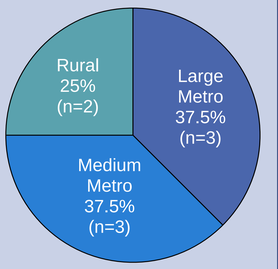
**Mixed Response to Telehealth**

## Child and Youth Crisis Triage Programs

**Region**




**County Composition**




**Program Target Care Processes**

| Prevention | Early Intervention | Crisis Services | Treatment | Referral | Care Coordination | Community Outreach |
|---|---|---|---|---|---|---|
| 12.5% (n=1) | 12.5% (n=1) | 100% (n=8) | 25% (n=2) | 62.5% (n=5) | 62.5% (n=5) | 12.5% (n=1) |

## Results (cont.)

- Programs innovated by developing new outreach and referral systems, creatively mobilizing existing referral channels, strengthening partnerships (e.g., with schools) to improve capacity and reach, developing new telehealth procedures, and deploying telehealth flexibly.

## Conclusions

- Findings highlight the importance of strengthening crisis response systems to withstand social crises.
- Observed decreases in service utilization and demand may be a function of accessibility and system functionality, rather than reduced mental health needs.
- Improving critical partnerships and expanding community resources should be targeted for system improvement.
- Program innovation and flexibility has been essential to ensuring service continuity during the pandemic.

## References

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