PEDIATRIC BEHAVIORAL HEALTH URGENT CARE

2nd Edition

Including Considerations For Meeting the Needs of Children with Autism Spectrum Disorders and Intellectual and Developmental Disabilities

Executive Summary

Children's mental health campaign

SUPPORTED BY THE PETER & ELIZABETH TOWER FOUNDATION
AND THE HERMAN AND FRIEDA L. MILLER FOUNDATION

CHILDREN'S MENTAL HEALTH CAMPAIGN

Children's Mental Health Campaign

MSPCC - BHC - HCFA - HLA - PPAL - MAMH

The Children's Mental Health Campaign (CMHC) is a large statewide network that advocates for policy, systems, and practice solutions to ensure all children in Massachusetts have access to resources to prevent, diagnose, and treat mental health issues in a timely, effective, and compassionate way. This will only happen through a shared responsibility among government and health care institutions working together to improve mental health care and access for children and youth.

MAMH
Massachusetts Association *for* Mental Health

The Massachusetts Association for Mental Health (MAMH) has worked since its founding in 1913 to forge compassionate understanding of behavioral health conditions and to combat disparities in health services access. MAMH envisions a day when all individuals and families across the Commonwealth have the resources and opportunities they need to promote resilience and protect overall health. MAMH carries out its work through policy studies, legislative advocacy, and knowledge dissemination to promote fact-based policymaking and service solutions. MAMH is an executive member of the CMHC.

ACKNOWLEDGMENTS

In early 2015, the Children's Mental Health Campaign (CMHC), with the generous financial support of the C.F. Adams Charitable Trust, launched a multi-year project to gather data to quantify and understand the issues that lead to Emergency Department (ED) boarding and to use that data to inform a set of solutions to the problem. ED boarding is the practice of holding patients in the hospital ED for extended periods of time while evaluating the need for or finding a bed for hospital admission. Children with behavioral health conditions, and those with co-occurring autism spectrum disorders (ASD) or intellectual and developmental disabilities (IDD), suffer the longest ED boarding rates in Massachusetts hospitals.

In 2017, the CMHC gratefully received financial support from The Miller Innovation Fund to study one proposed solution: behavioral health urgent care for children. As a member of the CMHC leadership team, the Massachusetts Association for Mental Health (MAMH) reported on the needs of the target population and developed a model of pediatric behavioral health urgent care that could be used to design a pilot program.

In 2018, The Peter & Elizabeth Tower Foundation awarded the CMHC funds to study the unique needs and behavioral health urgent care service requirements of children and adolescents who have co-occurring neurodevelopmental conditions, autism spectrum disorders (ASD) and/or intellectual and developmental disabilities (IDD). The goal of the study was to adapt the findings from the first study to create a model of care to best meet the needs of children with co-occurring behavioral health and neurodevelopmental conditions. We are deeply grateful for their support.

In addition, we are grateful for invaluable collaboration with the Blue Cross Blue Shield of Massachusetts Foundation as it pursued its new Expanding Access to Behavioral Health Urgent Care initiative to fund planning and implementation of model interventions for adults with behavioral health conditions.

Delivery of behavioral health care in Massachusetts is a true public-private partnership. Government officials, policymakers, regulators, and payers are leaders in the effort to address ED boarding and provided generous input to this report, including a collaborative review of preliminary findings and proposed solutions. We particularly note the Massachusetts Department of Mental Health's focus on earlier intervention and the Massachusetts Executive Office of Health and Human Services initiative to pursue reform of the ambulatory behavioral health system in the Commonwealth, which specifically recognizes the importance of developing behavioral health urgent care.

The CMHC team extends its sincere thanks to the children, adolescents, and their families who serve as inspiration for our research and advocacy. We would also like to thank our fellow advocates and community-based service providers for their collaboration on this study and for their dedication to improving the behavioral health system for children and adolescents. Please see Appendix A for a full list of key informants, sites visited, expert consultations, focus groups, and the Boarding Advisory Committee, all of whom were instrumental to the success of this study.

THANK YOU TO THESE SIGNIFICANT PARTNERS AND STAKEHOLDERS

Advocates for Autism of Massachusetts
American Academy of Pediatrics – Massachusetts Chapter
Asperger/Autism Network
Associated Industries of Massachusetts
Association for Behavioral Healthcare
Association of Developmental Disabilities Providers
Autism Commission – Health Care Subcommittee
Autism Insurance Resource Council at University of Massachusetts
Autism Law Enforcement Education Coalition
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Center for START Services at the University of New Hampshire
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Crisis Response Center of Pima County Arizona
Department of Developmental Services
Department of Mental Health
Eunice Kennedy Shriver Center at University of Massachusetts Medical School
Hackett Family Foundation
Hogan Health Solutions
Martha's Vineyard Community Services
Massachusetts Behavioral Health Partnership
Massachustetts Executive Office of Health & Human Services
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McLean School Nurse Liaison Project
Meadows Mental Health Policy Institute
Nashoba Learning Group
National Association of State Mental Health Program Directors
North Shore Medical Center
Parent/Professional Advocacy League
RI International
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EXECUTIVE SUMMARY

Pediatric behavioral health urgent care is a multifaceted intervention designed to treat timely and stabilize swiftly emerging behavioral health conditions affecting children and adolescents that do not present as an imminent threat of harm to self or others. A study of pediatric Emergency Department (ED) boarding, conducted in 2016 by the Children's Mental Health Campaign (CMHC), quantified the issue of long waits in EDs for children and adolescents presenting for emergency behavioral health care.[1] ED boarding is defined by the Commonwealth of Massachusetts' Executive Office of Health and Human Services as patients who spent 12 or more hours awaiting treatment, from their time of arrival in the ED to their admission to the appropriate level of psychiatric treatment.[2] In the study, approximately 14 percent of children and adolescents initially assessed to require inpatient or Community-Based Acute Treatment (CBAT) were discharged home after boarding in the ED, indicating that with appropriate crisis intervention and stabilization, ED boarding might have been avoided.[1] In 2017, The Herman and Frieda L. Miller Foundation awarded the CMHC a Miller Innovation Fund grant to study pediatric behavioral health urgent care and to develop a model that would alleviate ED boarding. In 2018, the Peter & Elizabeth Tower Foundation awarded the CMHC an additional grant to study the needs of children and adolescents with neurodevelopmental conditions (autism spectrum disorder (ASD) or an intellectual or developmental disability (IDD)), who have co-occurring behavioral health conditions that may result in a need for urgent or crisis care. This report integrates the results of the mixed-methods studies conducted on behalf of both the Miller Innovation Fund and the Peter & Elizabeth Tower Foundation. The methodological approach to this study incorporated multiple qualitative data sources, including peer-reviewed and grey literature, key informant interviews, focus groups, site visits, and an expert panel.

Key informants reported three primary groups of children and adolescents in need of behavioral health urgent care: those who were experiencing sub-acute changes in behavior or thinking, those failing to perform social role functions, and those with suicidal ideation. Considering the high prevalence (50 percent) of behavioral issues among children and adolescents with ASD/IDD as well as their overrepresentation among those who board in EDs, an urgent behavioral health response must consider their needs.

The Crisis Response Center in Tucson, AZ, and the Access Center at Bradley Hospital in Providence, RI, are leading models for the provision of comprehensive behavioral health urgent care to children and adolescents and thus were chosen for site visits. Both function similarly to medical urgent care in that they provide walk-in, immediate treatment of behavioral health conditions. The Access Center is physically connected to multiple levels of behavioral health care and subspecialty care for children and adolescents with ASD/IDD. In addition to these models, there are several innovative elements of behavioral health urgent care that occur in a variety of settings that the researchers visited or reviewed, which support the proposed model of pediatric behavioral health urgent care outlined in this report.

The core components of behavioral health urgent care will be the ability to receive timely admissions (within 48 hours); to provide rapid, community-based access to crisis intervention and assessment; and a meaningful connection to follow-up, ongoing care, and treatment. These functions will primarily be carried out at community-based outpatient behavioral health clinics and by Mobile Crisis Intervention (MCI) teams that deliver a mobile, on-site, and face-to-face therapeutic response to children and adolescents experiencing behavioral health crises. Primary care providers should also be able to provide these functions, but their ability to do so depends on the level of behavioral health integration that they have achieved. Expansion of consultation through the existing Massachusetts Child Psychiatry Access Program (MCPAP) would provide community-based outpatient settings and MCI teams access to psychiatric evaluation and prescribing expertise (MCPAP is currently only available to child and adolescent primary care providers). In addition, the purview of MCPAP could be expanded to cover ASD/IDD, and child and adolescent substance use disorders.

Once an assessment and disposition decision has been made in one of these settings, the child or adolescent may be directed to any number of care options, including outpatient therapy, outpatient pharmacology, 23-hour close observation, partial hospitalization programs, MCI follow up, or a Crisis Stabilization Unit. A successful urgent behavioral health intervention will depend on clinicians having the authority to direct children and adolescents and their families to immediate follow-up care (not the ED). Insurers and follow-up care settings must be required to accept the placement decisions of treating clinicians. Currently, children and adolescents are unable to access care settings because of insurer practices that question the treating clinician's recommendation for follow-up care, severely delaying or denying access altogether. Access may be further complicated by treatment settings that are unwilling to accept children and adolescents deemed "too acute" for care or "not the correct fit" for the treatment setting.

There are numerous considerations when implementing any new service or service improvement. For example, physical space for a walk-in urgent care outpatient setting must accommodate multiple elements of care provision. An effective staffing model will be successful only with a payment structure that supports the provision of thorough and complete interventions and care plans, work that has been impeded by the rigid fee-for-service payment structure heretofore employed by payers. Information regarding planned changes in service provision and practice transformation resources should be widely disseminated in the community to assure that families and providers are aware of the availability of behavioral health urgent care services.

Throughout the current tenure of Executive Administration, the Massachusetts Executive Office of Health and Human Services has undertaken significant, innovative delivery and payment reforms in the MassHealth program. Simultaneously, advocates and system administrators have been working to extend the intensive Children's Behavioral Health Initiative (CBHI) services available to MassHealth enrollees to privately insured children and adolescents. Any change to enhance current services, fill service gaps, or create urgent care behavioral health services must operate within the framework of these and related reforms.

In order to create pediatric behavioral health urgent care, the CMHC recommends the following actions:

- Institute and finance enhancements to comprehensive behavioral health outpatient clinics' capacity to provide standing capacity to treat urgent walk-in cases as well as the ability to monitor cases over a 24-hour period;

- Implement improvements to the MCI program, including the creation of enhanced MCI teams with specialized training and technical support in Autism Spectrum Disorder and other Intellectual/Developmental Disabilities;

- Expand MCPAP or similar tele-consult service to provide remote assistance to pediatric behavioral health urgent care and MCI teams, across clinical settings, with expertise in Autism Spectrum Disorder, Intellectual/Developmental Disabilities, and substance use disorders; and

- Grant clinicians providing pediatric urgent behavioral health interventions the authority to direct children and their families to appropriate follow-up care settings;

Implementing these recommendations must take into consideration both the current pediatric behavioral health system and anticipated ambulatory care redesign plans in Massachusetts. The need for pediatric behavioral health urgent care is well documented. There is broad consensus across patients, providers, and policymakers that providing immediate access to care for children with an urgent behavioral health need has great potential to prevent full emergencies from developing and alleviate some demand on emergency departments, thus mitigating the ED boarding problem. The CMHC strongly advocates for the adoption of these recommendations and stands ready to work with the pediatric population in need, practitioners, providers, policymakers and payors to devise, finance and implement practice transformation to implement pediatric behavioral health urgent care.

REFERENCES

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2. Massachusetts Health Policy Commission. (2017). Behavioral health-related emergency room boarding in Massachusetts.

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The CMHC Executive Committee consists of six highly reputable partner organizations: The Massachusetts Society for the Prevention of Cruelty to Children (MSPCC), Boston Children's Hospital, the Parent/Professional Advocacy League, Health Care for All, Health Law Advocates, and the Massachusetts Association for Mental Health. The CMHC network includes more than 160 organizations across Massachusetts.

We are unified in our commitment to safeguard the mental and emotional health and wellness of all children in Massachusetts.

As a society, we cannot afford ignorance and inaction when it comes to the mental health of children. Compassion calls us to ease the suffering of any child who may be in emotional pain because of things happening to them or around them as well as those who suffer from biological or genetic conditions. Common sense requires us to assess and intervene long before a child's behavior becomes harmful to themselves or others. And determination drives us to help children and their families by fighting for access to supportive resources, proven interventions and treatments that will allow them to grow into healthy adults – ideally with an understanding of how they can manage their own mental health to avert crises and chronic distress.

CHILDREN'S MENTAL HEALTH CAMPAIGN