**Behavioral Health Urgent Care & Crisis Stabilization Units**
**August 26, 2021 (10:00 am – 11:00 am)**
**Co-Chairs: Tim Marshall & Jeff Vanderploeg**
**Meeting Minutes**

1. **Welcome & Introductions [:02]**

Jeff Vanderploeg welcomed participants and let them know that the meeting will be recorded and posted with the minutes to the www.plan4children.org website.

2. **Overview of Workgroup Goals, Anticipated Deliverables, and Timeline [:03]**

Tim Marshall thanked the group for joining and briefly reviewed goals and objectives for the workgroup. He commented that this group will continue to provide recommendations for the Behavioral Health Urgent Care level of care; however, starting in the next couple of weeks, the group will also need to concurrently focus on recommendations for the Crisis Stabilization Unit level of care.

3. **Presentation on Northwell LIJ / Cohen Children's Pediatric Behavioral Health Urgent Care Center [:25]**

Vera Feuer, M.D. presented on the Behavioral Health Urgent Care model at Northwell Health/Cohen Children's Hospital in Queens, NY. Like other parts of the country, access to children's mental health services is a problem in their region that contributes to high ED volume, and COVID has only exacerbated these issues. Their Urgent Care model was developed in 2017 to reduce ED volume particularly among children that who are sub-acute in clinical presentation. This allows children with behavioral health concerns to skip the general ED process and environment and more quickly get to a psychologist or clinical social worker. The Urgent Care is located at Cohen's Children's Hospital on the main level. It's a welcoming and inviting space, all insurance types are accepted, and the program operates much like an outpatient clinic. It is open five days a week during school hours and collaborates closely with community resources and schools to avoid the ED whenever possible. The BH Urgent care helps bridge the gap between an ED level of care and outpatient services, and their clinic also offers follow-up appointments.

Because it considered a clinic setting (rather than a behavioral health ED), they typically do not see highly agitated youth, youth with an active or very recent suicide attempt, or youth in need of lab work. The model is supported by a fee-for-service rate; originally there was a grant that provided additional funding, but that has recently ended. The program is staffed by a child psychologist who supervises and monitors every case. There are patient engagement specialists and medical scribes. There are no nurses or other staff that can administer medications at their clinic, although they are located on hospital property. The security staff are mental health techs with training in crisis de-escalation.

The Urgent Care has seen about 6,000 youth and families to date. About 50% of referrals come from schools which decreased during the pandemic while home/family referrals increased. Since the Urgent Care opened, the hospital ED has seen a decrease in behavioral health volume and inpatient admissions. Only about 4% of youth go from Urgent Care to the ED or an inpatient unit. They have found physical proximity to the ED to be very helpful in that it creates a no wrong door approach (if the clinic thinks a child is too acute, they can send them directly to the ED). The clinic shares some staff with the ED

A participant asked what the inpatient bed capacity was like in the region served by the Urgent Care. Vera answered that they have a 22 bed unit and there are 4 more beds in their system. Another participant asked if ambulance drop-offs were accepted, and Vera indicated that ambulance referrals went straight to the ED and might be sent from there to the Urgent Care when appropriate.

4. **Bellevue Hospital's Children's Comprehensive Psychiatric Emergency Program (CCPEP) [:25]**

Annie Li, M.D. presented on the Urgent Care model at Bellevue Hospital. The psychiatric staff at this site are NYU faculty members and the program has been around for 10 years. It is the only child psychiatric emergency program in the state of NY. They have child/adolescent psychiatric coverage in their site 24/7 and the clinic serves as a major training center for Psychology interns, medical students, and visiting medical students.

Many youth presenting to their program are discharged as "treat and release" or "TNR" in which case care coordinators ensure timely follow up with the patient, which can be complicated by wait lists in the community-based continuum. There is also an outpatient level of care on site that accepts some youth discharged from their urgent care. The clinic tries to refer patients to services located in their own communities whenever possible. For more acute youth, Bellevue has inpatient beds available. Their site also has a pediatric observation unit with six beds. Some patients can be held for up to 72 hours if they are a danger to themselves or others. The program is also staffed by nurses and behavioral techs. Their crisis clinic allows up to three visits, the clinic does not engage in therapy, but is primarily focused on safety and risk assessment. Patients typically come in through the emergency room which is open 24/7. The clinic also accepts ambulance referrals, school referrals, and children that have been temporarily removed from their home as a result of abuse or neglect.

The clinic currently has four attending psychiatrists and have coverage during the overnight. They also employ social workers to help coordinate care. The clinic requires a lot of resources to maintain operations. Ideally, insurance reimbursement plus grant funding would cover all costs. A participant asked a follow-up question about staffing at Northwell. Vera responded: 18 hours of on-site child psychiatry (and 6 hrs via telemedicine); 4.5 FTE's child psych time. 1.2 FTE's urgent care, 1 nurse practitioner, 2.5 FTEs of social workers that are 8:30-12, the urgent care has 2 licensed mental health counselors. Staffed 24/7 with nurses from the ER. Not needing as much staffing the ER helps with cost reduction.

A participant asked, for both models, what percentage of costs are covered by insurance billing vs. grants? Annie responded that she does not have a precise break down but the total costs are covered by insurance reimbursement, grant funds, and other costs are covered by NYU and Bellevue.

Services and Treatment of Children that are in either of general crisis stabilization?
Annie Li responded that Bellevue is very lucky to have help with child psychology attending the clinic is a program that focused on trauma informed care. There is an Autism spectrum pathway the clinic has a specific way to talk to children using visual cues to help engage with the child. It is Behavioral model based. A lot of the work at the POU. In regards to COVID the clinic has 6 bed and the clinic is able to isolate rooms for positive COVID children if there's two positives the clinic will cohort together. Being with the hospital both clinics have direct access and can provide the rapid testing for COVID. If needed to both clinics have the ability to create a mini unit of covid positive patients.

5. **Wrap-Up and Next Steps & Adjourn [:05]**

Jeff Vanderploeg and Tim Marshall thanked the participants and presenters for attending the meeting.

6. **Next Meeting Dates:** 4th Thursday of the month; 10:00 – 11:00 AM

5th Thursday in September due to iCAN Conference
3rd Thursday in November due to Thanksgiving

September 30, 2021 October 28, 2021 November 18, 2021

7. **Chat Box**

*Note: Questions and comments below are in the order they were received. Presenters responded to some of the early questions further down the list.*

From Rita Demo to Everyone: 10:13 AM
Did I read that correctly, will not accept referral if client is agitated?

From Frank Fortunati to Everyone: 10:16 AM
Can you describe how these patients were managed by the hospital prior to creating this unit?

From Carl Schiessl, CHA to Everyone: 10:16 AM
Will Dr. Feuer make these slides available to our group, or my apologies if she has already done so. Thank you.

From Jason Malia to Everyone: 10:17 AM
Can you describe what percent decrease in ED behavioral volume and boarding was seen and sustained?

From Rita Demo to Everyone: 10:19 AM
Also won't accept a referral for a recent suicide attempt?

From Frank Fortunati to Everyone: 10:20 AM
Can you speak to the regional inpatient child/adolescent psych bed capacity? When a decision is made to admit a patient, how readily available is a bed?

From Tammy Freeberg to Everyone: 10:21 AM
To confirm, the clinic does not receive children by ambulance. Correct?

From Frank Fortunati to Everyone: 10:21 AM
How is this service funded?

From Tammy Freeberg to Everyone: 10:23 AM
Tim/Jeff: What proportion of ECC sites have open access/walk-in? Do you know?

From C. A. Gonzalez, MD, CCGC to Everyone: 10:23 AM
No nurses. How do you handle medications being dispensed?

From Carl Schiessl, CHA to Everyone: 10:29 AM
To Dr. Fortunati's question, I am interested in learning more about the financing of the services, in terms of establishing the service, as well as payment and reimbursement for services rendered by all categories of payors (e.g., commercial insurance, government payors, etc.). Thank you.

From Laine Taylor to Everyone: 10:30 AM
What are your most commonly used codes?

From Carl Schiessl, CHA to Everyone: 10:30 AM
I am also curious about regulatory oversight in the State of New York. How is your center regulated? What has been your experience with regulatory oversight?

From Frank Fortunati to Everyone: 10:31 AM
By breaking even, does that include covering your indirect expenses from Northwell, or just your direct salary expenses?

From Vera Feuer to Everyone: 10:36 AM
@tammy- we do not accept ambulances, they go to the ED

From Vera Feuer to Everyone: 10:40 AM
@Jason, initial ED volume decrease was about 12% and admission about 20%. Ed volume has sustained about the same, while BH urgent volume is increasing (except for covid year) Admission rate bumped up during COVID, but was sustained prior
@ Dr Gonzalez, we do not dispense meds. We prescribe and schedule those kids for follow ups

From Tammy Freeberg to Everyone: 10:41 AM
It strikes me that these are both hospital identified/driven and implemented models. Is that correct? In these cases, what was the state's role in setting up these programs?

From Vera Feuer to Everyone: 10:45 AM
Re: finance. Part A facilities bill and part B professional billing- 90792 for initials, outpt codes for follow ups. 60% commercial, 40% Medicaid, most managed. Breakeven is salary cost.
@ Carl DOH
@ Tammy- the state's involvement was initially through the DSRIP grant, but it has been sustained as a hospital program since the grant ended in 2020

From Frank Fortunati to Everyone: 10:49 AM
Billing (Part A and Part B)?

From Amy Evison to Everyone: 10:51 AM
Can you talk more about the services/treatment being offered while the children are in the milieu?

From Laine Taylor to Everyone: 10:54 AM
How are kids who are positive cared for in the boarding beds? Positive for COVID

From Vera Feuer to Everyone: 10:55 AM
We have covid adolescent beds at one of our inpatient units if they are ill/symptomatic they go to pediatrics most so far have been asymptomatic

From Carl Schiessl, CHA to Everyone: 10:58 AM
Would it be possible to receive or be directed to a link to an annual report for each of these operations, if such is readily available?