Short Term Solutions to Behavioral Health ED Volume
October 7, 2021
10:00 am – 11:00 am
Co-Chairs: Tim Marshall & Jeff Vanderploeg

1. Welcome & Introductions [:02]

Jeff Vanderploeg welcomed everyone to the 1st meeting of the new workgroup. Tim Marshall introduced himself.

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

This meeting is in response to the Behavioral Health Urgent Care and Crisis Stabilization Unit meeting on 9/30. What can we do in the immediate to address the crisis that is happening now.

3. Group Brainstorm on Immediate Short-Term Solutions [:30]

A participant challenged to take a more urgent, less traditional workgroup approach so that implementation could occur quickly and not just recommendations over the next 4-6 meetings. The timeline seems far for the true need of short term solutions. She requested that the group work toward implementation within a 60 day time frame.

Marshall explained that the intent was to have enough meetings set up, however there's a lot of going on behind the scenes and that he expects changes to move quickly. There have been conversations including the Governor and the Commissioners to address the situation immediately.

Jason Malia noted that Yale has 40 pediatric inpatient beds and those have been full for months. There are an additional 20 beds in the ED that are also full. There are children ready to discharge from inpatient but there is not an appropriate level of care available for them to step down to.

Vanderploeg summarized that there are four areas where work needs to be done: 1) Keeping children out of the ED altogether who have mild to moderate acuity; 2) Quickly discharging children with lower levels of acuity out of the ED and into an appropriate level of care; 3) Expediting access to beds for children with high acuity; and 4) Ensuring access to intermediate levels of care is available for children ready for discharge from inpatient.

The group then discussed potential solutions to the four problems outlined above, resulting in the following recommendations. Note that the recommendations also include those written in the chat box.

I. What strategies can be implemented to prevent youth with mild to moderate behavioral health needs from visiting the ED?

Mobile Crisis

1. Develop/expand Mobile Crisis specialty teams, including specialty teams for children with ASD, ID, DD.

2. Embed Mobile Crisis within schools.

3. Educate, incentivize, and create accountability structures for schools and police to expand their use of Mobile Crisis to better triage youth and serve as an alternative to the ED.

School Mental Health Expansion

4. Engage SDE and schools to ensure federal funding for SEL/Behavioral Health are being used as intended including to provide mental health services. Provide oversight, review, and transparency of school district plans with respect to addressing social-emotional learning and mental health service.

Service Expansion

5. Use HRSA dollars to expand ACCESS Mental Health; consider having ACCESS Mental Health clinicians use a caseload carrying model.

Potential Pilot Programs

6. Expedite implementation of one or more behavioral health urgent care center programs and collect pilot data (or something similar).

7. Consider Community Paramedicine Model.

    - Related - consider new type of ambulance services allowing a mobile unit to transport a child to home or a community site.

II. What solutions can be implemented to discharge youth with mild to moderate acuity from hospitals to the appropriate community-based level of care?

Mobile Crisis

1. Utilize Mobile Crisis to bridge youth in EDs and inpatient beds to appropriate community-based levels of care.

2. Deploy Mobile Crisis clinicians to EDs to conduct evaluations of incoming BH ED youth visits (i.e., the Mobile Crisis ED facility liaison position).

    - Wheeler has offered to commit to be available onsite for 24 evals/wk (possibly more) at CCMC and follow up after discharge

Other Service Expansion

3. Increase funding to community-based intermediate levels of care.

4. Expand the number of approved IICAPS sites and/or increase capacity of existing IICAPS providers.

Policy and Process Changes

5. Consider any possible process improvements within the ED to expedite discharges (e.g., reconsider policy for having a psychiatric evaluation for every child).

6. Ensure hospital policies actively support (and do not prevent due to liability concerns) Mobile Crisis from being onsite.

7. Add workforce capacity by expediting licensing process including availability of licensing exams and extension of the Governor's Executive Order (7V) regarding licensing.

8. Consider changes to existing provider licenses to allow other clinical services to provide services outside the clinic setting , including reimbursement for those services that is on par with reimbursement for IICAPS.

III. How can the system facilitate timely admission for youth with high acuity who need an inpatient level of care?

Expedited Processes

1. Immediately expand inpatient bed capacity.

2. State coordination of daily morning call across facilities to identify needs and availability of inpatient beds.
    - Consider DMHAS web-based model.

3. Allow community-based providers to provide emergency assessments on inpatient campuses (e.g., TCCOH).

Increase Services

4. Increase respite beds.

5. Strengthen congregate care model as a resource for therapeutic residential services.

IV. How can the system facilitate timely discharge from inpatient for youth ready to step down to intermediate levels of care? *Also see above recommendations related to II.*

Mobile Crisis

1. Utilize Mobile Crisis as a bridge to next level of care.

Potential Pilot Programs

2. Develop a bridge clinic service for medication management and therapy.

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

Tim Marshall summarized themes that were heard in the recommendations and requested the following: a meeting among hospital representations and Mobile Crisis representatives to identify concrete next steps regarding Paramedicine and Mobile Crisis, and follow up between Wheeler and Connecticut Children's regarding onsite evaluations. Marshall also requested that hospitals or the association to follow up regarding the data requested of them for the group to better understand specific needs and inform design of solutions.

Next meeting Dates:
Oct 14th 9:00-10:00 a.m.
Oct. 21st 10:00-11:00 a.m.
Nov. 4th 10:00-11:00 a.m.

5.Chat box:
All Chat Box questions were addressed during the discussion and are reflected in the minutes above.