

Short-Term Solutions to Address Use of EDs for Behavioral Health

Family Voice Recommendations

Multiple efforts are currently underway to address the behavioral health needs of children in Connecticut in response to the rising number of children visiting emergency departments (EDs) for behavioral health needs, and the delay in their discharge into appropriate levels of care. As solutions are being developed across multiple venues, it's critical that the voices of families with lived experience be included in the process, and that their recommendations inform decisions made regarding children's behavioral health systems and services.

As one effort to incorporate the viewpoints of those with lived experience, a survey was developed to collect families' recommendations on how the state can prevent children's behavioral health visits to the ED, improve their experience if they do go to the ED, and how to address the delays in discharge. Families were asked the following three questions:

1. What recommendations do you have that would offer families an alternative to seeking care in an emergency room for their children's behavioral health needs?
2. For those situations when families do seek care for children's behavioral health needs in an emergency department, what recommendations do you have that would improve the system's ability to move children out of the emergency department and into appropriate care quickly?
3. Please provide any additional comments or recommendations that will help the state quickly address this problem and improve the behavioral health system for children.

The survey was sent to the networks of families associated with multiple family advocacy organizations and members of local community collaboratives. The survey was completed by 163 respondents. Family members' recommendations are summarized in the paragraphs below, and in more detail in the subsequent tables.

Many of the responses to the first question regarding reducing use of EDs for behavioral health needs proposed services that could be used as *alternatives* to the ED, such as Mobile Crisis (19%) or dedicated behavioral health facilities (e.g., behavioral health urgent care centers; 15%). Other recommendations focused on expanding access to services that could *prevent* a crisis from occurring. These recommendations included improved in-school supports (14%), and intermediate and outpatient community-based care (9%). A portion of responses (8%) focused recommendations on improvements to the ED services themselves which is an issue more fully addressed within the responses to the second question.

In response to the second question, more than 30% of recommendations (42 respondents) addressed how to improve services within the ED. Recommendations included increasing staff at the ED (18), adding more staff with behavioral health expertise (15), creating separate dedicated space appropriate for serving children with behavioral health (15), and improving timeliness of assessments and triaging (12). Another 28% of respondents offered recommendations related to referrals from EDs to other levels of care, as well as bridge services and/or follow up. These recommendations referenced timeliness of referrals, ensuring a warm hand off or appointment while still at the ED, and greater communication between EDs, community-based providers, and schools. Increasing the availability of services across other levels of care was recommended by 27% of respondents, and improved family engagement or improved availability of parent services was recommended by 17%.

The last question offered an opportunity to provide recommendations more broadly to address the issue at hand and also to improve the system of care overall. These responses varied widely, but 35% included a recommendation to expand services, including inpatient, home-based, community-based and school-based options. The tables below offer additional information regarding the responses to each question, as well as the associated number of respondents.

Question 1 (138 Respondents): What recommendations do you have that would offer families an alternative to seeking care in an emergency room for their children’s behavioral health needs?

Responses Topics and Number of Respondents¹	
<p><i>Mobile Crisis</i></p> <ul style="list-style-type: none"> ▪ Included references to utilizing the service (20), increasing the service (2), improving its timeliness (2), and increasing awareness of the service (2) 	26 (19%)
<p><i>Dedicated Behavioral Health Facilities</i></p> <ul style="list-style-type: none"> ▪ Included references specifically to behavioral health urgent care (6), enhanced care clinics (1), and facilities generally (14) 	21 (15%)
<p><i>School Services</i></p> <ul style="list-style-type: none"> ▪ Included references to in-school services in general (13), in-school therapy (2), social-emotional learning (2), and school-based health centers (2), training of schools staff on BH needs and trauma (1) 	20 (14%)
<p><i>Increase Service Availability</i></p> <ul style="list-style-type: none"> ▪ Included references to outpatient (6), in-home services (3), intermediate levels of care (2), and inpatient beds (1), and services generally (1) 	12 (9%)
<p><i>Improve ED Services</i></p> <ul style="list-style-type: none"> ▪ Included increasing funding or bed availability in EDs (2), increased staffing at EDs (2), space specifically for pediatric behavioral health needs (1), more behavioral health expertise within the ED (2), Improved timeliness of intake (1), availability of bed reservation in ED (1), availability of direct inpatient admission for repeat users of the ED (1), distribute specialization of different BH needs across hospitals (1) 	11 (8%)
<p><i>Other</i></p> <ul style="list-style-type: none"> ▪ Eliminate mask mandates (20), increase support for parents, including care coordination (9), increase public awareness of BH services and improve outreach to families (9), increase utilization of outpatient services (8), workforce Development (training, pay, bilingual staff) (4), offer emergency telehealth (3) utilization of natural supports (3), offer respite services to families (2), improve referral and follow up processes (2) 	60 (44%)

Question 2 (132 Respondents): For those situations when families do seek care for children’s behavioral health needs in an emergency department, what recommendations do you have that would improve the system’s ability to move children out of the emergency department and into appropriate care quickly?

Response Topics and Number of Respondents	
<p><i>Improvements to Emergency Departments</i></p> <ul style="list-style-type: none"> ▪ Recommendations included increasing staff (18), adding more staff with behavioral health expertise (15), creating separate dedicated space appropriate for serving children with behavioral health (15), improved timeliness of assessments and triaging (12) 	42 (32%)
<p><i>Referral, Bridge Services, and Follow Up</i></p> <ul style="list-style-type: none"> ▪ Recommendations included more timely referrals, such as an appointment before discharge and a warm transfer to provider (13), improve communication between ED and community-based providers (6), improve communication between ED and schools (5), improve referral system (7), utilize bridge services including Mobile Crisis (5), transparent bed availability (1) 	37 (28%)
<p><i>Increase Availability of Services</i></p>	35 (27%)

¹ Reflects the number of respondents that included this item in their response. Note that many responses to the questions included more than one recommendation topic within the response, and therefore respondents are duplicated across topics.

<ul style="list-style-type: none"> Recommendations included increasing bed availability at the EDs (8), services generally (7), inpatient beds (6), in-home services (5), intermediate levels of care (3), outpatient (2), in-school services (2), Mobile Crisis (1), and services in rural and high need areas (1) 	
<p><i>Family Engagement and Parent Services</i></p> <ul style="list-style-type: none"> Recommendations included improving ED interaction with families (9), care coordination (5), peer support (2), respite (2), improve support for parents (4), hiring family advocates for EDs (1), 	23 (17%)
<p><i>Other</i></p> <ul style="list-style-type: none"> Recommendations included removing mask mandates (10), identification of specific therapeutic interventions (3), increasing reimbursement for both Medicaid and commercial insurance (1) 	30 (23%)

Question 3 (120 Respondents): Please provide any additional comments or recommendations that will help the state quickly address this problem and improve the behavioral health system for children.²

Response Topics and Number of Respondents
<ul style="list-style-type: none"> Increase services (42) Remove mask mandates (29) Improve services at EDs (10) Improve interactions with children (across the child-serving workforce) (9) Improve services within schools (6) Increase staffing and reduce turnover in the behavioral health workforce (6) Reduce families' out-of-pocket expenses of behavioral health services (4) Increase outreach regarding availability of services (3)

The recommendations that were submitted by families and consumers via this survey, elevated the need to address services across the continuum of care and across settings (home, school, community and hospital) to ensure waitlists at one level of care do not create backlogs and discharge delays in the other levels. In particular, families highlighted the need for alternatives to the ED, for warm-hand offs to referrals and timely follow up, for improved communication throughout the system, and for the workforce to be sufficient in both size and expertise to meet the needs of children. The responses also reinforced that children are part of a family system and that positive outcomes for children are interconnected with successful engagement of the family throughout the system of care.

² Note that this question generated a wide range of response, but broad themes across the responses are identified below.