Collateral Damage During the COVID Pandemic: Behavioral health impact on youth, families, & community care

Kathy Sanders MD

State Medical Director/Deputy Commissioner

Department of Mental Health

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Overview of presentation:

1) How the COVID pandemic affected people (particularly youth) presenting to the emergency room in Behavioral Health (BH) crisis

2) What have we learned about youth in crisis and ED Boarding

3) The Commonwealth of Massachusetts' response to the increased need to address the BH crisis

4) The Massachusetts Behavioral Health Roadmap designed to increase equitable access to BH treatment in general

Impact on Youth

1. **Isolation from peers with disruption of psychosocial development**
2. **Decreased activity and increased virtual engagement (including social media access, gaming & web surfing)**
3. **Increased time spent in dysfunctional home environments**
4. **Fear of disease, financial insecurity, loss of day structure, attachment disruption and inability for early detection in the school and social environment**
5. **Trauma response to prolonged pandemic isolation**

- **NET:** ***increase in anxiety, depression, PTSD, and worsening of underlying behavioral conditions, disrupted development, and behavioral change***
- **RESPONSE:** ***ED visits for immediate help with limited in person treatment options and/or usual care approaches not effective or not accessible***

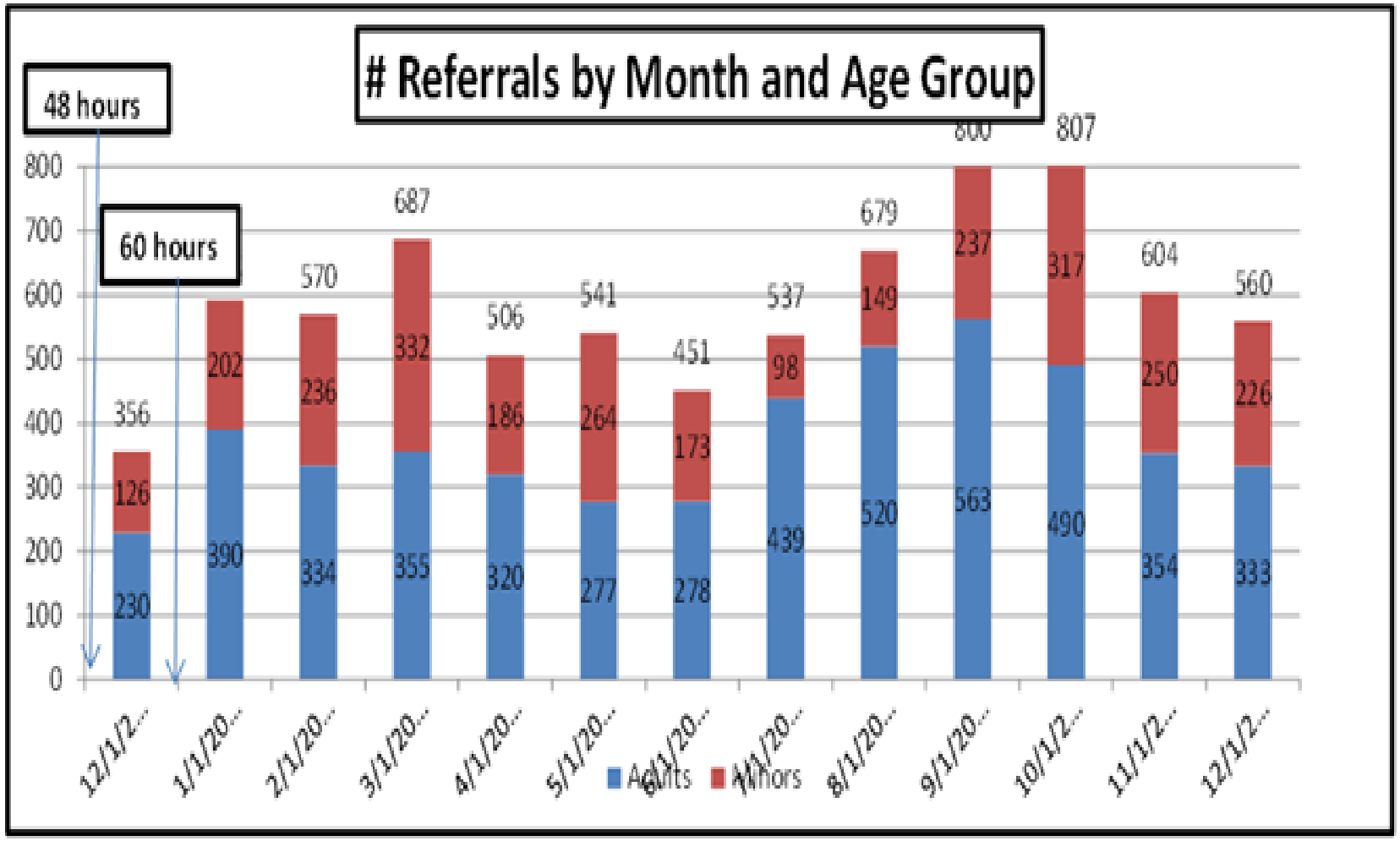
Increased Presentation to ED for care

- By June 2020 (2-3 months after school and social closure)
  - 3X's the number of behavioral health visits to EDs were noted by MassHealth
- Persistent 250-400% increase of BH visits in 2020 vs 2019
- Gradual increase through 2021 and into 2022
  - Increase BH visits persist with longer boarding times per visit
  - Pandemic conditions affected the ability for Inpatient and Residential Programs to remain open or at full capacity
  - Wait times to get available beds/treatment increased

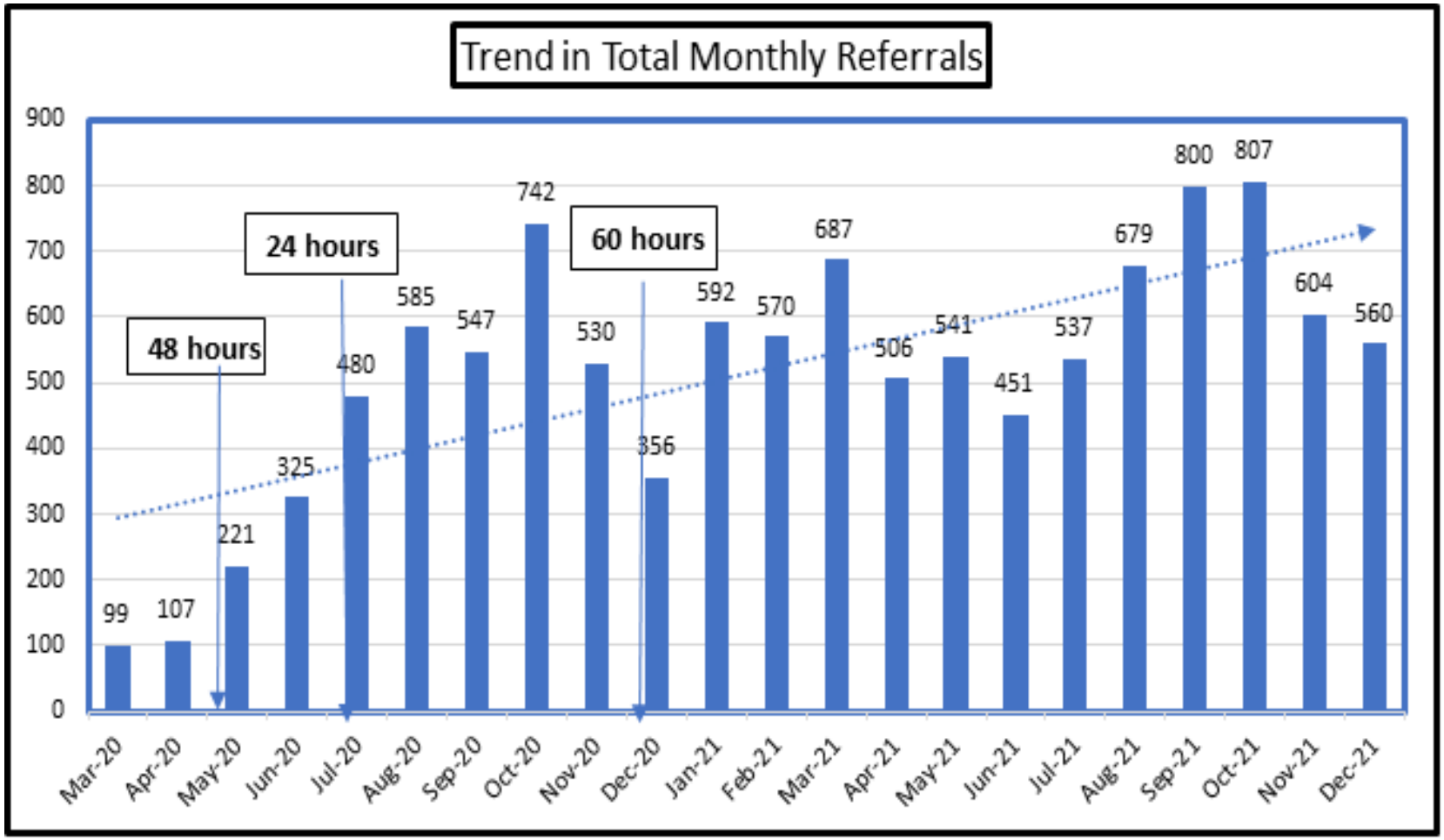
COVID Pandemic & ED Boarding

- Numbers of ED Boarders increased
- Length of Time boarding increased (especially youth)
- Anecdotally: acuity/complexity and demand for inpatient service elevated
- Beds blocked due to workforce shortages and/or COVID infection with a licensed bed operational capacity decrease from 2900 to 2500
- Community resources (group homes, CBAT, etc) share similar decreases as inpatient system (workforce and infection)

Monthly Variation of Long Boarders



Referral Trend to Bed Search Program during COVID Pandemic



10 Year Average Annual Admissions: 70,000 (2012-2021)

Total Admissions/Calendar Year

- 2012 75,197
- 2013 74,387
- 2014 72,916
- 2015 71,318
- 2016 69,063
- 2017 69,063
- 2018 69,522
- 2019 68,332
- 2020 **61,011**
- 2021 **63,014**

What have we learned? CY2021

- In 2021: 7331 referrals to DMH to assist with inpatient placement from EDs (up from 4304 in CY2020)
  - 2,670 youth (36%)
  - 4,661 adult (64%)
- Recidivism: 14.2% of referrals for DMH assistance had more than one long ED boarding episode (>60 hours) during CY2021
- State Agency Involvement: 1,867 (26%)
- Change of Level of Care: 40% (*47% in Youth; 37% in Adults*)
- Those admitted (4,379) reflect 7% of all admissions (61,250)
- 73% admitted to 30% of the licensed inpatient units (range 7-34/month)

DMH Referrals for Admission: What we learned

	2021	2020	2019
Total EPIA Referrals	**7,331**	**4,305**	**842**
➢ Ave Time to Placement(ATP)	3.5 d	2.5 d	n/a
➢ Change of Level of Care	40%	29%	14%
➢ EPIA Admissions	4,374	3,057	724
➢ Total Acute Admissions	61,250	60,082	66,969.
➢ EPIA Admissions % of Total	7%	5%	1%

2021 Youth Demographics (N=2,670)

- **Number of Referrals by Age & Gender**

	Number/%	ATP
Age		
0-12	748 (28%)	6.3 d
13-17	1,922 (72%)	4.7 d

Average = 5.2 days

Gender		
Male	1,015 (38%)	5.6 d
Female	1,461 (56%)	4.8 d
Trans	187 (7%)	6.4 d

- **Race/Ethnicity**

	%	ATP	MA Pop
White	46%	4.8 d	58%
Black	14%	5.6 d	9.2%
Hispanic	16%	5.1 d	22%
Asian	3%	5.9 d	7.1%
Other	16%	5.1 d	

- ATP=Average Time to Placement (d)

2021 Adult Demographics (N=4,661)

Number of Referrals by Age

Age	%	ATP
18-22	11%	2.8 d
23-64	80%	2.4 d
65+	9	3.4 d

Average = 2.5 days

Gender

Male	57%	2.5 d
Female	41%	2.6 d
Trans	2.2%	3.2 d

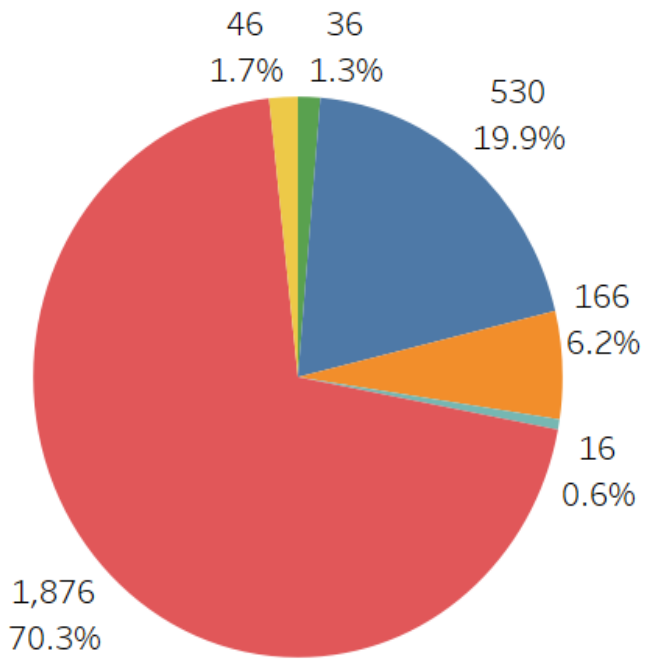
Race/Ethnicity

	%	ATP	MA Pop
White	55	2.6d	78%
Black	15	2.6	8%
Hispanic	13	2.5	21%
Asian	1.7	2.6	6.6%
Other	11	2.3	

ATP = Average Time to Placement

Percentage of Referrals

Percentage of Referrals Ages 0 - 17 by Insurance Plan Type (group)

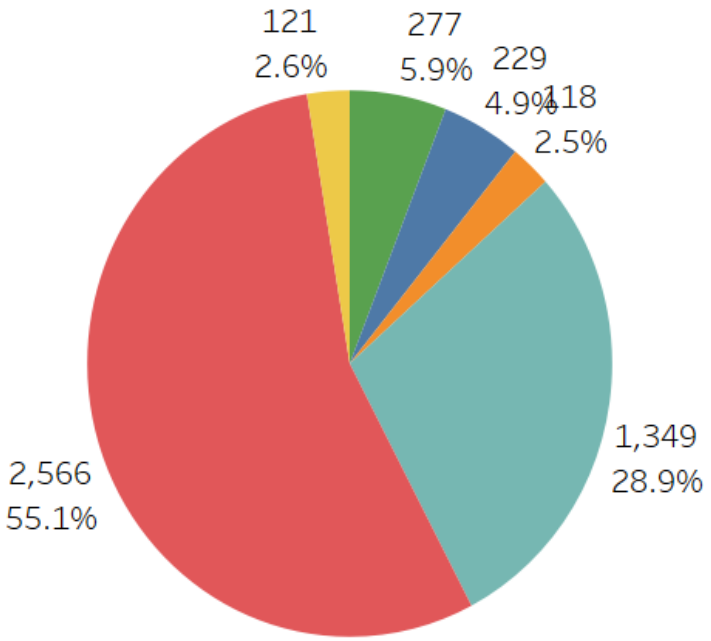


Number of Records
2,670

- Uninsured
- Commercial-In state
- Commercial-Out of State
- Medicare Medicaid
- Managed Medicaid
- Unmanaged Medicaid

Uninsured= "Uninsured", "Health Safety Net", "Medicaid-Out of State"; Commercial="Commercial-In state", "Commercial-Out of State"; Medicare-Medicaid="Medicare-Medicaid", "Medicare Only"; Managed Medicaid= "MassHealth-ACO/MCO", "MBHP Primary Care"; Unmanaged Medicaid= "MassHealth-Fee for Service", MassHealth-Plan Unspecified"

Percentage of Referrals cont'd.



Uninsured= "Uninsured", "Health Safety Net", "Medicaid-Out of State"; Commercial="Commercial-In state", "Commercial-Out of State"; Medicare-Medicaid="Medicare-Medicaid", "Medicare Only"; Managed Medicaid= "MassHealth-ACO/MCO", "MBHP Primary Care"; Unmanaged Medicaid= "MassHealth-Fee for Service", MassHealth-Plan Unspecified"

2021 Diagnosis by Age Category

Youth 0-17yo (N=2,670)

Depression	44%
PTSD	12%
Impulse Control/Conduct	10%
ADHD	5.4%
Bipolar	4.4%
Anxiety	4.2%
ASD/ID/DD	3.2%

Adults 18yo+ (N=4,661)

Psychoses	37%
Depression	24%
Bipolar	22%
PTSD	3.8%
Anxiety	2.6%
Dementia	2.4%
Personality	1.1%

2021 Barriers by Age Category

Ages 0-17 yo
N=2,670

- Bed Availability 64%
- Aggression 8%
- Acuity 3.1%
- Single Room 2.6%
- Unsuccessful Admission 1.5%
- Disposition 1.4%

Ages 18+ yo
N=4,661

- Bed Availability 55%
- Aggression 8%
- Acuity 5.6%
- Medical 4.7%
- Lack of Insurance 3.8%
- Unsuccessful Admission 2.9%

Child/Adolescent Bed Capacity

Current Bed Capacity December 15, 2021:

	Licensed	Operational	PIT Census
Adult	2090	1778 (85%)	1607 (90%)
C/A	399	337 (84%)	271 (80%)
Geri	464	387 (83%)	359 (93%)
TOTAL	2953	2502 (85%)	2237 (89%)

ED Boarding

- Both Pre and Post Pandemic ED Behavioral Health Boarding issues are the same: <u>just magnified</u>
- System still primarily inpatient or outpatient with pockets of services and resources for special populations mostly financed by MassHealth or State Agencies.
  - All levels of care are experiencing workforce shortages
  - Decreased access to community-based care
  - Increased complexity and acuity of population presenting for care
- Hybrid delivery of BH care: in person and virtual/remote
- ED only place to reliably receive in-person services

State Response (Policy and Regulatory)

- Multivariate approach to a multiple causation problem
- Behavioral Health Roadmap is the way forward - specifically, the restructuring of 24/7 Help Line, community-based crisis services and urgent care/CBHCs.
- Adjusted regulations around use of telemedicine and expanded scope of practice for some licensed staff to extend workforce response
- DMH Needs of Commonwealth to prioritize child and adolescent bed increases and other specialty units (DD/ASD, geriatric)
- Monitoring EDs for volume and acuity (EHS, DMH, MassHealth) and targeting interventions in response to the monitoring

State Response (Financial and Service)

- **Funding & regulation to support increased inpatient bed capacity and clinical competency**
- **Multiple rounds of Federal and State COVID funds to all hospitals and community providers to support continuity of operations**
- **COVID Units in psychiatric hospitals funded by MassHealth to ensure access during surges**
- **Enhanced MassHealth rates to cover increased costs associated with COVID infection control requirements**
- **Funding incentives from MassHealth to increase bed numbers over 2019 capacity**

Year	Licensed	Op Capacity	Difference
2019	2896	2708	188
2020	2778	2445	333
2021	2953	2502	451

- **ED Diversion programs (DMH, MassHealth)**

Ongoing and In-Planning Initiatives

- Incentive funds to create new inpatient beds through 2022
- ED Diversion Initiatives
  - DMH ED Diversion Teams (Youth and Adults - Multiple Providers including Youth Villages Intercept Model of diversion and warm handoff)
  - DMH Adolescent PACT teams
  - MBHP/MassHealth ED Diversion initiatives
- BH Roadmap to provide more community access to integrated, timely treatment
  - Commonwealth wide CBHCs – accountable for fully integrated MH/SUD treatment, BH urgent care crisis services including new youth crisis stabilization beds
  - 24/7 BH Help Line
  - Completely restructured 24/7 community-based payer blind crisis services
- Insurance carrier transparency and access to billing codes for increased treatment services both during ED and Inpatient care (e.g., specialing, single room rates, medical complexity enhancements)
- Financing of behavioral health assessment and treatment while in ED
- Use of ARPA Funds to engage technological solutions to support electronic clinical communication and transparency of bed availability
- Use of ARPA Funds to address Workforce issues (Legislative, MassHealth, Agency levels)

Summary

- BH visits to EDs have increase 3-fold since pre-COVID
- ED Boarding Issues are the same only magnified
- Public insured youth and adults overrepresented in the long waiting ED boarders
- State Response revolves around Behavioral Healthcare System Reform