

# Commonwealth of Massachusetts

Executive Office of Health and  
Human Services



Working Together to  
Meet the Needs of  
Students

October 30, 2017



# ED Boarding Workgroup



EOHHS convened the ED Boarding Workgroup in March of 2016 to understand and reduce ED boarding in the Commonwealth.

## Workgroup stated goals:

- Identify the magnitude and causes of boarding in EDs
- Decrease the number of individuals with a behavioral health need boarding in the ED
- Improve care coordination, access to behavioral health treatment services, and supports for individuals boarding in the ED
- Strengthen the community-based system to help individuals avoid the ED

## Workgroup identified areas for solutions:

- Data Collection, Analysis, and Reporting
- Community Outpatient Services
- Licensing and Delivery System Capacity
- Rates, Funding, and Payment



# Identified Needs: Data Collection, Analysis, and Reporting



The workgroup first needed **Data Collection, Analysis, and Reporting** on ED Boarding statewide. The data gathered has provided a clearer understand of who stays in the ED the longest and why

## Data Collection, Analysis, and Reporting Needs

- Standardize definitions (Appendix B)
- Evaluate collected data
- Address variations in standard of medical information shared in the ED
- Improve / upgrade the Massachusetts Behavioral Health Access (MABHA) website

- In June 2016, MassHealth created a new daily data set to show, for the first time, MassHealth members who are boarding in EDs statewide
- The Massachusetts Behavioral Health Access (MABHA) website was upgraded to collect the data more easily and to improve data quality, reporting, and analysis
- Routine calls are held with EOHHS agencies and MassHealth plans to review the boarding list and identify current issues. Individuals who are on the list for extended periods of time are reviewed to see if additional intervention is needed
- Center for Health Information Analysis (CHIA) data reporting will now include ED boarders who receive inpatient hospital care at the same facility where they have their ED visit
- Reviewed multiple data sets (including Children's Mental Health Campaign), all of which identified similar needs



# What We Learned – Youth



## EOHHS now more clearly understands the characteristics of youths who tend to have longer boarding stays.

- Children and youth under age 18 made up 42% of MassHealth boarders in state FY17. If transitional-age youth (ages 18-22) are included as youth, the youth/adult split is even at 50%.
  - Those under 18 had an average length of stay of 5.2 days, approximately 1 day longer than individuals over the age of 18. (MassHealth)
- It is clear that boarding of children and youth is all-payer; for those ages 22 and under who are boarding and have a primary mental health diagnosis, commercial payers represent a significant part of the population: 31% for young children, 28% for children ages 6-11, 43% for teens, and 39% for transitional age youth (ages 18-22) (HPC FY2015 CHIA data)
- While young children (ages 5 and under) represent a smaller number of ED boarders, their average length of stay is the longest of any age group (MassHealth FY17 data)
- Over the last year, communication among providers, plans, and state agencies has improved significantly, which has enabled greater care coordination for youth



# Initiatives Recommended



In order to reduce ED boarding, both the **right kind of inpatient capacity** and a **strong community behavioral health system** are required, with strong communication and coordination across the entire system of care. EOHHS has moved forward on many of the **System Capacity Enhancement and Expansion** initiatives.

## Data

### Licensing and Delivery System Capacity

- DMH Request For Information (RFI) to understand the needs of specialized populations
- DMH telepsychiatry guidance
- “No reject” policy
- Specialty units to care for those with ID/DD/ASD
- Require that new beds meet the needs of the Commonwealth

### Community Outpatient Services

- Expand Emergency Services Program (ESP)/Mobile Crisis Intervention (MCI) role
- Expand urgent care access for behavioral health
- DOI network adequacy and coverage surveys
- Care coordination and planning processes for long-stay boarders

### Rates, Funding, and Payment

- Enhance rates for identified groups of complex patients
- Examine telehealth and telepsychiatry opportunities and barriers
- Implement MassHealth ACO/CP value-based reform



# Data Highlights – FY17

## MBHP



**MBHP Inpatient Boarders by Fiscal Year and Age Group**

	Ages 0-18			Ages 19+			Total Inpatient		
	FY16	FY17	Change	FY16	FY17	Change	FY16	FY17	Change
July	19	25	32%	87	120	38%	106	145	37%
August	25	19	-24%	92	142	54%	117	161	38%
September	50	34	-32%	96	154	60%	146	188	29%
October	52	42	-19%	102	129	26%	154	171	11%
November	48	36	-25%	100	48	-52%	148	84	-43%
December	40	30	-25%	83	31	-63%	123	61	-50%
January	52	27	-48%	127	80	-37%	179	107	-40%
February	46	40	-13%	84	50	-40%	130	90	-31%
March	50	49	-2%	81	41	-49%	131	90	-31%
April	52	27	-48%	107	56	-48%	159	81	-49%
May	79	103	30%	166	75	-55%	245	178	-27%
June	57	31	-46%	103	67	-35%	160	98	-39%
<b>TOTAL</b>	<b>570</b>	<b>463</b>	<b>-19%</b>	<b>1,228</b>	<b>993</b>	<b>-19%</b>	<b>1,798</b>	<b>1,454</b>	<b>-19%</b>
Subtotal									
Nov - June	424	343	-19%	851	448	-47%	1,275	789	-38%

- There was a 19% reduction in MBHP ED boarding members from FY16 to FY17
- The reduction accelerated in the last 8 months of the fiscal year, with a 38% reduction in the number of MBHP boarding members data from the November 2015 – June 2016 to the November 2016-June 2017 time period. This trend has continued and for the November – September period, the total reduction is 40%
- The greatest decrease was seen in adults ages 19+ (47%), with a substantial decrease for ages 13-18 of 28%. Boarding episodes for younger children stayed constant, and were likely impacted by a known shortage of beds for youths



## Bridge for Resilient Youth in Transition (BRYT)

- A school-based program designed to address the needs of students who have been absent from school for 5+ days due to a mental health crisis, hospitalization, or serious medical problem
- Services provided include clinical support, academic support, family support, and coordination of care, resulting in over 90% of students successfully completing school
- 74 middle and high schools across the Commonwealth have adopted the BRYT model



## Going Forward



- Our priority is to keep youth out of the ED when possible, working with the community-based system to identify their needs early and provide appropriate supports
- When youth are in crisis and need more acute care, providers, state agencies, and schools need to be engaged to develop the most appropriate long-term plan and limit boarding time
- One of the best links to services for youth in crisis is through MassHealth's Children's Behavioral Health Initiative (CBHI)





## CBHI services schools can access directly:

- **Emergency Services Programs/Mobile Crisis Intervention (ESPs/MCI):** Short-term mobile, on-site, face-to-face crisis intervention. Available for up to 7 days as medically necessary to stabilize crisis and allow youth to remain in home
- **Intensive Care Coordination (ICC):** A structured, ongoing team-based process for developing and implementing individualized Care Plans for children and youth with complex needs
- **In-Home Therapy (IHT):** In-home, intensive, family-based treatment



## Other CBHI Services available:

- **Therapeutic Mentoring (TM):** Structured one-on-one mentoring relationship between therapeutic mentor and child or youth
- **In-Home Behavioral Services (IHBS):** Specialized service for children with persistent problem behaviors using behavior management therapy and monitoring
- **Family Support & Training (FS&T), Family Partners:** Supports caregiver in parenting the child w/ serious emotional disturbance – provides education, coaching, support and training



# CBHI Resources



- CBHI Website: [www.mass.gov/masshealth/cbhi](http://www.mass.gov/masshealth/cbhi)
- National Wraparound Initiative website: [www.rtc.pdx.edu/nwi](http://www.rtc.pdx.edu/nwi)
- [www.mabhaccess.com](http://www.mabhaccess.com)  
This website allows anyone to search for available providers by zip code and service type, as well as determine a provider's current capacity to accept new referrals, though this does not guarantee a family will get an appointment or placement.
- CBHI Brochure ("Worried about the way your child is acting or feeling") and Guide available at the CBHI website.