Emergency Medical Services for Children Innovation and Improvement Center (EIIC)

March 5, 2024 Webinar

PMHCA ED Expansion Toolkit Tutorial – Exploration Phase with Michigan PMHCA



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Reminder: Please include your name, credentials, and affiliated organization in the chat. We welcome all the questions. Please unmute or type them in the chat.



Today's Webinar

- **Objective**: Participants will be able to identify one step to begin their ED Expansion Project.
- Learn from Michigan's MC3 Program
- Be introduced to the PMHCA ED Expansion Toolkit







Planning for Expansion to Emergency Departments: Focus Groups



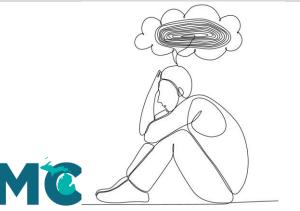


Michigan Mental Health Facts

Suicide is the 2nd leading cause of death in Michigan youth aged 10-14 years.

49% of Michigan Emergency Departments surveyed stated they had NO access to behavioral health clinicians.

Less than 10% of Michigan EDs surveyed reported having access to psychiatry services for children.



The most common reasons for pediatric mental health ED visits are suicidality, depressive disorders, and disruptive/conduct disorders.







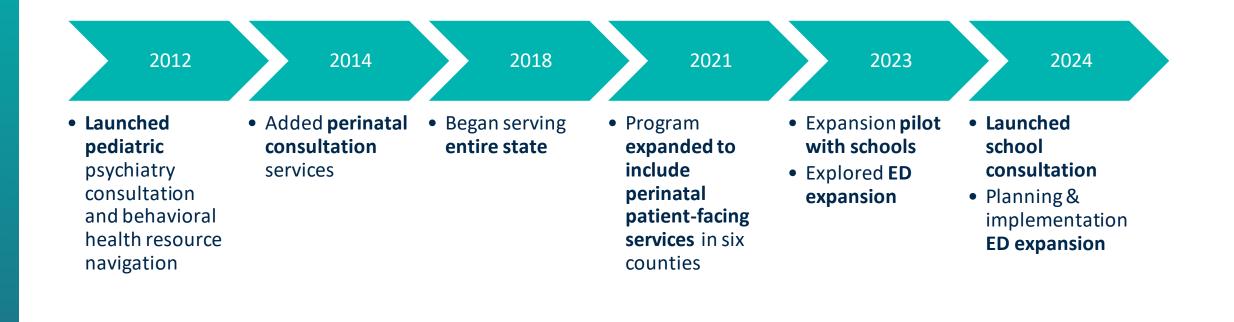
MC3 is a statewide psychiatry consultation program that provides:

- Same-day psychiatry phone consultation assisting primary care providers with differential diagnosis and treatment recommendations
- The Target population
 - Children, adolescents and young adults ages 0-26
 - Perinatal women, up to 12 months postpartum
- Psychotherapy and community resources provided by regional Behavioral Health Consultants (BHCs)
- Education and training

MC3 is funded by the Michigan Department of Health and Human Services (MDHHS) via general funds, Medicaid Administration funds, and Health Resources and Services Administration (HRSA).



Michigan's Investment Supporting Frontline Primary Care Providers and their Patients



Funded by private foundation and MDHHS

MC3

Funded by MDHHS Funds: General, Flint Water Crisis, and Mental Health Block Grant Additional funding by MDHHS via HRSA's PMHCA funding Funded by Healthy Moms, Healthy Babies Additional funding by MDHHS via HRSA's PMHCA funding Additional funding by MDHHS via HRSA's PMHCA funding



Project Aim: ED Expansion Exploration

- Identify needs of Emergency Department (ED) personnel in preparation for ED consultation expansion project to inform future work:
 - Develop workflows and processes that are feasible, sustainable, and naturally integrated into the ED setting accounting for existing staffing and workflow models
 - Supplement consultation delivery with education, training, and resource dissemination
 - Create linkage between the future expansion to ED consultation and existing services in the primary care, perinatal and school spaces





Strategic Planning Partners

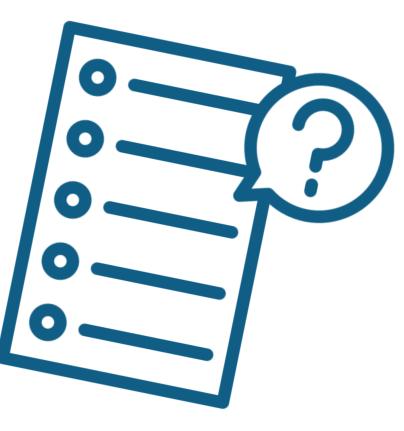
- Michigan Department of Health and Human Services (MDHHS) Leadership
- Michigan's Youth Suicide Prevention Emergency Department Network: Zero Suicide-Focused Community of Practice funded by SAMHSA/MDHHS-Transforming Youth Suicide Prevention in Michigan (TYSP-MI)
- MC3 Connect Advisory Committee
- UM-Michigan Medicine Health System, Department of Psychiatry
- Michigan Public Health Institute
- Autism Alliance of Michigan
- Michigan Health and Hospital Association
 Michigan Sultation programs





Focus Group- Format and Questions

- Focus group format and protocol:
 - Conducted virtually using Zoom
 - Facilitated by MPHI
- MC3, MDHHS and MPHI collaborated to develop focus group questions.
- Included open-ended and poll questions.
- Questions focused on:
 - Common presenting problems in ED settings
 - Challenges to treating patients with behavioral health needs
 - Workflows
 - How participants might utilize offerings from PMHCA-MC3 Community





Focus Group- Participant Recruitment

- Participants were recruited by Michigan Medicine, TYSP-MI, MI Health and Hospital Association and MDHHS
- ED Community of Practice members were invited to participate







Focus Group- Implementation



- Two focus groups were held via Zoom in:
 - March 2023
 - April 2023
- Focus groups were conducted by MPHI
- A total of 6 people participated in focus groups
 - Participants included ED nurses, physicians, directors, and managers
 - Participants represented hospitals in rural and urban areas of Michigan





Focus Group- Results: Presenting Problems

- Participants identified increased behavioral health needs in pediatric patients:
 - Acute aggressive behaviors, self-harm, personality disorders, autism spectrum disorders, trauma





- Participants report escalation of behavioral health concerns in children, especially:
 - Violent behaviors towards themselves and others.
 - More children needing inpatient psychiatric services



Focus Group- Results: Challenges



• Lack of psychiatric care available to children

- No psychiatrists or other clinicians available to treat pediatric patients in the ED.
- Lack of placement options available to children who need inpatient psychiatric treatment.
- Lack of outpatient psychiatric care.
- Inability to provide timely psychiatric care to children led to
 - Children boarding in the ED for days
 - Deterioration of children's mental state during boarding





Focus Group- Results: MC3 model in ED settings

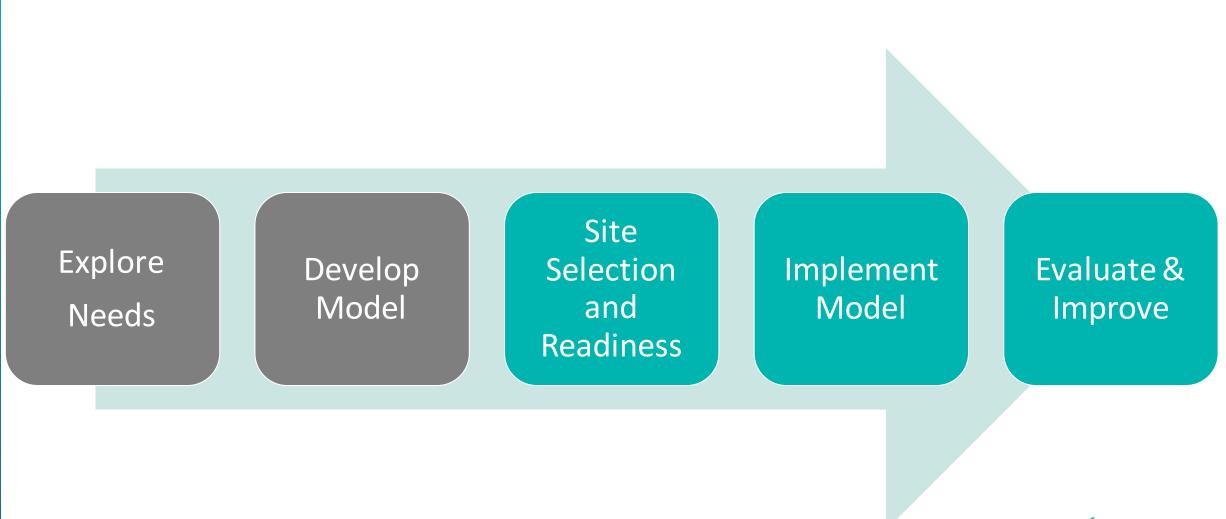
- Participants identified individual psychiatry consultation as the most needed MC3 service.
 - Group consultation was rated 2nd most needed
- Other MC3 services that would be beneficial in the ED setting include:
 - Resource and referral assistance
 - Educational sessions
 - Preferably asynchronous
 - Most important topics: behavioral management in the ED, referrals, medications







Next Steps: MC3 ED Expansion







Thanks to our Funders!

Michigan Department of Health and Human Services

Health Resources and Services Administration – Pediatric Mental Health Care Access Anne Kramer, LMSW Program Director ack@med.umich.edu

Visit our website: mc3michigan.org



Focus Group - Warm Up Questions

- What types of behavioral health needs among children and adolescents are you seeing in the past few months in your Emergency Department?
 - Can you share with me what the workflow looks like as a child or adolescent presents at the emergency department with a behavioral health need?
 - What are some of the biggest challenges you experience in your system when it comes to meeting the needs of children and adolescents with behavioral health needs in the emergency department?
 - Are there specific age groups that are more challenging? Or diagnoses or symptom presentations? Or treatment strategies?
 - Does your Emergency Department experience boarding of pediatric youth who are awaiting higher levels of psychiatric care and who cannot be safely dispositioned to home or the community? What challenges do your experience in caring for this population?





Focus Group - Exploring the Model Questions

- As you think about this opportunity, what would be most helpful to you?
 - Thinking about the behavioral health needs that you have seen in the past three months in your emergency department, are there particular behavioral symptoms or diagnoses that are particularly challenging in your system of care?
- Thinking specifically about consultation, how would this type of support need to be offered to be helpful to providers in emergency departments?
 - Where would consultation fit into workflow as you described it earlier?
 - Who would benefit from consultation in your emergency department? What role or discipline would you envision accessing this service?
 - What times of the day would be most helpful for this type of service?
 - How often would you envision accessing the service?
 - What format for the consultation would be most helpful? For example, would you prefer phone, video chat, or messaging?
- Thinking specifically about education and training, how would this type of support need to be offered to be helpful to providers in emergency departments? How could these sessions be structured to address the challenges you're experiencing?

Is your health system already providing consultation, education, and/or training to your staff on these issues?

Focus Group – Wrap-Up Questions

- Are there other types of support that would support your emergency department in meeting the needs of children and adolescents with behavioral health needs?
- Is there anything else you would like to share with me today about the benefits or drawbacks of implementing this consultation model in emergency departments?





Poll Questions

- What behavioral health needs among children and adolescents have you seen in the past 3 months in your emergency department? Check all that apply.
- What types of supports would be most helpful?
 - Individual consultation
 - Group case consultation
 - ECHO style learning community
 - Trainings
 - Educational sessions
- What topics related to psychiatric consultation, education, and training would be most helpful?
 - Behavior Management in ED
 - Safety precautions
 - Disposition decisions
 - Medications
 - Specialty topics
 - Accessing referral networks



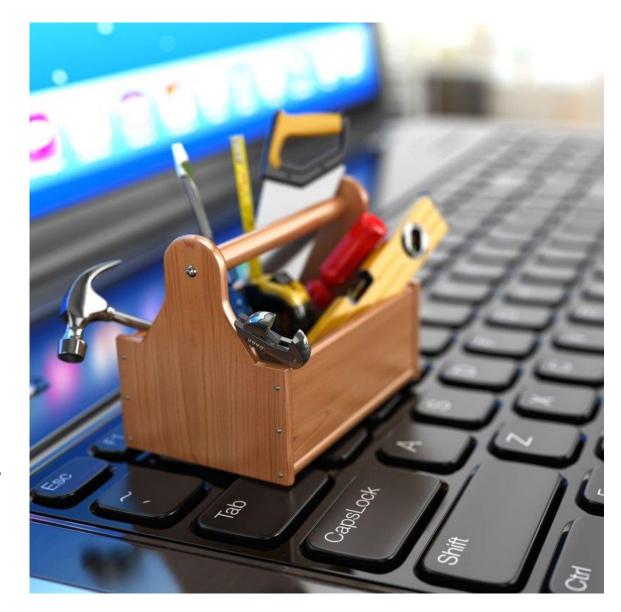


PMHCA Technical Assistance (TA) Tool



Overview

- Created to assist PMHCAs who are seeking to expand their programs into emergency departments (EDs)
- Developed based on feedback from Year 1 PMHCA teams
- Three steps for PMHCA Teams to consider:
 - Identifying ED opportunities
 - Understating your team's level of readiness
 - Planning your team's work





Features

- How to use the Toolkit (Three steps)
- ED Care Pathway (downloadable PDF)
- Webpages on Four Key Areas
 - Capacity and Capability
 - Medical-legal and Reimbursement
 - Partnerships and Collaboration
 - Technology
- Glossary
- Resources



Engaging Emergency Departments (EDs)

Partners	PMHCA Technical Assistance Toolkit
Collaborative Partners	This toolik's for Pasianio Martai Hashi Care Jopess (PMHOL) an actives who are seeking to expand their programs Into the emergency care agaps. This toolik's will help teams navigate the process of working with emergency care providers. It also provides guidance on how to apply guility improvement (0), methods to identify areas of Improvement, crease implementation gians, and measure change efforts.
Pediatric blasster Centers of Excellence	
Pediatric Pandemic Network	The application of () almosts improve the goality of care for children experiencing metral or behaviors headsh or leas in emergency settings by identifying areas that require asterion within the 30 setting and implementing measurary changes.
Padlatrio Mantal Health Care Looses Program	PNHOL teams can ensure they deliver high-guality services by adapting to the specific needs and workflows of the SDs in their communities. This means that they need to be familiar with the specific negativements of the SDs they are
Teama	working with. STIC is dedicated to providing expertise in this area to create a goaldwe impact on the collaboration between PhiHO2s and their partnering SOs. This partnership alms to address the mental and behavioral health needs
2024 Annual Meeting	of pedietrio patients in a more effective manner.
PMHCA Calendar	How to use this toolkit
Engaging Emergency Departments (EDs)	Teams can use this took's as a readmap for identifying opportunities within the ED, it also helps assess a PNHOL Team's readiness to anguge with EDs and obscars a path for the name to pursue. You can work through the toolkit sequentifying mile in an amount of options to shock from.
Download: ED Care Pathway	Eefone you start, you and your team must ensure two guestions. • Do you know where the opportunities are within the EDs you want to work with? • Does your team have the capacity and capability to fulfill those opportunities? Search
An and a second	Step 1: Identifying ED opportunities for your Equal team
Understand the path a patient follows when they enter the ED for mental and behavioral health.	Step 2: Understanding your teams level of Epend in readiness
B) Can Pulling Compared 1	Step 3: Planning your teams work Based
	More resources & information
	ititatas

Glossary Understand key terms

EIIC & PMHCA Learn about EIIC's work

Resources

SD Expansion Resources

Learn about EIC's work with PMHCL

Additional Features

- Team Activity: By addressing these questions, you can create a comprehensive plan that sets realistic expectations.
- Pro-Tips: Tips to help you assess your team's infrastructure and begin to determine your ED expansion work.
- The 4s:
 - *Stuff:* The tools and resources you have available to you.
 - *Staff:* Your current staffing and personnel.
 - *Space:* The spaces you are working within.
 - *Systems:* The policies and procedures in place guiding your work.



Where to begin?

- Understand the needs of your ED.
- Learn the ED workflow.
- Conduct a needs
 assessment.
- Consider running focus group discussions.

Step 1: Identifying ED opportunities for your team

Goal(s):

- Understand what the ED is already doing.
- Understand what matters most to the ED when addressing pediatric behavioral health.

What to consider:

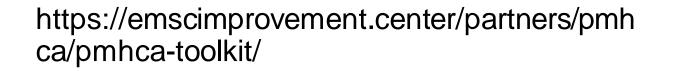
- EDs continue to be frequent access points for those who suffer from mental health conditions and substance use disorders.
- Many EDs lack the capacity or capability to support these individuals. This lack often leads to prolonged "psychiatric boarding."
- The lack of coordinated care for the patient leads to poor experience and poor health outcomes.
- PMHCA teams are uniquely positioned to work alongside EDs and can provide behavioral health support to providers and staff.

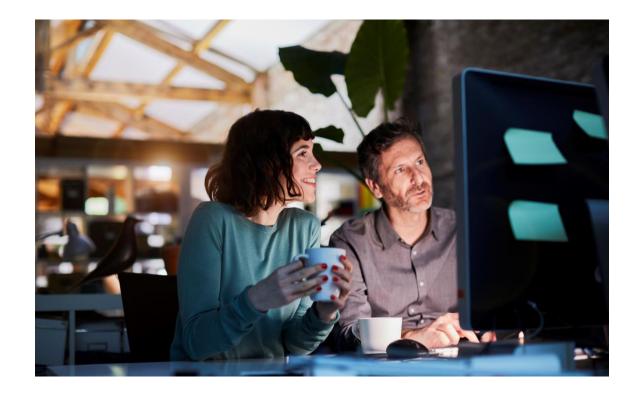
What to do:

- Review an overview of the ED Care Path [.
- Review ways PMHCAs can support EDs. 🗋
- Conduct a needs assessment. The needs assessment will help your team identify and focus on the needs of the EDs you collaborate with. This will involve gathering information about their current situation, what processes are in place, and identifying areas of concern or opportunity. The results of your needs assessment will guide your team's decision-making. This will ensure that resources are effectively used to meet the group or organization's needs. Example needs assessment questions can be found here <a>[] .

Test Drive the Toolkit









Reminder: March 19 at 2 pm EST. The EIIC Webinar with N.C.-Step **Ryan Baker** "Making Telehealth Work in the **Emergency Department – North Carolina's Statewide Telepsychiatry** Program (NC-STeP)"

