

# Teaming Up for Healthy Kids

## Rady Children's Transforming Mental Health Initiative



Rady Children's Hospital-San Diego



*Healing Hearts and Minds*

## Rady Children's Hospital – San Diego

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## San Diego Center for Children

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# What parents need to know about girls' stress and anxiety

By Lisa Drayer, CNN

Updated 9:50 AM ET, Thu February 21, 2019

## Sedative addiction and anxiety on the rise among children, reports show

POSTED 10:32 AM, DECEMBER 7, 2018, BY CNN WIRES, UPDATED AT 10:30AM, DECEMBER 7, 2018

OPINIONS

Opinions Top Opinions

## The Teen Mental Health Crisis in America

By Jessica Gang - November 28, 2018

HOME / CIVIC / BEST COUNTRIES

## Study: Suicide Rates Decline Globally While U.S. Rate Rises

Declines in suicide rates in China and India accounted for much of the estimated decline, but the rate in the U.S. is on the rise.

16 TOTAL

THE NEW YORKER

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DAILY COMMENT

## ANTHONY BOURDAIN, KATE SPADE, AND THE PREVENTABLE TRAGEDIES OF SUICIDE

By Andrew Solomon June 8, 2018

## Significant Increase in Behavioral Health Emergency Department (ED) Visits Fiscal Year 2011 through Fiscal Year 2020

Between FY2011 and FY2019,  
annual behavioral health volume has  
increased

1746%

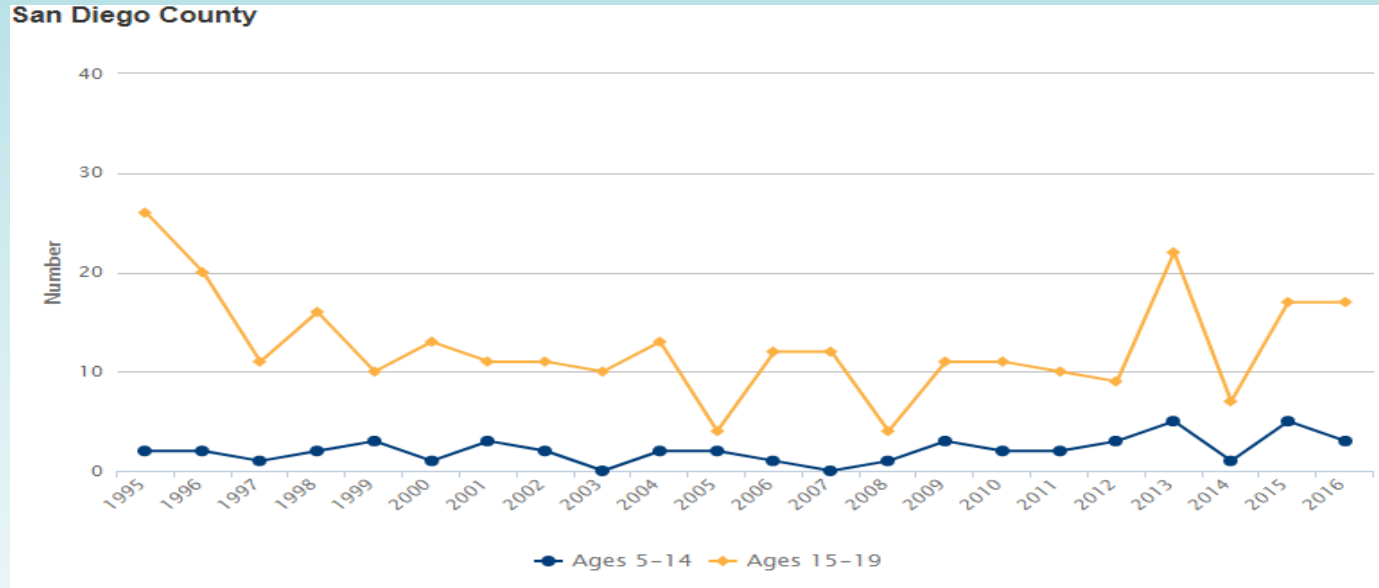
from 163 visits to 3,009 visits in 8 years



- Comparatively, total Emergency Department visits has grown 23% during this same time period.<sup>1</sup>
- Since the stay-at-home orders went into effect in March 2020, an average of 4% of all ED visits are attributed to behavioral health concerns.

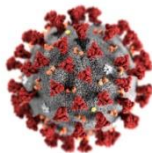
# San Diego Number of Youth Suicides

By Age Group: 1995-2016



RADY CHILDREN'S HOSPITAL |

# COVID-19 Impacts Youth Mental and Behavioral Health



- Children arriving to the ED with mental health related emergencies increased by 24%. A 31% increase among preteens and adolescents
- Hospitals are seeing an increase in cases of severe depression, suicidal thoughts, and attempts to overdose
- 1 in 3 high school students in 2019 reported feeling persistently sad and hopeless
- The higher demand for child mental health services caused by the pandemic has made finding a bed at an inpatient unit more difficult
- 911 calls for mental health emergencies have increased by over 10,000 per week
- 50% of 18-24 year olds report feeling very lonely
- 79% of young girls feel isolated and 1 in 4 are depressed at least 4 days per week

Sources:

[https://www.medscape.com/viewarticle/943756?src=WNL\\_dne\\_210108\\_mscpedit&uac=119795AR&impID=2947442&faf=1](https://www.medscape.com/viewarticle/943756?src=WNL_dne_210108_mscpedit&uac=119795AR&impID=2947442&faf=1)  
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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7267797/>  
<https://www.brookings.edu/research/the-human-costs-of-the-pandemic-is-it-time-to-prioritize-well-being/>

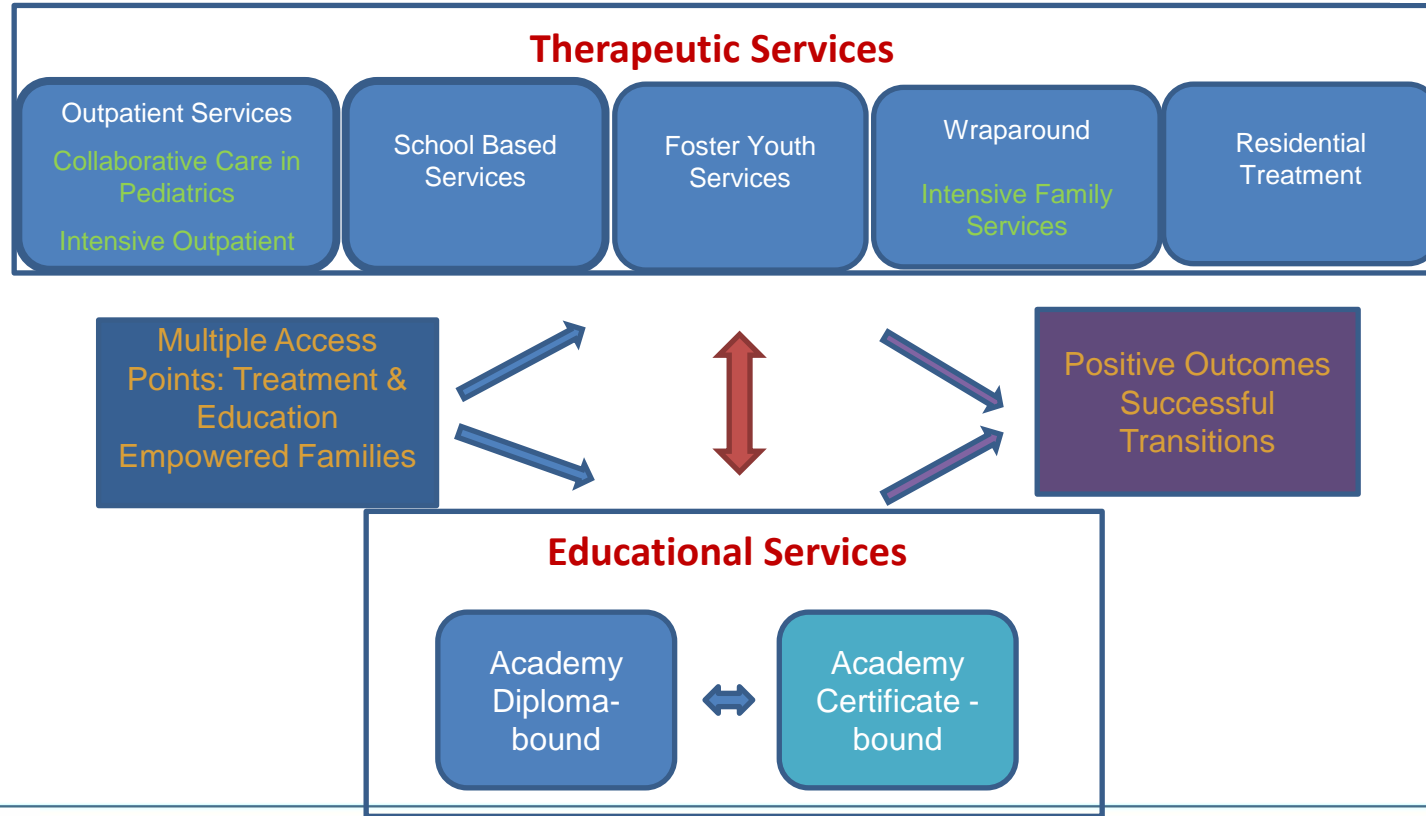
# The Problem: Access to Continuum of Care

## Continuum of Mental Health Services

	Collaborative Care	Outpatient Mental Health	In-home Therapy	Wraparound	Mobile Crisis	Hospital Diversion (IOP PHP)	Residential	Inpatient	Crisis Stabilization / Emergency Department
Commercial Insurance (47%)	Yes/ <b>No</b> (As outpatient)	Yes	<b>No</b>	<b>No</b>	<b>No</b>	Yes	Yes	Yes	Yes
Managed Care Medi-Cal (50%+)	<b>No</b> FQHCs	Yes	<b>No</b>	<b>No</b>	<b>No</b>	<b>No</b>	<b>No</b>	Yes	Yes
Mental Health Plans (County 4.1%)	<b>No</b>	Yes	Yes	Yes	Yes	<b>No</b>	Mental Health Only	Yes	Yes

\*MediCal spending per child: CA ranks 44<sup>th</sup> in Children's Mental Health Access. Mental Health America 2020

# San Diego Center for Children Program Service Delivery



# Rady Children's Continuum of Care

## INTEGRATION WITH PRIMARY CARE ◇

Rady Children's believes primary care offices should have access to ongoing training and the latest in diagnostic and screening resources. Philanthropic momentum will make it possible for our medical professionals to offer pediatric patients the early diagnosis and intervention that could save their lives.

## BEHAVIORAL HEALTH URGENT CARE ◇

The Behavioral Health Urgent Care, made possible by Price Philanthropies, serves patients struggling with urgent emotional or behavioral concerns which pose risks to their own or others' safety, or which significantly impair daily life.

## CRISIS STABILIZATION UNIT ◇

The CSU is a short-term crisis assessment and treatment program for children and adolescents experiencing acute mental illness symptoms requiring 24-hour supervised crisis intervention. Specialists determine whether the best course of action is to refer to inpatient treatment, outpatient treatment or to release the patient.



## Challenges due to gaps in Continuum of Care and Funding:

- Limited patient capacity
- Low reimbursement and non-funded services (e.g. IOP)
- Only one Psychiatric ED in San Diego County

## OUTPATIENT CLINICS ◆

- SDCC
- UCSD
- USD
- Vista Hill
- Family Health Center
- In home services

Throughout San Diego County, Rady Children's offers a full range of outpatient services spanning diagnostic and medication evaluation, individual and group therapy and psychological testing for pediatric patients. Continued community partnership ensures the scope of these services will broaden, and forecasts Rady Children's world-class mental health initiatives for pediatric patients everywhere.

## PSYCH ED ◆

The planned expansion of the Copley Psychiatric Emergency Department will afford patients in crisis full, specialized psychiatric evaluations, including screening for inpatient psychiatric hospitalization needs, crisis intervention and stabilization and a pathway to referrals, follow-up resources, education and outreach.

## INPATIENT PSYCH UNIT ◆

Upon admission to the Child and Adolescent Psychiatry Services program or the Medical Behavioral Unit, patients undergo comprehensive psychiatric, medical, occupational and dietary assessment. Patients are cared for by a highly experienced team of professionals with medical, mental health and behavioral health expertise.

◇ Needed    ◇ Currently available    ◆ Planned expansion



# The Solution: Improve Access to Continuum of Care

## Continuum of Mental Health Services

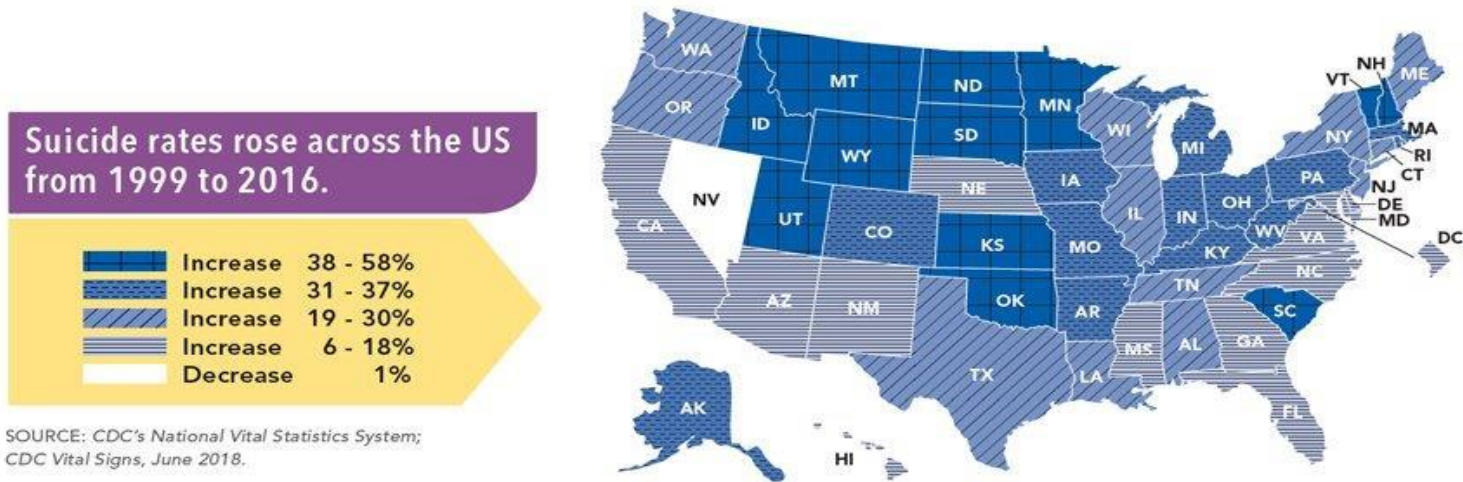
	Collaborative Care	Outpatient Mental Health	In-home Therapy	Wrap-around	Mobile Crisis	Hospital Diversion (IOP PHP)	Residential	Inpatient	Crisis Stabilization / Emergency Department
Commercial Insurance (47%)	Yes/No* (As outpatient)	Yes	No	No	No	Yes	Yes	Yes	Yes
Managed Care Medi-Cal (50%+)	No FQHCs	Yes	No	No	No	No	No	Yes	Yes
Mental Health Plans (County 4.1%)	No	Yes	Yes	Yes	Yes	No	Mental Health Only	Yes	Yes

# **The Solution:**

## Family-Centered Collaborative Care in Pediatric Practices

# The Impact of Primary Care Providers

Nearly 50% of patients that die by suicide were seen by their PCP **within 30 days of their death** and **20% saw their PCP within 24 hours of dying from suicide** (Luoma, et.al. 2002).



# Collaborative Care:

## Building Collaborative Mental Health Partnerships in Primary Care

The **San Diego Center for Children** and **Rady Children's Hospital** are partnering with Children's Primary Care Medical Group (CPCMG) to implement Collaborative Care:

- Collaborative Care is primary care and behavioral health clinicians **working together** with **patients and families**, using a **systematic** and **cost-effective** approach to provide **patient-centered** care for a defined population.

### Children's Primary Care Medical Group

- A pediatric Medical Group that employs providers and began in 1995
- 124 CPCMG providers
- 29 CPCMG locations



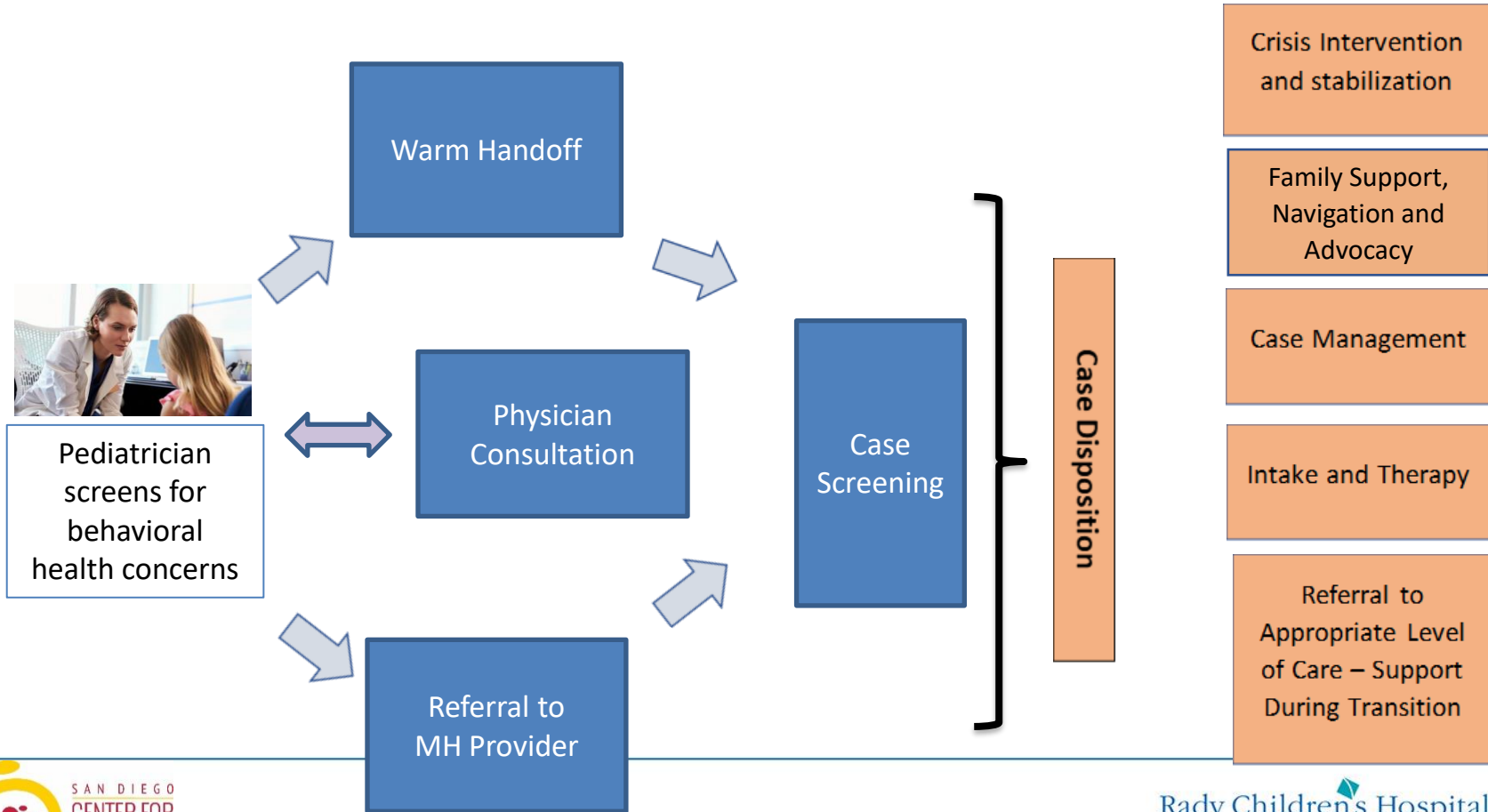
# Collaborative Care:

## Primary Care Behavioral and Mental Health Integration Model

### **Early identification and rapid connection to “Primary Care Behavioral Health”**

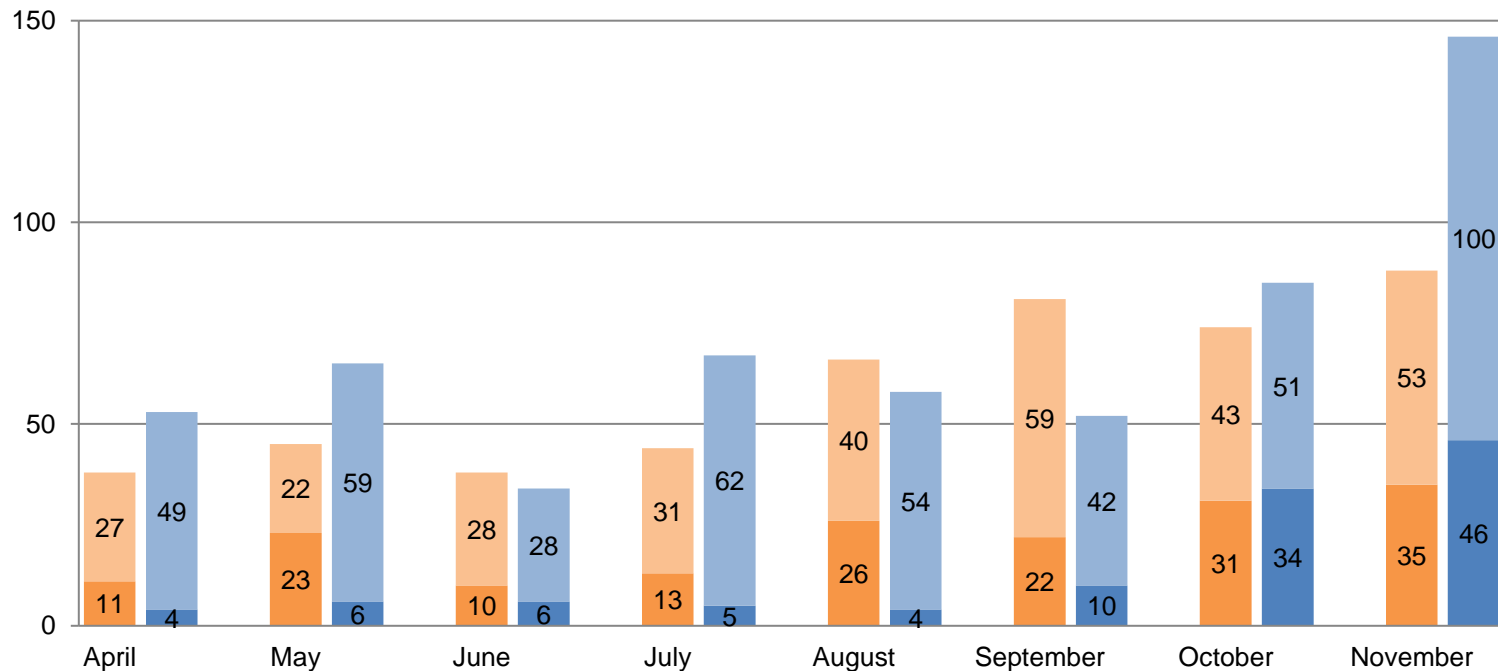
- Embedded Therapists (e.g. LCSWs, LMFTs)
  - Warm Hand Offs
  - Responsive
- Organized around the PCP
- Mental Health screenings, assessments and registries
- Established Care Management protocols
- Longitudinal, shared care plan
- Family-centered, collaborative approach

# Collaborative Care: Referral Workflow



# SDCC - CPCMG Collaborative Care Report

- El Cajon Referrals + Warm Handoffs
- El Cajon Visits (Intake + Sessions)
- Poway Referrals + Warm Handoffs
- Poway Visits (Intake + Sessions)



# Outcomes

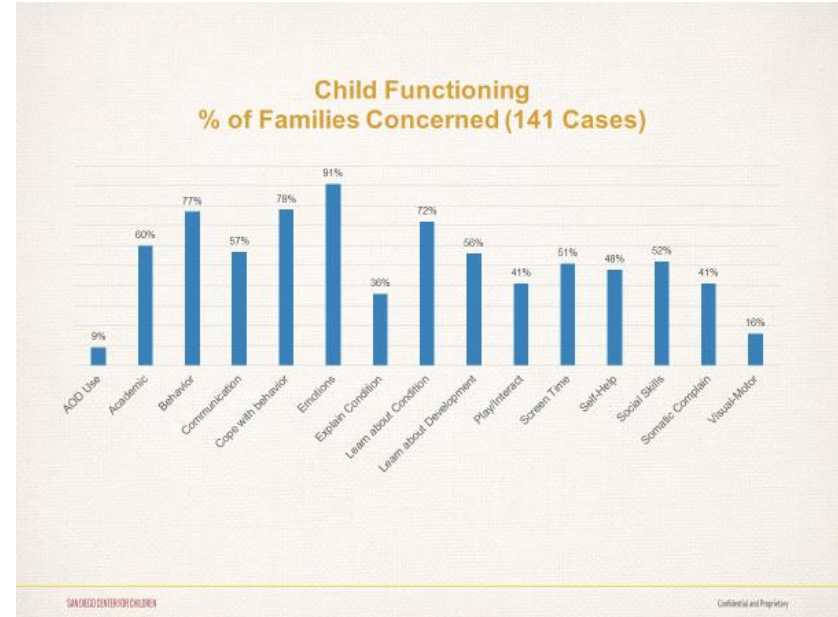
In two practices (2 licensed clinicians and interns):

- **Oct 2019 to Dec 2020 = 500 referrals**

## Current Average per Month:

- 50+ referrals
- 125+ case management interventions
- 22+ warm handoffs
- 70+ consultations with pediatricians
- 50+ active therapy cases per month
- 140+ therapy sessions

Generate data about family and youth needs





# Collaborative Care Benefits

## Primary Care Providers:

- PCPs are already doing this work
  - Manages (or helps to manage) 80% of patients with mental illness
  - Prescribes 76% of behavioral health medications
- Warm Hand Off with therapist available same-day onsite
- Minimal time impact to PCP schedule

## Patients and Families:

- Receive seamless transitions of care
- Timely access to care
- Comfort levels with primary care setting
- Stay connected with PCP

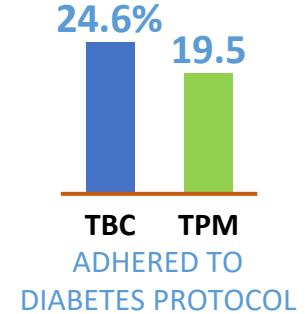
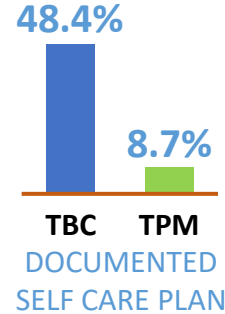
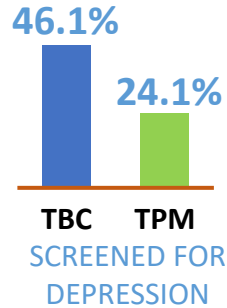


# Intermountain Healthcare Collaborative Care Program Has Demonstrated Value-Based Results

JAMA shows that integrating mental and physical health through primary care teams results in better clinical outcomes and lower costs.

## 10-YEAR STUDY 2003-2013

<b>113,452</b>	Participants
<b>113</b>	Primary care providers
<b>27</b>	Team-based care (TBC) medical practices
<b>75</b>	Traditional practice management (TPM) medical practices



### EMERGENCY ROOM VISITS



Reduced  
**23%**

### HOSPITAL ADMISSIONS



Reduced  
**10.6%**

### PRIMARY CARE ENCOUNTERS



Reduced  
**7%**

### PAYMENTS TO PROVIDERS



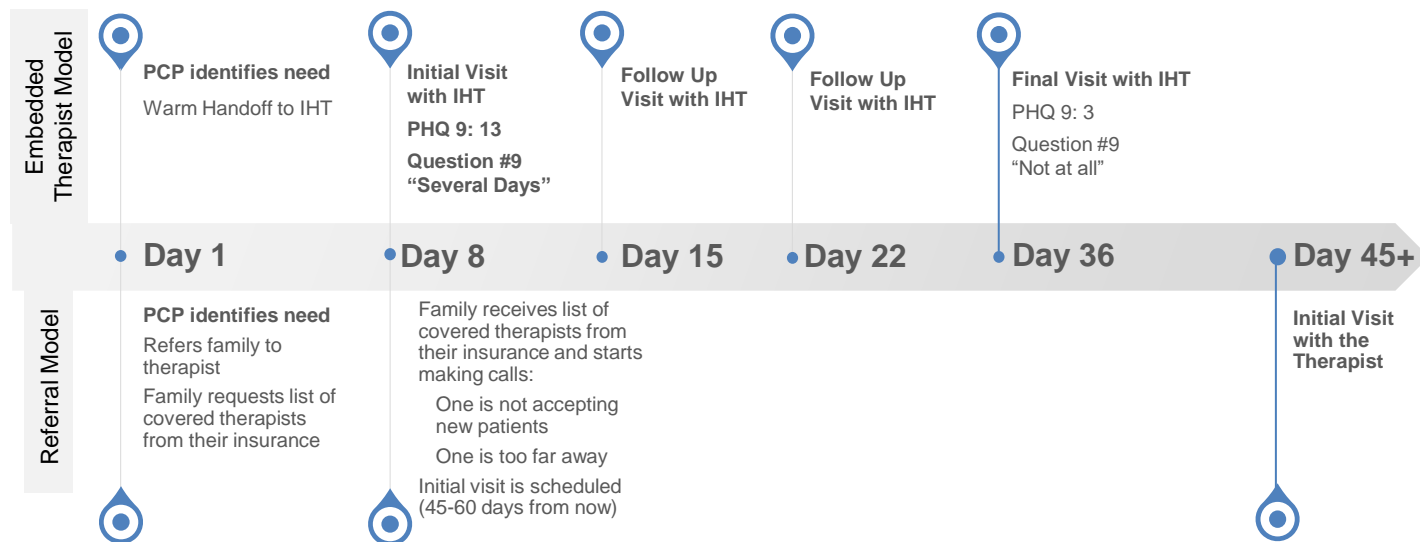
Reduced  
**3.3%**

(\$3,401 for TBC vs. \$3,516 for TPM)  
Savings of **\$115.00** Per patient per year (PPYR)  
Savings of over **\$13 Million** per year

Brenda Reiss-Brennan, PhD, APRN, et al. 2016

**JAMA**

## Access to Care Timeline Case Study Example



# The Solution:

Expand Access to Continuum of Care

Intensive Family Services (Wraparound)  
More access to youth covered by MediCal

# Intensive Family Services (In-home Wraparound)

- Current levels of care covered by commercial insurance can sometimes fall short in effectively addressing the needs of families and the factors leading to pediatric psychiatric emergencies.
- Expanding coverage to include in-home therapeutic intervention and Wraparound could provide effective step-down option from Inpatient or Residential Care thus reducing lengths of stay and prevent the need for hospitalization and/or more acute crisis services.

## Wraparound Services are an effective tool (SDCC 5-year outcome data):

- ✓ 93% of clients avoided psychiatric hospitalization or re-hospitalization.
- ✓ 94% of clients were connected to a primary care physician in a “medical home”
- ✓ 84% of clients had no increased impairment from intake to discharge resulting from substance use.
- ✓ 88% of discharged clients showed improvement between intake and discharge based on CFARS scores.

# Intensive Family Services

	Aggregate (May to Dec 2020)
Total number of Referrals and Intakes	39 Referrals 11 Intakes
Active Cases per Month	8
Total Number of Services per month	Average = 110
Total Number of Family Members Served	32
Number of Hospitalization (12 months prior to admission)	37 (Average 3.4 episodes per youth)
Number of Hospitalizations while in IFS	2
Number of Crisis Events	12

# Intensive Outpatient Services

	Aggregate (May to Dec)
Number of Intakes	83 Referrals 24 Intakes (58% MediCal)
Active Cases per Month	9
Average number of youth per IOP/Day	6
Attendance	91%
Number of Hospitalization (Prior 12 months)	41 (Average 1.7 episodes per youth)
Number of Hospitalizations while in IOP	1
Number of Crisis Events	1
Number of youth completing program	11 (91% discharged to lower level of care)

# Cost Effectiveness

Service	Cost equivalency
Inpatient Hospitalization	5 days
Residential Treatment	13 days
IOP	26 IOP days
Wraparound	12 weeks 40+ In-home Service Contacts for the whole family



# Conclusions and Recommendations:

1. Collaborative Care is the future. Consideration should be given by Health Plans (commercial and managed care MediCal) to support new cost-effective models of mental health care that reduce utilization and costs, improve health outcomes, and improve reimbursement of mental health services, including those based in collaborative primary care settings.
2. Commercial Health Plans to cover Intensive In-Home Services (Wraparound).
3. Expand access to continuum of care for youth covered under Managed Care MediCal: IOP, PHP, Crisis Residential.
4. Review and improve current MediCal reimbursement rates for mental health services.