Overview of the Pediatric Behavioral Health Crisis

MTF Massachusetts Taxpayers Foundation

OUTLINE

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- Overview of the Crisis
- Pediatric Population
- Pediatric Behavioral Health Workforce Shortages
- Pediatric Behavioral Health Capacity Challenges
- Main Takeaways
- Interventions and Recommendations

OVERVIEW OF THE CRISIS

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The prevalence of mental health conditions like anxiety and depression among children has been on the rise for over a decade. At the same time, workforce retention challenges have led to treatment capacity shortages. The onset of the pandemic further exposed and exacerbated these existing problems by disrupting behavioral healthcare delivery.

During the pandemic, **more children were seeking mental healthcare and services,** and they were being met with **an overstretched workforce and limited treatment capacity; resulting in massive spikes in behavioral health (BH) boarding**. Since the pandemic, there have been major policy improvements to address these issues. However, manifestations of larger system problems like boarding rates have not returned to pre-pandemic levels.

Inaccessible mental healthcare for children can lead to **worse outcomes** throughout their life like school failure or suicide. Yet children often experience **more unmet care needs** compared to adults with longer wait times and higher rates of BH boarding.

Pediatric Population

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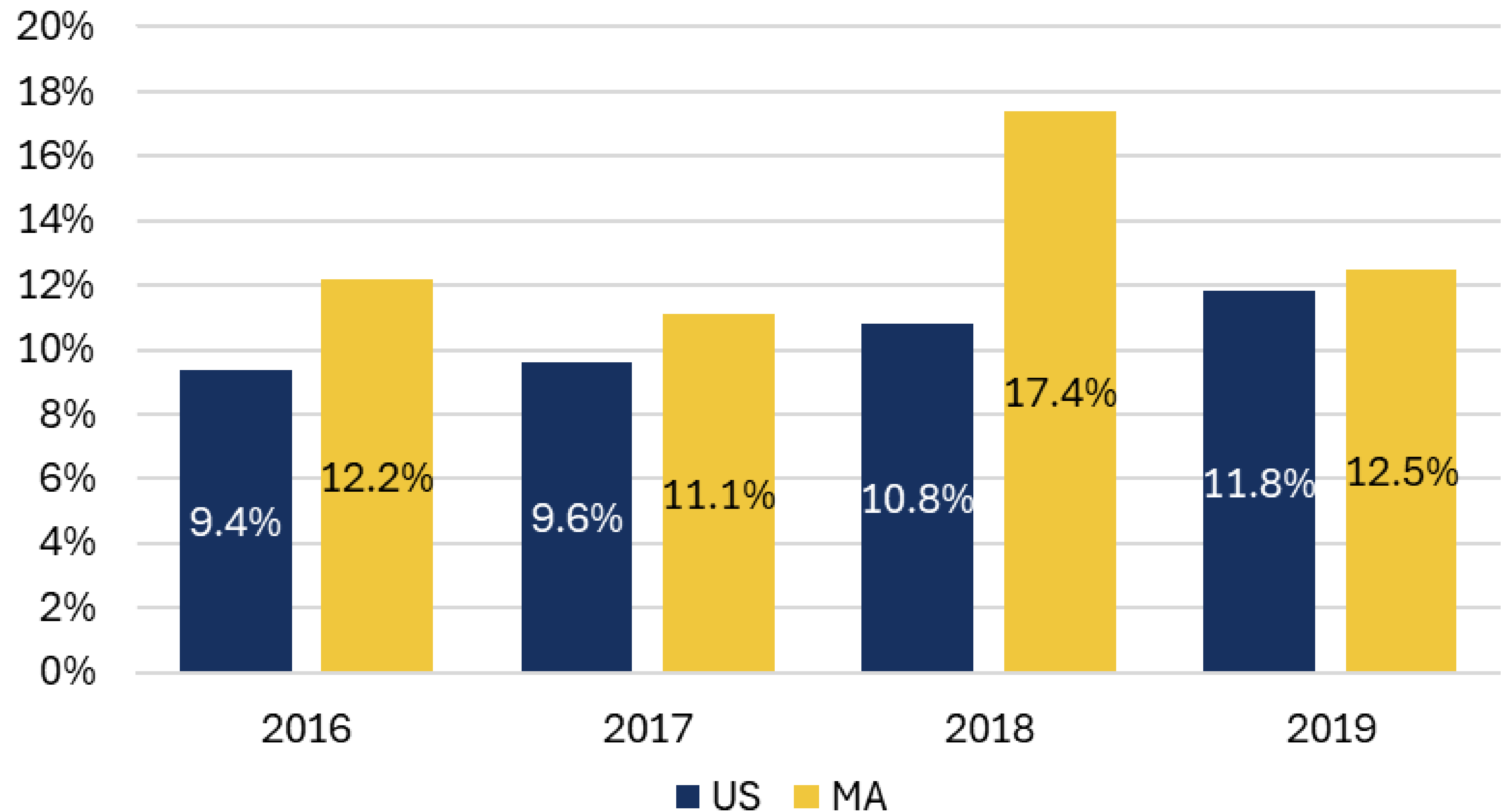
TROUBLING INCIDENCE TRENDS PRE-PANDEMIC

Since depression and anxiety often present together in children, their prevalence is measured together nationally and at the state level.

Even before the onset of the pandemic, diagnosis of these two conditions was generally increasing nationwide and in Massachusetts, which had consistently higher diagnosis rates compared to the national average.



Source: The Annie E. Casey Foundation. Kids Count Data Book.

PANDEMIC IMPACT ON OVERALL INCIDENCE

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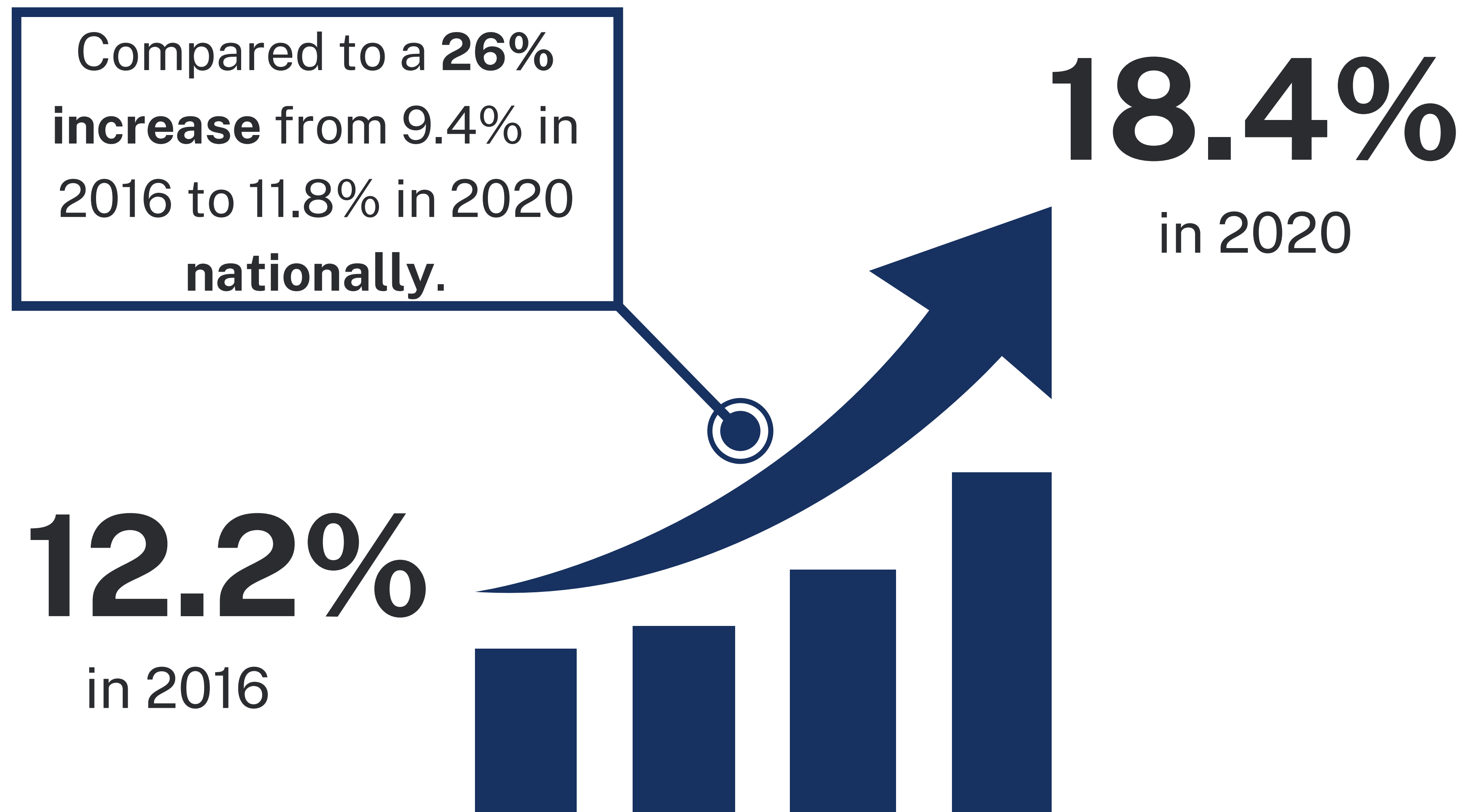
Rate of Anxiety and Depression Diagnosis for Children aged 3-17 in Massachusetts



Source: The Annie E. Casey Foundation. Kids Count Data Book.

The onset of the COVID-19 pandemic exacerbated existing trends in children's mental health. **Trauma, social isolation, and other factors** related to the pandemic led to a significant increase in mental health diagnosis among children. The pandemic also disrupted behavioral healthcare delivery at schools and home- and community-based services.

From 2016 to 2020, the rate of anxiety and depression diagnosis for children in Massachusetts **increased 51%, from 12.2% to 18.4%**.

PANDEMIC IMPACT ON INCREASED SEVERITY

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During the pandemic, not only was there an increase in the number of children requiring mental health services, but also an increase in their condition acuity. Mental health acuity refers to the severity of a person's mental health condition.

Youth Risk Behavior Survey data gives a better sense of the severity of mental illness among Massachusetts children and adolescents over time. In 2021:

- 18.4% of Massachusetts middle and high schoolers reported seriously **considering attempting suicide** in the year before the survey. That's compared to 12.4% in 2017, **a 48% increase**.
- 38.5% of students reported **feeling sad or hopeless** almost every day for two weeks or more, and that **they stopped doing some of their usual activities**. That's compared to 27.4% in 2017, **a 41% increase**.

Source: 2021 Massachusetts Youth Risk Behavior Survey Results

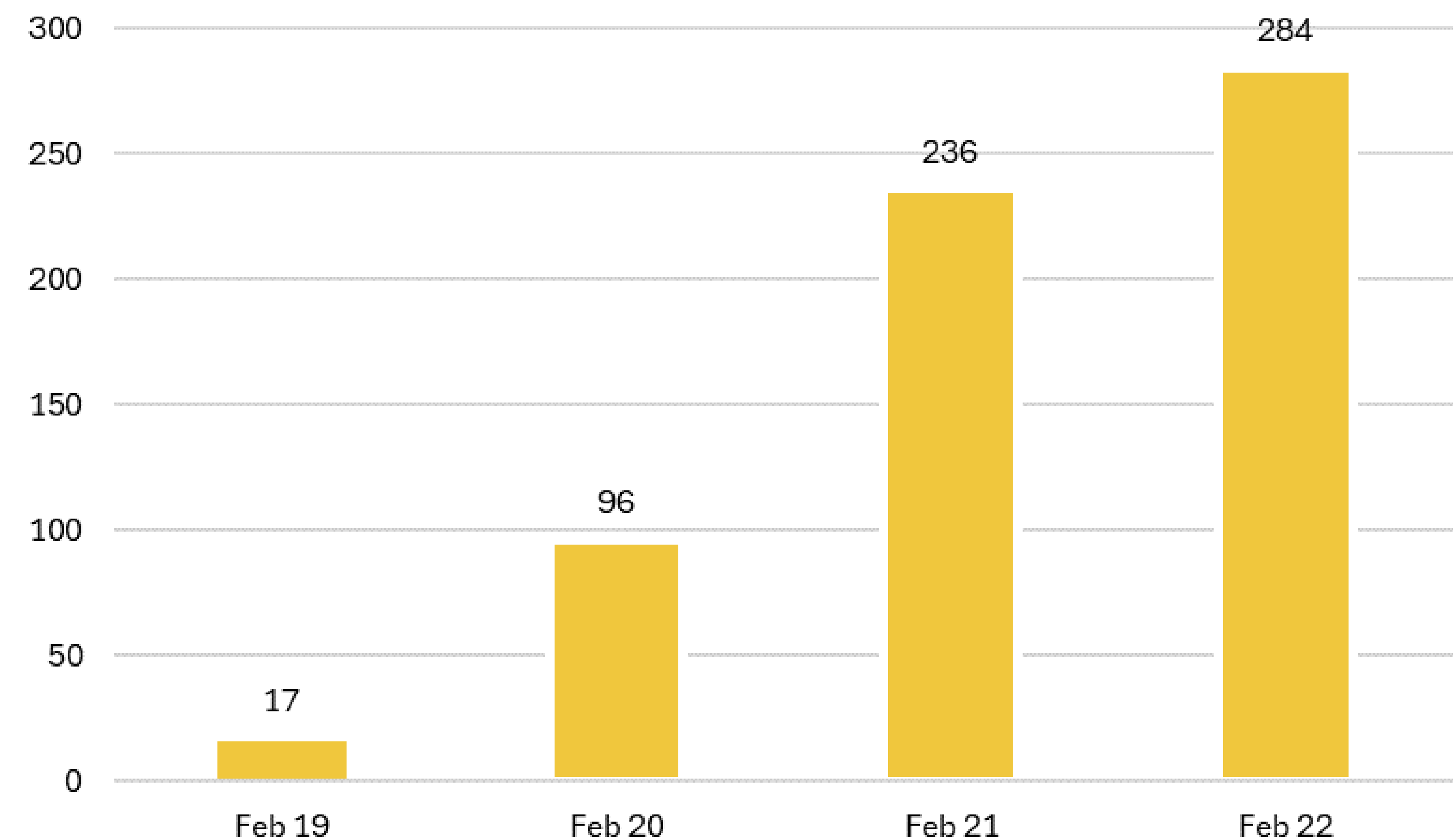
PANDEMIC IMPACT ON HOSPITALIZATIONS

One manifestation of the increased demand for pediatric mental healthcare and acuity was a rise in hospitalizations for mental health conditions. The later capacity section will continue to build upon the relationship between higher demand for care and capacity shortages, leading to hospitals being overwhelmed.

Behavioral health (BH) boarding occurs when a patient must wait in an emergency department (ED) or medical-surgical floor until a BH bed becomes available.

- In February 2022, Massachusetts pediatric boarding rose to a peak of **284** children. While, in February 2019, **17** children aged 0-17 experienced boarding.

- Increased boarding rates began prior to the pandemic, with boarding rates for children rising **5-fold** from February 2019-2020 alone.



*The Department of Mental Health releases monthly **Expedited Psychiatric Inpatient Admission (EPIA)** reporting on the number of children and adults boarding per month from 2018-2024. Boarding for children is defined as waiting for care for 48 hours or more, while for adults it's waiting for 60 hours or more.

Source: MHA. https://www.mhalink.org/bhboarding/
EPIA Admission Dashboard - February 2019- 2022

Pediatric Behavioral Health Workforce Shortages

WORKFORCE INTRODUCTION

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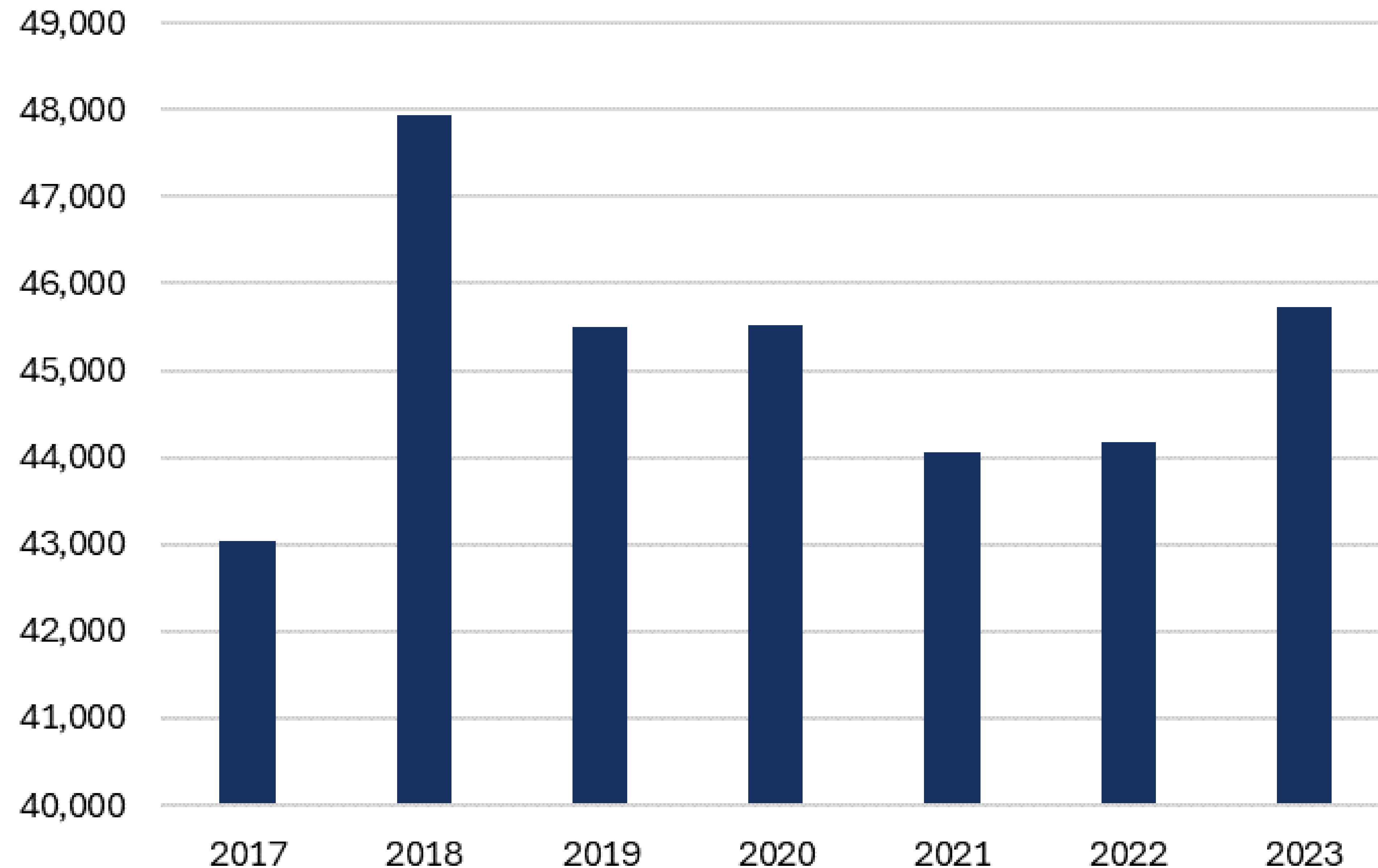
Throughout the pandemic, the behavioral health workforce experienced declines in critical positions, which were more acutely felt in the pediatric behavioral healthcare sector. The following slides will demonstrate that decline utilizing two data sources:

- **Bureau of Labor Statistics (BLS)** data demonstrates overall workforce trends in the behavioral health workforce, including pediatric behavioral healthcare positions.
- **CBHI Monthly Community Service Agency (CSA) reports** illustrate historic workforce changes for Intensive Care Coordinators (both Masters and Bachelors level) and Family Partners; two positions within the CBHI care umbrella.

For both outpatient adult behavioral health providers and providers within CBHI services, one of the primary reasons reported for workforce retention challenges was low wages. Additionally, the Massachusetts Association of Health Plans (MAHP) survey respondents noted that workforce shortages have been further exacerbated by competition between a variety of settings, like schools and community behavioral health centers (CBHCs).

Source: CHIA. Massachusetts Health Care Workforce Survey. Association for Behavioral Healthcare (ABH), Kids are Waiting Report. MAHP, The Crisis in Children's Behavioral Health.

TOTAL BH POSITIONS DOWN 4.6% FROM PRE-PANDEMIC



When assessing the change in total behavioral health positions, we can see that there were significant declines at the height of the pandemic. While there have been improvements, total employment for 11 common behavioral health positions in 2023 was still **4.6% less than in 2018**.

From 2019 to 2023, the 3 positions with the **most significant workforce declines** were:

- Psychologists at -41.5%
- Counselors at -28.6%
- Community Health Workers at -25.6%

OCC Position Codes: 19-3031, 19-3033, 21-1094, 21-1019, 21-1013, 21-1023, 31-1013, 29-2053, 29-1066, 19-3039, 21-1018, 29-1141, 21-1021, 21-1022, 31-1133, 21-1024, 29-1223, 19-3034, 21-1018, 29-1141, 21-1025, 21-1026, 21-1027 and 29-1223

Source: MTF analysis of Bureau of Labor Statistics Data for Massachusetts

SIGNIFICANT DECLINES IN PEDIATRIC POSITIONS

The Children's Behavioral Health Initiative (CBHI) is a program for eligible MassHealth members that provides essential behavioral healthcare to more than 50,000 children per fiscal year. The initiative covers children under the age of 21 with serious mental and behavioral health needs.

CBHI data paints a clear picture of the workforce shortages in this sector of children's behavioral healthcare. The following slides will give a closer look at workforce declines from 2018-2021 for two positions within Community Service Agencies (CSAs). CSAs are community-based organizations that coordinate and facilitate access to care for children with serious emotional disturbances.

- **Intensive Care Coordinators (ICCs)** - A service that facilitates care coordination and planning between clinicians, school staff, a child's family, etc. to better meet their mental health needs. There are both Master's and Bachelor level coordinators and the slide below illustrates the total decline of both positions combined.
- **Family Partners** - Individuals with lived experience raising a child with serious mental health needs that serve as a support to the child's caregiver.

Source: CBHI Monthly Community Service Agency (CSA) Reports, MassHealth. https://www.mass.gov/info-details/child-and-family-services

WORKFORCE DECLINE: ICCS

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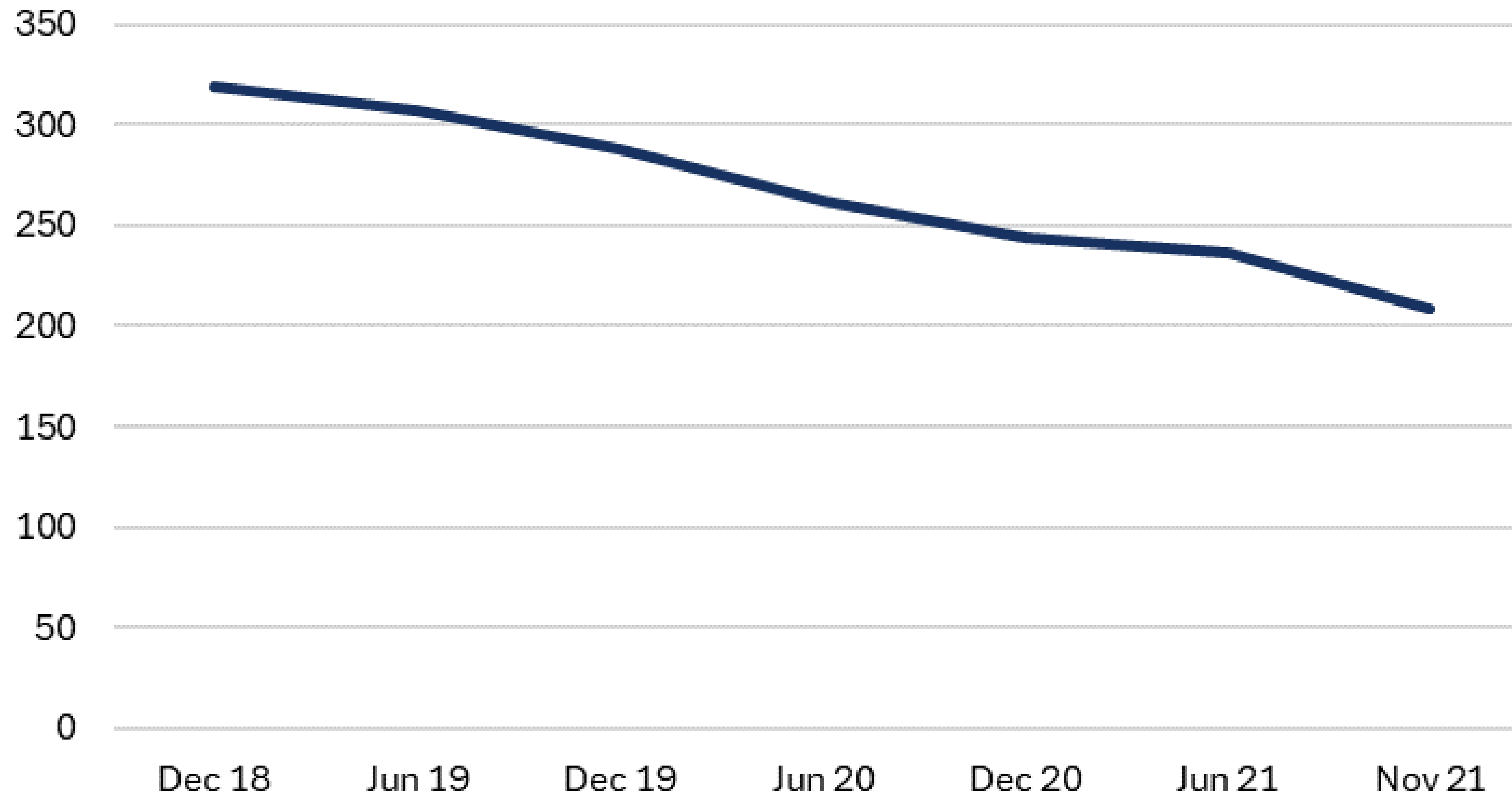


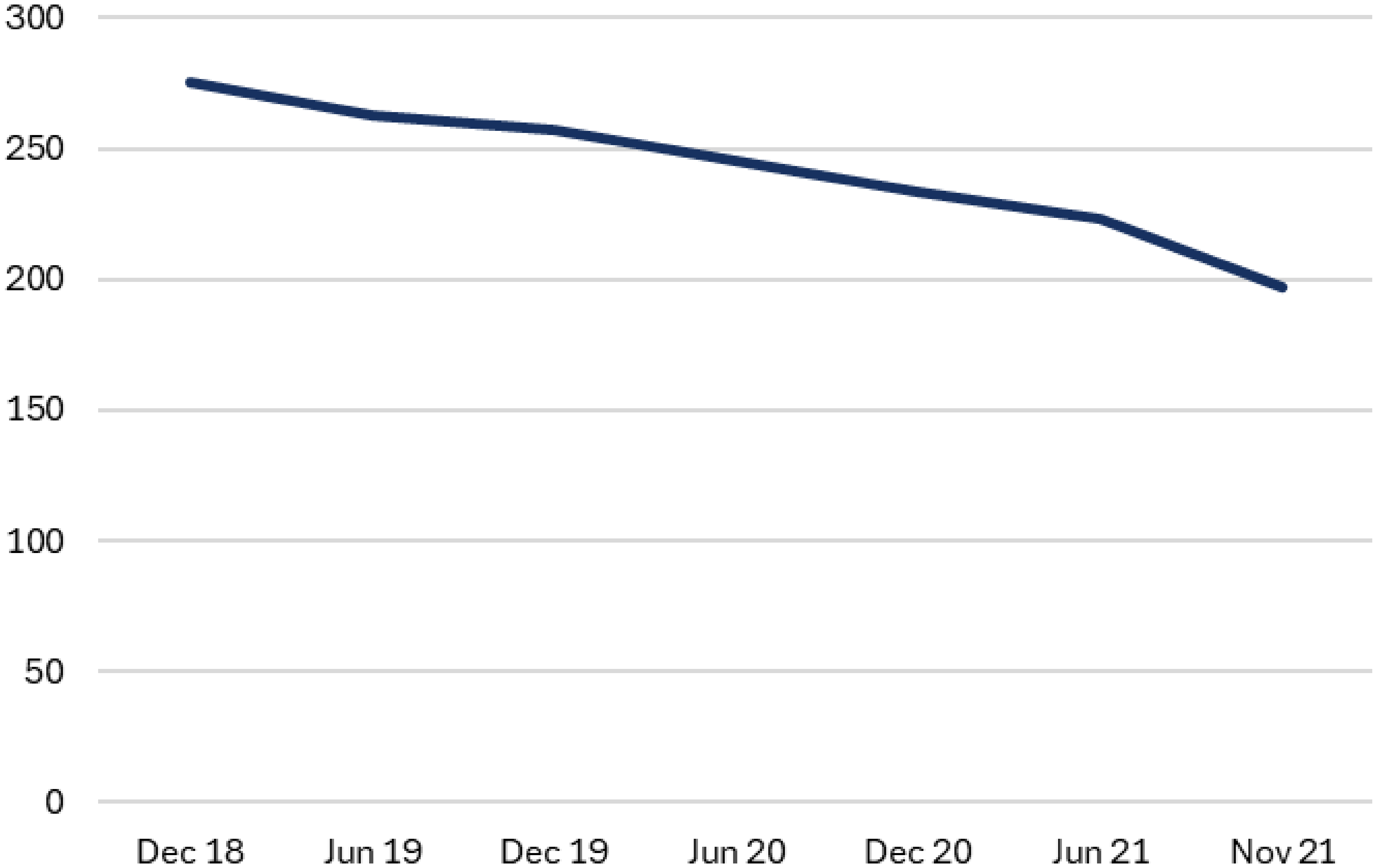
An average of **8,188 children were served** by ICCs from FY 2018-2020*.

- From December 2018 to November 2021, total ICC FTEs decreased by 110 coordinators or **34.5%**.
- From FY 2018 to 2020, ICC utilization fell by 1,115 children or **13%**.

*CBHI Service Use Reports are available from FY 2010-2020

Source: CBHI Monthly Community Service Agency (CSA) and Service Use Reports

WORKFORCE DECLINE: FAMILY PARTNERS



An average of **3,333 caregivers were served** by family partners from FY 2018-2020*.

- From December 2018 to November 2021, Family Partner FTEs decreased by 78.4 or **28%**.
- From FY 2018 to 2020, Family Partner utilization fell by 4,651 caregivers or **83%**.

*CBHI Service Use Reports are available from FY 2010-2020

Source: CBHI Monthly Community Service Agency (CSA) and Service Use Reports

DRIVERS OF WORKFORCE DECLINES

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According to a variety of surveys conducted with behavioral healthcare providers, there are several consistent drivers of behavioral health workforce shortages.

Wages and Schedule Flexibility

- A CHIA healthcare workforce survey determined that the **primary reason reported** for retention challenges in the behavioral health workforce was non-competitive salaries/benefits.
- According to a survey conducted by the Association for Behavioral Healthcare, from September 2021 to May 2023, **over 1,500** child-serving professionals left their CBHI agency with many moving to other settings like schools or private practices that are often **higher paying** and offer more schedule flexibility.

Burn Out

- Dramatic caseload increases paired with the emotional toll of working with children experiencing severe mental health challenges has led to many professionals leaving the field due to burn out. The same CHIA workforce survey also found that burnout was the second highest reported reason for retention challenges, with **upwards of 55%** of independently licensed clinicians reporting burnout related challenges.

Competition Between Providers

- Several mental healthcare programs have faced high competition for a finite workforce from settings like schools to CBHCs. Many organizations have reported a shift of the BH workforce from one setting to another, with schools reporting having an easier time recruiting staff compared to other behavioral health providers.

Source: CHIA. Massachusetts Health Care Workforce Survey. ABH, Kids are Waiting Report. MAHP, The Crisis in Children's Behavioral Health.

Pediatric Behavioral Health Capacity Challenges

CAPACITY INTRODUCTION

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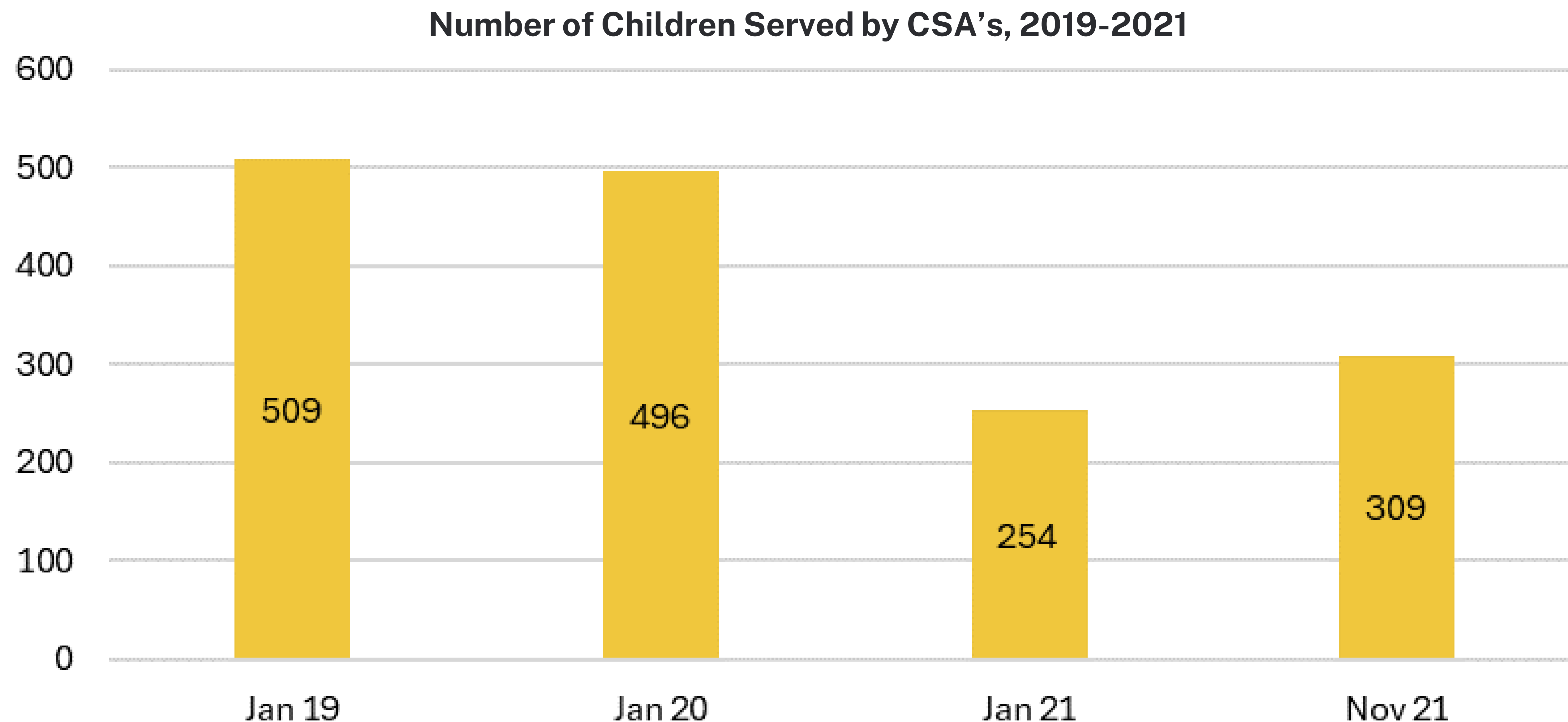
As the prevalence and severity of mental health conditions for children ages 0-17 increased between 2020-2022, the behavioral health workforce was largely shrinking. Combined, these two factors led to treatment capacity issues, with fewer professionals available to serve a larger population. The goal of this section is to demonstrate the reduction in care capacity during the pandemic utilizing three data sources:

- **ABH survey data** for specific home- and community-based program closures;
- **CBHI Monthly Community Service Agency (CSA) reports** for wait list data for children seeking CSA services, which gives a sense of capacity shortages resulting in longer wait times; and
- **EPIA boarding data** to demonstrate elevated boarding rates during the pandemic (2020-2022). While boarding rates have improved since 2022, they remain 6 times higher than pre-pandemic levels.

Source: CHIA. Massachusetts Health Care Workforce Survey

LESS CHILDREN SERVED DESPITE RISING NEED

As established in the previous population section, demand for mental healthcare rose during the pandemic as well as children's acuity. However, CBHI's community service agency (CSA) reports identified a decline in youth served from January 2019 to November 2021 of **200 children or 39.3%**.

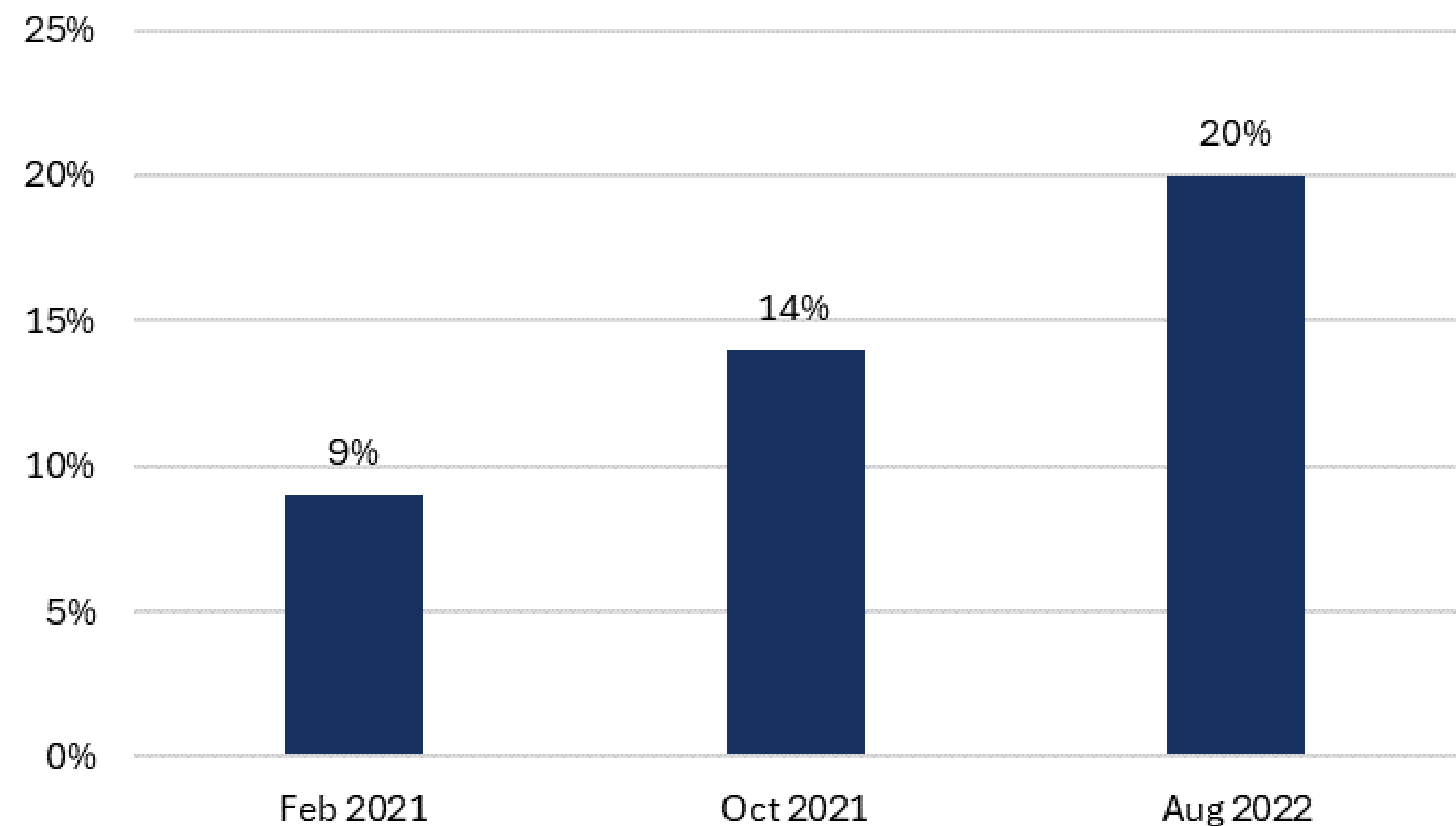


Source: CBHI Monthly Community Service Agency (CSA) Reports

STAFFING SHORTAGES LINKED TO REDUCED CAPACITY DURING THE PANDEMIC

Workforce shortages and capacity issues are often linked, with lack of staff being one of the several reasons psychiatric beds go offline. Children especially experience the burden of a limited supply of both inpatient and outpatient behavioral healthcare services.

According to a Massachusetts Health & Hospital Association (MHA) survey of inpatient psychiatric units in psychiatric facilities and acute care hospitals, respondents reported beds being taken offline due to increased acuity among patients, COVID restrictions, and lack of staffing. Facilities reported a **112% increase** in inpatient psychiatric beds being taken offline due to solely staffing challenges from February 2021 to August 2022.



Source: MHA. The Crisis Continues: The Effect of Behavioral Workforce Shortages on the Availability of Inpatient Psychiatric Services

REDUCTION OF SERVICES AT HOME AND IN THE COMMUNITY

ABH conducted a member survey for those who operate home and community based behavioral health programs. **From FY 2019 through eleven months of FY 2023, they reported**:

24% of In-Home Behavioral Services programs closed

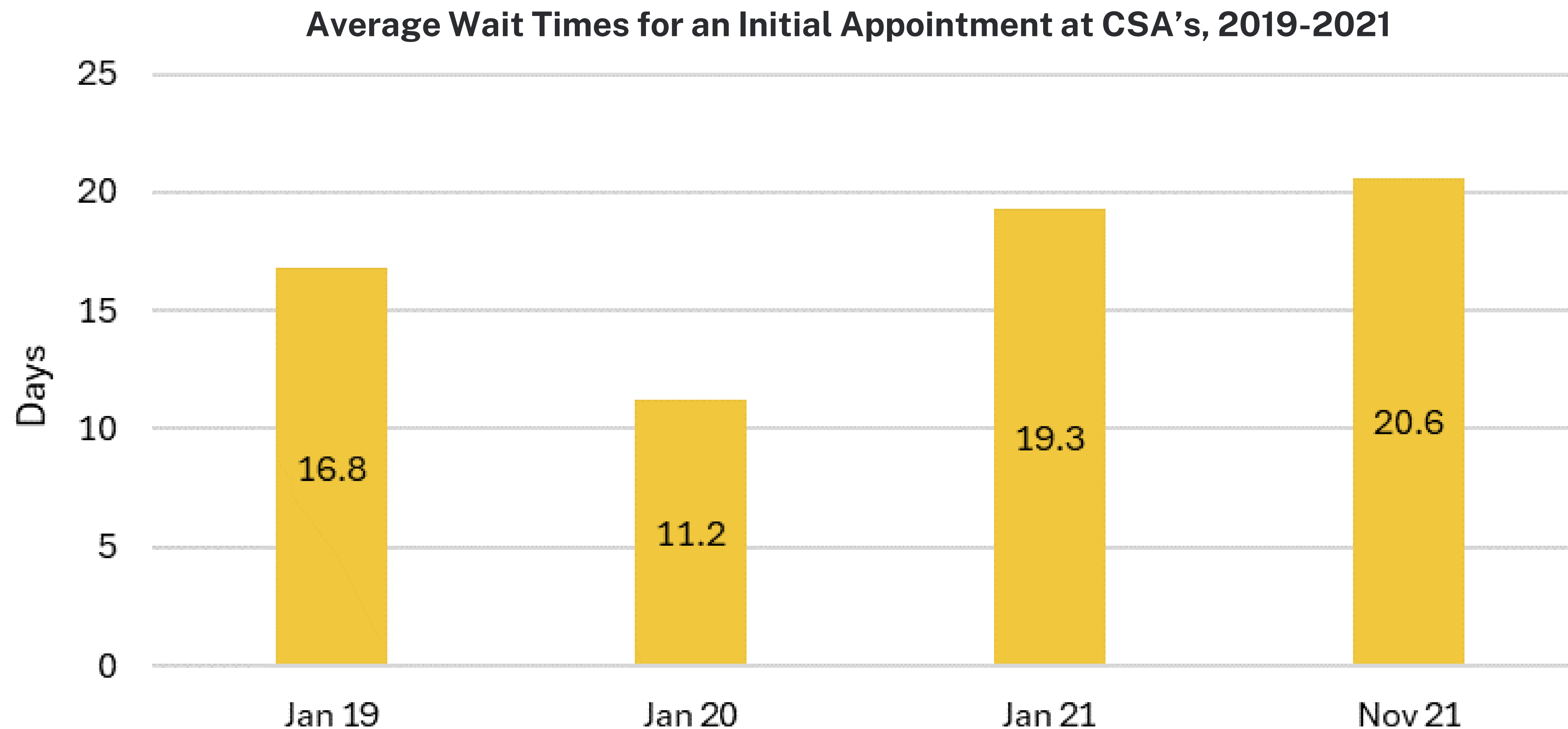
18% of In-Home Therapy programs closed

17% of Therapeutic Mentoring programs closed

Source: Association for Behavioral Healthcare. Kids are Waiting Report.

A RISE IN SERVICE WAIT TIMES

The figure below illustrates the average wait time from when a family request for CSA care is submitted to when a date is offered for an initial appointment to begin services. From January 2019 to November 2021, wait times **increased** approximately 4 days or **22.6%.**



Source: CBHI Monthly Community Service Agency (CSA) Reports

BOARDING: A MANIFESTATION OF CAPACITY SHORTAGES

Behavioral Health (BH) boarding occurs when a child must wait in an ED or medical surgical floor until a BH inpatient bed becomes available for them.

As demonstrated, higher demand for care and an insufficient workforce have led to significant capacity issues, and one manifestation is increased boarding. Children unable to receive treatment in out-patient care settings may be driven to seek treatment at emergency departments.

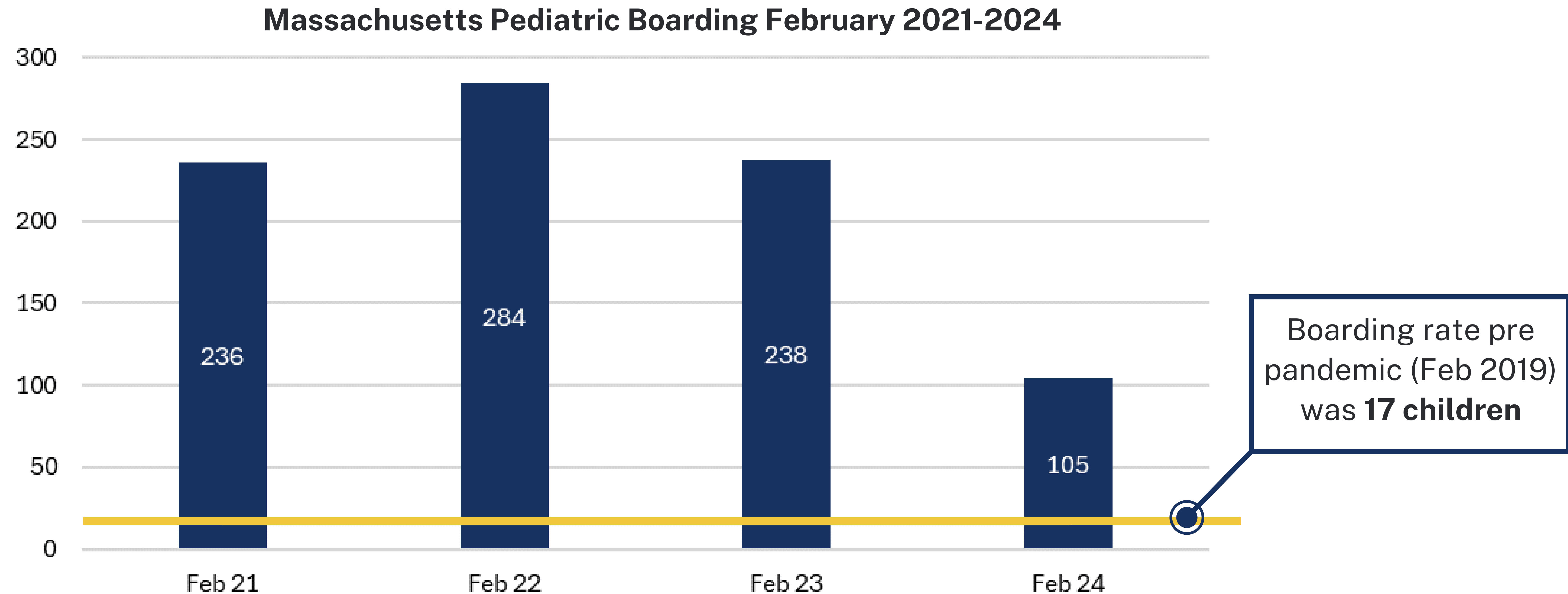
Why focus on boarding?

- There are equity concerns with certain demographics of children experiencing boarding at higher rates.
- ED boarding negatively impacts the hospital system by straining ED resources, limiting emergency care capacity, and increasing workforce burnout.
- Children not receiving adequate BH care in childhood leads to negative long-term impacts.

Source: MHA, Capturing a Crisis: Weekly Behavioral Health Boarding Reports

RECENT BOARDING TRENDS

The Massachusetts Department of Mental Health (DMH) releases monthly EPIA boarding data for children waiting for care for 48 hours or more. While rates have decreased from the pandemic era spike, **boarding for children aged 0-17 is still 6 times higher than pre pandemic levels**.



Source: Expedited Psychiatric Inpatient Admission (EPIA) Dashboards, Massachusetts Department of Mental Health

DEMOGRAPHIC SNAPSHOT OF BOARDING RISK

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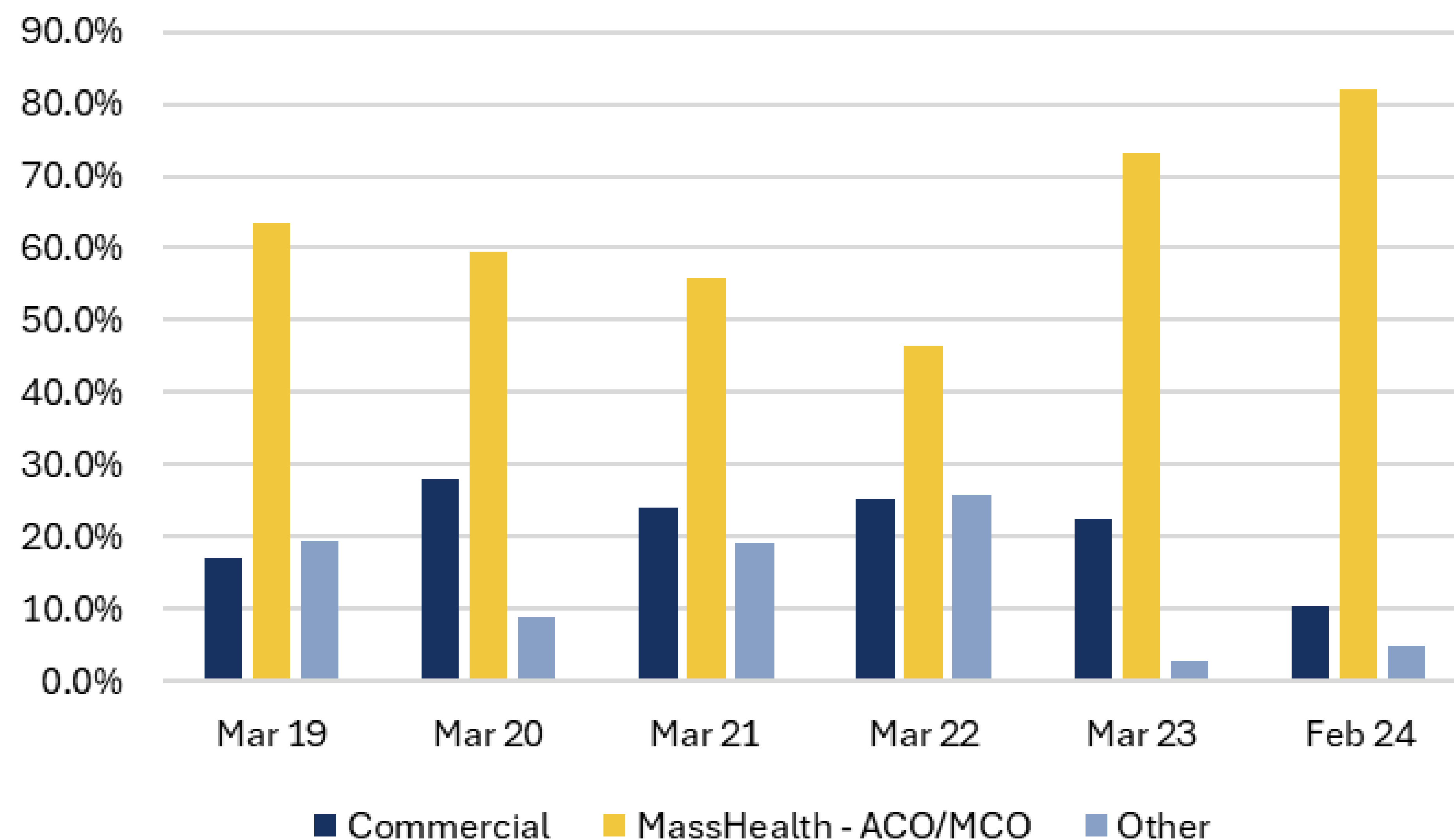
The monthly behavioral health boarding data from DMH also includes detailed historical data on the number of children boarding among different demographic categories like, gender, race, age, and insurance type.



*Other coverage includes MassHealth Fee for Service, MassHealth Plan Unspecified, MBHP - Primary Care Clinician (PCC) plan, Uninsured, and Medicare-Medicaid categories

From March 2019 - February 2024, children with MassHealth (ACO/MCO) coverage made up the **largest portion** of children who board when compared to children with commercial coverage. This could point to **equity disparities** with boarding among low-income children.

Other demographics at risk for boarding include:

- Children with medical complexities
- Children with co-occurring autism spectrum disorders
- Children in the foster care system

Source: Expedited Psychiatric Inpatient Admission (EPIA) Dashboards, Massachusetts Department of Mental Health

Main Takeaways

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The pediatric behavioral health crisis is made up of 3 elements that often impact each other.

Pediatric Behavioral Health Crisis

Interventions and Recommendations

MAJOR POLICY ACTIONS SINCE THE PANDEMIC

Since the crisis of the pandemic, the Baker and Healey administrations, State Legislature, healthcare and education sectors have made significant progress in addressing children's mental health concerns.

Baker/Healey Administrations

- Roadmap for Behavioral Health Reform.

Healthcare Sector

- Boston Children's Hospital workforce and capacity investments.

State Legislature

- An Act Addressing Barriers to Care for Mental Health (Mental Health ABCs Act).
- Behavioral health workforce investments in the 2021 COVID Recovery Bill and FY 2024 budget.

Education Sector

- Investments in school-based mental health programs and workforce.

MENTAL HEALTH ABC ACT: A LEGISLATIVE SOLUTION

An Act addressing barriers to care for mental health was signed into law by Governor Baker in August 2022. The law addresses a range of behavioral healthcare issues like **ED boarding, low reimbursement rates for providers, behavioral health workforce and service delivery system reforms, and demand for school-based services**.

The law included many initiatives, including a number to address **youth ED boarding, workforce shortages, and school behavioral health programs**. Notable provisions include:

- Requiring EOHHS to develop an ED boarding data portal and include a real-time bed search function for pediatric acute psychiatric beds.
- Establishing an expedited psychiatric inpatient admission (EPIA) advisory council tasked with presenting recommendations for solutions to addressing ED boarding.
- Implementing behavioral health services and supports, including consultation, coaching and technical assistance, in each school district, subject to appropriation.
- Creating a mental health workforce talent pipeline to support individuals from diverse backgrounds to choose careers in mental healthcare.

Source: MAMH. Fact Sheet: An act addressing barriers to care for mental health.

BEHAVIORAL HEALTH WORKFORCE SPENDING IN THE FY 2024 BUDGET

To address workforce shortages in behavioral healthcare, the 2021 COVID recovery bill included significant investments that led to the Executive Office of Health and Human Services (EOHHS) and Massachusetts League of Community Health Centers (MLCHC) introducing several new loan repayment programs for behavioral health professionals through the MA Repay program. The goal of these awards was to alleviate the financial burdens of school debt for those committed to up to four years of service in eligible care settings throughout the Commonwealth.

$400

million line-item appropriation included in the first COVID-19 response bill *An Act Relative to Immediate COVID 19 Recovery Needs (2021)*

$110

million initial funding for the MA Repay program

$198.7

million set aside in the Behavioral Health Trust Fund

$100

million included in the FY 24 budget for the MA Repay program

+ $5.5

million specifically for Child and Adolescent Psychiatrists

Source: MassHealth, https://www.mass.gov/news/ma-repay-program-announces-availability-of-new-loan-repayment-awards-to-support-behavioral-health-professionals-working-in-underserved-communities

BEHAVIORAL HEALTH ROADMAP: AN ADMINISTRATIVE SOLUTION

The Roadmap to Behavioral Health Reform (Roadmap) began implementation in early 2023 with the aim of setting a framework to improve outpatient behavioral healthcare delivery. The multi-year plan includes several initiatives to **build upon investments** made over the past decade.

Some major reforms in the Roadmap include:

- **Simplifying members' experience and access to treatment for crisis and acute care**: By increasing access to care information and referrals, this aspect of the Roadmap specifically focuses on addressing the increased demand for care and ED boarding, a particular issue for children and adolescents. The Roadmap also streamlines access to community-based care through behavioral health urgent care sites and a behavioral health help line providing more access to behavioral healthcare for those in crisis and/or an entry point to the BH system.
- **Integrating primary care and improving care coordination**: In January 2023, Community Behavioral Health Centers (CBHCs) were introduced to increase care coordination among BH providers. CBHCs are directed by EOHHS to, in part, offer crisis, urgent, and routine substance use disorder and mental health services and coordinate with primary care. Starting in April 2023, primary care providers (PCPs) have also been incentivized to deliver behavioral healthcare via participating in MassHealth's Accountable Care Organization and new payment model. A requirement for PCPs is to serve individuals under 21 and coordinate care with CBHI services.

Source: Blue Cross Blue Shield of Massachusetts Foundation. Massachusetts Roadmap for Behavioral Health Reform.

ADDRESSING BOARDING AT THE CHILDREN'S HOSPITAL

Boston Children's Hospital consistently has the **most pediatric boarders in the state**. In 2021, the hospital added **12 inpatient psychiatric beds and increased staff by 9 nursing FTEs** for the Emergency Psychiatry Service, Psychiatry Consultation Service, and Psychiatry Resource Specialist teams to assist in stabilizing and transferring boarding children. Importantly, these staff **coordinate care with community mental health providers to establish more consistent behavioral healthcare between inpatient and community settings.**

Since staffing and capacity increases:

- Boarding duration **fell 53 percent** from 9.1 to 4.3 days.
- Length of stay in acute residential treatment programs and inpatient psychiatric units **fell** an average of 5.4 days or **27 percent.**
- More children were able to access programs from **42 percent to 54 percent**.

Source: Boston Children's Hospital. Reversing the trend: easing the mental health boarding crisis in emergency rooms.

SCHOOL BASED BEHAVIORAL HEALTH PROGRAMS

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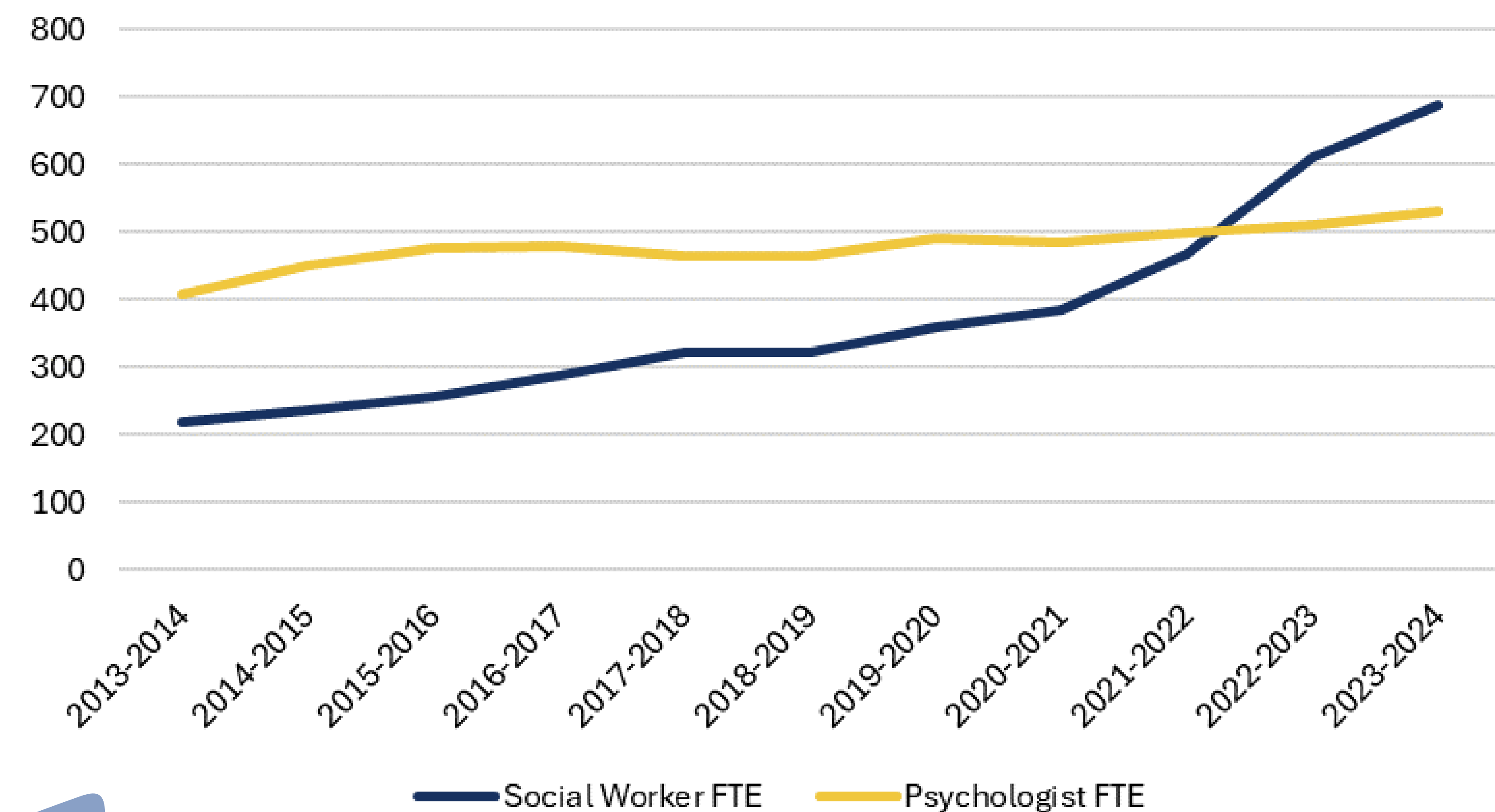
While in-patient or home-based care services are a significant aspect of the behavioral healthcare continuum many children access behavioral healthcare through their school. Since 2020, schools across the state have made financial and staffing investments to support student wellness including:

- **$25 million** for social and emotional learning (SEL) and mental health grants to 111 districts between FY 22-23.
- **80%** of districts **increased FTE positions** to support children's mental health since 2018.
- A **33% increase in staffing** to support mental healthcare throughout Massachusetts since 2018.

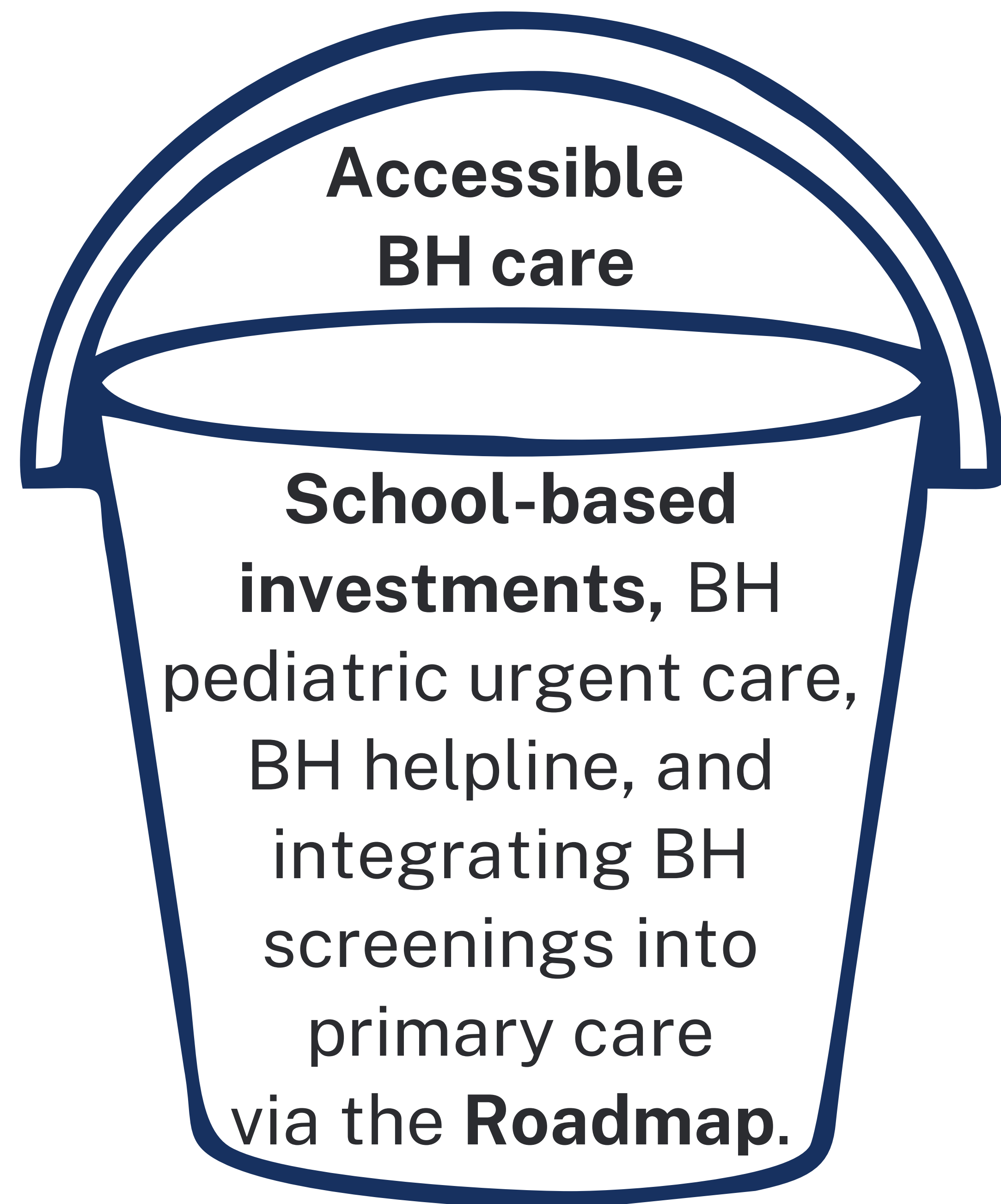
DESE workforce data reported a **114% increase** in social worker FTEs and **14% increase** in psychologist FTEs from the 2017-18 to the 2023-24 school year.

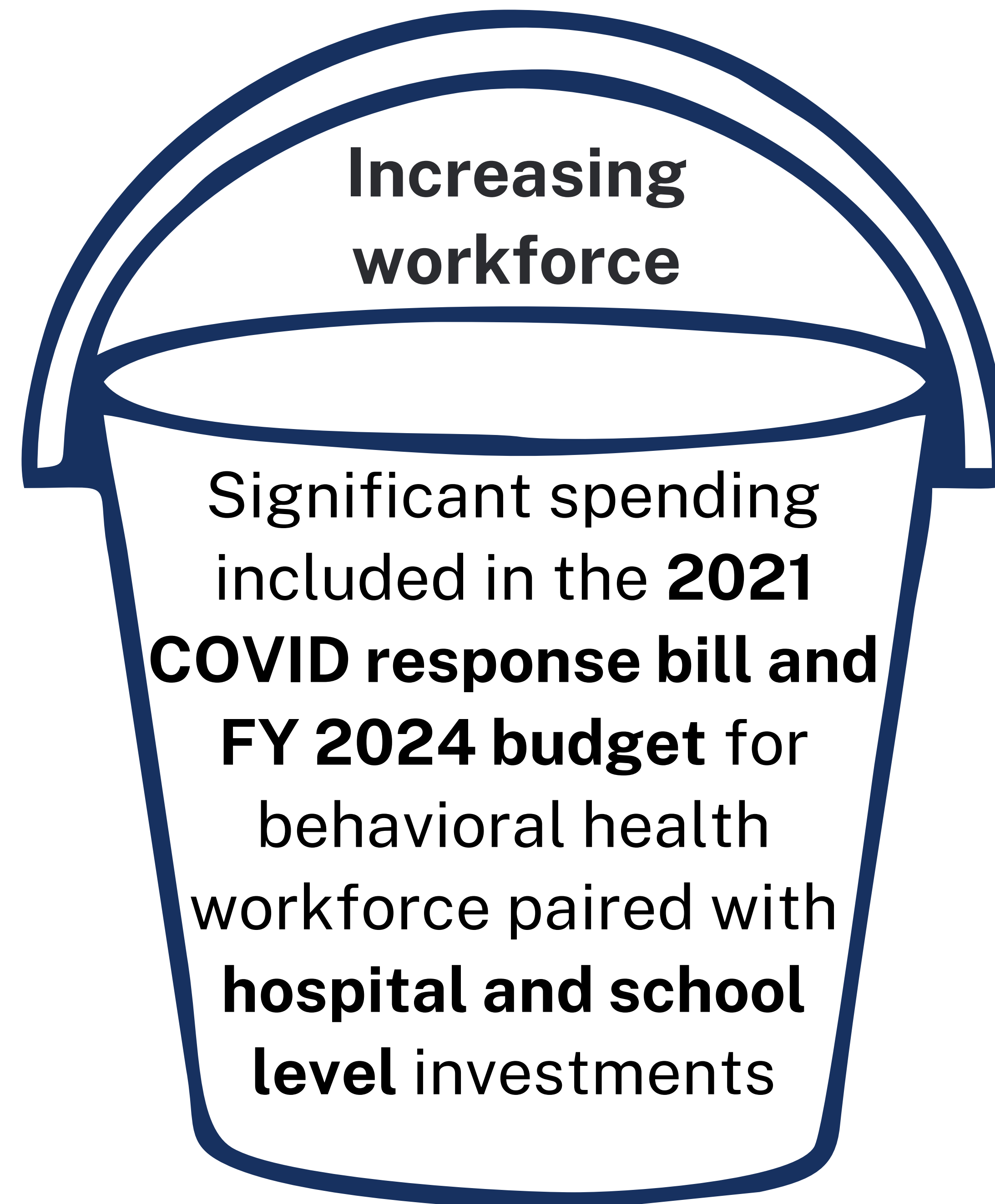


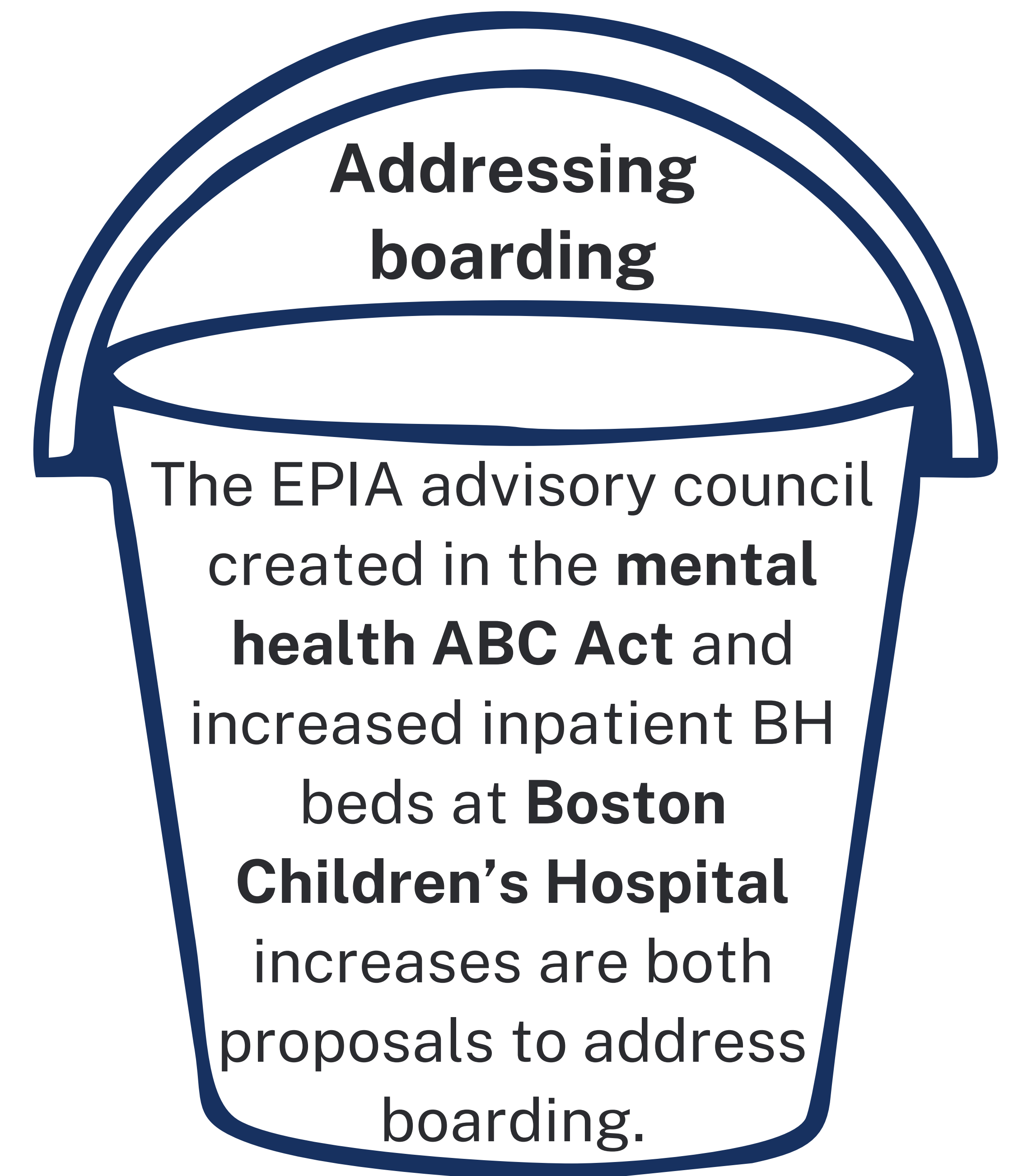
Source: Commonwealth of Massachusetts. Investing in students' social-emotional learning and mental health.

LINKING THE SOLUTIONS TO THE PROBLEMS

Both government and non-governmental stakeholders have made several improvements to address each of the elements of the behavioral health crisis: population, workforce, and capacity.







RECOMMENDATIONS FOR FURTHER PROGRESS

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While there have been steps forward throughout the pediatric behavioral healthcare system to address the foundational elements of the crisis, there is still work to be done to build upon the progress that has been made.

1. Issues like low wages and burn out are documented reasons for retention challenges. Simply adding more behavioral health workers without **addressing the root causes of workforce declines** like educational attainment and increased payment rates will see these issues persist.

2. **Ensuring care coordination** between all aspects of the behavioral health system by, for example, integrating health records across all care settings is essential for all children to receive the programs that will best support them.

3. Continue **investments to increase care options for children** beyond the hospital or inpatient setting. Robust school-based services, out-patient care, and home-based programs will prevent the need for hospitalization from unmet needs.

Thank you!

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Appendix

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HOW MA ADDRESSES CHILDREN'S MENTAL HEALTH

The Children's Behavioral Health Initiative (CBHI) is a collection of home- and community based mental health services created as a result of the Rosie D class action lawsuit. In 2007, the court ordered MassHealth to develop intensive care services for eligible children with care becoming available in 2009.

- **Who is eligible**: children under the age of 21 on MassHealth with serious emotional, behavioral, or psychiatric conditions.
- **What services are included**: Intensive Care Coordination (ICC), Family Partners, In-Home Therapy, In-Home Behavioral Services, Youth Mobile Crisis Intervention, and Therapeutic Mentoring Services.
    - **In-Home Therapy** (IHT)- a service consisting of a structured, consistent therapeutic relationship between a clinical team, child, and the child's family
    - **In-Home Behavioral Services** (IHBS) - a service designed with clinical flexibility to offer highly individualized behavioral support services to children with a broad array of emotional and developmental conditions.
    - **Therapeutic Mentoring Services** (TM) - one-on-one support service that supports children to develop and improve behaviors, interpersonal communication, etc.

Source: Association for Behavioral Healthcare. Kids are Waiting Report