

ASPR TRACIE Technical Assistance Request

Request Receipt Date: 27 August 2021

Response Date: 2 September 2021

Type of TA Request: Complex

Request:

ASPR TRACIE received a request for resources to address the surge of patients with behavioral health challenges in hospitals during the COVID-19 pandemic. The requestor noted that multiple patients are being held for several days in emergency departments while waiting for proper bed placement. The requestor also noted that these patients pose a unique challenge as their healthcare needs are different and require special considerations.

Response:

The ASPR TRACIE Team reviewed existing resources, including those in our [Behavioral Health Compendium](#) and our [COVID-19 Behavioral Health Resources Collection](#) and [Disaster Behavioral Health Resources Page](#). We also reached out to members of our Subject Matter Expert (SME) Cadre for feedback. Section I of this document includes comments from SMEs and section II provides relevant resources that may be helpful to this request.

I. ASPR TRACIE SME Cadre Member Comments

Please note: These are direct quotes or paraphrased comments from emails and other correspondence provided by ASPR TRACIE SME Cadre members in response to this specific request. They do not necessarily express the views of ASPR or ASPR TRACIE.

SME Cadre Member 1:

- **A preliminary question that would provide further context:** What is the psychiatric bed capacity? Example, if the bed capacity is 100, then this situation may be closer to a norm. If the bed capacity is 30, that is a different scenario.

Assuming the norm bed capacity:

- Nothing precludes the hospital from treating the patient in the emergency room to reduce acuity, with the small possibility that discharge or movement to a lower level of care including possible discharge.
 - Priority should be on medication stabilization of the patient. Provision of psycho-social care within the emergency room setting is also possible.
- At the same time, notifying the psychiatric unit about the surge can help them consider ways to facilitate early discharge of patients occupying current psychiatric beds, as

appropriate (e.g., where one additional day of extra stay is expected solely for a blood test of medication levels, etc.).

- Another option is to admit the patient to medical services with a psychiatric follow up, depending on the type of behavioral health needs.
- Outpatient resources can be leveraged for situations where the patient has stable housing and could receive care at a lower tier, such as intensive outpatient treatment or partial hospitalization.
- In some cases, it may be possible to increase bed capacity by flexing beds, keeping appropriateness (e.g., gender, acuity/type of psychiatric symptoms) in mind. One example of this would be modifying single rooms to double bed capacity.
- It may be possible to utilize crisis beds for patients where appropriate (e.g., patients who do not need medical detox; patients who have just become homeless and are experiencing depression and not experiencing suicidal ideation).
- If these options are not viable, it may be possible to facilitate transfers to a county that is a little further away (not a long distance).

Regarding staffing models:

- States may have their own regulations (e.g., regarding nurse-to-patient ratios).

Regarding supports for people experiencing substance use disorder (SUD):

- Admissions differ according to the state and typically require that patients need medically supervised withdrawal and/or have a mental health comorbidity.
- Check with your state's substance use Single State Authority (SSA), for guidance of on admission requirements for patients experiencing SUD.

SME Cadre Member 2:

- Needs of patients differ based on ages:
 - If the request includes or is specific to kids/teens, then one thing that could be achieved while waiting for a psychiatric bed is using the variants of safety planning. Many of these variants do not require any mental health provider involvement at this step.
 - If the request is for adult patients, then [Collaborative Assessment and Management of Suicidality \(CAMS\)](#) is a promising approach, as is the National Action Alliance for Suicide Prevention [Crisis Services](#).
- The [redacted] Mental Health Rapid Response Team has been activated a few times during the COVID-19 pandemic for a state agency, large medical center, and others. They are available for consultation if needed. Please contact the [ASPR TRACIE Assistance Center](#) if further one-on-one consultation is desired.

I. Related Resources

ASPR TRACIE. (2021). [Pediatric Lessons Learned from COVID-19: Immediate and Future Implications \(Speaker Series\)](#).

The U.S. Department of Health and Human Services' (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE), in collaboration with the Western Regional Alliance for Pediatric Emergency Management (WRAP-EM), presents a speaker series focused on pediatric-specific lessons learned during the COVID-19 pandemic. **NOTE:** In particular, please review the presentations focused on strategies for management of the surge of pediatric patients seen in EDs with behavioral health concerns listed under the header "Special Focus: Suicide and Mental Health Emergencies Before, During, and Beyond COVID-19."

Brent, D., Kennard, B., Biernesser, C., et al. (2021). BRITE: A Safety Planning App to Prevent Teen Suicidal Behavior. (Contact the [ASPR TRACIE Assistance Center](#) for a copy.)

This slide deck provides information about the BRITE app, which is an app available for teens with suicidal behavior.

CAMS.care. (2021). [CAMS Framework: What is the "Collaborative Assessment and Management of Suicidality" \(CAMS\)?](#)

CAMS Framework is a flexible approach that can be used by many disciplines for suicide-specific assessment and treatment of a patient's suicidal risk. This webpage contains additional information specific to the CAMS Framework.

District of Columbia Emergency Healthcare Coalition (DCEHC). (2014). [DCEHC Disaster Behavioral Health Planning Template](#).

This template provides planning guidance that allows healthcare facilities prepare for and respond to the behavioral health needs of patients, staff, and loved ones impacted by a disaster or other emergent situation.

Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC). (2014). [Disaster Behavioral Health Capacity Assessment Tool](#). U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

This tool can help state and local agencies and healthcare provider organizations measure their disaster behavioral health capacity and its integration into all phases of emergency management efforts. As users complete the assessment, gaps will emerge, highlighting opportunities for further research and local collaboration.

Kennard, B., Goldstein, T., Foxwell, A.A., (2019). [As Safe as Possible \(ASAP\): A Brief App-Supported Inpatient Intervention to Prevent Postdischarge Suicidal Behavior in Hospitalized, Suicidal Adolescents](#). American Journal of Psychiatry. 175(9): 864–872.

The objective of this study was to provide analysis on a pilot study of an inpatient intervention for suicidal adolescents, As Safe as Possible [ASAP]. ASAP is supported by a smartphone app [BRITE] to reduce post-discharge suicide attempts. ASAP focused on emotion regulation and safety planning. It was a 3-hour intervention delivered on the inpatient unit. The BRITE app was then used to have participants rate their level of emotional distress daily and provide personalized strategies for emotion regulation and safety planning. Participants reported high satisfaction with the intervention and app.

Mississippi State Department of Health. (2018). [Community Mental Health Center Emergency Operations Plan Template](#).

This template may be used to develop an Emergency Operations Plan for a Community Mental Health Center. In addition to the all-hazards base plan, the template includes incident-specific annexes.

National Action Alliance for Suicide Prevention. (2021). [Crisis Services](#).

This webpage provides links to resources related to crisis services. The Action Alliance (Crisis Services Task Force) developed the report, [Crisis Now: Transforming Services is Within Our Reach](#), which identifies the core elements of effective crisis care and is included on this webpage.

Substance Abuse and Mental Health Services Administration. (2013). [Disaster Planning Handbook for Behavioral Health Treatment Programs: Technical Assistance Publication \(TAP\) Series 34](#).

The information in this handbook can help behavioral health treatment program staff plan (or enhance existing plans) for all types of disasters. The guide includes informative chapters and templates that can be customized or used as is by program staff.

Suicide Prevention Resource Center. (2021). [Suicide Prevention Resource Center Home Page](#).

This webpage provides links to multiple resources related to suicide prevention.