

Transforming Children's Behavioral Health Policy & Planning Committee – Data Spotlight:

Youth Inpatient Psychiatric, Behavioral Health Emergency Department, and Psychiatric Residential Treatment Facility Utilization

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Overview

Including:

- The Connecticut Behavioral Health Partnership
- General Methodology





Overview

- The Connecticut Behavioral Health Partnership (CT BHP) was established by Connecticut General Statute to provide a multi-agency approach to problem-solving and to identify and address gaps in services across the entire behavioral health continuum while promoting more positive outcomes and improved equity and access.
- The Departments of Children and Families (DCF), Mental Health and Addiction Services (DMHAS), and Social Services (DSS) are member partners of the CT BHP, and jointly contract with and manage Carelon Behavioral Health - the Administrative Services Organization (ASO).
- Data is inclusive of HUSKY Health Members (Medicaid), only.
 - Excludes individuals with commercial insurance or dual-eligibility
 - Sources include a combination of claims, authorizations, and provider report
 - Data sets may have different date ranges due to variations in historical data available.









Youth Behavioral Health Emergency Department Visits

Including:

- Utilization
- Emergency Department "Stuck"
- Connect-to-Care
- Return Visits

Youth (ages 3-17) Behavioral Health (BH) Emergency Department (ED) Utilization*: Jan. 2019 – June 2024[†]



 <u>Methodology</u>: an ED visit with a behavioral health or substance use diagnosis in any of the first four positions of the claim





*Data Source: Claims

+ Historical data available from 1/1/19, and Q2 2024 is the most recent full-quarter capture of the data due to claims lag.

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Volume of Youth (ages 3-17) ED "Stuck*: Jan. 2022 – Sept. 2024⁺

ED Stuck Volume by Recommended Level of Care Cases by Admission Quarter



ED Stuck Volume by Disposition to Next Level of Care

Cases by Admission Quarter



• <u>Methodology</u>: The term "stuck" refers to a youth in the ED for 8+ hours, post medical clearance and psychiatric evaluation and is awaiting disposition to recommended service





*Data Source: Provider self-report † Historical data available on a rolling 36-month look-back from date of query. **‡ S-FIT**=Short-Term Family Intervention facilities (closed effective 3/31/22) **IPF**=Inpatient Psychiatric Facilities **PRTF**=Psychiatric Residential Treatment Facilities **LOC**=Level of Care

Average Length of Stay & Volume Over Time by DCF Status: Youth (ages 3-17) ED "Stuck"*:

Jan. 2022 - Sept. 2024⁺







*Data Source: Provider self-report ⁸ † Historical data available on a rolling 36-month look-back from date of query. ‡ ALOS=Average Length of Stay

Average Lenth of Stay Frequency Distribution by DCF Status: Youth (ages 3-17) ED "Stuck"*: Jan. 2022 – Sept. 2024⁺



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*Data Source: Provider self-report

+ Historical data available on a rolling 36-month look-back from date of query.

Youth (ages 3-17) Behavioral Health (BH) Emergency Department (ED) Connect-to-Care (C2C)*: Jan. 2021 – June 2024[†]









*Data Source: Claims

+ Historical C2C data available from 1/1/21, and Q2 2024 is the most recent full-quarter capture of the data due to claims lag.

Youth (ages 3-17) Behavioral Health (BH) Emergency Department (ED) Return Visits*: Jan. 2021 – June 2024⁺



7-Day Return Visit Count

7-Day Return Visit Rate

30-Day Return Visit Count

23.8% 30-Day Return Visit Rate





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*Data Source: Claims

+ Historical return visit data available from 1/1/21, and Q2 2024 is the most recent full-quarter capture of the data due to claims lag.



Youth Inpatient Psychiatric Facilities

Including:

Connect-to-Care





Youth (ages 6-17) Community Hospital Inpatient Psychiatric Facility (IPF)

Connect-to-Care (C2C): Jan. 2020 – June 2024⁺



† Historical C2C data available from 1/1/20, and Q2 2024 is the most recent full-quarter capture of the data due to claims lag ‡ Excludes Solnit Hospital

Youth (ages 6-17) Solnit Inpatient Psychiatric Facility (IPF) Connect-to-Care* (C2C) cont'd: Jan. 2020 – June 2024[†]



*Data Source: Claims

+ Historical C2C data available from 1/1/20, and Q2 2024 is the most recent full-quarter capture of the data due to claims



Psychiatric Residential Treatment Facilities

Including:

Awaiting Placement





Psychiatric Treatment Facilities (PRTF) (ages 6-17) Awaiting Services*:

Calendar Year 2023



Awaiting Recommended Services by Reason							
	# Awaiting Svcs	% Discharges Waiting	Total Days Waiting	Avg Days Waiting			
Therap. Foster Care	:	3 12.5%	289	96.3			
RTC		1 16.7%	300	75.0			
Educa Prog Not Deter	:	3 12.5%	135	45.0			
MDFT		L 4.2%	25	25.0			
GH 2.0		1 16.7%	517	129.3			
IICAPS		L 4.2%	14	14.0			
Aw Comm Serv - Other I		1. 4.2%	174	174.0			
Aw PI - StateHosp	1	2 8.3%	69	34.5			
EDT		1. 4.2%	9	9.0			
Going Home	1	2 8.3%	87	43.5			
IOP	:	L 4.2%	17	17.0			
Other DCF Funded Svcs		L 4.2%	8	8.0			
All Service	s 24	4 100.0%	1,644	68.5			

Demographics for Discharges Awaiting Recommended Services

Male

0-12

13-17

White

Hispanic Other Black

Unknown

DCF

1 2

3

4

5

6

Non-DCF

Female



Race/Ethnicity

41.7%			10
20.8%		5	
16.7%		4	
16.7%		4	
4.2%	1		

DCF Involvement





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Psychiatric Treatment Facilities (PRTF) (ages 6-17) Awaiting Services*:





Awaiting Recommended Services by Reason % Discharges Waiting # Awaiting Svcs Total Days Waiting Avg Days Waiting 1,147 143.4 Therap, Foster Care 8 29.6% RTC 2 7.4% 92 46.0 Educa Prog Not Deter 5 18.5% 155 31.0 GH 2.0 14.8% 348 87.0 4 194 IICAPS 6 22.2% 32.3 Aw Comm Serv - Other I... 1 3.7% 60 60.0 1 3.7% 7 7.0 Aw PI - StateHosp 27 All Services 100.0% 2,003 74.2 Administered by

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Demographics for Discharges Awaiting Recommended Services



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Thank You

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