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Supporting Health and Recovery

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Behavioral Health

HUSKY Health Members who Utilize Behavioral Health Outpatient Services

March 11, 2025

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Chapter

01

Background

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Context of Today's Presentation

In 2023, the Connecticut Behavioral Health Partnership (CT BHP) conducted an extensive review of the Behavioral Health (BH) outpatient (OP) services and system of care, and of the HUSKY Health members utilizing those services.

In 2024, when Connecticut elected to apply for a Certified Community Behavioral Health Clinics (CCBHC) planning grant through SAMHSA, this data provided the foundation for the application.

Today, we will focus on the characteristics of the adult HUSKY Health members who used outpatient BH services. In the May QAP meeting, we will focus on the findings regarding the BH OP services.

At the end of today's presentation, we will review the HUSKY Health population experiencing unstable housing.

Who and What are Included in Behavioral Health (BH) Outpatient (OP) Services

WHO

HUSKY Health members who:

- were 18-years-old or older and utilized any BH outpatient services at least once in a given calendar year.
- had a primary BH diagnosis and had a service at an office or an outpatient hospital.

WHAT

Provider type and specialty examples:

- BH clinician
- BH clinician group
- Clinic
- Advanced Practice Registered Nurse (APRN)
- Physician group
- Hospital outpatient setting
- General pediatrics
- Licensed Clinical Social Worker (LCSW)
- Enhanced Care Clinic (ECC)
- Licensed Marital and Family Therapist (LMFT)
- Psychologist
- Psychiatrist
- Rehabilitation facility

Chapter

02

The Data and Population

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Data in Today's Presentation

Data come from HUSKY Health claims and authorizations.

Members are counted as utilizing a service when they utilized that service at least once in CY 2021.

Members could have used different types of BH outpatient services (e.g., psychiatrist, therapist, and PCP); if that was the case, they were counted for each of the different services but once as having utilized BH OP services.

Data were analyzed for the 2023 report. Unless noted otherwise, data reflects members utilizing BH OP services rendered during calendar year 2021.

Overview of the Population (CY 2021)

163,143 HUSKY Health members utilized at least one BH OP Service. This was 16.7% of the total HUSKY Health population that year (*N* = 976,137).

37.7% (*n* = 367,816) of the total population were younger than 18.
62.3% (*n* = 608,321) were adults.
We focus only on adults in this analysis and presentation.

19.1% (*n* = 116,010) of the **adult** HUSKY Health population utilized at least one BH OP Service.

Demographic Composition of Adults who Utilized BH OP Services, 2021 (*N* = 116,010)

		Number	%
Sex	Female	70,699	60.9%
	Male	45,311	39.1%
Age group	18 - 24	20,846	18.0%
	25 - 34	35,599	30.7%
	35 - 44	26,573	22.9%
	45 - 54	18,402	15.9%
	55 - 64	13,549	11.7%
	65+	1,041	0.9%
Hispanic	No/Not reported	94,843	81.8%
	Yes	21,167	18.3%
Race	White	52,834	45.6%
	Unknown/Not reported	42,654	36.8%
	Black	17,761	15.3%
	Asian	1,704	1.5%
	Indigenous/AIAN	826	0.7%
	Pacific Islander	190	0.2%

		Number	%
Primary Language	English	107,483	92.7%
	Spanish	8,160	7.0%
	Other	180	0.4%
DMHAS region	1	16,440	14.2%
	2	28,440	24.6%
	3	16,106	13.9%
	4	34,701	30.0%
	5	19,939	17.2%
Other indicators	Unstable housing	7,886	6.8%
	Social drivers of health (SDoH)	8,652	7.5%
	Lives in rural area	8,446	7.3%
	DCF involved	643	0.6%
	Pregnant	6,947	6.0%
	Delivery	2,629	2.3%

Example:
Of the total HUSKY Health population utilizing BH OP (*N*=116,010), 60.9% was female (*n*=70,699) and 39.1% (*n*=45,311) was male

Chapter

03

BH OP Utilization

Of the Total HUSKY Health Adult Population (*N* = 608,321), BH OP Utilization for Different Demographic Groups, 2021

		%	DF	X^2	*p*
Sex	Female	21.2%	1	2086	<.0001
	Male	16.5%			
Hispanic	No/Not reported	19.2%	1	34	<.0001
	Yes	18.5%			
Race	White	23.1%	7	4971	<.0001
	Unknown/Not reported	16.9%			
	Black	17.6%			
	Asian	8.3%			
	American Indian/Alaskan Native	23.4%			
	Pacific Islander	16.6%			
Age			608319	32.0	<.0001
without OP	*M*	38.57			
	SD	14.31			
with OP	*M*	37.11			
	SD	12.69			

Example:
Of the total **female** HUSKY Health population, 21.2% utilized BH OP services.
Of the total **male** HUSKY Health population, 16.5% utilized BH OP services. Females utilized BH OP services more than men did.

- **Females** utilized BH OP services **more** than men did.
- **White** and **American Indian/Alaskan Native** (AIAN) members utilized BH OP services the **most** and **Asian** members utilized BH OP services the **least**.

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Of the Total HUSKY Health Adult Population (*N* = 608,321), BH OP Utilization for Different Groups, 2021

		%	DF	X^2	p
Housing Status	Housed	18.3%	1	9057	<.0001
	Unstable housed	47.8%			
Has Social Driver of Health (SDoH)	No	18.1%	1	9057	<.0001
	Yes	58.5%			
DMHAS region	1	15.0%	4	2128	<.0001
	2	20.1%			
	3	23.4%			
	4	19.3%			
	5	19.0%			
Rural region	No	18.9%	1	266	<.0001
	Yes	22.3%			

- Members with **unstable housing** utilized BH OP services **more** than member with stable housing.
- Members with an **SDoH** utilized BH OP services **more** than members without SDoH.
- Members in **DMHAS region 3** utilized BH OP services the **most** and members **in DMHAS region 4 and 5** the **least**.
- Members in **rural regions** utilized BH OP services **more** than members not in rural regions.

Chapter

04

Relations Between BH OP Utilization and Other Factors

Members with Specific MH Diagnoses and BH OP Utilization, 2021

Diagnosis	n	BH OP utilization	No BH OP utilization
Trauma/posttraumatic stress disorder (PTSD)	71,001	82.4%	17.6%
Personality disorder	5,952	82.3%	17.7%
Obsessive compulsive disorder (OCD)	3,637	79.0%	21.0%
Bipolar	23,681	76.6%	23.4%
Conduct disorder	3,875	75.1%	24.9%
Suicide and self-harm	10,185	69.6%	30.4%
Depressive disorder	87,357	67.9%	32.1%
Psychosis	15,465	66.8%	33.2%
Autism spectrum disorder (ASD)	89	62.9%	37.1%
Attention-deficit/hyperactivity disorder	29,605	61.1%	38.9%
Anxiety	108,892	59.7%	40.3%
Misc. mental health (MH) disorder	10,023	59.2%	40.8%
ASD/Autism MH	3,632	54.3%	45.7%
Learning disabilities	1,062	53.8%	46.2%
Somatic symptom disorder	1,211	52.0%	48.0%
Other developmental delays	289	45.3%	54.7%

- More than three quarters of the members with PTSD, personality, obsessive compulsive, or bipolar. disorder utilized BH OP services.
- The majority of members with most MH diagnoses utilized BH OP services.
- BH OP was utilized the least (less than 55%) by members with ASD, learning disabilities, somatic symptom disorder, and other developmental delays.

Members with Specific SUD Diagnoses and BH OP Utilization, 2021

Diagnosis	n	BH OP utilization	No BH OP utilization
Remission	24,329	75.7%	24.4%
Sedatives use disorder	3,229	71.4%	28.6%
Cannabis use disorder	23,228	71.1%	28.9%
Hallucinogen use disorder	2,650	69.1%	30.9%
Stimulant use disorder	15,222	69.0%	31.0%
Inhalant use disorder	96	62.5%	37.5%
Alchol use disorder	32,479	59.1%	40.9%
Other substance use disorder	12,838	59.0%	41.0%
Alcohol poisoing	179	58.1%	41.9%
Opioid poisoning	3,368	55.5%	44.5%
Opioid use disorder (OUD)	33,586	52.1%	47.9%
Tobacco use disorder	66,028	37.9%	62.1%

- Three quarters of the members in remission utilized BH OP services
- The majority of members with most SUD diagnoses utilized BH OP services.
- BH OP was least utilized (less than 55%) by members with OUD or tobacco use disorder.
- Around two out of five members with an alcohol or opioid poisoning did not utilize BH OP services.

Members with an MH Diagnosis who did or did not Utilize BH OP and the Percentage of Each Group that Utilized Other Services, 2021

Service utilized	Did utilize BH OP (*n* = 110,733)	Did not utilize BH OP (*n* = 80,036)	DF	X^2	*p*
Intensive outpatient (IOP)	8.4%	0.8%	1	5,355	<.0001
Methadone services	5.4%	4.1%	1	166	<.0001
BH emergency department (ED)	4.5%	2.2%	1	720	<.0001
Enrolled behavioral health home	3.6%	1.1%	1	1,175	<.0001
Intensive care unit (ICU)	3.0%	4.9%	1	437	<.0001
Observation	2.6%	1.5%	1	277	<.0001
Mobile crisis services	2.4%	0.9%	1	606	<.0001

Number of episodes	*M*	*SD*	*M*	*SD*	DF	T	*p*
Medical ED	0.92	2.01	0.94	2.20	190767	1.66	.097
BH ED	0.51	2.06	0.39	1.68	190767	-14.24	<.0001
Inpatient psychiatric facility (IPF)	0.07	0.39	0.03	0.22	190767	-27.65	<.0001

Example:
Of the population with a MH who **did** utilize BH OP services (*n*=110,733), **8.4% utilized IOP**.
Of the population with a MH who **did not** utilize BH OP services (*n*=80,036), **0.8% utilized IOP**.
Members with an MH who utilized BH OP utilized more IOP services.

- Members w/ MH who **did** utilize BH OP had **higher** rates of utilization for all BH services.
- Members w/ MH who **did not** utilize BH OP had **higher** rates of ICU utilization.

Members with an SUD Diagnosis who did or did not Utilize BH OP and the Percentage of Each Group that Utilized Other Services, 2021

	Did utilize BH OP (*n* = 45,839)	Did not utilize BH OP (*n* = 35,988)	DF	X^2	*p*
Methadone claim	14.9%	27.2%	1	1,879.6	<.0001
Methadone (Only members w OUD)	39.0%	60.3%	1	1525	<.0001
Freestanding withdrawal management (WM)	9.2%	5.0%	1	519.8	<.0001

Number of episodes	*M*	*SD*	*M*	*SD*	DF	T	*p*
Medical ED	1.16	2.31	1.10	2.33	81825	-3.54	<.001
BH ED	1.03	3.03	0.81	2.48	81825	-11.41	<.0001
Inpatient WM facility (3.7WM)	0.16	0.67	0.08	0.43	81825	-21.68	<.0001
Inpatient psychiatric facility	0.14	0.55	0.06	0.32	81825	-24.99	<.0001
Inpatient WM hospital (4.0)	0.06	0.48	0.06	0.39	81825	-0.25	.802
Opioid poisonings	0.05	0.29	0.04	0.27	81825	-0.81	.417

- Members w/ SUD who **did** utilize BH OP had **lower** rates of utilization for methadone services.
- Members w/ SUD who **did** utilize BH OP had **higher** rates of WM utilization.
- Members w/ SUD who **did** utilize BH OP had slightly higher number of medical and BH ED episodes, inpatient WM facility and inpatient psychiatric facility episodes.

Chapter

05

Trends over Time

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Authorizations for BH Outpatient Services 2014-2019

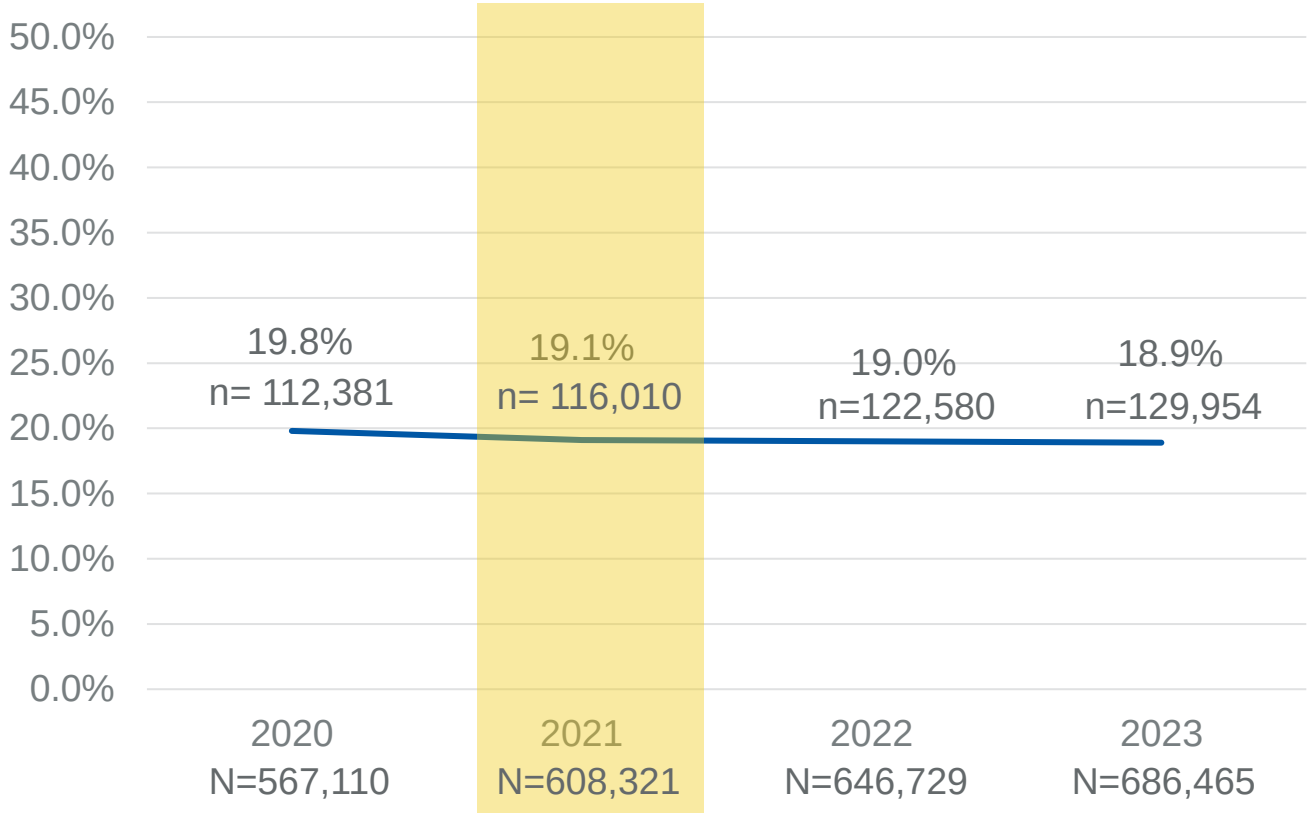
During the COVID-19 pandemic, pre-authorizations for outpatient care were removed and Carelon BH CT switched to reporting based on claims data.

Before services were rendered, providers used to obtain an authorization for members to utilize BH OP services.

	2014	2015	2016	2017	2018	2019
Admissions	79,462	91,261	106,515	114,486	118,944	118,627
Admits/1,000	16.8	17.5	20.7	21.5	21.0	20.8

There was an increase in authorizations over time.

Percent of Adult HUSKY Health Members with at Least One BH Outpatient Claim



After members utilize BH OP services, providers submit a claim for these services.

More members utilized BH OP services across time, and total HUSKY Health adult membership grew as well.

Chapter

06

Focus Population: Members Experiencing Unstable Housing

HUSKY Health Members who Experienced Unstable Housing

A member is considered as having unstable housing if any of the following criteria apply:

- Member provides an address of a DSS office when applying for HUSKY Health care (Medicaid)
- Member provides an address of a homeless shelter when applying for HUSKY Health care (Medicaid)
- Member appears in the Homeless Management Information System (HMIS) during the calendar year, which implies they spent at least one night in a HUD funded shelter

In **CY 2023**, there were 28,023 HUSKY Health members who met at least one of the above criteria (2.6% of the total HUSKY Health population)

HUSKY Health Members who Experienced Unstable Housing, 2023

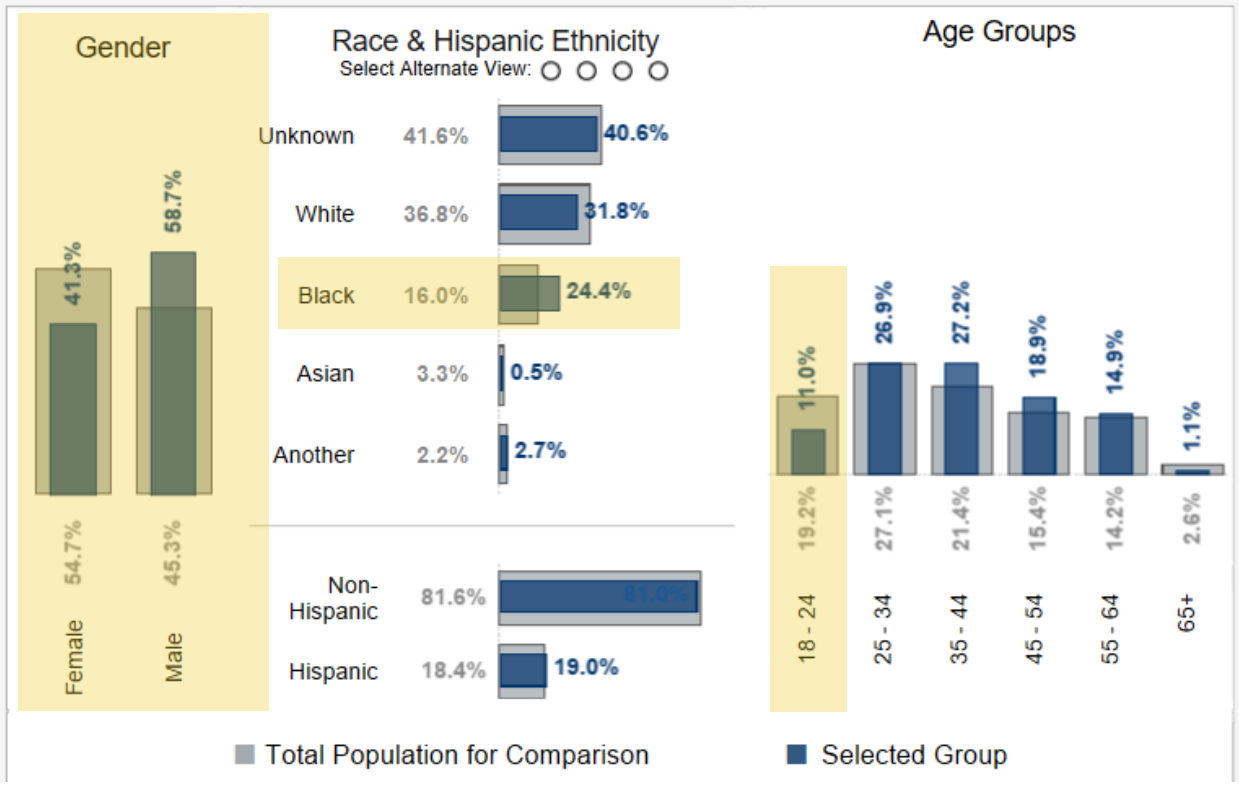
- In 2023, there were 28,023 HUSKY Health members who experienced unstable housing (2.6% of the total HUSKY Health population).
- Unstable housing was more common among adults than it was among children/youth.

- In 2023, there were 3,912 HUSKY Health **children/youth** who experienced unstable housing (1.0% of the total children/youth population).
- In 2023, there were 24,111 HUSKY Health **adults** who experienced unstable housing (3.5% of the total adult population).

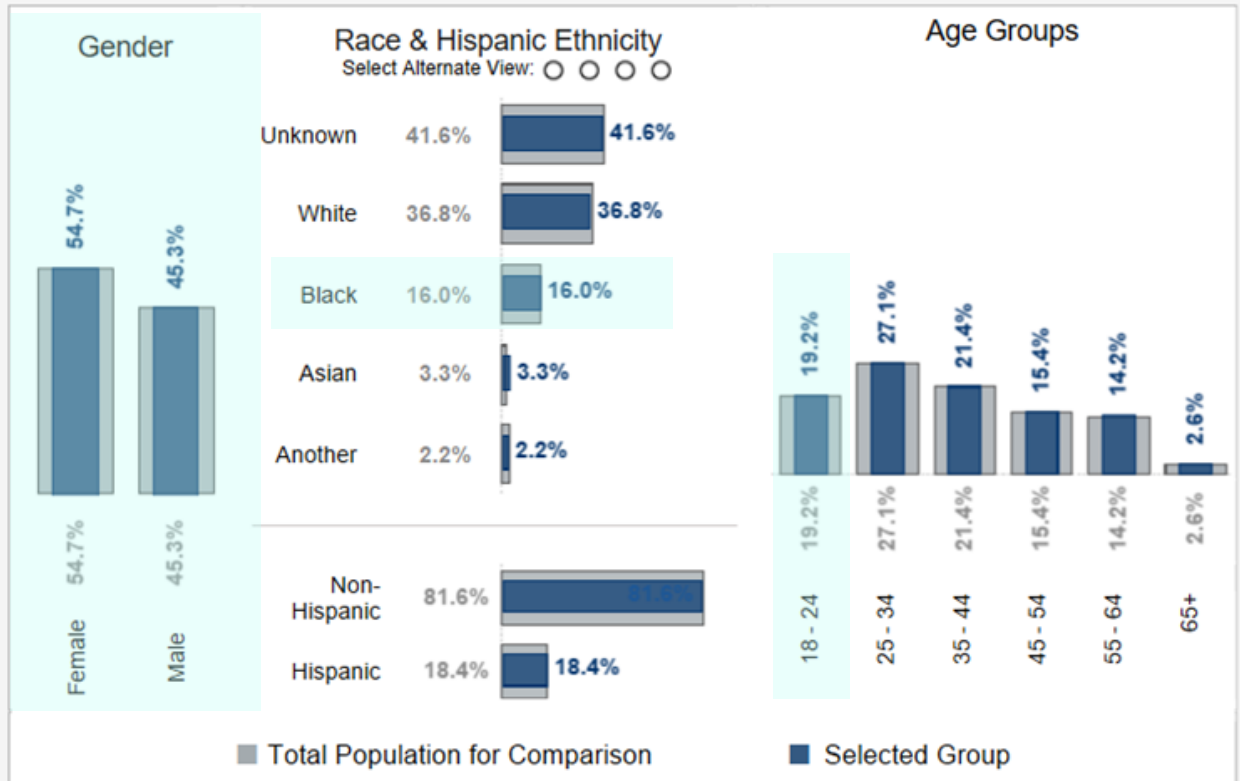
The next slides focus on adult HUSKY Health members who had unstable housing in 2023.

Demographics of HUSKY Health Members who Experienced Unstable Housing vs. Total Adult HUSKY Health Population, 2023

Unstable Housing (*n* = 24,111)



All adults (*n* = 686,465)



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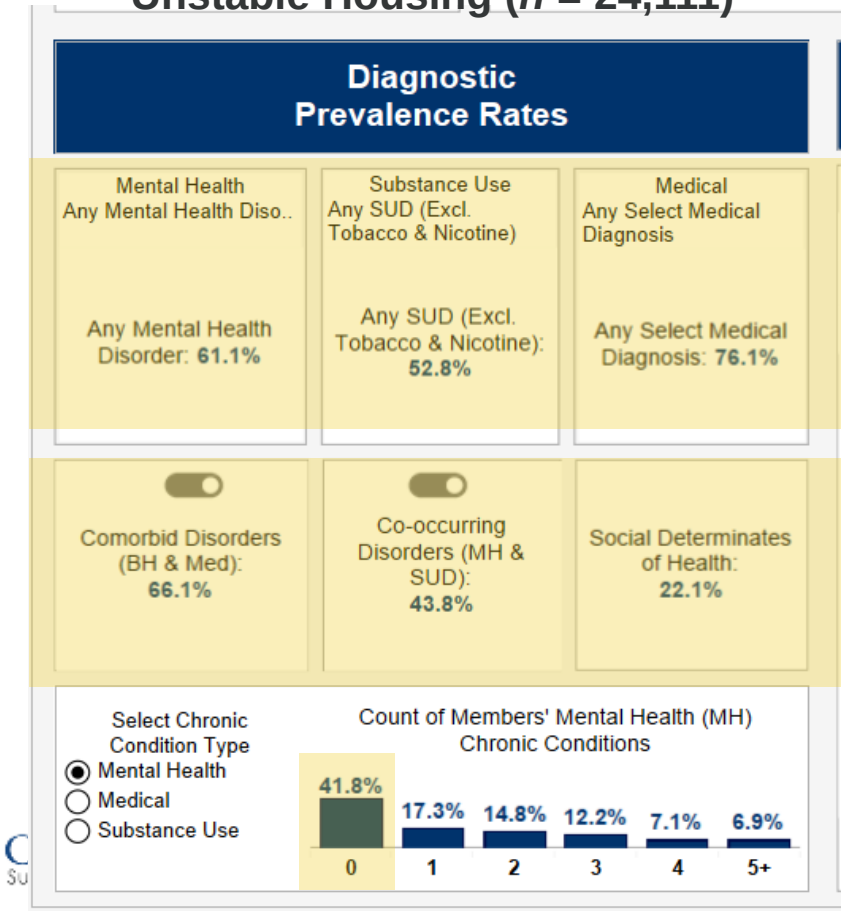
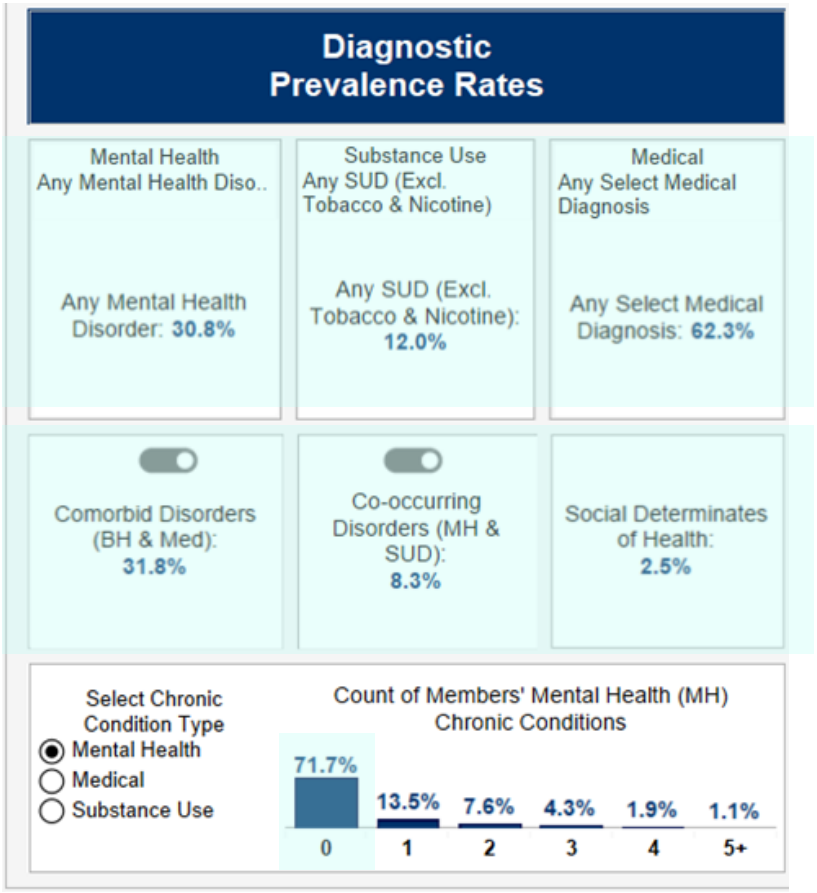
Diagnoses of HUSKY Health Members who Experienced Unstable Housing vs. Total Adult HUSKY Health Population, 2023

Unstable Housing (*n* = 24,111)

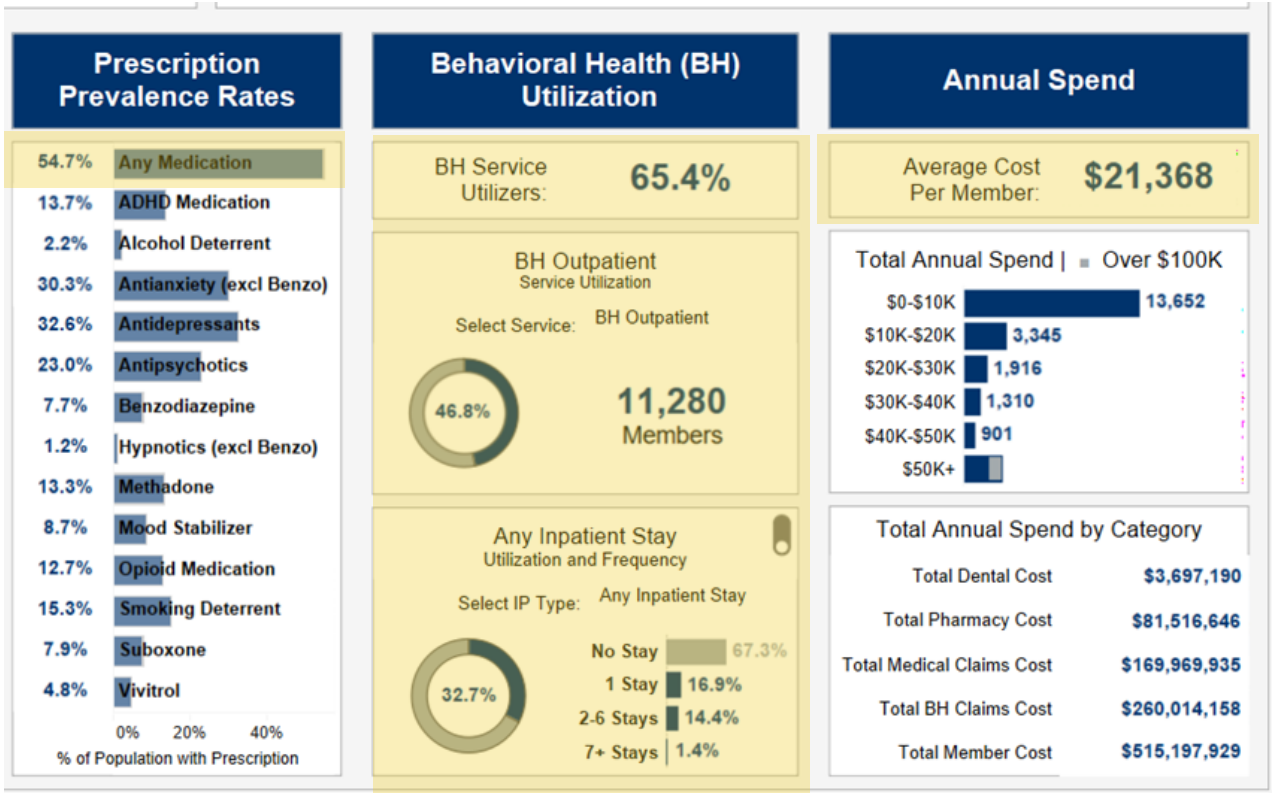


All adults (*n* = 686,465)

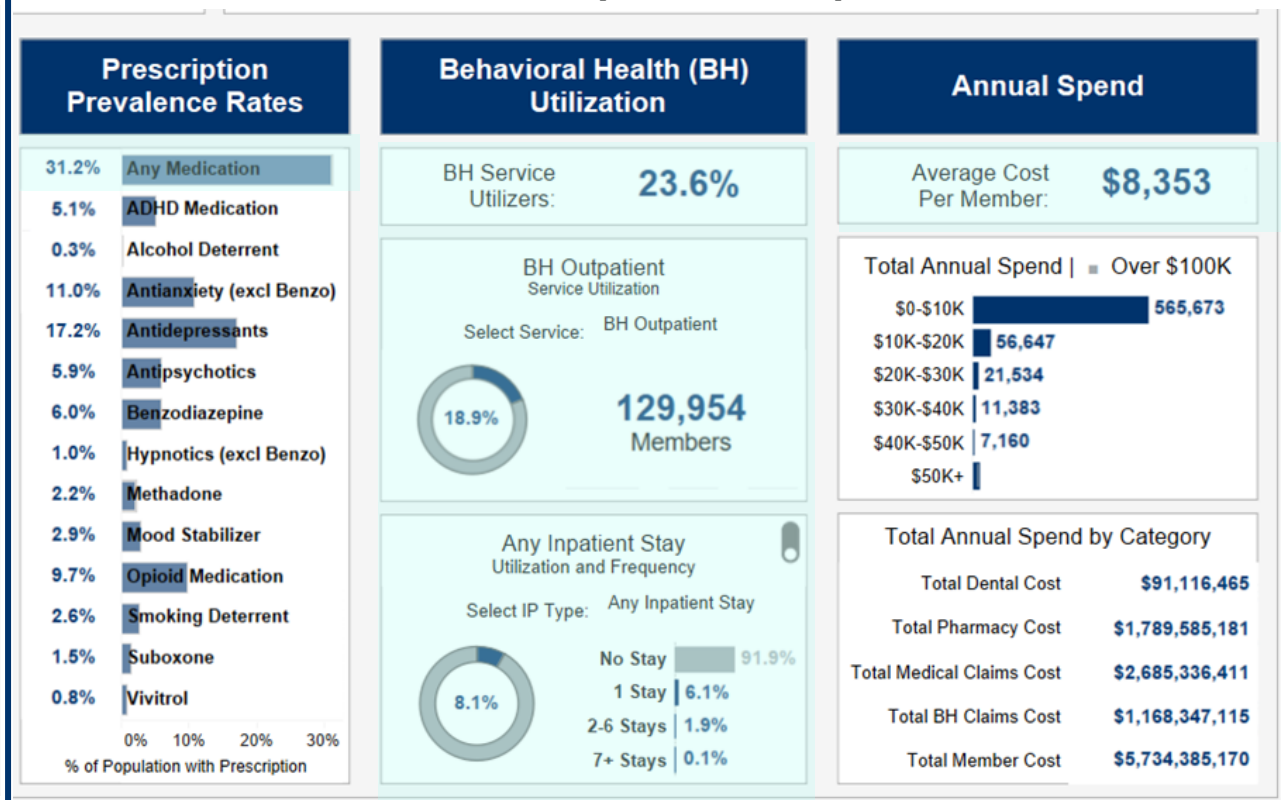


Utilization of HUSKY Health Members who Experienced Unstable Housing vs. Total Adult HUSKY Health Population, 2023

Unstable Housing (*n* = 24,111)



All adults (*n* = 686,465)



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Data Summary

Compared to the total HUSKY Health population, HUSKY Health members who Experienced Unstable in 2023:

Demographics, higher percentage:

- Males
- Black members
- 18–24-year-olds

Diagnoses, higher percentage:

- MH diagnosis
- SUD diagnosis
- Medical diagnosis
- Comorbid conditions
- Co-occurring conditions
- Social drivers of health
- Multiple MH diagnoses

Utilization, higher percentage:

- Any prescription
- Any BH service
- BH OP services
- Any inpatient episode
- Any ED episode

They also had higher:

- Number of inpatient episodes
- Number of ED episodes
- Average per member expenditures

Thank You

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Chapter

Appendix

Terminology of Statistical Terms

M = Mean/average
Explanation: number expressing the central or typical value in a set of data.
Example: Say you have three people with shoe sizes 6, 8, and 12. Their average shoe size is (6+8+12)/3 = 8.7.

SD = standard deviation
Explanation: A statistical measure that shows how spread out the data is. A smaller mean indicates that the numbers are more similar to each other and a bigger mean implies there is more variation between the different numbers.
Example: One group of people has shoe sizes of 6, 8, 7, and 6.5; they have a small SD. Another group of people has shoe sizes of 5, 7.5, 10, and 12l the have a large SD.

DF = Degrees of Freedom
Explanation: All possible ways things can move or change.
Example: When you are on crossroad you can choose four different directions to walk in; here are four degrees of freedom.

X^2 = Chi square test
Explanation: Statistical test to see if the result you got is the same or different from what you expected to get.
Example: You have a bag with 20 blue and red marbles. You would expect to get ten blue ones and ten red ones. Now let's say you got 15 blue ones and five red ones, a X^2 will determine if blue marbles are indeed more popular based on your expectation.

P = p value
Explanation: a way to help us decide whether certain outcomes occurred by chance or if there was a real significant association.
Example: If you roll a dice and get a six you might think you're lucky. If you roll a six for 10 times in a row you might think it is because there is something special about the dice. A small p value means it is less likely to be just luck.

T = T-test
Explanation: a test to see if two groups are different from each other.
Example: If you have two bags with 50 blue, red, and green marbles. You take 20 marbles out of each bag: 6 red, 6, blue, and 10 green out of bag one and 12 red, 4 blue, and 4 green out of bag two. You want to see if two has more green marbles or if it was just chance you took 10 green marbles out of bag two.

Acronyms in Today's Presentation

- AIAN: American Indian/Alaskan Native, native American
- APRN: Advanced Practice Registered Nurse
- ASD: Autism spectrum disorder
- BH: Behavioral Health
- Comorbid: both a medical diagnosis and a BH diagnosis
- Co-occurring: both a MH diagnosis and an SUD diagnosis
- CT BHP: Connecticut Behavioral Health Partnership
- CY: Calendar year
- DCF: Department of Children and Families
- DMHAS: Department of Mental Health and Addiction Services
- DSS: Department of Social Services
- ECC: Enhanced Care Clinic
- ED: Emergency department
- HMIS: Homeless management information system
- HUSKY Health: CT's Medicaid program
- ICU: Intensive care unit
- IOP: Intensive outpatient (not included in BH OP)
- IP: Inpatient hospitalization
- IPF: Inpatient psychiatric facility
- LCSW: Licensed Clinical Social Worker
- LMFT: Licensed Marital and Family Therapist
- MH: Mental Health
- OCD: Obsessive compulsive disorder
- OP: Outpatient
- OUD: Opioid use disorder
- PTSD: Posttraumatic stress disorder
- SDoH: Social Drivers of Health
- SUD: Substance use disorder
- W/: with and w/o: without
- WM: Withdrawal management