

Behavioral Health Partnership Oversight Council

Child/Adolescent Quality, Access & Policy Committee Legislative Office Building Room 3000, Hartford, CT 06106 (860) 240-0346 Info Line (860) 240-8329 FAX (860) 240-5306 www.cga.ct.gov/ph/BHPOC

Co-Chairs: Hal Gibber, Sherry Perlstein & Jeff Vanderploeg

Meeting Summary Wednesday, June 17, 2015 2:00 – 4:00 p.m. Value Options Rocky Hill, CT

Next Meeting: Wednesday, July 15, 2015 @ 2:00 PM at VO, Rocky Hill

Attendees: Sherry Perlstein (Co-Chair), Jeff Vanderploeg (Co-Chair), Karen Andersson (DCF), Dr. Kathleen Balestracci, Sarah Becker, Lois Berkowitz (DCF), Steve Girelli, Joan Narad, Donyale Pina, Dr. Robert Plant (VO), Michael Patota, Maureen Reault, Kathy Schiessl and two others

Co-Chair Jeff Vanderploeg convened the meeting at 2:30 PM. Due the Legislature's Special Session slated for June 29 and 30, the second agenda item, *Update on the Budget, including Impact on Various Service Categories and Levels of Care* was scratched. Co-Chair Sherry Perlstein asked that this update be scheduled for the next committee meeting.

Profiles of Youth Who Are High Frequency ED Visitors, including ED Readmit and Connection to Care Rates: Bert Plant, Ph.D., ValueOptions

ChildAdolQAP6-17-1 5BHEDFrequentVisito

Overview

Data Sources and Methodology

Emergency Department (ED) Use for Behavioral Health (BH) Services

- High Utilizers (Top 10%); Frequent Visitors (Top 2%)
- Characteristics of Frequent Visitors
- Frequent Visitors at High Volume EDs
- CTBHP consider new measures to track system performance: a) percent of BH ED visits by frequent visitors; b) BH readmission rates at 7 and 30 days; c) BH connect to care rates at 7 and 30 days
- Sample included Medicaid Members, youth age 3-17
- Includes all youth Medicaid members in volume information

- Excludes youth who are dually eligible for Medicaid and Medicare for measures involving connect to care and readmission rates
- For youth, all measures based on Medicaid claims data from 2012 & 2013
- Use of Descriptive Statistics
- Primary Questions
 - 1. What are the patterns of frequent ED use?
 - 2. What are the characteristics of frequent visitors that are persistent vs. episodic in their pattern of use?
 - 3. How do hospitals differ in their rate of the % visits accounted for by BH ED Frequent Visitors, and Connect to Care & Readmission Rates?

Discussion:

- Bert Plant thanked both the Department of Social Services and the Department of Children and Families for their input into this report.
- *Frequent visitors* were defined as the top 2% of ED visitors
 - Data indicated the top 2% were those with four or more visits during the index six month period.
 - There were 140 youth identified as frequent visitors using this definition, 49% of whom were DCF-involved
 - o Statewide, the top 2% of youth ED users make up 12-13% of total ED visits
- *Persistent frequent visitors* were those that used the ED four or more times during the index period <u>and</u> in the six month periods <u>before & after</u> the index period.
 - Very few youth in the sample met this definition
- Re-Admission Rates
 - Among all youth with a Medicaid behavioral health visit, the re-admission rates were 7.2% at 7 days, and 16.4% at 30 days
 - Among frequent visitors, these rates were 26% at 7 days and 59% at 30 days
- Connect to Care Rates
 - Among all youth with a Medicaid behavioral health visit, connect to care rates were 29% <u>not</u> connected 7 days and 41% <u>not</u> connected at 30 days
 - Among frequent visitors, these rates were 28% at 7 days and 36% at 30 days
- Implication of this study
 - Crisis Planning at the regional level should be enhanced to address the needs of youth with frequent ED visits, similar to the Community Care Team model for adults
 - Ensure release of information is obtained for frequent ED visitors across health, mental health, and other psychosocial providers
 - It was noted that many families bring their children to EDs seeking to get them admitted to the hospital and in communities where there are no inpatient beds, youngsters get held in EDs awaiting admissions to other hospitals, or are discharged from EDs without accessing needed hospital care, families drive to EDs outside their communities in order to get admitted to a hospital.

• Request

• It was requested that data be made available to the committee on a 3 year trend looking at ED rates and number of children admitted to the hospital from EDs

New Business, Announcements and Adjournment

Co-Chair Jeff Vanderploeg asked for any new business. Co-Chair Sherry Perlstein said that the July committee meeting date will be confirmed at another time. Hearing nothing else, Jeff adjourned the meeting at 3:56 PM.

Next Scheduled Meeting: Wednesday, July 15, 2015 @ 2:00 PM at VO, 3rd Floor, Rocky Hill