beacon health options

DCF CONNECTICUT

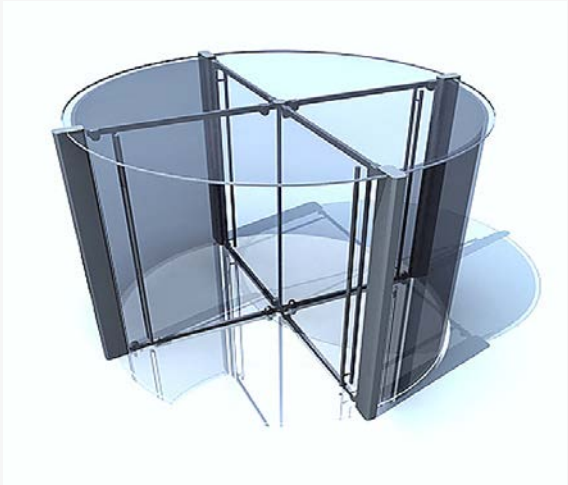
Pediatric BH ED Issues & Trends

Date of Presentation

4 Concerns with Pediatric BH ED Utilization

1. High Volume

2. Frequent Visitors



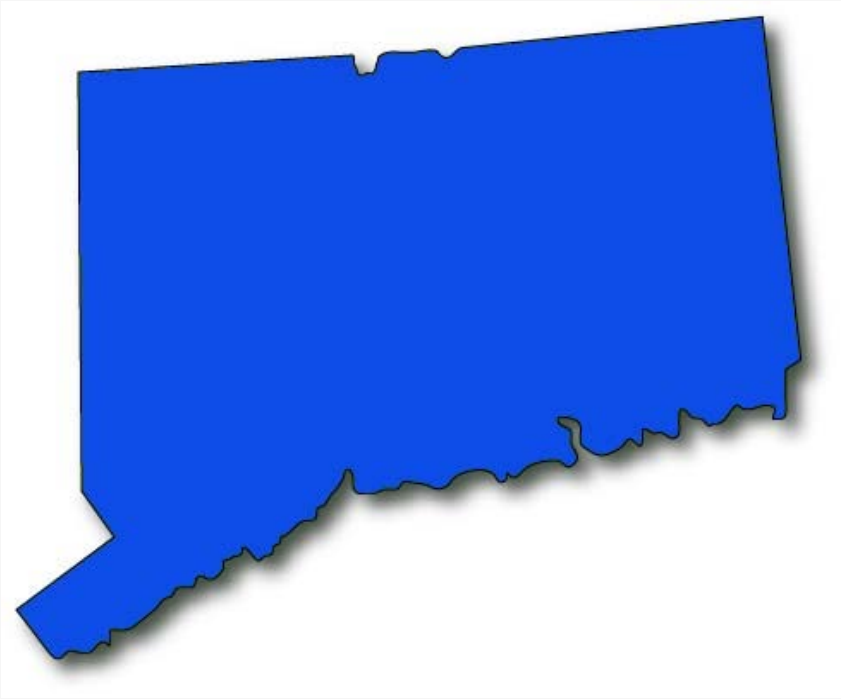
3. “Stuck” Children

4. Poor Care Connections

High Volume - National Literature

1996 – 2006, US saw a 36% increase in ED utilization (LaCalle and Rabin, 2010)

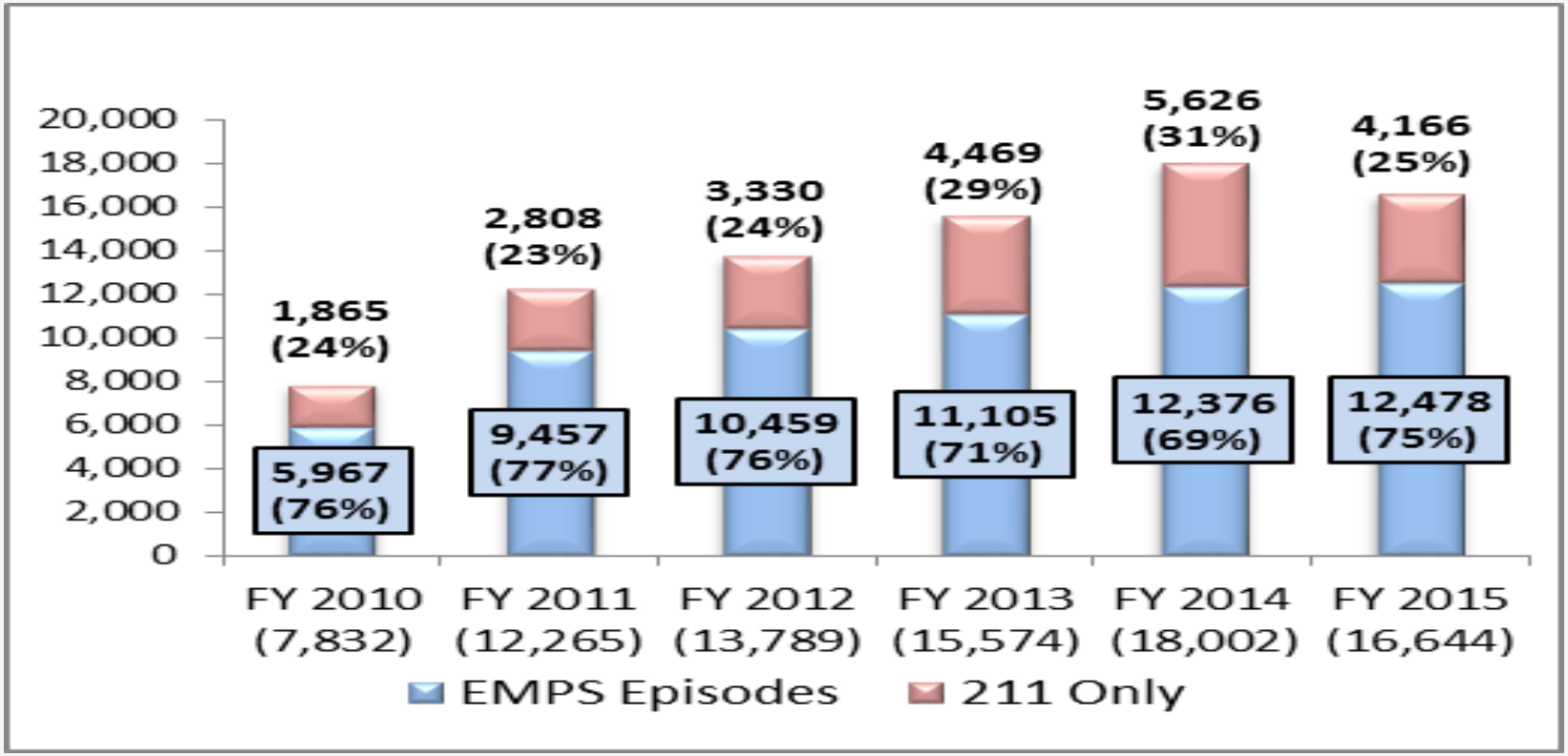
High Volume - Connecticut Data



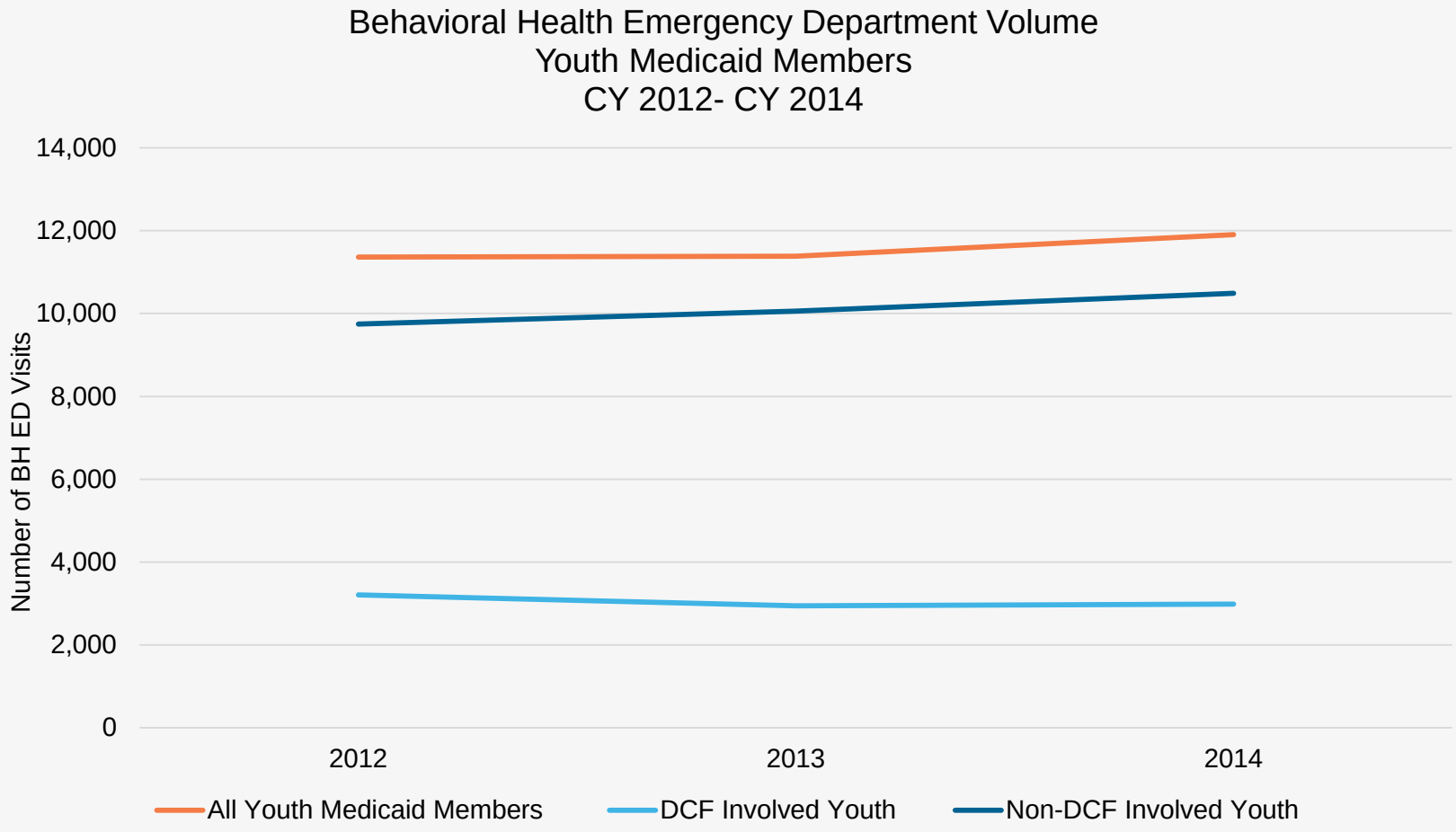
- In CT, pediatric ED visits increased 38% between 2001 and 2005 (Mulkern, Raab, & Potter, 2007)

High Volume – CT EMPS Utilization

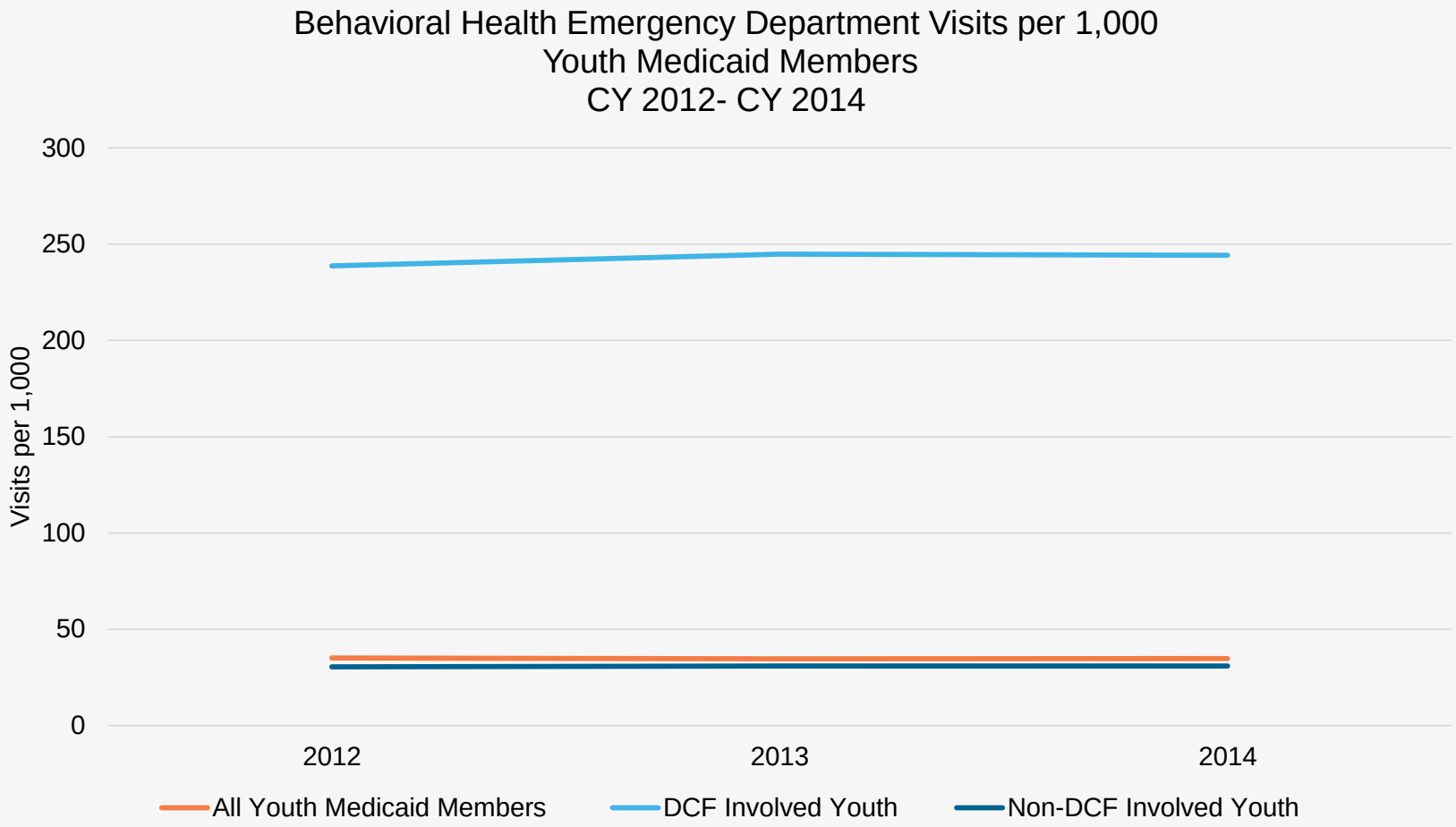
- DCF's EMPS Crisis Service has also seen growth in volume



Behavioral Health ED Volume



Visits Per 1,000 2012-2014



High ED Volume – Issues

- Many visits are avoidable
- EDs are not the ideal environment for children/families in BH crisis
- Unnecessary visits are costly and interfere with other care delivery
- Alternatives are currently available and/or in development but underutilized
- ED remains the default crisis response yet there are several disadvantages
- Missed Opportunities to provide enhanced care coordination and collaboration by utilizing alternatives
- Enhanced Care Coordination is a goal of the Children's Mental Health Plan

Frequent Visitors

Frequent Visitors - CT Study

- During 2014 – Beacon conducted a study of Medicaid Youth ED Utilization
- The study period was July to December 2013

Frequent Visitors – Study Sample

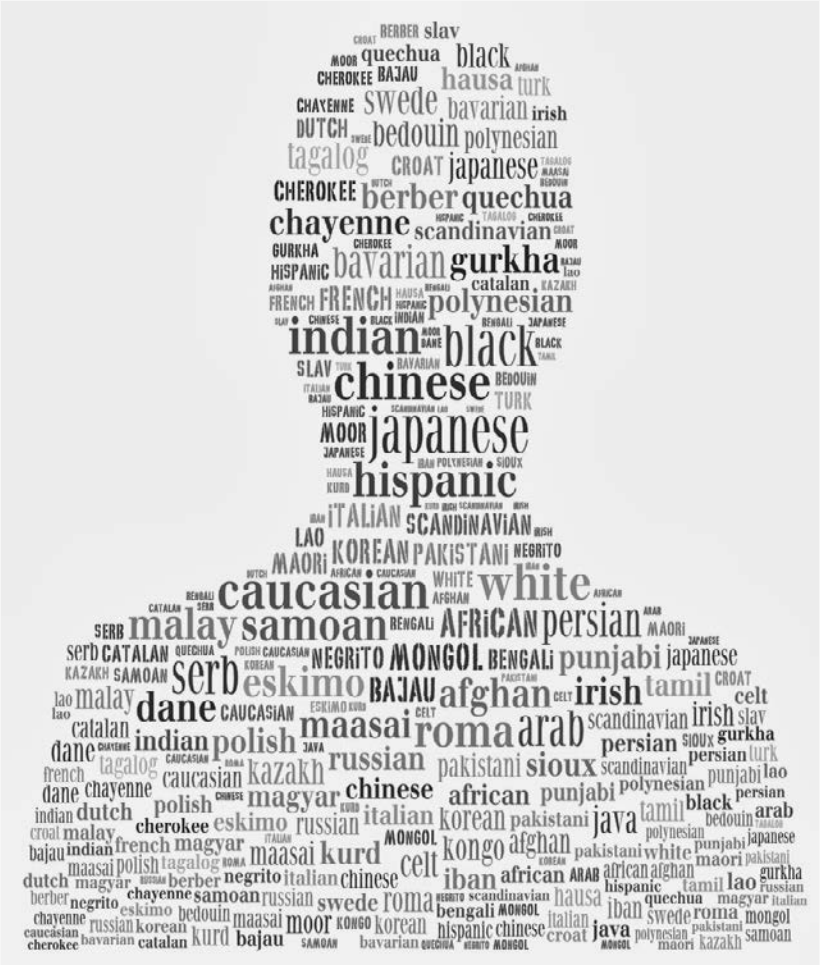
4,105

- During the Study Period 4,105 youth used the ED and had a primary or secondary BH Diagnosis on the claim.

Frequent Visitors

- Frequent Visitors 140 Youth had 4 or more visits in 6 mos. and were classified as BH Frequent Visitors
- 80% of Frequent Visitors are episodic vs. persistent in their frequent use

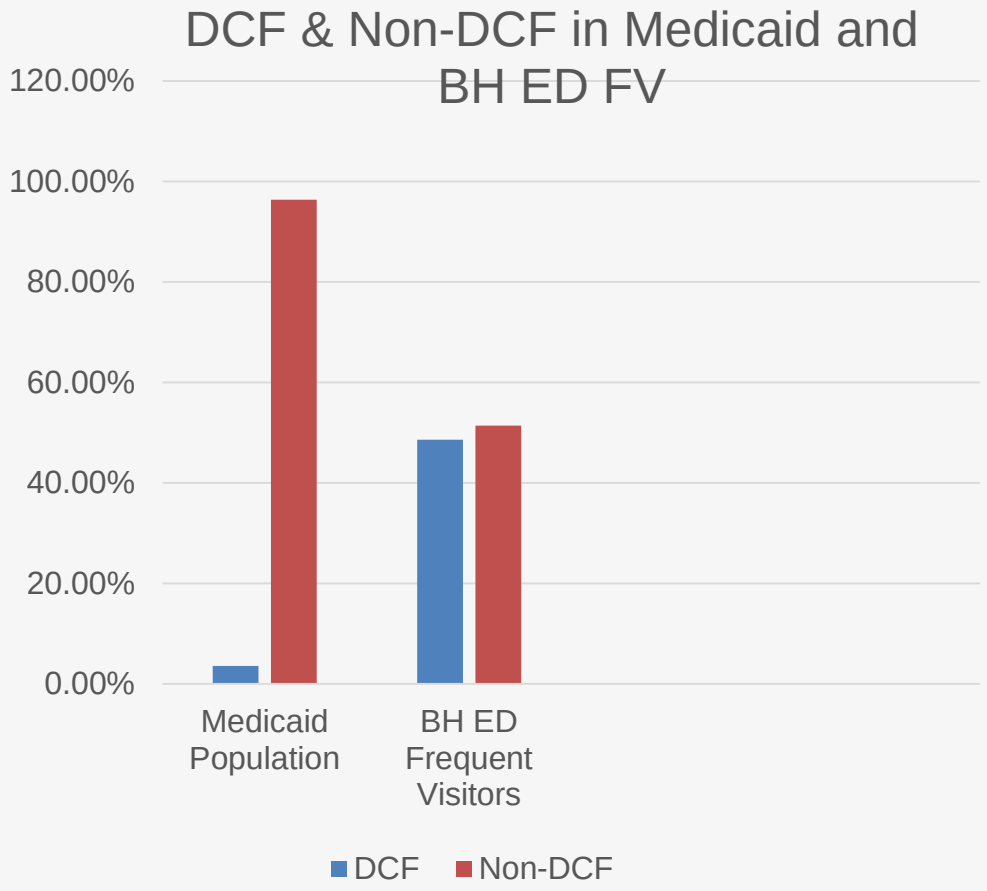
Frequent Visitors – Race & Gender



- Girls and Whites are disproportionately over-represented among BH ED Frequent Visitors
- Blacks are disproportionately underrepresented in most BH services. Blacks are BH Frequent Visitors to the ED at rates comparable to their pop.

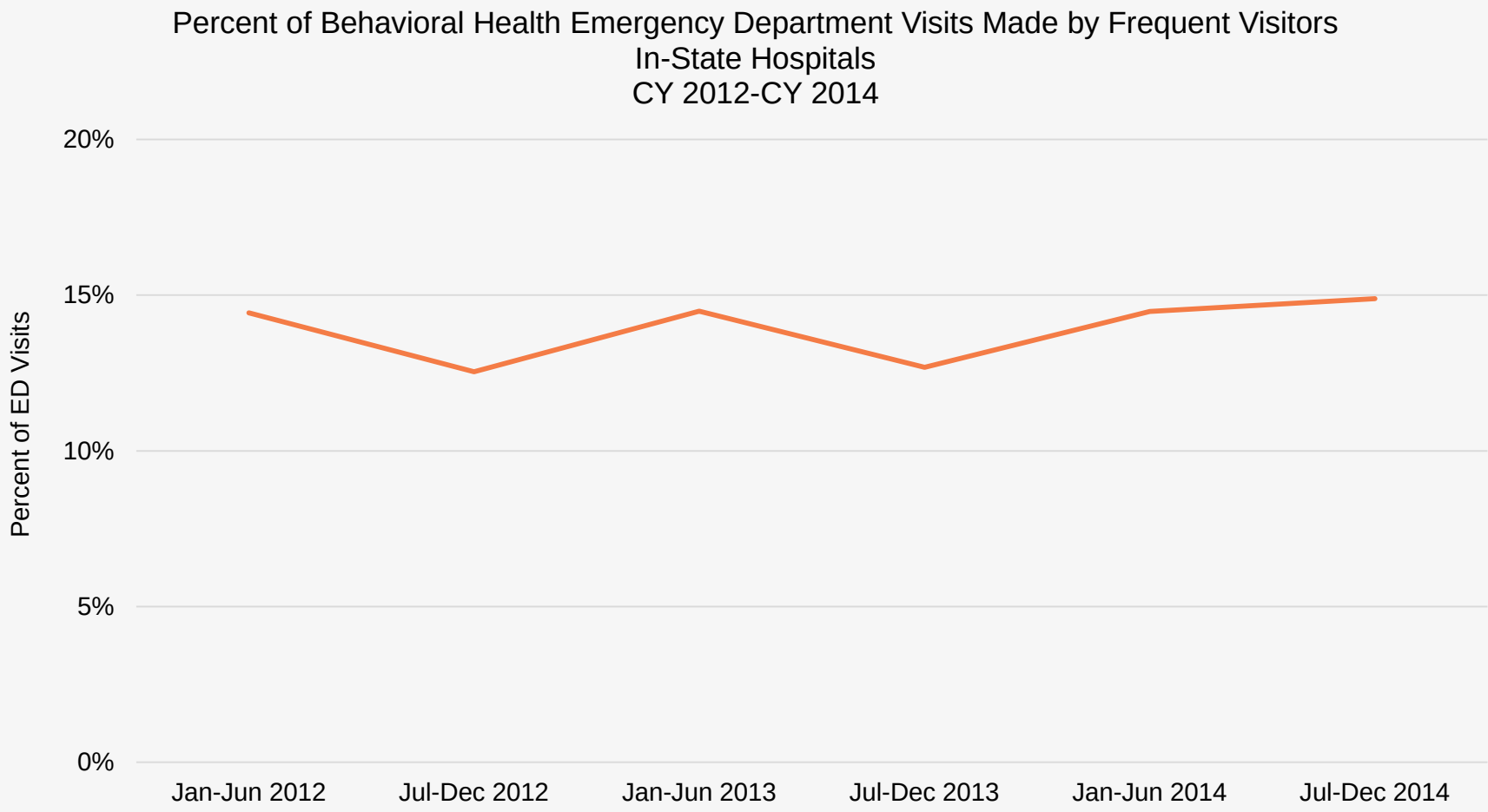
Frequent Visitors – DCF Status

- DCF youth make up 48.6% of BH ED Frequent Visitors but only 3.6% of the Medicaid Population

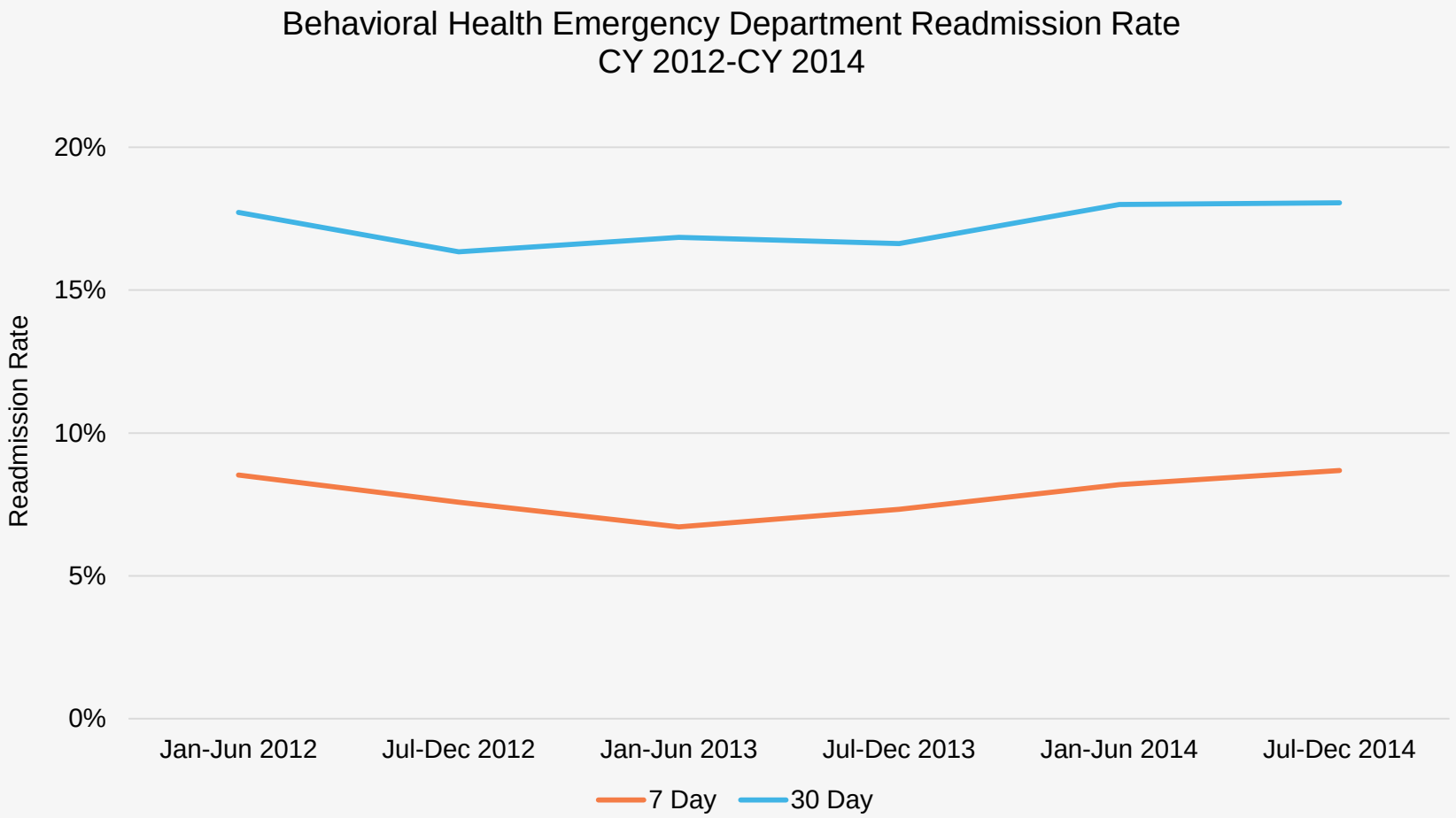


DCF Youth includes committed, voluntary, juvenile justice, dually committed, and family with service needs

Percent of BH ED Visits by Frequent Visitors



Readmission Rate

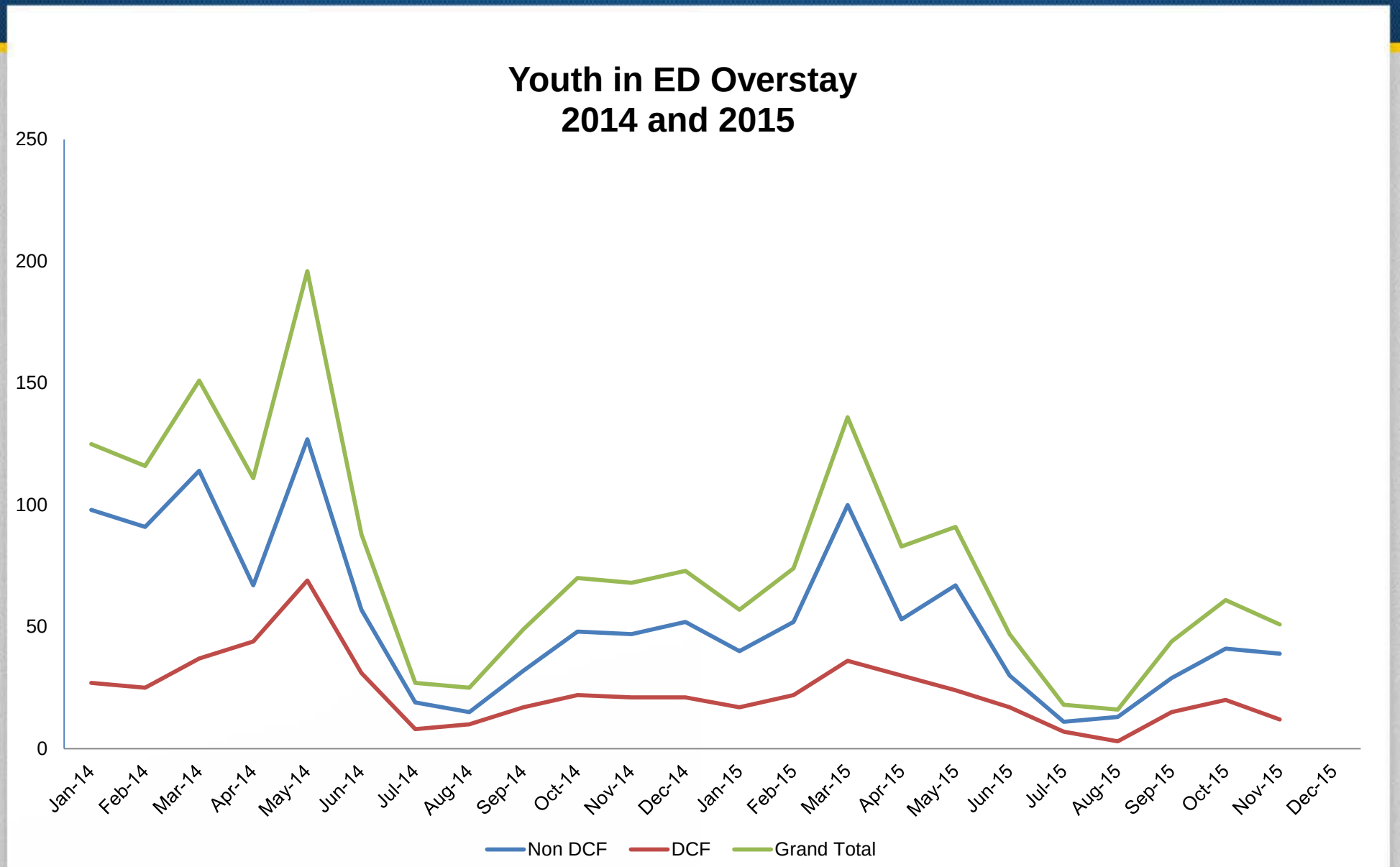


Children “Stuck” in the ED

ED Stuck Children

- Each year, a small percentage of children who visit the ED in a BH crisis remain stuck in the ED, sometimes for days, without a satisfactory disposition.

Youth in ED Overstay



ED Stuck Children – Current Interventions

- Daily ED Calls
- Rapid Response (CCMC, St. Mary's)
- Face to Face Monthly Mtgs (CCMC, ST. Mary's, Waterbury)
- Care Coordination Interventions
- S-FIT Beds
- Daily Vacancy Report

SFIT (Short-Term Family Integrated Treatment)

Population

- Serves males and females ages 12 – 17
- DCF and non-DCF involved youth
- Length of stay is 1-14 Days

Purpose/Capacity

- Crisis stabilization
- Assessment
- Rapid reintegration and transition home
- Statewide: 6 sites, 70 Beds

Accessing SFIT

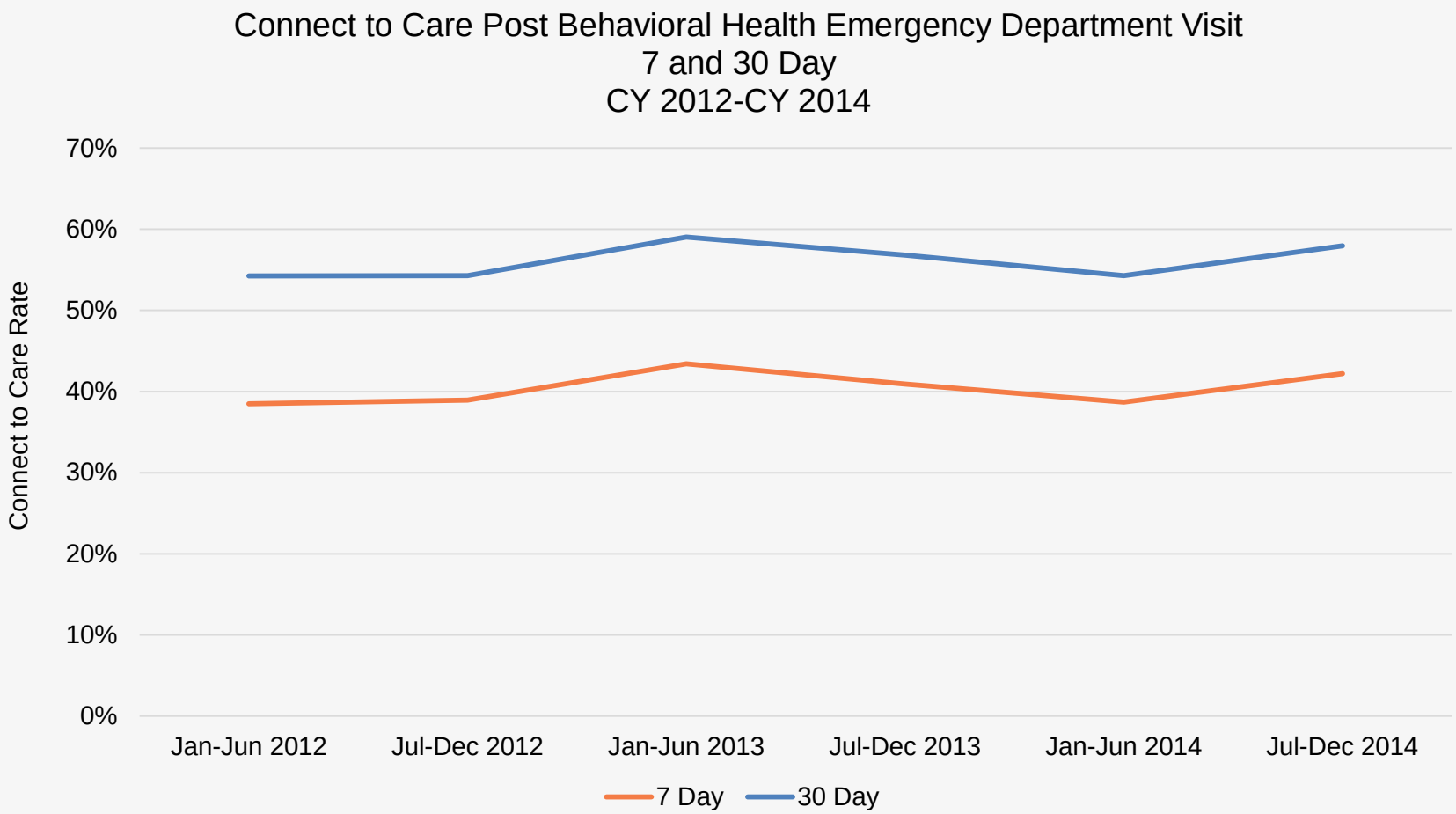
- Beacon Health Options manages the beds
- Referrals can be made by EMPS and BHO/ICMs on behalf of EDs
- Level of Care Guidelines set for eligibility requirements
- Referral form and abbreviated CANS

Poor Connections to Care Post ED Visit

ED Care Connections

- Children and families that visit the ED with a BH diagnosis need to connect to care in the community ASAP.
- If not, they risk poor outcomes, re-admission to the ED, and deterioration
- Rates of ED Connection To Care and ED Readmission Rates vary from hospital to hospital and there is significant room for improvement

Connect to Care Rate



ED Care Connections – Potential Strategies

- ED Discharge Activities
- Coordinated System Process (CCT for kids?)
- EMPS Bridging (Face to Face handoff in ED preferred)
- Care Coordination Options (ICM, CME, SOC, etc.)
- Enhanced Care Clinic Referral (2 hours, 2 days, 2 weeks)
- DCF Integrated Service System - ISS
- Notification of Current Provider
- Notification of DCF Worker
- Formal Performance Improvement Project

Regional Work Groups

- Group A: Charlotte Hungerford, Danbury, New Milford, Saint Mary's, Sharon, Waterbury
- Group B: Bridgeport, Greenwich, Norwalk, Saint Vincent's
- Group C: Griffin, Milford, Yale New Haven
- Group D: Bristol, Hospital of Central CT, John Dempsey, Midstate
- Group E: CT Children's Center, Hartford, Johnson Memorial, Manchester, Rockville, Saint Francis
- Group F: Day Kimball, Lawrence and Memorial, Middlesex, Natchaug, William W. Backus, Windham

Summary

- Trend in Absolute Numbers of Medicaid Pediatric BH ED visits is slightly up
- Per thousand rates are stable related to increase in Medicaid enrollment
- The percentage of visits accounted for by a small percentage of BH ED users is trending slightly upward with 2% of ED users accounting for between 13% and 15% of BH ED visits
- Youth in ED Overstay have been trending down and new options are available for addressing the problem (e.g. S-FIT, Expanded Care Coordination)
- Connection to Care post a BH ED Visit requires improvement with nearly 60% not connecting to a BH provider within 7 days

Brainstorming

- Beacon, DCF, EMPS, and Hospitals met to problem solve around these issues
- Regional workgroups are convening to problem solve at the local level
- DCF is working to improve identification of Frequent Visitors that are DCF involved and develop strategies for intervention

OTHER IDEAS or STRATEGIES?

Thank you