

## Meeting Summary for BHP Child/Adolescent Quality, Access & Policy Committee Zoom Meeting

Dec 18, 2024 01:55 PM Eastern Time (US and Canada) ID: 964 4676 9734

### Quick recap

The meeting discussed the challenges faced by inpatient psychiatric facilities in managing the care of youth, including issues with discharge delays, access to aftercare services, and disagreements between hospitals and higher levels of care. The team also reviewed data on the number of youth discharged with delays, organized by DCF region, and the HEDIS and Follow-up After Hospitalization metric. Lastly, the meeting highlighted the challenges faced by emergency rooms in dealing with children at risk of suicide or with behavioral issues, and the difficulties faced by crisis intervention units and children's psychiatric inpatient services.

### Next steps

Steve to explore potential role for this group in facilitating more cross-level care system discussions

Caroline to continue facilitating provider work groups in 2025 to address throughput challenges for youth

Connecticut Children's to continue outreach and education efforts with schools and EMS providers about appropriate use of mental health urgent care centers

Yale New Haven Hospital to continue efforts to improve communication and collaboration with community providers and state agencies for timely discharge planning

Behavioral Health Partnership to look into reasons for delay in availability of HEDIS data and report back

Behavioral Health Partnership to consider including group home providers in future connect to care meetings

### Summary

#### Youth Inpatient Psychiatric Facilities Update

The meeting proceeded with introductions and updates from various participants. Jackie Cook (Carelton) presented data on youth inpatient psychiatric facilities, including discharge volume over time and frequency distribution of length of stay. Steve and Dr. Irv Jennings asked questions about the data, particularly about the trajectory of the 2024 data and the severity of the cases represented in the last graph. The conversation ended with no further questions or comments.

#### Addressing Youth Discharge Delays and Care

The team discussed the increasing volume of youth experiencing discharge delays in inpatient psychiatric treatment. They noted that despite the rising number of delayed discharges, the percentage of days delayed has been decreasing. The team also discussed the challenges faced in accessing aftercare services, particularly in-home programs and ICAPs. They agreed to refine their data collection to better understand the needs of different levels of care. The team also discussed the issue of disagreement between hospitals and higher levels of care regarding the readiness of youth for discharge, which could lead to delays. The team agreed to further discuss this issue with hospital providers.

## Youth Discharge and Follow-Up Metrics

Jackie presented data on the number of youth discharged with delays, organized by DCF region, and discussed the HEDIS and Follow-up After Hospitalization metric. This metric assesses the percentage of discharges with a primary mental health diagnosis who received a follow-up visit within 7 or 30 days of discharge. The data showed variation in hospital performance over a three-year period, with St. Francis Hospital, Hartford Hospital, and 4 Winds being top performers in 2022. Steve questioned the role of hospitals in ensuring timely aftercare, to which Jackie responded that while hospitals have a responsibility in discharge planning, the availability of aftercare services also plays a significant role. The data also showed higher percentages for follow-up within 30 days compared to 7 days, as there is more time to access the first follow-up appointment. Steve inquired about the challenges in collecting more current HEDIS data, to which Jackie responded that the inpatient data is authorization-based and quicker to collect, while the HEDIS data is a larger data set.

## Addressing Challenges in Children's Care

The meeting involved a discussion about the challenges faced by providers and hospitals in managing the care of children. The participants agreed that there is a need for more open discussions and collaboration between providers, hospitals, and other interested parties to address these challenges. They also discussed the importance of having a forum where all parties involved can come together to discuss cases and develop comprehensive plans for the children. The participants also highlighted the need for more routine structures to facilitate communication and collaboration. The conversation ended with a discussion about the potential role of the forum in addressing system gaps and improving care for children.

## Mental Health Services and Challenges

Connie Grant, Senior Director of Nursing and Clinical Services at Connecticut Children's, and Kristen McDermott, Child and Adolescent Psychiatrist, presented data on the hospital's emergency department's mental health services. They highlighted the increasing number of patients seen in the department, the average length of stay, and the challenges of overcrowding due to the limited number of beds. They also discussed the distribution of patients by school systems and the destinations of discharged patients. Dr. Jennings raised concerns about the decline in psychiatry involvement and the cost factor, to which Connie responded by explaining the hospital's workflow and the role of advanced practitioners and social workers in patient care. Brenetta Henry asked about the specialization in autism, to which Connie explained that while there isn't a specific specialist for neurodevelopmental disorders, the child psychiatrists are trained to handle such cases. Hector Massari raised a question about the high number of patients from Enfield, to which Connie explained that the hospital serves patients from all over the state, not just the city of Hartford. The conversation ended with Beth introducing the team from Yale, including Rebecca Kaletsky, the Social Work Manager at Yale Children's Hospital.

## Challenges in Children's Emergency Department

Rebecca, a Level One trauma hospital, discussed the challenges faced by their 20-bed Children's Emergency Department (ED) due to the intermingling of behavioral health and medical issues. She highlighted the difficulty in finding inpatient psychiatric beds for children needing higher levels of care, leading to extended stays in the ED. Rebecca also pointed out the issue of children not needing inpatient psychiatric care but lacking suitable placements, often living in the ED for extended periods. She emphasized the need for better coordination and resources to address these challenges.

## Emergency Room Challenges Discussed

The meeting discussed the challenges faced by emergency rooms in dealing with children who are at risk of suicide or have behavioral issues. Dr. Jennings highlighted the disagreement over whether a child is suicidal or not, which often leads to ill feelings. Rebecca emphasized that if a child is at risk of suicide, they will be kept in the emergency room until an inpatient bed is found. Beth added that the state is working towards deinstitutionalization and trying to meet the needs of these children outside of a locked psychiatric inpatient unit. Elizabeth, the social work manager for psychiatric emergency services at Yale, New Haven, shared the difficulties faced by 16 and 17-year-olds who are housed with adults in the emergency room. The conversation ended with a discussion on the practice of treating 16 and 17-year-olds as adults in the emergency room, which has always been the model in Connecticut.

## Challenges in Crisis Intervention and Care

In the meeting, Beth Klink (YNHH) discussed the challenges faced by the crisis intervention unit, highlighting the limited space and volume issues. She also mentioned the role of physician extenders, licensed clinical social workers, and psychiatrists in the unit. Rebecca then spoke about the children's psychiatric inpatient service, noting the challenges of managing a 16-bed unit and the difficulty of discharging patients due to a lack of appropriate care options. Cynthia Wilson, the medical director of the adolescent unit, echoed these concerns, emphasizing the difficulty of managing patients with moderate acuity and the lack of available residential programs. Danielle, the inpatient social worker manager, added that delays in discharge planning often stem from a lack of timely communication from other stakeholders. The group agreed on the need for more discussion across levels of care to address these issues.