

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

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## Quick recap

The meeting focused on analyzing data related to youth behavioral health services, emergency department utilization, and telehealth usage within the HUSKY Health population. Discussions centered around challenges in accessing appropriate mental health services, particularly for youth with intellectual disabilities and autism spectrum disorder, as well as the phenomenon of children being "stuck" in emergency departments. The team also explored potential strategies to reduce behavioral health-related emergency department visits and improve connectivity to care services, while acknowledging the ongoing mental health crisis among youth.

## Next steps

Co-Chair Steve Girelli to explore getting data over a broader time period (e.g. 10 years ago) to examine long-term trends in youth mental health.

Erica Sharillo and Jackie Cook (Carelton) to look into providing additional information on urgent crisis centers and their volume of youth visits.

Tammy Freeberg to explore opportunities for comparing UCC data with ED data for Medicaid-insured youth.

CFAC to send out sponsorship information for the 10th annual ICARE Conference.

Jackie to follow up with the analyst team to provide a more detailed definition of "chronic mental health condition" to Steve and Co-Chair Melissa Green.

Jackie to look into breaking down pharmacy costs between psychiatric and medical medications.

Erica and Jackie to investigate the correlation between lack of connection to services and likelihood of returning to the ED.

## Summary

### Hospital Data Operations Presentation

### Youth Behavioral Health and Telehealth Usage

In the meeting, Erika and Jackie discussed the utilization of emergency departments by youth for behavioral health reasons. They highlighted that the data presented was based on Medicaid claims and authorization, excluding youth with commercial insurance. Jackie provided an overview of the total HUSKY Health youth population in 2023, noting that the majority had English as their primary language and that 99% were identified as housed. She also presented data on telehealth utilization, showing that 15.9% of the youth population used telehealth in 2023, with 11% using it for behavioral health reasons. The conversation ended with Jackie preparing to present additional metrics and emergency department data.

### Husky Health Youth Population Data

Jackie presented data on the total Husky Health Youth population for 2023, focusing on diagnostic prevalence rates. She noted that about 28% of the population had a mental health disorder, 0.7% had a substance use disorder, and 59% had a medical diagnosis. She also highlighted the co-occurring cases, with 27.5% having a behavioral health and medical diagnosis, 0.5% having a co-occurring mental health and substance use disorder diagnosis, and 3.4% having a social driver of health challenge. Jackie also discussed prescription

prevalence rates, with 8% of the youth having any medication in 2023, and 5% having ADHD medication and 3% having antidepressants. Brenetta Henry raised a question about the potential link between lack of access to provider services and substance use disorders, which sparked a discussion among the team. Howard asked for clarification on the definition of 'chronic' in the context of mental health conditions, and Jackie agreed to seek more details from the analyst team.

### Substance Use Disorders and Treatment Access

Jackie and Beth Klink discussed the connection between substance use disorders among youth and lack of access to treatment. Beth suggested that this could be a contributing factor, citing the scarcity of substance use and co-occurring treatment for individuals under 18 in Connecticut. Brenetta raised questions about data on self-medication due to lack of services in urban communities, and Steve clarified the question to be about the link between inadequate mental health services and the development of substance abuse disorder. Howard Sovronsky emphasized the broader issue of lack of access to timely services, not limited to substance abuse or urban areas, leading to higher levels of care.

### Mental Health Access and Utilization

The group discusses challenges in accessing mental health services, particularly for youth. Brenetta shares her personal experience of having to adjudicate her son to get help for his schizophrenia. Jackie presents data on behavioral health utilization among Husky Health youth, showing that 16% used behavioral health services in 2023, with an average cost of \$3,579 per member. Howard inquires about the breakdown of pharmacy costs between psychiatric and medical medications. Jackie then focuses on youth with behavioral health emergency department visits, totaling 8,618 members in 2023.

### Youth Population Health & Telehealth Utilization

Jackie presented a comprehensive analysis of the youth population's health and telehealth utilization. She highlighted that much of the population identifies as English-speaking, followed by Spanish. Telehealth utilization was at 55%, with 51% for behavioral health services and 16% for medical services. The population's housing status showed 98% as housed and 2% as unhoused. Jackie also noted disparities in the utilization of telehealth services, with an overrepresentation of white youth and Hispanic youth. Most of the youth population had a mental health disorder, and 13.5% had a mental health and substance use disorder diagnosis together. The average cost per member was around \$25,000, with most falling between \$0 to \$10,000. Steve raised a question about the behavioral health utilization percentage, which Jackie clarified as referring to the utilization of a behavioral health service rather than the ED.

### Behavioral Health Issues in Youth

The meeting focused on the increasing frequency of behavioral health issues among youth, particularly those with intellectual disabilities and Autism Spectrum Disorder (ASD). The cost of providing care to this subpopulation was highlighted, with an annual cost of around \$25,000 compared to under \$4,000 for the general population. The discussion also touched on the issue of kids being brought to the emergency department (ED) due to lack of safe alternatives, even if they don't have a presenting mental health issue. The meeting also reviewed data on behavioral health ED visits, noting an 8% increase from the latter half of 2023 to the first half of 2024, with the largest percentage of members utilizing the ED being adolescents aged 13 to 17. The majority of these visits were related to mental health diagnoses. The conversation ended with a discussion on the connect to care rate, with about 46% connecting to care within 7 days and just over 60% within 30 days of an ED visit.

## Connectivity and Recidivism Rates Discussed

The team discussed the correlation between connectivity to services and recidivism rates among children. Howard raised a question about the effectiveness of connecting children to lower levels of care, which may not be appropriate for them. Jeff shared a study that found a 25% reduction in subsequent emergency department utilization for kids who used the Mobile Crisis Service. Jackie presented data on emergency department to inpatient admission rates, showing that 19.4% of behavioral health ED visits resulted in inpatient admission, with most going to an inpatient psychiatric facility. Steve asked if these admissions were directly from the ED, and Jackie clarified that both direct and subsequent admissions were captured in the data. Erika added that the data could also speak to the phenomenon of children being stuck in the ED for longer periods trying to access inpatient care or alternative discharge recommendations.

## ED Behavioral Health Utilization Trends

Jackie presented data on the utilization of an ED for behavioral health in the first half of 2024, showing that most users were between the ages of 13 and 15, with a nearly equal split between females and males. The majority of users were non-Hispanic and housed, and most accessed the ED within the same DCF region they resided. Jeff suggested tracking data over time to eliminate seasonality and identify trends, which Jackie confirmed was being done. Jackie then presented a slide showing the utilization of behavioral health ED visits and unique member counts over time, highlighting that the volume had not returned to pre-COVID levels. Howard emphasized the importance of this data in demonstrating that the mental health crisis continues, and Jeff suggested looking at data from even further back to establish a new baseline.

## Behavioral Health Plan ED Reduction

Steve proposed acquiring data on youth mental health metrics over a broader time period to compare current state with a decade ago. Erika agreed to respond to a request for such information, while Tammy suggested exploring the role of Urgent Crisis Centers (UCCs) in the system. Tammy mentioned analyzing UCC data for comparison and understanding the role these centers play in the system. Steve suggested looking at utilization across different levels of care and exploring the role of UCCs in mental health trajectories. Jeff Vanderploeg proposed adopting a goal at the Behavioral Health Plan (BHP) level to reduce behavioral visits to emergency departments (EDs) by 50% over two years, emphasizing the need for a stronger home-school-community based continuum of services.

## Youth Behavioral Health Visit Rates

In the meeting, Jackie presented data on visit volume and unique member volume, highlighting that CCMC was the highest volume provider, followed by Yale New Haven Hospital. She also noted that nearly a quarter of members had 2 or more visits, a reduction from the previous quarter. Jackie further discussed the unique members by primary diagnosis, showing that most members with a single behavioral health visit had a mental health diagnosis. She also presented data on connect to care and return visit rates, showing that 46% of youth connected to care within 7 days and 61% within 30 days. Howard raised a concern about the appropriateness of outpatient services as the default referral for these youth, suggesting that higher levels of care might be more suitable.

## Youth ED Access and Return Rates

In the meeting, Jackie presented data on the increase in youth accessing emergency departments (EDs) from January to June 2024, with a focus on the 30-day return rate and the volume of youth accessing Hartford Hospital's ED. Tammy expressed interest in understanding

the differences in youth return rates to different EDs, while Steve and Stephney Springer (DCF) discussed the challenges of comparing non-interacting data sets. Erika clarified the new definition of 'stuck' in the ED, which refers to a youth who has been in the ED for 8 or more hours following medical clearance and psychiatric evaluation and is awaiting disposition to their recommended services. The data showed a decrease in volume of stuck episodes from calendar year 2023, with a higher percentage of youth recommended for inpatient level of care and resulting in an inpatient stay at discharge from the ED. Brenetta asked for clarification on the 'stuck' definition.

#### Autism, Emergency Situations, and Support

In the meeting, Brenetta and Erika discussed the challenges of children with autism experiencing meltdowns in emergency situations. They highlighted the need for appropriate evaluations and support for these children. Howard also pointed out the limitations in accessing services for children with Autism Spectrum Disorder (ASD) and intellectual disabilities, noting that they often end up in emergency rooms or medical floors. The group agreed to track the total number of days these children spend in the emergency department, not just the stuck days. Jackie presented the average length of stay data for stuck youth, showing an increase in 2024, with DCF involved youth having a longer average stay. The group also discussed the upcoming 10th year of the ICANN Conference, with an early search for sponsorships and a potential venue change. Lastly, Christian Rodriguez was acknowledged for his acceptance as the youth tri-chair for the role of senior in the CFAC. The next meeting is scheduled for March 19, 2025.