



# CT BHP Data Reporting for the Child & Adolescent Quality, Access, & Policy Committee

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2 Youth Behavioral Health Emergency Department – Additional Metrics

3 **BH Emergency Department – "Stuck" Youth** 





# Youth BH ED Utilization

#### Including:

- Demographics
- Prevalence, Medication Rates, Service Utilization and Annual Spend
- Youth with BH ED Utilization





#### 2023 Demographics – Youth (0-17) <u>Total Population (N = 395,683</u>)







#### 2023 Diagnostic Prevalence, Medication Rates, Service Utilization, & Annual Spend - Youth (0-17) <u>Total Population (N = 395,683</u>)







#### 2023 Demographics – Youth (0-17) with <u>BH ED Utilization (N = 8,618)</u>



- 2.2% of total HUSKY Health youth population
- Majority were ages 13-17: 56.1% (n = 4,837)



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# 2023 Diagnostic Prevalence, Medication Rates, Service Utilization, & Annual Spend - Youth (0-17) with <u>BH ED Utilization (N</u> = 8,618)



66.1% (n = 5,694) had 2+ mental health diagnoses as compared to 7.7% (n = 30,665) of the total HUSKY Health youth population



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- **16.9%** (n = 1,455) had an SUD diagnosis as compared to 0.7% (n = 2,845), of the total HUSKY Health youth population. 90.7% (n = 1,319) were ages 13-17.

## Youth (ages 3-17) BH ED Provider Summary (Q1 Q2 2024)

- 8% (n = 481) increase in BH ED visits from Q3 Q4 2024
- Largest percentage

   (62.1%, n = 4,026) were
   ages 13-17, compared to
   27.8% (n = 110,123) of
   the total CY 2023
   HUSKY Health youth
   population
- 66.3% (n = 4,300) of visits presented with a primary MH diagnosis followed by 28.9% (n = 1873), medical and 4.4% (n = 283) SUD





# Youth (3-17) BH ED Visits & Unique Members Over Time (1/1/20 – 6/30/24)



- BH ED volume has not returned to that of pre-COVID (3,916 visits in Q1 2020).
- Closest was during Q1 2023 (*N* = 3,649), which was 93% of the volume in Q1 2020.

Supporting Health and Recovery





- **CCMC** was highest volume provider (n = 1,846), followed by YNHH (n = 1,120)
- **23.4%** of members (n = 1,066) had 2+ visits, a reduction from 21.7% (*n* = 938) in Q3 Q4 2024
- Most members with a single BH ED visit had a primary MH or medical diagnosis
- 25% (*n* = 743) of youth with a primary MH diagnosis had 2+ visits as compared to just 10% (*n* = 170) of youth with a primary medical diagnosis





Chapter



# Youth BH ED Utilization – Additional Metrics

#### **Including:**

- Youth BH ED Connect-to-Care
- Youth BH ED Return Visits





#### Youth (ages 3-17) BH ED Connect-to-Care (Q1 Q2 2024)





#### Youth (ages 3-17) BH ED Return Visits (Q1 Q2 2024)



Chapter



# BH Emergency Department – "Stuck" Youth

**Including:** 

- Volume
- Average Length of Stay (ALOS)





## Youth (ages 3-17) BH ED Stuck Volume & ALOS (2024)

- In 2024, there were 2,248 stuck episodes (1,536 unique members), a decrease in 60 cases from CY 2023
  - 66.4% (n = 1,493) were recommended for inpatient level of care
    - Increase from 51% (*n* = 1,179) in 2023
  - 56.2% (n = 1,263) of cases resulted in an inpatient stay at discharge from the ED
     Increase from 50% (n = 1,155)

	Quarter					
		Q1 '24	Q2 '24	Q3 ′24	Q4 '24	Total
н	ED Stuck Volume	517	505	376	475	1,873
Non-DCF	ALOS	3.3	3.4	3.0	3.6	3.3
	Unique Members	429	437	331	417	1,344
	ED Stuck Volume	96	111	90	80	377
ЪС	ALOS	3.9	3.7	4.5	5.2	4.2
	Unique Members	73	83	65	62	213
	ED Stuck Volume	613	616	466	555	2,250
Total	ALOS	3.4	3.4	3.3	3.8	3.5
	Unique Members	501	519	394	477	1,537

- In 2024, the **ALOS** of stuck youth was **3.5 days** (*n* = 2,250).
  - The ALOS of DCF youth was 4.2 days (*n* = 377) compared to 3.3 days (*n* = 1,873) for **non-DCF** youth
  - All youth saw an increase in ALOS of 0.3 days in ALOS (n = 2,310) from 2023, with DCF youth (n = 366) having the sharpest increase of 0.7 days (non-DCF youth increased just 0.2 days, n = 1,944).







\*As of April 2023, the term "stuck" refers to a youth in the ED for 8+ hours, post medical clearance and psychiatric evaluation and is awaiting disposition to recommended services. Prior to April 2023, the stuck definition referred to youth in the ED for 8+ hours.

# **Thank You**

#### **Contact Us**

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