

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

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Agenda

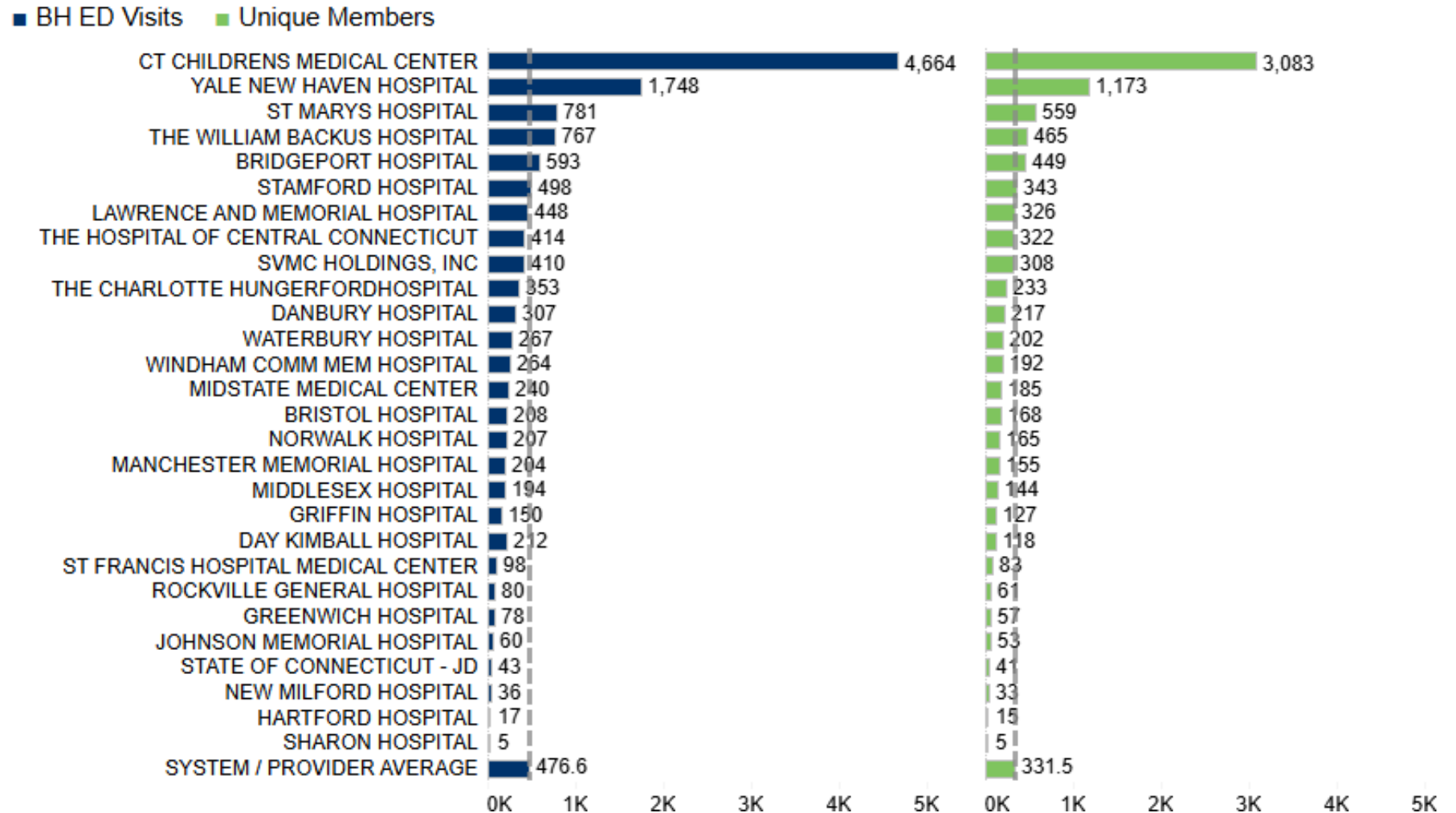
1 Youth Behavioral Health Emergency Department Utilization – By Provider

2 Youth Behavioral Health Emergency Department – Connect-to-Care

3 BH Emergency Department – “Stuck” Youth

Youth (ages 3-17) BH ED Visits By Provider (CY 2025)

- A BH ED visit is defined when there is a mental health or substance use disorder diagnosis captured in any of the first four positions of the claim.
- CCMC was the highest volume provider ($n = 4,664$), followed by YNHH ($n = 1,748$).



Youth (ages 3-17) BH ED Visit Frequency (CY 2025)

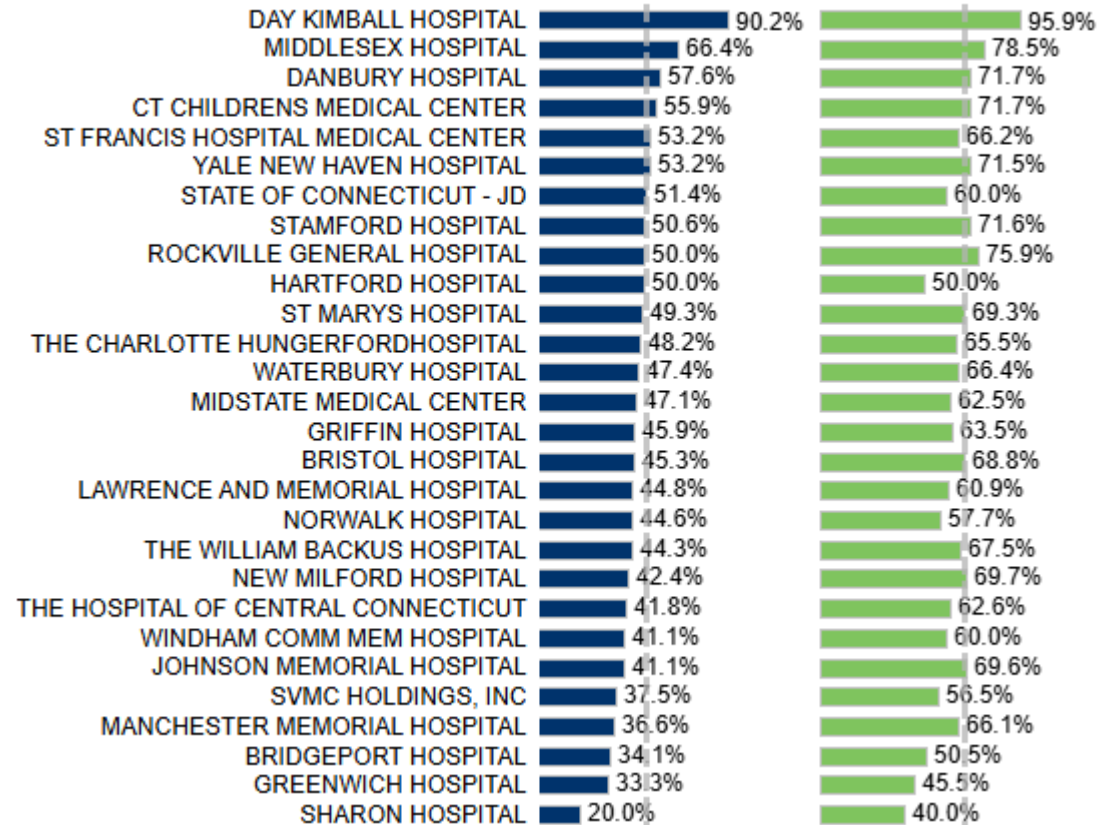
- Most members with multiple behavioral health emergency department (BH ED) visits had a primary mental health diagnosis.
- Of youth presenting for BH ED visits with a primary mental health reason, **31%** ($n = 1,395$) had 2+ visits as compared to **18.3%** ($n = 751$) of youth presenting with a primary medical reason.

Unique Members' BH ED Visit Frequency by Primary Diagnosis

	1 Visit	2-5 Visits	6-10 Visits	11-15 Visits	16-20 Visits	>20 Visits
Mental Health	3,110	1,264	113	9	6	3
Medical	3,342	736	15		1	
Substance Use Disorder	429	40	1			
Social Drivers of Health	58	1				

Youth (ages 3-17) BH ED Connect-to-Care By Provider (CY 2025)

C2C within 7 and 30 Days by Provider

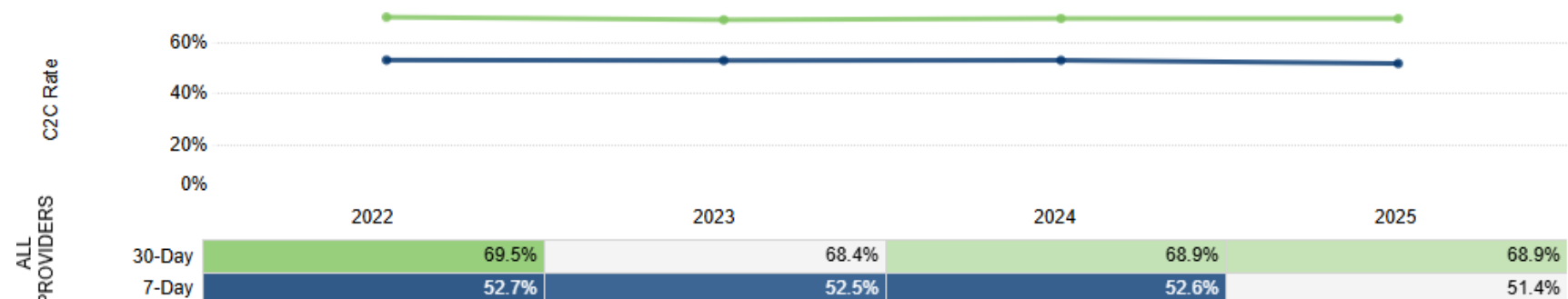


• In CY 2025:

- **51.4%** ($n = 4,327$) BH ED visits connected to a follow-up behavioral health appointment within **7 days**.
- **68.9%** ($n = 5,805$) BH ED visits connected to a follow-up behavioral health appointment within **30 days**.

- BH ED C2C rates have remained stable over the past four years.

C2C within 7 and 30 Days by Year — ALL PROVIDERS

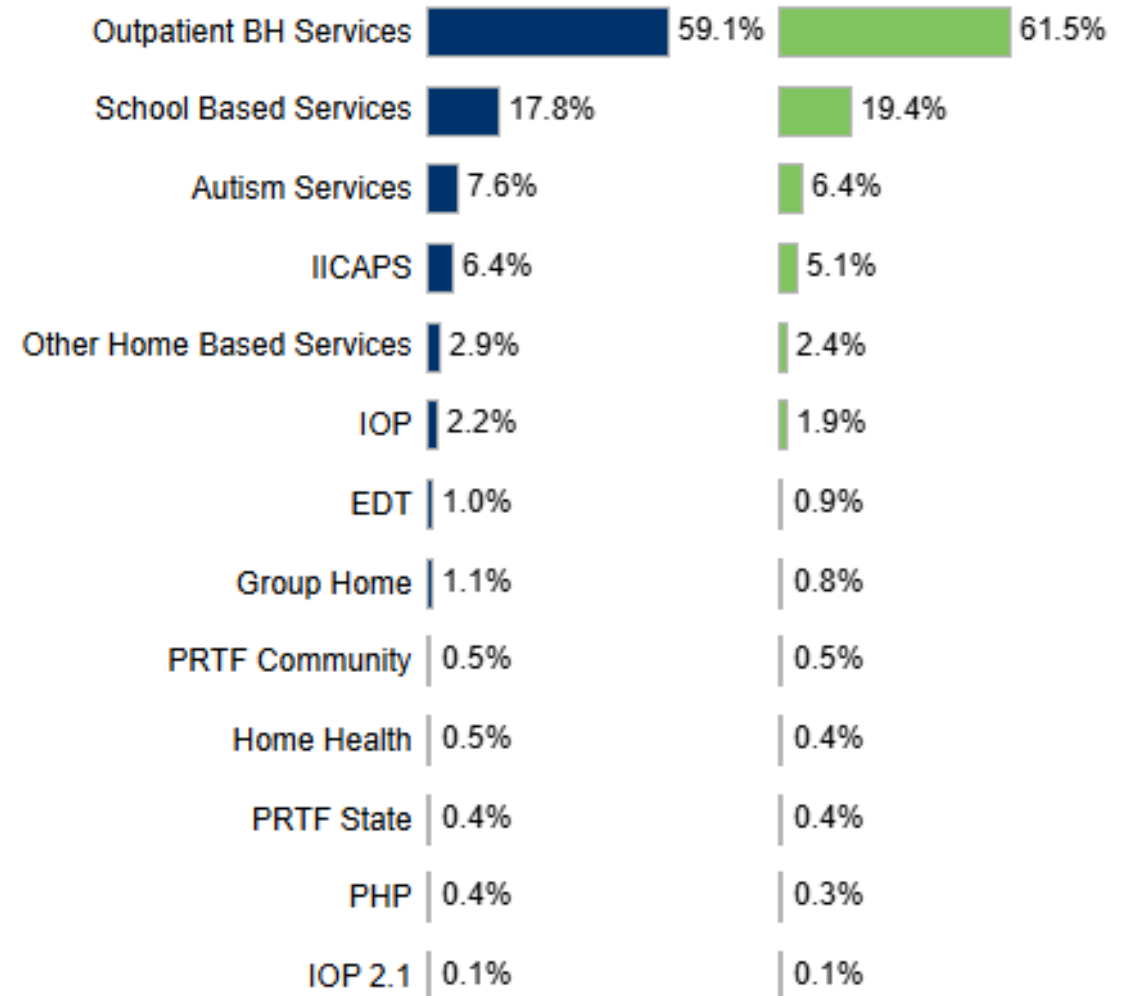


Youth (ages 3-17) BH ED Connect-to-Care By LOC (CY 2025)

- Most connected to:
 - outpatient BH services
 - school-based services
- The demographics of those who connected to care within both time frames mirrored the overall youth BH ED visit population.

Proportion of Discharges Connecting with Each LOC

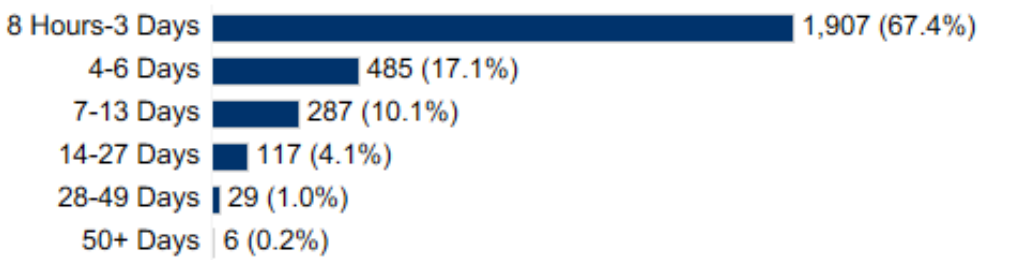
(7-day / 30-day)



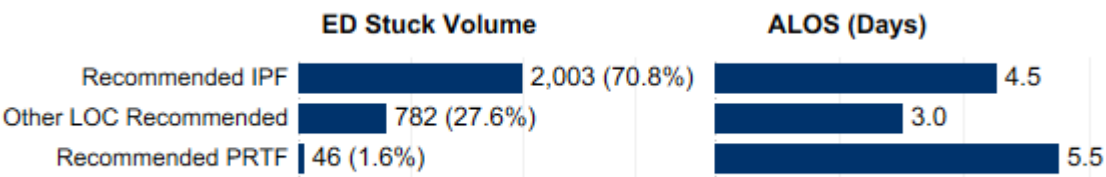
Youth (ages 3-17) BH ED Stuck Volume & ALOS (Q1 2025–Q2 2026)

- From January 1, 2025, through June 30, 2026, there were **2,831 reported stuck episodes** (1,807 unique members).
- The **ALOS** of all stuck youth was **4.1 days**.
 - 67.4% ($n = 1,907$) were discharged within three days, while the rest waited four or more days before being discharged to the next level of care.
- 70.8% ($n = 2,003$) were recommended for inpatient level of care and of those, 82.6% ($n = 1,655$) were admitted.

Length of Stay Distribution for ED Stuck Members Discharged from the ED between 1/1/2025 to 6/30/2026



ED Stuck Volume & ALOS by Recommended Level of Care (LOC) between 1/1/2025 to 6/30/2026



*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.
†Source: provider report

ASD Youth (ages 3-17) BH ED Stuck Volume & ALOS (Q1 2025–Q2 2026)

- For the time frame of January 1, 2025, through June 30, 2026, the ALOS of ED stuck episodes for youth with an **autism spectrum disorder (ASD)** was 7.2 days ($n = 113$) compared to 3.9 days ($n = 2,710$) for non-ASD/intellectual disability (ID) episodes.
- In CY 2024, ALOS of ASD stuck episodes was 8.1 days ($n = 49$), and non-ASD/ID episodes' ALOS was 3.4 days ($n = 2,198$).

		Quarter						Grand Total
		Q1 '25	Q2 '25	Q3 '25	Q4 '25	Q1 '26	Q2 '26	
ASD Only	ED Stuck Volume	16	20	24	17	20	16	113
	ALOS	5.9	6.6	8.0	9.3	8.0	5.0	7.2
	Unique Members	16	20	20	16	19	15	90
ASD and ID	ED Stuck Volume			1				1
	ALOS			7.0				7.0
	Unique Members			1				1
No ASD/ID Barrier	ED Stuck Volume	534	492	347	489	398	450	2,710
	ALOS	3.6	4.7	3.9	3.7	3.0	4.2	3.9
	Unique Members	468	412	295	409	331	379	1,746

Interventions and Initiatives (Carelton BH CT / CT BHP)

- Intensive Care Manager (ICM) Support
 - Daily outreach to highest volume EDs
 - Assist in bed searches and organize case conferences
- Provider Analysis & Reporting (PAR) Meetings
 - Organize regional C2C meetings and educational forums
- Youth IPF & ED Provider workgroups (CY 2025):
 - Themes:
 - Need to *improve communication & collaboration and working with highly acute youth and special populations*
 - Suggestions Offered by Workgroup Participants:
 - Implement a universal, standardized tool to assess and rate acuity
 - Streamline and enhance existing systems
 - Increase specialized programming for youth with ASD/ID, SUD, and aggression
 - Foster better partnerships/communication among hospitals, systems, and related organizations to broaden resource access and address system change

Thank You

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