



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

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Agenda

1 Youth Inpatient Psychiatric Facility – Discharge Delay Methodology & Processes

2 Youth Inpatient Psychiatric Facility – Discharge Delay Calendar Year (CY) 2025

3 Summary & Recommendations

Methodology

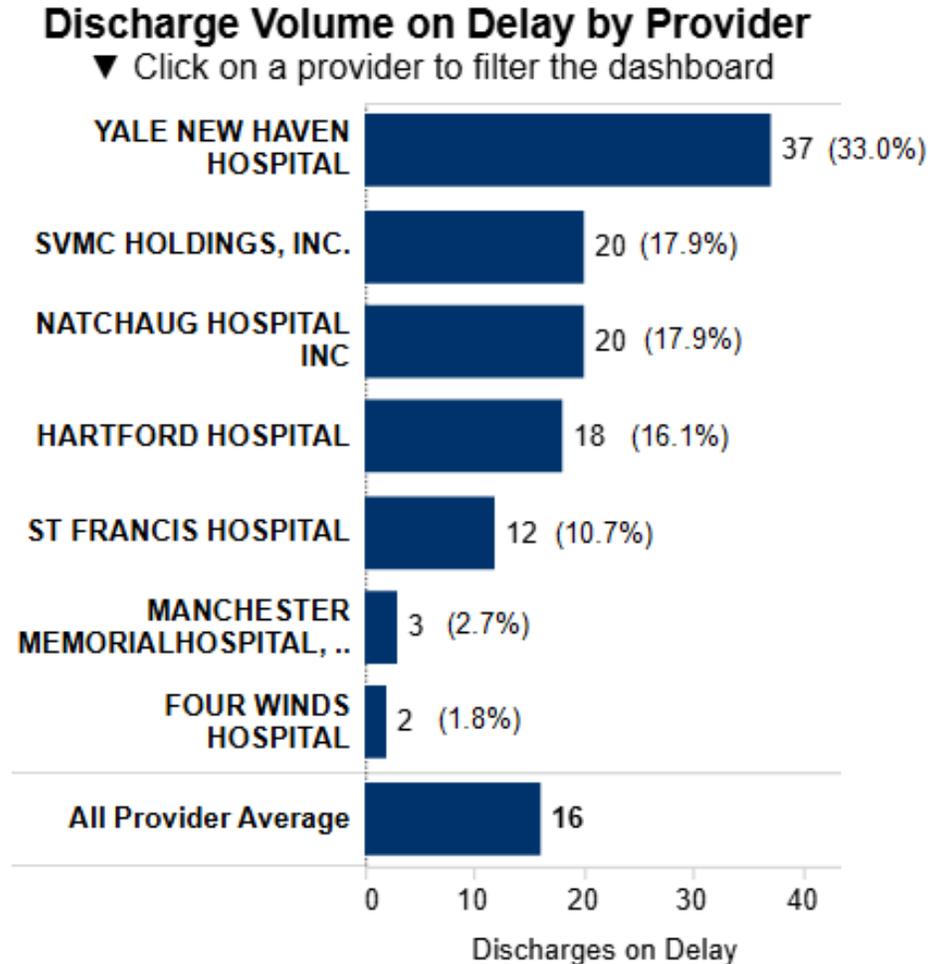
- Authorization-based data
- HUSKY Health (Medicaid) youth (aged 0-17), excluding dual eligibility
- Discharge Delay – all below components must be met:
 1. Member has received maximum benefit from current treatment setting and ready to transition to the next appropriate level of care.
 2. The recommended level of care is agreed to by all parties however there is no bed available and discharge to alternative options places the youth at risk.
 3. Does not include days within the episode of care required for appropriate disposition planning to an otherwise available LOC (concurrent planning).

Discharge Delay – Carelon BH CT Processes

- **Utilization reviewers** collaborate with providers to agree upon assigning discharge delay status.
- **Child intensive care managers (ICMs)**
 - are assigned to all youth referred to Solnit Inpatient or a psychiatric residential treatment facility (PRTF) and:
 - present referrals to Carelon BH CT medical affairs
 - meet weekly to review youth awaiting placement and discuss current presentation and anticipated admission dates
- **Peer referrals** are completed if family support is needed to complete admission paperwork or intake appointments.
- **Regional network managers** facilitate various provider-facing efforts aimed to improve system throughput including routine provider analysis & reporting meetings, provider workgroups, and connect-to-care meetings.

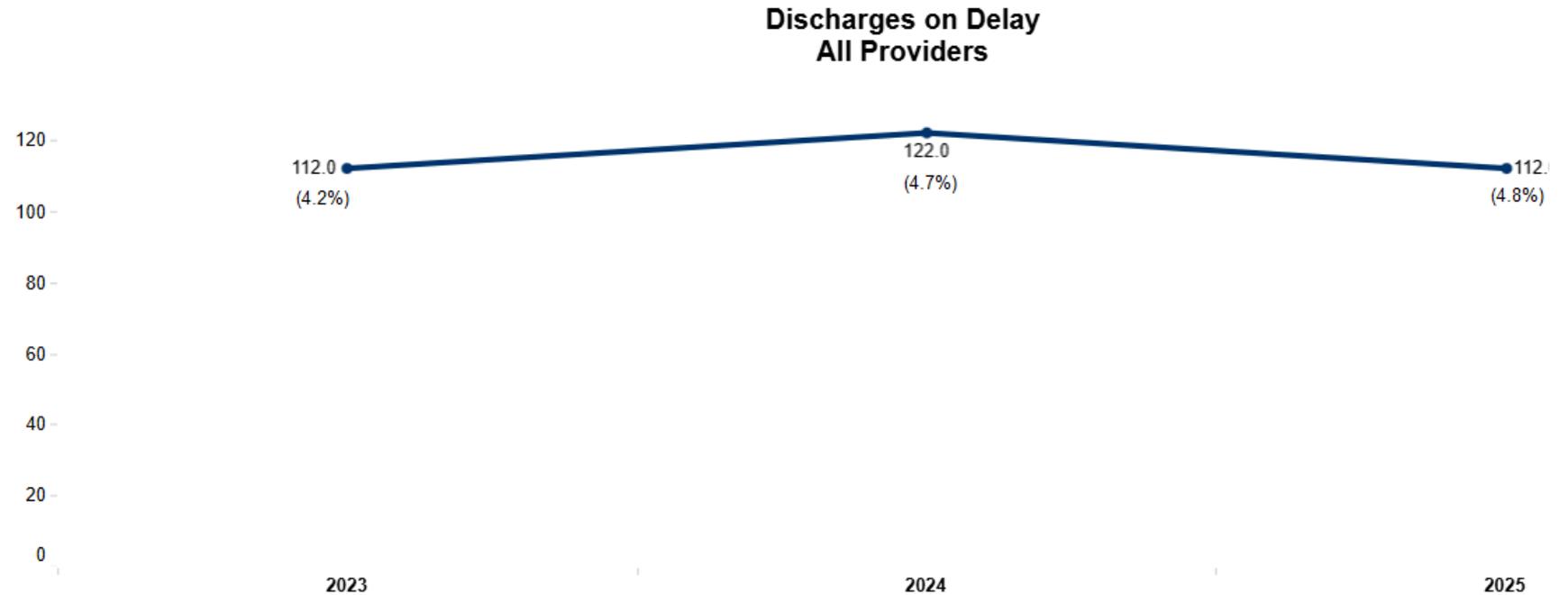
Youth IPF Discharge Delay Volume – CY 2025

- **112** discharges (**4.8%**) experienced a delay in CY 2025, which was stable from CY 2024 ($n = 122$, 4.7%).
- **33%** ($n = 37$) of all delayed discharges in CY 2025 were attributed to Yale New Haven Hospital, followed by **17.9%** ($n = 20$) at both St. Vincent’s Medical Center and Natchaug Hospital.



Youth IPF Discharge Delay Volume – Historical

- Discharge delay volume and percentage among the acute, community hospitals has remained stable over the past three calendar years.



Youth IPF Discharge Delay Acute Hospitals – Demographics

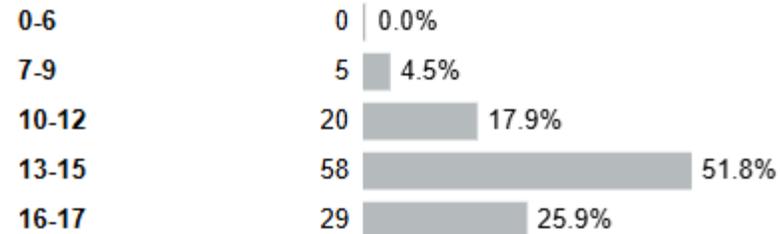
CY2025

- The demographics of discharges on delay in CY 2025 are **consistent with the overall IPF discharge population** for that time frame.
- A primary diagnosis of **disruptive mood dysregulation disorder (DMDD)** was the largest percentage (39%, $n = 44$) of discharges on delay. This is consistent with both years prior.

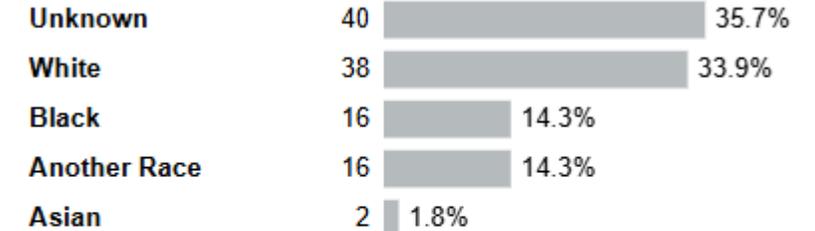
Gender:



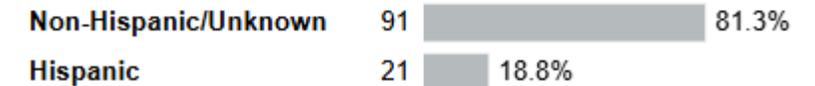
Age Group:



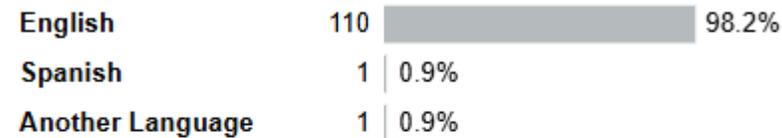
Race:



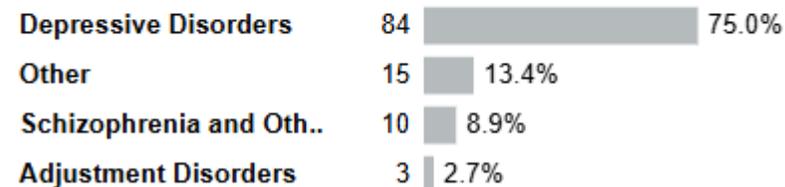
Hispanic Ethnicity:



Primary Language:



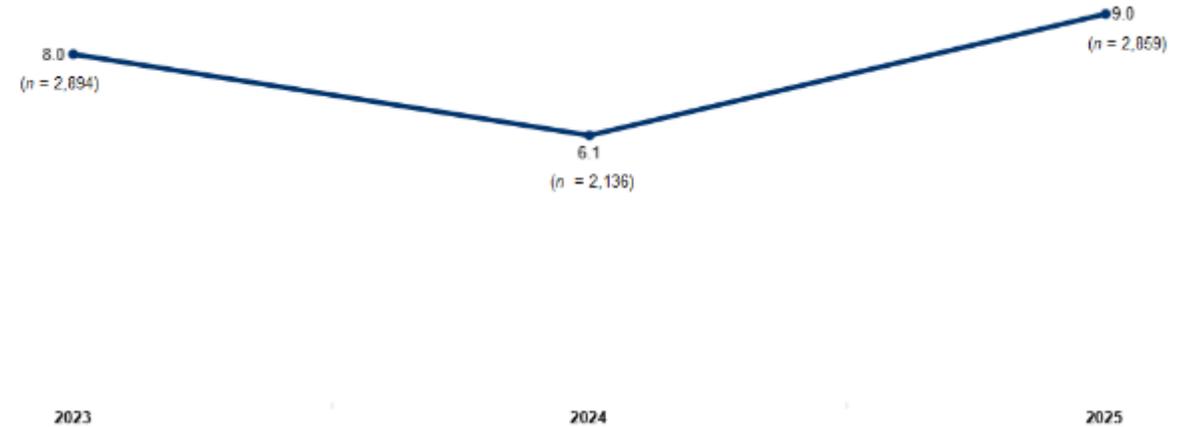
Primary Diagnosis (Hover for more detail):



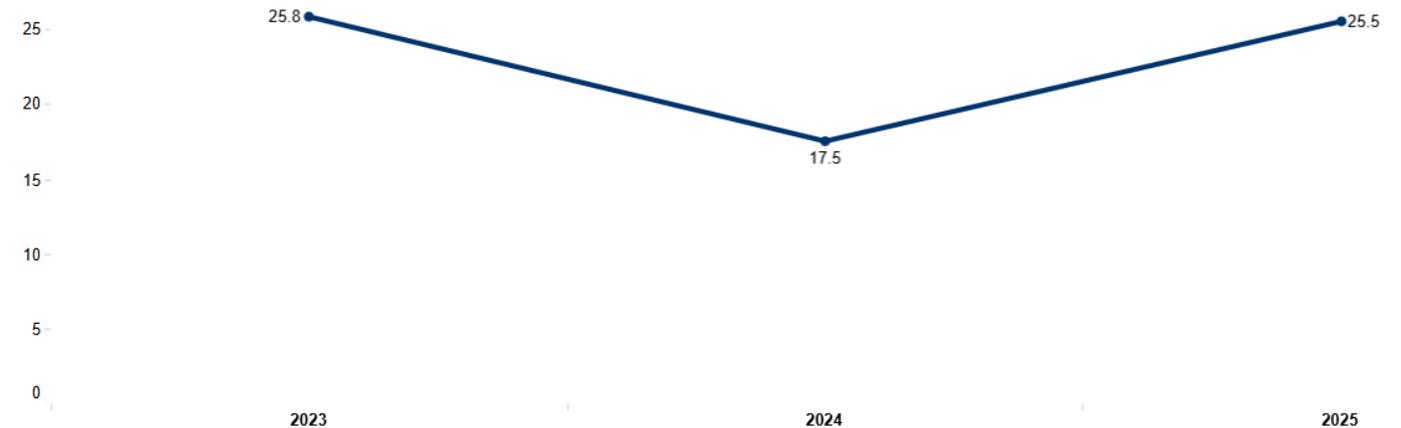
Youth IPF Discharge Delay Average Length of Stay & Delay Days

- The average length of stay (ALOS) in CY 2025 for youth IPF was 13.7 days, with an acute ALOS of 12.4 days.
- The average delay days in CY 2025 were 25.5 days, with 9.0% of days ($n = 2,859$) on delay.
- Percent of days on delay, total days on delay, and average delay days all saw an increase from CY 2024 to CY 2025.

Percent of Days on Delay

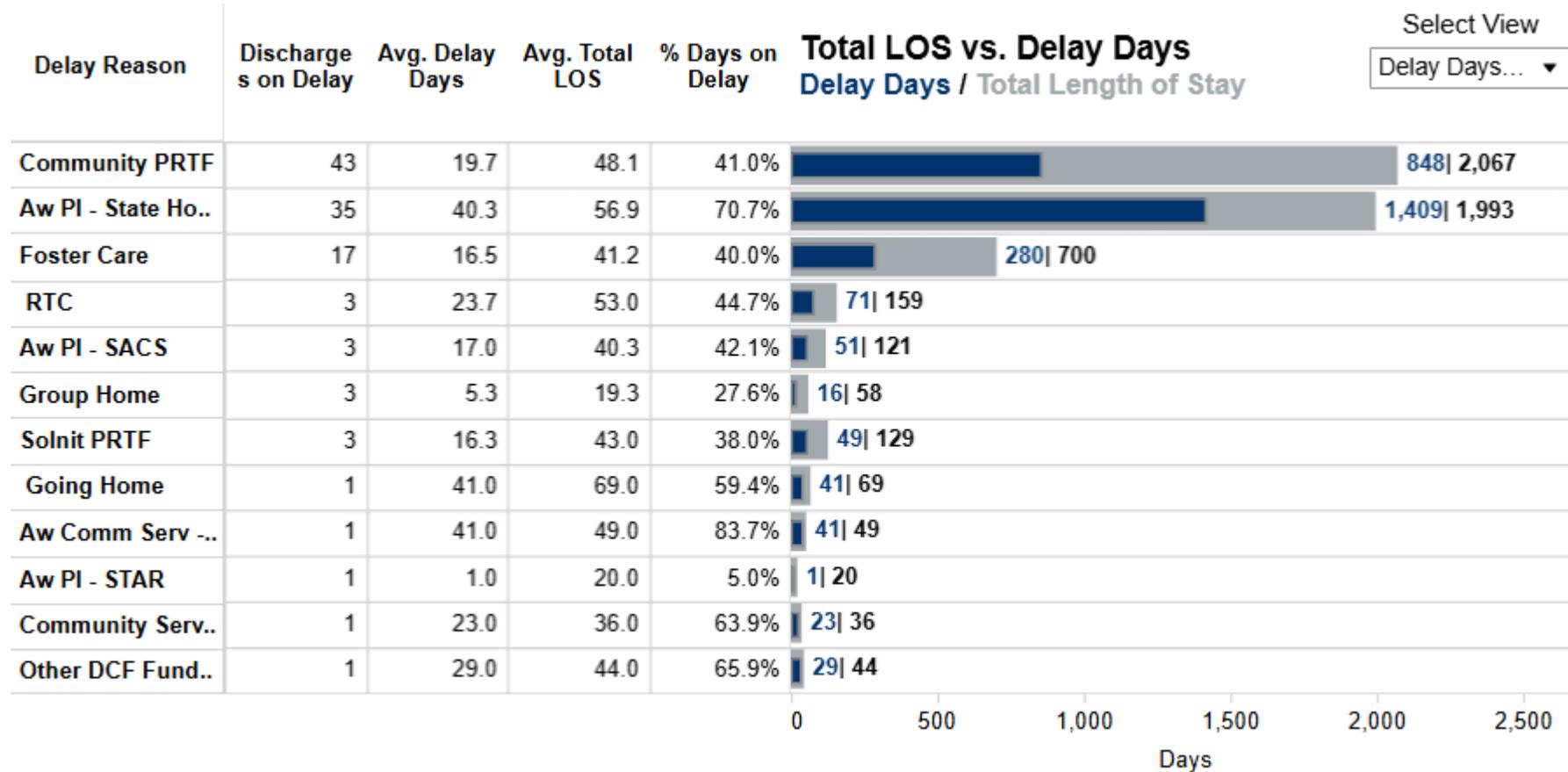


Average Delay Days



Youth IPF Discharge Delay Reasons – CY 2025

- The highest volume of delayed discharges were awaiting PRTF ($n = 46$).
- The most delayed days ($n = 1,409$) were attributed to those awaiting Solnit Hospital.
- While all hospitals had youth awaiting Solnit Hospital, YNHH comprised 48.5% ($n = 17$) of discharges awaiting that LOC, with the next highest being Natchaug with 5 (14.3%).
- YNHH also made up 34.8% ($n = 16$) of discharges awaiting PRTF followed by SVMC (21.7%, $n = 10$).



Discharge Delay – Summary

Key Themes

- System throughput remains a persistent challenge.
- The percentage/volume of discharges with delays are stable year-over-year, but delay days and percent of days on delay increased from CY 2024 to CY 2025.
- PRTFs and Solnit Hospital are the primary step-down capacity constraints driving discharge delay.
- Carelon BH CT has multiple provider-facing and member/family-facing personnel engaged in various efforts to support youth/families and providers with discharge delay.

Recommendations

- Expand service capacity across multiple levels of care – improving bed turnover, increasing system throughput, and reducing IPF discharge delays.
- Use mitigation strategies including increased utilization of mobile crisis post discharge and funding of outpatient clinics to create bridge programs inclusive of medication management.

Thank You

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