PSYCHIATRIC SERVICES STUDY REPORT

Presented to the Behavioral Health Partnership Oversight Council

September 13, 2017

Overview

- Section 356 of PA 15-5
  - Study the adequacy of psychiatric services in CT
  - Examine inpatient and outpatient
  - Focus on children and adults
  - Collaborate with range of stakeholders
  - Submit a report to Legislature by 1/1/17
- Primary impetus came from hospital concerns re access to state inpatient beds

Assumptions

- Focus on better managing existing resources
- Development of low cost innovations
- CT budget realities limited new resources
- ACA changes might have unforeseen consequences
- Inpatient access integrally linked to maturity of community resources

Methodology

- Catalogued existing MH resources
- Mapped location of services
- Examined capacities and utilization
- Compared IP bed capacities to nation and other NE states
- Coordinated with CT Hospital Association, DCF, and DSS
- Separate adult and children sections in report

Data Sources

- New England states "self report"
- Other reports – Colorado and Treatment Advocacy Center "No Room at the Inn"
- OHCA Annual Hospital Reporting system
- DMHAS state-op and PNP data systems
- DCF data
- UCONN Health Correctional Managed Health Care Annual Report

National Trends

- Impacts of the Great Recession
- Continued reduction of public inpatient beds
- Inadequate investment in community services
- Growth in forensic beds
- Increase in “Emergency Department Boarding”
- Wait list for inpatient psychiatric services
- Silting up of patients with complex histories
- Fragmentation within MH system

CT Adult Inpatient Findings

- Per capita bed capacity among best in nation
- State-op beds largely constant for 20 years
- State-op beds are used well but turnover rates have slowed
- Forensic patients are indirectly impacting beds
- Wait times for state beds have increased
- Private hospitals have excess capacity
- No mechanism to track real time beds

CT Findings cont.

- State and private hospitals dealing with more complex patients
- State beds reserved for more complex patients requiring longer lengths of stay
- More intermediate bed capacity could relieve pressure on state beds

CT Outpatient Findings

- Rich array of diversionary services
- Intensive community services are strategically positioned
- Comprehensive array of residential beds
- Residential services generally used well
- Movement out is insufficient for demand
- Special discharge funds are needed for flow
- Potential resource at 60 West

Recommendations

- Create real time bed tracking capacity
- Improve management of existing resources
  - Regionalize respite beds and track availability
  - Expand DMHAS UM capacities
  - Move CRMHC beds to CVH
  - Review patients to determine fit for 60 West
  - Maintain use of CCT's to enhance diversion
- Standardize wait list data

Recommendations New Resources

- Consider developing more intermediate beds in private hospitals
- Develop specialized fund/resources for patients that do not meet medical necessity
- Increase availability of high intensity residential programs
- Maintain annual increases to Discretionary Discharge funds

Resources

- CO Dept. of Human Services Behavioral Health Needs Analysis
- Going, Going, Gone: Trends and Consequences of Eliminating State Psychiatric Beds (TAC)
- No Room at the Inn, Trends and Consequences of Closing Public Psychiatric Hospitals (TAC)
- CT DMHAS/DCF Psychiatric Services Study Report http://www.ct.gov/dmhas/lib/dmhas/publications/dmhas-dcf_psychiatric_services_report.pdf

Q and A

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