# Psychiatric Services Report

BEHAVIORAL HEALTH PARTNERSHIP OVERSIGHT COUNCIL

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# 10 Year look back showed…

- Kids stuck in EDs
- Out of State Residential Placement high
- High rates of inpatient days
- Long lengths of stay in congregate care
- High average lengths of stay in Residential
- Slow discharges
- Limited community based care, no EMPS, no EBP's

# PA 13-178 and PA 15-27



- A. System Organization, Financing and Accountability
- B. Health Promotion, Prevention and Early Identification
- C. Access to a Comprehensive Array of Services and Supports
- D. Pediatric Primary Care and Behavioral Health Care Integration
- E. Disparities in Access to Culturally Appropriate Care
- F. Family and Youth Engagement
- G. Workforce

# Key Tenets



- Children and youth with behavioral health needs are identified early and have access to appropriate care
- The service system promotes equity and reduces racial and ethnic disparities
- There is a full service array that is available and children/youth and families are matched to the appropriate treatment based on their needs
- Providers are trained and supported to provide services backed by the best available science for effectiveness
- Services are supported by robust data collection, reporting, quality improvement systems
- Children/youth and families achieve the best possible outcomes and expenditures are held at reasonable levels

# Improving Children's Behavioral Health Care in Connecticut



- Service systems have been designed to promote access, quality, and outcomes
- Increased awareness of health equity and disparities, with implications for programming and data collection/reporting
- More kids are getting cutting-edge treatment than ever before;  CT is a national leader in delivery of EBTs and trauma-informed systems and services
- Outcomes data demonstrate that kids are getting better
- We are delivering home, school, and community-based care that is effective and cost effective

# Data Overview



- Behavioral Health (BH) Emergency Department (ED) Visits
  - Total volume of BH ED visits and unique youth has increased since 2012
  - Overall Medicaid membership has increased during same time, ACA implementation
  - Integration of Healthcare Effectiveness Data and Information Set (HEDIS) methodology in identification of BH ED visits
- Youth delayed in the ED
  - Decreased between 2013-2015, peak in 2013
  - Seasonal trends in youth delayed in the ED (March & April tend to be highest)
- Inpatient Psychiatric Hospitalization (excluding Solnit)
  - Average length of stay has dropped by 44% from 2007 to 2015
  - Discharge volume peaked in 2013 and has remained steady since
  - Percent of delayed days has declined over past 6 years
  - Volume of youth on discharge delay also declined between 2010 – 2015
  - Readmission rates have seen a decrease

# Data Overview



- Inpatient (including Solnit)
  - Overall statewide bed capacity has reduced slightly but due to a lower average LOS, more youth can get timely access to care
  - Average wait time for Solnit admissions has decreased
  - Wait time for admission to Solnit from ED has remained stable
- Community- and Home-based Services
  - Increase in admissions into Multi-Dimensional Family Therapy (MDFT) since 2010
  - Increase in admissions into Multi-systemic Therapy, with a dramatic increase between 2012 - 2014
  - Steady increase in utilization of Functional Family Therapy since 2010
  - IICAPS utilization reached a peak in 2014 and has decreased in recent years
  - Continued growth in utilization of outpatient services as measured by admits per 1,000 and absolute volume

# Data Overview



- Mobile Crisis
  - Increase in utilization with a peak of over 12,000 episodes
  - Implementation of performance metrics and quality improvement
  - Standardized workforce development and practice development
  - Measures (Ohio Scales) assessing services outcomes
- Evidence-based Practices
  - Implementation of several EBPs to address multiple issues
    - TF-CBT, MATCH-ADTC, CBITS, CFTSI, ARC, CPP
  - Outcomes show significant reduction in symptoms
  - Increase in number of children receiving EBPs

# CT Findings



- Growth in Community Resources including; EMPS, EBP availability, Crisis Stabilization/Crisis Respite
- Expansion of Mobile Crisis(EMPS) including the completion of 169 (82%) Memorandums of Agreement (MOA's) between Local Education Agencies (LEA's) and EMPS teams
- Development and implementation of the CT Trauma Screen (CTS) used across behavioral health, child welfare, juvenile justice, pediatric and educational settings
- 20K children/youth received a trauma screen since 2014
- Implementation of Substance Use Screening for Adolescents - Adolescent Screening, Brief Intervention and Referral for Treatment (A-SBIRT)

# CT Findings



- Continued investment in Infant Mental Health training and implementation of Circle of Security Parenting
- Implementation of CT's first Care Management Entity
- Over 9K people have been training in trauma informed initiatives
- Expansion of Modular Approach to Therapy for Children (MATCH) to 15 clinics, training 141 clinicians
- Implementation of Cognitive Behavioral Intervention for Trauma in Schools (CBITS) in 17 school districts in 46 schools

# Questions

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