

# Task Force on Behavioral Health Data Policies and Long Term Stays

## Meeting Five

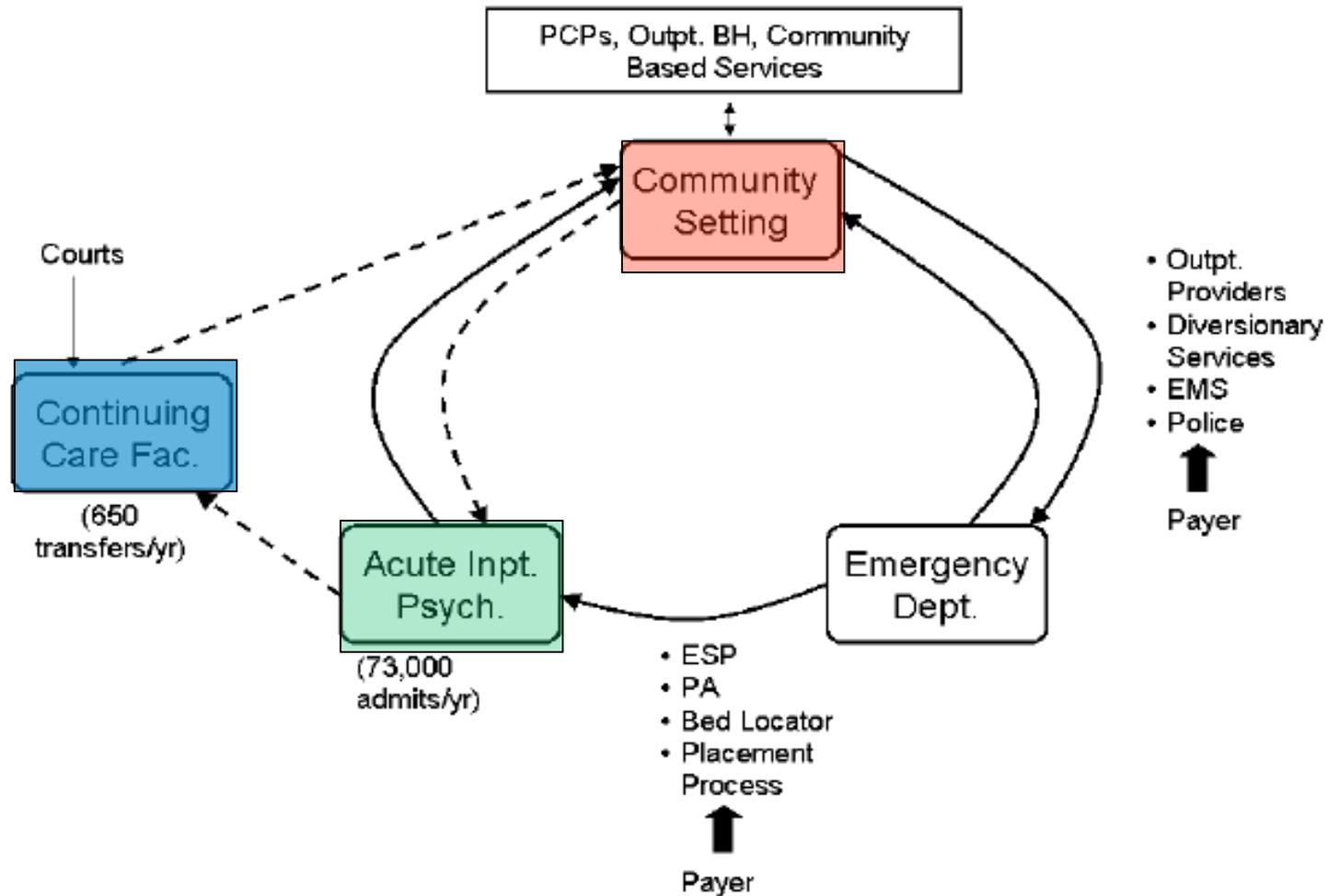
March 24, 2015

Beth Waldman and Megan Burns

# Agenda

- **Welcome** 9:30 am – 9:40am
- **Public Comment** 9:40 am – 9:55 am
- **Long Term Stays: IP and CCF Boarding** 9:55am – 11:45am
- **Next Steps** 11:45am – noon

# Continuing the Discussion of Long LOS

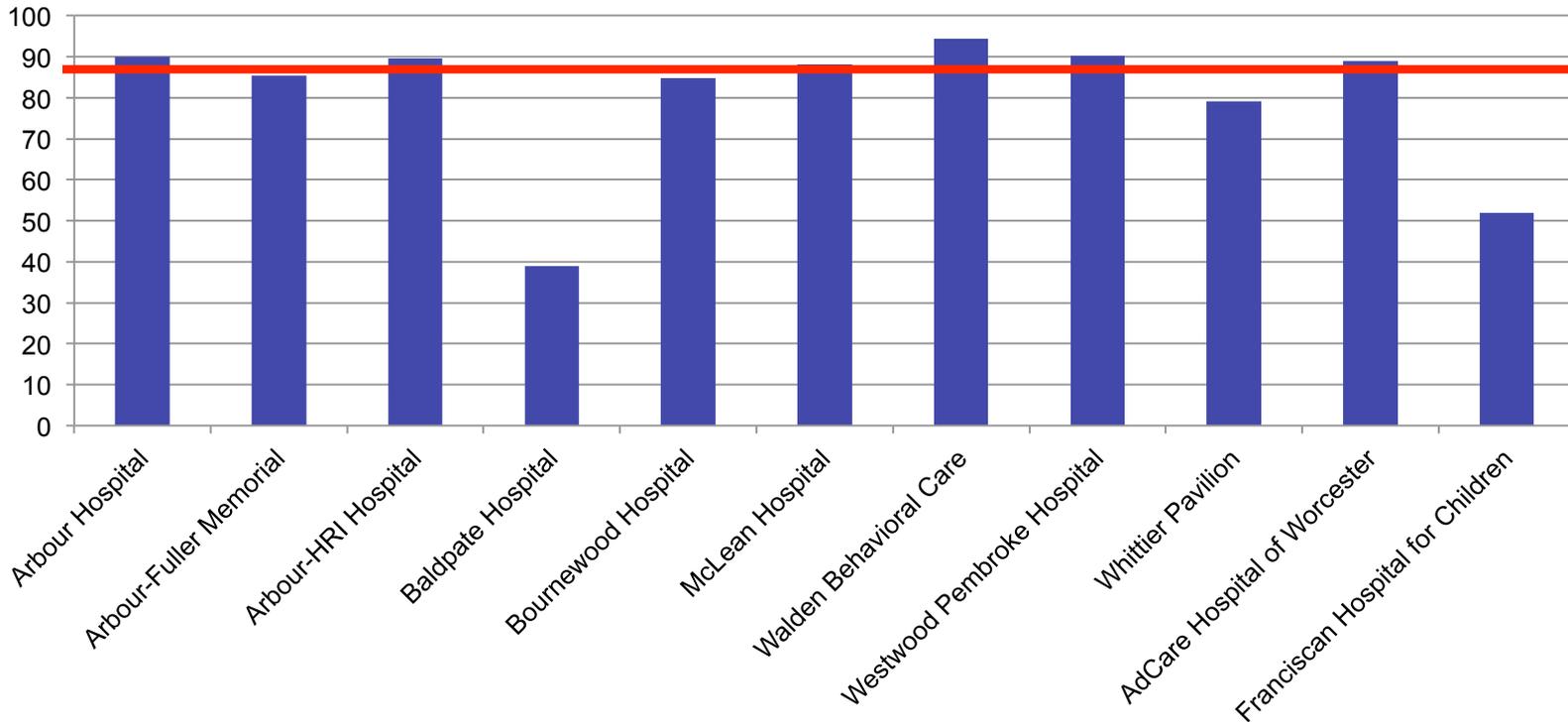


# What is the Problem We're Trying to Solve?

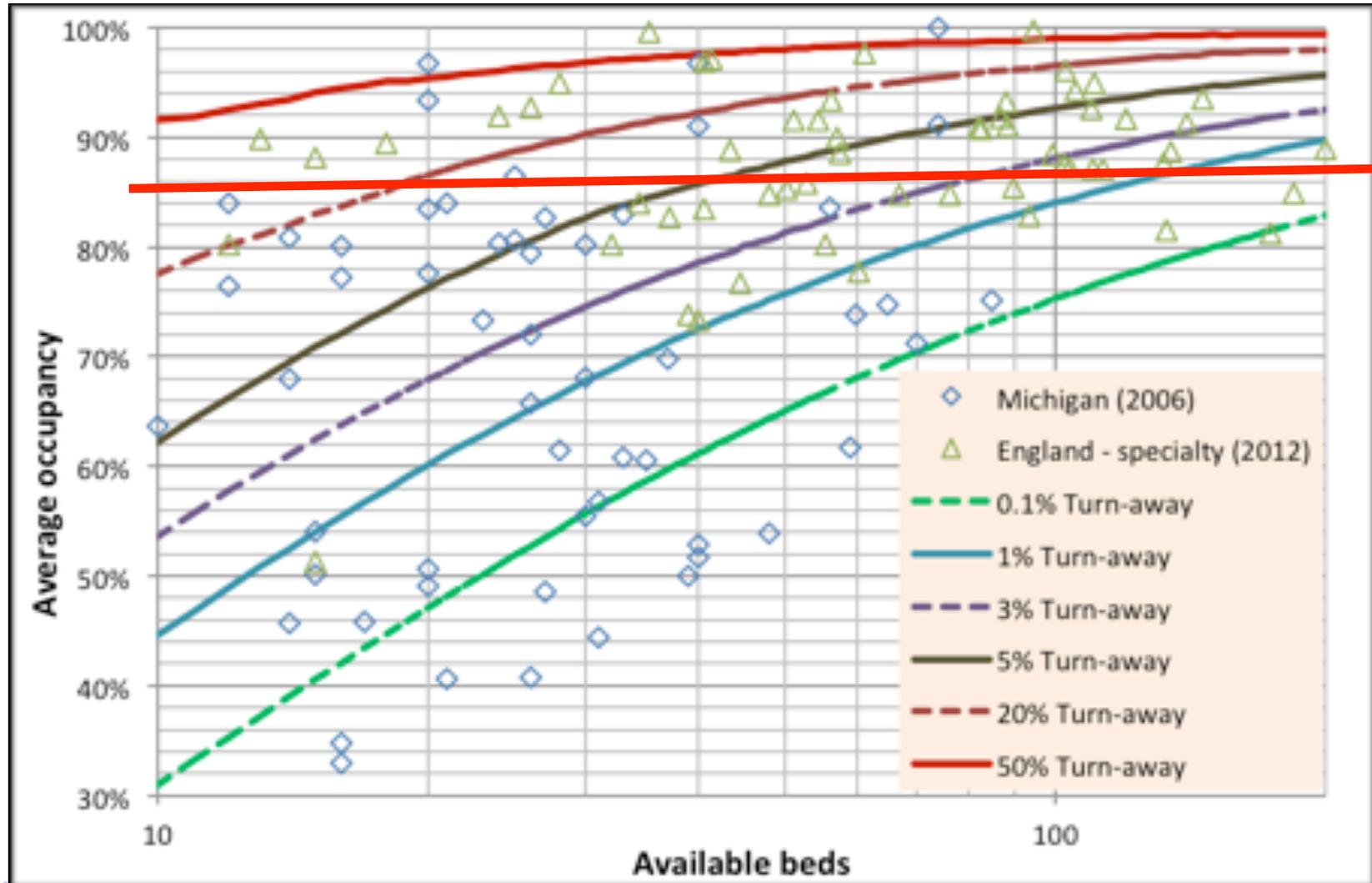
- Our charge is to develop recommendations to **reduce the number of long-term patients** in DMH continuing care facilities, acute psychiatric units and EDs.
  - With a goal to provide care in the **least restrictive setting**
- In some cases, long-term care is appropriate – especially in DMH continuing care facilities.
- Our focus of the problem is around areas where bottlenecks occur and for patients who are unable to receive the next level of care at the time they are ready.
- Like with ED Boarding, much work has been done on this topic and to the extent possible, we'd like to leverage – not recreate – that work.

# Occupancy Rates in Massachusetts Non-Acute Hospitals with Over 800 Psych Discharges

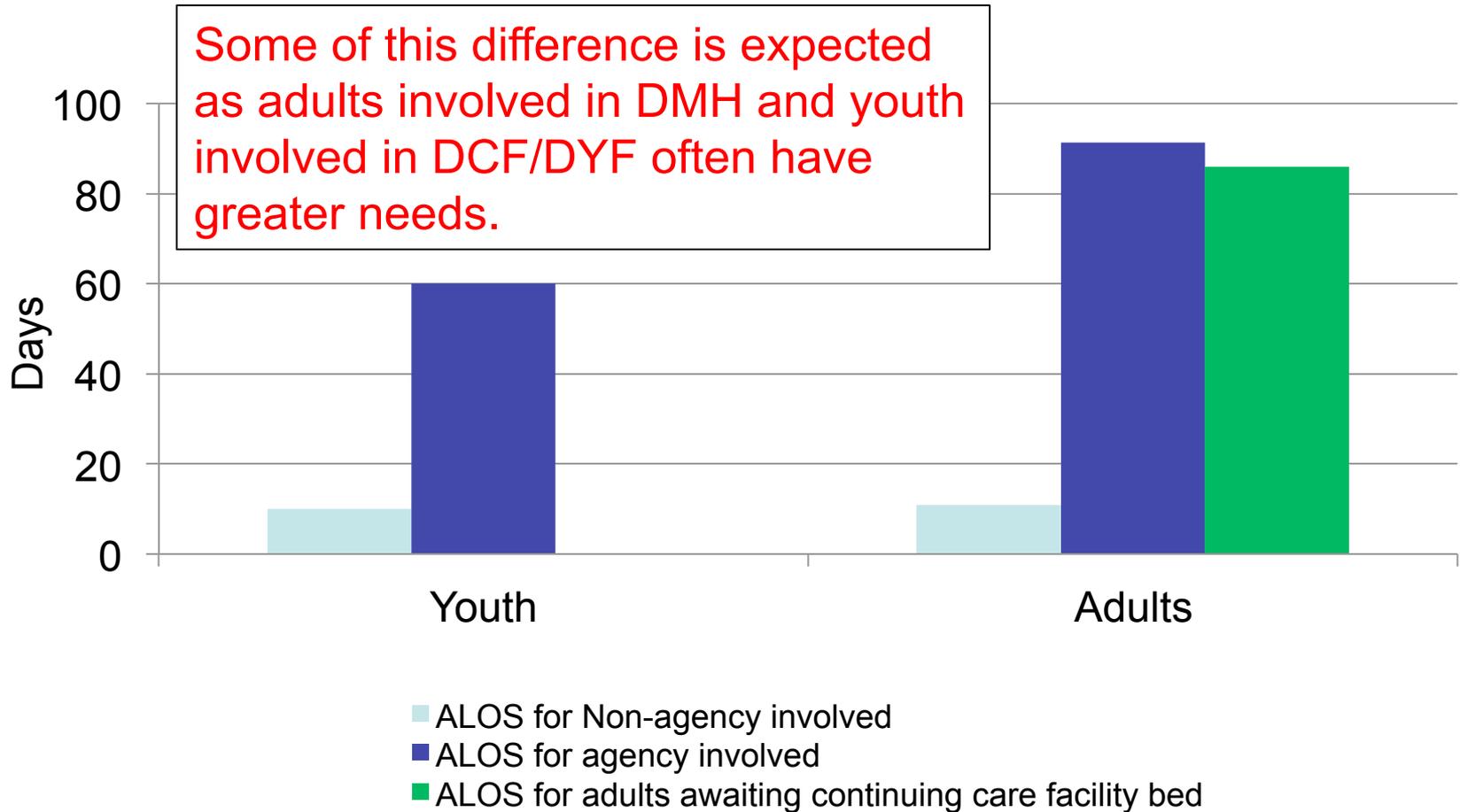
## Percentage of Occupancy- FY 13



# High Occupancy Rates May Lead to Bottlenecks

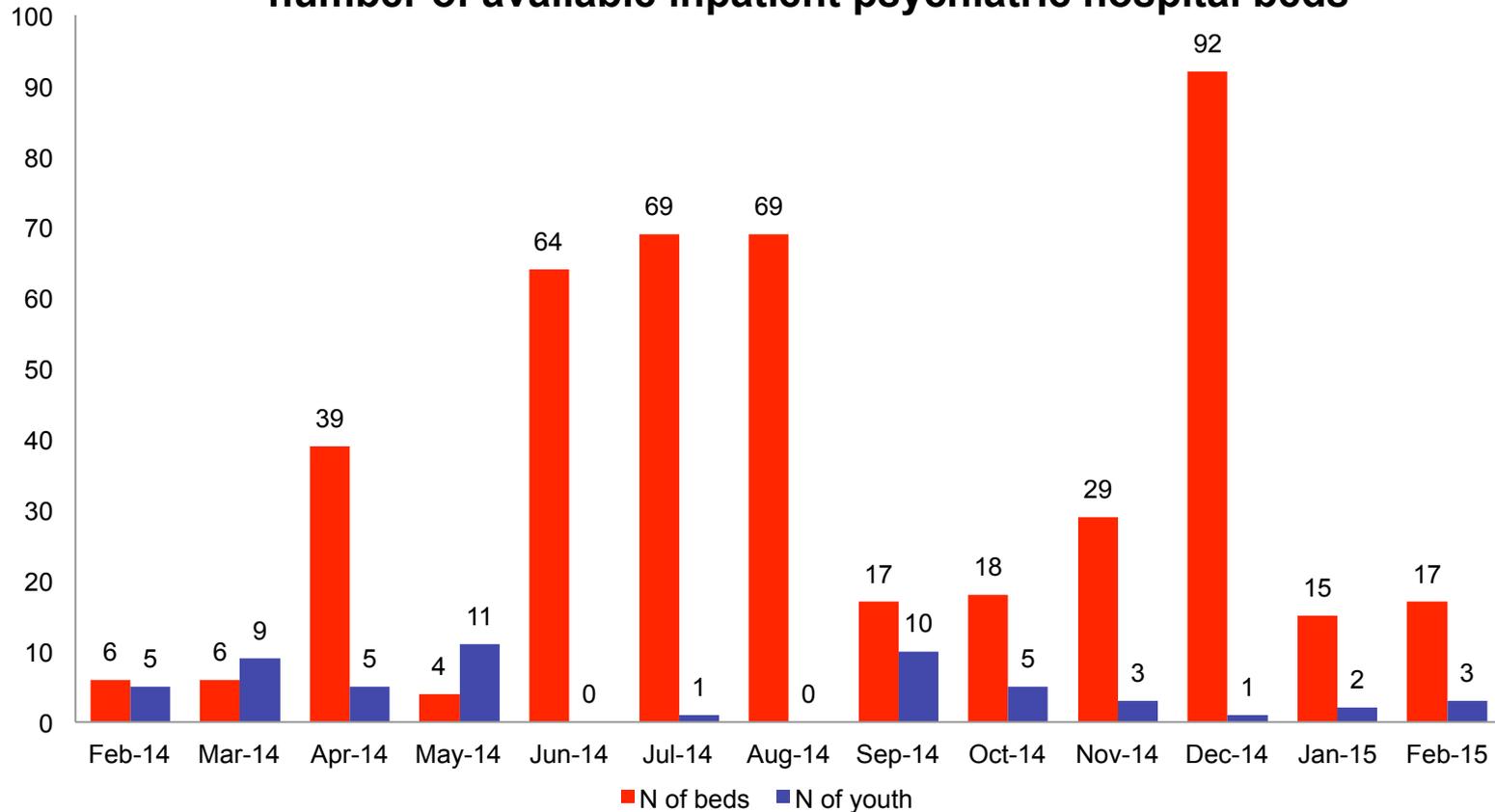


# IP Acute LOS in private psych hospitals differs between those involved in state-agency services and those who are not

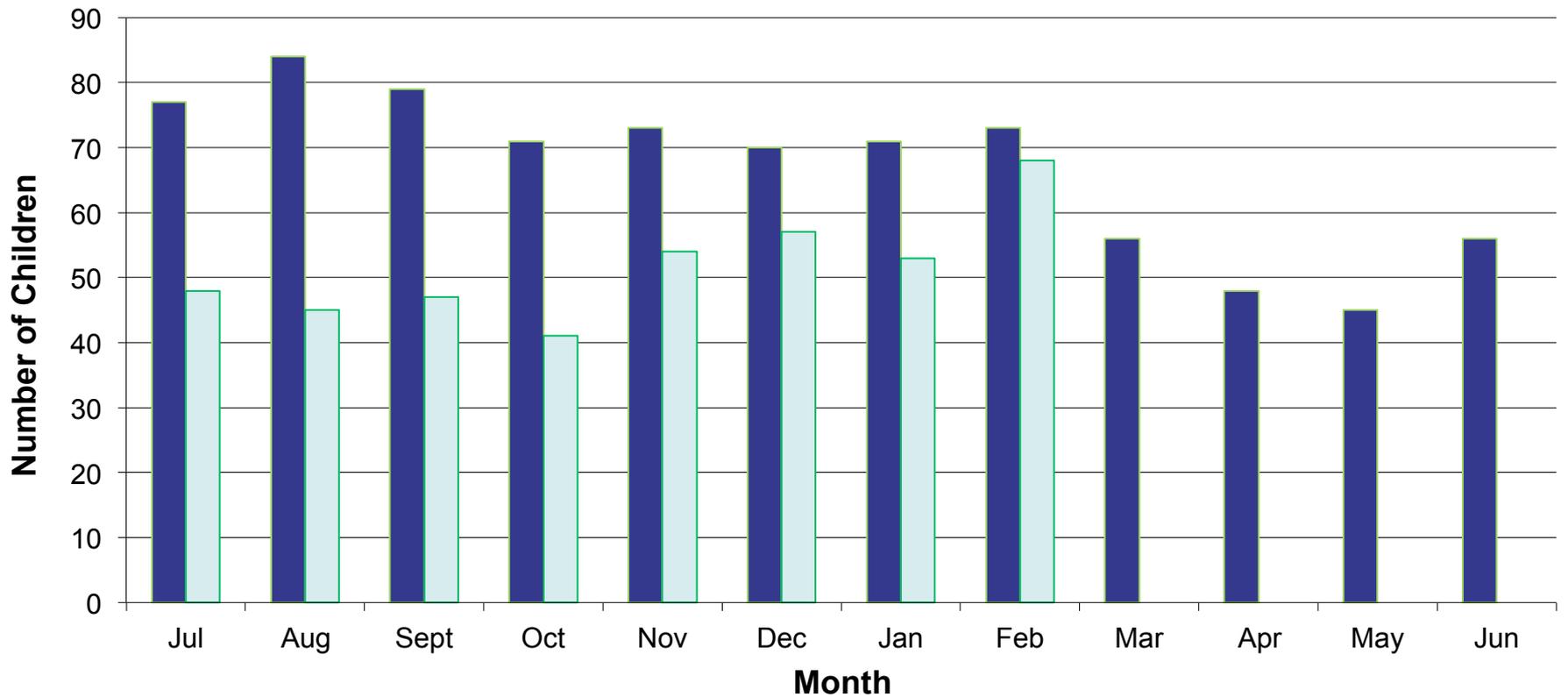


# Seasonal Mismatch Between Need and Resources

**Number of MBHP youth awaiting psychiatric hospitalization and number of available inpatient psychiatric hospital beds**



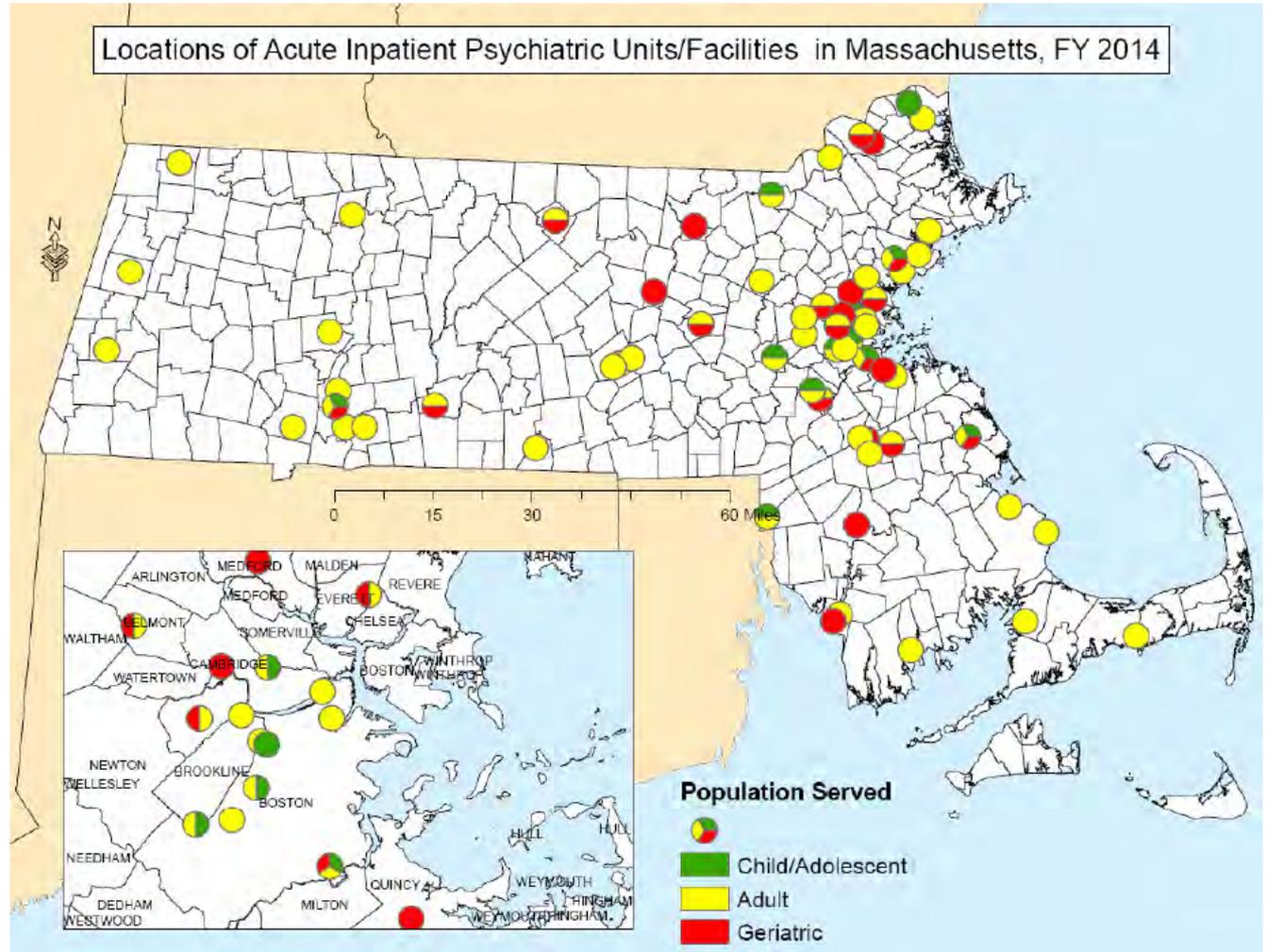
# Children awaiting resolution of disposition (CARD) FY 14 and FY 15



Year	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY09	100	106	86	72	69	73	76	75	58	81	79	65
FY10	69	76	71	65	71	54	52	67	65	70	81	80
FY11	76	55	62	63	61	56	67	76	63	66	76	82
FY12	80	70	63	70	73	75	68	81	80	76	79	74
FY13	72	68	95	88	78	72	75	78	79	75	80	77
FY14	77	84	79	71	73	70	71	73	56	48	45	56
FY15	48	45	47	41	54	57	53	68	0	0	0	0
FY16												

# Only 10% of IP Psych Beds Care for Youth

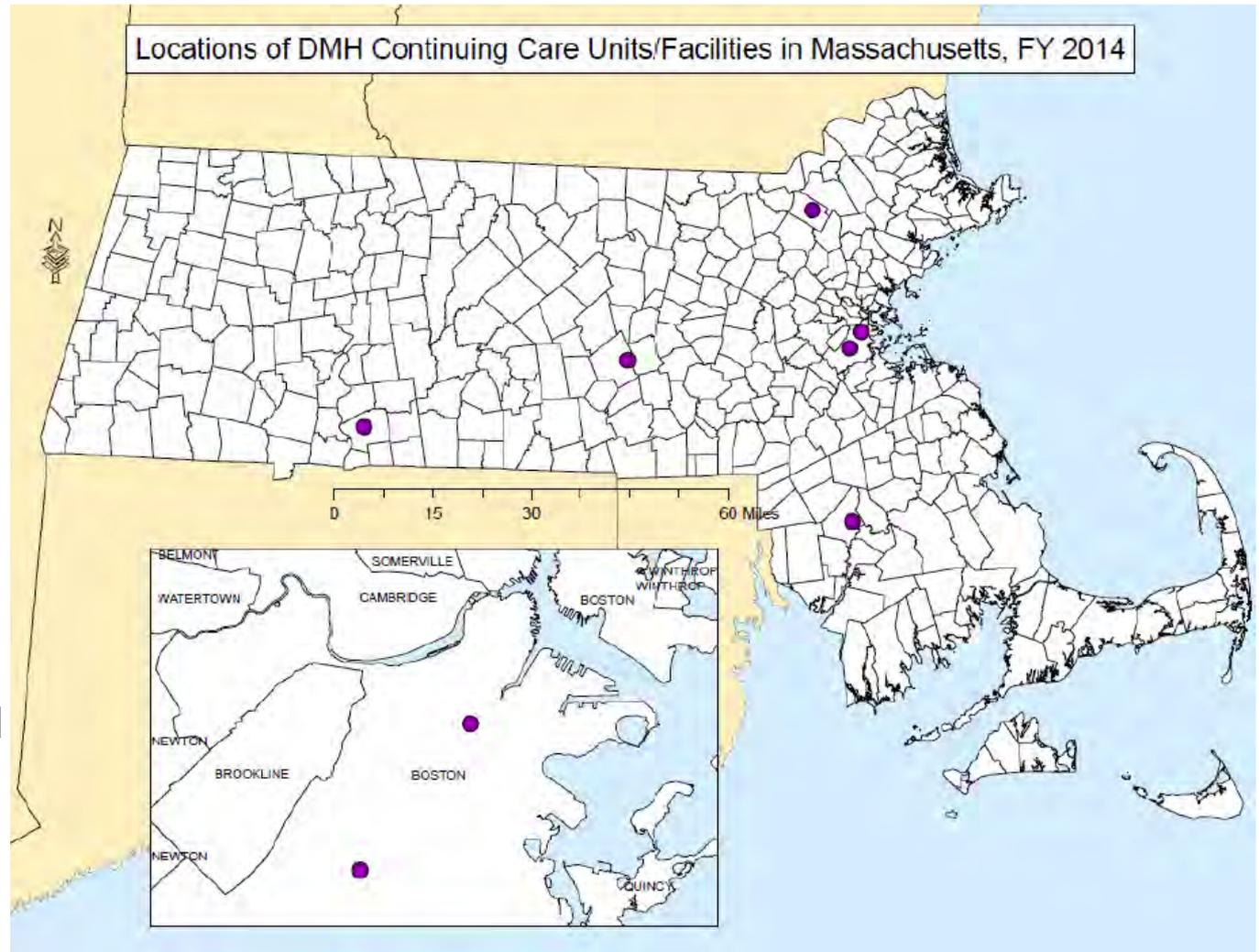
Green dots indicate beds for youth



Data reflects a point in time and is updated as of 12/27/13  
Dots represent location; not reflective of capacity or volume

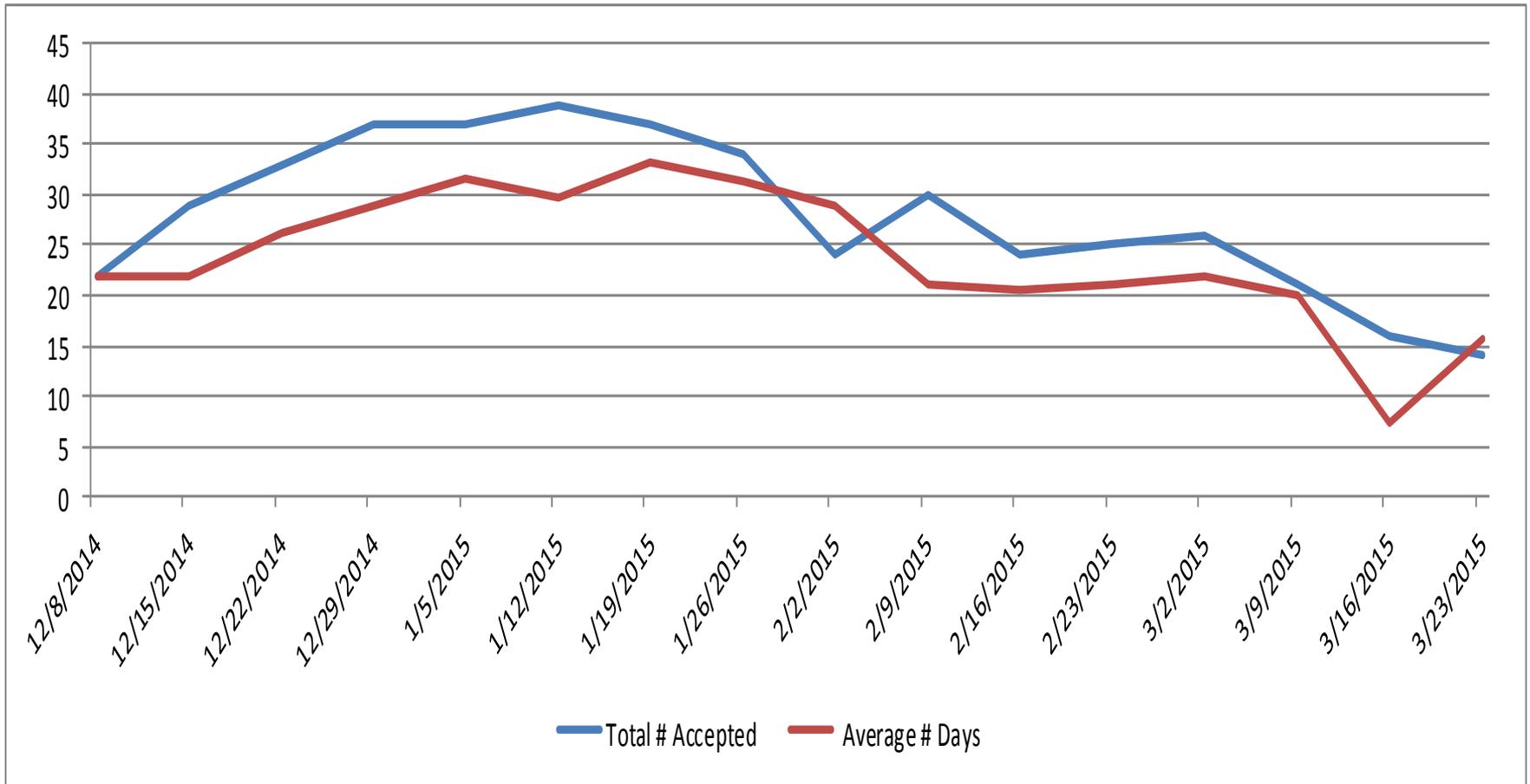
# Six Continuing Care Facilities Operated by DMH

As of 3-24-15 there are 663 continuing care beds that provide ongoing treatment, stabilization and rehabilitation for the relatively few people needing more inpatient care after an acute inpatient treatment stay – and forensic evaluations.



Data reflects a point in time and is updated as of 12/27/13  
Dots represent location; not reflective of capacity or volume

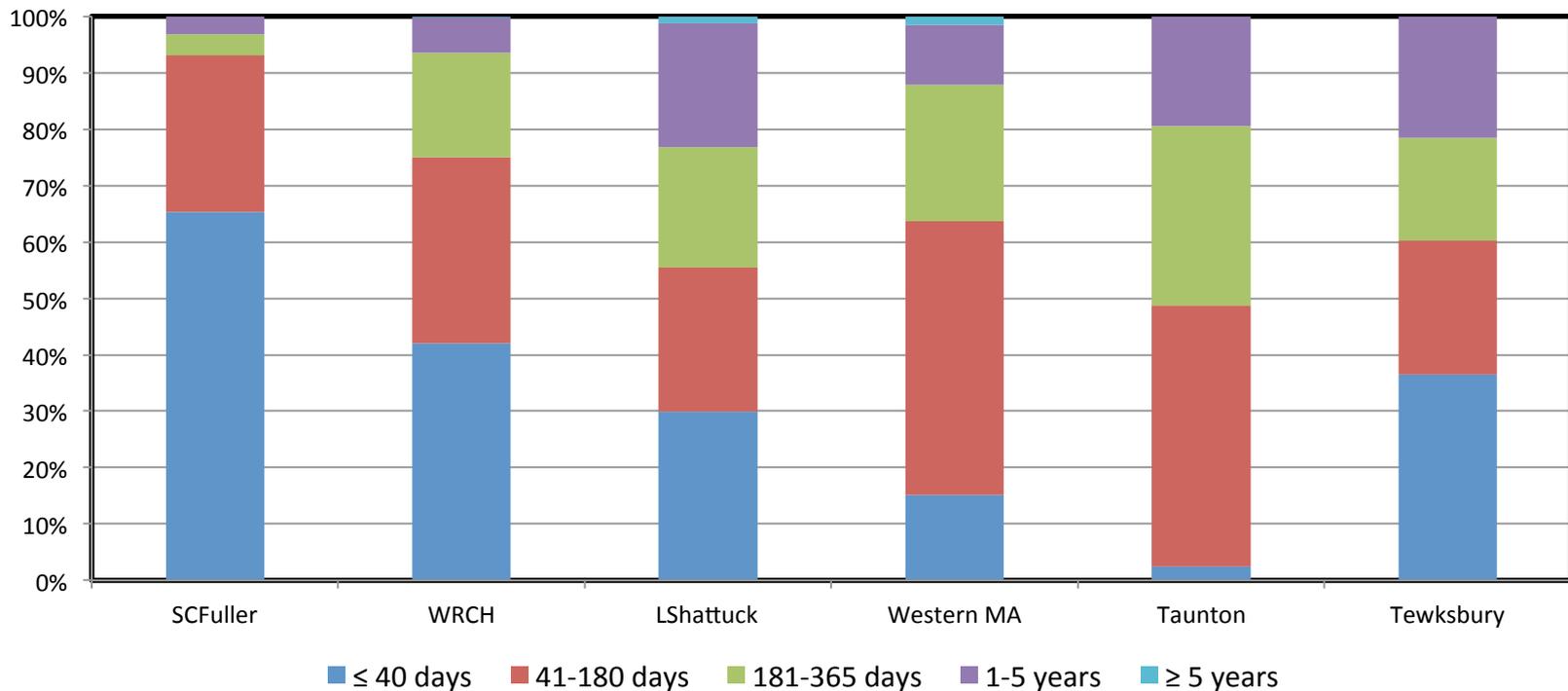
# DMH Admission Referral Tracking (DART) Weekly Trend Information 12/08/2014-3/23/2015



Data Source: DMH Admission Referral Tracking System



# Continuing Care Length of Stay Category for % Persons Served and Discharged during FY 2014



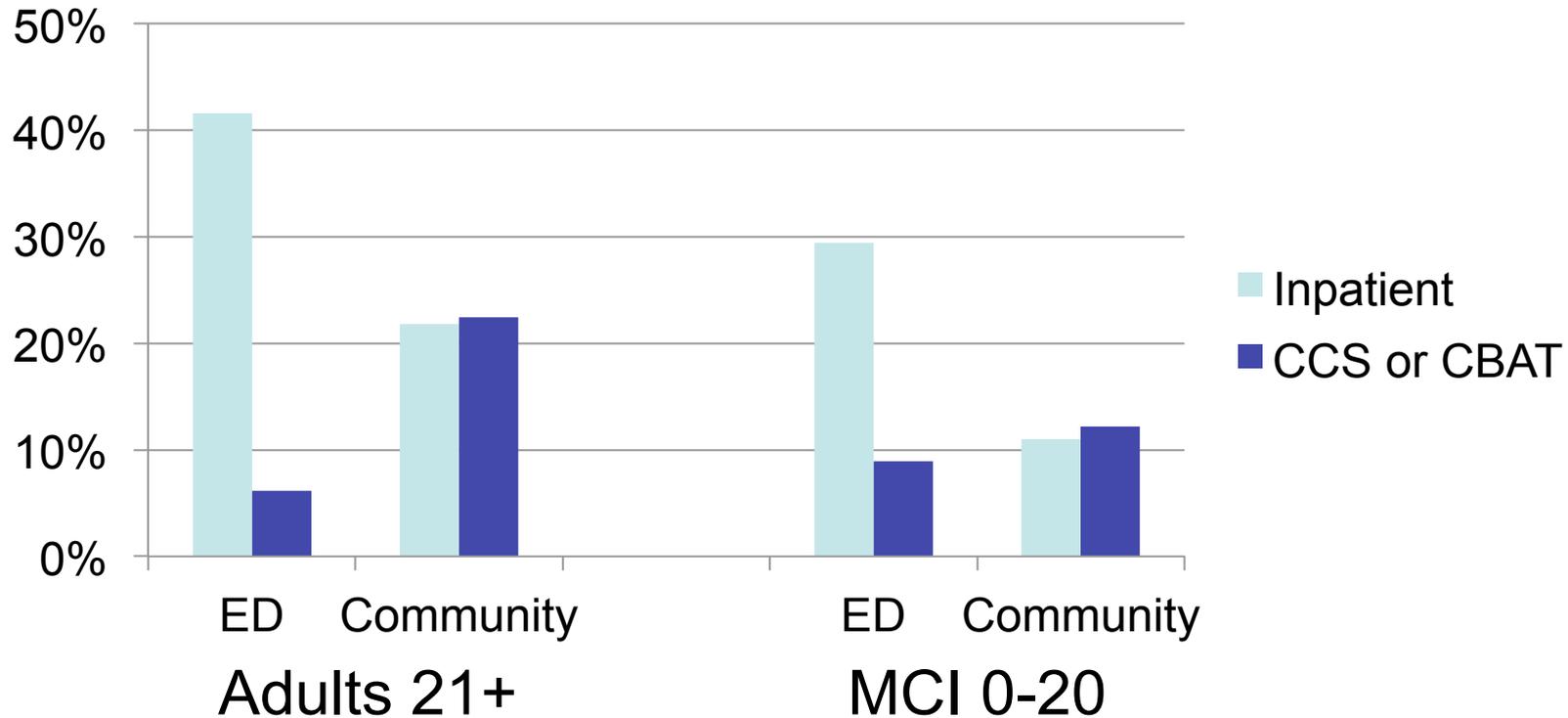
**Mean =255.95 days, Median =105.93 days.**

# Outpatient and Community-Based Services

- **We have an idea, but not a complete picture.**
- **DMH**
  - Community-based flexible supports that can serve 11,814 adults and youth at any one time
  - 37 Clubhouse Services
  - 24 Recovery Learning Communities
  - Caring Together – DMH-DCF joint residential services for youth
- **DPH Licensed Clinics**
  - 380 clinics providing at least some mental health services
- **Other services**
  - 39 partial hospitalization programs
  - 30 day treatment programs
  - 22 crisis stabilization programs
  - 42 emergency services programs
  - Unknown number of Independently licensed providers and integrated primary care providers

# Community-Based Crisis Intervention as a Preventive Strategy

## Inpatient Disposition by Location of Intervention



# What Has Happened Since Section 230 of Chapter 165 of Acts of 2014

- **State Study**

- DPH Health Planning Council

- **New Inpatient Capacity:**

- Private Inpatient Psychiatric Beds:

- ~180 planned for opening in CY 2015 in Middleborough, South Dartmouth, Belmont and Metro West
- ~100-120 additional being planned in Ayer and Worcester/Sturbridge areas by in 2016

- Continuing Care Beds:

- FY 2015 52 additional beds opened at Worcester Recovery Center

- **New CBAT Capacity:**

- Children's Hospital planning to add approximately 14 CBAT beds in Fall 2015

# What Has Happened Since Chapter 165, cont.

- **New Community-Based Capacity**
  - \$10 million to DMH;
  - 160 patients identified for CCF discharge; 61 have been discharged as of 3-15-15
  - Each DMH service area has worked to open up community slots by:
    - Identifying community step-down placements
    - Developing new group living environments
  - Bid for three new Program of Assertive Community Treatment (PACT) programs to handle 150 new clients in the community

# Identifying Recommendations

- We reviewed the work of groups before us including the MHAC and EOHHS Task Forces / Initiatives.
- Conversations with Task Force Members and other stakeholders including MBHP and Boston Children's Hospital.

# Framework

1. Flow, throughput and discharge planning
2. Outpatient and community care capacity
3. Inpatient capacity
4. Other?

# Flow, throughput and discharge planning

1. Legislation requires us to consider whether DMH should **implement policies that prioritize the readmission of patients who are discharged from continuing care facilities and subsequently require hospitalization within 30 days of their discharge.**
  - DMH reports that this was considered for the 160 patients identified for CCF discharge and is being done, to the extent it clinically makes sense.
2. Require appropriate staffing levels at all care facilities on the weekend that would facilitate new admissions and discharges.
  - Identified as a challenge when we reviewed the ED data.

# Outpatient and community care capacity

1. Direct state to conduct an analysis on outpatient capacity and demand to assess the robustness of the community system, in part to identify whether additional investment is necessary.
  - Reminder: expanding the number of community crisis stabilization units is a recommendation made to reduce ED boarding.
2. Increase awareness among all stakeholders of the available services that keep people healthier, preventing the need for more acute levels of care and that help people transition back to the community after discharge.

# Inpatient capacity

## – *To be discussed at 4-28 Meeting*

1. Direct state to monitor the impact of the new inpatient capacity available, especially with regard to impact on youth and ED boarders.
2. Identify whether additional capacity, or the conversion of existing capacity is necessary to specifically care for:
  1. Youth with pervasive developmental disorders (PDD)
  2. Forensic evaluations
  3. “Difficult to manage” patients

# Next Meeting

April 28<sup>th</sup>: 9:30 – noon: Topics will probably cover both charges and an initial review of recommendations

Location for all remaining meetings:

CHIA

501 Boylston Street

5<sup>th</sup> Floor, Newbury A & B

# Contact Information

For any questions contact:

Beth Waldman: [bwaldman@bailit-health.com](mailto:bwaldman@bailit-health.com) or  
781-559-4705

Megan Burns: [mburns@bailit-health.com](mailto:mburns@bailit-health.com) or  
784-559-4701

Joe Vizard: [joseph.vizard@state.ma.us](mailto:joseph.vizard@state.ma.us) or  
(new) 617-701-8313



# MBHP

Massachusetts Behavioral Health Partnership  
a Beacon Health Options company

## Inpatient Outcomes

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ESP Evaluations in ED vs.  
Community

# Data Set

**Data source:** Encounter forms submitted by Emergency Services Programs

**ESP/MCIs:** 21 statewide ESP/MCI programs  
17 MBHP and 4 DMH - managed ESP/MCIs

**Payers:** Contracted Payers

- Included: MassHealth, Medicare, Medicare/Medicaid, Uninsured, DMH only, Care Plus, One Care, Health Safety Net
- Excluded: Commercial, Commercial with Masshealth TPL ,Commonwealth Care & Other

**Date Range:** Feb 2014 - Jan 2015

**Age Range:** ESP Adults 21+, MCI 0-20 years

# Inpatient Disposition by Location of Intervention

<i>Adults 21+</i>	<i>Location of evaluation</i>	<i>Inpatient</i>	<i>CCS</i>
	ED	41.62%	6.18%
	Community-based	21.80%	22.47%

<i>MCI 0-20</i>	<i>Location of evaluation</i>	<i>Inpatient</i>	<i>(I)CBAT</i>
	ED	29.42%	8.97%
	Community-based	11.03%	12.18%

# Key Findings

- Adults who receive ESP services in a hospital ED are **twice as likely** to be admitted to inpatient mental health services than those seen in the community
- Adults who receive ESP services in the community are **3.5 times more likely** to be admitted to a community crisis stabilization program than those seen in the ED
- Youth who receive MCI services in a hospital ED are **2.6 times more likely** to be admitted to inpatient mental health services than those seen in the community
- Youth who receive MCI services in the community are **more likely** to be admitted to a community based acute treatment program

QUESTIONS?

Moira Muir, Vice President Network Management  
MBHP

[Moira.muir@valueoptions.com](mailto:Moira.muir@valueoptions.com)

THANK YOU!



**MBHP**

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