

# A CHA 5-YEAR LOOK-BACK ON ED UTILIZATION AND INPATIENT BED CAPACITY; BARRIERS TO QUALITY, COORDINATED CARE AND IMPROVEMENT OPPORTUNITIES

TRANSFORMING CHILDREN'S BEHAVIORAL HEALTH POLICY AND PLANNING

DECEMBER 3, 2025



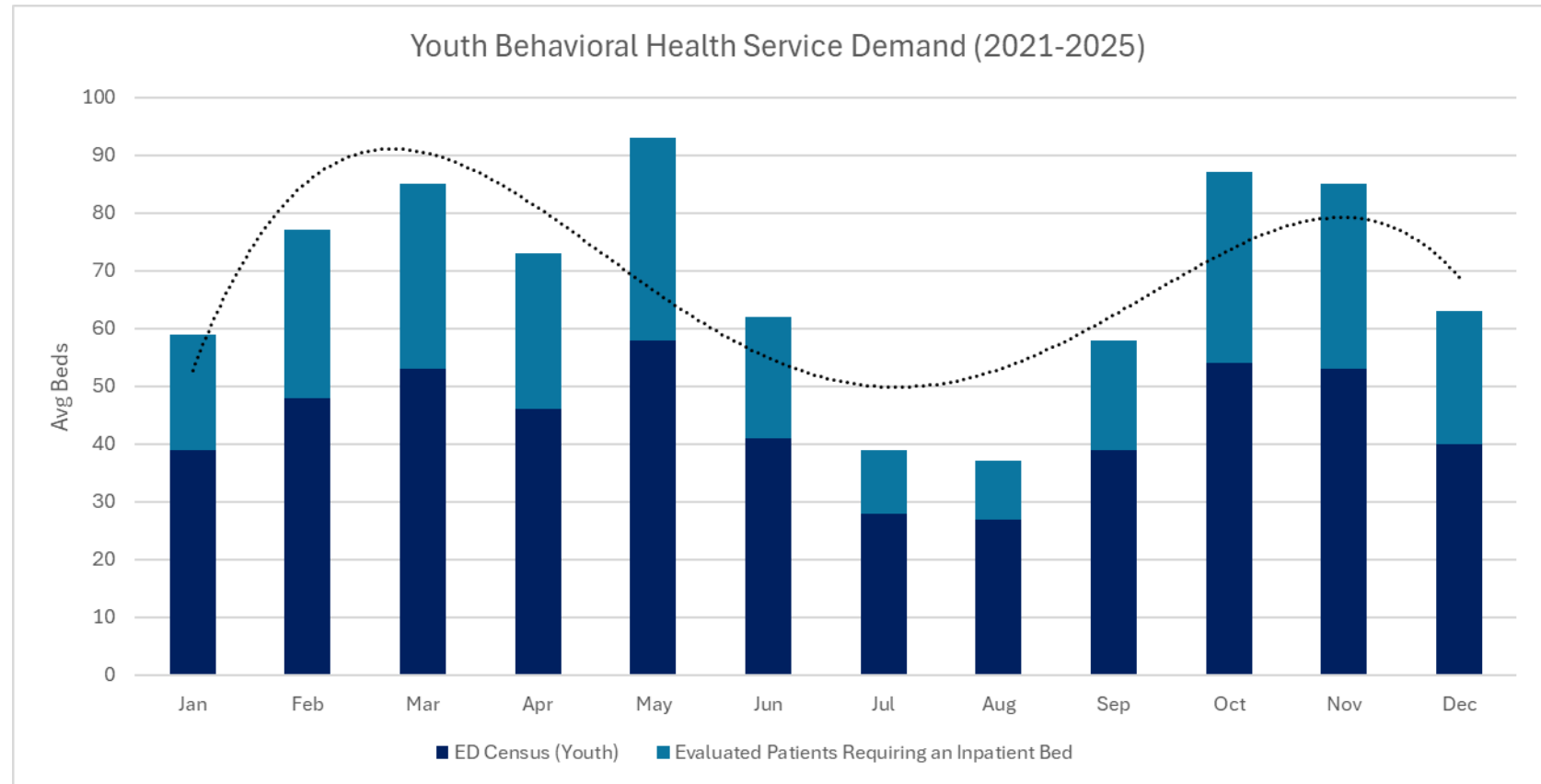
# 5-YEAR DATA COLLECTION EFFORT



- October 2021: Data Collection Begins
  - Response to significant number of child/adolescent patients presenting at emergency departments
  - Designed to meet need to identify available child/adolescent inpatient psychiatric beds
  
- Data Collection Outcomes
  - Daily identification of available child/adolescent psychiatric beds
  - Identified seasonality of ED usage
  - Highlighted system bottlenecks and access to care issues
    - High utilizers
    - Community-based care
    - Psychiatric Residential Treatment Facilities
    - School-based care
    - Mobile psychiatric services/urgent care centers

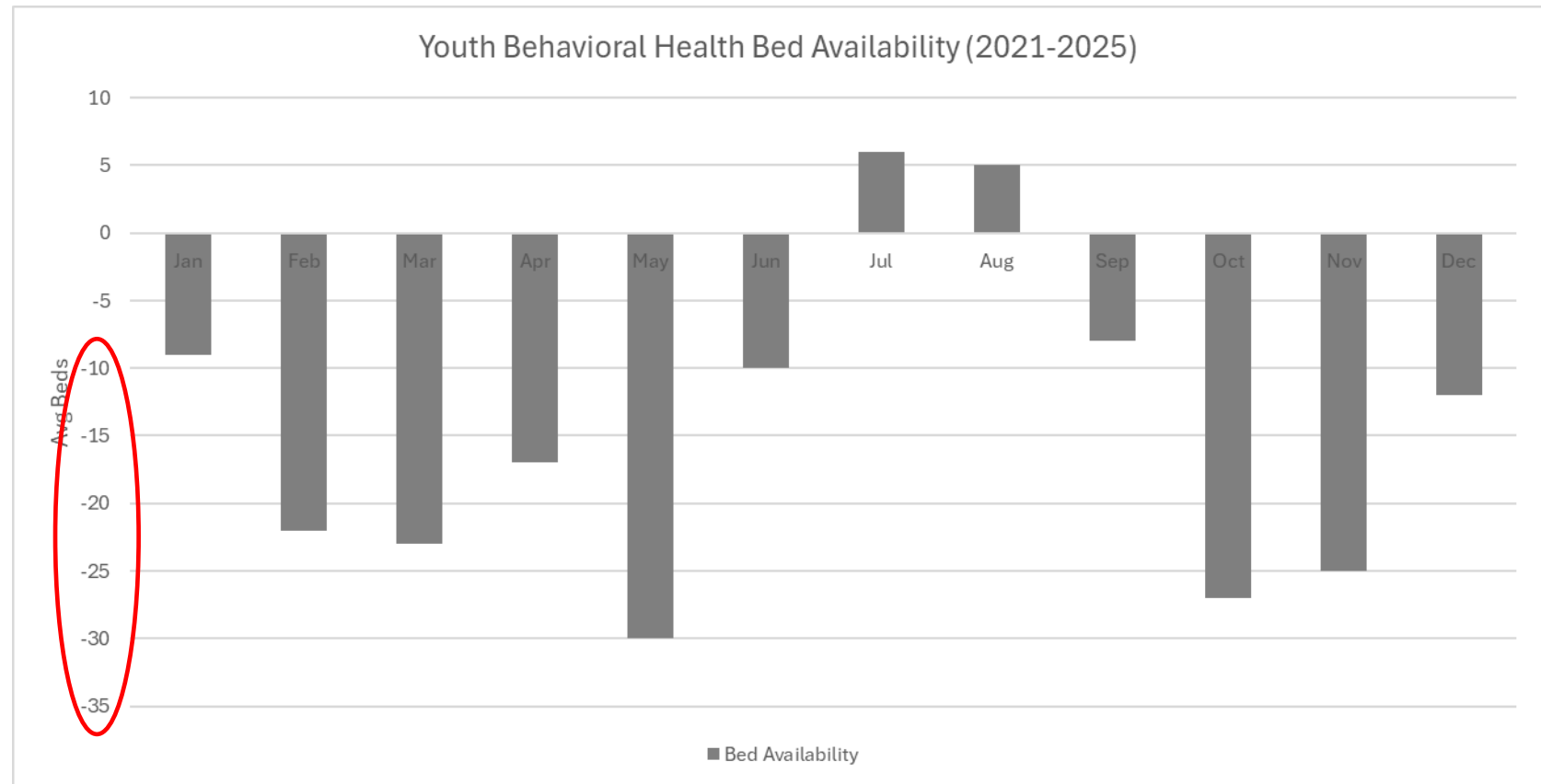
# DAILY BEHAVIORAL HEALTH DATA

Seasonality within youth behavioral health bed demand continues to be consistent and predictable



# DAILY BEHAVIORAL HEALTH DATA

- There is a lack of available beds most months for child or adolescent behavioral health patients
- On average, there is a shortage of approximately 14 beds



# BEHAVIORAL HEALTH INVESTMENTS



- The state has made investments in inpatient and outpatient care to reduce need, but patients continue to come through the EDs
- Last year (2024), there were 11,458 behavioral health-related ED visits for individuals under the age of 18
  - 44% came through a Children's Hospital (Connecticut Children's or Yale New Haven)
  - 68% were seen for Mood and Anxiety Disorders
  - Average time in ED was 26 hours compared to a medical or surgical average time of 3 hours in an ED
  - 66% were covered by Medicaid

# HOSPITAL UTILIZATION BY THE NUMBERS



Youth Utilization of Hospital Services (2024)					
Service		ED Visits	Median Time in ED (Hours)	Avg Time Spent in ED (Hours)	Inpatient Discharges
Behavioral Health	Adolescent (13-17)	8,078	12	27	2,342
Behavioral Health	Children (0-12)	3,380	6	24	848
<b>Total</b>		<b>11,458</b>	<b>10</b>	<b>26</b>	<b>3,190</b>
All Others	Adolescent (13-17)	56,643	3	3	3,296
All Others	Children (0-12)	178,599	2	3	11,719
<b>Total</b>		<b>235,242</b>	<b>2</b>	<b>3</b>	<b>15,015</b>

Behavioral health patients spend substantially more time in the ED than any other service line/medical need

# TOP BEHAVIORAL HEALTH NEEDS

Behavioral Health Diagnosis Group	ED Visits (2024)	% of Encounters
Adjustment Disorders	646	6%
Attention Deficit and Hyperactivity	461	4%
Autism Disorders	293	3%
Bipolar Disorders	107	1%
Eating Disorders	101	1%
Intentional Self-Harm	488	4%
Learning and Neurodevelopmental	199	2%
Mood Disorders, Episodic	4,088	36%
Mood Disorders, Recurrent	514	4%
Personality, Anxiety and Other Disorders	3,203	28%
Psychosis	194	2%
PTSD and Stress Related Disorders	473	4%
Substance Use Disorders	691	6%
<b>Grand Total</b>	<b>11,458</b>	<b>100%</b>

The majority of care can be attributed to Mood and Anxiety Disorders

# SUMMARY



- Youth behavioral health demand shows a highly seasonal pattern
- With perfect use, there is a shortage of approximately 14 beds across the state
- Overall, behavioral health patients spend far more time in emergency departments than their physical health med/surg counterparts
- A better view into hurdles toward care or post-discharge planning in the emergency department for these patients is needed to begin to test solutions



# POLICY CONSIDERATIONS



- Expand community-based and school-based services to all areas of the state
- Institute Medicaid reimbursement for care coordination initiatives, including collaborative care model (COCM) services and community care teams (CCTs)
- Access to billing codes that support specialized ED observation efforts
- Improved access to specialized beds
- Streamlined coordination of care and post-acute discharge planning