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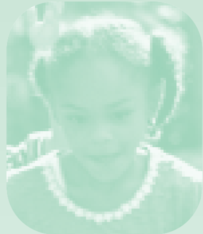
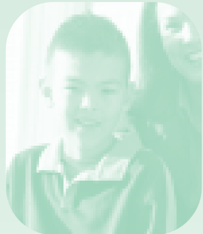
Neighborhood Health Plan of Rhode Island

issue briefs

Children's Behavioral Health | Emergency Room Utilization | Medicaid Managed Care





Bridging the Gap:

Solutions to Rhode Island's Crisis in Children's Behavioral Health Care

What's the problem?

Last year, more than 2,500 Rhode Island children and adolescents were hospitalized as a result of behavioral health disorders - the category of conditions that includes alcoholism and other forms of substance abuse, depression, anxiety, hyperactivity and other illnesses.

For many of these children, hospitalization is not the best option, but it is currently the only one. In the absence of appropriate alternatives for treatment in non-hospital settings, parents or guardians of kids in crisis often feel that the only place to turn is to a psychiatric hospital or an emergency room.

Even more troubling is what often happens next: a child who is hospitalized and then out of immediate danger a day or two later, often stays in the inpatient hospital, sometimes for weeks or months, because special supports and follow up treatment aren't available or can't be arranged in the community– which is often the case in Rhode Island.

- The Chief of Child and Adolescent Services at Bradley Hospital suggested in 2000 that on any given day up to 50% of the youth hospitalized at Bradley could be discharged if appropriate community-based services were available.

What's the impact?

These unnecessary hospitalizations and the lack of community-based alternatives have an obvious impact on young people and their families. They also have an impact on taxpayers, school systems, and the entire health care system.

- Hospitals find themselves unable to admit seriously ill children and adolescents, because they are filled with patients who can safely be discharged, but remain hospitalized until placement can be arranged in the community or services can be arranged at home.

- Health plans pay for increased hospital stays that are not medically necessary as opposed to shorter inpatient stays and less costly community-based care.

- Taxpayers pay for the health care of those children and adolescents who are in foster care or residential placement, many of whom suffer from behavioral health disorders, as well as for RIte Care enrollees.

- Reliance on high-cost inpatient services saps the resources dedicated to youth services at the expense of community prevention and intervention programs that could alleviate the need for these services.

- A 2001 Rhode Island Public Expenditure Council analysis indicated that the state spends on average $245,000 per child per year on psychiatric hospitalization. From 1993 to 2001, children's behavioral health expenses climbed 150%.

What are the solutions?

Recent innovations in Rhode Island, as well as models drawn from other states, point to successful strategies for reducing unnecessary hospitalizations by developing a more comprehensive continuum of community based behavioral services for children, adolescents and their families. These community-based services offer more appropriate alternatives to unnecessary inpatient hospital stays and provide the opportunity for children and families to receive services in their community at a substantially lower cost.

Neighborhood Health Plan of Rhode Island (NHPRI) joined forces in 2001 with Beacon Health Strategies, a managed care organization specializing in behavioral health, to create a new approach to managing the behavioral health care needs of RIte Care enrollees. Specifically, the goals of the partnership's system of care development work are to:

- Develop the full array of community-based behavioral health services that will meet the needs of children and families in their communities;

- Eliminate inappropriate inpatient admissions to psychiatric hospitals;

- Eliminate the practice of "medical boarding" patients - admitting patients with a psychiatric crisis into a regular hospital medical unit because no psychiatric bed is available;

- Reduce the lengths of stay for appropriate psychiatric admissions; and

- Reduce the number of hospital readmissions.

After close examination of the existing system, NHPRI/Beacon began an aggressive effort to develop the full array of community-based children's behavioral health services to meet the needs of children and families in their communities. Together we have implemented and expanded "continuum of care" provider systems designed to meet the set goals. Key services being developed within these systems include:

✓ Acute Residential Treatment Service (ARTS) – a community-based short-term hospital step-down or diversionary service that provides complete psychiatric evaluation and treatment on a 24-hour basis in a staff secure setting.

✓ Community Based Partial Hospital (PHP) – a community based psychiatric treatment alternative providing complete psychiatric evaluation and treatment in a structured therapeutic setting for children and adolescents who have a supportive environment to return to in the evening. PHP is available 6 to 8 hours a day, 5 to 7 days per week.

- ✓ Intensive Outpatient (IOP) – a clinically-intensive therapeutic service, similar to PHP, offering intensive treatment to children/adolescents who can be safely treated in a less intense setting than a PHP but require a higher level of intensity than is available in outpatient therapy. A traditional site-based IOP operates for a minimum of 3 hours a day, 3 to 5 days per week.
- ✓ Intensive Outpatient Without Walls (IOP without walls) – a non-traditional form of IOP which services members in their home/school/community with a mobile treatment capacity that "wraps around" members and their families 24 hours per day / 7 days per week.
- ✓ Psychiatric Response Network (PRN) - delivers psychiatric evaluation and treatment services to children and adolescents in the custody of DCYF who reside in any one of several residential programs in Rhode Island. PRN services include psychiatric evaluations, performed at the residential program site by board certified child/adolescent psychiatrists. In addition, these physicians and a clinical nurse specialist also provide follow-up medication management visits on site.
- ✓ Enhanced Outpatient Services (EOS) – clinical services provided by a team of a licensed therapist and a case manager either in office based settings or in members' homes. Providers offer rapid access to this service and are able to provide varying levels of service intensity to meet the unique needs of children and their families. This service may be used to assist a member who is transitioning from an inpatient stay or to prevent an admission.
- ✓ Pre-paid Urgent Visits Appointments - NHPRI/Beacon has contracted with Gateway and The Providence Center for pre-paid appointments to ensure ready access for urgent psychiatric evaluations.

What are the results?

Quality of care improvements and cost savings can already be attributed to the new approaches. For example:

New Service	Date Initiated	# Users / Time	Estimated Cost Savings
Acute Residential Treatment Services (ARTS)	10/01/04	27 / 7 months	$557,600
Enhanced Outpatient Services (EOS)	06/20/04	8 / 9 months	$554,500
Psychiatric Response Network (PRN)	07/01/04	37 / 8 months	$234,000

Conclusion

NHPRI/Beacon's efforts to develop a system of community-based care are enabling children and adolescents to successfully return from hospital to home and are preventing unnecessary hospital stays all together. By working with local providers, NHPRI and Beacon are able to bring their collective expertise to bear in supporting families and addressing the specialized needs of their children.

Member Story

A 9-year-old NHPRI member with autism, "Julia," had highly specialized behavioral health needs that warranted a hospital admission. Eventually, Julia's needs for hospitalization came to an end, but the family's needs for clinical and social supports were not easily arranged in the existing system of community based care; Julia remained in the hospital for nine months.

The family was desperate to have their child return home, but knew they needed help. Beacon Health Strategies and NHPRI began an aggressive effort to partner with the hospital and specialized community providers to create an aftercare plan that would transition Julia from hospital to home with needed supports.

A team of professionals with expertise in the treatment of autism was assembled and began to work with the family and the hospital treatment team to build an aftercare treatment service that would meet Julia's unique needs. This team worked to assist the family in installing some safety equipment in their home and to begin to create an environment that supported their child's healthcare needs while respecting the family's desire to maintain a normal home life.

This effort allowed the family to be reunited and supported Julia's opportunity to transition from hospital to home. The successful outcome is summed up best by the mom's testimony: "We never thought we would actually be able to bring her home…and now, thanks to you, we are able to be a family again!"

Please Note: In addition to the qualitative success, the other successful outcome measure is recognized in the Enhanced Outpatient Services cost savings listed in the chart. This case, and 7 similar ones, account for total cost savings of $554,500 in a 9-month period.

"We never thought we would actually be able to bring her home…and now, thanks to you (NHPRI and Beacon), we are able to be a family again!"