Caring For Previously Hospitalized Consumers: Progress and Challenges in Mental Health System Reform

A presentation to the Joint Legislative Program Evaluation Oversight Committee

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Mental Health Services: Evaluation Purpose

- Examine mental health system services delivered since March 2006
- Provide an independent analysis of data
- Focus on previously hospitalized individuals
- Test the ability of reform to maintain individuals in the community
Evaluation Team

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**Mental Health Services: Evaluation Overview**

- Tenets of reform are on target, but improvements are still needed

- The Division of Mental Health, Developmental Disabilities and Substance Abuse should:
  - Develop individualized information systems to track services
  - Continue efforts to strengthen community-based services
Mental Health Services: Scope and Background
Evaluation Scope

• Examine services received since March 2006
  ➢ Previously hospitalized individuals
  ➢ More severely ill, high-risk consumers are likely more costly to serve
  ➢ Important role of community-based services after discharge

• Address research questions
  ➢ What outpatient and hospitalization services were received by previously hospitalized consumers?
  ➢ What factors affected services received?

Report p 2
Background: Care for Individuals with Mental Illness

Intensity of Illness

Community-Based Services

Community Hospital Psych Unit

State Psychiatric Hospital

Report p 3
Background: Care for Individuals with Mental Illness

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Report p 3
Federal Funds Cover a Large Proportion of Community-Based Services

Evaluation Sample: Claims Paid in Calendar Year 2007

Hospitalization (Total Claims $71,369,693)
- Federal Medicaid, $13,243,899 (19%)
- State Medicaid, $7,449,693 (10%)
- State, $50,676,101 (71%)

Community-Based Services (Total Claims $160,380,826)
- Federal Medicaid, $94,042,356 (59%)
- State, $13,339,644 (8%)
- State Medicaid, $52,898,826 (33%)

Note: Medicaid costs based on assumption of 36% state share in Calendar Year 2007
Background: Assumptions Based on Goals of System Reform

Hospitalization rates should reflect...

1. Low rehospitalization overall.
2. Relatively longer stays (of more than a week) in state hospitals.
Background: Assumptions Based on Goals of System Reform

Community-based services should...

1. Be more accessible after discharge from community hospitals.
2. Be linked to less rehospitalization.
3. Include high-intensity care.
4. Be available in each Local Management Entity’s catchment area.

Report pp 1, 5
Evaluation Method: Data Sources

1. Medicaid and state electronic claims data
2. Survey of Local Management Entities administrators (N = 24)
**Evaluation Method: Sample**

- **Sampling Criterion:**
  - Calendar Year 2006
  1 or more hospitalizations

- **Four facility types**
  - State psychiatric hospitals
  - State Alcohol & Drug Addiction Treatment Centers (ADATCs)
  - Private psychiatric hospitals
  - Community hospital psychiatric units
Evaluation Method: Sample

Sampling Criterion:
1 or more hospitalizations

Calendar Year 2006

Four facility types
- State psychiatric hospitals
- State Alcohol & Drug Addiction Treatment Centers (ADATCs)
- Private psychiatric hospitals
- Community hospital psychiatric units

Calendar Year 2007

Outcomes:
- Services received

Outcomes
- Rehospitalization
- Community-Based Outpatient Services

Outcomes
- Services received

Calendar Year 2006

Four facility types
- State psychiatric hospitals
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Calendar Year 2007

Outcomes:
- Services received

Outcomes
- Rehospitalization
- Community-Based Outpatient Services
Evaluation Method: Sample

22,516 previously hospitalized consumers with mental health and/or substance abuse disorders

- 7% of total served in 2006
- 22% children under 21 years of age
- 60% White, 35% Black
- Similar to total served except fewer children
Evaluation Sample: Diagnoses

- Mental Health Only (11,269, 50%)
- Dual Diagnosis (6,126, 27%)
- Substance Abuse Only (5,121, 23%)

n = 22,516

Report p 7
Mental Health Services: Findings
Findings: Hospitalization

Assumption: Reduced rates of rehospitalization

- 21% were rehospitalized in 2007
  - Consumers who had multiple 2006 hospitalizations were more likely to be rehospitalized in 2007

Report pp 9-10
Findings: Hospitalization

Assumption: State psychiatric hospitals reserved for consumers who need longer stays

- Short stays of a week or less were common in state hospitals
- In this sample, 42% of rehospitalizations of a week or less were state hospitals

Report pp 9-10
Findings: Community-Based Services

Assumption: Community-based services should be more accessible after discharge from community hospitals

- There was better follow-up after discharge from community hospitals (69%)
- However, only half of those discharged from state hospitals got follow-up

Report pp 11-14
Findings: Community-Based Services

<table>
<thead>
<tr>
<th>Facility</th>
<th>Received Outpatient Follow-Up</th>
<th>Did Not Receive Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADATC (n=2,700)</td>
<td>41%</td>
<td>59%</td>
</tr>
<tr>
<td>State Psychiatric Hospital (n=10,866)</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Community Hospital Psych Unit (n=8,042)</td>
<td>69%</td>
<td>31%</td>
</tr>
<tr>
<td>Private Psychiatric Hospital (n=908)</td>
<td>81%</td>
<td>19%</td>
</tr>
</tbody>
</table>
Findings: Community-Based Services

Assumption: Community-based services linked to reduced hospitalization

دقوس: Those who got outpatient services were more likely to be rehospitalized

• However, only half of consumers with a history of one hospitalization received follow-up services

Report pp 11-14
Findings: Community-Based Services

Assumption: High-intensity services for high-risk consumers

- Most services received were low intensity
- Low-intensity services were far more frequent than high-intensity
- Just over one-half (54%) saw a psychiatrist

Report pp 14-16, 17-21
Findings: Community-Based Services

**Assumption:** Services should be available in each Local Management Entity

- LMEs still struggled to serve high-need consumers
  - Insufficient crisis services
  - Shortage of substance abuse treatment
  - Only five LME administrators reported sufficient access to psychiatric services
Mental Health Services: Recommendations
Recommendation 1. Pursue electronic health records to track individuals across facilities and service providers

- Electronic Health Records
  - Better tracking of individual-level care
  - More complete system data

Report pp 21-22
Recommendation 2. Continue to focus on increasing capacity and quality of community-based services

- More access to high-intensity services, especially crisis
- More beds in community hospitals
- Need better follow-up
  - Discharges from state facilities
  - Consumers who may be relatively less severely ill (history of one vs. multiple hospitalizations)

Report pp 22-23
Mental Health Services: Summary

- The tenets of reform appear on track
- The Division concurs with recommendations

- There is still a need for:
  - Individualized data
  - Wider access to services, especially crisis
  - More attention to follow-up:
    - Discharges from state facilities
    - For all consumers
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