

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?**

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Background: Care for Individuals with Mental Illness

Intensity of Illness



Community-Based
Services



Community Hospital
Psych Unit



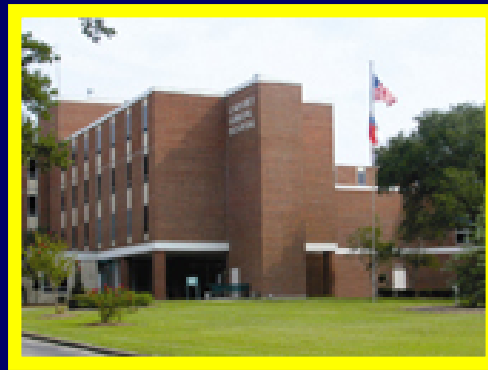
State Psychiatric
Hospital

Background: Care for Individuals with Mental Illness

Intensity of Illness



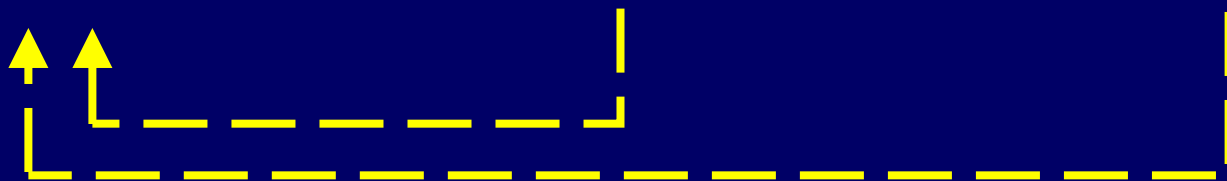
Community-Based Services



Community Hospital Psych Unit



State Psychiatric Hospital

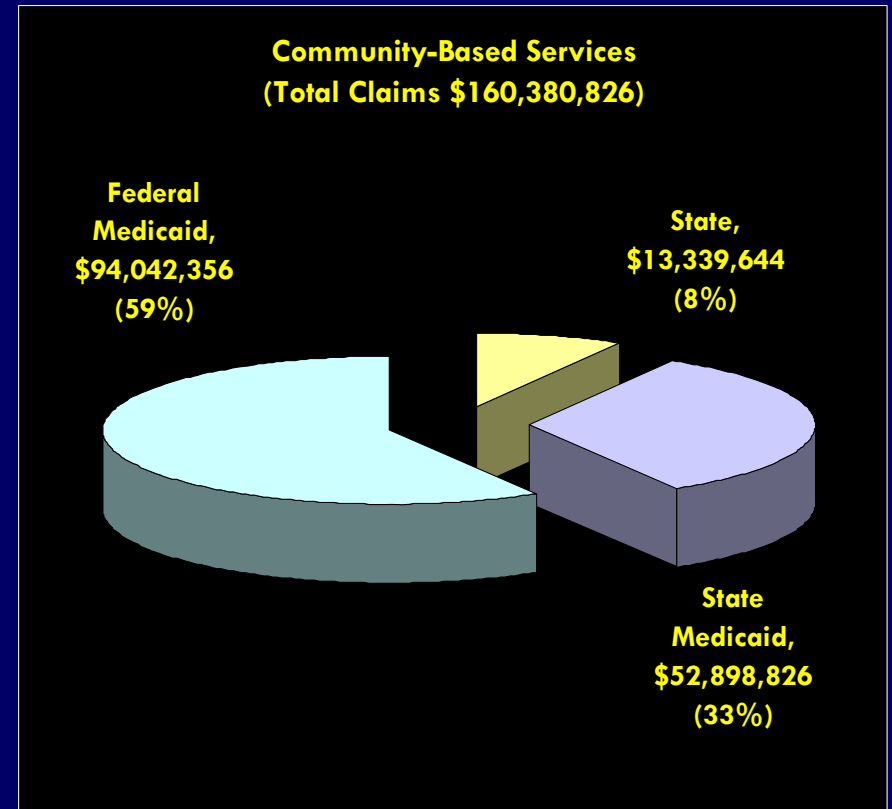
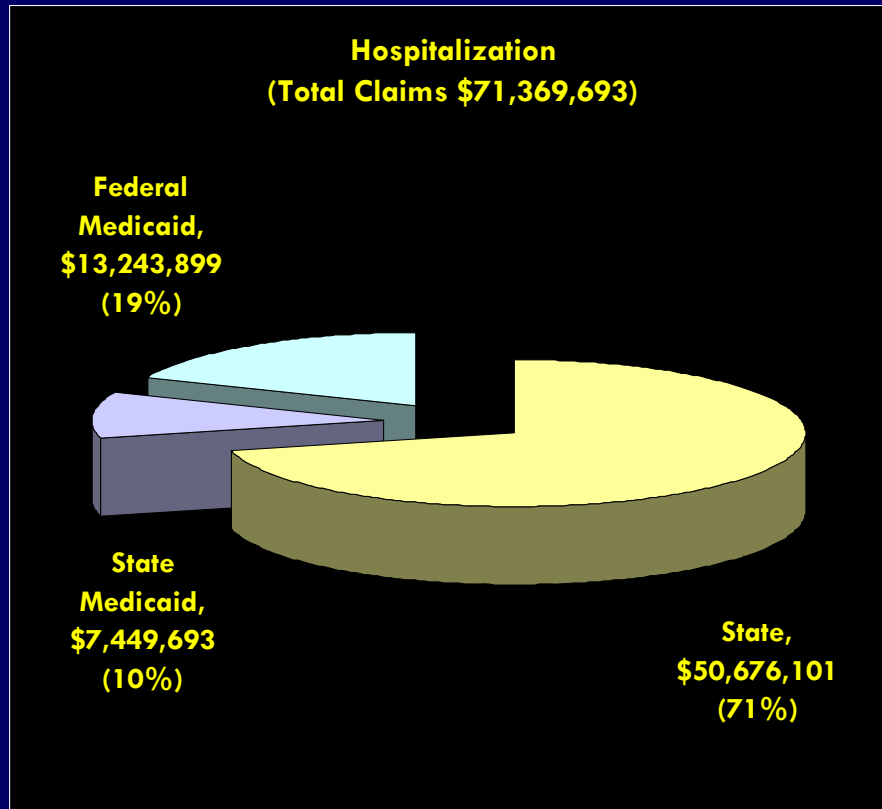


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Federal Funds Cover a Large Proportion of Community-Based Services

Evaluation Sample: Claims Paid in Calendar Year 2007



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.

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Background: Assumptions Based on Goals of System Reform

Community-based services should...

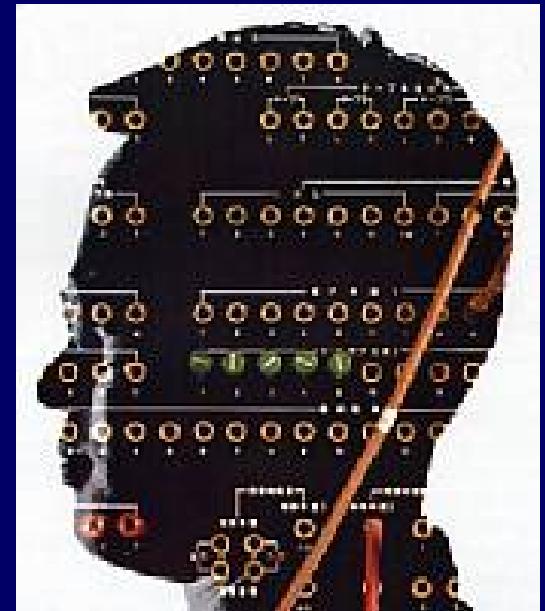
- 1. Be more accessible after discharge from community hospitals.**
- 2. Be linked to less rehospitalization.**
- 3. Include high-intensity care.**
- 4. Be available in each Local Management Entity's catchment area.**

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Evaluation Method: Data Sources

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



Evaluation Method: Sample

Calendar Year 2006

Sampling Criterion:
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

Calendar Year 2006

Sampling Criterion:
1 or more hospitalizations

Four facility types

- State psychiatric hospitals
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- Private psychiatric hospitals
- Community hospital psychiatric units

Calendar Year 2007

Outcomes:
Services received

Outcomes

- Rehospitalization
- Community-Based Outpatient Services



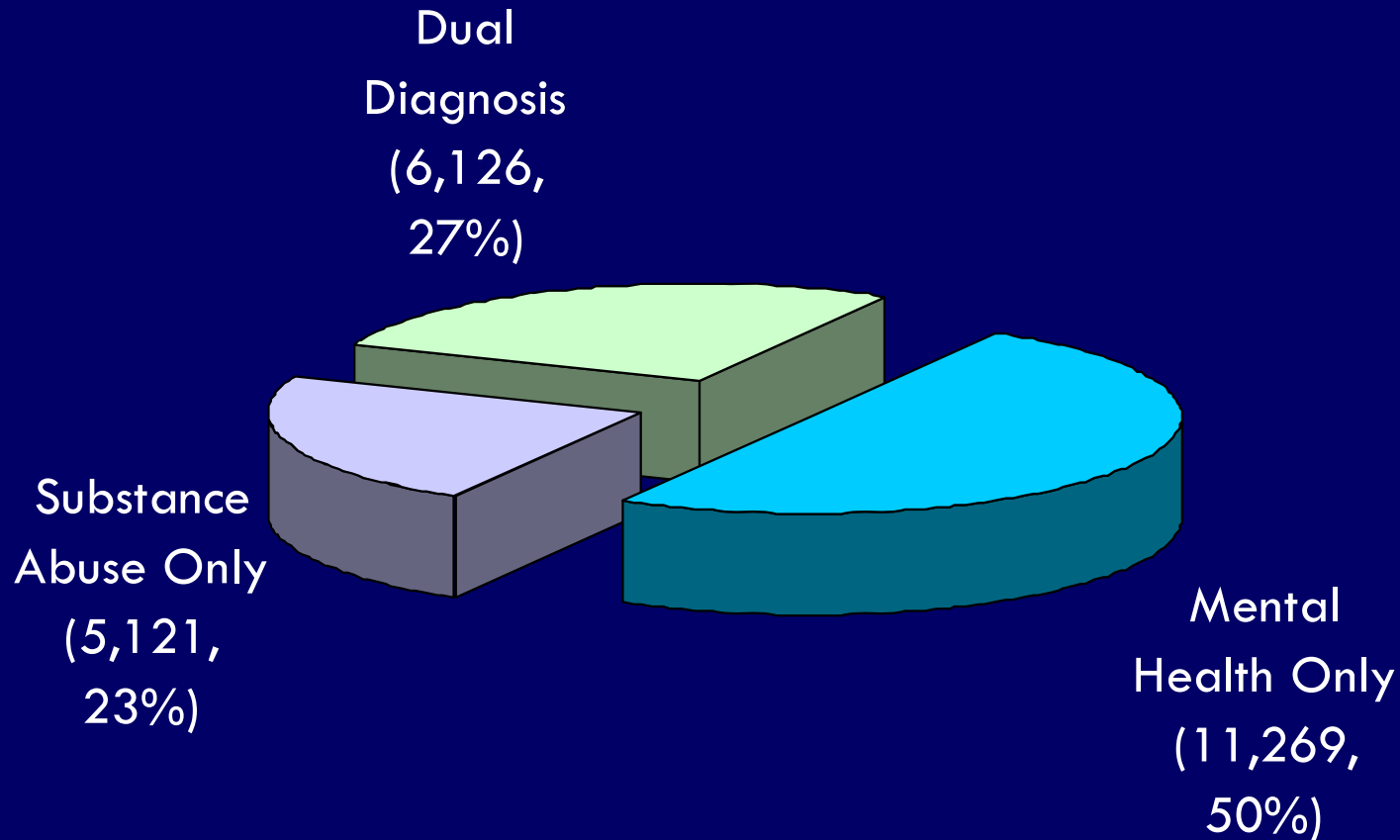
Evaluation Method: Sample

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



n = 22,516

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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**

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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**



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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%)

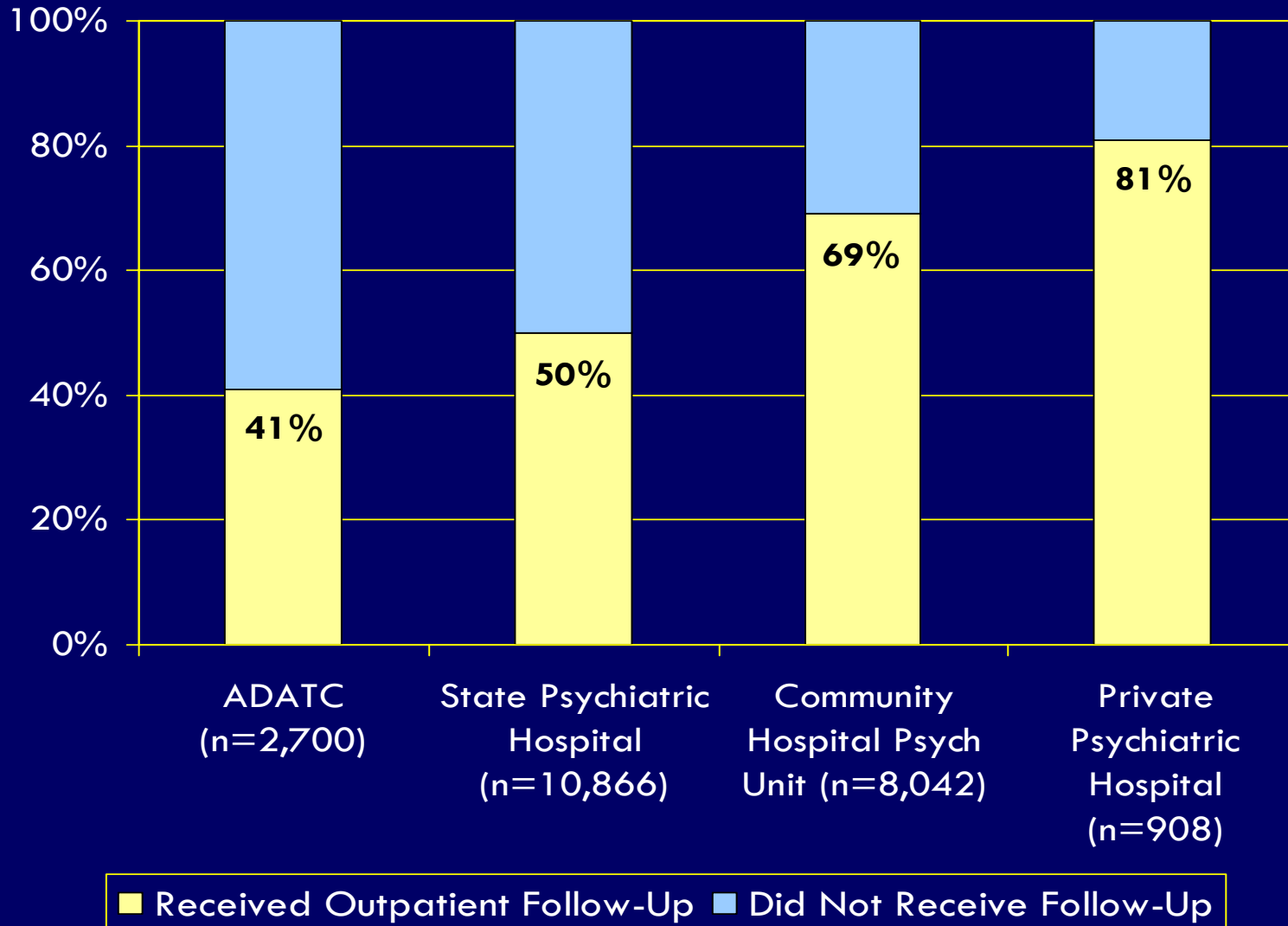
- **However, only half of those discharged from state hospitals got follow-up**



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Findings: Community-Based Services



Findings: Community-Based Services

Assumption: Community-based services linked to reduced hospitalization

👉 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**



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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**



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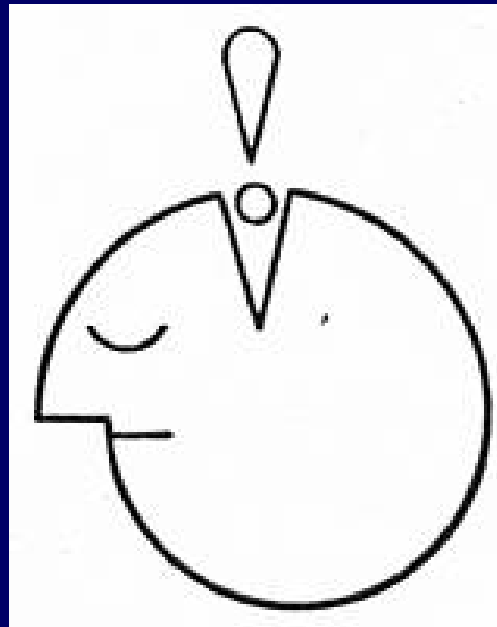
Findings: Community-Based Services

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**



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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)**

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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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Full Report & Presentation available at
<http://www.ncleg.net/PED/Reports/Topics/Health.html>

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