USE OF EMERGENCY DEPARTMENTS
FOR MENTAL HEALTH CARE
FOR CONNECTICUT'S CHILDREN

A RISING TIDE

REPORT TWO:
STATEWIDE UTILIZATION
2001-05

Child Health and Development
Institute of Connecticut, Inc.
www.chdi.org

A RISING TIDE

USE OF EMERGENCY DEPARTMENTS FOR MENTAL HEALTH CARE FOR CONNECTICUT'S CHILDREN

REPORT TWO: STATEWIDE UTILIZATION 2001-05

Prepared by:

Human Services Research Institute,
Cambridge, MA

Virginia Mulkern, Ph.D.
Nilufer A. Isvan, Ph.D.
Deborah A. Potter, M.A.
Nicholas Huntington, M.A.

For the Child Health and Development Institute of Connecticut
Funded by the Connecticut Department of Children and Families

The Child Health and Development Institute of Connecticut is a not-for-profit organization dedicated to the mission that children in Connecticut who are disadvantaged have access to and make use of a comprehensive, effective, community-based health and mental health care system.

The Human Services Research Institute develops policies and undertakes research, development, and evaluation projects in the fields of developmental disabilities, physical disabilities, mental health, and child welfare.

For additional copies, call 860.679.1519
or visit www.chdi.org or www.state.ct.us/dcf

Child Health and
Development Institute
of Connecticut, Inc.

A Rising Tide:

Use of Emergency Departments for Mental Health Care for Connecticut's Children

Report Two: Statewide Utilization 2001-05

May 2007

Table of Contents

List of Figures

List of Tables

List of Figures in the Appendix

List of Tables in the Appendix

Introduction

According to a recent survey by the Centers for Disease Control and Prevention (CDC), the national volume of emergency room (ED) visits increased by 23% between 1994 and 2003. The increase was due both to population increase and to increased rates of ED utilization.[1]

On the whole, the Connecticut trend has mirrored the national trend. Based on a recent analysis of ED utilization patterns in the state, the Connecticut Hospital Association (CHA) reports that the total volume of ED visits increased by 15% between 1995 and 2004. This volume increase is almost entirely attributable to an increase in the rate of ED visits, as opposed to an increase in population. Hospital closures over the past two decades, coupled with increased utilization, created a growing burden on the state's medical emergency services.

Among children coming to Connecticut's EDs, the largest volume increase during 1995-2004 was observed in the 10-14 age group (19%), closely followed by the 15-19 age group (15%). The volume of visits decreased for the birth-9 age group.[2]

Against this backdrop of increases in overall ED utilization, this report examines ED utilization specifically for behavioral health crisis services for children during the period 2001-05. This report comes at a time when the increased volume of pediatric behavioral health emergencies, and shortfalls in the availability of medical and community services to effectively manage them, are attracting national attention and policy focus. For example, a recent policy statement jointly issued by the American Academy of Pediatrics and the American College of Emergency Physicians observes that:

> EDs play a critical role in the evaluation and management of child and adolescent patients with mental health emergencies. Community mental health resources have diminished and, in some regions, even disappeared through inpatient bed shortages, private and public health insurance changes, reorganization of state mental health programs, and shortages of pediatric-trained mental health specialists. These changes have resulted in critical shortages of inpatient and outpatient mental health services for children. The ED has increasingly become the safety net for a fragmented mental health infrastructure in which the needs of children and adolescents, among the most vulnerable populations, have been insufficiently addressed.[3]

By some accounts, the problem reached epidemic proportions by 2000.[4] The factors contributing to this increase in ED utilization include: (a) decreased hospital lengths of stay, (b) shortages of psychiatric hospital beds, and (c) closing of residential treatment facilities, safe homes, and detention centers,[5] without a sufficient expansion of the array of intensive community-based services needed to support children remaining in their own homes, schools, and communities.

To better understand the nature and extent of the problem of the use of EDs for mental health care for children, the Child Health and Development Institute of Connecticut (CHDI) undertook a two-part study. The first report, released in January, examined ED visits for psychiatric purposes made by children and youth enrolled in HUSKY A, the state's Medicaid program, between 2002 and 2005 (using the Department of Social Services' HUSKY data).

This second report describes the volume and distribution of pediatric behavioral health ED visits for children with a primary psychiatric diagnosis who were seen in the EDs of *all* acute care hospitals throughout the state over the time period 2001 through 2005.

The Department of Children and Families (DCF) funded this work through a contract with CHDI. The research was conducted by the Human Services Research Institute.

This report has three main sections: one examining the characteristics of children's behavioral health ED visits, a second looking at trends in the visits over time, and a third describing data collected through a small number of interviews with parents and providers. The appendix provides detailed tables for those interested in more information.

Source of Data

Data analyzed for this report come from 31 short-term acute care hospitals in Connecticut. These hospitals provide a wide range of services, including specialized pediatric emergency services offered at Connecticut Children's Medical Center (CCMC), Yale-New Haven Hospital, and Day Kimball Hospital. Table A.1 in the Appendix contains summary profiles of the hospitals and Figure A.1 indicates their locations on a map of Connecticut.

Information on ED visits made by children up to age 18 from 2001 to 2005 with a primary diagnosis related to behavioral health were extracted by CHA from its Connecticut Hospital Information Management Exchange (CHIME) hospital database to provide the basic data for this report.

The data were grouped by combinations of discharge year, hospital, patient's age group, patient's town, pay source, and disposition at discharge. Since Sharon Hospital was restructured in 2004, its records for that year do not represent a full year's activities. The 2004 data for this hospital were therefore eliminated from the dataset.

To facilitate statistical analysis, the grouped data were restructured by creating a single record for each visit containing all of the above information associated with the visit. The resulting dataset contains information on a total of 48,587 ED visits by children up to age 18 experiencing a behavioral health crisis during the period of 2001-05.

The dataset was further enhanced by merging information about the DCF regions and sub-regions for all patients from Connecticut towns, an indicator of out-of-state status for all non-Connecticut patient towns, the distance between the patient's town and the hospital visited, the total population up to age 18 in the patient's town from the 2000 Census,[6] age-specific census annual population estimates for the period 2001 to 2005,[7] and Census Bureau data on rates of health insurance coverage.[8] This additional information was incorporated into the analysis.

Findings

Characteristics of ED Visits

Summary of Key Results

- Behavioral health visits were reported at a volume of 11 visits per 1,000 children per year
- 86% of behavioral health visits were by children age 11 or older
- 41% of those visits were paid by Medicaid
- 51% were covered by private insurance
- Medicaid enrollees were much more likely to utilize the ED
- Children utilizing EDs were widely distributed across the state, with an under-representation of children in the southwestern part of the state
- Yale-New Haven Hospital and CCMC accounted for nearly one quarter of ED visits in the state (more than 11,000)
- Discharge to outpatient care constituted 75% of all visit dispositions, with 24.5% of visits resulting in inpatient or institutional care

In this section, we provide descriptive information on ED visits made by children with a behavioral health primary diagnosis and examine the characteristics of these visits in terms of the age of the child presenting at the ED, the payor for the visit, the geographic location of the visit, and the discharge disposition resulting from the visit.

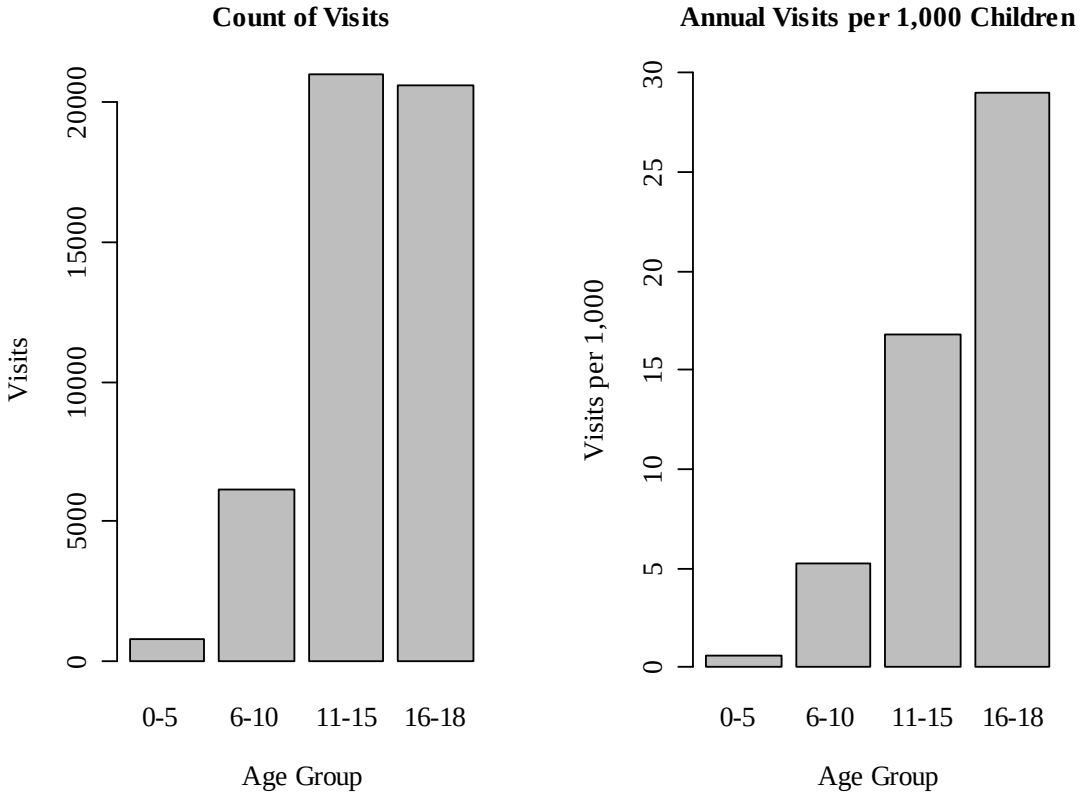
Volume of Visits

During the period 2001-05, there were 48,587 ED visits by children with a behavioral health primary diagnosis. The child population of Connecticut during this period was roughly 884,000, working out to an annual rate of 11 visits per 1,000 children. There is no national figure adjusted for age and diagnosis for this period.

Age of Patient

ED visits were not evenly distributed by age. Figure 1 below shows the breakdown of visits by patient age. The left side of the figure shows the count of visits, while the right side presents rates adjusted for the age structure of Connecticut's child population.

Figure 1. Children's ED Behavioral Health Visits by Age of Patient



Source: Appendix, Table A.2.

The vast majority of visits (86%) are by children age 11 or older. The annual rate of visits per 1,000 children increases steadily from less than one visit for the preschool children to 29 for the late adolescents. This pattern is the opposite of that found for ED visits as a whole in Connecticut, where the rates are higher among the younger children.[9]

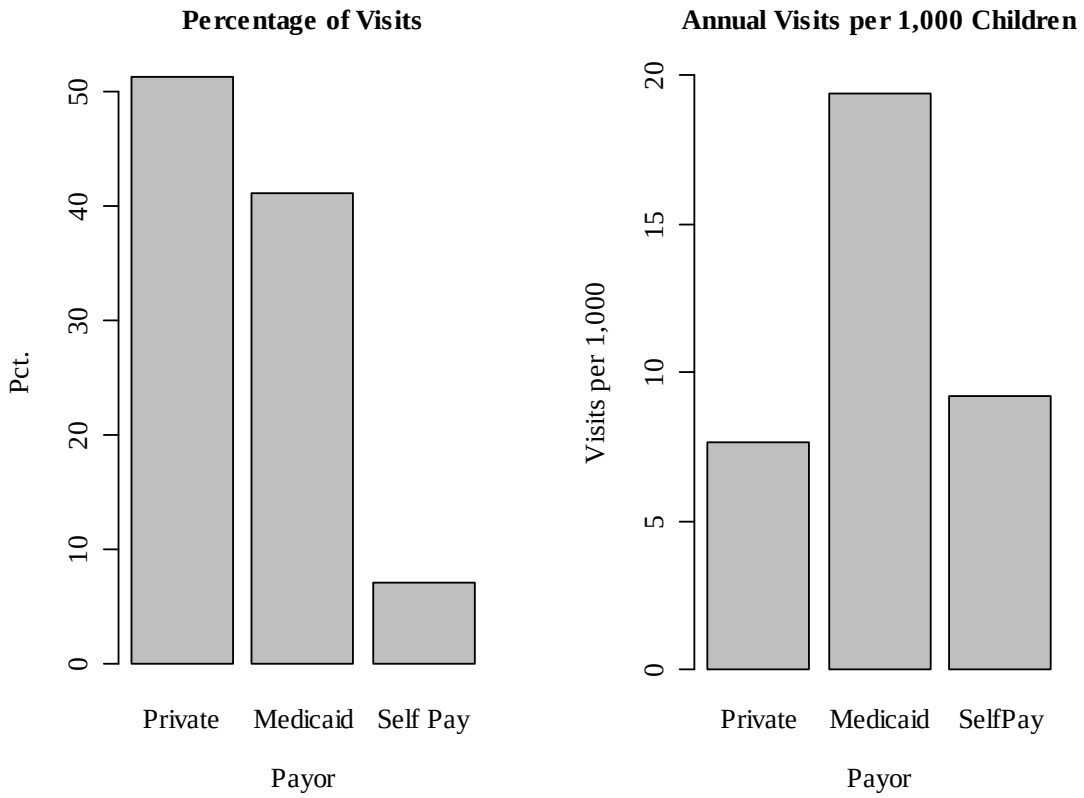
Source of Payment and Hospitals' Safety-Net Burden

Based on the 2003 national hospital survey, the CDC estimates that 40% of children's ED visits in the United States are paid for by private insurance, 40% are paid for through Medicaid or the State Children's Health Insurance Programs (SCHIP), 10% percent are self-paid, and 10% are paid for through other sources.[10]

Figure 2 below shows the distribution of payment sources for the CHIME data on children's behavioral health ED visits in Connecticut. Payment sources other than the three represented in the figure amounted to less than one percent of all visits for all five years, and were therefore excluded

from the figure. As with the figure above, the left side of the figure shows raw counts of visits, while the right side shows rates per 1,000 children with the differing types of insurance.

Figure 2. Children's ED Behavioral Health Visits by Payment Source



Source: Appendix, Table A.3.

Comparing the distribution of visits on the left side of the figure with children's ED visits at the national level suggests that the share of private insurance as pay source is higher in Connecticut than the national level (51.38% as opposed to 40.0%), while the share of self-pay is slightly lower than the national figures (7.1% as opposed to 10%). The Medicaid share is similar to the national level (41.1% as opposed to 40.0%).

The right side of the figure illustrates that Medicaid enrollees are much more likely to use the ED than those with private insurance or those without insurance. Researchers examining national data on overall ED use have found similar patterns. One recent study found Medicaid enrollees to have roughly twice the ED use of the uninsured and approximately four times the use of the privately insured, on a per-capita basis.[11] Detailed Connecticut figures are available in the Appendix, Table A.3.

The large volume of behavioral health ED visits combined with the high proportion of visits that were self-paid or covered through Medicaid is likely to be an indication that some parents or guardians are using the ED as a "safety-net" service for their children's behavioral health care. Vulnerable sectors of the population such as the uninsured, underinsured, and/or those living in poverty may regard the ED as their only option for access to health care. The amount of care that a hospital provides for this category of cases is generally referred to as the hospital's "safety-net burden." A CDC study of

ambulatory care utilization among the nation's hospitals defines a "safety-net burden hospital" as one that meets at least one of the following three conditions:

1. The proportion of ED visits paid by Medicaid exceeds 30%
2. The proportion of ED visits that are self-paid exceeds 30%
3. The total share of Medicaid and self-paid visits exceeds 40% [12]

Visits by uninsured or Medicaid patients are considered a "burden" in the sense that these are the visits for which hospitals are least likely to be adequately compensated for their services. Furthermore, the vulnerable populations represented by these two categories of patients "tend to have more diverse needs and less access to primary care and specialty physicians."[13]

During all of the five years under study, the share of Medicaid patients among children's behavioral health visits to EDs was above 30% and the total share of Medicaid and self-paid visits exceeded 40% (Appendix, Table A.3). This suggests that Connecticut's EDs carry a significant safety-net burden in the area of children's behavioral health care.

From a policy perspective, it is useful to investigate how this burden is shared among the state's hospitals. Table 1 on the page that follows classifies Connecticut hospitals into two groups:

1. Hospitals with a low safety-net burden for children's behavioral health care. These are hospitals that did not meet any of the above three criteria for three or more of the five years and/or had a relatively low number of visits (less than 1,000 from 2001-05);
2. Hospitals with a Medicaid burden for children's behavioral health care. These are hospitals that met criterion 1 above for at least three of the five years and had a relatively high number of visits (more than 1,000 for 2001-05).

Table 1. Hospitals Classified by Safety-Net Burden

SAFETY-NET STATUS	HOSPITAL NAME
Low Safety-Net Burden	Bradley Memorial Hospital and Health Center Danbury Hospital Greenwich Hospital Griffin Hospital John Dempsey Hospital Johnson Memorial Hospital Milford Hospital New Milford Hospital Norwalk Hospital Rockville Hospital Saint Mary's Hospital Sharon Hospital The Stamford Hospital Windham Community Memorial Hospital
Medicaid Burden	Bridgeport Memorial Hospital Bristol Hospital Connecticut Children's Medical Center Day Kimball Hospital Hartford Hospital Hospital of Saint Raphael Lawrence & Memorial Hospital Manchester Memorial Hospital Middlesex Hospital Midstate Medical Center New Britain Hospital Saint Francis Hospital & Medical Center St. Vincent's Hospital The Charlotte Hungerford Hospital The William W. Backus Hospital Waterbury Hospital Yale-New Haven Hospital

Source: Appendix, Table A.4.

More than half of Connecticut's hospitals are carrying a Medicaid safety-net burden by these criteria, indicating that this is a widespread, system-level issue rather than an isolated condition for particular hospitals.

To investigate how children with insufficient access to a medical safety net were geographically distributed across the state, the above analysis was repeated for patients' areas of residence. Patients' towns were grouped into regions and sub-regions as defined by DCF. Table 2 below summarizes the analysis by classifying sub-regions into categories depending on the safety-net burden associated with the children residing within their service area.

Table 2. DCF Sub-Regions Classified by Safety-Net Burden

SAFETY-NET STATUS	SUB-REGION OF PATIENT'S TOWN
Low Safety-Net Burden	Danbury, Norwalk, Stamford
Medicaid Burden	Bridgeport, Hartford, Manchester, Meriden, Middletown, New Britain, New Haven, Norwich, Torrington, Waterbury, Willimantic

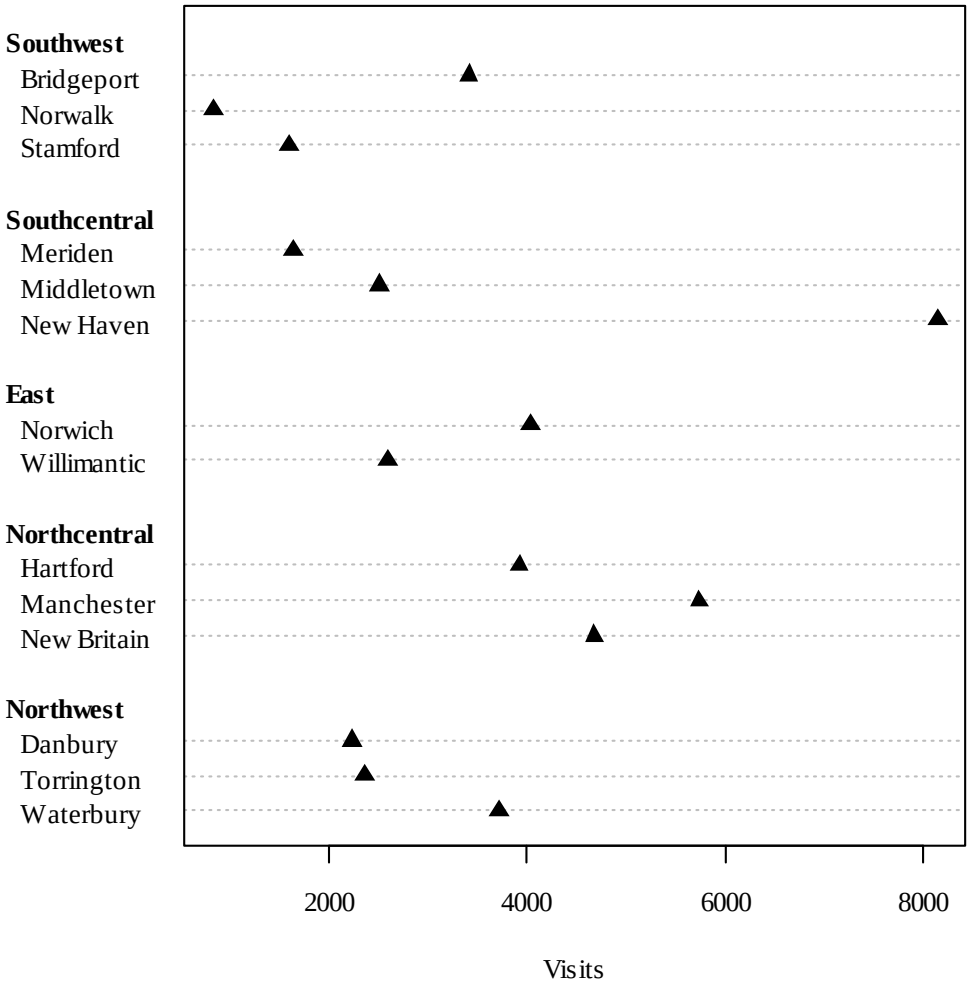
Source: Appendix, Table A.5.

All the DCF sub-regions except three located in the southwestern corner of the state meet the CDC criteria for high safety-net burden, reinforcing the interpretation that the level of safety-net burden is a systemic, statewide challenge.

Geographic Distribution of Patients

The hospital data allows us to code the town of residence of patients and thus to explore the geographical distribution of children making behavioral health ED visits. Figure 3 below shows the distribution of children's mental health ED visits by the DCF sub-region of the patient's town.

Figure 3. Number of Visits by DCF Sub-Region

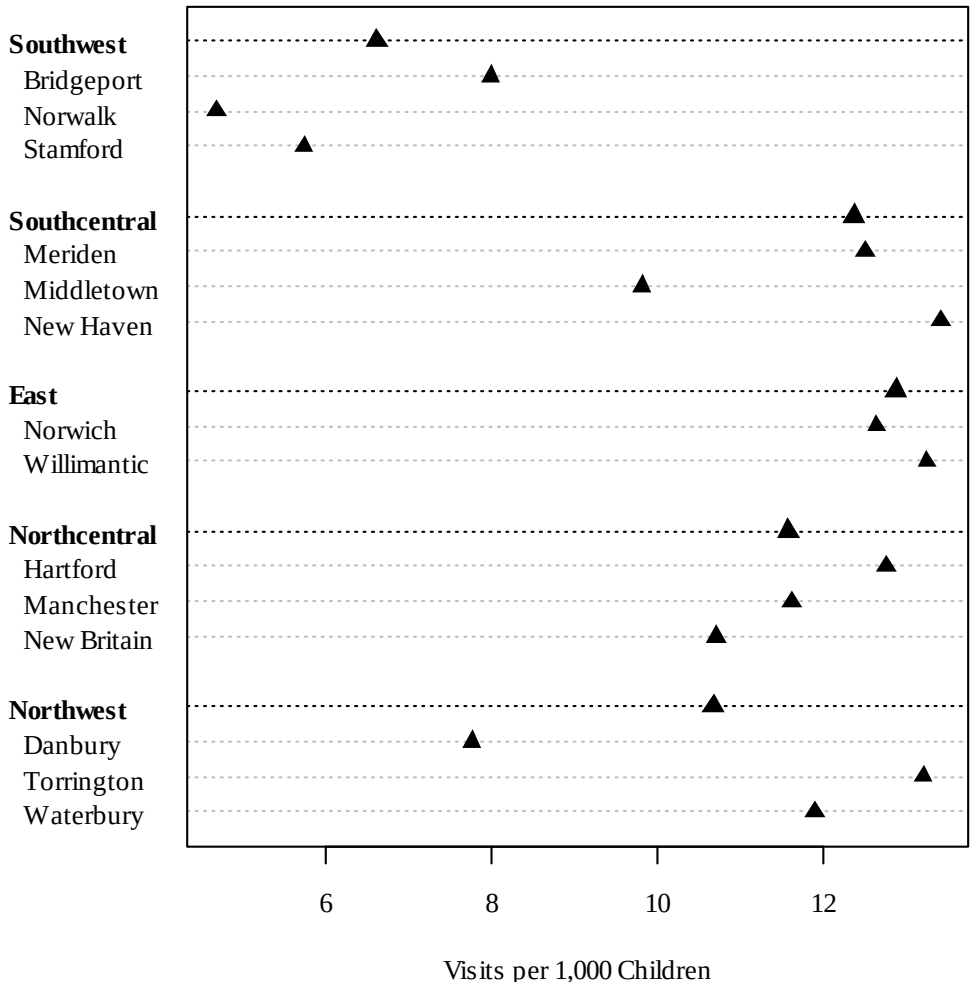


Source: Appendix, Table A.5.

Although children with behavioral health ED visits came from all regions of the state, the DCF sub-regions vary greatly in the number of patients they contributed. The New Haven sub-region stands out, contributing 8,142 visits or 16.8% of the total visits. Many of the ED patients also came from the north-central region, which includes Hartford and nearby urban areas. The southwestern DCF sub-regions contributed relatively few ED visits, especially given the high population in that area.

Figure 4 on the following page shows information similar to that above, but this time adjusted for the population of children in the sub-regions. Rates of ED visits for the DCF regions and sub-regions were calculated as the number of ED visits from patients age birth-18 residing in the region/sub-region, per 1,000 population up to age 18.

Figure 4. Annual Rate of Visits per 1,000 Children by DCF Region and Sub-Region



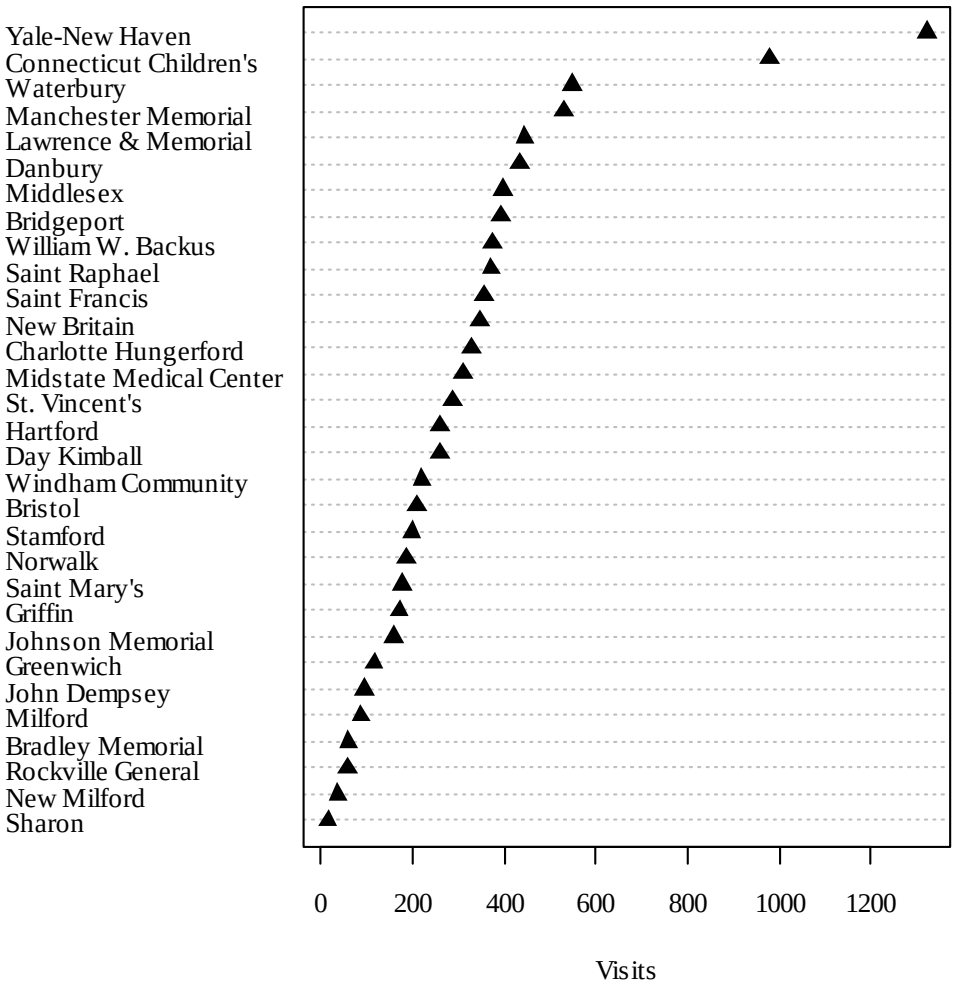
Source: Appendix, Table A.5.

This figure, which shows visits adjusted for population, highlights the under-representation in behavioral health pediatric ED visits of the southwestern portion of the state, and the relative homogeneity within much of the rest of the state. The per-capita rate of visits for the southwestern region is 6.6 visits per child per year, substantially lower than the rates for the other regions which range from 10.7 in the northwestern region to 12.9 in the eastern region.

Distribution of Visits by Hospital

Figure 5 below shows the volume of visits by hospital, giving the average number of visits per year for each of the 31 acute-care hospitals in Connecticut.

Figure 5. Average Number of Child Behavioral Health ED Visits per Hospital per Year



Source: Appendix, Table A.4.

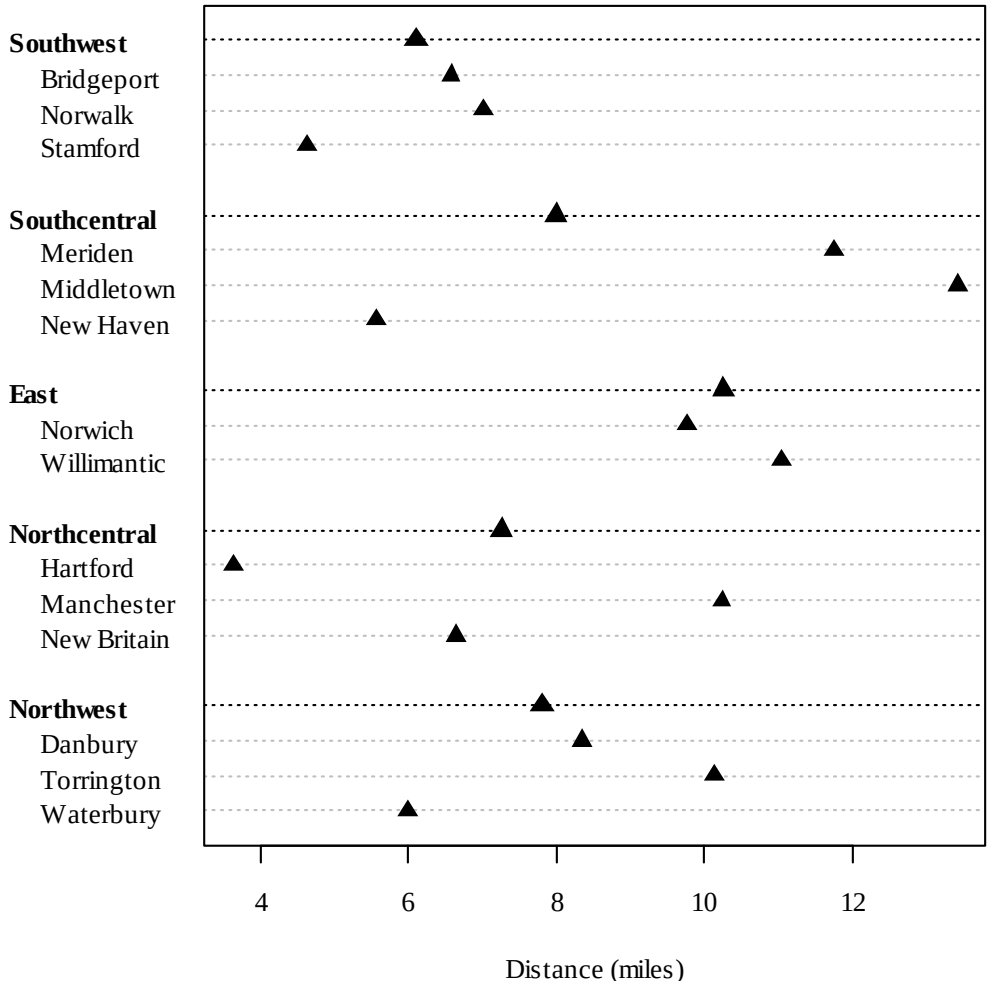
The state's two hospitals that specifically serve children – Yale-New Haven (with an average of 1,323 pediatric behavioral health ED visits per year) and CCMC (with an average of 979 visits per year) together accounted for nearly one-quarter of all ED visits during the study period.

In terms of total number of visits over the time period, Yale-New Haven had 6,614 visits over the five years and CCMC had 4,897 visits. The numbers drop from there, but four other hospitals had more than 2,000 visits during the same time period (Waterbury Hospital with 2,733; Manchester Memorial Hospital with 2,648; Lawrence & Memorial Hospital with 2,222; and Danbury Hospital with 2,169).

Patient Distance Traveled and Hospital Service Radius

The CHIME data on which these analyses are based contains information on patients' home towns which allows us to examine the distance between the patient's town and the hospital where their ED visit took place. These distances thus are not necessarily the distance from where the patient was at the time the emergency took place, but are likely to be closely related. In general, the distances are small, indicating that patients do not need to travel long distances to receive emergency services in Connecticut. Although the distances range from less than one mile to a high of 134 miles, the average distance is only 7.8 miles and 90% of the visits fall within 18.5 miles. Figure 6 below shows the average distance traveled by DCF region and sub-region.

Figure 6. Average Distance from Patient's Town to ED by DCF Region and Sub-Region

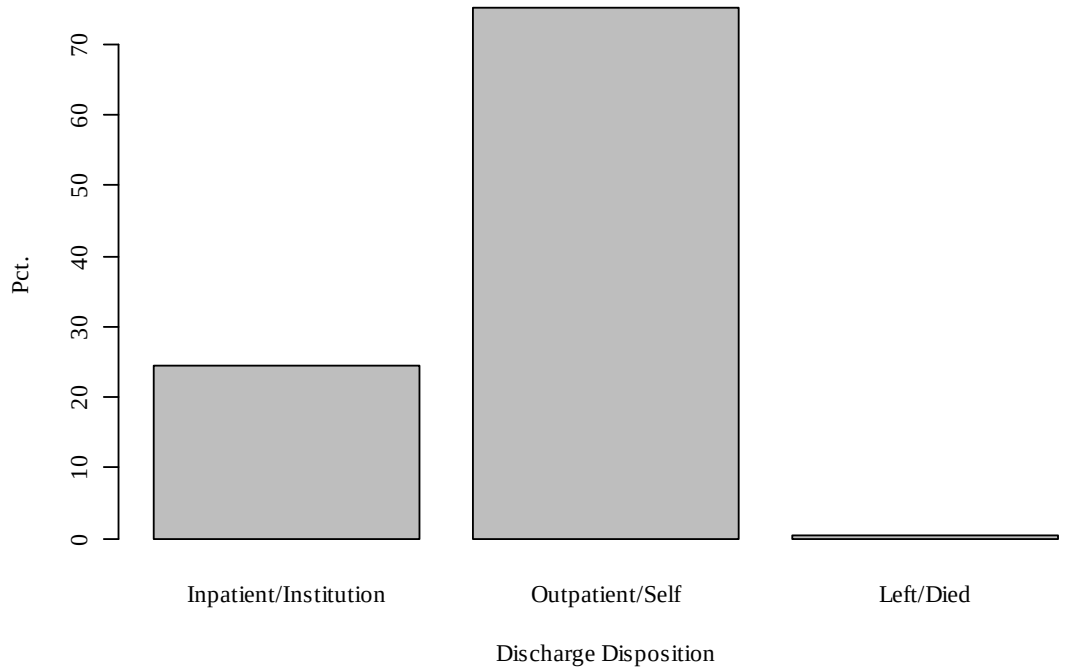


On average, children living within the Middletown sub-region traveled the longest distance (13.4 miles) while those coming from a town within the more urban Hartford area traveled the shortest distance (3.6 miles). We also looked at the distance from the point of view of the hospitals. We defined a hospital's service radius as the radius (in miles) of the area within which 90% of the hospital's pediatric behavioral health ED visits originate. Table A.7 in the Appendix displays these radii for each hospital. The service radius ranges from a low of 5.9 miles for Stamford Hospital to high values of 29.8 miles for Windham Community Memorial and 30.4 for Sharon Hospital.[14,15]

Discharge Disposition

According to the national ED utilization study conducted by the CDC, 14% of all visits to EDs during 2003 resulted in admission for inpatient care.[16] Connecticut data for 2004 indicates that 16% of all ED visits resulted in hospital admission.[17] The national rate of admission among pediatric psychiatric ED visits, estimated from data collected between 1993 and 1999, is 19.4%.[18] Figure 7 below shows the distribution of visit dispositions for the behavioral health ED visits analyzed for this report.

Figure 7. Discharge Disposition of Children's Behavioral Health ED Visits



Source: Appendix Table A.8.

Across the five years of the study, discharge to outpatient or self-care constituted 75% of all visit dispositions with 24.5% of visits resulting in inpatient or institutional care and a tiny fraction -- 251 visits or about 0.5% -- categorized as leaving against advice or dying while in care.

Trends in ED Visits over Time

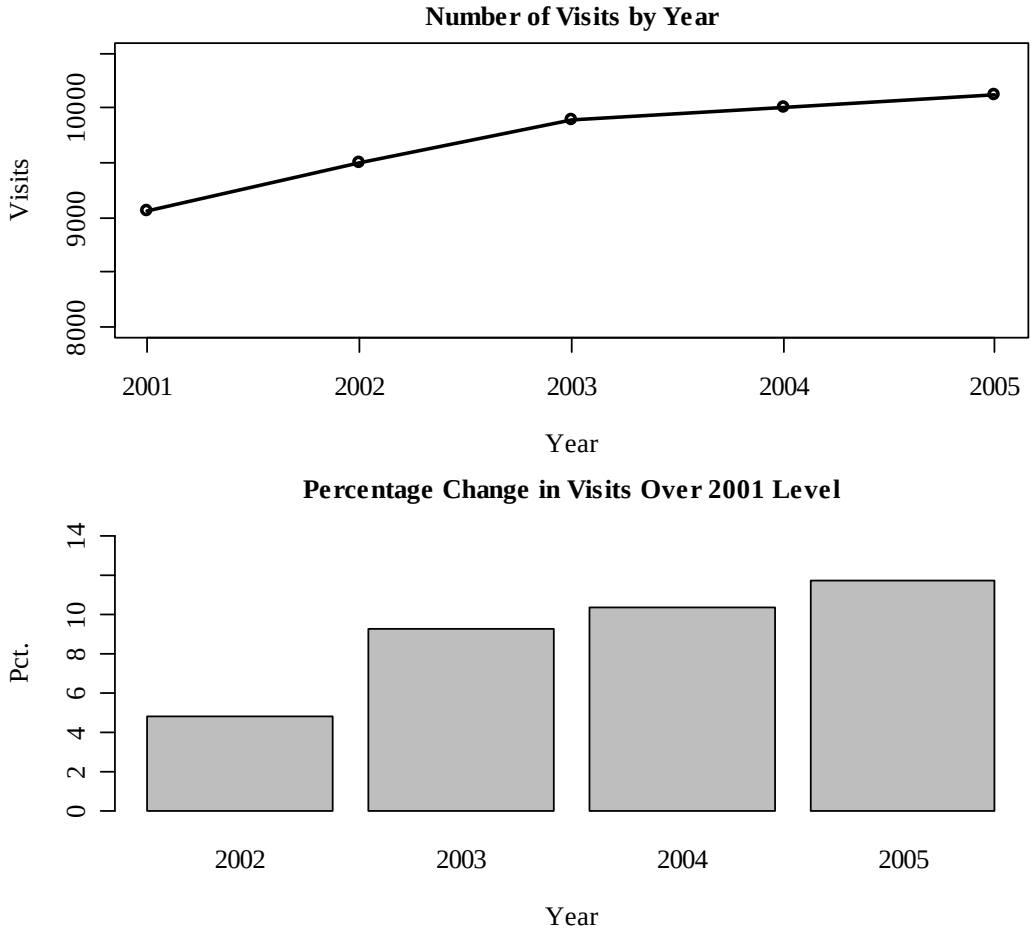
In this second portion of the report, we examine the change that occurred in the volume of visits between 2001 and 2005 and attempt to characterize and explain this change.

Summary of Key Results

- 11.7% increase in pediatric behavioral health ED visits
- The increase in behavioral health visits is about double the rate for all ED visits in Connecticut
- Visits by older children increased considerably more than those by younger children
- The overall increase in visits is related to the increased volume of new enrollees in Medicaid (25% increase in enrollees during the study period)
- Medicaid recipients have substantially higher rates of behavioral health ED utilization than children with private insurance or with no insurance
- The rate of visits for Medicaid recipients and commercially insured patients increased during the study period
- The largest increase in annual visits was at CCMC — more than double the number of any other hospital

Figure 8 on the following page is a graphic representation of the volume of behavioral health visits by children to Connecticut's EDs during 2001-05. The top portion of the figure shows the number of visits over time, and the bottom portion shows the percentage change of each year over the baseline year, 2001.

Figure 8. Change in Volume of Pediatric Mental Health ED Visits

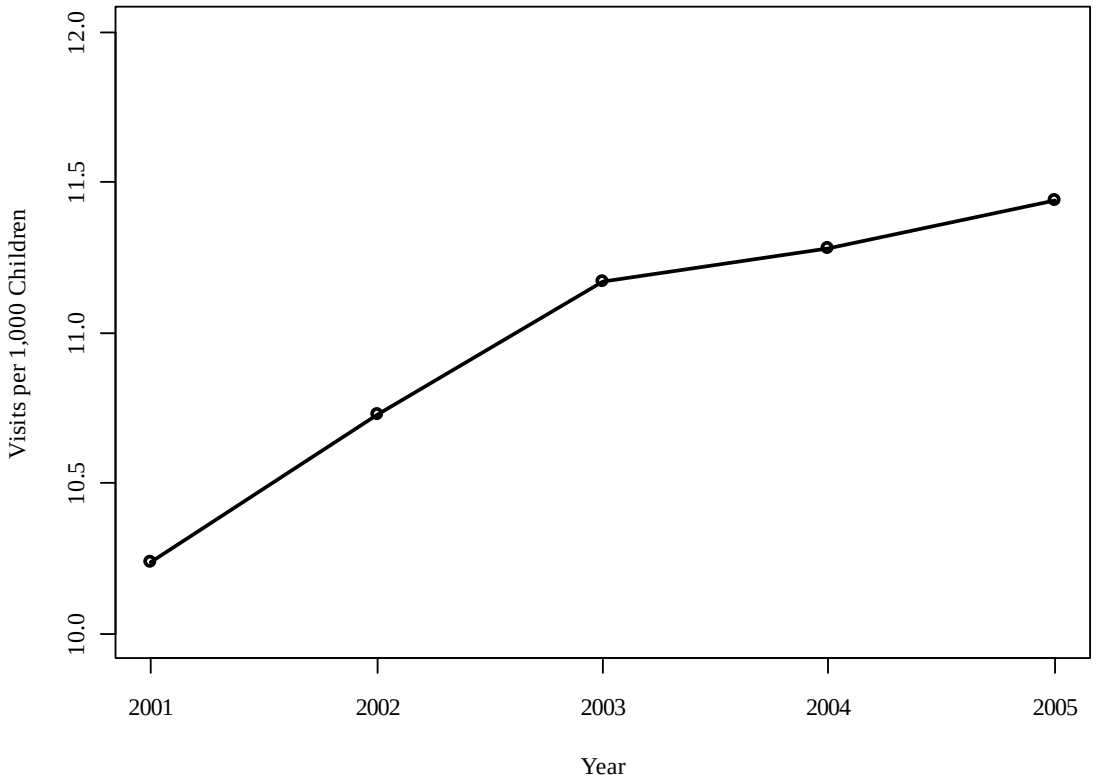


Source: Appendix, Table A.2.

As the figure indicates, the total volume of children's behavioral health visits increased over the study timeframe. Volume increased 11.7% between 2001 and 2005; there were 9,062 visits in 2001 and 10,122 in 2005. Most of this increase occurred between 2001 and 2003, after which the rate of increase leveled off to approximately 1% over the years 2004 and 2005.

This increase could be due to an increase in the child-age population of Connecticut during this time period, to a change in the age structure of the child population (e.g. an increasing proportion of older children, who are more likely to have pediatric behavioral health visits), or to an increase in the rate at which children visit EDs for behavioral health related problems. Using Census Bureau annual population estimates,[19] we calculated rates of ED visits per 1,000 children by year to disentangle these separate influences. The results are shown in Figure 9 on the following page.

Figure 9. Rate of Behavioral Health ED Visits per 1,000 Children by Year



This figure makes clear that the increase in visits is not solely due to changes in the size or age structure of Connecticut's child-age population. The Census Bureau estimates that the size of Connecticut's child population was essentially unchanged during the study period. Instead, it appears that the increase is due largely to the rate at which children present at the ED. The rate of pediatric behavioral health ED visits increased over the five years from 10.23 per 1,000 in 2001 to 11.44 per 1,000 in 2005.

This increase in the *rate* of pediatric behavioral health ED use is exactly the same in percentage terms – 11.7% – as the increase in the counts of visits noted above. As with the raw counts, the largest rate increases are between 2001 and 2003, with smaller increases in the later years. A slightly aging child population may have played a role in these increased ED rates, as the proportion of children in the two older groups increased slightly during the study time frame, approximately 1-2%.

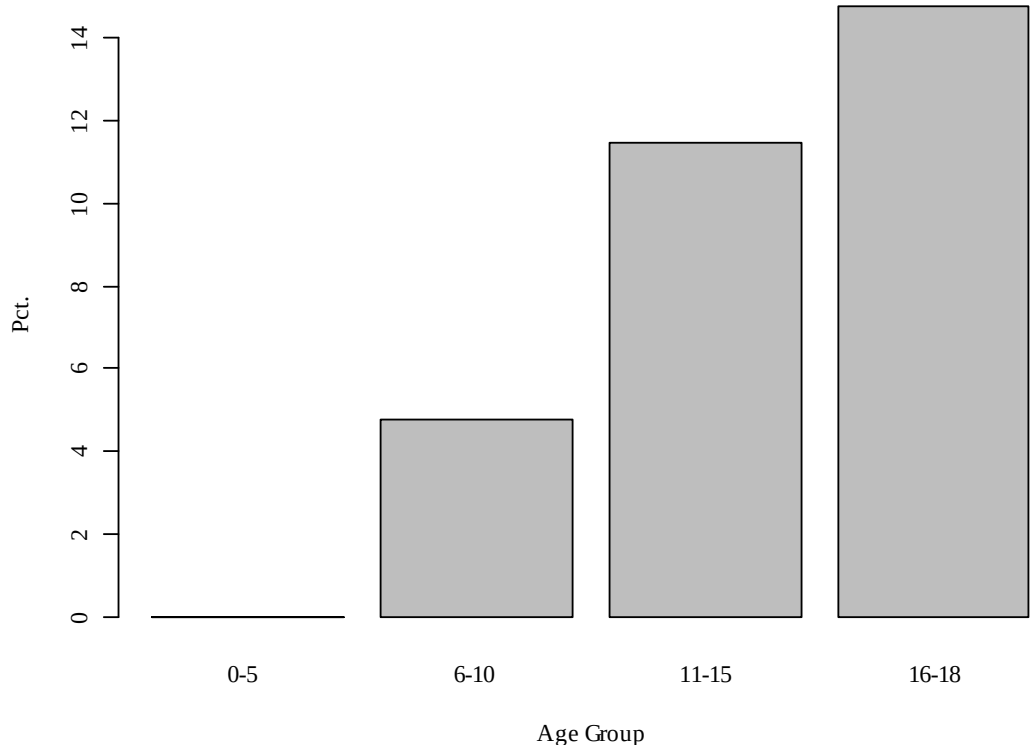
It is informative to consider this rate increase within the broader context of recent changes in Connecticut's ED utilization rates *for all diagnoses*. According to a report by the Connecticut Office of Health Care Access, the ED utilization rate in the state increased from 407 visits per 1,000 in 2001 to 427 per 1,000 in 2004, that is, an increase of only 4.9% in three years.[20] The 11.7% increase we are observing in the rate of pediatric behavioral health-related ED visits is much higher by comparison.

Having determined that the increase in children's behavioral health ED visits cannot be accounted for by a population increase or by a general increase in the state population's tendency to utilize ED services, we focus the remainder of this report on examining this trend in detail in order to better understand its causes and correlates.

Trend by Age Group

To better understand the trend in ED use by different age groupings of children, we examined the increase in ED utilization separately by several factors. Figure 10 below, showing the percentage increase for the different age groups, indicates a clear pattern by age. The increase in ED utilization is largely confined to older children.

Figure 10. Percentage Increase in Visits Over 2001 Levels by Age Group



Source: Appendix, Table A.2.

The volume of visits by youth ages 16-18 increased by 14.8% during this period; those by children ages 11-15 increased by 11.5%. The volume of visits by the youngest age group remained flat from 2001 to 2005.

Trend by Payment Source

Under *Source of Payment and Hospitals' Safety-Net Burden* above, we examined the rate of ED visits per 1,000 children separately for children with private insurance, those on Medicaid, and those with no insurance. As noted in that section, in common with other studies, we found the rate of ED utilization in the publicly insured group to be substantially higher – more than twice that of the other groups (20.8 per 1,000 for Medicaid vs. 7.7 and 9.7 for private and self pay).

Given the high rates at which Medicaid recipients utilize ED services, it is likely that the overall increase in ED utilization for behavioral health that we observe during the period 2001 to 2005 is connected to Medicaid enrollment. Such a linkage could occur through an increase in the numbers of children enrolled in Medicaid during the study period and/or an increase in the rate at which children covered by Medicaid are using emergency services for behavioral health issues.

The numbers of children enrolled in HUSKY A and B – Connecticut's managed care plans for Medicaid and SCHIP, respectively – did increase over the study time period. Table 3 shows the enrollment in these plans over time.

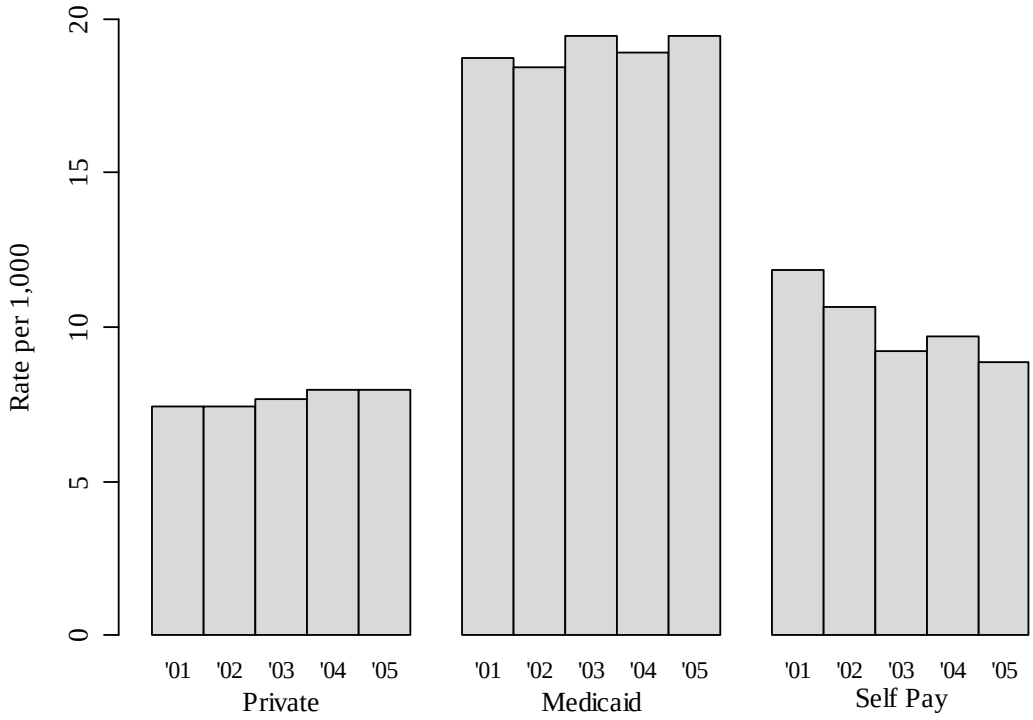
Table 3. HUSKY Enrollment of Children Age Birth – 18 as of January 1, 2001 to 2005[21]

YEAR	HUSKY A ENROLLMENT	HUSKY B ENROLLMENT	TOTAL ENROLLMENT	ANNUAL PCT. CHANGE	PCT. CHANGE FROM 2001
2001	175,399	7,704	183,103		
2002	185,733	10,706	196,439	7.3%	7.3%
2003	203,313	14,153	217,466	10.7%	18.8%
2004	209,705	14,640	224,345	3.2%	22.5%
2005	215,647	15,116	230,763	2.9%	26.0%

The initial portion of the study timeframe saw substantial increases in Medicaid enrollment which then leveled off in 2004 and 2005.

Combining the data on HUSKY enrollment with annual estimates of the privately insured and uninsured from the Census Bureau, we can estimate rates of ED utilization for the different groups across the study time frame.**Error! Reference source not found.** Figure 11 on the following page shows rates of utilization by payor and by year.

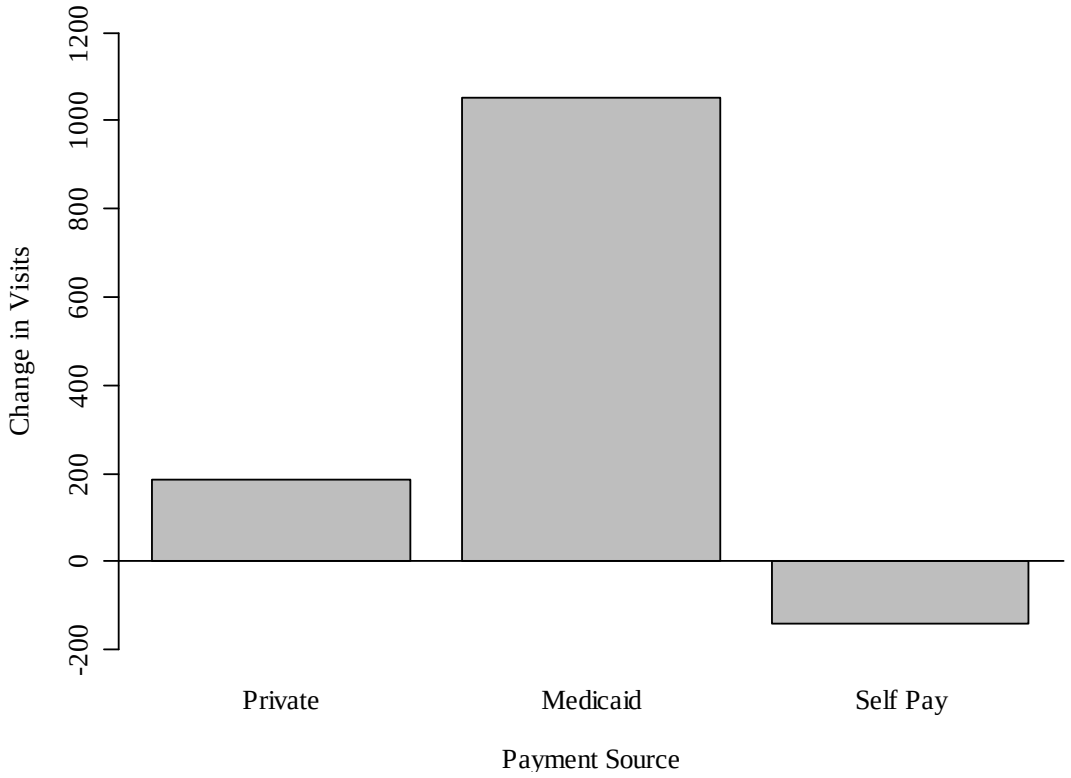
Figure 11. Behavioral Health ED Visits per 1,000 Children by Payment Source and Year



The rate at which Medicaid enrollees use the ED for behavioral health-related issues is substantially higher than the corresponding rates for the privately insured and for those without insurance, and it appears to have increased very slightly during the study timeframe. The rate of utilization for the privately insured has increased as well during the period, while the rate for those without insurance has dropped substantially. Nationally, the percent of Medicaid participants below age 18 with one or more ED visits for any condition during the past year has declined between 2003 and 2004,[22] suggesting that this increase in Connecticut's utilization rates here is worth monitoring.

While the *rate* of utilization for Medicaid recipients increased slightly over the study time period, the *volume* of visits for this group increased substantially. Figure 12 on the page that follows shows the overall increase in behavioral health ED visits broken out by source of payment.

Figure 12. Change of Children's 2005 Behavioral Health ED Visits Over 2001 Levels by Payment Source



Source: Appendix, Table A.3.

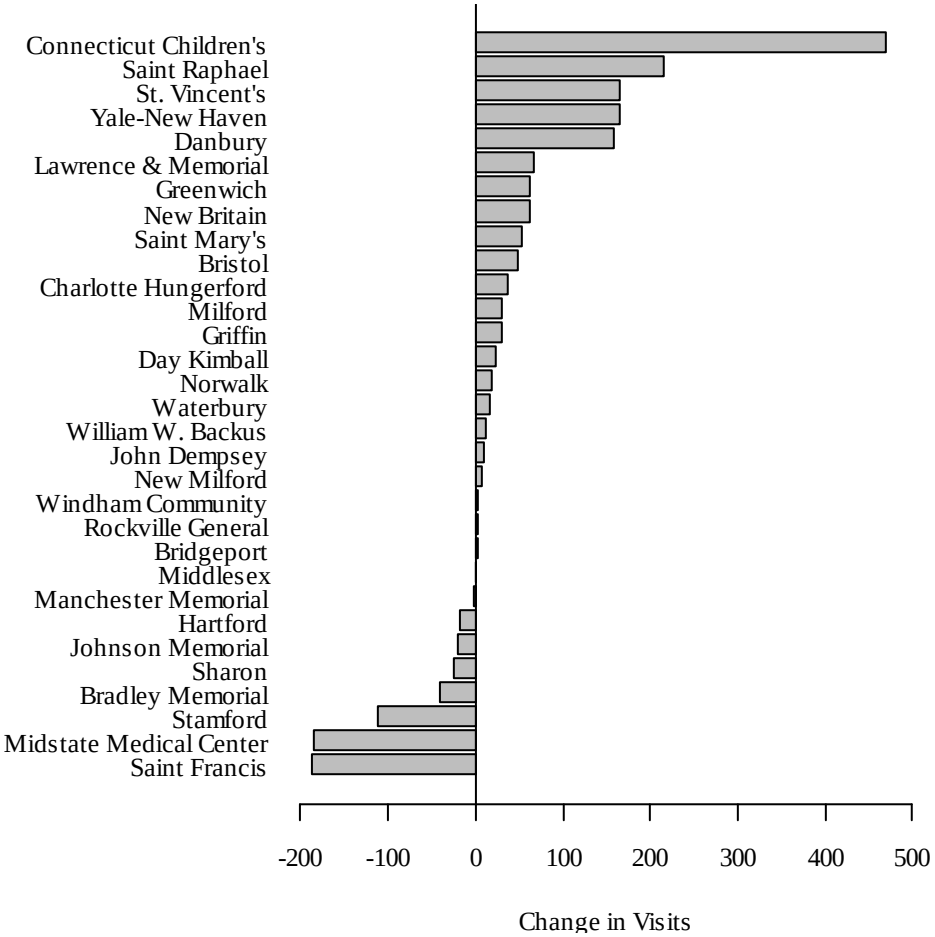
The figure makes clear that the increase in pediatric behavioral health ED visits between 2001 and 2005 was overwhelmingly among those insured with Medicaid. Visits for privately insured children increased modestly, 3.8% over their 2001 levels, while visits for children without insurance decreased by 19%. In contrast, visits paid for by Medicaid in 2005 increased 30.6% over their 2001 levels.

The increase in pediatric behavioral health ED visits has occurred overwhelmingly in children insured through Medicaid. This increase appears to be due largely to the increase in HUSKY enrollments during this timeframe. Additional analyses related to ED visits made by children covered through HUSKY A are presented in a separate report, *A Rising Tide: Use of Emergency Departments for Mental Health Care for Connecticut's Children (Report One: Children Enrolled in HUSKY A).* [23]

Trend by Geography

The increased rate of ED visits between 2001 and 2005 was not shared equally among Connecticut's hospitals. Figure 13 below shows the change in the number of visits for each hospital during the study period.

Figure 13. Change in Children's Behavioral Health ED Visits from 2001 to 2005 by Hospital



Source: Appendix, Table A.4.

The horizontal axis of the figure indicates the difference in volume of visits in 2005 compared to 2001. Bars extending to the right of the zero line indicate hospitals which had more visits in 2005 than in 2001; bars extending to the left of the zero line indicate hospitals that had fewer visits in 2005 than they did in 2001.

The majority of hospitals saw increases in their volumes of visits; eight saw declines. The hospitals with the largest increases between 2001 and 2005 include the Connecticut Children's Medical Center (CCMC), Yale-New Haven, St. Raphael's, St. Vincent's, and Danbury. Saint Francis, the Midstate Medical Center, and Stamford had substantial declines. If the overall increase in volume of visits between 2001 and 2005 – 1,060 visits – had been equally distributed across the 31 hospitals, each hospital would have shown an increase of 34 visits.

Viewed against that scale, these differences of several hundred between some hospitals represent a substantial shift. The increase of 469 annual visits at CCMC was more than double the number for any other hospital.

On the other hand, these shifts in utilization are not unexpected when viewed within the broader context of ED utilization *in general*. According to Connecticut's Office of Health Care Access[24], CCMC, Yale-New Haven, St. Raphael's, St. Vincent's, and Danbury have all experienced increases in their total volumes of ED visits (for all diagnoses) between 2001 and 2004, while St. Francis and Stamford have experienced sizeable decreases during the same period. For these hospitals, then, the shifts in the distribution of ED visits for pediatric behavioral health diagnoses observed in Figure 13 are reflections of a more general redistribution of the demand for emergency medical services among Connecticut's acute care hospitals. The only hospital where the trend in general ED volume is discrepant with the trend in pediatric behavioral health ED volume is Midstate Medical Center, which experienced a small (1%) *increase* in general ED volume while experiencing a substantial *decrease* in ED visits associated with pediatric behavioral health.

Qualitative Data

This report has documented the increase in ED use by children and their families for psychiatric care in Connecticut, especially among those receiving services through Medicaid. The reasons for this increase, however, are not explored because the CHIME data do not lend themselves to addressing this issue. Therefore, a limited number of in-depth interviews were conducted with ED providers and parents of children who have used the ED in two hospitals in the state. We interviewed five parents and three providers in order to better understand the experiences of those who are most familiar with these issues (including those covered by private insurance and those covered by HUSKY).

Although the intent was to interview more participants, this project faced several challenges. Most notably, ED staff faced intense and competing demands on their time, hindering their ability to engage parents to agree to be contacted for an interview, and for the providers to participate themselves.

While the interview data reflect the perceptions of a limited number of individuals, the information gathered does provide insights into perceptions of individuals who have first-hand knowledge of the behavioral health system and emergency services in Connecticut. Themes that emerged from these interviews include the following:

- Parents have difficulties in identifying and accessing community-based services before a crisis occurs;
- Long waiting lists for existing services;
- Lack of specialized services such as for children with dual diagnoses;
- Reasons for taking a child to the ED included:
    - Referred to the ED by a pediatrician or mental health provider when a child exhibits risky or harmful behaviors
    - Extreme symptoms that were concerning to the parents
    - Not following through with treatment recommendations or taking prescribed psychiatric medication

    - Lack of other available supports in their families and communities
    - Schools' zero tolerance policies toward aggressive or violent behaviors

- Reasons for repeat use of the ED included:
    - Lack of family supports
    - Inadequate discharge plan from prior ED visit; families not connected to services
    - Inadequate insurance coverage that doesn't provide for long-term treatment

Although the results of this limited qualitative study must be interpreted with caution, many of the observed themes seem consistent with concerns that have been raised repeatedly about the use of ED services. These interviews complement the quantitative data that suggest that ED usage for behavioral health needs is on the rise and that many parents see the ED as not just a means for receiving services in a crisis, but as a point of access to gain needed mental health services for their children.

Summary

During the timeframe of this study, from 2001 to 2005, children made 48,587 visits to Connecticut's EDs for issues connected to behavioral health, a rate of approximately 11 visits per 1,000 children per year. Forty-eight percent of visits during the study period had a payor source of Medicaid or self-pay. The large volume of ED visits coupled with the high percentage of these visits that were covered through Medicaid or self-pay suggests that EDs are carrying a "safety-net" burden for the system. Our analysis suggests that more than half of Connecticut's hospitals are carrying a Medicaid safety-net burden, suggesting that this is a widespread system-level issue rather than an isolated condition for particular hospitals.

During the study time period, Connecticut saw an 11.7% increase in these pediatric mental health ED visits, a change not attributable to an increase in Connecticut's child-age population. Visits for older children increased considerably more than those for younger children. Most of the increase occurred between 2001 through 2003, after which time the rate of increase leveled off considerably.

This increase in visits was not shared equally among Connecticut hospitals. Eight hospitals experienced a net decline in visits over the study period. The largest percentage increases over 2001 levels occurred at CCMC, Yale-New Haven, St. Raphael's, and St. Vincent's hospitals. In terms of overall share of ED visits, CCMC and Yale-New Haven accounted for over one quarter of visits during the period.

The present analysis suggests that the high volume of visits to Connecticut's EDs and the increase in visits over time are closely tied to Connecticut's Medicaid population. Five interconnected findings support this conclusion:

1. The 11.7% increase in behavioral health ED utilization remains after taking into account changes in the size of Connecticut's overall child population.
2. The observed increase during the study time period is almost entirely among visits paid for by Medicaid. These rose over 30% over the five-year interval.
3. Medicaid recipients have substantially higher rates of behavioral health ED utilization than those with private insurance or those without insurance. In the CHIME data the rates for Medicaid recipients are approximately twice those of the other groups.
4. Enrollment of children into HUSKY A and B, the state's programs for Medicaid and SCHIP, have increased by approximately a quarter during the study time frame.
5. The *rate* at which Medicaid recipients use ED facilities appears to be slowly increasing.

From these findings, we conclude that the increase in children's utilization of EDs for behavioral health is driven by an increase in Medicaid enrollments and the high rates at which Medicaid recipients use the ED compared to other groups. Increased ED utilization among Medicaid enrollees occurs in the context of a service system that is overburdened and under-resourced. Qualitative data obtained through interviews with caregivers and service providers suggest that Connecticut's behavioral health system for children tends to funnel families that have children with behavioral disorders towards EDs as an expeditious way to obtain immediate treatment, gain entry into the system, and get proper assessment and referral for their child's behavioral health needs.

Conclusion

The observed increase in pediatric behavioral health ED visits may be a sign of rising behavioral problems among Connecticut's children resulting in a higher frequency of emergencies, or gaps in the state's broader system of care for routine behavioral health resulting in a larger number of non-urgent cases ending up in EDs, or a combination of both. To better understand the underlying causes, further study is needed on (a) the urgency status of pediatric behavioral health cases coming to EDs, and (b) the precise nature of the circumstances under which parents, guardians, schools, or police make the decision to take a child to an ED.

As the rate of increase in use of EDs leveled off after 2003, when Connecticut began to invest in more community-based services, it also will be helpful to monitor the trend going forward to see if a continuing expansion of these services will lead to a decrease in reliance on EDs.

To address the problem of overcrowded and overburdened EDs, policymakers also need to examine the broader system of care provided for children with behavioral health problems to ensure that the state is providing sufficient resources to provide the full array of services needed to effectively identify, assess, and treat Connecticut's most vulnerable children and families in the environments best suited to their needs.

References

[1] L.F. McCraig and C.B. Burt. "National Hospital Ambulatory Medical Care Survey: 2003 Emergency Department Summary." CDC *Advance Data* No. 358, May 26, 2005.
[2] Connecticut Hospital Association. "Emergency Department Utilization." *CHIME Data Fact Sheet*, September 2005.
[3] American Academy of Pediatrics and American College of Emergency Physicians, "Pediatric Mental Health Emergencies in the Emergency Medical Services System," *Pediatrics* 118(4), October 2006, pp. 1764-1767.
[4] K.A. Santucci, J.E. Sather, and M.D. Baker, "Psychiatry-related Visits to the Pediatric Emergency Department: A Growing Epidemic?" *Academic Emergency Medicine* 7(5), 2000, p. 585.
[5] L.E. Thomas, "Trends and Shifting Ecologies, Part I." *Child and Adolescent Psychiatric Clinics of North America.* 12(4), Oct. 2003, pp. 599-611.
[6] 2000 US Census, http://www.census.gov/.
[7] US Census, Population Estimates Program, http://www.census.gov/.
[8] US Census, Current Population Survey, http://www.census.gov/hhes/www/hlthins/hlthins.html.
[9] Connecticut Voices for Children, 2005. *Emergency Care for Children in HUSKY A: CY 2005. CT: New Haven.*
[10] McCraig and Burt, 2005, p.6.
[11] L.F. McCraig & E.W. Nawar, "National Hospital Ambulatory Medical Care Survey: 2004 Emergency Department Summary", CDC, *Advance Data from Vital and Health Statistics*, No. 372, June 23, 2006, p.4.
[12] Centers for Disease Control and Prevention. "Characteristics of Emergency Departments Serving High Volumes of Safety-net patients: United States, 2000." *Vital Health Statistics*, Series 13, No. 155, May, 2004.
[13] Ibid., pp. 1-2.
[14] Sharon Hospital, which restructured in 2004, received only 71 pediatric behavioral health ED visits in the period 2001-2003. Given this small number of visits, the high service radius calculated may be statistically unreliable (i.e. influenced by a few long-distance visits).
[15] Visits from out-of-state patients are excluded from the distance calculations. These visits are less than two percent of the visits analyzed.
[16] McCraig and Burt, 2005, p.29.
[17] Connecticut Hospital Association, 2005, p.3.
[18] M.R. Sills and S.D. Bland, "Summary Statistics for Pediatric Psychiatric Visits to US Emergency Departments, 1993-1999." *Pediatrics*, 110(4) Oct., 2002, pp. e40
[19] US Census, Population Estimates Program, http://www.census.gov/.
[20] Connecticut Office of Health Care Access, "Studying Health Care Utilization in Connecticut: Report to the Governor and General Assembly," June, 2006.
[21] Husky Enrollment Data. Connecticut Voices for Children, http://www.ctkidslink.org/covering_data.html. CT: New Haven. Data provided by CT Department of Social Services and Affiliated Computing Services, Inc, a contractor with the Department of Social Services.
[22] National Center for Health Statistics, *Health, United States, 2006 With Chartbook on Trends in the Health of Americans*, Hyattsville, MD: 2006.
[23] Mulkern, V., Raab, B., Potter, D. *A Rising Tide: Use of Emergency Departments for Mental Health Care for Connecticut's Children. Report One: Children Enrolled in HUSKY A.* Child Health and Development Institute. January, 2007. CT: Farmington.
[24] Connecticut Office of Health Care Access, 2006.

Appendix

Table A. 1. Summary Profiles of Acute Care Hospitals in Connecticut

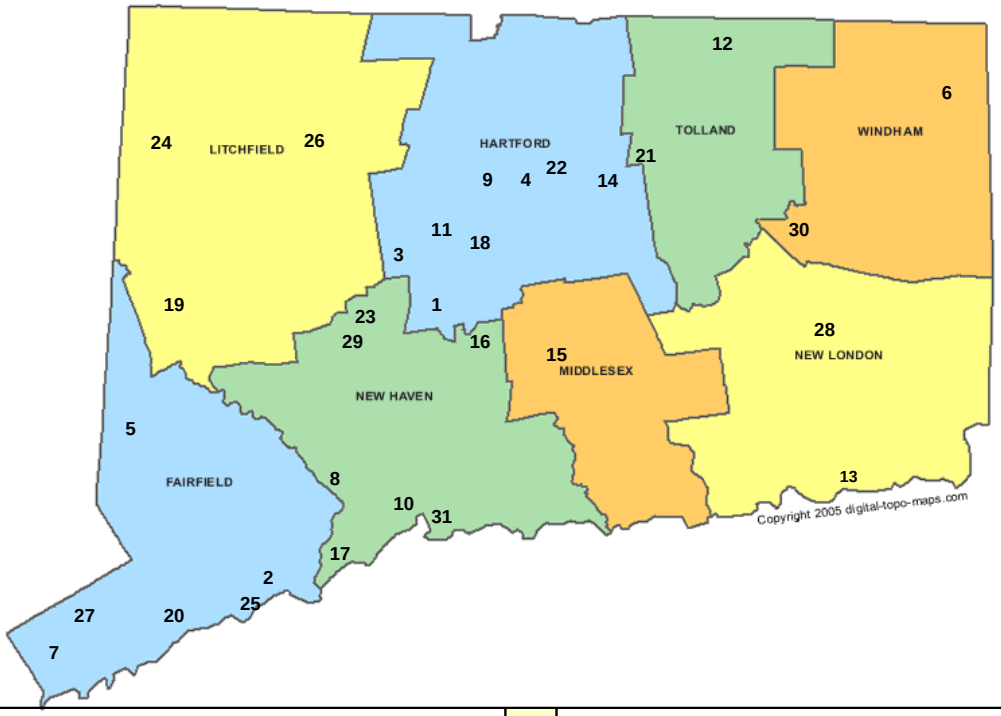
Hospital Name	Location	Staffed Beds	Total Discharges	Patient Days	Gross Patient Revenue ($000)	Teaching Hospital
Bradley Memorial Hospital	Southington	46	2,329	10,591	$76,016	No
Bridgeport Hospital	Bridgeport	308	18,443	91,135	$655,303	Yes
Bristol Hospital	Bristol	116	6,483	31,256	$215,142	Yes
Connecticut Children's Medical Center	Hartford	123	5,223	31,821	$158,639	Yes
Danbury Hospital	Danbury	283	18,404	67,687	$575,762	Yes
Day Kimball Hospital	Putnam	89	5,997	18,700	$135,118	Yes
Greenwich Hospital	Greenwich	172	11,394	47,534	$439,638	Yes
Griffin Hospital	Derby	103	6,898	28,182	$238,158	Yes
Hartford Hospital	Hartford	550	33,844	174,831	$1,020,544	Yes
Hospital of Saint Raphael	New Haven	409	24,281	129,517	$909,667	Yes
John Dempsey Hospital at the University of Connecticut Health Center	Farmington	224	8,845	51,686	$375,878	Yes
Johnson Memorial Hospital	Stafford Springs	81	3,107	14,711	$141,070	Yes

Hospital Name	Location	Staffed Beds	Total Discharges	Patient Days	Gross Patient Revenue ($000)	Teaching Hospital
Lawrence & Memorial Hospital	New London	201	13,666	58,885	$372,956	Yes
Manchester Memorial Hospital	Manchester	168	7,640	31,280	$264,102	Yes
Middlesex Hospital	Middletown	144	10,042	44,809	$427,873	Yes
MidState Medical Center	Meriden	113	7,625	37,968	$238,849	Yes
Milford Hospital	Milford	106	5,072	22,611	$175,256	No
New Britain General Hospital	New Britain	240	15,821	62,848	$480,440	Yes
New Milford Hospital	New Milford	85	3,339	14,352	$137,800	Yes
Norwalk Hospital	Norwalk	262	15,729	66,201	$374,301	Yes
Rockville General Hospital	Vernon	104	2,150	10,845	$134,400	No
Saint Francis Hospital and Medical Center	Hartford	494	30,074	140,779	$789,100	Yes
Saint Mary's Hospital	Waterbury	180	11,581	51,195	$299,195	Yes
Saint Vincent's Medical Center	Bridgeport	288	16,615	91,030	$442,731	Yes
Sharon Hospital	Sharon	66	2,583	10,246	$92,043	Yes
The Charlotte Hungerford Hospital	Torrington	94	5,628	22,831	$132,939	Yes

Hospital Name	Location	Staffed Beds	Total Discharges	Patient Days	Gross Patient Revenue ($000)	Teaching Hospital
The Stamford Hospital	Stamford	260	16,093	67,620	$511,598	Yes
Waterbury Hospital Health Center	Waterbury	234	14,111	61,423	$492,058	Yes
William W. Backus Hospital	Norwich	146	11,264	46,215	$314,975	Yes
Windham Hospital	Willimantic	118	5,133	21,127	$157,554	No
Yale-New Haven Hospital	New Haven	720	44,041	219,217	$1,638,177	Yes

Source: American Hospital Directory. Data are based on each hospital's most recent report. Most reports are for FY 2004.

Figure A. 1. Map of Connecticut's Acute-Care Hospitals



1	Southington – Bradley Memorial Hospital & Health Center	17	Milford – Milford Hospital
2	Bridgeport – Bridgeport Hospital	18	New Britain – New Britain General Hospital
3	Bristol - Bristol Hospital	19	New Milford – New Milford Hospital
4	Hartford – Connecticut Children's Medical Center	20	Norwalk – Norwalk Hospital
5	Danbury – Danbury Hospital	21	Vernon – Rockville General Hospital
6	Putnam – Day Kimball Hospital	22	Hartford – Saint Francis Hospital & Medical Center
7	Greenwich – Greenwich Hospital	23	Waterbury – Saint Mary's Hospital
8	Derby – Griffin Hospital	24	Sharon – Sharon Hospital
9	Hartford – Hartford Hospital	25	Bridgeport – St. Vincent's Medical Center
10	New Haven – Hospital of Saint Raphael	26	Torrington – The Charlotte Hungerford Hospital
11	Farmington – John Dempsey Hospital	27	Stamford – The Stamford Hospital
12	Stafford Springs – Johnson Memorial Hospital	28	Norwich – The William W. Backus Hospital
13	New London – Lawrence & Memorial Hospital	29	Waterbury – Waterbury Hospital
14	Manchester – Manchester Memorial Hospital	30	Windham – Windham Community Memorial Hospital
15	Middletown – Middlesex Hospital	31	New Haven – Yale-New Haven Hospital
16	Meriden – Midstate Medical Center		

Table A. 2. Volume of Visits by Age Group and Year

Age	Discharge Year					Total
	2001	2002	2003	2004	2005	
0-5	169	171	147	177	169	833
6-10	1,262	1,173	1,246	1,173	1,322	6,176
11-15	3,869	3,970	4,503	4,349	4,313	21,004
16-18	3,762	4,187	4,003	4,304	4,318	20,574
Total	9,062	9,501	9,899	10,003	10,122	48,587
% Change		**4.8%**	**4.2%**	**1.1%**	**1.2%**	**11.7%**

Table A. 3. Volume of Visits by Payment Source and Year

Payor Source		Discharge Year					Total
		2001	2002	2003	2004	2005	
Private	Visits	4,819	5,089	4,978	5,039	5,003	24,928
	%	53.2%	53.6%	50.2%	50.4%	49.4%	51.3%
Medicaid	Visits	3,428	3,614	4,220	4,245	4,478	19,985
	%	37.8%	38.0%	42.6%	42.4%	44.2%	41.1%
Self Pay	Visits	746	757	656	687	604	3,450
	%	8.2%	8.0%	6.6%	6.9%	6.0%	7.1%
Other	Visits	69	41	45	32	37	224
	%	0.8%	0.4%	0.5%	0.3%	0.4%	0.5%
Total	**Visits**	**9,062**	**9,501**	**9,899**	**10,003**	**10,122**	**48,587**
	%	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Table A. 4. Volume of Visits by Hospital and Year

Hospital	Discharge Year					Total	% Change 2001-2005
	2001	2002	2003	2004	2005		
BRADLEY MEMORIAL HOSPITAL AND HEALTH CENTER	88	61	54	48	46	297	-47.7%
BRIDGEPORT HOSPITAL	416	349	371	405	418	1959	0.5%
BRISTOL HOSPITAL	194	203	204	205	243	1049	25.3%
CONNECTICUT CHILDREN'S MEDICAL CENTER	826	830	851	1095	1295	4897	56.8%
DANBURY HOSPITAL	333	443	433	468	492	2169	47.7%
DAY KIMBALL HOSPITAL	240	251	260	283	262	1296	9.2%
GREENWICH HOSPITAL	77	98	115	147	140	577	81.8%
GRIFFIN HOSPITAL	162	184	133	181	193	853	19.1%
HARTFORD HOSPITAL	256	265	288	250	238	1297	-7.0%
HOSPITAL OF SAINT RAPHAEL	220	354	377	471	435	1857	97.7%
JOHN DEMPSEY HOSPITAL	84	93	98	96	93	464	10.7%
JOHNSON MEMORIAL HOSPITAL	176	162	138	158	155	789	-11.9%
LAWRENCE & MEMORIAL HOSPITAL	427	408	436	458	493	2222	15.5%
MANCHESTER MEMORIAL HOSPITAL	498	566	553	535	496	2648	-0.4%
MIDDLESEX HOSPITAL	358	444	444	379	358	1983	0.0%
MIDSTATE MEDICAL CENTER	333	375	380	313	147	1548	-55.9%
MILFORD HOSPITAL	67	89	86	97	98	437	46.3%
NEW BRITAIN GENERAL HOSPITAL	296	338	399	335	358	1726	20.9%
NEW MILFORD HOSPITAL	31	34	37	46	37	185	19.4%
NORWALK HOSPITAL	160	193	203	194	179	929	11.9%
ROCKVILLE GENERAL HOSPITAL	58	50	59	59	60	286	3.4%
SAINT FRANCIS HOSPITAL & MEDICAL CENTER	455	417	342	288	268	1770	-41.1%
SAINT MARY'S HOSPITAL	167	144	168	191	220	890	31.7%
SHARON HOSPITAL	25	21	25			71	-100.0%
ST. VINCENT'S MEDICAL CENTER	214	231	282	332	380	1439	77.6%
THE CHARLOTTE HUNGERFORD HOSPITAL	293	326	374	316	329	1638	12.3%
THE STAMFORD HOSPITAL	264	222	189	164	151	990	-42.8%
THE WILLIAM W. BACKUS HOSPITAL	380	327	372	405	391	1875	2.9%
WATERBURY HOSPITAL	505	530	622	555	521	2733	3.2%
WINDHAM COMMUNITY MEMORIAL HOSPITAL	223	239	231	180	226	1099	1.3%
YALE-NEW HAVEN HOSPITAL	1236	1254	1375	1349	1400	6614	13.3%

Table A. 5. Payment Source by Year by Sub-Region of Patient's Town

Sub-Region of Patient's Town				Discharge Year					
				2001	2002	2003	2004	2005	Total
Bridgeport	Payment Source	Private	Visits	267	234	297	287	329	1,414
			%	41.1%	39.9%	44.1%	40.8%	41.4%	41.5%
		Medicaid	Visits	314	272	318	357	409	1,670
			%	48.3%	46.4%	47.2%	50.7%	51.4%	49.0%
		Self Pay	Visits	69	77	58	59	57	320
			%	10.6%	13.1%	8.6%	8.4%	7.2%	9.4%
		Other	Visits	0	3	1	1	0	5
			%	0.0%	0.5%	0.1%	0.1%	0.0%	0.1%
	Total		Visits	650	586	674	704	795	3,409
			%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Danbury	Payment Source	Private	Visits	189	313	306	329	319	1,456
			%	56.1%	68.3%	67.7%	67.3%	65.4%	65.5%
		Medicaid	Visits	103	90	99	112	136	540
			%	30.6%	19.7%	21.9%	22.9%	27.9%	24.3%
		Self Pay	Visits	45	49	40	45	33	212
			%	13.4%	10.7%	8.8%	9.2%	6.8%	9.5%
		Other	Visits	0	6	7	3	0	16
			%	0.0%	1.3%	1.5%	0.6%	0.0%	0.7%
	Total		Visits	337	458	452	489	488	2,224
			%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hartford	Payment Source	Private	Visits	197	198	205	248	254	1,102
			%	25.8%	26.9%	28.9%	29.4%	29.4%	28.1%
		Medicaid	Visits	482	478	439	525	560	2,484
			%	63.0%	64.9%	61.9%	62.2%	64.8%	63.4%
		Self Pay	Visits	68	52	65	71	50	306
			%	8.9%	7.1%	9.2%	8.4%	5.8%	7.8%
		Other	Visits	18	8	0	0	0	26
			%	2.4%	1.1%	0.0%	0.0%	0.0%	0.7%
	Total		Visits	765	736	709	844	864	3,918
			%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Manchester	Payment Source	Private	Visits	697	764	664	675	666	3,466
			%	64.9%	66.4%	57.1%	58.0%	56.1%	60.4%
		Medicaid	Visits	303	331	447	429	472	1,982
			%	28.2%	28.8%	38.5%	36.9%	39.7%	34.5%
		Self Pay	Visits	57	54	50	58	50	269
			%	5.3%	4.7%	4.3%	5.0%	4.2%	4.7%
		Other	Visits	17	2	1	1	0	21
			%	1.6%	0.2%	0.1%	0.1%	0.0%	0.4%
	Total		Visits	1,074	1,151	1,162	1,163	1,188	5,738
			%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Meriden	Payment Source	Private	Visits	180	184	175	154	83	776
			%	53.7%	49.3%	44.8%	44.0%	42.6%	47.2%
		Medicaid	Visits	136	162	184	148	90	720
			%	40.6%	43.4%	47.1%	42.3%	46.2%	43.8%
		Self Pay	Visits	19	26	31	48	22	146
			%	5.7%	7.0%	7.9%	13.7%	11.3%	8.9%
		Other	Visits	0	1	1	0	0	2
			%	0.0%	0.3%	0.3%	0.0%	0.0%	0.1%
	Total		Visits	335	373	391	350	195	1,644
			%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Middletown	Payment Source	Private	Visits	280	331	333	296	300	1,540
			%	64.7%	61.0%	57.5%	64.5%	61.3%	61.5%
		Medicaid	Visits	118	183	214	138	165	818
			%	27.3%	33.7%	37.0%	30.1%	33.7%	32.7%
		Self Pay	Visits	32	28	30	24	22	136
			%	7.4%	5.2%	5.2%	5.2%	4.5%	5.4%
		Other	Visits	3	1	2	1	2	9
			%	0.7%	0.2%	0.3%	0.2%	0.4%	0.4%
	Total		Visits	433	543	579	459	489	2,503
			%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
New Britain	Payment Source	Private	Visits	536	495	461	482	515	2,489
			%	58.8%	55.1%	48.5%	52.7%	51.3%	53.2%
		Medicaid	Visits	300	338	435	378	432	1,883
			%	32.9%	37.6%	45.7%	41.3%	43.1%	40.2%
		Self Pay	Visits	74	62	53	52	55	296
			%	8.1%	6.9%	5.6%	5.7%	5.5%	6.3%
		Other	Visits	2	3	2	3	1	11
			%	0.2%	0.3%	0.2%	0.3%	0.1%	0.2%
	Total		Visits	912	898	951	915	1,003	4,679
			%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
New Haven	Payment Source	Private	Visits	640	680	720	786	764	3,590
			%	45.0%	43.3%	45.1%	44.0%	43.2%	44.1%
		Medicaid	Visits	661	782	774	892	907	4,016
			%	46.5%	49.8%	48.5%	49.9%	51.3%	49.3%
		Self Pay	Visits	119	105	102	109	95	530
			%	8.4%	6.7%	6.4%	6.1%	5.4%	6.5%
		Other	Visits	3	2	0	0	1	6
			%	0.2%	0.1%	0.0%	0.0%	0.1%	0.1%
	Total		Visits	1,423	1,569	1,596	1,787	1,767	8,142
			%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Norwalk	Payment Source	Private	Visits	105	132	120	108	111	576
			%	67.3%	69.5%	72.3%	68.8%	69.4%	69.5%
		Medicaid	Visits	24	35	28	25	32	144
			%	15.4%	18.4%	16.9%	15.9%	20.0%	17.4%
		Self Pay	Visits	27	23	18	24	17	109
			%	17.3%	12.1%	10.8%	15.3%	10.6%	13.1%
	Total		Visits	156	190	166	157	160	829
			%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Norwich	Payment Source	Private	Visits	481	436	433	467	459	2,276
			%	60.8%	60.2%	55.1%	55.7%	51.3%	56.4%
		Medicaid	Visits	261	216	304	325	361	1,467
			%	33.0%	29.8%	38.7%	38.8%	40.3%	36.4%
		Self Pay	Visits	46	65	30	33	56	230
			%	5.8%	9.0%	3.8%	3.9%	6.3%	5.7%
		Other	Visits	3	7	19	13	19	61
			%	0.4%	1.0%	2.4%	1.6%	2.1%	1.5%
	Total		Visits	791	724	786	838	895	4,034
			%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Stamford	Payment Source	Private	Visits	253	220	205	191	162	1,031
			%	71.3%	69.6%	65.3%	59.1%	56.8%	64.7%
		Medicaid	Visits	58	44	78	99	92	371
			%	16.3%	13.9%	24.8%	30.7%	32.3%	23.3%
		Self Pay	Visits	37	52	31	33	31	184
			%	10.4%	16.5%	9.9%	10.2%	10.9%	11.6%
		Other	Visits	7	0	0	0	0	7
			%	2.0%	0.0%	0.0%	0.0%	0.0%	0.4%
	Total		Visits	355	316	314	323	285	1,593
			%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Torrington	Payment Source	Private	Visits	290	312	302	241	245	1,390
			%	65.8%	63.3%	56.7%	56.4%	52.4%	58.8%
		Medicaid	Visits	119	148	203	172	205	847
			%	27.0%	30.0%	38.1%	40.3%	43.8%	35.9%
		Self Pay	Visits	28	32	27	14	16	117
			%	6.3%	6.5%	5.1%	3.3%	3.4%	5.0%
		Other	Visits	4	1	1	0	2	8
			%	0.9%	0.2%	0.2%	0.0%	0.4%	0.3%
	Total		Visits	441	493	533	427	468	2,362
			%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Waterbury	Payment Source	Private	Visits	306	328	282	300	278	1,494
			%	44.4%	46.7%	34.7%	38.5%	37.6%	40.2%
		Medicaid	Visits	329	317	485	437	409	1,977
			%	47.8%	45.2%	59.7%	56.0%	55.4%	53.1%
		Self Pay	Visits	53	56	39	36	44	228
			%	7.7%	8.0%	4.8%	4.6%	6.0%	6.1%
		Other	Visits	1	1	6	7	7	22
			%	0.1%	0.1%	0.7%	0.9%	0.9%	0.6%
	Total		Visits	689	702	812	780	738	3,721
			%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Willimantic	Payment Source	Private	Visits	272	294	309	279	310	1,464
			%	53.2%	54.3%	57.8%	56.0%	60.7%	56.4%
		Medicaid	Visits	204	208	194	189	185	980
			%	39.9%	38.4%	36.3%	38.0%	36.2%	37.8%
		Self Pay	Visits	31	35	28	29	14	137
			%	6.1%	6.5%	5.2%	5.8%	2.7%	5.3%
		Other	Visits	4	4	4	1	2	15
			%	0.8%	0.7%	0.7%	0.2%	0.4%	0.6%
	Total		Visits	511	541	535	498	511	2,596
			%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table A. 6. Hospitals' Share of Total Visits by Year

HOSPITAL	Discharge Year					
	2001	2002	2003	2004	2005	TOTAL
YALE-NEW HAVEN HOSPITAL	13.6%	13.2%	13.9%	13.5%	13.8%	13.6%
CONNECTICUT CHILDREN'S MEDICAL CENTER	9.1%	8.7%	8.6%	10.9%	12.8%	10.1%
WATERBURY HOSPITAL	5.6%	5.6%	6.3%	5.5%	5.1%	5.6%
MANCHESTER MEMORIAL HOSPITAL	5.5%	6.0%	5.6%	5.3%	4.9%	5.5%
LAWRENCE & MEMORIAL HOSPITAL	4.7%	4.3%	4.4%	4.6%	4.9%	4.6%
DANBURY HOSPITAL	3.7%	4.7%	4.4%	4.7%	4.9%	4.5%
MIDDLESEX HOSPITAL	4.0%	4.7%	4.5%	3.8%	3.5%	4.1%
BRIDGEPORT HOSPITAL	4.6%	3.7%	3.7%	4.0%	4.1%	4.0%
THE WILLIAM W. BACKUS HOSPITAL	4.2%	3.4%	3.8%	4.0%	3.9%	3.9%
HOSPITAL OF SAINT RAPHAEL	2.4%	3.7%	3.8%	4.7%	4.3%	3.8%
SAINT FRANCIS HOSPITAL & MEDICAL CENTER	5.0%	4.4%	3.5%	2.9%	2.6%	3.6%
NEW BRITAIN GENERAL HOSPITAL	3.3%	3.6%	4.0%	3.3%	3.5%	3.6%
THE CHARLOTTE HUNGERFORD HOSPITAL	3.2%	3.4%	3.8%	3.2%	3.3%	3.4%
MIDSTATE MEDICAL CENTER	3.7%	3.9%	3.8%	3.1%	1.5%	3.2%
ST. VINCENT'S MEDICAL CENTER	2.4%	2.4%	2.8%	3.3%	3.8%	3.0%
HARTFORD HOSPITAL	2.8%	2.8%	2.9%	2.5%	2.4%	2.7%
DAY KIMBALL HOSPITAL	2.6%	2.6%	2.6%	2.8%	2.6%	2.7%
WINDHAM COMMUNITY MEMORIAL HOSPITAL	2.5%	2.5%	2.3%	1.8%	2.2%	2.3%
BRISTOL HOSPITAL	2.1%	2.1%	2.1%	2.0%	2.4%	2.2%
THE STAMFORD HOSPITAL	2.9%	2.3%	1.9%	1.6%	1.5%	2.0%
NORWALK HOSPITAL	1.8%	2.0%	2.1%	1.9%	1.8%	1.9%
SAINT MARY'S HOSPITAL	1.8%	1.5%	1.7%	1.9%	2.2%	1.8%
GRIFFIN HOSPITAL	1.8%	1.9%	1.3%	1.8%	1.9%	1.8%
JOHNSON MEMORIAL HOSPITAL	1.9%	1.7%	1.4%	1.6%	1.5%	1.6%
GREENWICH HOSPITAL	0.8%	1.0%	1.2%	1.5%	1.4%	1.2%
JOHN DEMPSEY HOSPITAL	0.9%	1.0%	1.0%	1.0%	0.9%	1.0%
MILFORD HOSPITAL	0.7%	0.9%	0.9%	1.0%	1.0%	0.9%
BRADLEY MEMORIAL HOSPITAL AND HEALTH CENTER	1.0%	0.6%	0.5%	0.5%	0.5%	0.6%
ROCKVILLE GENERAL HOSPITAL	0.6%	0.5%	0.6%	0.6%	0.6%	0.6%
NEW MILFORD HOSPITAL	0.3%	0.4%	0.4%	0.5%	0.4%	0.4%
SHARON HOSPITAL	0.3%	0.2%	0.3%			0.1%

Table A. 7. Service Radius of Connecticut's Acute Care Hospitals: Radius of the Area Supplying 90% of Children's Behavioral Health ED Visits

HOSPITAL	SERVICE RADIUS (miles)	HOSPITAL	SERVICE RADIUS (miles)
Bradley Memorial Hospital	8.4	Milford Hospital	8.6
Bridgeport Hospital	11.6	New Britain General Hospital	10.3
Bristol Hospital	8.1	New Milford Hospital	8.4
Connecticut Children's Medical Center	19. 2	Norwalk Hospital	9.8
Danbury Hospital	15.2	Rockville General Hospital	15.6
Day Kimball Hospital	18.5	Saint Francis Hospital & Medical Center	19.8
Greenwich Hospital	6.6	Saint Mary's Hospital	9.2
Griffin Hospital	11.6	Sharon Hospital	30.5***
Hartford Hospital	19.6	Saint Vincent's Medical Center	11.5
Hospital of Saint Raphael	20.0	The Charlotte Hungerford Hospital	17. 8
John Dempsey Hospital	21.2	The Stamford Hospital	5.9
Johnson Memorial Hospital	19.8	The William Backus Hospital	16.8
Lawrence & Memorial Hospital	16.0	Waterbury Hospital	11.4
Manchester Memorial Hospital	18.1	Windham Community Memorial Hospital	30.0
Middlesex Hospital	25.6	Yale-New Haven Hospital	20.3
Midstate Medical Center	10.0		

*** For Sharon Hospital, the total number of visits over the five years is 82, which is too small a sample to provide statistical precision. This service radius estimate, therefore, is not a dependable figure.

Table A. 8. Visit Disposition by Hospital and Year

HOSPITAL	DISCHARGE DISPOSITION	DISCHARGE YEAR									
		2001		2002		2003		2004		2005	
		Visits	%	Visits	%	Visits	%	Visits	%	Visits	%
BRADLEY MEMORIAL HOSPITAL AND HEALTH CENTER	Inpatient/other institution type			8	13.1%	1	1.9%	1	2.1%	3	6.5%
	Outpatient or self-care	88	100.0%	53	86.9%	52	96.3%	47	97.9%	43	93.5%
	Left against advice or died					1	1.9%				
	TOTAL	88	100.0%	61	100.0%	54	100.0%	48	100.0%	46	100.0%
BRIDGEPORT HOSPITAL	Inpatient/other institution type	138	33.2%	76	21.8%	94	25.3%	124	30.6%	128	30.6%
	Outpatient or self-care	277	66.6%	271	77.7%	262	70.6%	279	68.9%	287	68.7%
	Left against advice or died	1	0.2%	2	0.6%	15	4.0%	2	0.5%	3	0.7%
	TOTAL	416	100.0%	349	100.0%	371	100.0%	405	100.0%	418	100.0%
BRISTOL HOSPITAL	Inpatient/other institution type	32	16.5%	37	18.2%	47	23.0%	61	29.8%	68	28.0%
	Outpatient or self-care	161	83.0%	166	81.8%	156	76.5%	143	69.8%	175	72.0%
	Left against advice or died	1	0.5%	0	0.0%	1	0.5%	1	0.5%		
	TOTAL	194	100.0%	203	100.0%	204	100.0%	205	100.0%	243	100.0%
CONNECTICUT CHILDREN'S MEDICAL CENTER	Inpatient/other institution type	56	6.8%	37	4.5%	30	3.5%	36	3.3%	29	2.2%
	Outpatient or self-care	770	93.2%	793	95.5%	821	96.5%	1,059	96.7%	1,266	97.8%
	TOTAL	826	100.0%	830	100.0%	851	100.0%	1,095	100.0%	1,295	100.0%
DANBURY HOSPITAL	Inpatient/other institution type	108	32.4%	119	26.9%	132	30.5%	124	26.5%	99	20.1%
	Outpatient or self-care	225	67.6%	324	73.1%	301	69.5%	344	73.5%	393	79.9%
	TOTAL	333	100.0%	443	100.0%	433	100.0%	468	100.0%	492	100.0%
DAY KIMBALL HOSPITAL	Inpatient/other institution type	70	29.2%	67	26.7%	70	26.9%	71	25.1%	82	31.3%
	Outpatient or self-care	170	70.8%	184	73.3%	190	73.1%	212	74.9%	180	68.7%
	TOTAL	240	100.0%	251	100.0%	260	100.0%	283	100.0%	262	100.0%
GREENWICH HOSPITAL	Inpatient/other institution type	24	31.2%	23	23.5%	30	26.1%	41	27.9%	35	25.0%
	Outpatient or self-care	53	68.8%	75	76.5%	85	73.9%	106	72.1%	105	75.0%
	TOTAL	77	100.0%	98	100.0%	115	100.0%	147	100.0%	140	100.0%
GRIFFIN HOSPITAL	Inpatient/other institution type	21	13.0%	30	16.3%	14	10.5%	24	13.3%	25	13.0%
	Outpatient or self-care	141	87.0%	154	83.7%	117	88.0%	154	85.1%	162	83.9%
	Left against advice or died					2	1.5%	3	1.7%	6	3.1%
	TOTAL	162	100.0%	184	100.0%	133	100.0%	181	100.0%	193	100.0%
HARTFORD HOSPITAL	Inpatient/other institution type	64	25.0%	61	23.0%	62	21.5%	67	26.8%	54	22.7%
	Outpatient or self-care	192	75.0%	204	77.0%	225	78.1%	183	73.2%	184	77.3%
	Left against advice or died					1	0.3%				
	TOTAL	256	100.0%	265	100.0%	288	100.0%	250	100.0%	238	100.0%
HOSPITAL OF SAINT	Inpatient/other institution type	72	32.7%	145	41.0%	183	48.5%	226	48.0%	207	47.6%

HOSPITAL	DISCHARGE DISPOSITION	DISCHARGE YEAR									
		2001		2002		2003		2004		2005	
		Visits	%	Visits	%	Visits	%	Visits	%	Visits	%
RAPHAEL	Outpatient or self-care	146	66.4%	208	58.8%	183	48.5%	237	50.3%	220	50.6%
	Left against advice or died	2	0.9%	1	0.3%	11	2.9%	8	1.7%	8	1.8%
	TOTAL	220	100.0%	354	100.0%	377	100.0%	471	100.0%	435	100.0%
JOHN DEMPSEY HOSPITAL	Inpatient/other institution type	24	28.6%	23	24.7%	24	24.5%	34	35.4%	26	28.0%
	Outpatient or self-care	59	70.2%	70	75.3%	72	73.5%	62	64.6%	67	72.0%
	Left against advice or died	1	1.2%			2	2.0%				
	TOTAL	84	100.0%	93	100.0%	98	100.0%	96	100.0%	93	100.0%
JOHNSON MEMORIAL HOSPITAL	Inpatient/other institution type	50	28.4%	36	22.2%	23	16.7%	21	13.3%	28	18.1%
	Outpatient or self-care	125	71.0%	124	76.5%	115	83.3%	137	86.7%	126	81.3%
	Left against advice or died	1	0.6%	2	1.2%			0	0.0%	1	0.6%
	TOTAL	176	100.0%	162	100.0%	138	100.0%	158	100.0%	155	100.0%
LAWRENCE & MEMORIAL HOSPITAL	Inpatient/other institution type	132	30.9%	86	21.1%	83	19.0%	115	25.1%	127	25.8%
	Outpatient or self-care	294	68.9%	322	78.9%	352	80.7%	340	74.2%	364	73.8%
	Left against advice or died	1	0.2%			1	0.2%	3	0.7%	2	0.4%
	TOTAL	427	100.0%	408	100.0%	436	100.0%	458	100.0%	493	100.0%
MANCHESTER MEMORIAL HOSPITAL	Inpatient/other institution type	159	31.9%	214	37.8%	172	31.1%	175	32.7%	141	28.4%
	Outpatient or self-care	339	68.1%	352	62.2%	381	68.9%	357	66.7%	355	71.6%
	Left against advice or died							3	0.6%		
	TOTAL	498	100.0%	566	100.0%	553	100.0%	535	100.0%	496	100.0%
MIDDLESEX HOSPITAL	Inpatient/other institution type	147	41.1%	163	36.7%	160	36.0%	75	19.8%	115	32.1%
	Outpatient or self-care	211	58.9%	278	62.6%	284	64.0%	304	80.2%	242	67.6%
	Left against advice or died	0	0.0%	3	0.7%					1	0.3%
	TOTAL	358	100.0%	444	100.0%	444	100.0%	379	100.0%	358	100.0%
MIDSTATE MEDICAL CENTER	Inpatient/other institution type	43	12.9%	57	15.2%	79	20.8%	56	17.9%	10	6.8%
	Outpatient or self-care	290	87.1%	318	84.8%	298	78.4%	255	81.5%	137	93.2%
	Left against advice or died					3	0.8%	2	0.6%		
	TOTAL	333	100.0%	375	100.0%	380	100.0%	313	100.0%	147	100.0%
MILFORD HOSPITAL	Inpatient/other institution type	17	25.4%	12	13.5%	26	30.2%	22	22.7%	20	20.4%
	Outpatient or self-care	49	73.1%	77	86.5%	60	69.8%	74	76.3%	77	78.6%
	Left against advice or died	1	1.5%					1	1.0%	1	1.0%
	TOTAL	67	100.0%	89	100.0%	86	100.0%	97	100.0%	98	100.0%
NEW BRITAIN GENERAL HOSPITAL	Inpatient/other institution type	38	12.8%	43	12.7%	55	13.8%	42	12.5%	54	15.1%
	Outpatient or self-care	258	87.2%	294	87.0%	342	85.7%	291	86.9%	299	83.5%
	Left against advice or died			1	0.3%	2	0.5%	2	0.6%	5	1.4%
	TOTAL	296	100.0%	338	100.0%	399	100.0%	335	100.0%	358	100.0%
NEW MILFORD HOSPITAL	Inpatient/other institution type	7	22.6%	18	52.9%	7	18.9%	11	23.9%	11	29.7%

HOSPITAL	DISCHARGE DISPOSITION	DISCHARGE YEAR									
		2001		2002		2003		2004		2005	
		Visits	%	Visits	%	Visits	%	Visits	%	Visits	%
	Outpatient or self-care	24	77.4%	16	47.1%	30	81.1%	35	76.1%	26	70.3%
	TOTAL	31	100.0%	34	100.0%	37	100.0%	46	100.0%	37	100.0%
NORWALK HOSPITAL	Inpatient/other institution type	48	30.0%	63	32.6%	65	32.0%	60	30.9%	53	29.6%
	Outpatient or self-care	110	68.8%	130	67.4%	138	68.0%	134	69.1%	124	69.3%
	Left against advice or died	2	1.3%							2	1.1%
	TOTAL	160	100.0%	193	100.0%	203	100.0%	194	100.0%	179	100.0%
ROCKVILLE GENERAL HOSPITAL	Inpatient/other institution type	10	17.2%	5	10.0%	8	13.6%	12	20.3%	11	18.3%
	Outpatient or self-care	48	82.8%	45	90.0%	51	86.4%	47	79.7%	49	81.7%
	TOTAL	58	100.0%	50	100.0%	59	100.0%	59	100.0%	60	100.0%
SAINT FRANCIS HOSPITAL & MEDICAL CENTER	Inpatient/other institution type	139	30.5%	124	29.7%	85	24.9%	80	27.8%	62	23.1%
	Outpatient or self-care	295	64.8%	278	66.7%	247	72.2%	201	69.8%	204	76.1%
	Left against advice or died	21	4.6%	15	3.6%	10	2.9%	7	2.4%	2	0.7%
	TOTAL	455	100.0%	417	100.0%	342	100.0%	288	100.0%	268	100.0%
SAINT MARY'S HOSPITAL	Inpatient/other institution type	9	5.4%	14	9.7%	22	13.1%	31	16.2%	45	20.5%
	Outpatient or self-care	156	93.4%	127	88.2%	143	85.1%	157	82.2%	173	78.6%
	Left against advice or died	2	1.2%	3	2.1%	3	1.8%	3	1.6%	2	0.9%
	TOTAL	167	100.0%	144	100.0%	168	100.0%	191	100.0%	220	100.0%
SHARON HOSPITAL	Inpatient/other institution type	3	12.0%			2	8.0%				
	Outpatient or self-care	22	88.0%	20	95.2%	23	92.0%				
	Left against advice or died			1	4.8%						
	TOTAL	25	100.0%	21	100.0%	25	100.0%				
ST. VINCENT'S MEDICAL CENTER	Inpatient/other institution type	67	31.3%	75	32.5%	110	39.0%	147	44.3%	159	41.8%
	Outpatient or self-care	145	67.8%	153	66.2%	164	58.2%	181	54.5%	218	57.4%
	Left against advice or died	2	0.9%	3	1.3%	8	2.8%	4	1.2%	3	0.8%
	TOTAL	214	100.0%	231	100.0%	282	100.0%	332	100.0%	380	100.0%
THE CHARLOTTE HUNGERFORD HOSPITAL	Inpatient/other institution type	52	17.7%	57	17.5%	113	30.2%	86	27.2%	87	26.4%
	Outpatient or self-care	239	81.6%	263	80.7%	258	69.0%	228	72.2%	241	73.3%
	Left against advice or died	2	0.7%	6	1.8%	3	0.8%	2	0.6%	1	0.3%
	TOTAL	293	100.0%	326	100.0%	374	100.0%	316	100.0%	329	100.0%
THE STAMFORD HOSPITAL	Inpatient/other institution type	47	17.8%	43	19.4%	53	28.0%	40	24.4%	52	34.4%
	Outpatient or self-care	217	82.2%	178	80.2%	136	72.0%	124	75.6%	99	65.6%
	Left against advice or died			1	0.5%						
	TOTAL	264	100.0%	222	100.0%	189	100.0%	164	100.0%	151	100.0%
THE WILLIAM W. BACKUS HOSPITAL	Inpatient/other institution type	41	10.8%	35	10.7%	37	9.9%	44	10.9%	77	19.7%
	Outpatient or self-care	338	88.9%	292	89.3%	335	90.1%	359	88.6%	313	80.1%

HOSPITAL	DISCHARGE DISPOSITION	DISCHARGE YEAR									
		2001		2002		2003		2004		2005	
		Visits	%	Visits	%	Visits	%	Visits	%	Visits	%
	Left against advice or died	1	0.3%					2	0.5%	1	0.3%
	TOTAL	380	100.0%	327	100.0%	372	100.0%	405	100.0%	391	100.0%
WATERBURY HOSPITAL	Inpatient/other institution type	89	17.6%	79	14.9%	113	18.2%	94	16.9%	109	20.9%
	Outpatient or self-care	416	82.4%	451	85.1%	509	81.8%	461	83.1%	411	78.9%
	Left against advice or died									1	0.2%
	TOTAL	505	100.0%	530	100.0%	622	100.0%	555	100.0%	521	100.0%
WINDHAM COMMUNITY MEMORIAL HOSPITAL	Inpatient/other institution type	68	30.5%	76	31.8%	71	30.7%	45	25.0%	78	34.5%
	Outpatient or self-care	154	69.1%	162	67.8%	159	68.8%	135	75.0%	148	65.5%
	Left against advice or died	1	0.4%	1	0.4%	1	0.4%				
	TOTAL	223	100.0%	239	100.0%	231	100.0%	180	100.0%	226	100.0%
YALE-NEW HAVEN HOSPITAL	Inpatient/other institution type	393	31.8%	379	30.2%	521	37.9%	519	38.5%	533	38.1%
	Outpatient or self-care	840	68.0%	869	69.3%	850	61.8%	825	61.2%	858	61.3%
	Left against advice or died	3	0.2%	6	0.5%	4	0.3%	5	0.4%	9	0.6%
	TOTAL	1,236	100.0%	1,254	100.0%	1,375	100.0%	1,349	100.0%	1,400	100.0%

FOR ADDITIONAL COPIES OF THIS REPORT, CALL 860.679.1519 OR

visit our website:
www.chdi.org

Child Health and
Development Institute
of Connecticut, Inc.

270 Farmington Avenue
Suite 367
Farmington, CT 06032

860.679.1519
chdi@adp.uchc.edu
www.chdi.org