



Children's Long-Term Inpatient Program: Patient Characteristics and Outcomes

Children/Youth Discharged in SFY 2013–2018

EXECUTIVE SUMMARY

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THE Children's Long-Term Inpatient Program (CLIP) is Washington State's most intensive inpatient psychiatric treatment program for patients ages 5 through 17. This report quantifies the substantial mental health (MH) needs and compounding risk factors faced by CLIP patients in two different pre-COVID study cohorts, an earlier cohort (discharged 2013–2015) and a later cohort (discharged 2016–2018), and documents their temporary stabilization and continued challenges after discharge from CLIP treatment. Findings highlight the critical need to develop and enhance more intensive post-discharge supports and services for this population.

Key Findings

1. CLIP patients have exceptionally high needs in the year prior to admission.

FINDINGS

Patients admitted to CLIP have very high pre-admission rates of acute behavioral health (BH) crisis events; BH health diagnoses; developmental disabilities; and lifetime system involvement. In the year prior to admission:

- 85% of patients used MH crisis services.
- 59% had a psychotic diagnosis.
- 57% had a suicidal ideation diagnosis.
- 66% had a BH-related emergency dept. visit.
- 68% were child welfare involved.
- 33% had ever been arrested (lifetime measure).

2. CLIP temporarily stabilizes this population. CLIP patients in the study demonstrated meaningful progress toward recovery, reflected by notable reductions in acute needs in the year post discharge compared to the year prior to admission.

FINDINGS

Average decrease in the **year post discharge** versus the year before admission:

- MH Inpatient Services: -54%
- MH Crisis Services: -37%
- Child Welfare Involvement: -25%
- Suicidal Ideation: -43%
- BH-related emergency dept. (ED) visits: -27%

3. However, a majority of CLIP patients in the study experienced an acute BH crisis within 1 year of discharge; long-term challenges highlight the critical need to develop and enhance more intensive post-discharge cross-system supports and services for this population.

FINDINGS

Fifty-five percent of the later cohort experienced a BH ED visit in **the year following discharge** and 39% were rehospitalized. Acute BH crisis events were most likely in the **first 2 months after discharge**.

Within 5 years post discharge for the early cohort...

- 50% returned to psychiatric inpatient care.
- 74% had at least one BH-ED visit.
- 53% were diagnosed w/ suicidal ideation.
- 35% experienced a self-harm event.
- 33% experienced homelessness or unstable housing.
- 47% were arrested.



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4. The later cohort of CLIP patients had higher pre-admission and post-discharge challenges.

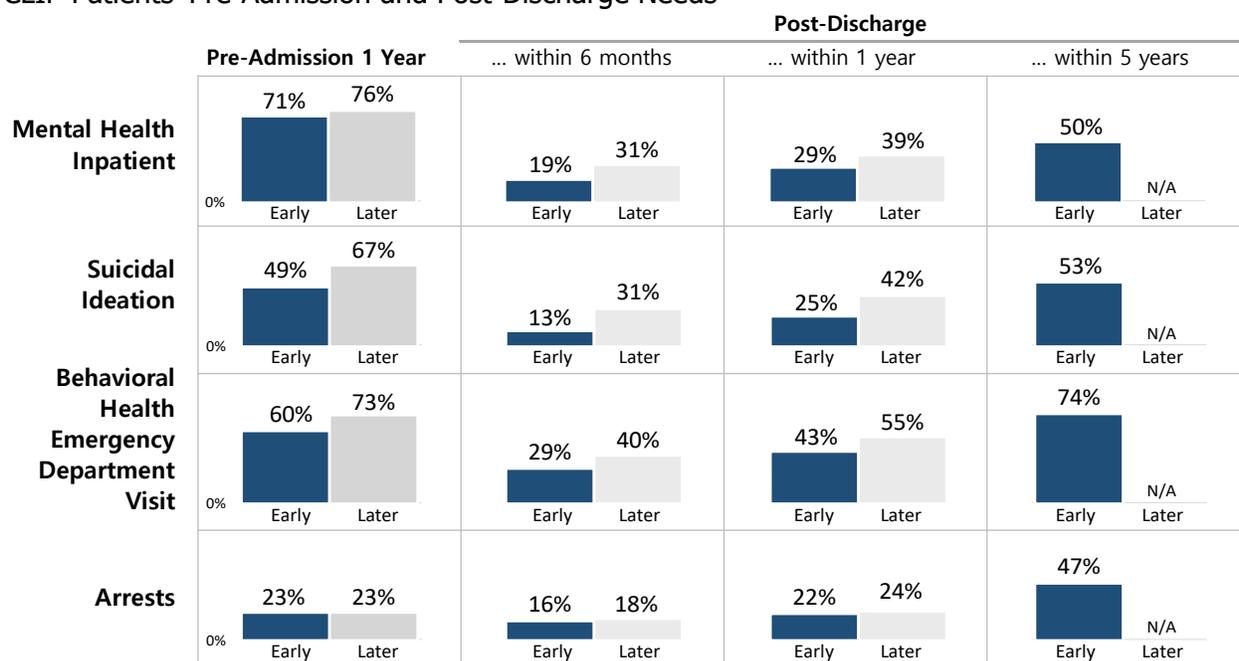
These observations are consistent with national trends of growing mental health problems among children and further highlight the importance of developing strong post-discharge supports.

- FINDINGS**
- The later cohort had higher pre-admission rates of depression, anxiety, ADHD, sleep disorders, eating disorders, and suicidal ideation, and developmental disabilities compared to the early cohort.
 - Post-discharge mental health inpatient rates were 10 percentage points higher and BH-related ED visit rates were 12 percentage points higher among the later cohort compared to the early cohort.

5. Subgroups of CLIP patients have different pre-admission characteristics and post-discharge outcomes. Subgroup analysis may help tailor post-discharge supports to individuals.

- FINDINGS**
- Younger CLIP patients (ages 7 to 13 at discharge) were disproportionately male; had higher pre-admission rates of ADHD, disruptive/impulse/conduct disorders, and language/learning disabilities; had longer CLIP stays; and had lower rates of poor BH outcomes post-discharge.
 - Foster care youth in CLIP were disproportionately female, AIAN, and Black. Mirroring greater pre-admission BH needs, they had higher rates of suicide attempts/self-harm events post-discharge.

CLIP Patients' Pre-Admission and Post-Discharge Needs



NOTE: Data are from two CLIP patient cohorts, the early cohort (discharged 2013–2015) and the later cohort (discharged 2016–2018).
SOURCE: DSHS Research and Data Analysis, Integrated Client Databases.

Recommendations: With a commitment to “Nothing about us without us”, findings of this report were shared with stakeholders and community members with lived experience navigating the CLIP system, which resulted in the following recommendations.

- Expanding the system of care to offer multi-tiered step-down options, including but not limited to seamless and timely transition to WISE.
- Respite care and additional in-home resources.
- Supporting and expanding availability of parent-to-parent supports, e.g., CLIP Parent Advocates.
- Assigning current and former CLIP participants to a cross-system service manager to periodically assess the changing needs of the youth and family and make relevant referrals.

These recommendations will be considered in policy discussions; HCA plans to work in partnership with [Washington Thriving](#) to learn how outcomes of this report can inform new and ongoing efforts for systemic coordination moving forward.