

**Behavioral Health Partnership Oversight Council
Child/Adolescent Quality, Access & Policy Committee**

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www.cga.ct.gov/ph/BHPOC

Co-Chairs: Sherry Perlstein, Hal Gibber, & Robert Franks

Meeting Summary

Friday, February 17, 2012

2:00 – 4:00 p.m.

Value Options

**500 Enterprise Drive, 3rd Floor Hartford Conference Room
Rocky Hill, CT**

**Next Meeting: Friday March 16, 2012 @ 2 PM at Value Options,
Rocky Hill**

Attendees: Co-Chair Robert Franks, Co-Chair Sherry Perlstein, Teodoro Anderson-Diaz, Karen Andersson, Angela Andrade, Jamie Bellenoit, Lois Berkowitz, Arlene Camarca, Elizabeth Feder, Bill Kania, Wendy Kenerson, David Klein, Beth Klink, Sarah Lockery, Dan Lyga, Kristen Oliver, Lisa Palazzo, Lisa Pesci, Ann Phelan, Lynne Ringer, Susan Rousseau-O'Connell, Sarah Soboleski, Jennifer Swierczynski, Lori Szczygiel, Laurie Van Der Heide, and Brenda Wilcox

Opening Remarks and Introductions

Robert Franks commenced the meeting by welcoming everyone and introductions were made.

Value Options Presentation

Dr. Laurie Van Der Heide from BHP presented related data for the 2011 BHP Performance Target on Residential Treatment. This presentation reviewed the performance of RTCs on several indicators. Data was presented in aggregate, although individual provider data is collected and shared with those sites and because data was in aggregate, it was less meaningful due to potential outliers, however, some positive trends were noted. It is, also, noted that a performance initiative that was examining RTCs and identifying goals was interrupted when the new DCF administration took over.



Microsoft PowerPoint
Presentation

A. Report out on profiles of each of the Residential Treatment Centers (RTC) Performance and Outcomes:

Statewide, the total average length of stay has been consistent across quarters with a slight increase in Q1 & Q2'11 (292.05 days) from Q3 & Q4'10 (281.59 days). RTCs are grouped according to the Primary Diagnostic population served by each In-State RTC:

- Psychiatric – Children's Center of Hamden, Children's Home of Cromwell-Boys/Girls, Klingberg, Waterford, Wellspring
- Substance Abuse – Rushford Center, New Hope Manor, MCCA
- Conduct/Behavioral- Mount St. John, NAFI- Stepping Stone, NAFI-Touchstone, Natchaug Hospital
- Special Populations – American School for the Deaf, Justice Resource Inc.- Susan Wayne Center, Children's Home of Cromwell- Jordan

Dr. Van Der Heide denoted that "Special Populations" meant fire starters and sexual violators. These groupings are an approximation (each facility type may treat youth classified in a different group at any given time).

B. Quality indicators during child/youth stay, the volume of significant events are measured for a youth during RTC stay:

- 1) AWOLS
- 2) Police/EMS calls
- 3) Arrests
- 4) Restraints
- 5) Suicide Attempts

C. Examination of performance post discharge: RTC Days in Community – Overview

- Included all youth discharged from an RTC during CY 2010 who were eligible for services during both the 6 month period before, as well as after the RTC stay.
- In order to measure the "days in community", all days that the members spent in a confined setting during both periods are aggregated for the period before the RTC stay and then compared to the aggregated total following the RTC stay.
- Levels of care that are considered to be spent in confined settings are those days spent in an Inpatient Facility (IPFs), a medical bed boarding as they await for an inpatient behavioral health bed

(IPMs), Inpatient Detox (IPDs), Residential Treatment Centers (RTCs) and Partial Residential Treatment Facilities (PRTFs).

- To establish the total possible days in the community, 183 days (the number of days in a 6 month period) was multiplied by the total number of discharges within the cohort. The total number of days in a confined setting is then subtracted from the total number of possible days in the community to obtain the actual days in community.

For In-State RTCs, the total number of Inpatient days (IPF including Riverview Hospital) following the RTC stay decreased by 3677 days (-73.8%); 4983 days in IPF prior to RTC admit vs. 1306 days in IPF post RTC discharge. Among Out of State RTCs, the total number of Inpatient days following the RTC stay decreased by 3725 days (-64.5%); 5779 days in IPF prior to RTC admit vs. 2054 days in IPF post RTC discharge.

Discussion of Feedback Process on the Draft Design

Committee Co-Chair Robert Franks lead the discussion and asked what happens to kids when they come back in-state from the out-of-state residential treatment centers? Where do they go? Dr. Van Der Heide replied that some go back to RTC's, with a lower level of cases go back to their homes or to group homes, or to foster care. Most cases are tracked for six months after their RTC stays. The question was asked how is a child's stability measured after the RTC stay? The Committee is looking for guidelines on how to move the system forward. What are some of the success stories that would help a kid succeed? Robert asked if the Committee was in a position to make a recommendation? What is best practice? Co-Chair Sherry Perlstein said, "Let's confirm the data and discuss it as a group." The Committee agreed that it will be important for providers, DCF, and Value Options Leadership to have a forum to continue to examine performance of RTCs and set mutually agreed upon performance targets and methods of evaluation. DCF regional leadership will likely need to assume this function formally covered by DCF central office staff.

New Business and Announcements

Co-Chair Sherry Perlstein said there were no policy items at this time.

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