

CT BHP Performance Target 2007

Reducing Discharge Delays for Youth Receiving Inpatient Behavioral Health Treatment

DRAFT v. 1/28/07

Summary: In 2007, the Contractor (ValueOptions) will collaborate with DCF and DSS to work towards reducing discharge delays for youth receiving inpatient behavioral health treatment. The ultimate goal is to reduce the percentage of overall inpatient days that are represented by discharge delay days (insert baseline percentage and goal). Discharge delays are defined as occurring when a youth no longer meets medical necessity criteria for an inpatient level of care, but cannot be discharged from inpatient care due to a variety of other factors. Current data demonstrates that the majority of the children in discharge delay status need a place to live, while the remaining children are awaiting community services.

A. Goal: Improve the accuracy of discharge delay information generated by the ASO.

Obtaining accurate discharge delay information is critical to understanding and being able to impact the discharge delay problem. ValueOptions will work with ASO clinicians and CMAP network inpatient unit clinical staff to ensure consistent adherence to Level of Care Criteria and consistent identification and documentation of discharge delay status for youth receiving inpatient behavioral health treatment. Particular focus will be placed on ensuring that the identification of the discharge delay happens at the appropriate time. ValueOptions will measure the accuracy of discharge delay information as part of a larger strategy to ensure excellence in clinical documentation that will include a rigorous training and documentation audit process. This process will assure increased confidence in the tracking of discharge delays in CT. The baseline data point for the percentage of overall inpatient days that are represented by discharge delay days will be established based on a measurement of Q3 and Q4 2007 data (calendar year). The follow up data point for comparison, used to determine whether or not improvement has occurred, will be based on data from Q3 and Q4 of 2008. (insert specific goals for documentation audits).

B. Goal: To facilitate timely access to community based services for those discharge delay cases that delayed due to awaiting community based services.

ValueOptions will continue its work to facilitate timely and improved access to community based programs. The State of Connecticut has expressed a commitment to engage in network expansion activities, specifically to establish and implement a series of Enhanced Care Clinics (ECC) throughout the state, as well as to establish a therapeutic support staff model and behavioral consultation. It is anticipated that these programs will provide increased access to community based services. Contingent upon the

establishment and implementation of these services by the state, ValueOptions will actively utilize these services as a clinically appropriate discharge option for youth receiving inpatient treatment services. Training on these new levels of care will be provided to ASO clinical staff and case audits will confirm that these services are being actively and appropriately used as dispositions.

C. Goal: Develop and Implement a Treatment Improvement Series for Discharge Planning for Inpatient Care

ValueOptions, in collaboration with DCF and DSS, will conduct a series of focus groups and informational interviews with key stakeholders to evaluate and articulate best practices protocols related to discharge planning for youth receiving inpatient behavioral health treatment. Stakeholder input may include but not be limited to:

- The Departments
- Inpatient treatment facilities
- ASO Physician Advisory Committee
- CHDI
- Family and Advocacy Groups
- Affiliations with organizations such as Wesleyan University, etc.

ValueOptions will conduct a literature review to identify industry best practices worldwide. ValueOptions will compile all information gathered during these processes and develop a best practice treatment improvement series focused on Discharge Planning for Inpatient Care. This treatment improvement series will include a written document that will be mailed to all CMAP network inpatient facility medical directors, and posted on the ValueOptions CT BHP website by 11/15/07. A presentation will also be developed that will be offered on three occasions during Q4 of 2007 by our Provider Relations staff, in various locations throughout Connecticut.

By 3/15/08, ValueOptions will prepare a year end report summarizing the work of this project, including recommendations for subsequent interventions to reduce discharge delays.