



Report to the Quality Management and Access Subcommittee

June 15, 2007

Trends in Use of Inpatient Hospital Services

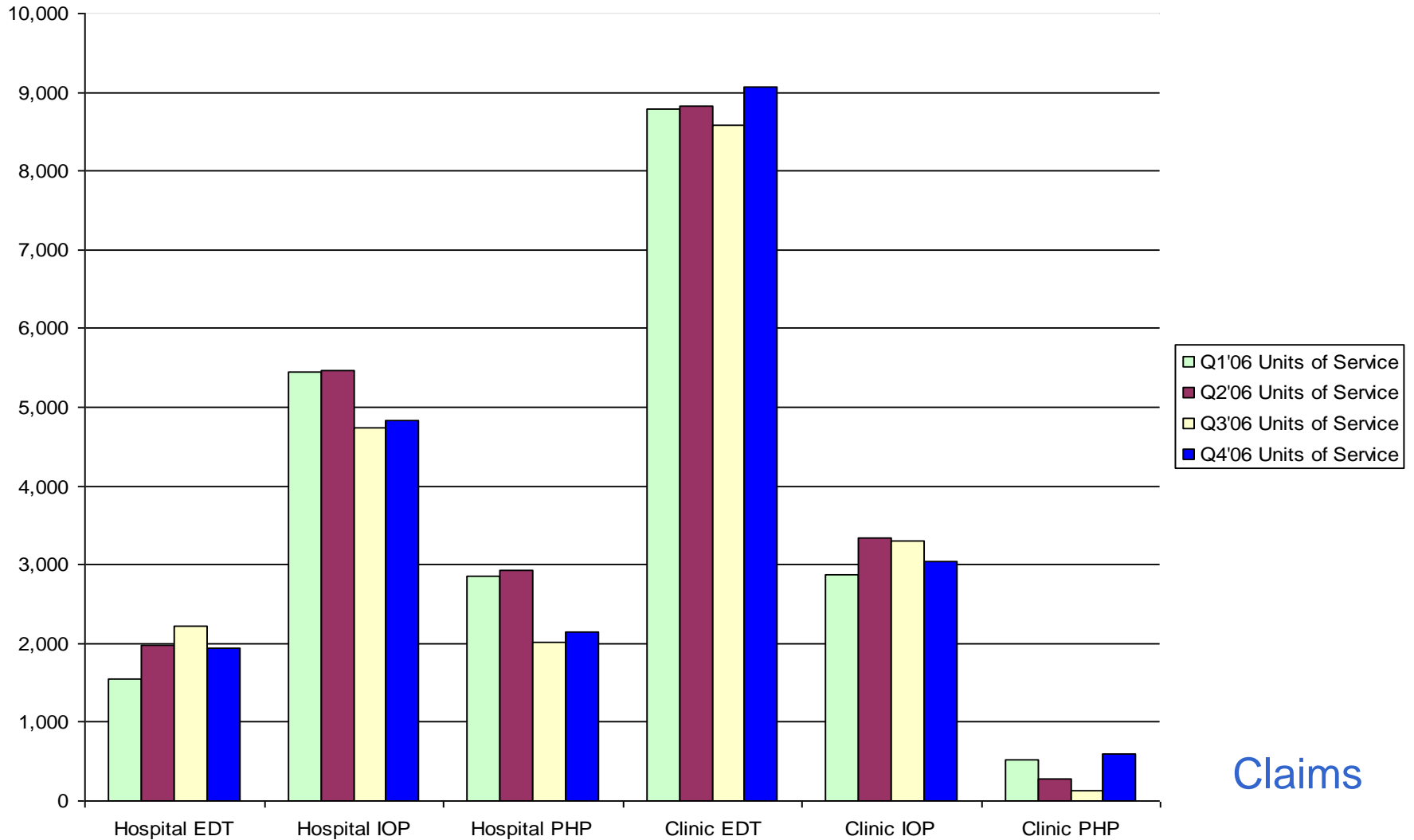
Children and Adolescents

- About 750-950 children served per quarter
- About 16,000 days per quarter
- Average length of stay about 25 days
- Nearly 30% of inpatient hospital volume (more than 5,000 days per quarter) in discharge delay status
- Most are awaiting out of home treatment

Trends in Use of Community Services

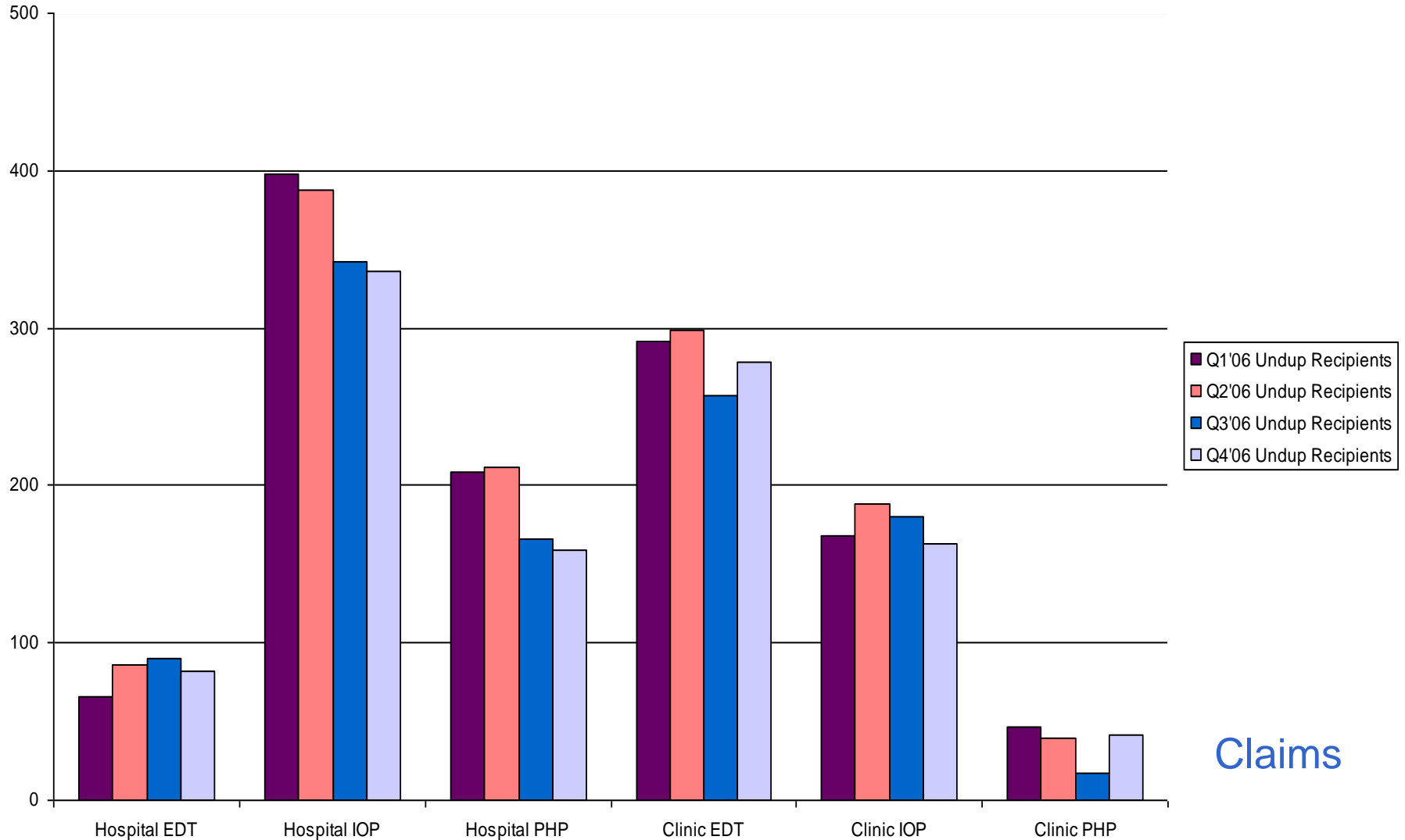
CHILDREN & ADOLESCENTS

Intermediate Care Volume – Child

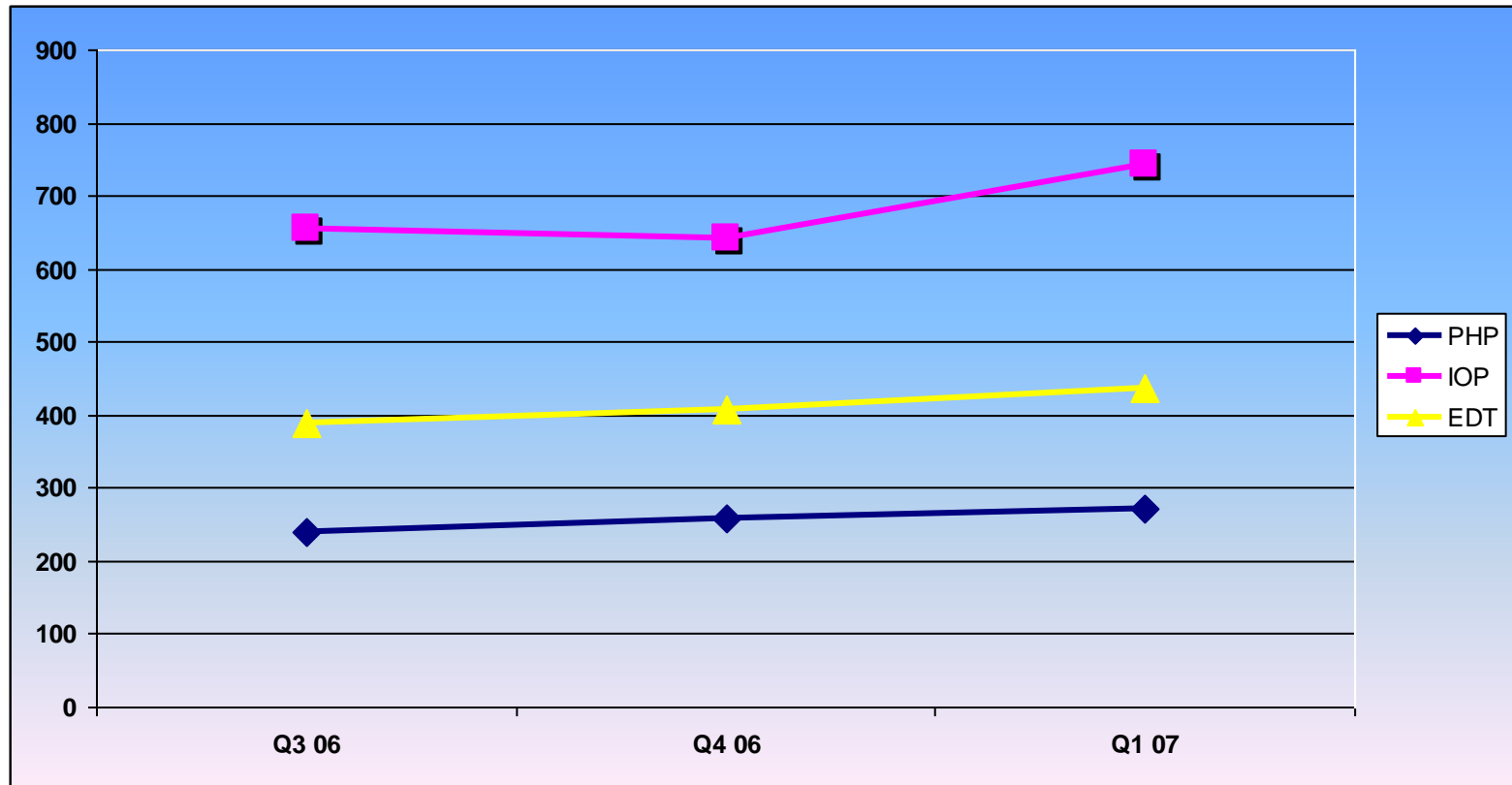


Claims

Intermediate Care Clients – Child

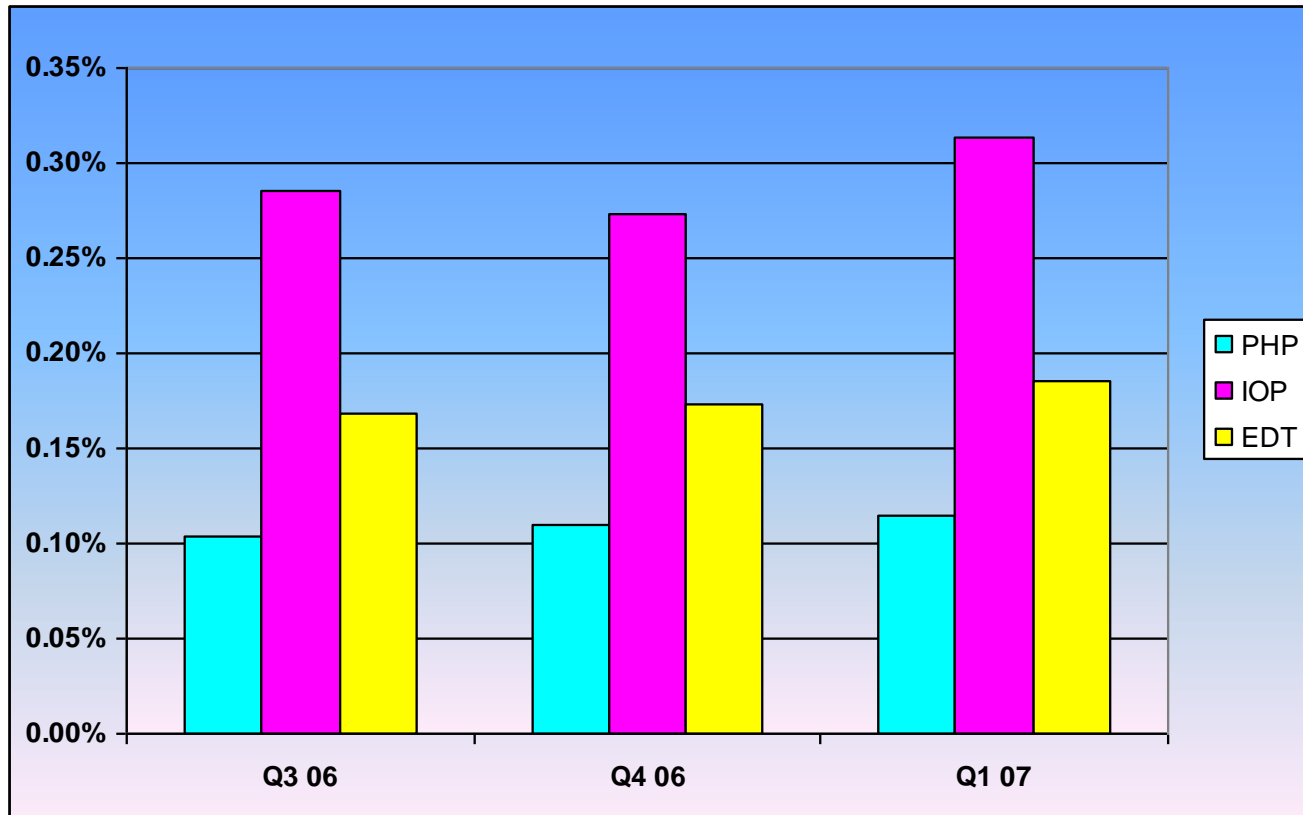


Intermediate Care Clients



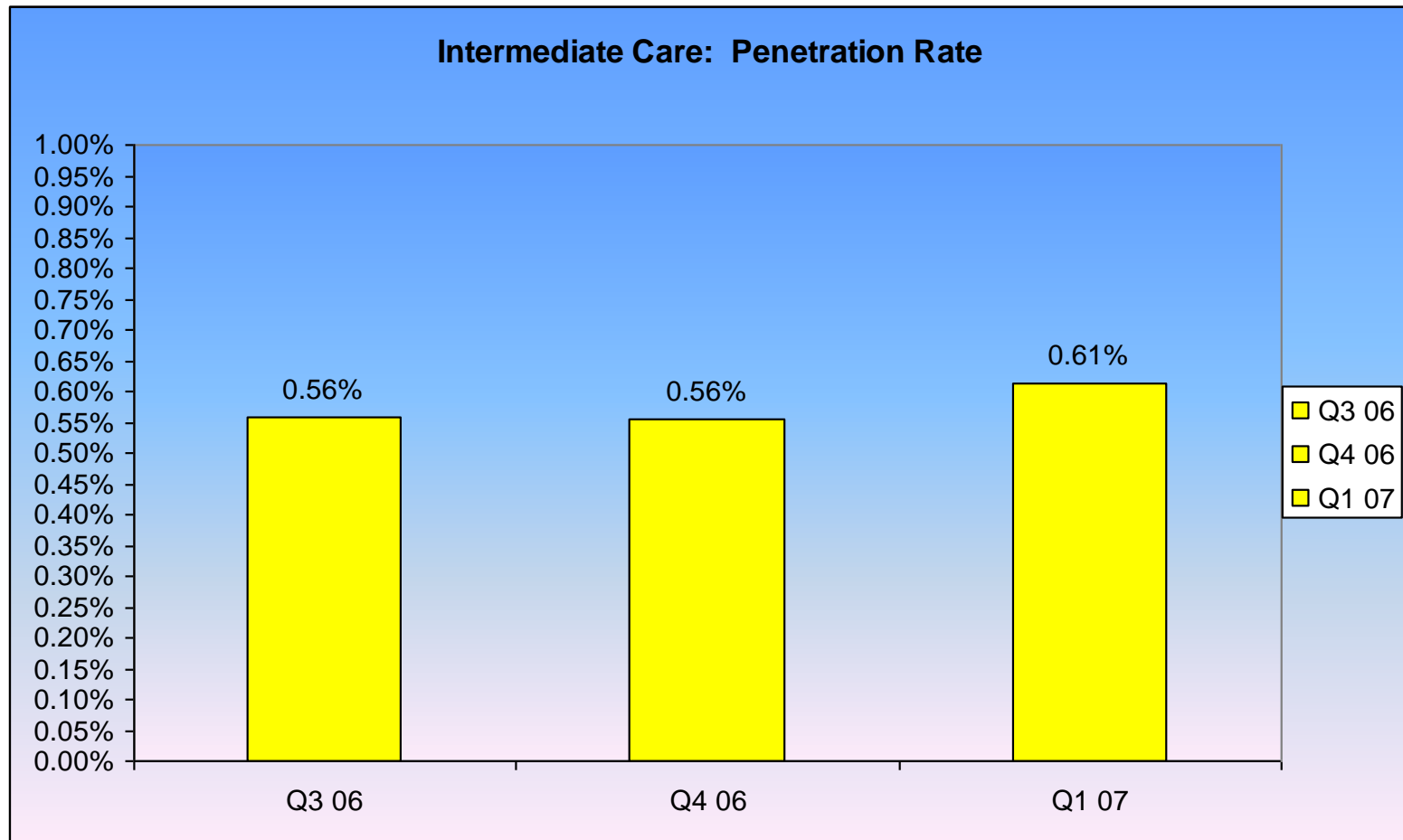
Authorizations

Intermediate Care: Penetration Rate



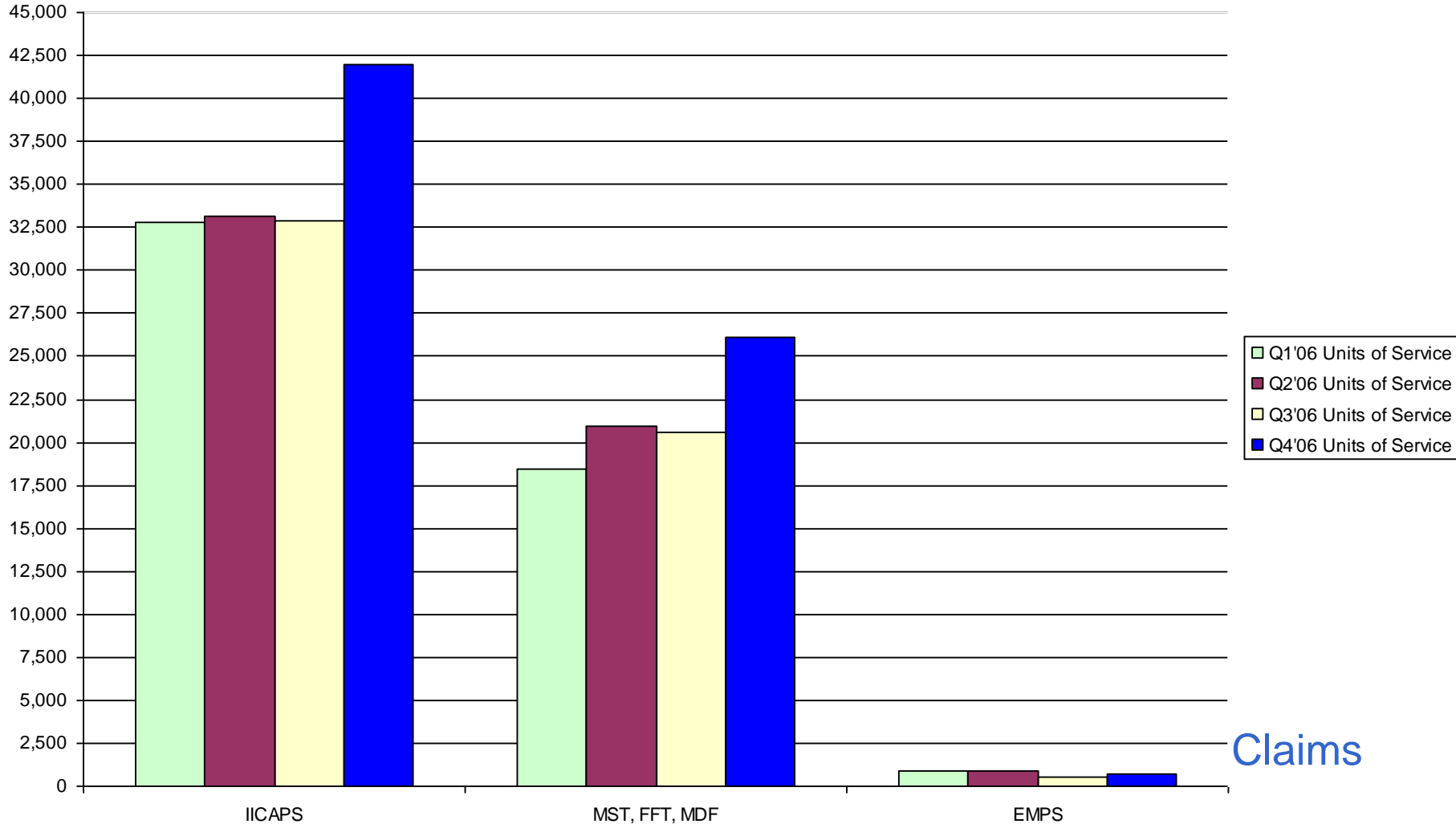
Authorizations

Intermediate Care: Penetration Rate

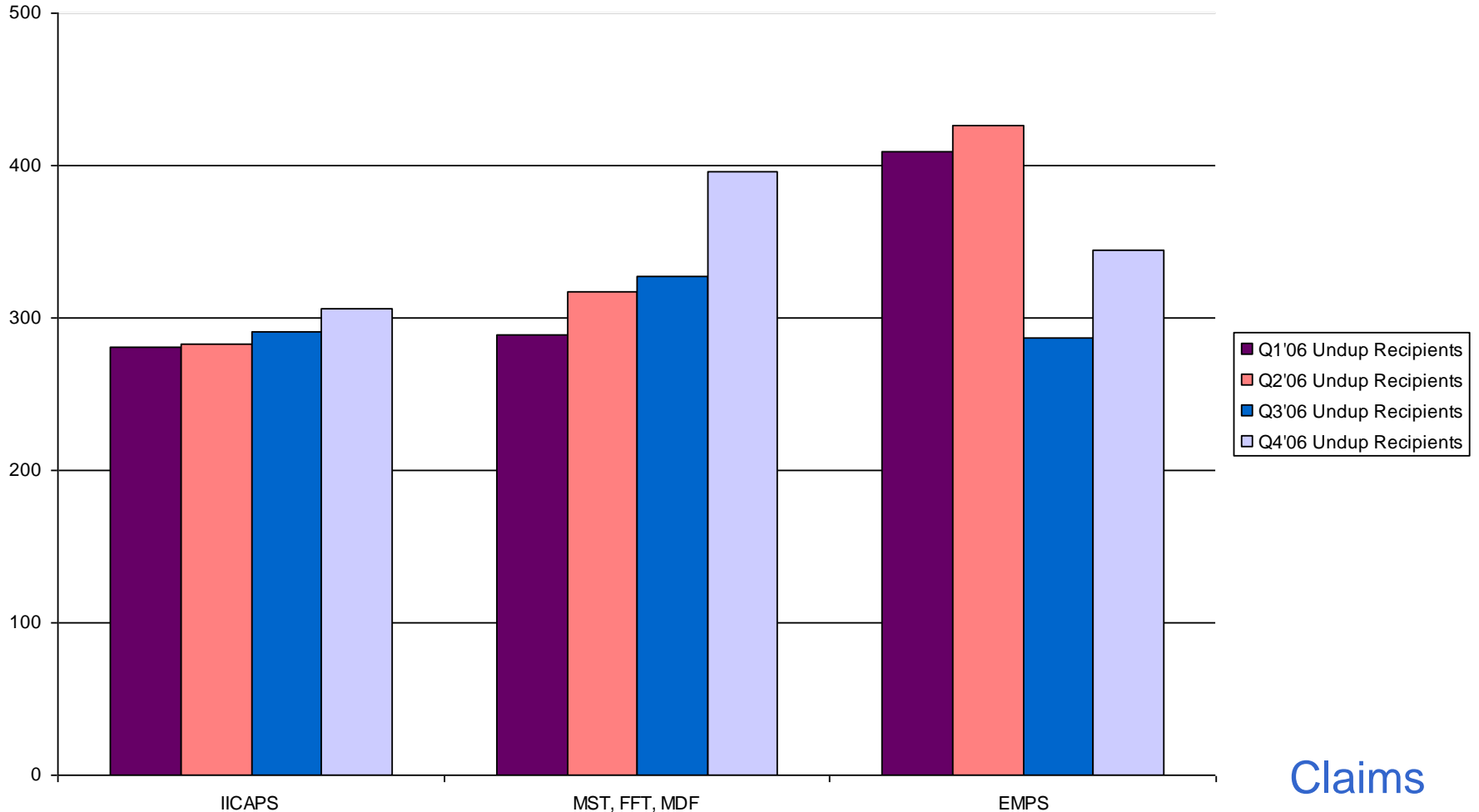


Authorizations

Home-Based Service Volume – Child

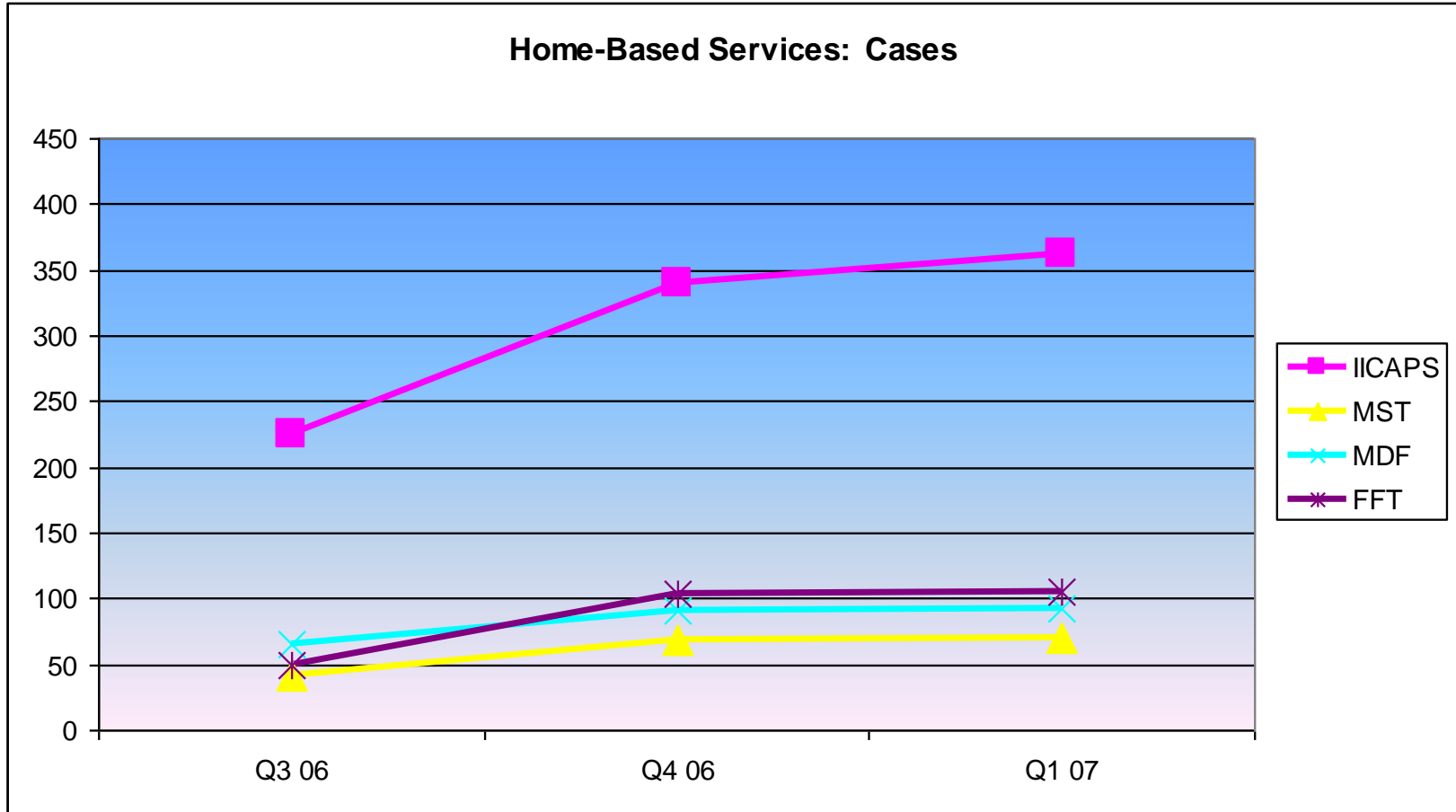


Home-Based Service Clients – Child

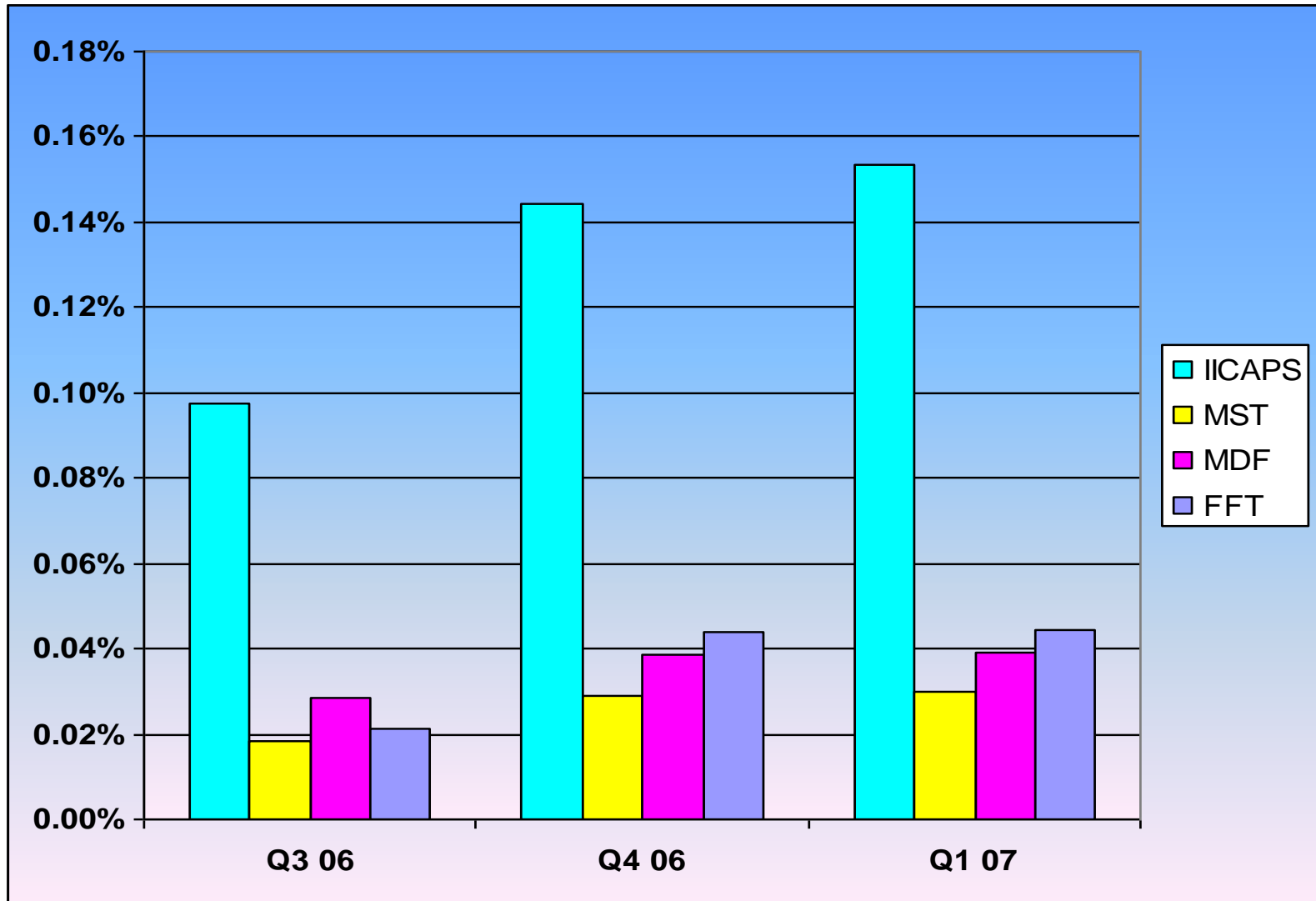


Claims

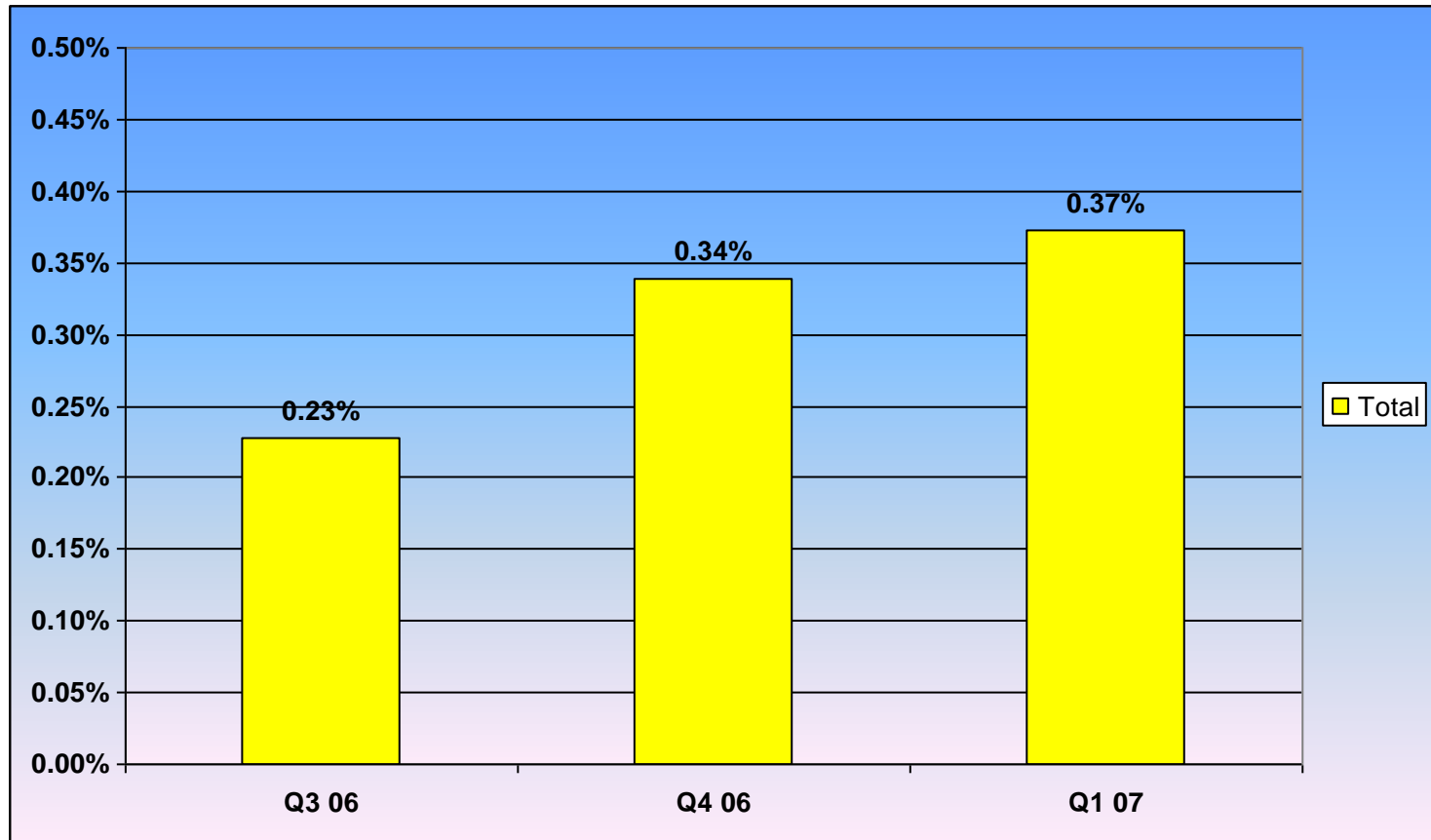
Home-Based Service Clients



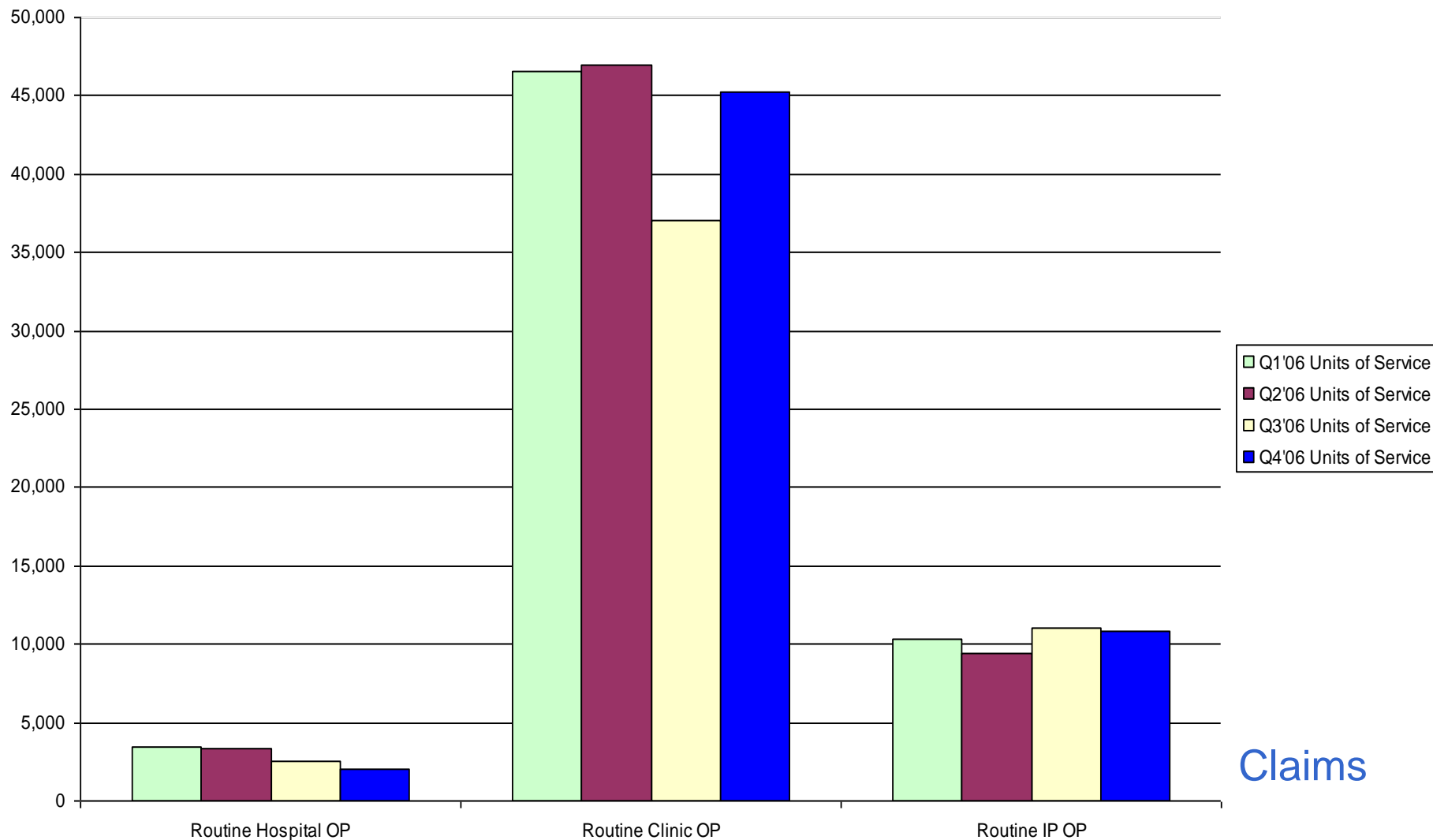
Home-Based Services: Penetration Rate



All Home-Based Services: Penetration Rate

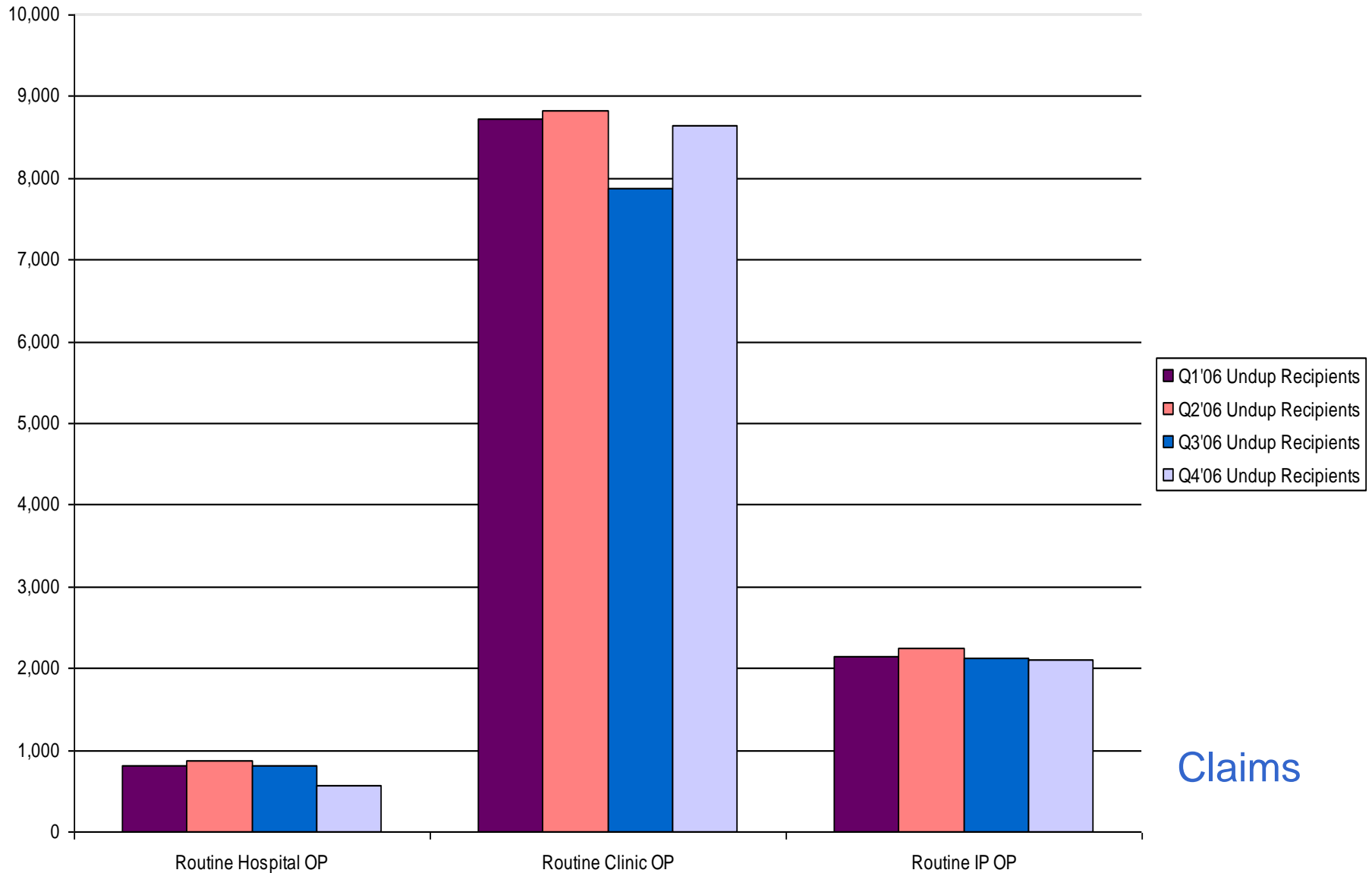


Outpatient Volume - Child



Claims

Outpatient Clients – Child



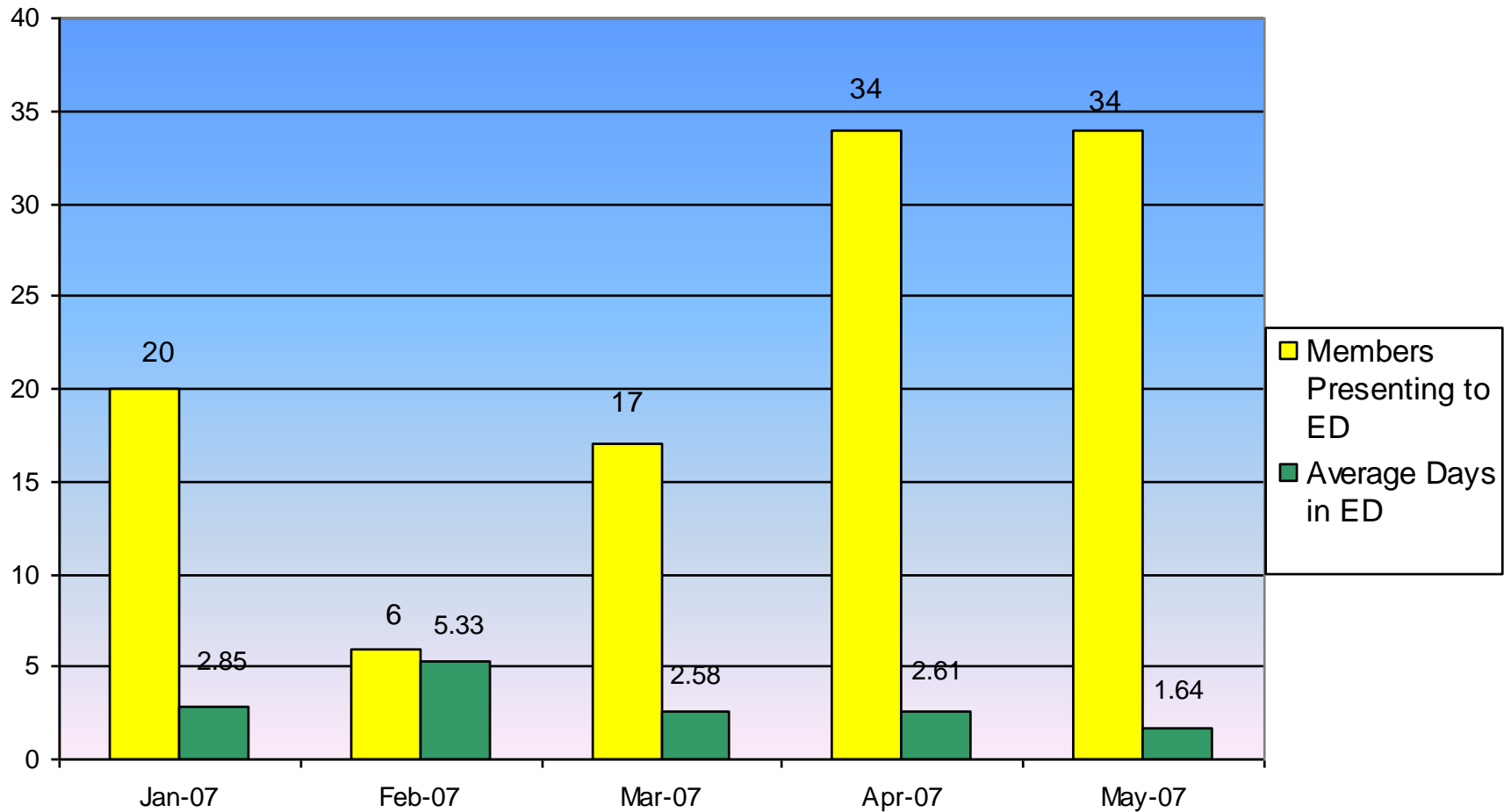
Claims

Emergency Department Management

ED Response Plan – High Volume Provider

- ValueOptions Intensive Care Manager/System Manager assigned to the CCMC ED
- Daily calls, onsite visits, and attendance in daily rounds
- After hours phone consultation and on-site visits on request
- Weekend coverage began on 4/13/07 and remains in place
- On-site assistance focus on community diversion or inpatient admission
- Peer specialists available to support families in the ED on request
- New CCMC/Wheeler MOU provides for on-site presence of EMPS
 - EMPS participation in daily rounds
 - EMPS meeting with family when diversion is an option

CCMC ED Analysis January – May 2007



CCMC ED Analysis

- Qualitative sense had been that the bulk of delayed dispositions were DCF youth from RTC or GH
- Data reveals that 65% of delayed children from biological, foster or other home settings
- Speaks to opportunities to positively impact the diversion rate of the EDs and increase referrals back to community based programs

CCMC ED Analysis, cont'd

- 43 Children in Delayed Status in Q1 of 2007
- 68 Children delayed for April and May
 - Mobile CT BHP clinician to highest volume ED initiated in early 4/2007 (daily – 7 days/week)
 - On-call CT BHP clinician to highest volume ED initiated in early 4/2007 (daily – 7 days/week)
 - Immediate impact:
 - Leveraging of outpatient service availability
 - ED feels supported
 - Work continues with local EMPS to provide additional support/follow up to ED and members

CCMC ED Analysis, cont'd

- Initial outcome of providing additional support to CCMC (i.e., ICM outreach, Wheeler, CHR, IOL and flex responsiveness of community providers) yields positive results
- January 75% of children admitted to Inpatient, 25% returned to previous setting
- May 36% of children admitted to Inpatient, 56% returned to previous setting

Web Registration

- Initiated on 8/1/07
- Done for services that **do not** require clinical review at time of initial service
- Services that require registration are:
 - Outpatient services
 - Ambulatory Detox
 - Methadone Services
 - Crisis Stabilization Residential
 - Care Coordination

Web Registration Cont'd

Domains of Questions included:

- Referral Source (i.e., self, PCP, School, DCF)
- Screening Type (i.e., telephone, walk-in)
- Referral Type/ Urgency
- BH Tx last 6 months
- Family involvement
- Coordination of care consents (i.e., school, PCP, other BH providers)
- Taking medication
- Co-occurring MH/SA conditions

Routine Outpatient Registration Dashboard

- Quarterly metrics for subset of questions from the Service Registration Form for routine outpatient services only
- Information is broken out by three provider types:
 - Free-standing Clinics
 - Hospitals
 - Independent Practitioners
- Within each of those categories, further broken out by child and adult.

Dashboard cont'd

- Q1 07 data included in this dashboard
- Going forward, will trend quarterly findings
- Separate report will be available for Referral Type/Urgency data soon that will allow assessment of timeliness of appointments for urgent and emergent referrals