



Behavioral Health Partnership Oversight Council

Quality Management & Access Subcommittee

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Meeting Summary: September 21, 2007

Next meeting: Friday October 19, 2007 @ 1-2:30 PM at CTBHP/VO Rocky Hill

Chair: Dr. Davis Gammon Co-Chairs – Paula Armbruster & Robert Franks

The focus of this subcommittee meeting was on residential care (RTC): capacity change over time, gaps in RTCs for complex needs children/youth, impact of these on RTC length of stay (LOS) that intern impacts inpatient gridlock. (Click on icon below to view presentation, RTC data).



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SubcommitteeRTC pr

Discussion/recommendations:

- ✓ CTBHP/VO is working with DCF on issues related to the Juan F decree.
- ✓ RTC is not within the BHP continuum of care system, rather under DCF as funded services. This disconnect from BHP contributes to the laborious process of gathering data, data integrity and a coordinated prior authorization and claims reimbursement process. ***The Subcommittee asked BHP to discuss RTCs connection to the BHP program at the October meeting.***
- ✓ In response to the Juan F decree there reportedly was a DCF initiative in the past to assess RTC special service requirements, staffing and costs. ***The Subcommittee stated that this information is needed now given:***
 - Since July 2002 the licensed bed capacity in-state dropped from 1014 beds to about 600 beds; the primary reason for the reduction was quality and safety issues.
 - CT's RTC ALOS is twice as long as that in other states VO works,
 - Twice as many children are waiting to access RTCs (202) compared to those awaiting discharge from RTCs (104),
 - Out of state placement costs are higher than in-state and limited in-state capacity to treat complex needs clients and those with serious behavioral disorders.
 - Need to find alternative placement and treatment other than RTCs for young children.
- ✓ The Subcommittee agreed that what's needed is:
 - DCF to look at adequacy of RTC in-state bed capacity, appropriate service capacity for special needs children/youth as suggested by Office of Health Care Access.
 - Identify community level of care service gaps
 - For those admitted to RTCs, early discharge planning with the family is critical to timely discharge and re-focusing on therapy versus placement.
 - Include RTC services in the CT BHP LOC guidelines for services.

- Outcomes for those children/youth diverted from RTC vs. those admitted to RTCs.
- Recognition of DCF efforts to improve and stabilize this system while encountering community siting difficulties for community-level services such as therapeutic group homes, other alternative living placements.

There will be continued discussion of RTC as part of the BHP continuum of care at the October 19th Subcommittee meeting.