



## Behavioral Health Partnership Oversight Council

### Quality Management & Access Subcommittee

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### Meeting Summary: October 19, 2007

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

#### **CTBHP/ValueOptions Utilization Data** *(Click icon below to view utilization presentation)*

Lori Szczygiel and Laurie Van Der Heide (CTBHP/VO)



Quality & Access  
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#### Report highlights/SC discussion on behavioral health utilization:

- ✓ Pediatric admissions and average length of stay (ALOS) reports include Riverview: future reports will separate out Riverview from other inpatient utilization.
  - 80% of children at Riverview are DCF committed.
  - Delayed status of DCF children in inpatient and residential treatment centers (RTC) is related to after care placement: early discharge planning that may include foster care is critical to moving the child/youth within the continuum of care.
  - The number of Court ordered evaluations sent to Riverview have been reduced through the work of CSSD; the evaluation length of stay ranges from 2-3 weeks.
  - Riverview ALOS ranges from 9-12 months more of an intermediate level of care rather than acute level.
- ✓ Observations about DCF vs. non-DCF utilization patterns:
  - DCF children's ALOS (acute and delayed) is about 2.5 times that of non-DCF children.
  - DCF children have about twice the *acute* ALOS days compared to non-DCF children as well as greater discharge *delayed* days. The complexity of the child/youth's status contributes to longer acute and delayed ALOS.
- ✓ Overall discharge delay reasons for Q2 07 were reviewed: 82% are awaiting placement. Preliminary data – 40% of children waiting for RTC, 40% therapeutic group home and 20% foster care.
- ✓ YNHH suggested that inpatient discharge plans focus on the *strengths* of the child and provide guidance to the next level of care regarding what triggers behavioral problems and successful strategies to manage this. This support may help the provider to better determine the appropriateness of the referral. Suggestion to engage Dr. Williams (DCF) in this.
- ✓ YNHH observed that ED delay tracking (in ED 8 hours after evaluation) doesn't include pediatric medical unit "holds". YNHH had higher number of ED psychiatric evaluation this September than last September. Backus Hospital and YNHH are the only 2 hospitals that

use medical unit boarding rather than ED placement. Medical unit stays will be quantified in future reports.

- ✓ In Q1 and Q2 07 the average ED days delayed are similar (2.8 to 2.5 days) despite the increased volume.
- ✓ Schools drive ED volume. It was suggested a QA work group be formed to work with state dept of education (SDE) and BHP to determine if ED admissions are related to 'zero tolerance' policy in education and community resource that could divert an ED admission.
- ✓ CTBHP/VO will present data in January 2008 on prevalence of medical co-morbidities for children using BH services and relationship to institutional discharge delays.

Dr. Karen Andersson (DCF) discussed;

- RTC issues and the department's efforts to work with judges on court-ordered RTC. Judges become concerned when a child/youth is extended detention and want to move them out of that setting. DCF recognizes it is important to identify youth in who need RTC or who might be appropriate for alternative community services such as IICAPS.
- The agency's changing approach to foster parents that would better support them in managing the behavior of the child and have access to foster parent respite care in an effort to reduce foster placement disruption.
- Court Support Services (CSSD) has secured funding for 2008 to provide regional clinical coordination throughout the state and work with judges.

Dr. Mark Schaefer (DSS) will provide a menu of the reports generated by the CTBHP and Exhibit E ASO contract.

#### **Upcoming agenda items identified:**

- ✓ **November 16, 2007:** 1) re-run utilization data without Riverview effective for Q107, 2) inpatient medical boarding, 3) impact of foster care disruption, 4) break down "awaiting placement" (82%) discharge delays by DCF vs. non-DCF child, 5) establish subgroup to look at SDE/ED issues (?).
- ✓ **December 14, 2007:** 1) EMPS redesign – Dr. Bert Plant (DCF), 2) sample of children referred for RTC that did not receive this level of care, what services they received, 3) adult service trends, 4) non-hospital based ED diversion, (*? information on CARES UNIT first 2 months operation*).
- ✓ **January 2008:** data on co-morbidities for adults and children in the BHP system.