



Behavioral Health Partnership Oversight Council

Quality Management, Access & Safety Subcommittee

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www.cga.ct.gov/ph/BHPOC

Meeting Summary: **February 15, 2008**

Next meeting: Friday March 14 @ 1 PM at VO/Rocky Hill

Co-Chair: Dr. Davis Gammon & Robert Franks

CTBHP Report



BHPOC QMA SC
Presentation 02-15-0

Discussion areas based on the reports (*Click on icon above to view report*) included:

- ✓ ED average length of stay (ALOS) decreased noticeably in June/July 2006 and the ALOS flattened in the second half of 2007. There was a reduction in Nov. to Dec. 2007. Several initiatives including ValueOptions direct with CCMC and the opening of the CARES Unit in Oct. 2007 may be contributing to these trends as well as the seasonality factor. The ALOS in the ED for all hospitals was 2.39 with a total of 956 days in the ED in 2007.
- ✓ Children's total inpatient days: DCF children decreased in the 3Q & 4Q 07 while non-DCF children's days increased slightly during that time.
- ✓ There has been an increase in volume of children with BH and DD co-morbidities. Riverview had long delays in 3Q that coincided with the closure of Lake Grove facility. Since Oct. 2006 the voluntary DDS program ended the relationship with DCF, so these children are no longer in the BHP. The program change has had an impact on Yale inpatient LOS but this population is no longer in the BHP data.
- ✓ Adults have more per capita use of mental health services than children. In 2007 there was a decline in unduplicated recipient use of inpatient and outpatient in 3Q07 compared to 3Q06. A question was raised as to whether this reflected access to service issues. Total inpatient days for adults, while lower in subsequent quarters than in 2Q07, did see an increase in 4Q 07 compared to the previous quarter.
- ✓ Hospital ALOS showed trend changes among hospitals (i.e. slight increase in Hall Brooke and Natchaug, decrease in Yale ALOS). ValueOptions will be doing further analysis with this data, sharing profile data to identify differences, create realistic incentives related to ALOS.
 - VO was asked to break out "awaiting placement" reasons at Riverview.
 - Yale noted that patients that are not DCF-committed and awaiting voluntary services approval, usually for RTC, have long stays due to the complex application process for Voluntary Services that can take 45 days or more. The person needs to be approved for Title X1X and 4E (room & board). Given the delayed hospital discharge costs to BHP it would seem cost effective to place the child as a priority

VS client or temporary VS member, completing some of the paper work after hospital discharge and RTC placement. Further discussion with DCF in March.

- ✓ The BHP OC can consider recommending alignment of incentives for all involved in reducing inpatient ALOS (i.e. ValueOptions, hospitals, DCF regional offices, etc).
- ✓ Group home occupancy rates are self reported to VO by the homes. Most of them are at 100% occupancy since these are long term placements.
- ✓ RTC capacity to accept the increasingly more complex child/youth referrals was discussed in relation to funding adequacy for staffing and training, capacity to apply specific treatment models. The BHP OC DCF Advisory subcommittee is looking at RTC issues.
- ✓ Future reports for adults and children on medication use and behavioral health treatment.
- ✓ Dr. Gammon introduced Don Civitello who has worked with the Milford school system special education program and currently is meeting with Sen. Slossberg's group on bridging BH services with schools, the family and the child.

BHP: Performance targets for ValueOptions for SFY08

Mark Schaefer reviewed the targets for 2006, 2007 and proposed targets for 2008 that are being negotiated with BHP and ValueOptions. For 2008 targets proposed include:

- Keep the IT target.
- Do member satisfaction in 2009, keep provider satisfaction survey.
- Follow-up care after hospitalization can be done manually now, not automated for base year data.
- Consider focus on psychotropic medication prescribing.
- Continue to develop recommendations based on the SFY07 Foster care disruption report.
- Intensive Case Management (ICM) numbers can be done by Mercer, need to identify ICM effectiveness.
- Consider a measure on medical/BHP co-management, identifying what this achieves.

Subcommittee Focus/name

Dr. Gammon described clinical situations of medication interactions and lack of prescribing psychiatric practitioner's knowledge of all medications a patient is taking that can have deleterious effects for the patient. The Subcommittee has a commitment to quality in the BHP as well as safety issues for clients. The Co-Chair suggested renaming the Subcommittee the Quality Management, Access and Safety SC to reflect the latter focus of the SC. There were no objections voiced to this.

March 14 meeting agenda items to include:

- ✓ Follow up on DCF Voluntary Services application process and expediting VS enrollment for hospitalized patients.
- ✓ Provider Satisfaction survey results - CTBHP/VO.
- ✓ Subcommittee input into ValueOption's trending reports and outpatient care.
- ✓ High utilization adults and children in BHP will be reported in April.