



Report to the Quality & Access Sub-Committee

May 16, 2008

Annual QM Program Evaluation

- During first quarter of every year:
 - Review of performance on all CT BHP activities is conducted
 - Assessment of resources devoted to those activities
 - Assessment of committee structure
 - Development of plan for the next year

2007 Key Accomplishments from the Annual QM Program Evaluation

- Developed a more comprehensive QM Project Plan that includes the participation of all service center departments in the QM program
- Resolved all complaints received within the standard and developed an “informal complaint” process to capture content of dissatisfaction of those members who do not wish to file a formal complaint

Key Accomplishments

Cont'd

Established a robust identification, tracking, and review process for Quality of Care and Service issues

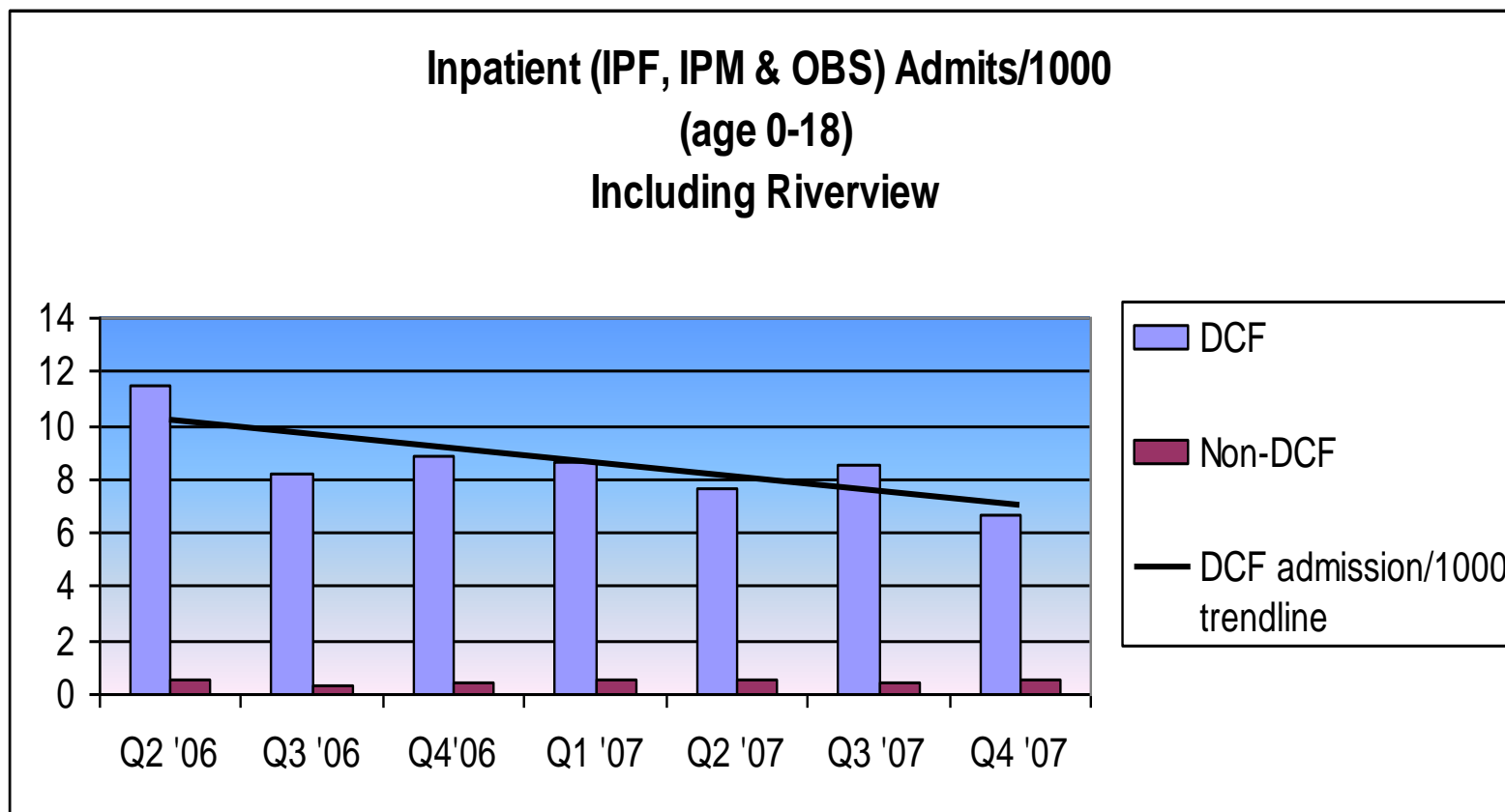
- 36 issues were identified
 - 66.7% (24 of 36) of the QoC issues identified were concerning care given on inpatient units,
 - 13.9% concerned care provided in RTCs,
 - Remainder were concerning care given by individual providers or clinics.
 - Poor discharge planning
 - Family members regarding lack of communication with staff, poor oversight of children, lack of structured program or that medication used had not been approved by them

Key Accomplishments

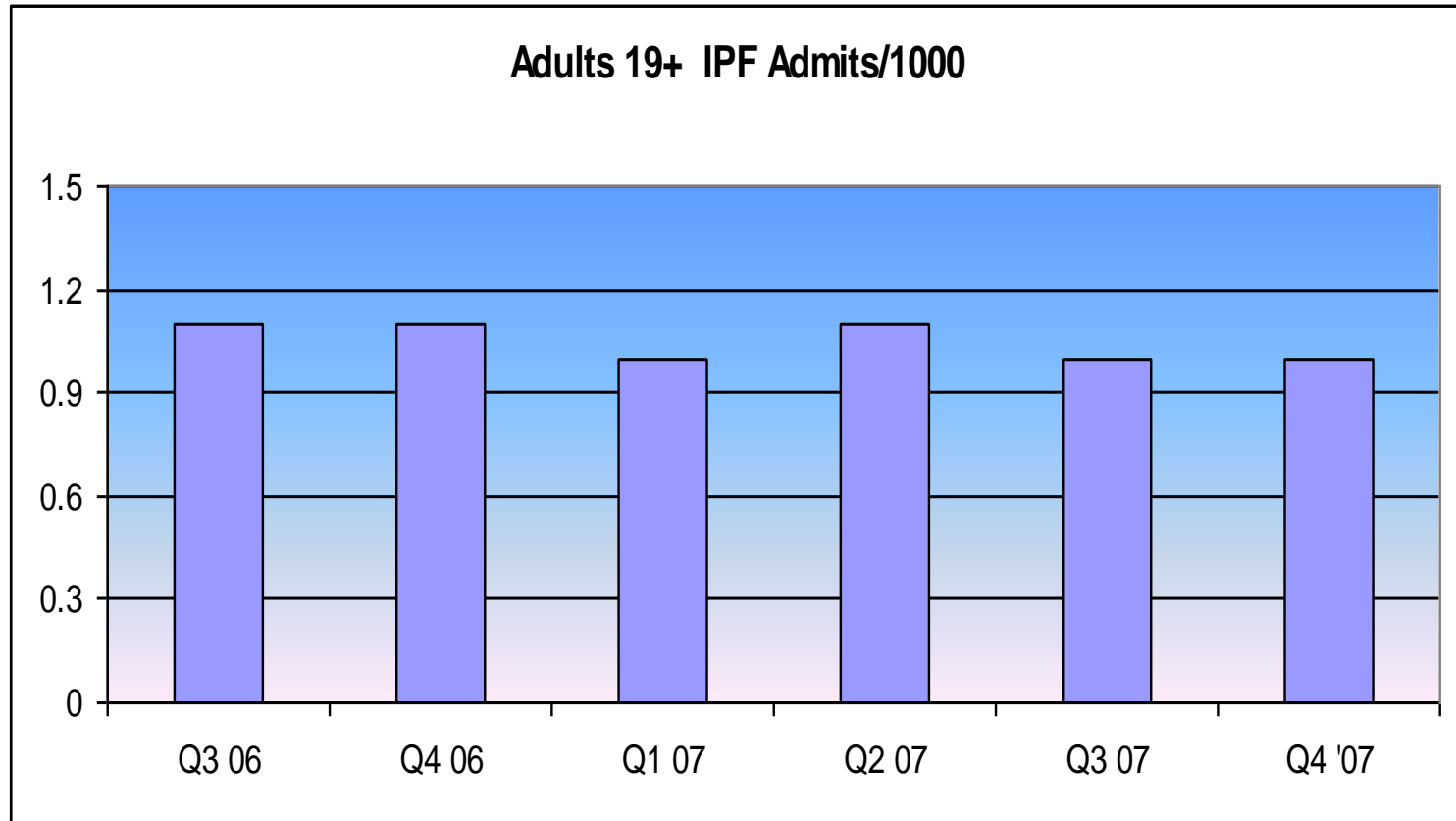
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- Established improved protocols for collaboration with DCF around the sharing of information about and investigation of Quality of Care issues and Adverse Incidents that resulted in a revision of the CT BHP policies and procedures (P&Ps) that address these events
- Met all Member and Provider Telephone Access standards

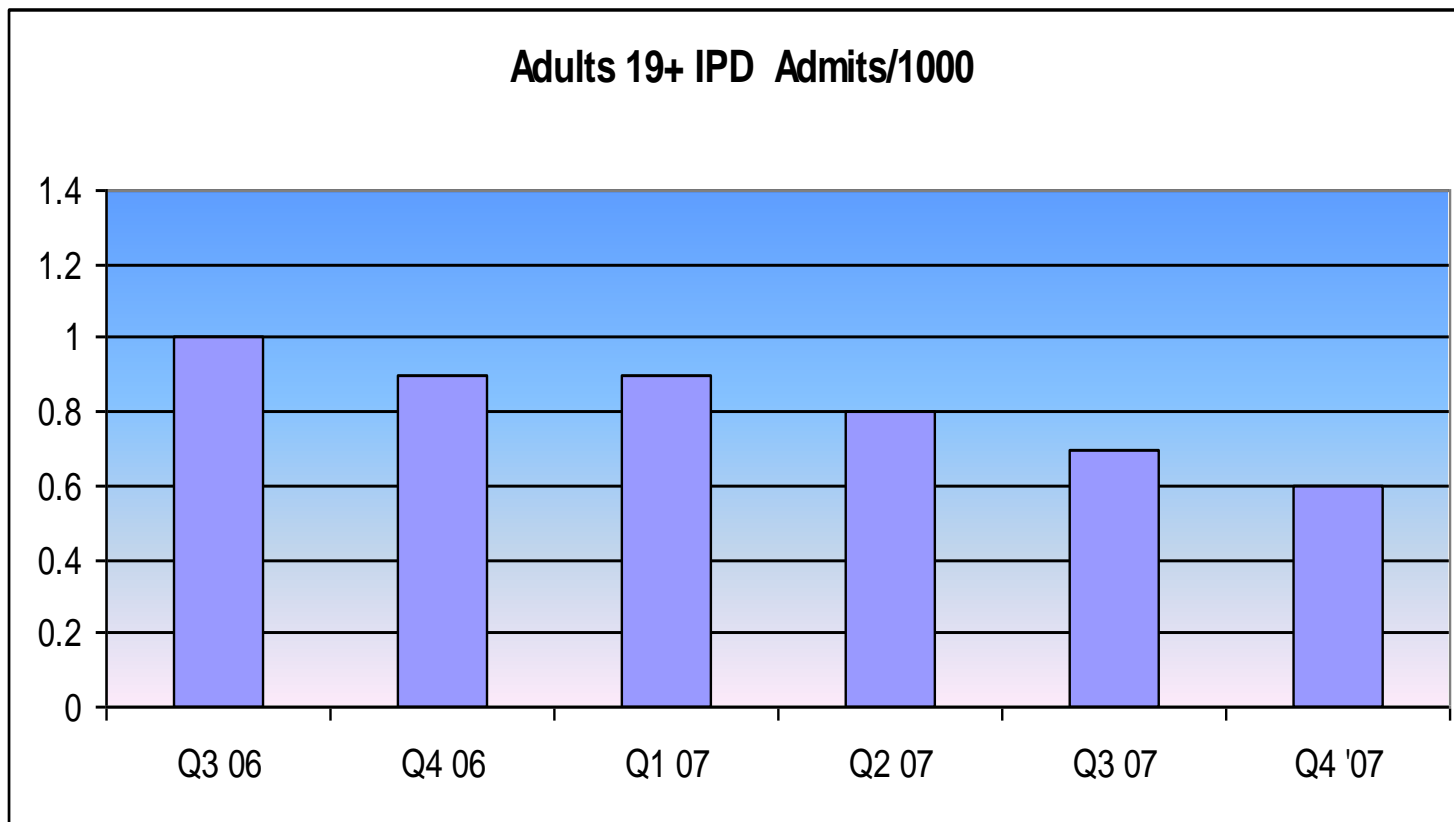
Inpatient Utilization for Youth



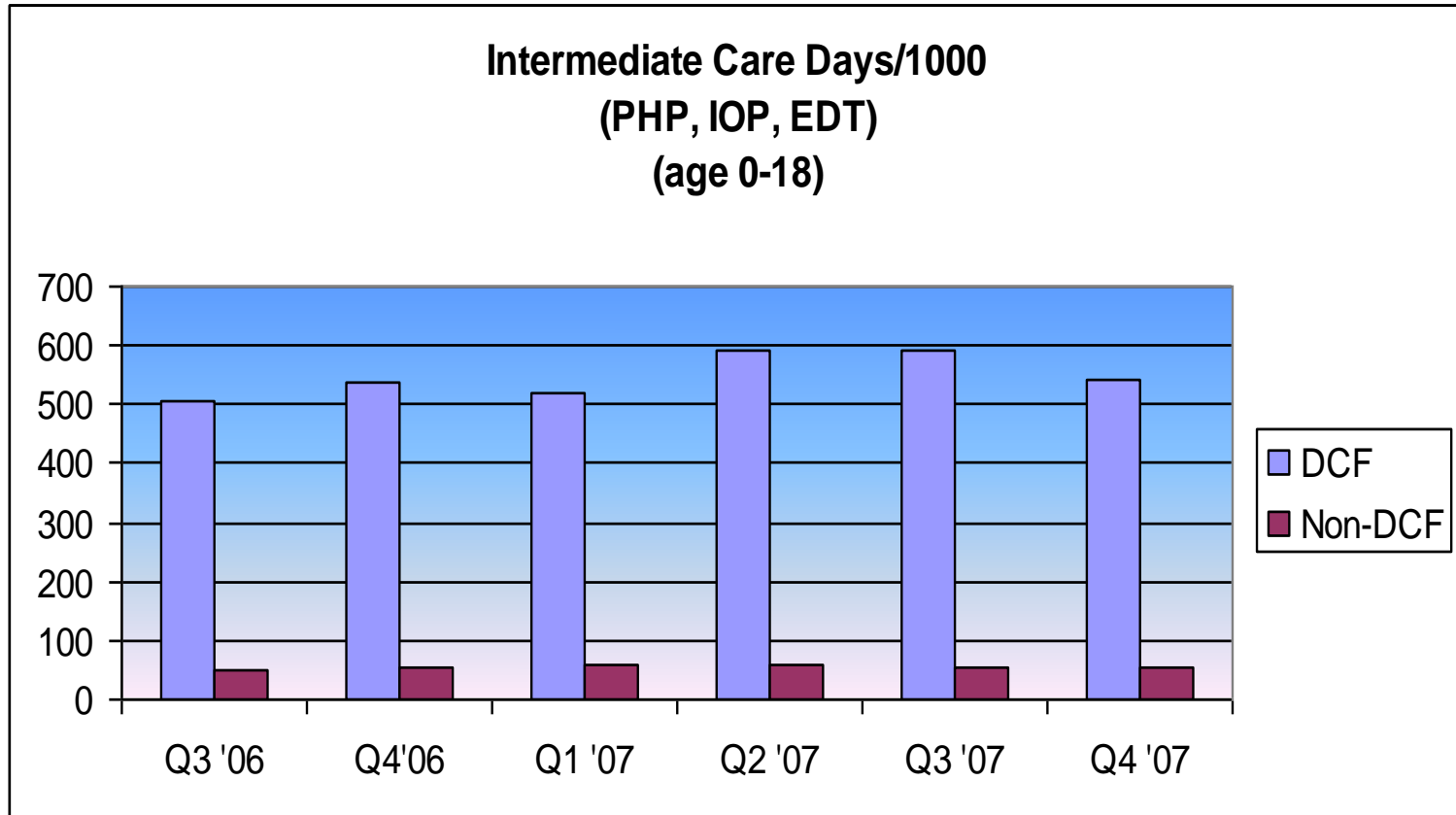
Inpatient Utilization for Adults



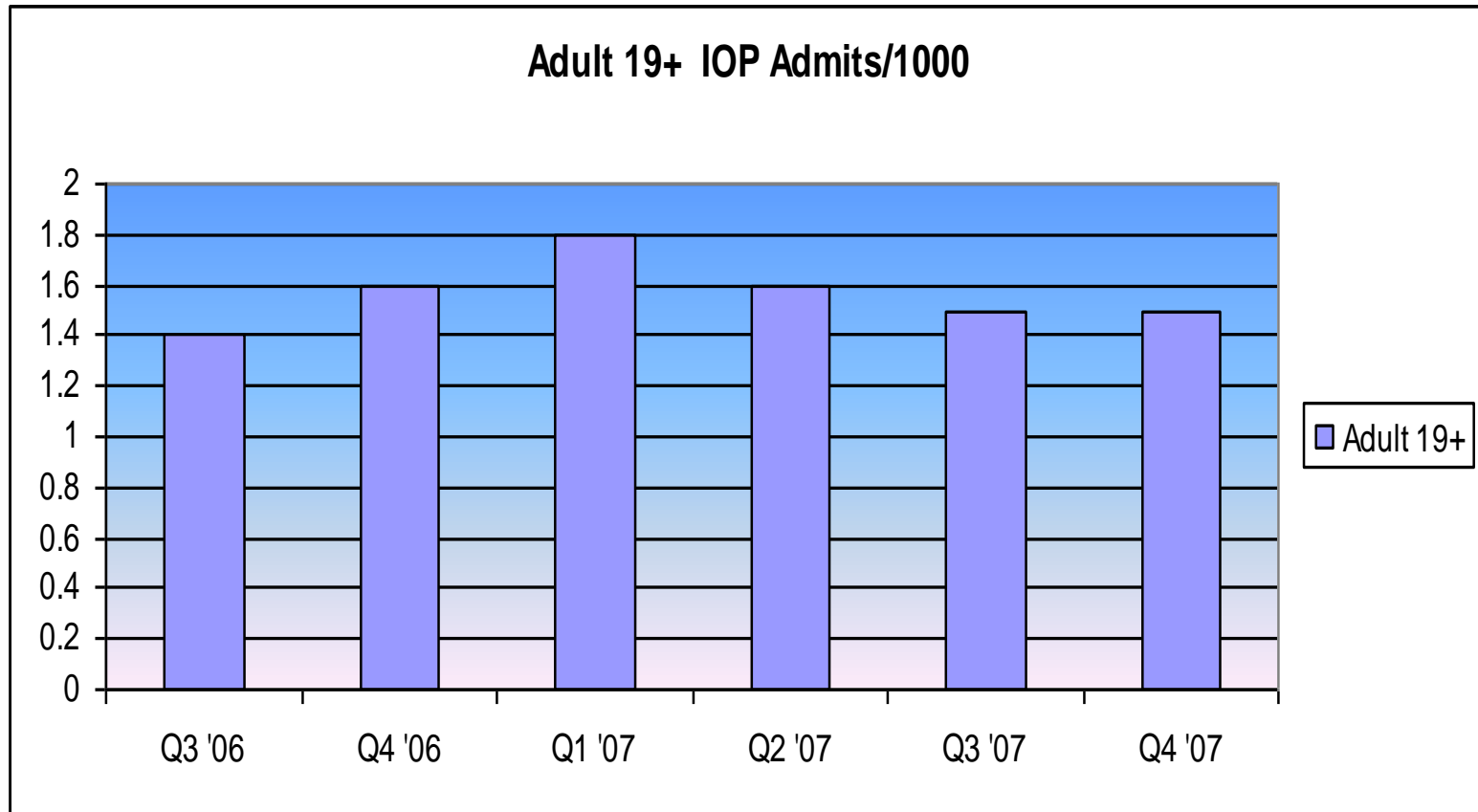
Inpatient Utilization Adult Detox



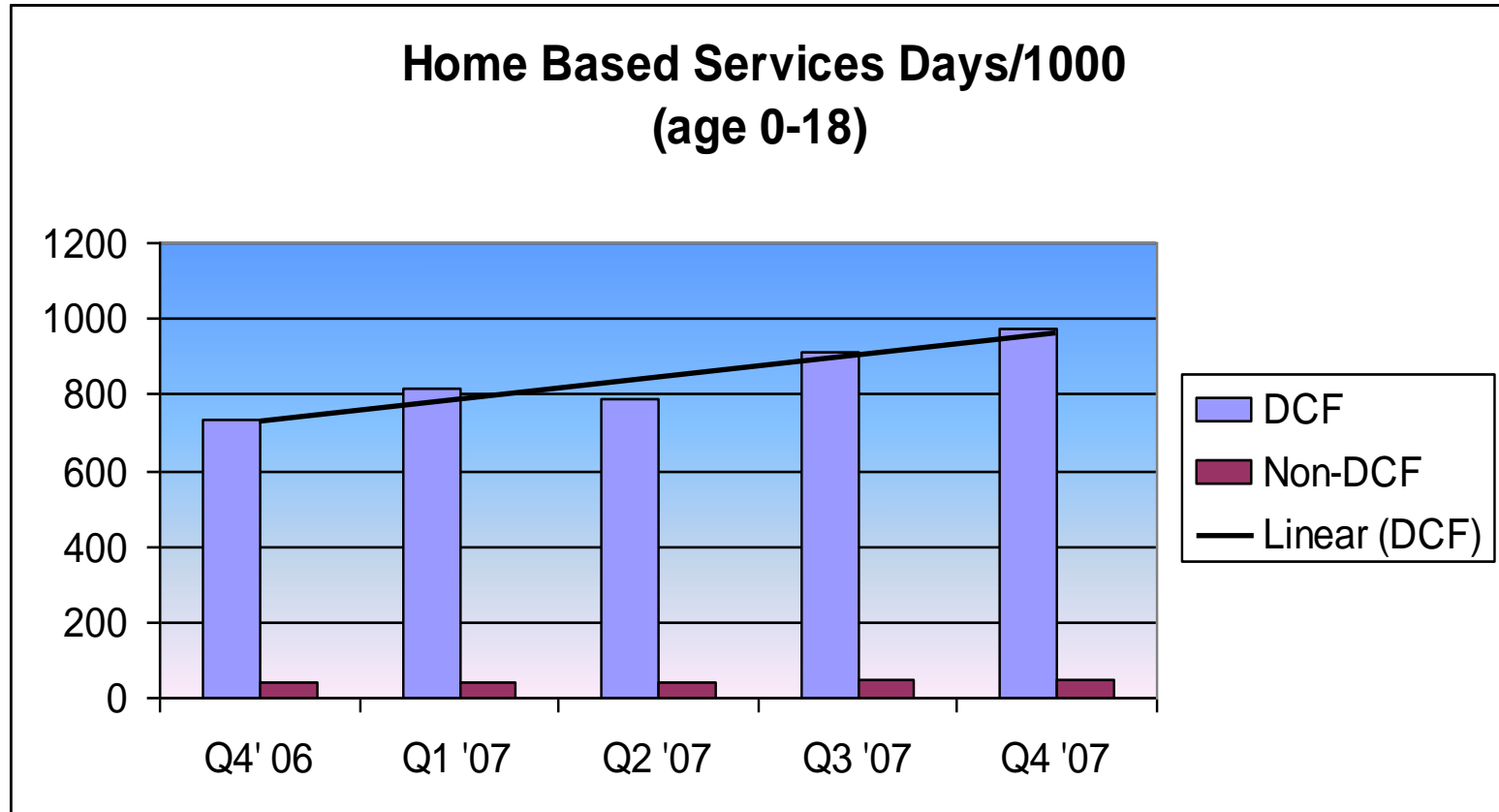
Intermediate Care



IOP Utilization Adults



Home Based Services Utilization



Key Accomplishments

Cont'd

- The documentation auditing process was strengthened through the development of a more rigorous audit tool and a more frequent audit process
- To document medical necessity a process has been developed where clinicians must cite the actual text of the Level of Care (LOC) Guidelines
- Inter-Rater Reliability Audits: Greater than 96% of clinical staff passed the IRR audits. The Average score was 87.6%.

Key Accomplishments

Cont'd

- Conducted a retrospective data analysis comparing the behavioral health utilization patterns of children and adolescents who disrupt out of foster care placement with those who do not disrupt
- In partnership with DCF, completed two data collection cycles of the Center for Health Care Strategies (CHCS) project concerning the rate and timeliness of connection with behavioral health services of foster care children identified during the Multidisciplinary Exam (MDE) as needing behavioral health services

Key Accomplishments

Cont'd

- Improved the inter-rater reliability of identifying discharge delay during the inpatient stays of children and adolescents enabling us to report reliable data on discharge delay to stakeholders

Key Accomplishments

Cont'd

- Developed the first data set used as the basis for the Inpatient Child and Adolescent Inpatient PARs (Provider Analysis and Reporting) initiative
- Established an enhanced quality review process for assuring that data included in all reports completed by the service center are accurate