Behavioral Health Partnership Oversight Council

Quality Management, Access & Safety Subcommittee

Legislative Office Building Room 3000, Hartford CT 06106
(860) 240-0321 Info Line (860) 240-8329 FAX (860) 240-5306
www.cga.ct.gov/ph/BHPOC

Meeting Summary: May 16, 2008

Co-Chairs: Dr. Davis Gammon & Robert Franks

Next meeting dates: Friday June 20 & July 18th @ 1 PM at ValueOptions, Rocky Hill

CTBHP/VO Report to the SC *(click on icon below to view presentation)*

Quality and Access Committee May 16-fir

ValueOptions, the BHP Administrative Organization, presented the report that included key accomplishments from their quality management program evaluation, youth and adult inpatient utilization trends and children/youth home based services utilization trends from 3Q06 – 4Q07. Discussion and observation highlights included:

- ✓ Adult inpatient utilization has been fairly flat over the 6 quarters that has led VO to reduce administrative work with longer precert (CCR) periods. Adult inpatient detox has gradually decreased since 3Q06; however VO observed that outpatient detox utilization has increased.
- ✓ While non-DCF youth inpatient utilization trends have minimal changes over this period, the DCF inpatient (including Riverview) utilization trends (much higher than non-DCF) have decreased from 11 admits/1000 to about 7/1000 over the 6 quarters
- ✓ Intermediate care days for children (0-18 years) is higher for DCF children: Intermediate Outpatient (IOP) days tend to be higher because this service has greater flexibility for length of stay (LOS) compared to partial hospitalization (PHP) that is 'slot-driven' across the state and Extended Day Treatment (EDT) length of stay is prescribed.
- ✓ Home based service days/1000 for children has been flat for non-DCF children but show an increasing trend for DCF children. Youth in Court Support Services (CSSD) have been added to the data beginning January 2008. These trends are important since expanding community-based service is a goal of the BHP program.
- ✓ VO is working on the discharge delay data and expects to see the start of a decrease in 2Q08.

Administrative Service Organization (ASO) Performance Targets: Year Three

DSS reviewed the status of development of the CTBHP/VO (ASO) performance targets for CY 2008, some of which are being finalized:

- Target 1: Data Management Related to Authorization and Payment: includes provider file, payments – in 2008 this has a 2% performance payment. Also discussion about assessing authorization per level of care guideline data that would be reviewed by the PAG in June and then the BHP OC. Value Options has organized a work group with Psychiatric Residential

Treatment Facilities (PRTFs) to assess steps to reduce CT's higher than national average length of stays (ALOS) (CT -222 days vs. national ALOS of 90 days). Recommendations from the work group will be brought to the BHP OC.

- ***Member satisfaction*** with ASO performance: a 90% satisfaction rating must be achieved in order for the ASO to receive 1% return of withhold.
- ***Improving Quality of Care outcomes for DCF-involved children in foster home placement***: phase 1 in 2007 involved a study of the disruption patterns of DCF children in a first foster home placement, correlation between use of BHP services and foster care disruption. After looking at these results, 2008 target will move to Phase II – literature review, impact on family of disruption, flagging at-risk children at time of placement and, within ECC resources, identify ECCs as the primary site for urgent access to outpatient services.
- ***Inpatient Discharge delays***: in 2007 this performance target was process driven. Based on CY 2007 baseline days, portion of withhold (2%) would be applied to a 12% reduction of discharge delay days. BHP will contribute to the goal of reducing discharge delays by (to be further defined):
    - DCF would assign case worker specialists to high volume pediatric psych inpatient facilities to effect more timely discharges.
    - DSS: fund provider performance initiative for 2009 to reduce inpatient LOS for acute stays and reduce PRTF ALOS. This aligns with the hospital work group that is working with BHP agencies and ASO to design parameters for a provider Pay -4- Performance for reduction of inpatient LOS.

HSRI Performance Indicator Status

Indicators are defined and a fall report based on 2007 data with summer claims run out is dependent on intensive assessment of BHP data and the variety of metrics available. Key parts of satisfaction surveys will be allowed.

Medication Management

DSS and DCF have looked to the DCF PMAC committee to lend the Committee's expertise in looking at prescribing patterns for children's psychiatric medications. In May 2008, the PMAC agreed to establish a subgroup to work with BHP to identify data on prescribing patterns. This is an attempt to understand prescribing patterns and provide education as appropriate to prescribing outside 'best practices'. It was noted there is a national data base of scripts/provider ID, with a geographic and specialty breakdown. The overall assessment of prescribing patterns is complicated.

BH Services for DDS Agency Clients

DCF, DSS and DDS have been meeting to discuss clients with co-occurring diagnoses of behavioral and development delays, their service needs, service availability and individual agency vs. inter-agency responsibility in providing services. There is a lack of wrap around services for this special population such as specialized crisis stabilization and intensive home-based services as well as out-of-home, in-state treatment. It was noted that most programs for children/youth with serious emotional disorders (SED) do not have the added expertise or capacity to include DDS clients. Funding for specialized services and sustainability of this part of the system of care, possibly through a waiver, could be looked at. The agencies will continue to look at strategies to meet the needs of these members and will provide the SC with updates.