



Behavioral Health Partnership Oversight Council

Quality Management, Access & Safety Subcommittee

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Chair: Dr. Davis Gammon

Co-Chairs: Robert Franks & Melody Nelson

Meeting Summary: December 12, 2008

Next meeting: Friday Jan. 16, 2009 at 1 PM at VO in Rocky Hill

CTBHP Report



Quality and Access
12-12-08.ppt

Discussion points included:

- Inpatient services: overall decrease in DCF children's admits/1000 in the 3Q08. DCF children's average length of stay remains at 3 times that of non-DCF children. DSS was asked if non-DCF DDS clients' < 18 years length of stay can be looked at. ValueOptions is starting to identify this.
- Psychiatric Residential Treatment Facility (PRTF) and Residential Treatment Centers (RTC) slight downward trend. There have been fewer children waiting for these services over the last two months suggesting increased fluidity in institutional services. There are 66 PRTF beds.
- Riverview discharge delay increases tend to impact PRFT and RTC access than inpatient. DCF has asked VO to analyze why Riverview trends are in the opposite direction of other institutional services.
- Difficult to profile ED utilization with ED admission rates (decreased) versus the percentage of ED patients admitted inpatient. General consensus that BHP is better able to divert patients from the ED than in the past. The SC will receive an update on ED use, comparison to inpatient trends in January. The ED/EMPS performance measure, when implemented, will take time to impact ED use.
- Dr. Schaefer noted that 06-07 encounter data less complete than Jan. 2008- forward data.
- Yale New Haven Hospital (YNHH) observed they are seeing more young adults (18-21 years) in psychiatric ED 'gridlock' and suggested these young adults may have been the teens involved in previous Medicaid ED gridlock. It would be helpful to identify those young adults that may have been enrolled in HUSKY during their teens. Dr. Schaefer suggested an academic center could study this for the BHP.
- Dr. Schaefer asked YNHH to send him their current child psychiatric volume data; this may provide information on the effect of diversion on gridlock. The Hall Brooke conversion to St. Vincent's hospital system may also affect YNHH psychiatric pediatric volume.

- BHP expects the Extended Day Treatment (EDT) conversion will provide more flexibility. Fee for service reimbursement may create more incentives than flat grant funding.
- Home based services show a slight decline. DSS was asked if these services have reached their capacity ceiling. One indicator may be wait list for these services: this will be assessed.
- PRTF initiative was reviewed. This service can be used to divert care from the ED to inpatient. PRTF providers have been working closely with VO on process improvement measures incentives first that will be followed by outcome measures. The current ALOS in these services is ~ 180 days. The target for CY09 is to reduce the ALOS to 90-120 days.

January 16, 2009 meeting agenda items were identified:

- *Performance targets for ValueOptions*
- *RTC program analysis*
- *EMPS/ED Memorandum of Understanding*
- *ED use/inpatient trends*