



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: Jan. 16, 2009

Next meeting: Friday Feb. 20, 2009 @ 1 PM at VO, Rocky Hill

BHP/VO Report: Residential Treatment Centers (RTCs) Program Analysis (*Click icon below to view presentation*)



Quality and Access
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The above analysis was prepared by VO for DCF to inform the agency on their RTC work and explain to legislators and RTC providers utilization patterns, reasons for vacancy rates, out-of-state services. The report will be updated at the end of January with services by age and gender. Discussion points included the following:

- VO will be doing monthly instead of 4-6 month RTC concurrent reviews (CCR). There are ~ 300-400 CCRs per month for RTC; VO reviews RTC delay discharges weekly and an Intensive Case Manager (ICM) is now assigned to RTC delayed discharges.
- Beginning February, VO will do onsite visits to out-of-state RTCs.
- The CANS assessment is now done electronically. Court Support Services Department (CSSD) is interested in adopting this as well. CT has done provider training on the CANS; however does not certify providers as New Jersey does.
- RTCs provide on line census, anticipated/actual vacancies. CT client/RTC census match is not interactive like New Jersey. ***DCF will provide the SC with the matching variables.*** The matching process protocols have stringent timeframes. Important to track/evaluate where the “thru-put” problems are in order to create fluidity in the process.
- VO was asked if child/youth BH services used before RTC admission can be identified: information not available yet, although VO does in-state onsite visits for other levels of services prior to RTC admission.
- RTC disposition decisions for DCF Juvenile Justice (JJ) clients could be made by judges: DCF and VO have met with the courts to discuss risk management, crisis intervention as an alternative to RTC. Youth over the age 16 are referred to adult courts and go out of the JJ system. (*Addendum: The Governor’s budget proposes a hold on implementation of the age increase for youth in the JJ system*). Dr. Franks stated it is important to know the demographics, diagnoses of JJ populations as their underlying needs may not be met if the

initial diagnosis excludes underlying issues such as trauma. VO stated they do look at JJ population data, talk with RTC to ascertain if the RTC can adapt their program to meet client need.

- VO is working with willing RTCs to change the treatment milieu in order to accept the more complex needs child/youth. Key is issue is how to best support RTC providers through this change process. Funding flexibility is statutorily limited, which makes program revision difficult: legislative change needs to be considered to effectuate system change.

It is important that the Subcommittee with BHP and VO identify how to translate BHP data to the Community/consumers.

Next meeting is scheduled for **Friday Feb. 20, 2009** agenda items will include those deferred from the January meeting including:

- ✓ ED use, inpatient trends
- ✓ ED/EMPS draft MOU
- ✓ ValueOptions 2009 performance targets: update.