

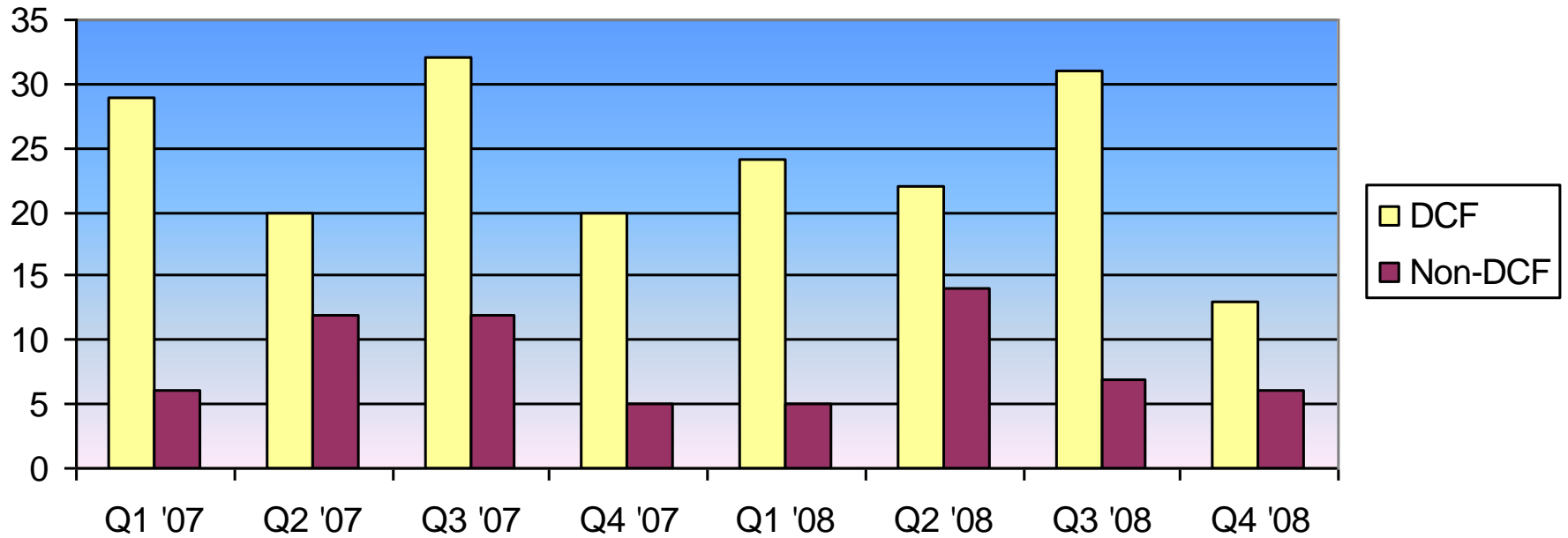


Report to the Quality & Access Sub-Committee

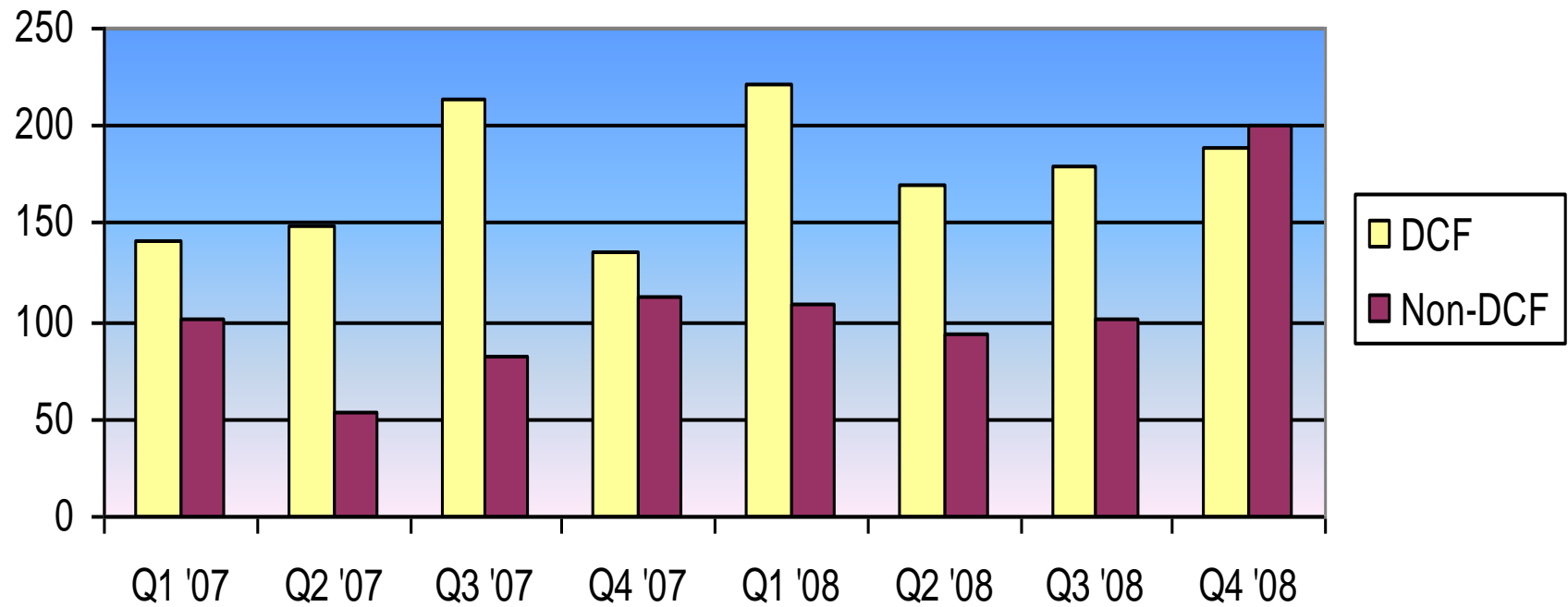
February 20, 2009

Riverview Hospital Utilization Data 2008

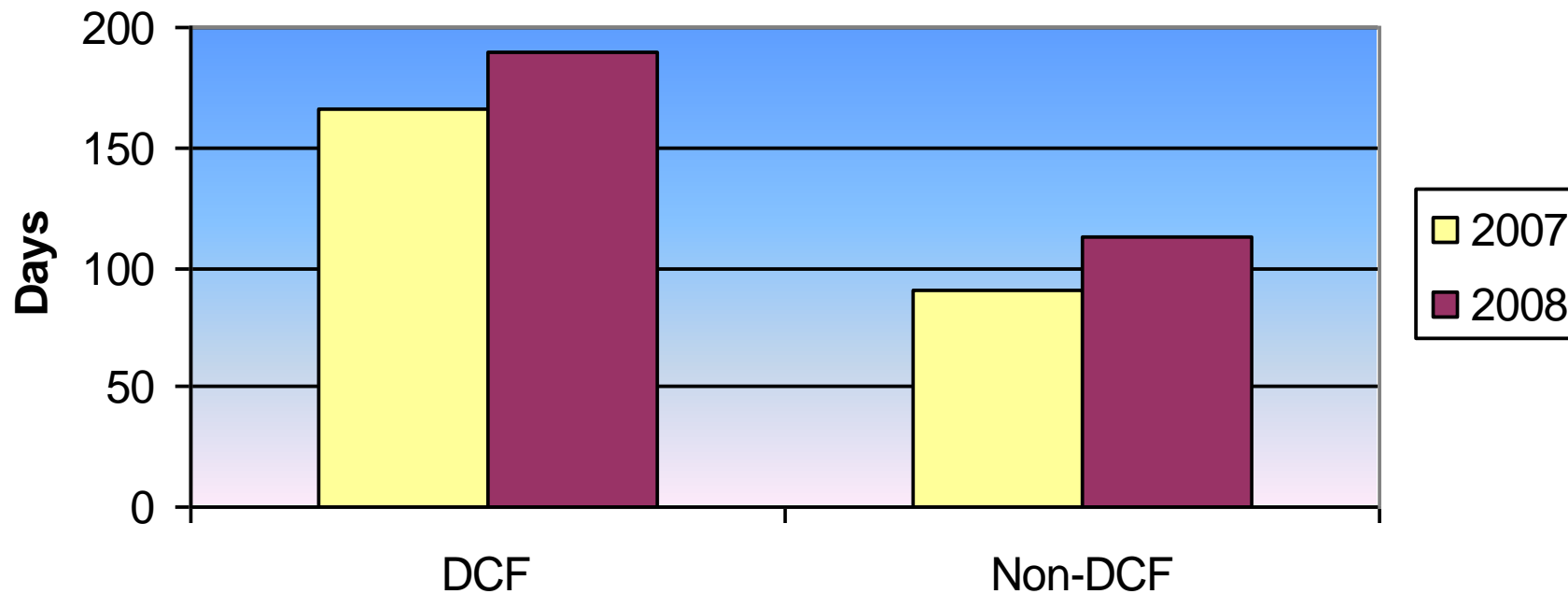
4a_1: Inpatient (IPF Only) Admissions (0-18) Riverview Only



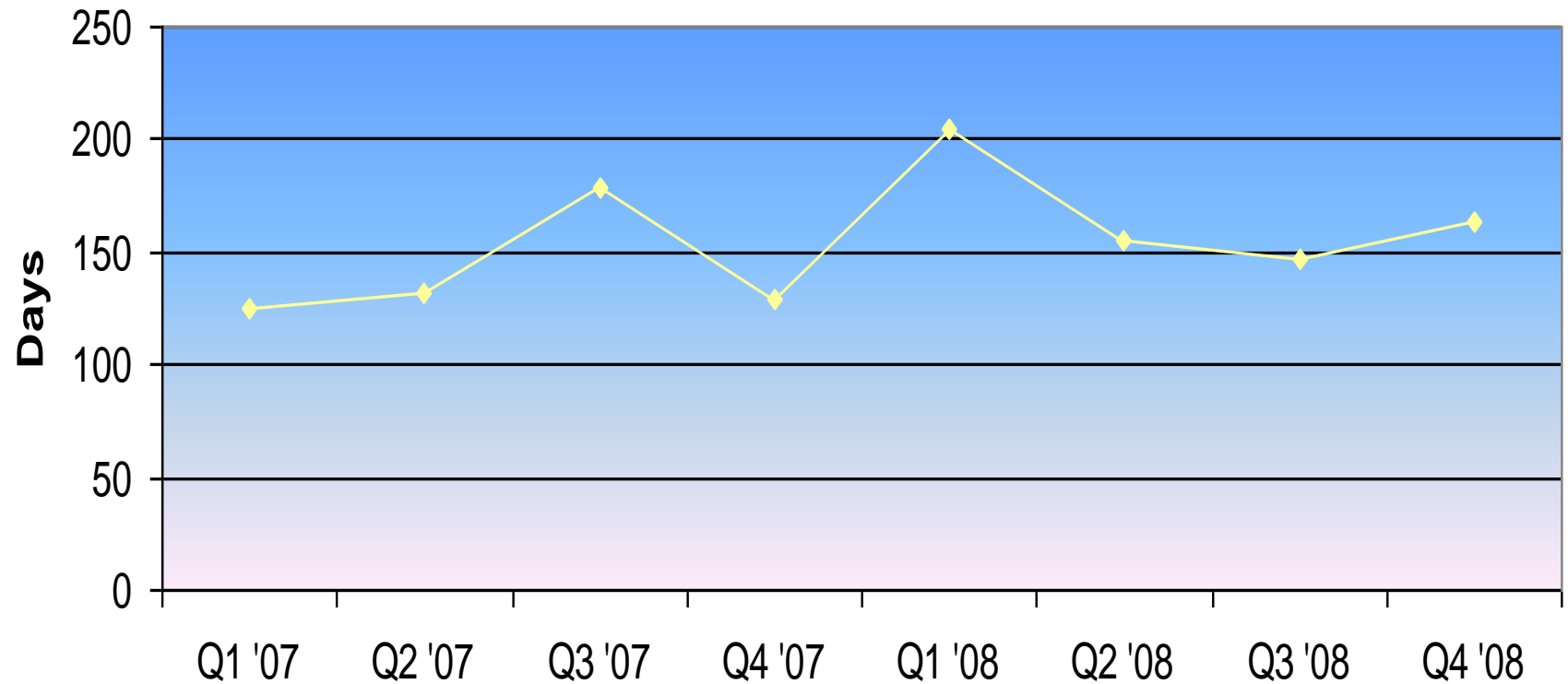
4a_1: Average Inpatient (IPF) Length of Stay (0-18) - Riverview only



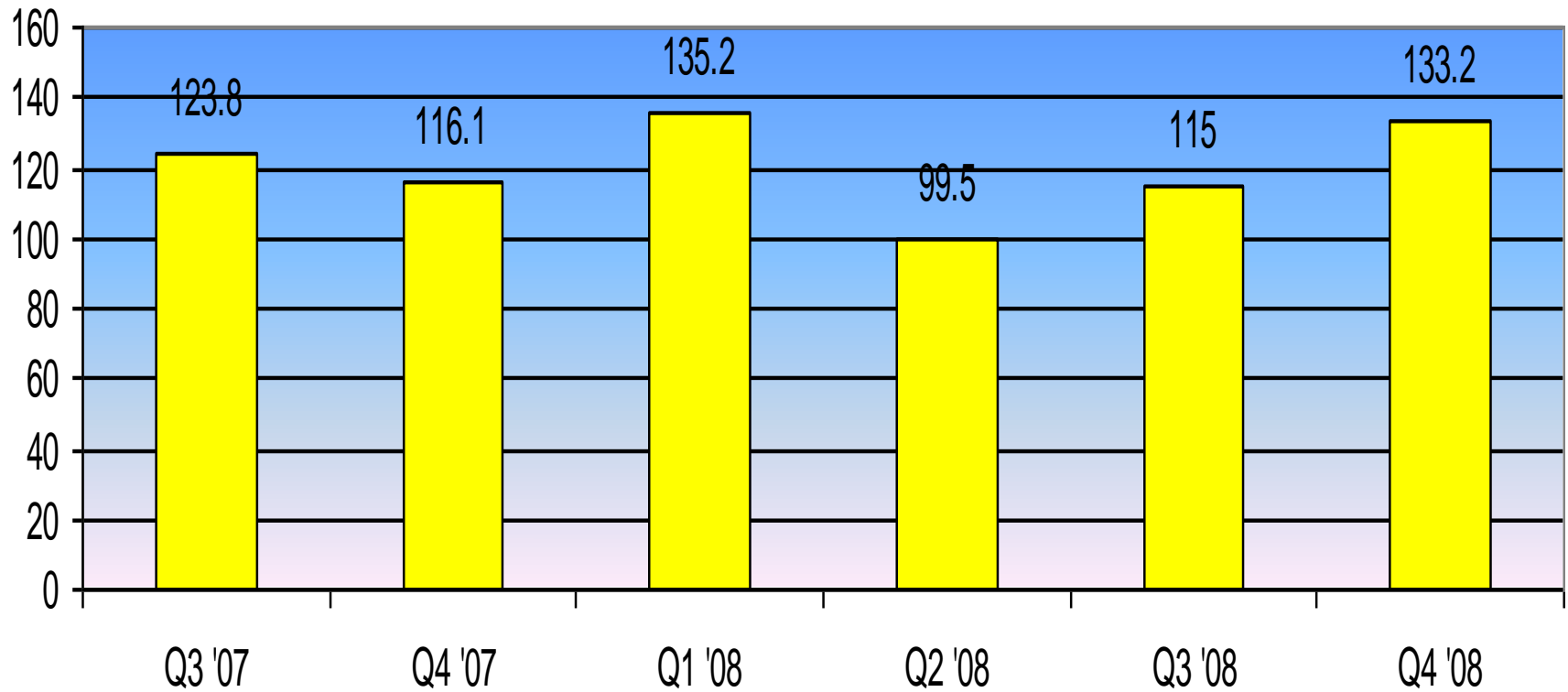
4a_1: Yearly Total Riverview Average Length of Stay (age 0-18)



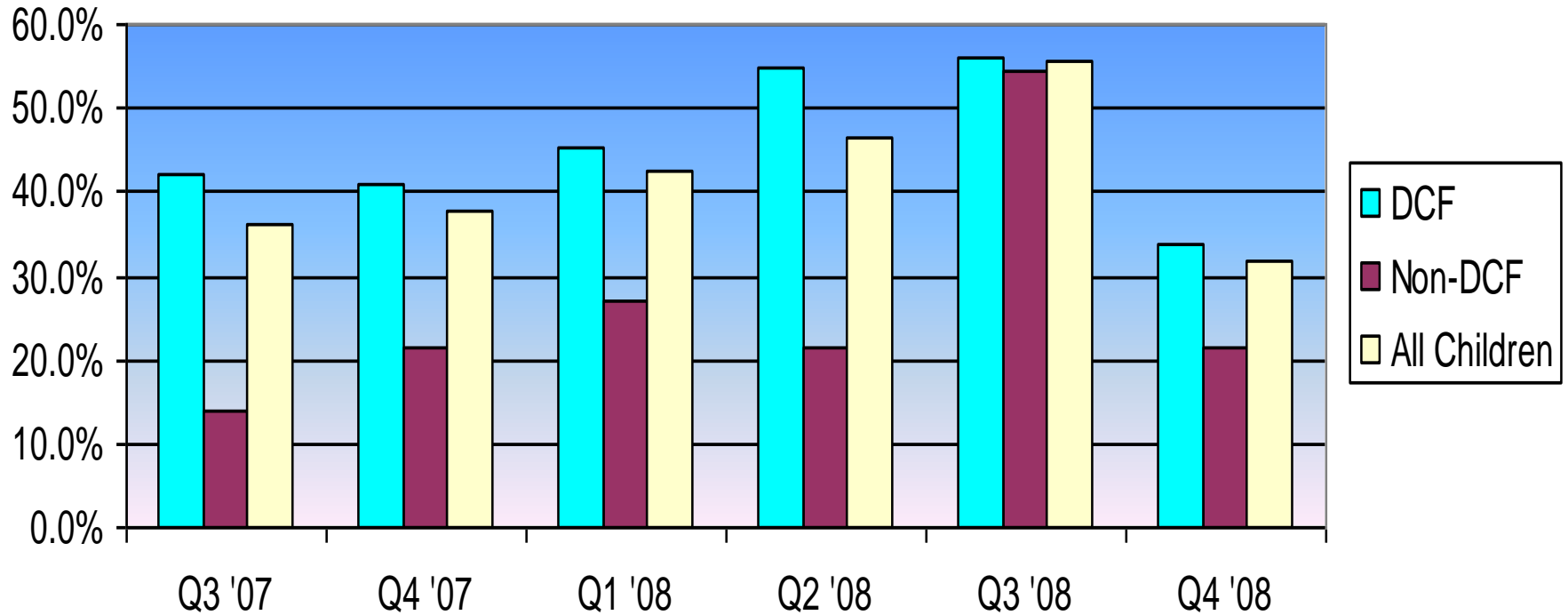
4a_2: Riverview Average Length of Stay (0-18)



10B2: Average Days in Discharge Delay Status-Riverview



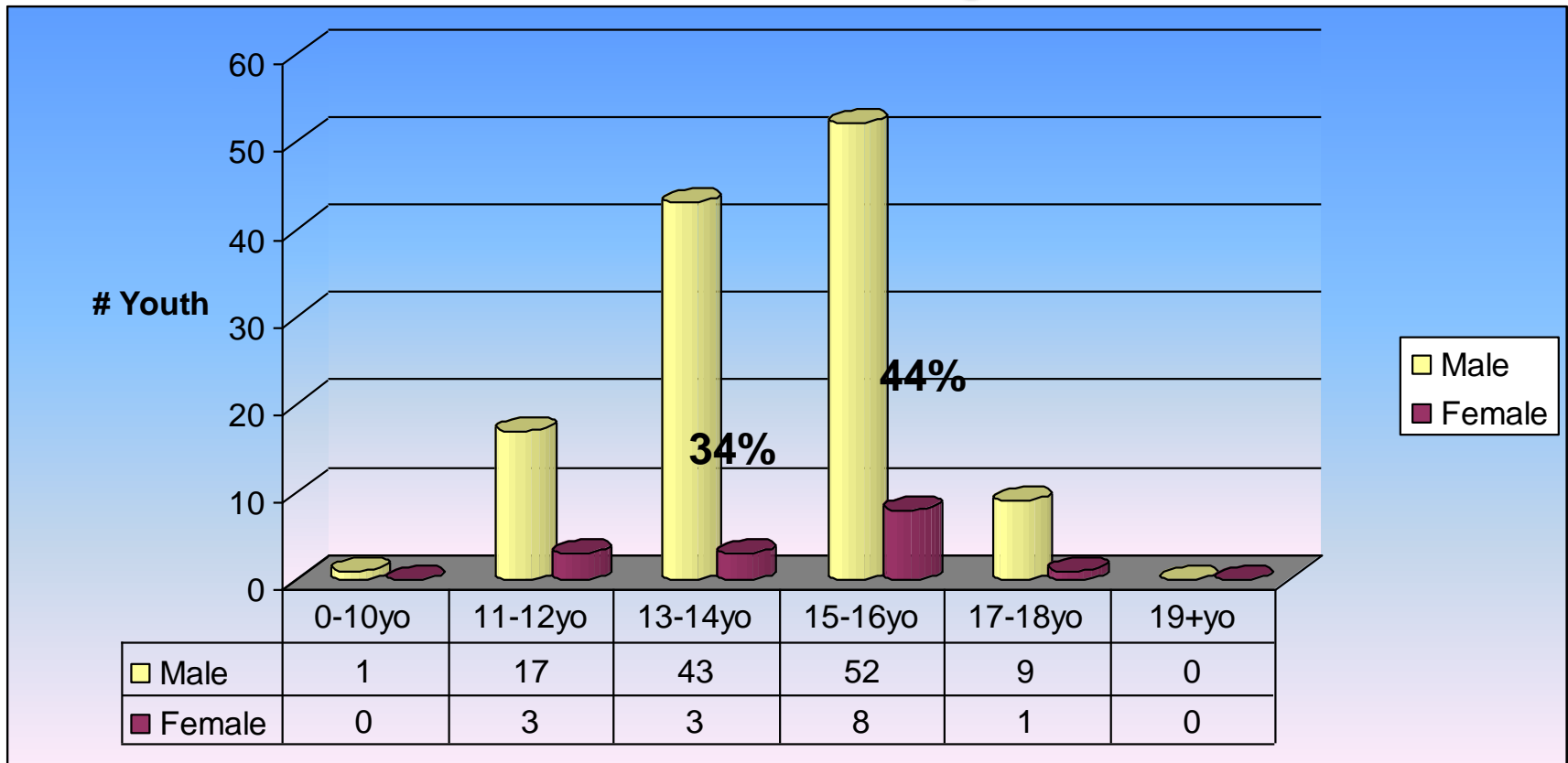
10B7: Percent of Inpatient Days Delayed Riverview Only



Gender/Age Review Children Utilizing Residential Services

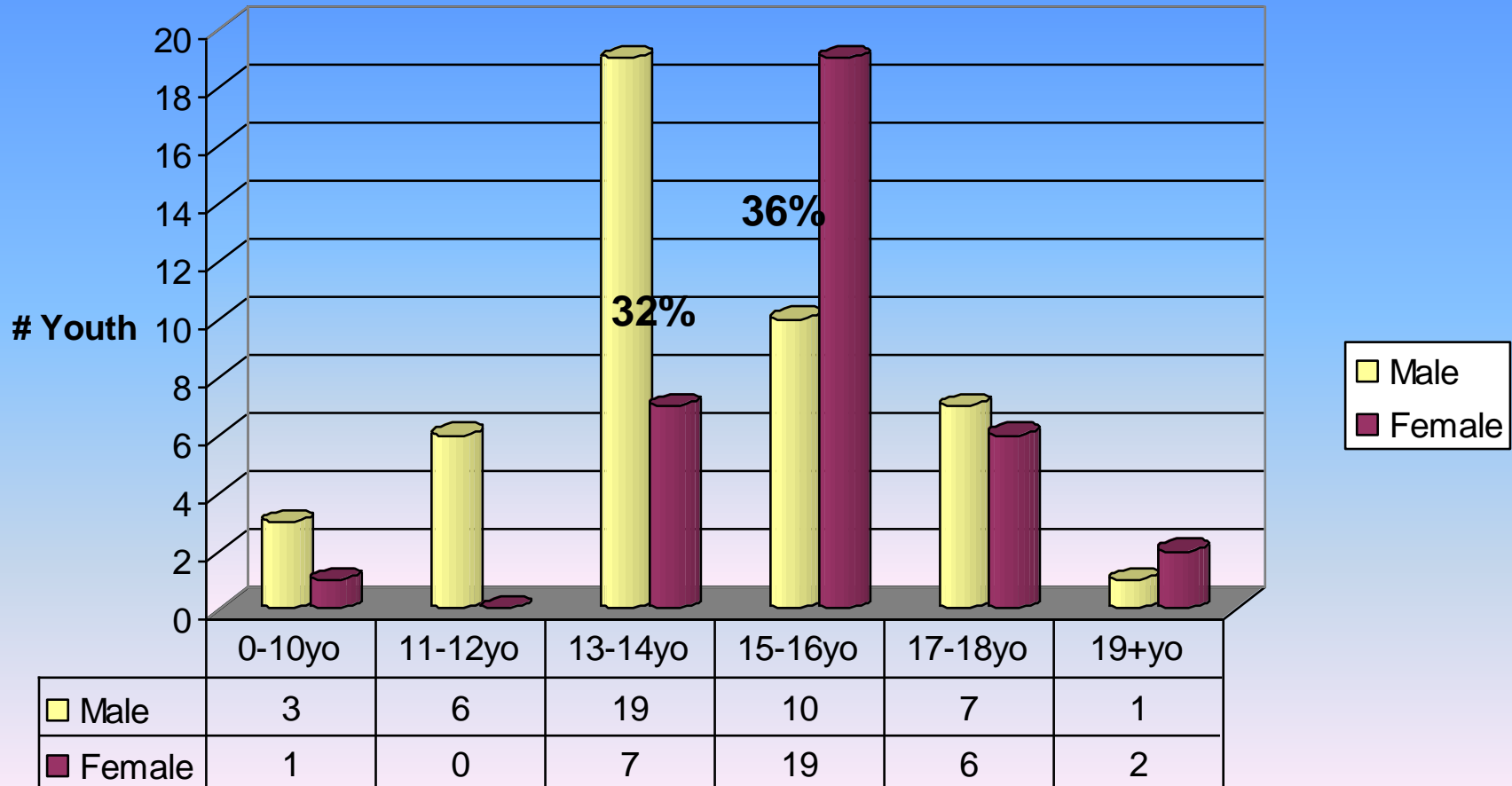
Fire Setters and/or Sexually Reactive Diagnosis in RTC

Gender and Age



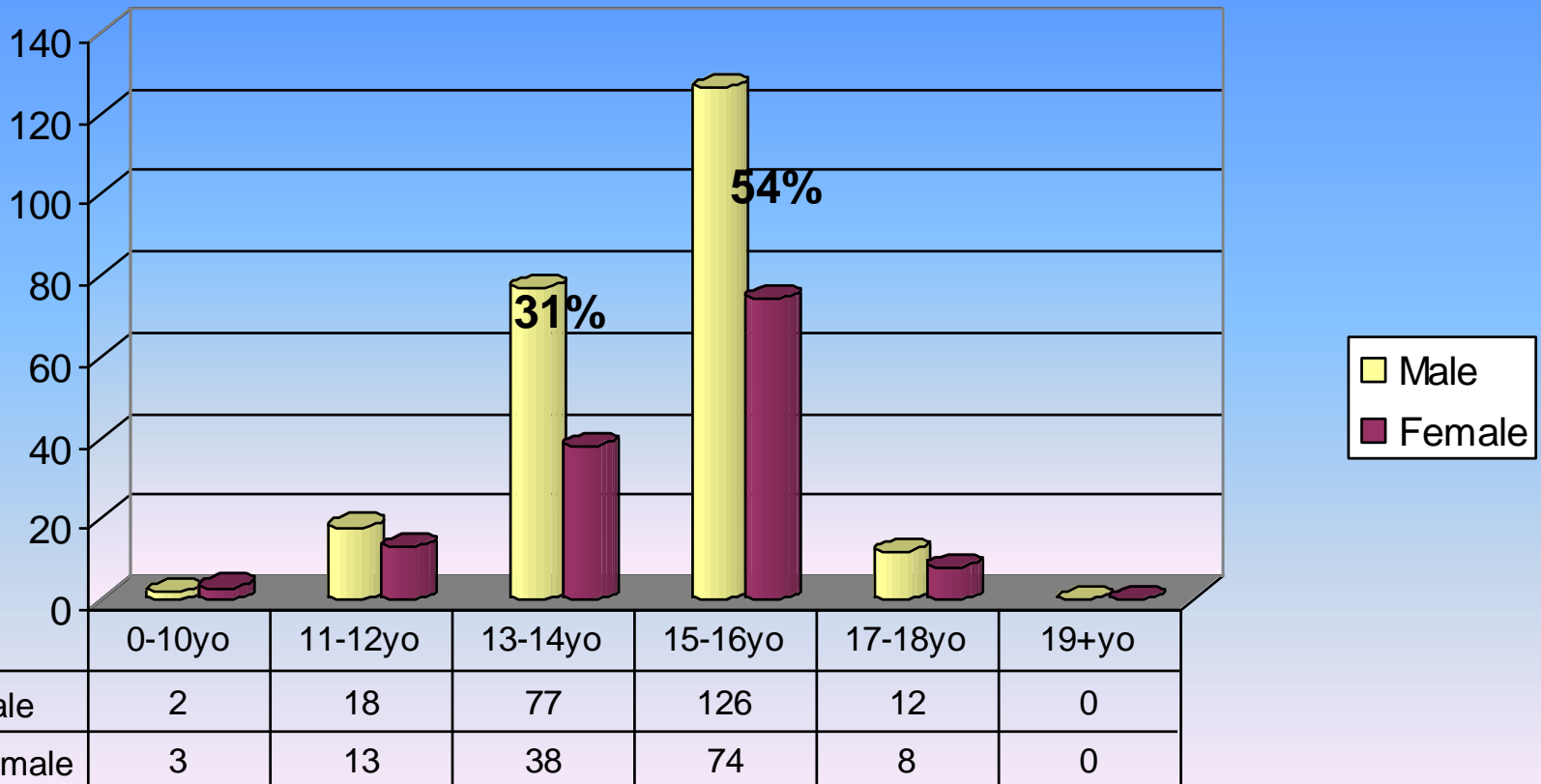
MR/PDD Diagnosis in RTC

Gender and Age



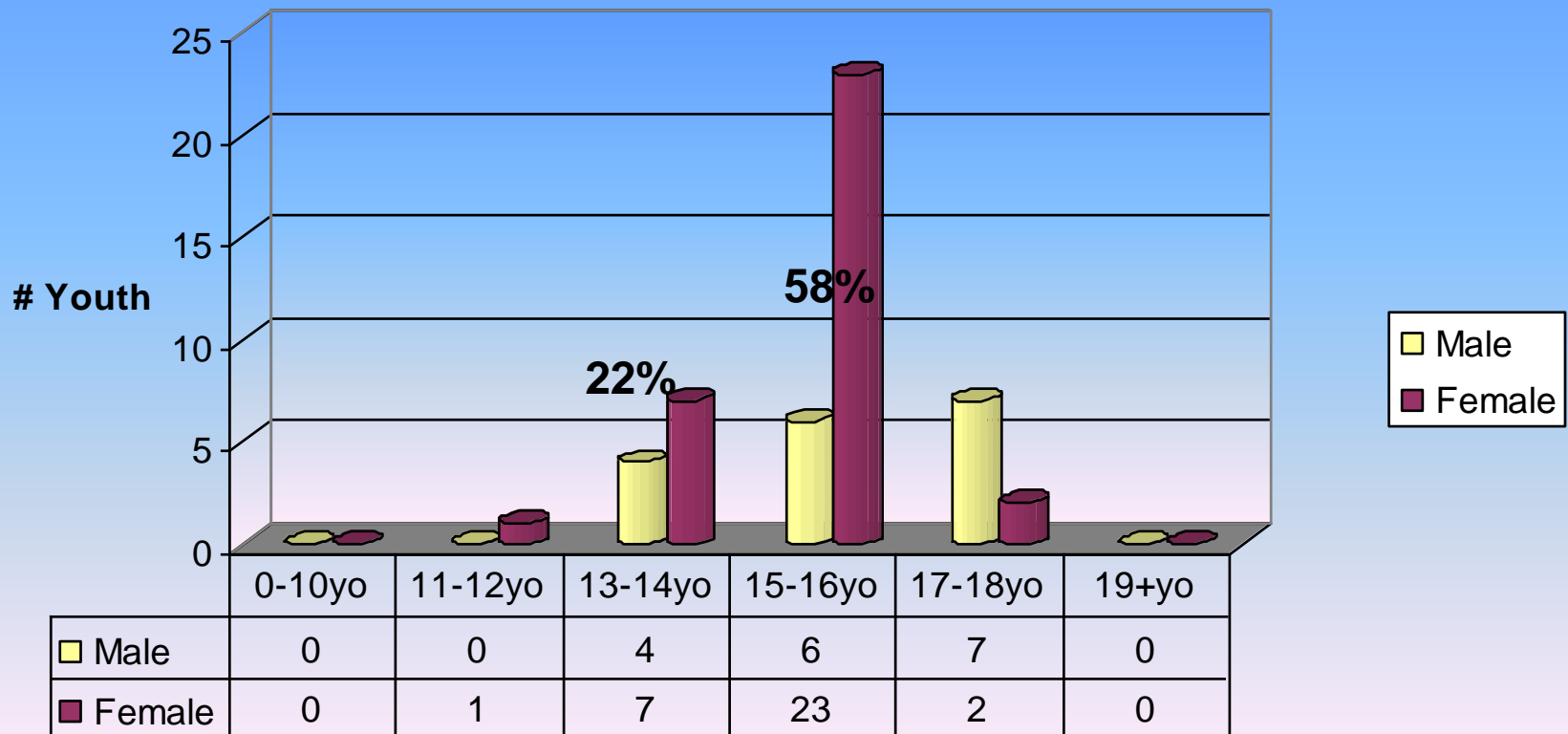
Conduct Disorder/Explosive/Disruptive/JJ in RTC

Gender and Age



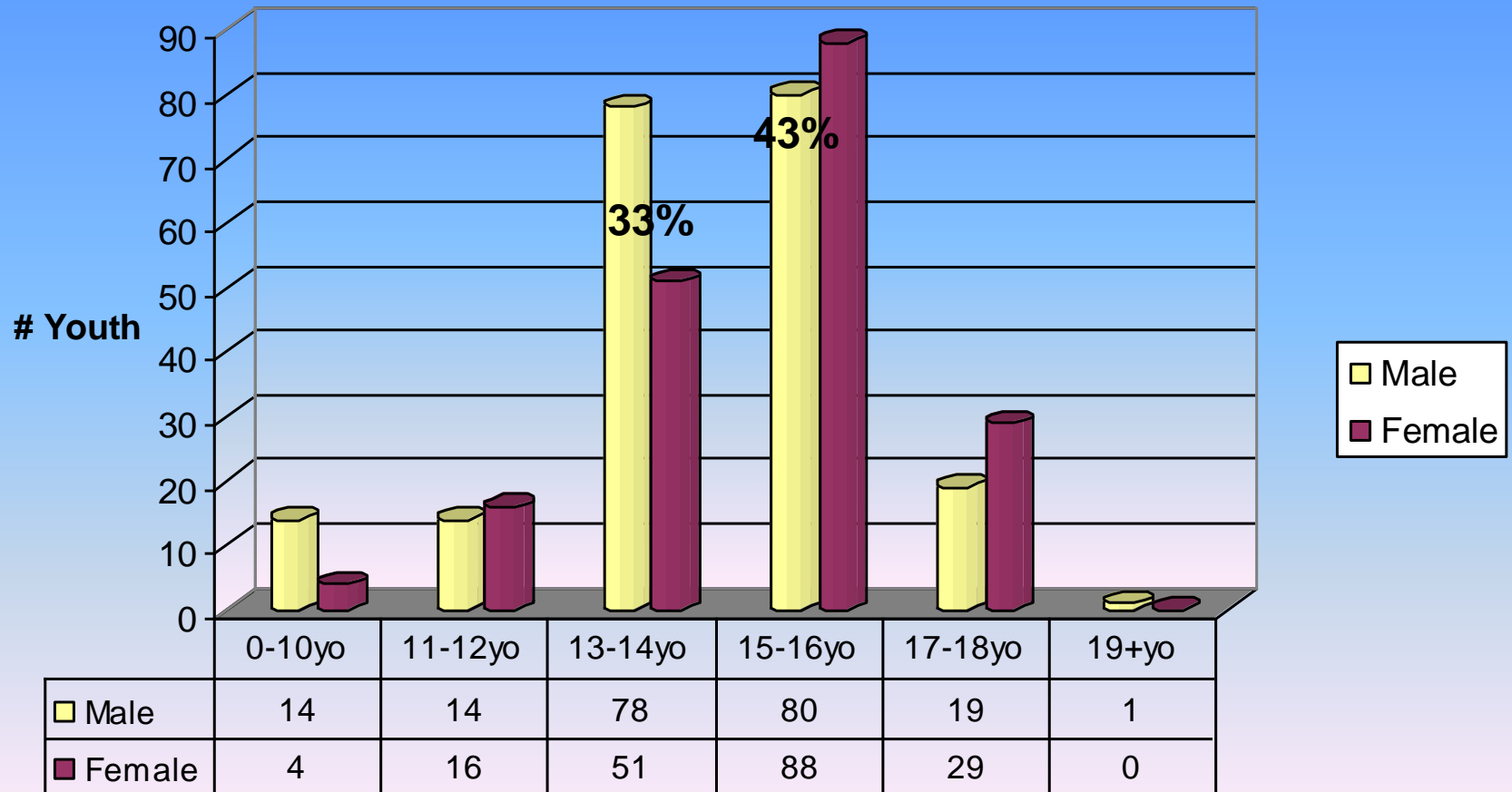
Substance Abuse Diagnosis in RTC

Gender and Age



Psychiatric Diagnosis in RTC

Gender and Age



Proposed 2009 Performance Initiatives

Target: Data Management Related to Authorization and Payment

The ASO will ensure the transmission of reliable authorization data to the Department's claims vendor

Target: Improving Quality of Care (outcomes) for DCF Involved Youth who Disrupt out of a first or second Foster Home Placement

The goal of the performance target for 2008 was to initiate a pilot program by the end of the calendar year. The goals of the performance target for 2009 are as follows:

1. The Contractor, in conjunction with DCF, will establish measures to assess the success of the pilot programs in the two area offices
2. The Contractor will conduct further analysis of data to support DCF's re-procurement strategies
3. This analysis will be due to the Departments by the end of the calendar year.

Proposed 2009 Performance Initiatives Cont.

Target: Reducing Discharge Delays for Children and Adolescents receiving Inpatient Behavioral Health

Over the next calendar year, the Contractor will maintain a reduction in discharge delay days, at minimum, 29% below the baseline established for CY2007. Specifically, the “Total Delay Days for All Cases During Qtr” as reported on the 10B Part 7 report shall total no more than 9,928.50 discharge delay days in CY 2009. Acute average length of stay shall increase by no more than 3% across this same time period from the baseline established for CY 2008

Proposed 2009 Performance Initiatives Cont.

Target: DCF Residential Rightsizing Initiative

In CY 2009, ValueOptions will assist the Department in implementing it's vision relative to the transformation of the residential system by:

1. Assisting in strategic planning and project planning
2. Working with providers relative to transformation
3. Reporting

Proposed 2009 Performance Initiatives Cont.

Target: Memorandum of Understanding (MOU) Initiative between CT Hospital Emergency Departments and Emergency Mobile Psychiatric Services:

During CY 2009 and CY 2010, the Contractor will be working in collaboration with DCF, DSS and the Connecticut Hospital Association's (CHA) Committee on Patient Care Quality to ensure the integration of hospital emergency department services and pediatric mobile field crisis teams thru:

1. support creation of EMPS/ED MOUs
2. support development of enhanced working relationships between EMPS and EDs as evidenced by increased use of data, increase in diversions and increase in rate of contact between EDs and EMPS

Proposed 2009 Performance Initiatives Cont.

Target: Evaluating Residential Treatment Center (RTC) Performance and Outcomes

During 2008, the Connecticut Department of Children and Families (DCF) worked with RTC providers to establish a mutually agreed upon set of performance indicators that would allow them to compare their performance and outcomes with each other. In order to support this effort during 2009, ValueOptions will work with DCF to supply the data necessary to report many of these performance indicators as well as resources to work with the RTCs to educate them regarding their performance. Additionally, ValueOptions will work with DCF to identify tools and develop methods to quantitatively norm the acuity levels of children on admission to RTCs and during their stay.

QUESTIONS?