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

Chair: Dr. Davis Gammon
Co-Chairs: Robert Franks & Melody Nelson

Draft** Meeting Summary**: Feb. 20, 2009
Next meeting***: March 20 @ 1 PM VO/Rocky Hill***

CTBHP/VO Report


Quality and Access 2-20-09.ppt

Presentation and discussion points included the following:

- There is a new residential treatment center (RTC) developed (6 beds) that is prepared to accept children with mental retardation/pervasive developmental disorders (PDD). Value Options, DSS, DCF and DDS are reviewing in-state system level capacity, including the absence of community based service continuum for this sub-population of BHP members.
- Volume of pediatric psychiatric ED patients has increased; however, the number of patients 'stuck' in the ED beyond 8 hours is not increasing and the ED length of stay delays has decreased by 50%. The CARES unit has two 2 core goals:
  - Reduce pediatric ED discharge delays: been accomplished
  - Increase pediatric ED diversion rate to inpatient care: in process. ED and Emergency Mobile Psychiatric Services (EMPS) communication has improved as is components of coordination of level of care among ED, EMPS and ValueOptions intensive case management (ICM) staff.

Riverview Hospital utilization Data 2008 (click icon above to view data) Key discussion points:

- Observations from data and questions included:
  - External factors affect Riverview utilization. For example in 2007 Lake Grove closed, leaving only Riverview as state inpatient facility.
  - Length of stay (LOS) is slowly increasing since 2Q08.
  - Seasonality of Riverview (peaks in 1Q & 3Q) admissions differs from the rest of the system.
  - 4Q08 admissions seem significantly lower than other quarters but the average LOS increased in that quarter as has the average days in discharge delay status. VO stated the LOS and delay days do not impact bed availability for new admissions to Riverview.

- Percent of inpatient days delayed decreased in 4Q08: suggests that more inpatient children meet clinical medical necessity criteria rather than in a 'holding pattern' discharge delay. The State receives federal match for these expenditures when these costs are related to medical necessity.
- The Subcommittee asked for a breakdown of Riverview patients by payer - private pay, state/federal and self pay. Information request referred to DSS/DCF for follow up.
- Drop off of children "stuck' in Riverview raised the question of their disposition upon discharge. VO noted that many go to RTC or group home setting.

RTC Gender/age/diagnosis review:

The Subcommittee had requested this demographic breakdown of RTC clients (*see page two of above doc).* Data aggregated by diagnosis, age/gender categories. For example:

- Fire setters &/or sexually reactive youth, predominately mate all go to out-of-state facilities.
- Youth with MR/PDD can receive services at several facilities that have converted their unfilled beds for some of this population.
- Juvenile Justice (JJ) youth may be referred out of state, depending on their diagnosis and behavior. Natchaug Hospital has a program for JJ females and St. John services males. CFJ facility in Fairfield County closed.
- In CY 08, 511 arrests of youth in RTC or group homes. DCF reviews the arrests since this is reportable event under DCF.
- Substance abuse (SA) rates higher for females. There may be under reporting of SA as primary diagnosis: helpful to identify description of SA treatment by gender.
- The BHP (DCF and VO) will report to the legislature an analysis of the RTC system in CT, "right sizing" the capacity of the program as well as program development.

ValueOption's 2009 draft Performance Targets (See last slides in the handout above) comments included performance targets that are still being negotiated in the context of state budget deficits:

- VO's Inpatient discharge delay target exceeded goals; potential to establish a maintenance target.
- Data management targets remain, BHP recommendation to suspend provider & member satisfaction surveys, ICM annual caseload and clinical documentation improvement for contract year 4.
- Two of remainder of the targets focus on DCF services/populations and the MOU between Hospital EDs and EMPS system.

Discussion of developing "talking" points that explain progress in BH delivery system since 2006 and challenges that remain.

VO will send Subcommittee chair BHP data prior to the next meeting.