



**The Connecticut
Behavioral Health Partnership**

**2008 Quality Management Program
Evaluation**

I. EXECUTIVE SUMMARY

The Department of Children and Families (DCF), the Department of Social Services (DSS), in conjunction with a legislatively mandated Oversight Council, have formed the Connecticut Behavioral Health Partnership (CT BHP) with ValueOptions serving as the Administrative Service Organization (ASO). The Partnership was initiated January 1, 2006 and serves as a redesign of the behavioral health service delivery system for low-income parents and children. The program emphasizes families as partners in care planning, serves to enhance cultural competency within the service system, and strives to improve the quality and availability of community-based services and supports. The Partnership is a reform initiative designed to help children and parents with serious behavioral challenges remain in their homes and communities, through the use of targeted, individualized clinical and support services. The ultimate goal under the initiative is to allow children and parents to function independently, restore or maintain family integrity, improve family functioning, achieve a better quality of life, and to avoid unnecessary hospital and institutional care.

The (CT BHP) Quality Management (QM) Program was initiated with the implementation of the contract. The QM Program serves as the overarching structure to continuously evaluate the effectiveness of the ASO so as to ensure that the clinical and support services offered within the CT BHP live up to their promise for the youth and families served by the program. The QM Program identifies the key indicators that affect the operation and then monitors these indicators, analyzes the findings, identifies issues, trends and barriers, and then initiates actions to improve performance when necessary.

At the beginning of 2006, a Quality Management Program Description and project plan was developed for the CT BHP QM program based on contractual requirements as well as the standards established by ValueOptions. That program was evaluated during the first quarter of 2007 and a project plan established that took into consideration contract obligations as well as the findings of the evaluation.

On at least an annual basis, the QM Program is evaluated. The CT BHP annual QM Program Evaluation provides an opportunity to examine completed and ongoing quality activities. The QM Program evaluation serves to assess the overall effectiveness of the QM Program including the effectiveness of the committee structure, the adequacy of the resources devoted to it, practitioner and leadership involvement, the strengths and accomplishments of the program with special focus on patient safety, and performance in quality of clinical care and service. Progress toward meeting the goals included on the previous year's project plan is also evaluated. A review of each of the goals is included within this evaluation along with a description of each goal and sub-goal, commentary regarding their completion status, and recommendations for whether to carry them over into the Quality Program for 2008. The results of this program evaluation together with the additional goals that reflect the strategic planning done collaboratively with DSS and DCF, will be used to formulate the 2008 Project Plan.

Key accomplishments of the CT BHP QM Program in 2008 include:

- Increased the reporting of Quality of Care issues by CT BHP staff by more than 500% necessitating weekly meetings of the Quality of Care Committee and a revised protocol for the investigation and handling of the issues identified.
- Improved the coordination and communication of trend information that results from the CT BHP identified Quality of Care issues with the DCF Quality Management Department.
- Revised the administration of the Member Satisfaction Survey to improve its validity so that members are surveyed within a month of receiving services
- Met all Member and Provider Telephone Access standards
- Finalized a retrospective data analysis comparing the behavioral health utilization patterns of children and adolescents who disrupt out of foster care placement with those who do not disrupt
- Implemented a quality improvement activity with two DCF Area Offices to identify children newly placed in foster care with a history of behavioral health issues to improve the timeliness of services and potentially decrease disruption
- Completed a literature review regarding the characteristics of foster parents that may be related to disruption patterns
- Implemented a quality improvement activity that addresses improved identification of members with post partum depression and connection to behavioral health services when necessary
- Implemented the Provider Analysis and Reporting programs for child and adolescent inpatient, PRTF, and ECCs
- Implemented two Pay for Performance initiatives including one for child and adolescent inpatient and one for PRTFs

Key accomplishments of the CT BHP Utilization Management Program in 2008 include:

- Achieved a highly significant reduction in the percentage of days in discharge delay of children and adolescents in inpatient care
 - Far surpassed the goal of achieving a 12% reduction in discharge delay: decreased discharge delay by 39% with no increase in acute average length of stay or readmissions.
- Achieved an improvement in the rate of ambulatory follow-up within 30 days from 64.6% in 2006 to a preliminary result of 85.8% in 2008
- Implemented an Adult Inpatient By-Pass program
- Implemented major improvements in the utilization management of RTCs
 - On-site reviews in state and bordering out of state facilities
 - Refined the medical necessity decision-making process for RTC placements
 - Tied authorizations to claims payment
 - Developed and implemented a large reporting package that supports DCF and CT BHP clinical and administrative decision making
- Achieved a service center pass rate for the IRR audit of 96.4% with an average score of 90.36%
- Decreased the average number of days that youth are delayed in EDs from 2.5 to 1.9 days