



Report to The Quality, Access and Safety Sub-committee

July 17, 2009

Analysis of RTC Utilization and Capacity

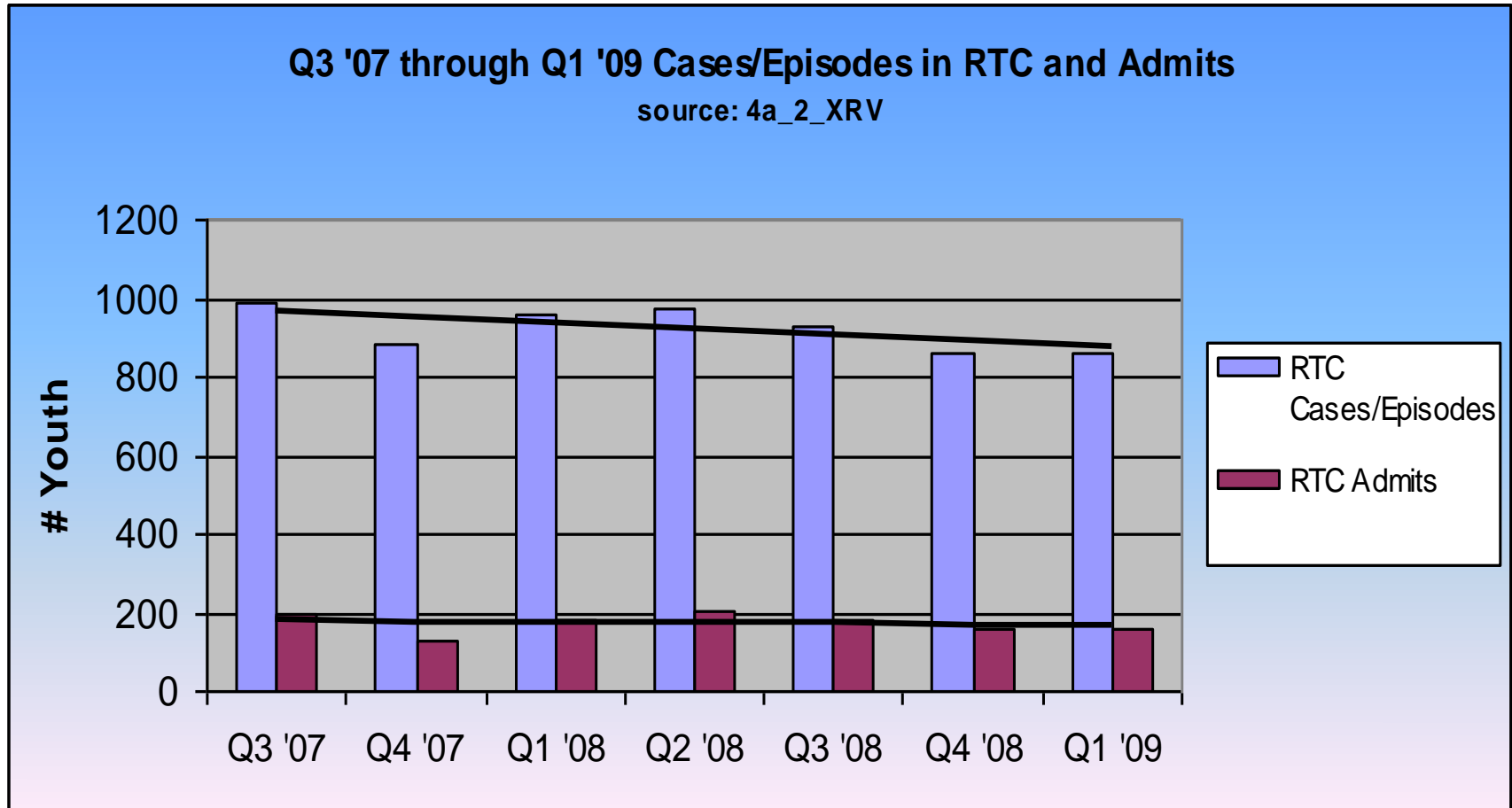
January 1, 2009-March 31, 2009

Utilization Overview

- Majority of RTC services provided for youth continue to be for 13-16 year old population
- *12% decrease* in RTC admits in Q1 '09 compared to Q1 '08
- *10% decrease* in RTC episodes in Q1 '09 compared to Q1 '08 (episodes= # youth already in care during quarter + # admits during quarter)
- Q1 '09 RTC episodes compared to Q4 '08 episodes evidence minimal change (*See next slide*).

The trend line for the number episodes of care has shown an overall decrease

*Ex: If youth has 2 distinct RTC episodes (admitted to more than one RTC) during a quarter, each episode is counted.
Episodes = # youth already in care + # admits*



For Q1 '09 there were a total of 860 episodes of care. 816 Unduplicated youth represent the 860 episodes.. More episodes than unduplicated youth is primarily reflective of 1) youth transferring from out of state to in-state facilities or vice versa and 2) youth transferring from one in-state RTC to another due to clinical needs

Utilization Overview (con't)

- Q1 '09 RTC admits are 12% lower than Q1 '08
- Home Based admits evidence a 24% increase when comparing these same quarters
- There is a difference of only one (1) admission from Q4 '08 (160) to Q1 '09 (159)
- The gradual trend in decreased admissions may be leveling off and will be monitored

Utilization Overview (con't)

ALOS

- ALOS has decreased approximately 18% in Q1 '09 when compared to Q3 & Q4 '08 combined data (326 days vs. 398 days). Please note:
 1. *Closing of beds during Q1'09 at CJR resulted in approximately 40 additional discharges during Q1 '09 (LOS based on discharges)*
 2. *Comparing 1 quarter to 2-quarters combined data (due to run of recent past data combining two quarters)*
- When a gross adjustment is done factoring in the closing of CJR, ALOS shows a decrease in overall ALOS of 12% rather than the 18% referenced above
- ALOS continues on an overall downward trend. This will be examined in greater scrutiny in the August 2009 24 month summary data (see next slide)

ALOS by Diagnostic Category

Q1 '09 vs. Q3_Q4 '08

	Q1 '09			Q3/4 '08		
Category	# Discharges	ALOS (based on Discharge)	Bed Days	# Discharges	ALOS (based on Discharge)	Bed Days
Fire/Sex	11	606.9	6676	30	594	17820
MR/PDD	6	524.2	3145	18	555	9990
CondDX/JJ	109	278.7	30374	167	340	56780
Substance Abuse	11	338.8	3727	24	282	6768
Psych	60	337.8	20268	170	420.5	71485
Total	197	325.8	64190	409	398.15	162843

When compared with Q3&Q4 '08 analysis, ALOS for the categories of Fire/Sex and Substance abuse have increased, while all others have decreased. The most significant decrease in ALOS has happened within the psychiatric diagnosis tier, which shows a 20% decrease. Overall ALOS has decreased about 18%

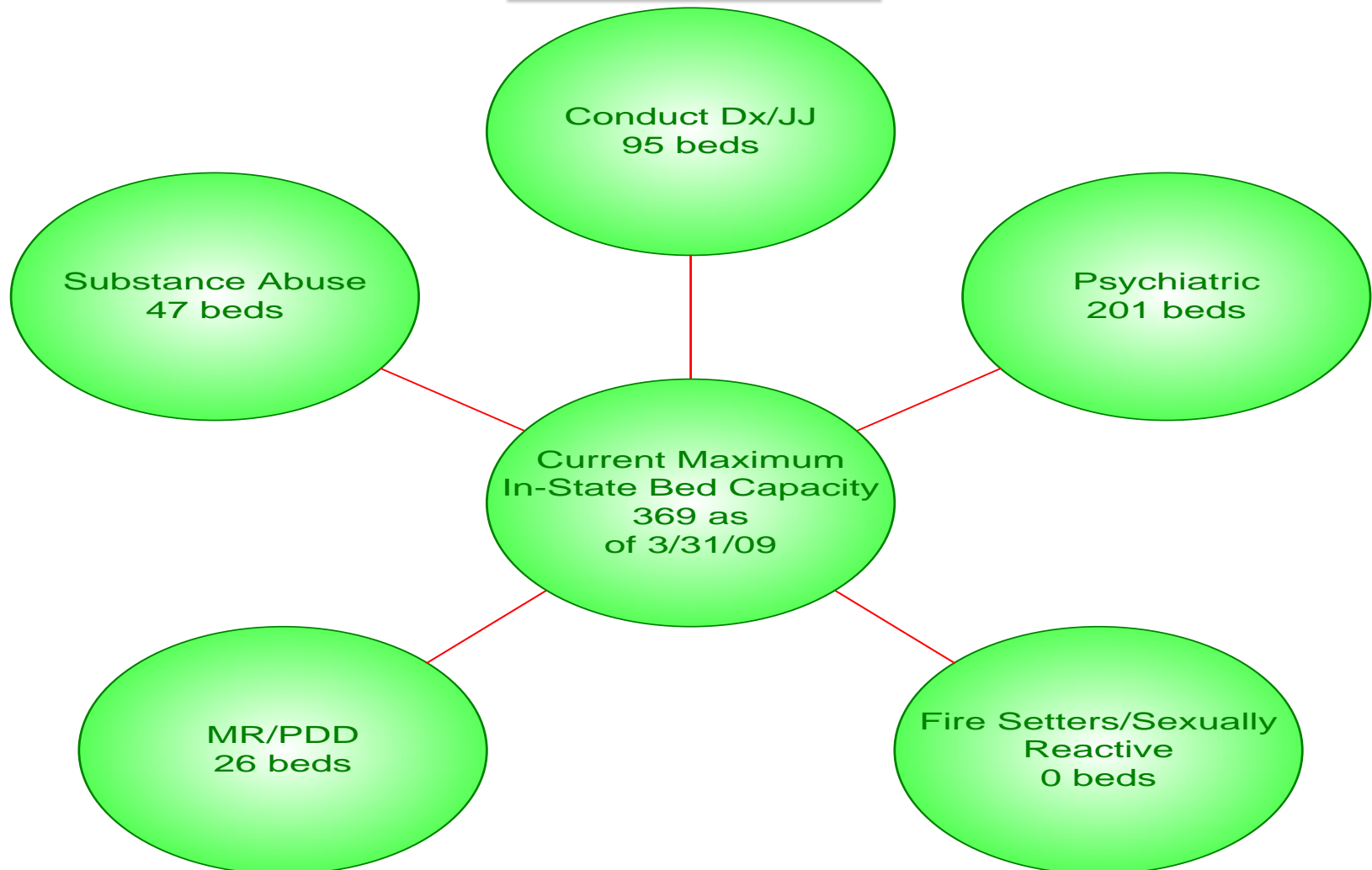
Note: This comparison is 3 months data in '09 compared to 6 mo data in '08. A year over year (24 mo) LOS review will be made by diagnostic category and will be included in the executive summary analysis. 7

System Overview

Program Capacity In-State for Q1 '09

- *Full impact* in Q1'09 of MR/PDD in-state capacity: CHOC- first admission late Dec '08, 12 beds; JRI Susan Wayne Center opened in Jan '09 w/6 beds and increased to 8 beds prior to 4/1/09
- *Full impact* of fewer Substance Abuse capacity in Q1 '09 due to closure of 23 in-state beds 12/9/08 at Stonington
- JJ/Conduct Dx capacity *affected* by the closure of CJR beds: gradually decreasing from 60 beds to 0 beds from 1/2009-3/2009 - Touchstone increased from 20 beds to 26 beds
- General Psych capacity was *adjusted* starting Jan '09 to reflect actual utilization by DCF. Capacity now 14 at Wellspring (was 26)
- *Full impact* in Q1 '09 of loss of 12 psych beds at CCOH that were converted to MR/PDD

CT's current In-State RTC maximum capacity as of 3/31/09



The above represents a 15% decrease from bed capacity noted as of 12/31/08 (433 to 369 beds)
These numbers exclude High Meadows and CCP

System Overview (con't)

In State vs Out of State

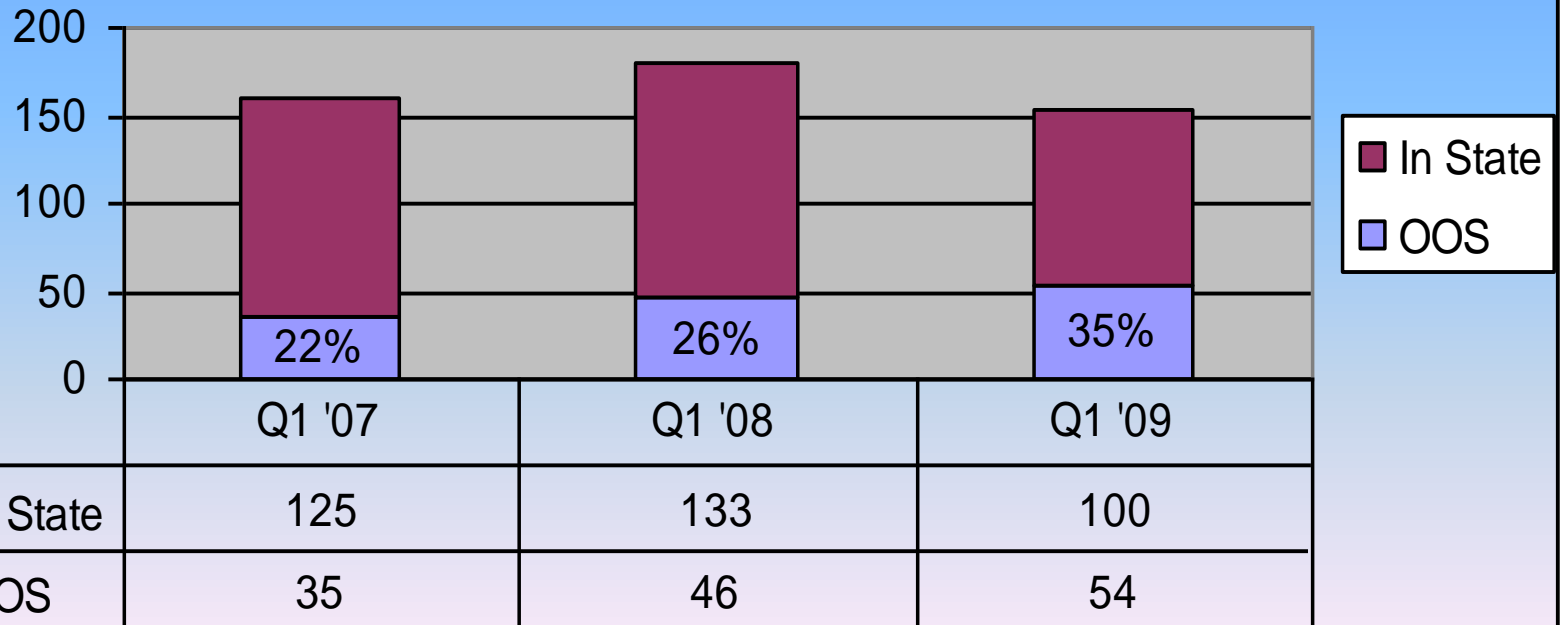
- The number of unduplicated youth receiving RTC services OOS during Q1 '09 increased from the last report (38% in Q3 & Q4 '08) to just over 43% in Q1'09.
- OOS admits in Q1 '09 increased by 17% over same time last year, Q1 '08 and have increased 54% over Q1 '07 (see next slide)

Factors affecting the increase in OOS admissions

- OOS admission increase in Q1 '09 was primarily affected by the closing of CJR's 60 beds, as well as loss of beds at Stonington and CCOH (per prior slides). During Q1 '09 in state facilities had less bed availability and as a result referrals to out of state providers increased.
- Also affecting the % increase in OOS admissions is that the overall denominator of total RTC admissions has decreased. As more members are served in home based community programs and thus diverted from RTC, youth with more severe behavior and diagnoses have continued to rise and continue to need facilities OOS.
- It is anticipated that stabilization and future right-sizing of in-state capacity will positively impact the ability to keep more members in state as we progress forward.

System Overview (con't)

Out of State vs. In-State Admissions, Quarter One

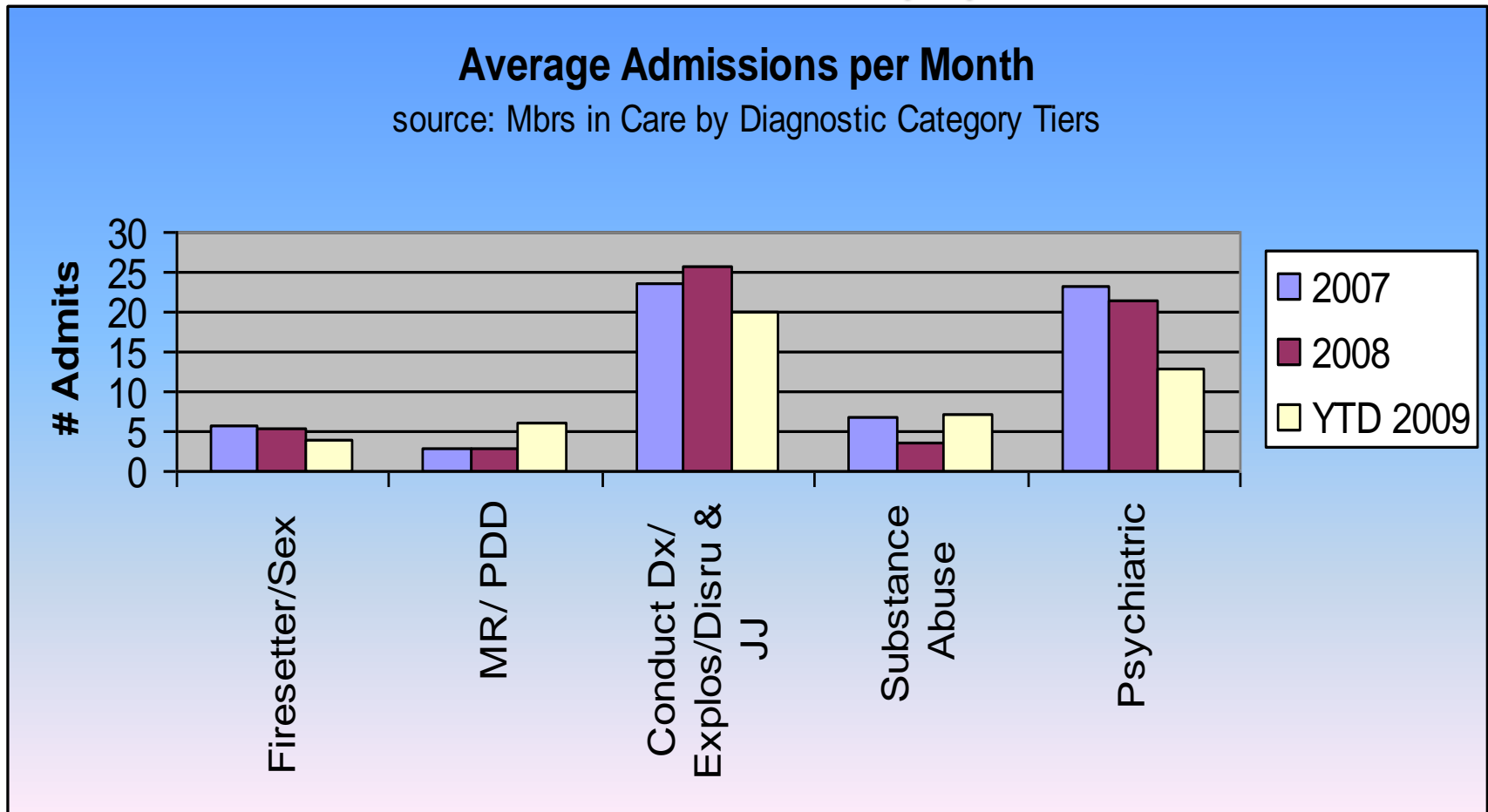


Note: all admissions are based on CT BHP authorizations

Q1 '09 vs. Q1 '08 Comparison Data

- 159 RTC admissions (in state and OOS combined) in Q1 '09, compared to 180 admissions in Q1 '08 (*a 12% decrease*)
- 323 referrals received by CT BHP for congregate care in Q1 '09 (54%, or 176 met LOC for RTC), compared to 263 referrals received in Q1 '08 (85% or 224 met RTC LOC)
- *Total congregate care referrals* received in Q1 '09 represent a 23% increase over Q1 '08
- *RTC referrals* received in Q1 '09 showed a 21% decrease when compared to Q1 '08. The new referral, LOC, match and admit process that began Dec 2008 may have impacted this decrease.
- Even though there were more referrals, during those same quarters the average number of members awaiting matches *decreased by 32%*. This may be attributable to the new RTC process designed to improve response times, which began 12/15/08.

The average rate of admissions per month has decreased in Q1 '09 for most RTC populations



Above is based on actual monthly admissions by diagnostic category for Q3 & Q4 2007 and CY 2008. Q1 '09 above is a total of 154 admissions. The 4A_2 report is 159. One child was admitted twice in the quarter, causing a discrepancy of one. Other discrepancies can be explained by a difference in run dates of the two reports. Greater fluctuation can be seen in 2009 partially because of the time span, a three month average will be less accurate than a 12 month average over a year.

Q1 2009
January – March
RTC Data

Bed Capacity by Diagnostic Category

The following slides show Q1'09 bed capacity information side-by-side with Q1' 08 for comparison of activity during same time period last year

Slide Definitions

- Five diagnostic categories are tiered in the following order:

Fire Setters &/or Sexually Reactive

MR/PDD

Conduct Dx/Explosive/Disruptive/JJ

Substance Abuse

Psychiatric

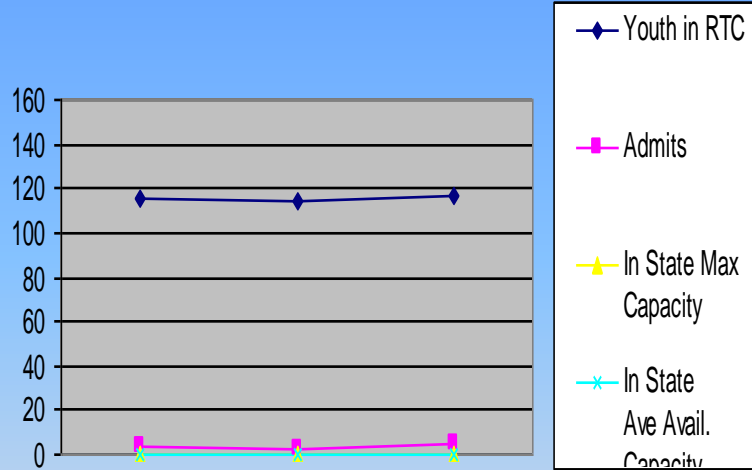
- A youth can only be in one category. Example: Youth w/MR/PDD and Psych diagnoses will appear in MR/PDD data, as MR/PDD is tiered higher than Psych)

Slide Definitions (con't)

- Data includes age and gender breakout for each category
- “Youth in RTC” is the number of youth occupying a bed, per diagnostic category, by month
- Unduplicated is the number of unique members/youth that make up the total “Youth in RTC”
- All data includes both in-state and out-of-state RTCs unless specified otherwise
- In-State Average Available Capacity is the average # of available In-State empty bed(s) per month per the provider’s weekly census.
Note: The provider’s weekly census may reflect an “available capacity” greater than that which will be used by DCF.

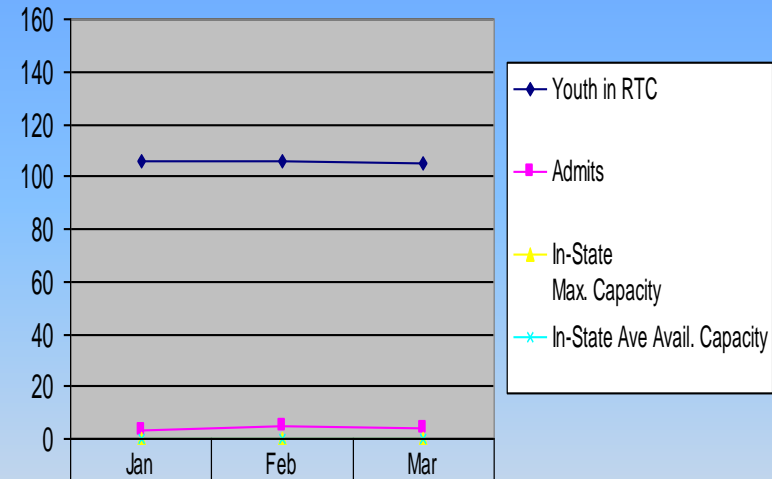
Fire Setters &/or Sexually Reactive

**Fire Setters and/or Sexually Reactive
Q1 '09**



	Jan-09	Feb-09	Mar-09
Youth in RTC	116	114	117
Admits	4	3	5
In State Max Capacity	0	0	0
In State Ave Avail. Capacity	0	0	0

**Fire Setters and/or Sexually Reactive
Q1 '08**



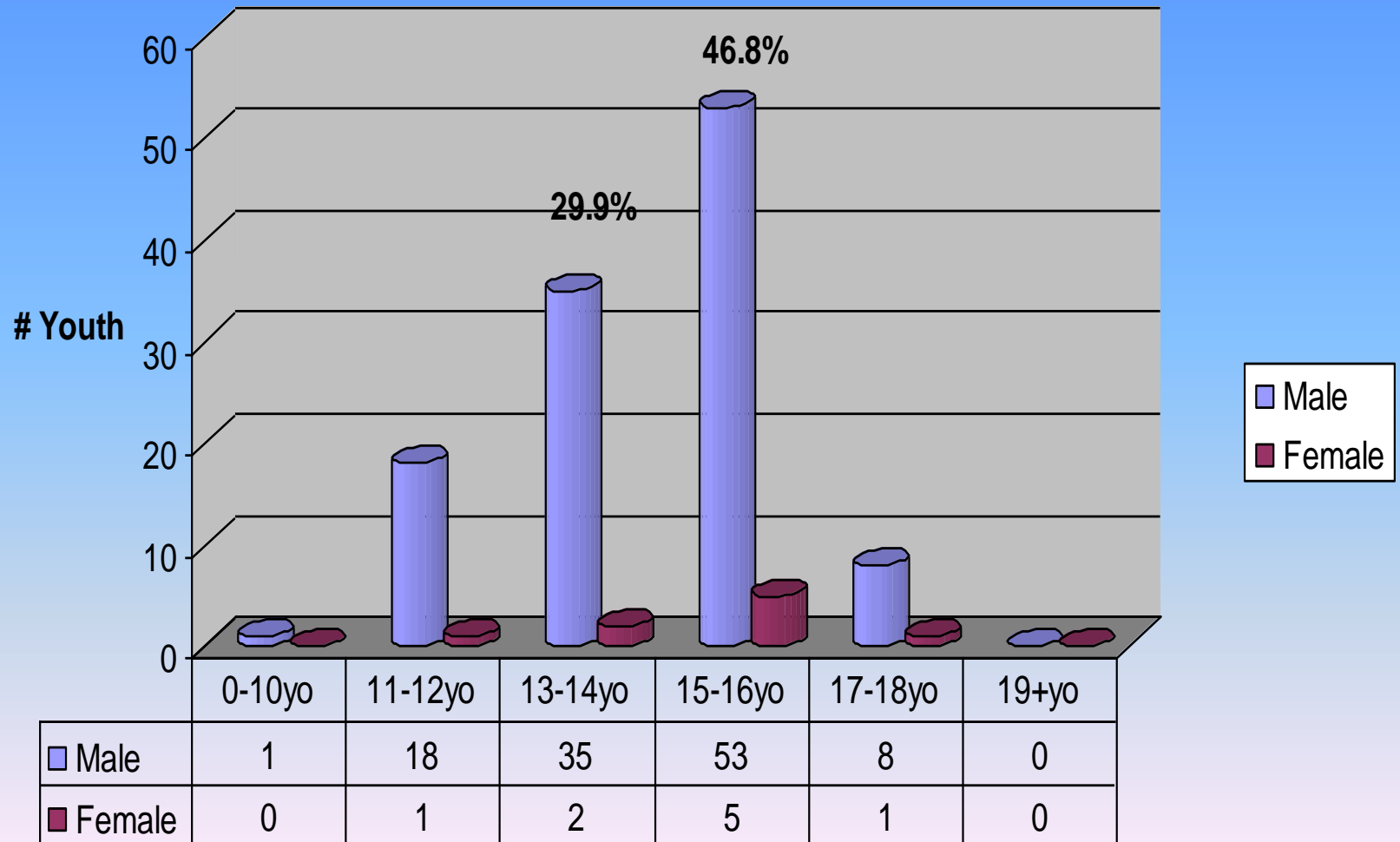
	Jan	Feb	Mar
Youth in RTC	106	106	105
Admits	3	5	4
In-State Max. Capacity	0	0	0
In-State Ave Avail. Capacity	0	0	0

Fire Setters/Sexually Reactive: In Q1 '09, the # of total Unduplicated youth was 124; Male: 115 / 93% Female: 9 / 7%

When compared to Q1 '08, Q1 '09 shows an increase in Youth in RTC while admissions remain consistent. Unduplicated is the number of unique members/youth that make up the total "Youth in RTC"

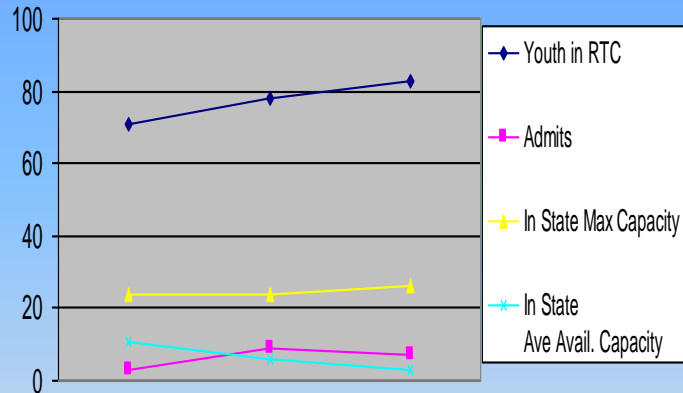
Fire Setters and/or Sexually Reactive (con't)

Gender and Age Q1 '09



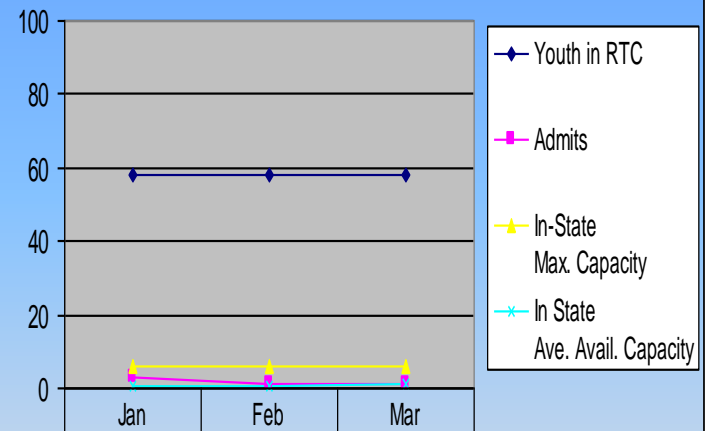
MR/PDD

MR/PDD
Q1 '09



	Jan-09	Feb-09	Mar-09
◆ Youth in RTC	71	78	83
■ Admits	3	9	7
▲ In State Max Capacity	24	24	26
✦ In State Ave Avail. Capacity	10.75	6	3.25

MR/PDD
Q1 '08



	Jan	Feb	Mar
◆ Youth in RTC	58	58	58
■ Admits	3	1	1
▲ In-State Max. Capacity	6	6	6
✦ In State Ave. Avail. Capacity	0.5	0.4	1.25

MR/PDD: In Q1 '09, the total number of Unduplicated youth was 87. Male: 53 / 61% Female: 34 / 39%

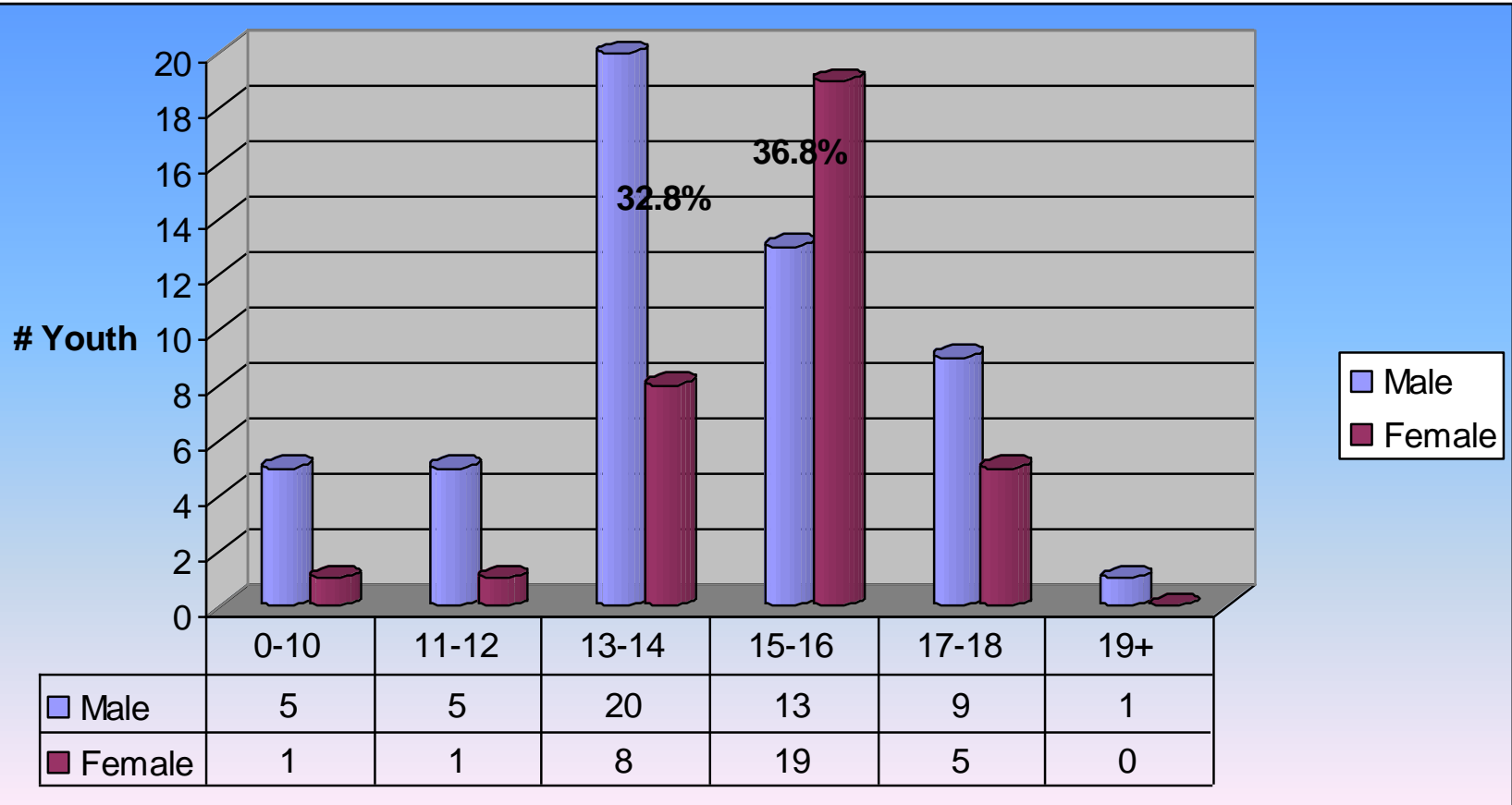
Decrease in Available Capacity thru March consistent with the rise in admissions in Feb and March. Jan '09 JRI opened 6 male beds and added 2 more female beds near March. Jordan house is included in the available capacity and had been holding their 12 bed unit open until fully up and running, first admit was not until 12/24/08, explaining large available capacity in January and decreases through March as they continued filling beds.

JRI is not represented in the average available capacity due to inconsistent census submissions during Q1 '09.

Unduplicated is the number of unique members/youth that make up the total "Youth in RTC"

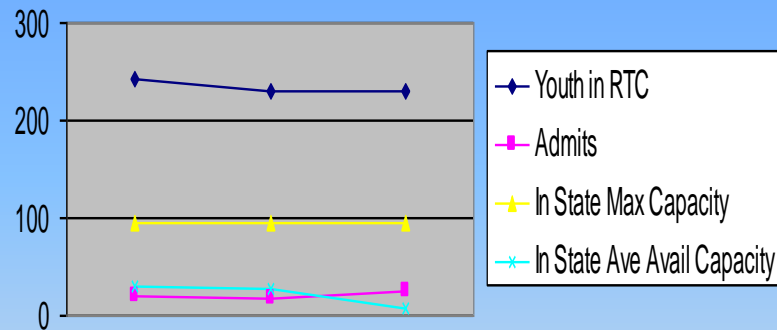
MR/PDD (con't)

Gender and Age Q1 '09



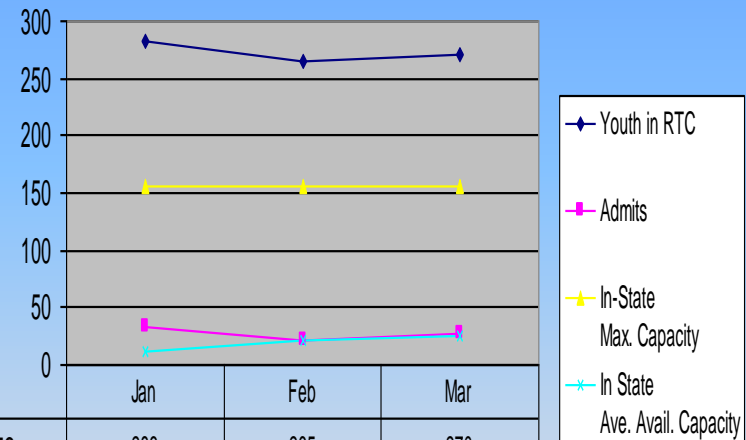
Conduct Disorder/Explosive/Disruptive/JJ

Conduct Dx/Explosive/Disruptive/JJ
Q1 '09



	Jan-09	Feb-09	Mar-09
Youth in RTC	242	229	229
Admits	19	17	26
In State Max Capacity	95	95	95
In State Ave Avail Capacity	29.75	27.75	6.5

Conduct Dx/Explosive/Disruptive/JJ
Q1 '08



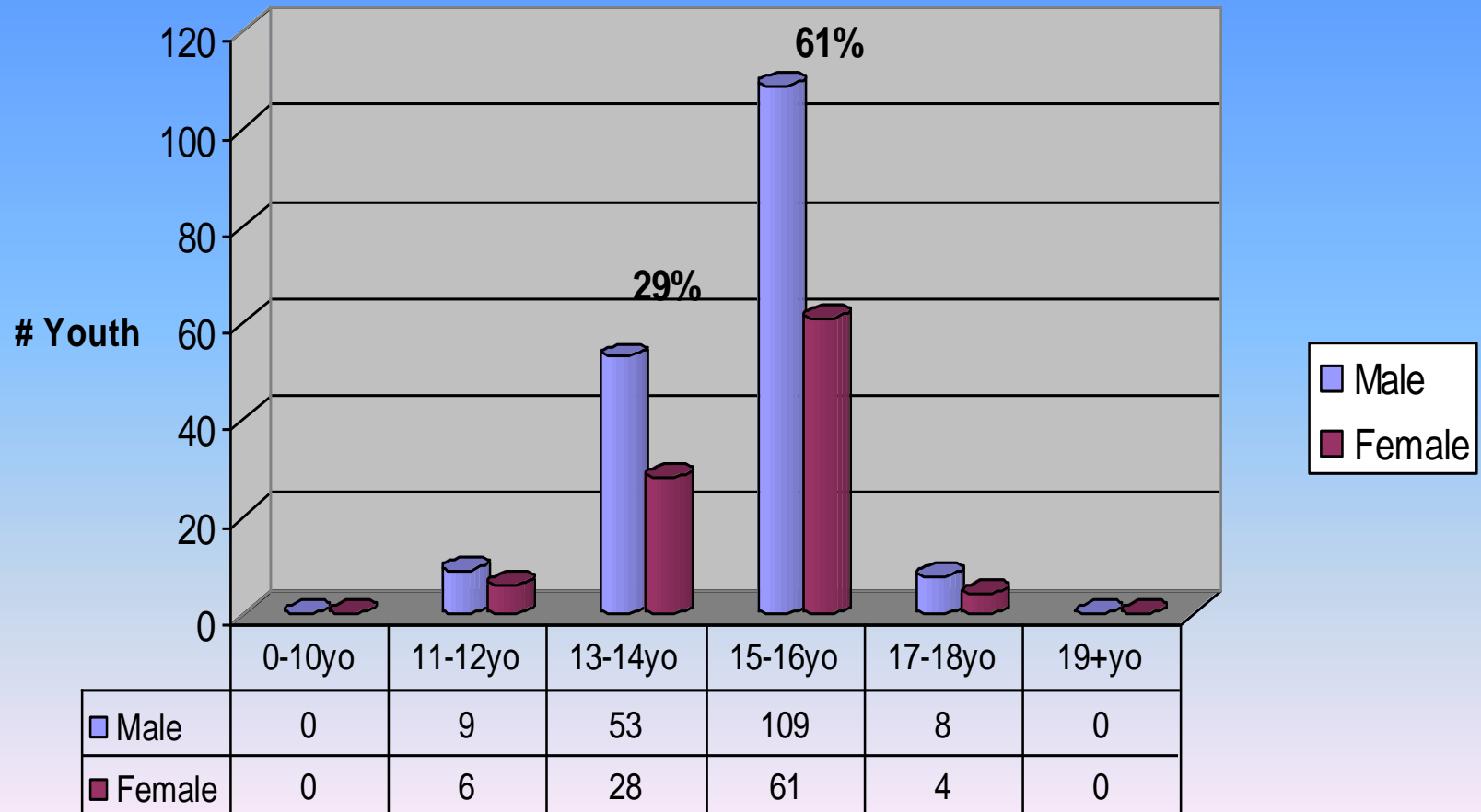
	Jan	Feb	Mar
Youth in RTC	283	265	270
Admits	33	21	27
In-State Max. Capacity	155	155	155
In State Ave. Avail. Capacity	12	22.2	24.75

Conduct Dx/Ex/Dist/JJ: In Q1 '09, the total # of Unduplicated youth was 278. Male: 179 / 64% Female: 99 / 36%

In-State Average weekly available capacity was high in January and February as CJR was closing and reporting a large number of vacancies.

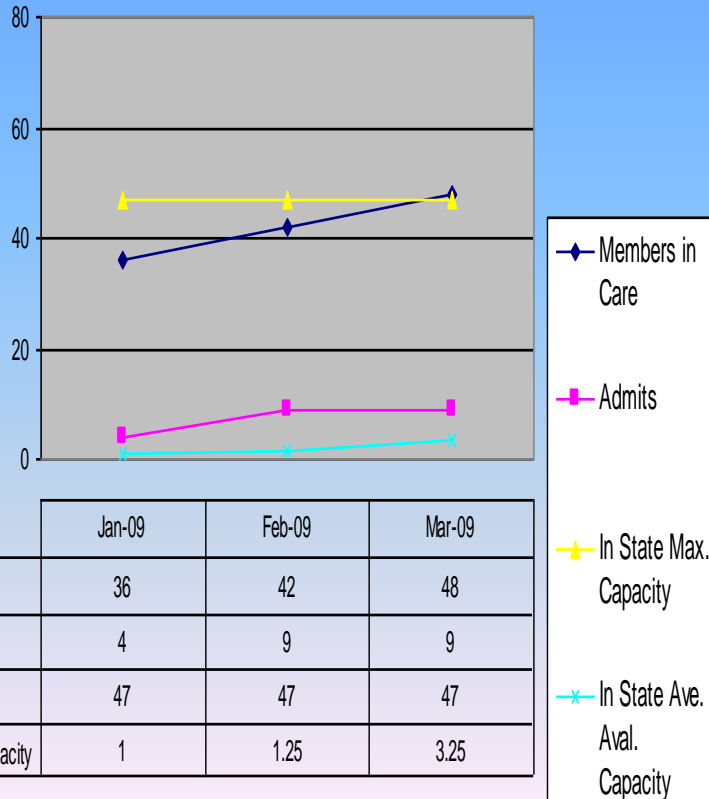
Unduplicated is the number of unique members/youth that make up the total "Youth in RTC"

Conduct Disorder/Explosive/Disruptive/JJ (con't)

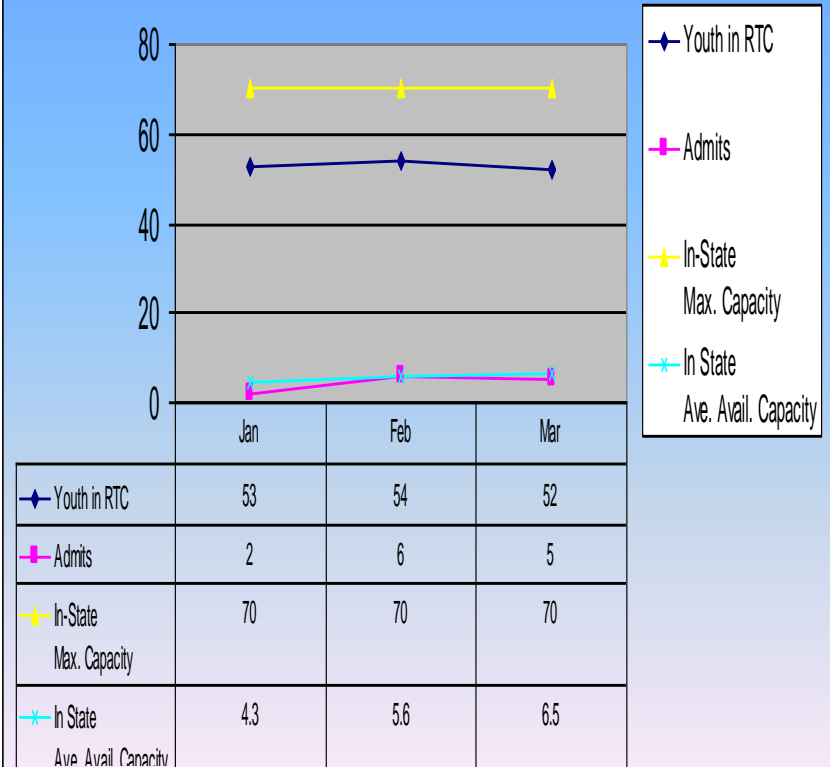


Substance Abuse

Substance Abuse
Q1 '09



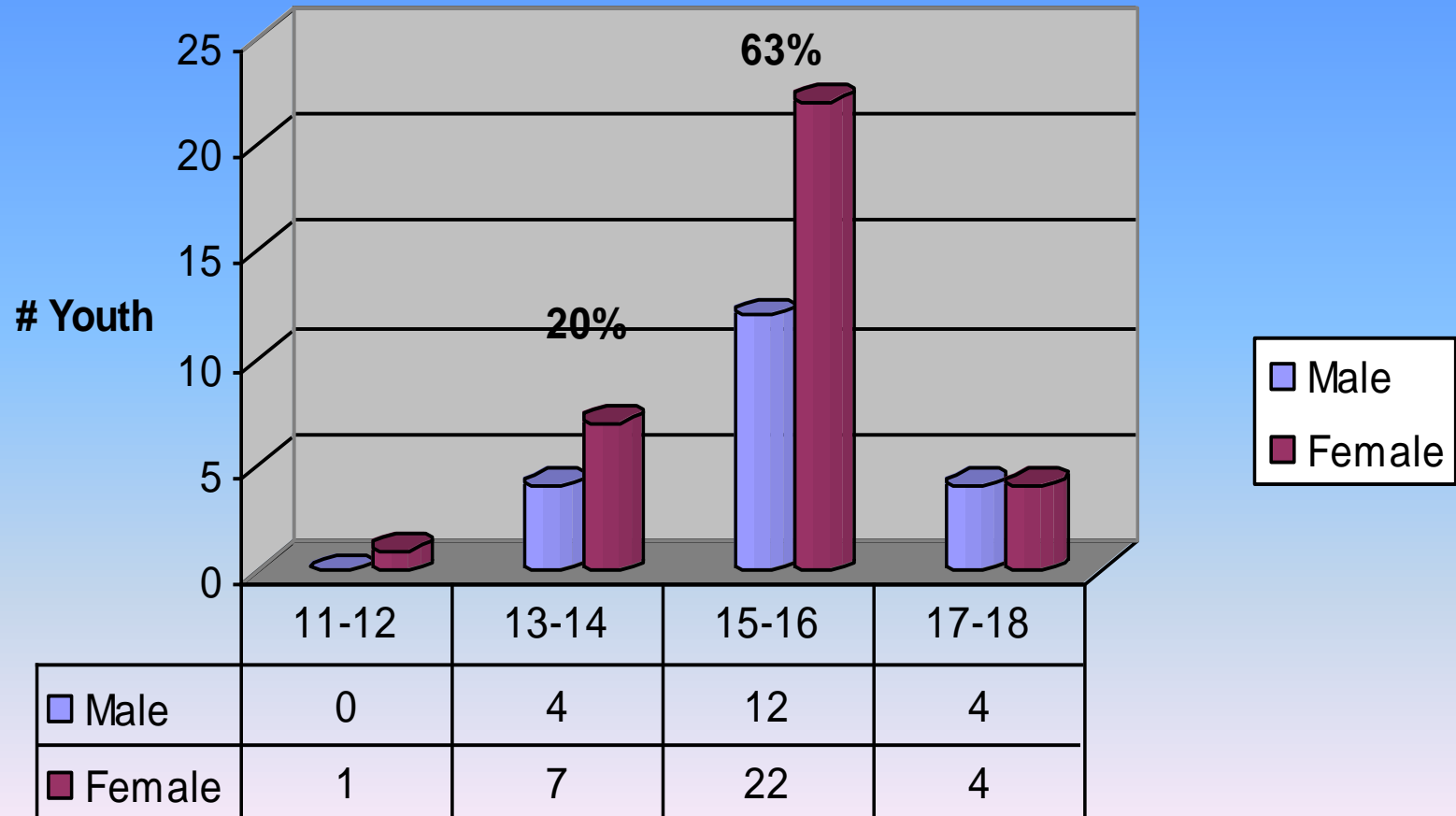
Substance Abuse
Q1 '08



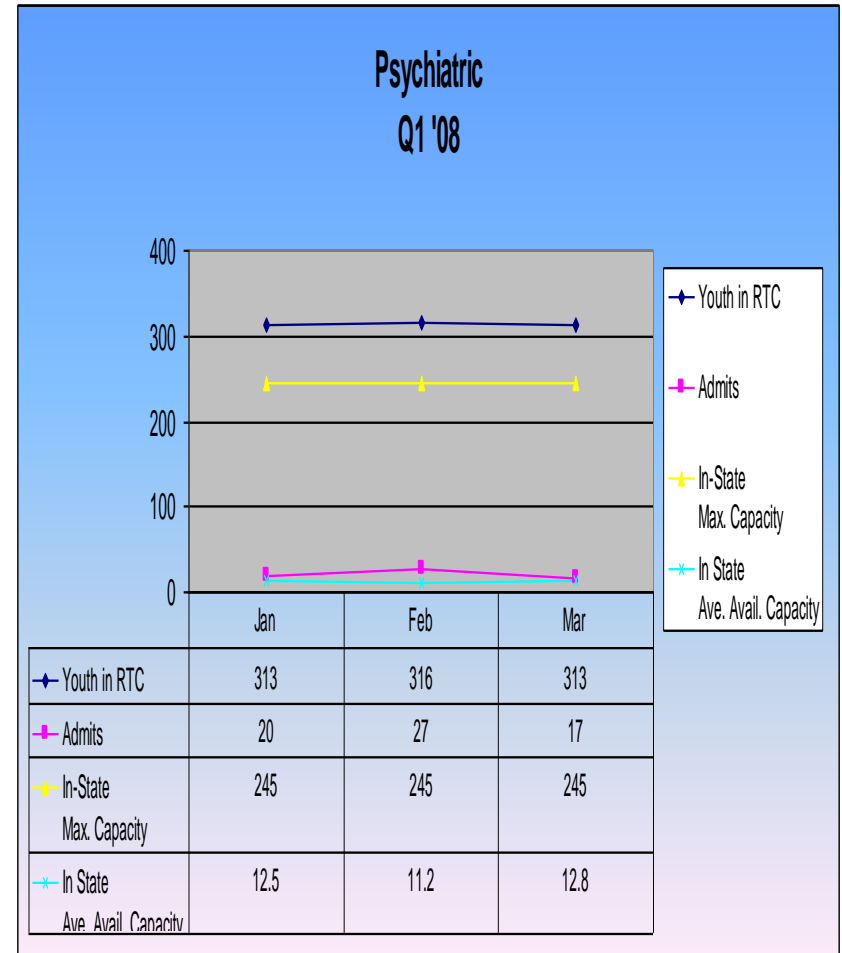
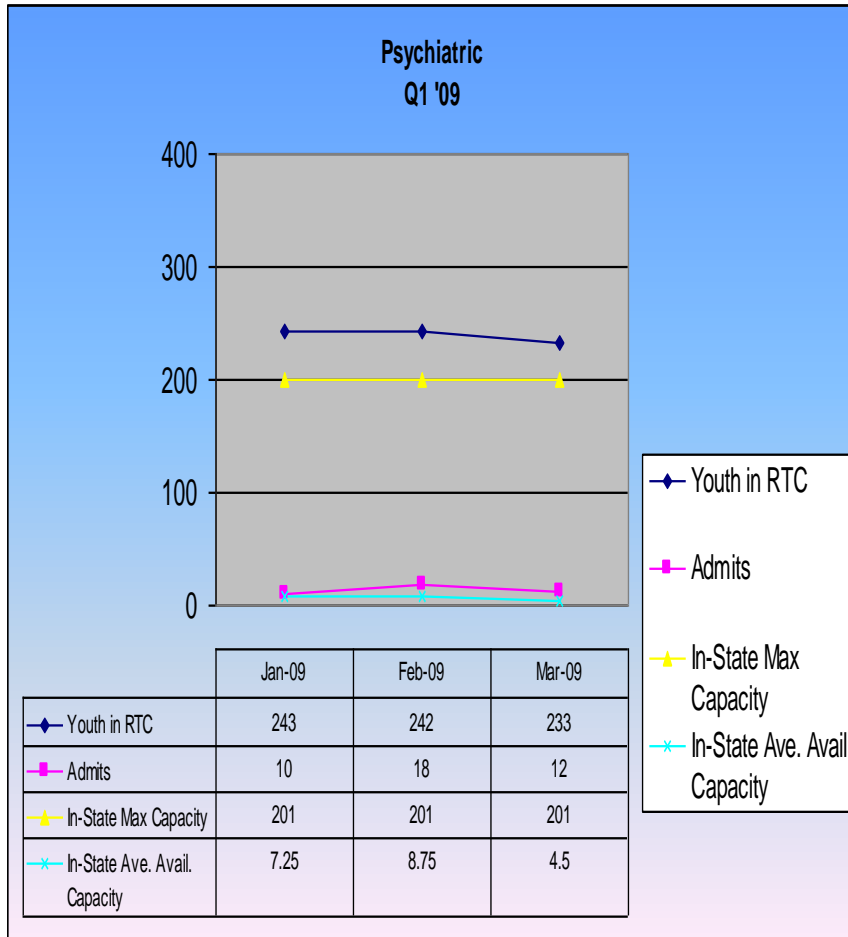
Substance Abuse: In Q1 '09, the total # of Unduplicated youth was 54. Male: 20/ 37% Female: 34 / 63%

Average available capacity has dropped considerably compared to '08, in congruence with decreased maximum capacity
Unduplicated is the number of unique members/youth that make up the total "Youth in RTC"

Substance Abuse (con't)



Psychiatric



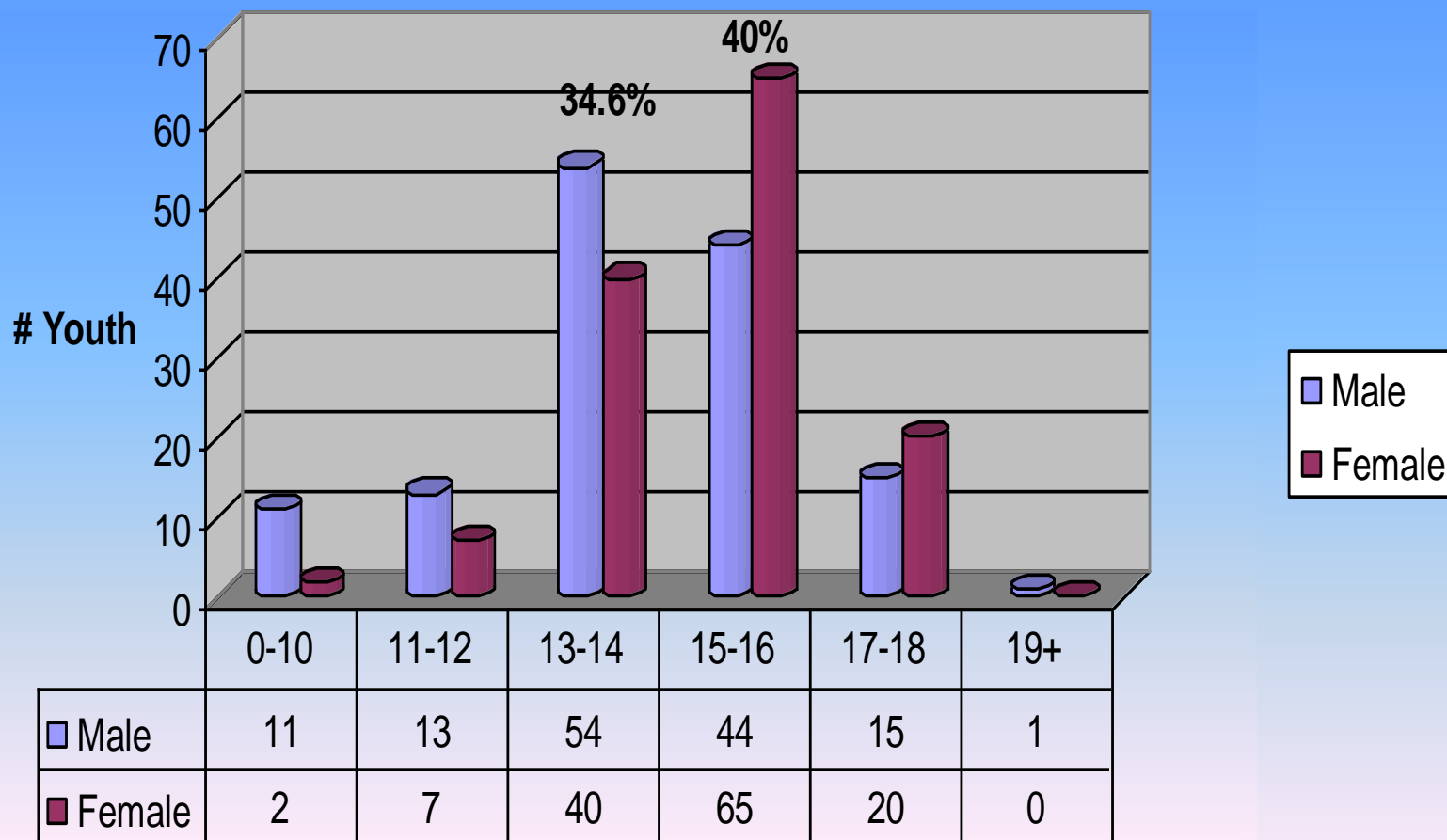
Psychiatric: In Q1 '09, the total # of Unduplicated youth was 272. Male: 138 / 50% Female: 134 / 50%

Max. Capacity has dropped by 45 beds since Jan '08 due to several factors over the past year: Closure of CREC, transitioning of CHOC and adjusting Wellspring beds in '09 to reflect accurate capacity for DCF.

Unduplicated is the number of unique members/youth that make up the total "Youth in RTC"

Psychiatric (con't)

Gender and Age Q1 '09



Summary

- The number of RTC admissions in Q1 '09 compared to same time last year has *decreased by 12%*
- RTC average length of stay has *decreased 18%* when compared with the previous two (2) Quarters (Q3 & Q4 '08) – adjusted for loss of CJR LOS decrease is 12%
- Overall, referrals to congregate care have *increased* over Q1 '08
- The monthly average number of Youth in RTC, unduplicated, has *decreased* in every RTC tier when comparing Q1 '08 to Q1 '09 with the exception of Firesetting/Sexually reactive youth and MR/PDD
- Firesetting/Sexually reactive youth *monthly average of Youth in RTC* has increased just over 9%, from 106 members on average to 116 members on average

Summary (con't)

- MR/PDD *monthly average of Youth in RTC* has increased 33%, from 58 members on average/month in Q1 '08 to 77 members in Q1 '09. This is also an increase from Q3 & Q4 '08 where the *monthly average* of youth in RTC was 65
- Conduct Disorder/JJ *monthly average of Youth in RTC* has decreased approximately 14%
- Substance Abuse *monthly average of Youth in RTC* has decreased approximately 21%
- Psychiatric *monthly average of Youth in RTC* has decreased approximately 24%

Summary (con't)

- The August '09 executive *Residential Data Summary Analysis* will provide a 2 year review, trended by Quarter, and will also include additional detail not previously included in prior analyses
- The 2-year summary will add to the baseline data available to the Department to support their system transformation processes

Addendum

Data sources for this analysis:

- ✓ Exhibit E report: 4A_2_XRV
- ✓ Phase III: Diagnostic Tier reports (6)
- ✓ Multiple Diagnostic Categories Query 5_11
- ✓ RTC Vacancies Dynamic Capacity report
- ✓ In-State & OOS_via Dx Categories query 5_21
- ✓ CT BHP Residential Care Team Performance & Operational Highlights Dashboard