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
Meeting Summary: July 17, 2009

Next meeting: Friday Sept. 18, 2009 @ 1 PM at ValueOptions Rocky Hill.

Introductions/attendees: Robert Franks *(Co-Chair) Dr. Karen Andersson & Dr. Lois Berkowitz (BHP- DCF), Lori Szczygiel, Ann Phelan, Laurie Vander Heide, Agnes Halarewicz (VO), Neva Caldwell & Lynne Robersom (Family reps), Jill Benson & Susan O'Connell (CHR), Linda Dixon, Teddie Creel (DSS), Sandra Cohen (Wheeler), Joseph Arsenault, Susan Halpin (R&C,)(M. McCourt – Leg. Staff).*

CTBHP/ValueOptions report
Analysis of Residential Treatment Centers (RTC) Utilization & Capacity (click icon above for report details)

Quality and Access 7-17-09.ppt

In August 2009 ValueOptions (VO) will present to the BHP as one of their performance measures a 2 year report on RTC utilization patterns and forecasting of future RTC needs in CT (latter done by Wesleyan University). The analysis is based on data from Jan. 1 – March 31, 2009. The BHP & VO have been meeting with RTCs, discussing different models of RTC reimbursement and changing in-state capacity for services for targeted populations such as children with MR/PDD, autism, psychiatric severity that currently receive services out-of-state (OOS).

Highlights of discussion of the RTC data presented included:

- Overall *RTC Q1 09 admits* are 12% lower than Q1 08 while CT *home based admits* showed a 24% increase in those same quarters. BHP, VO and providers have worked to divert admissions to RTCs and reduce LOS through wraparound services and family readiness programs in the community. ***Dr. Franks asked if VO can look at the types of community based services received by children diverted from RTC.*** This request can be looked at in September along with other annual VO performance targets.
- *Average length of stay (ALOS)* showed a 12% decrease when the closing of CT Junior Republic (CJR) is factored in. This was a planned closure that allowed time for discharge planning/disposition. Dr. Franks asked if ***VO can track RTC children's service utilization***

prior and post RTC and recidivision rates. VO said the CJR cohort will provide such data and VO is tracking service high utilizers. The August 09 RTC report looks at services by type provided 60 days after discharge from RTC.

- Impact of RTC Bed capacity changes is seen in the Q109:
  - Youth with *Substance Abuse (SA)* diagnosis is increasing, perhaps related to work with RTC in identifying this diagnosis. In Q1 09 the impact of reduced in-state SA capacity is seen related to closure of 23 in-state beds at Stonington. The RTC forecasting report and utilization data provides an opportunity for BHP and DMHAS to work on the young adults in transition, better preparing DMHAS for estimated capacity needs.
  - *MR/PDD capacity*; 12 psychiatric beds at children's Center Cromwell were converted to *MR/PDD beds,* the JRI Susan Wayne Center increased to 8 beds prior to 4/1/09 with a total of 26 beds in-state (*pg. 9).*

- The number of unduplicated youth receiving OOS services increased to ~ 43% in Q1 09; OOS admits in Q109 have increased by 54% over Q107. Closure of CJRs 60 beds and an increasing number of youth with complex, severe behaviors and diagnoses have contributed to the increase in the OOS admissions. VO was asked how other states that accept CT RTC youth have the capacity to accept these admissions. VO responded that other states have RTCs in more rural sites, reducing the public siting issues and have developed targeted treatment programs. CT RTC vacancies reflect client severity/type of clinical need, not inefficiency in the system. The DCF matching system and bed vacancy reports have improved timely placements in RTCs.
- ***Robert Franks asked if RTCs identify post traumatic stress disorder (PTSD) as a primary diagnosis.*** VO now has the Child Adolescent Needs Assessment (CANS), a strength based assessment required for all RTC referrals, in the computer system.

- VO said DCF will use a standard individual child outcome tool (TOPS) in RTCs and group homes that identifies primary diagnosis, secondary diagnoses, evaluates symptoms and over time can evaluate symptom change through RTC treatment.

The Subcommittee will follow up on data issues raised at this meeting in September and look for the release of the August RTC report summary from VO to the BHP agencies.

VO Performance Target Summary

Program Evaluation Executive Summary 2

✓ ***Quality management program in 2008*** included numerous initiatives, several of which were discussed in detail with the SC:

- Monitoring and intervening in quality of care issues increased by 500%, leading to weekly meetings of the VO Committee. VO, as an authorized agent of the State, works in a collegial manner with providers and initiates a pre-consultative process when QA issues/patterns arise. Providers develop quality improvement plans and joint goals with VO that are evaluated in chart audits.

- VO's focus includes quality of care delivered in the CTBHP, engaging families as part of the treatment plan and eliciting family feedback in their experiences post treatment.

- Disruptive foster care initiative was established after in depth literature review; two DCF area offices worked with VO to identify children newly placed in foster care that had a history of behavioral health problems. The goal was to improve timeliness of BH services, work with foster families to decrease placement disruption. Thirteen children that participated had no disruption in foster care placement. Other DCF Area Offices are interested in participating.

✓ ***CT BHP Utilization management program 2008*** significant achievements were discussed including:

- VO has far surpassed the goal of achieving a 12% reduction of pediatric days in inpatient discharge delay: 39% decrease in discharge delay with no increase in acute ALOS or readmissions. The improvement is the result of collaborative work with hospitals, VO and CTBHP agencies.
- Improved the rate of ambulatory care follow–up within 30 days from a 2006 rate of 64.6% to ***85.8%*** preliminary rate in 2008.
- RTC and psychiatric residential treatment facilities (PRTF) utilization management major improvements have resulted in a reduction of LOS and focused treatment/discharge plans.
- The average number of pediatric ED delay days decreased from 2.5 to 1.9 days.

ValueOptions submits a large number of reports to the CTBHP agencies. The Subcommittee will discuss and make recommendations about the needed reports at the October meeting. Dr. Franks will meet with VO prior to Oct. regarding this.