Behavioral Health Partnership Oversight Council
Quality Management, Access & Safety Subcommittee

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

Meeting Summary: Sept. 18, 2009
Next meeting: Oct. 16, 2009 @ 1 – 2:30 PM at ValueOptions Rocky Hill

CTBHP Utilization Data: ValueOptions Report *(click icon below to view presentation)*


BHP OC Qualityccess9-18-09

(Please review the many activities of the peer support unit in first part of the presentation. This unit has shown significant growth in their involvement with CTBHP members)

Council comments/questions related to the presentation included the following:
Inpatient care:

- Dr. Gammon requested to have child and adult data shown as inpatient adms/1000.
- Inpatient discharge delay days overall rate lowest in Q209 compared to quarters through Q307. The reduction in time "stuck" beyond medical necessity in inpatient care (excluding RiverView Hospital) was attributed to the strong collaboration of the 8 pediatric psychiatric hospitals, CT Hospital Assoc,, DCF, DSS, VO & their intensive case managers, peer specialists. ValueOptions cautioned again about expectations of further reduction in inpatient discharge delays. Need to consider the impact of the retirement incentive program on agencies, reorganization of DCF and capacity at the intensive home based service level, in particular IICAPS on this measure. SFY 2010 goals will be maintenance of effort on the discharge delay reductions, assessing the impact of changes in the RTC process, ED/Emergency Mobile Psychiatric Services (EMPS) initiatives. VO stated that the inpatient pay-for-performance incentives will continue based on the above goals. Suggested that unintended consequences from new initiatives such as CSSD, Juvenile Justice may result in LOS reductions.
- 29% of inpatient discharge delay reasons was for River View compared to 10-14% of the total reasons in other quarters. DCF closed one unit at River View due to the loss of 22 staff in the early retirement program.
- Next meeting will look at pay-for-performance process and outcome measures for PRTFs, EDT and ECCs.
- The data presented is Prior Authorization data; actual claims data will provide information about *actual services used* that received PA. The inpatient PA/claims ratio should be similar in that clients that receive PA for inpatient services actually are admitted while the *use* of various levels of ambulatory BH services may vary from the PA number of services (I.e. PA for 26 outpatient services vs. the number of sessions used).

- CTBHP will share the RTC study details when approved by DCF. The study did show that 33% of children/youth had unfavorable outcomes post RTC discharge (I.e. hospital readmission, admission to another RTC, detention, jail, homelessness.
- VO expects to report on similar outcomes for Group Homes, PASS group homes (social skill building) and RTC.

RiverView Data:
Data shows an increase in River View admissions but shorter lengths of stay (LOS) and significant reduction in discharge delay days, the latter attributed to VO work with Riverview on reducing delays including identifying available alternative discharge services when there is a delay for discharge services.

Home Based Services:
These services seem to be reaching maximum capacity in some areas as there are now significant geographic wait lists in the New Haven, Willimantic and northwest corner of the state. The "HBS days per 1000" PA graph shows that DCF use drives this system. These services will be included in the web-based authorization process starting in Oct.

Pediatric ED Use:
- ED 'stuckedness" is decreasing although inpatient admissions from the ED are increasing. Currently there is variability in hospital collaboration with EMPS system that can impact hospital admissions vs. deterrence to a community based level of care where appropriate.
- Parent representative asked what happens if the child is in the ED for BH problems and the parent refuses the prescribed pediatric psychotropic medication. Options: ED can call in EMPS system or parent/ED can contact CTBHP for peer support services.

HUSKY Adult Hospital admissions:
The increase in the number of *adult psychiatric admissions* is a function of increased HUSKY adult enrollment. The 'by-pass' inpatient stay program is not associated with increased LOS: average LOS is 4.6 – 8.9 days. There is concern, however, about the increased trajectory for adult inpatient substance abuse services. DSS was asked if children of parents involved in these services can be identified through the DSS family assistance unit where the HOH is identified along with those household members that are enrolled in HUSKY. Teddie Creel will look at this to see if there is a possibility of matching services for children of SA parents.

Future CTBHP reports: ad hoc work group recommendations
Robert Franks reported that:
- VO could report annually on data patterns derived from the CTBHP registration process.
- Work group also suggested consideration of annual or semi-annual reports on methadone maintenance services and detox service utilization.
- Report to the QA SC on the Enhanced Care Clinics (ECC) standards' compliance since ECCs receive quarterly performance reports.
- VO would report to the Quality SC on assessments of statewide adverse trends.