CT BHP Report to the

Behavioral Health Partnership Oversight Council

October 14, 2009

Provider Analysis & Reporting (PARs)

- Quality Improvement Program (QIP) initiated in 2008
- 3 plus years of data allows for the development of a QIP – natural evolution
- Providers evaluated against generally accepted industry quality measures
- Profiles developed based on performance
- Providers and CT BHP collaborate on the development of the profiles

Provider Analysis & Reporting (cont.)

- Regular feedback given to providers through sharing of data
- Opportunity to “cross pollinate” good / best practice
- Chance to identify opportunities for performance improvement
- Provider profiles are an integral tool to improve quality of care within the network
- PARs can serve as the basis for the development of Pay for Performance Initiatives, ByPass Programs and Outlier Management Programs

Resources / Roles / Responsibilities

- State Agency leadership
- Providers
- CT BHP
  - Director of Provider Analysis and Reporting
  - Regional Network Managers
  - Analysts
  - Geo Teams

Work to Date

- Profiles / Reporting developed for:
  - Child/Adolescent inpatient programs
    - Evolved into a P4P program
  - Psychiatric Residential Treatment Facilities
    - Evolved into a P4P program
  - Enhanced Care Clinics
  - Adult Psychiatric Inpatient ByPass program
  - Adult Detox ByPass program

Snapshot of Outcomes to Date

- Child/Adolescent Inpatient LOS decreased by 2 days
- Child/Adolescent Inpatient Discharge Delay decreased to 12% of total days in Q3 of 2009
- PRTF LOS decreased by 47% from Q1- Q2 2008 to Q1 - Q2 of 2009 (338 days to 177 days)
- 94.5% of routine appointments within an ECC are offered within 14 days

Outcomes (cont.)

- Provider meetings held on a consistent basis to share information (individual and group)
- Administrative efficiencies instituted:
  - ByPass program equals less reviews
  - Development of consistent processes (PRTF referral form)

PRTF Profile

Provider Analysis Report

Table of Contents:

Provider Analysis Report

About the Report:

- Unless otherwise specified, Average Length of Stay (ALOS) = Total number of days that finally resulted in a discharge during the performance period divided by the total number of discharges in the performance period.
- PRTF stays that were interrupted by an admission to an inpatient unit (including the Cares Unit) will be treated as a single episode of care such that all days spent in PRTF during the episode will be added to the number of days spent in inpatient care.
- Unless otherwise specified, in graphs representing ALOS: The vertical axis reflects the ALOS in days. The horizontal axis represents the time period being reported. (N) represents the number of discharged cases.
- Unless otherwise specified, all data within this report is based on discharges in the time period; therefore, days included in the stay may have occurred in previous quarters / time periods.

Demographics

Date Range: January 1, 2009 - June 31, 2009

PRTF C

	# Male	# Female	Total #	%
DCF	**15**	**0**	**15**	**88.2%**
Bridgeport	0	0	0	0.0%
Danbury	0	0	0	0.0%
Greater New Haven	5	0	5	29.4%
Hartford	1	0	1	5.9%
Manchester	1	0	1	5.9%
Meriden	1	0	1	5.9%
Middletown	0	0	0	0.0%
New Britain	2	0	2	11.8%
Metro New Haven	2	0	2	11.8%
Norwalk	0	0	0	0.0%
Norwich	0	0	0	0.0%
Stamford	1	0	1	5.9%
Torrington	0	0	0	0.0%
Waterbury	2	0	2	11.8%
Willimantic	0	0	0	0.0%
Non DCF	**2**	**0**	**2**	**11.8%**
Total:	17	0	17	
Percent:	100.0%	0.0%		

All PRTF Providers

	# Male	# Female	Total #	%
DCF	**34**	**13**	**47**	**87.0%**
Bridgeport	4	1	5	9.3%
Danbury	1	0	1	1.9%
Greater New Haven	6	1	7	13.0%
Hartford	4	4	8	14.8%
Manchester	2	0	2	3.7%
Meriden	1	0	1	1.9%
Middletown	0	0	0	0.0%
New Britain	4	1	5	9.3%
Metro New Haven	5	3	8	14.8%
Norwalk	1	0	1	1.9%
Norwich	2	0	2	3.7%
Stamford	1	1	2	3.7%
Torrington	0	1	1	1.9%
Waterbury	2	0	2	3.7%
Willimantic	1	1	2	3.7%
Non DCF	**5**	**2**	**7**	**13.0%**
Total:	39	15	54	
Percent:	72.2%	27.8%		

PRTF C: Percent of all Children **Discharged** from PRTF for the reporting period: 17 of 54: 31.5%

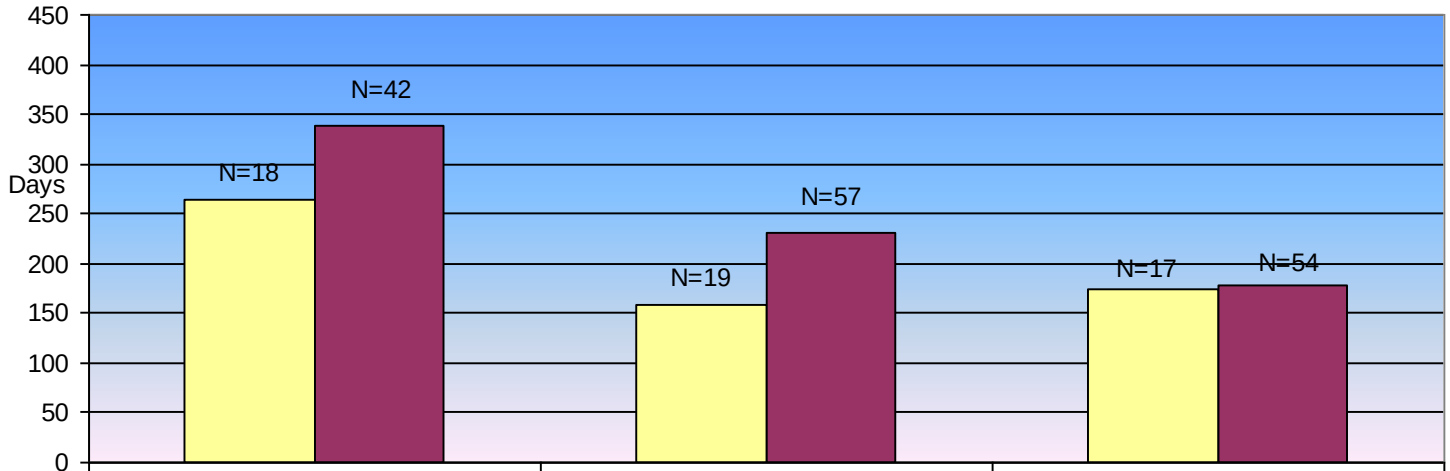
PRTF C: Percent of all Children **Admitted** from PRTF for the reporting period: 21 of 56: 37.5%

Average Length of Stay

PRTF C vs. All PRTF Providers:
Average Length of Stay Bi-Annual

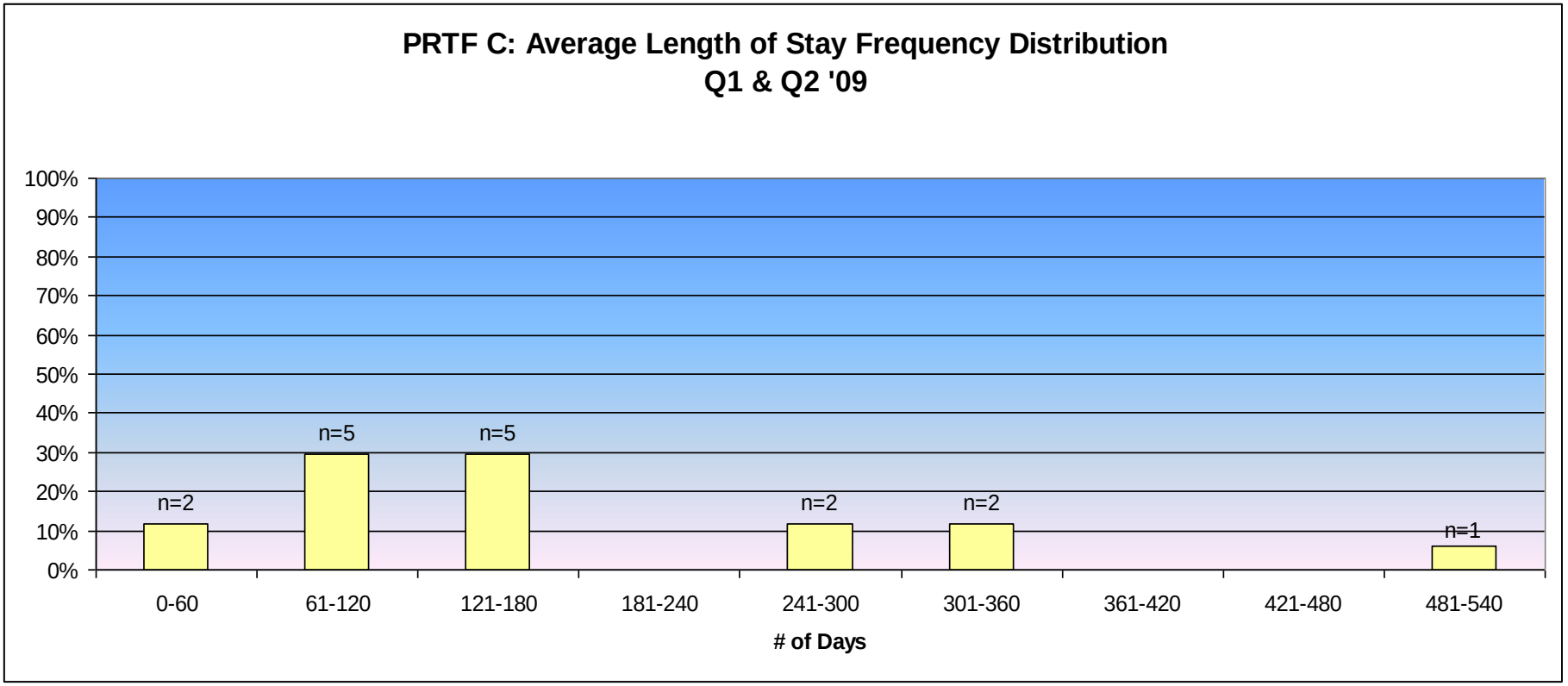
Capacity: PRTF C- 16 available beds

All PRTFs- 59 available beds

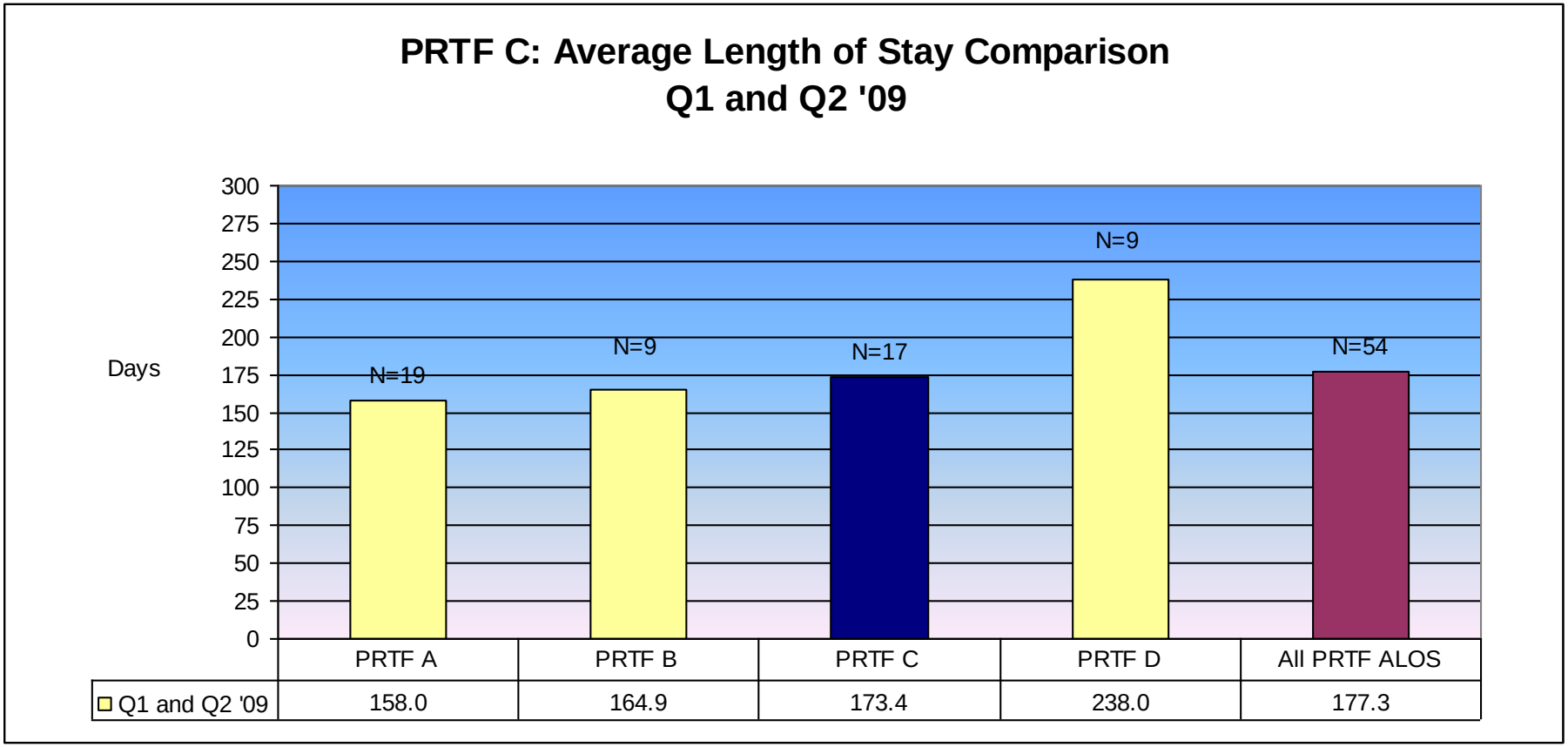


	Q1 and Q2 '08	Q3 and Q4 '08	Q1 and Q2 '09
PRTF C	264.6	157.9	173.4
All PRTF Providers	338.0	230.6	177.3

ALOS Frequency Distribution



ALOS Comparison

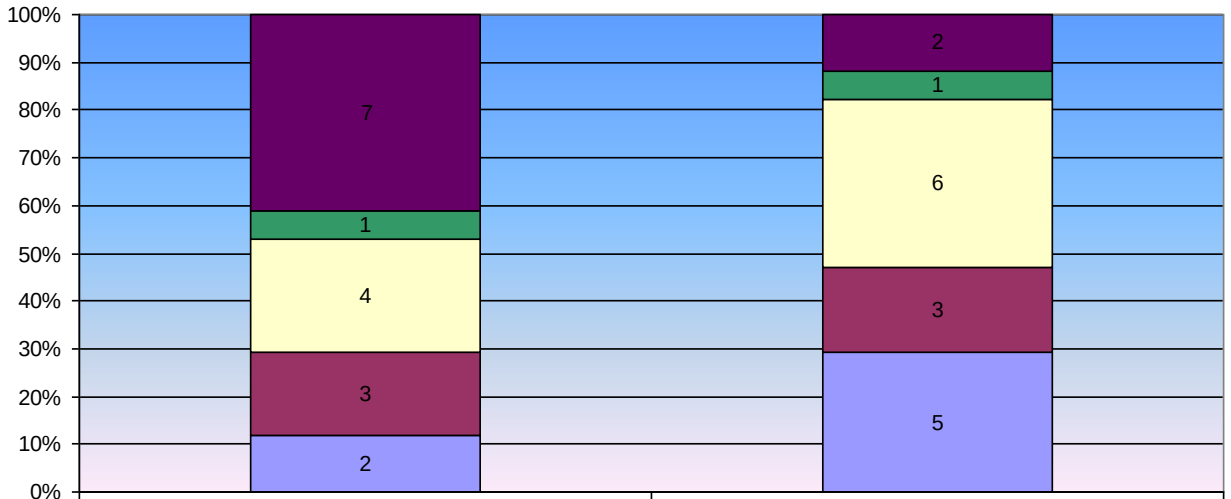


Inpatient Admits

PRTF C: Use of Inpatient Admits During PRTF Episode							
Quarter	Total Number of Discharges	# of Unique Members Admitted to IPF	# of Inpatient Days	Percent of Unique Members Admitted to IPF	Total Number of Discharges for All PRTF	Total # of Unique Members Admitted to IPF for All PRTF	Percent of Unique Members Admitted to IPF for All PRTF
Q1 & Q2 '08	18	2	15	11.1%	42	5	11.9%
Q3 & Q4 '08	19	1	14	5.3%	57	4	7.0%
Q1 & Q2 '09	17	3	57	17.6%	54	10	18.5%

Next LOC: 7 & 30 Days after Discharge

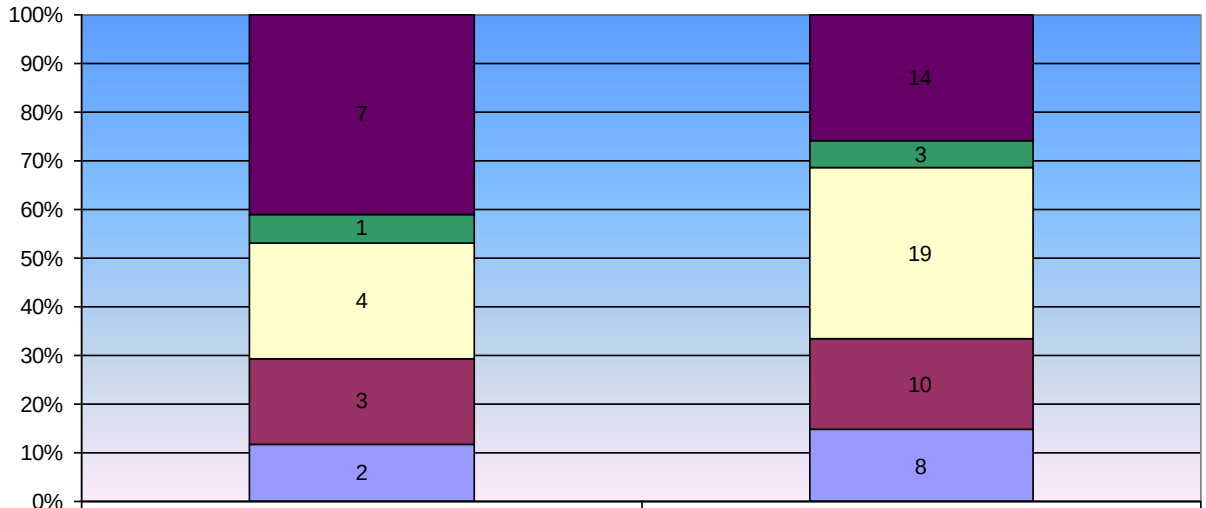
PRTF C: Next Authorized Level of Care 7 and 30 days after Discharge from PRTF
Q1 and Q2 '09



	7 Days (N=17)	30 Days (N=17)
None	41.2%	11.8%
# Admits to Out-Patient	5.9%	5.9%
# of Admits to Intensive Services and Home Based	23.5%	35.3%
# of Admits to PRTF, GH, RTC	17.6%	17.6%
# of Admits to HLOC (Inpatient)	11.8%	29.4%

Next LOC: 7 Days after Discharge

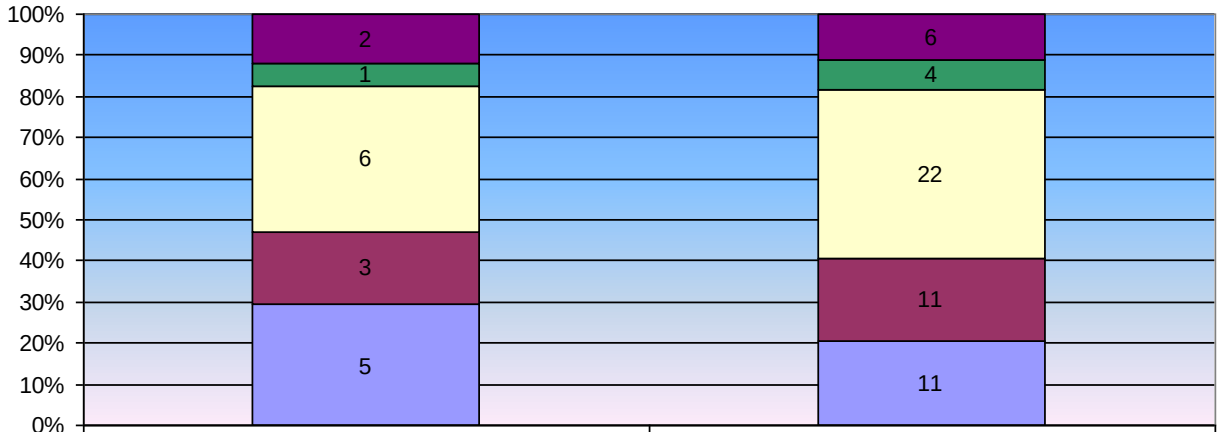
PRTF C: Next Authorized Level of Care 7 days after Discharge from PRTF
Q1 and Q2 '09



	PRTF C	All PRTF (N=54)
None	41.2%	25.9%
# Admits to Out-Patient	5.9%	5.6%
# of Admits to Intensive Services and Home Based	23.5%	35.2%
# of Admits to PRTF, GH, RTC	17.6%	18.5%
# of Admits to HLOC (Inpatient)	11.8%	14.8%

Next LOC: 30 Days after Discharge

PRTF C: Next Authorized Level of Care 30 Days after Discharge from PRTF
Q1 & Q2 '09



	PRTF C	All PRTF (N=54)
None	11.8%	11.1%
# Admits to Out-Patient	5.9%	7.4%
# of Admits to Intensive Services and Home Based	35.3%	40.7%
# of Admits to PRTF, GH, RTC	17.6%	20.4%
# of Admits to HLOC (Inpatient)	29.4%	20.4%

Next Steps

- Work has initiated to develop residential profiles
- Evaluate creation of Child/Adolescent Inpatient ByPass program
- Evaluate creation of an Outpatient Outlier program
- Increased use of web registration as appropriate
- Continue to identify opportunities to improve quality

Residential (RTC) Analysis
July 2007 – June 2009

RTC Utilization / Outcomes Overview

- DCF and providers have met over the past 2 years to develop mutually agreeable outcome measures
- Legislative and provider concerns surfaced around out of state placements and in-state vacancies
- CY 2009 CT BHP developed a Performance Target to develop reports and conduct analysis to support residential rightsizing and outcome initiatives

RTC Utilization / Outcomes (cont.)

- Initial two-year utilization analysis completed and shared with DCF, DSS and residential providers in August of 2009
- RTC utilization reports are produced on a quarterly basis
- Work to continue on the development of a set of outcome reports to inform the residential network

Utilization Summary

- Trend line for out of state (OOS) admits has remained fairly constant, while in-state has decreased, suggesting the need for in-state RTC's to treat currently referred OOS youth
  - Fire Setting / Sexually Offending youth
  - MR/PDD youth
  - Psychiatrically Complex youth
  - Substance Abusing youth

Utilization (cont.)

- Overall residential admissions are down
- Home based service utilization is up
- Outpatient service utilization is up

Residential Length of Stay (LOS)

- 12% decrease in ALOS for in-state providers from CY ’08 to YTD ’09 (350 ALOS → 276 ALOS)
  - Goal was an ALOS of 270 days
  - Goal for FY10 is 254 days
- ALOS for 0-12 yr old youth is 29% longer than 13-18 yr old cohort
  - National research indicates younger age at admission is a significant factor for longer LOS per episode of care

Residential LOS (cont.)

- 7% decrease in OOS residential from CY 2008 to YTD 2009
- Overall decrease in residential LOS of 9.5% from CY 2008 – YTD 2009
- Variation in LOS based on diagnostic category:
  - Median LOS for Problem Sexual Behavior : 581 days
  - Median LOS for MR/PDD: 526 days
  - Median LOS for Psychiatrically Complex: 340 days
  - Median LOS for Substance Abuse: 244 days

Residential Discharge Delay

- RTC has the majority of cases in discharge delay across the BHP continuum:
  - Q2 2009: 8,421 total DD days, of which 70% are residential days
- Several factors may be the reason for this discharge delay:
  - Unavailability of other community placements
  - RTC often becomes “placement of last resort” with inherent challenges reintegrating youth back into the community

Residential Discharge Delay (cont.)

- Average length of delay for “awaiting placement” has consistently been over 200 days over each of the past eight quarters
- Average number of youth per quarter awaiting placement is 33 – 64% of all youth in discharge delay
- Awaiting GH and foster care account for 82% of the days delayed

Outcome Data

Initial Outcomes Post RTC Discharge

- 54% discharged to lower levels of care
  - EDT,IOP, FST,MDF, MST, HBS, FFT, OTP, PHP, GH2, GH 1.5/PASS
- 27% discharged with no auths in CT BHP system
- 15% discharged to equivalent LOC
- 5% discharged to higher LOC
  - IPF, OPM, PRTF, CRS, OBS

Initial Outcomes (cont.)

- If discharge to same or higher level of care is considered an unfavorable outcome:
  - 36% of our discharges yield unfavorable results

Next Steps

- Further analysis of discharge to “no authorization” category
- Produce and review provider specific utilization and outcome reports
- Identification and tracking of key indicators, examples include:
  - Family Readiness
  - AWOL, arrests, restraints during placement
  - Outcomes post discharge
- Continued dialogue with providers

Questions?