

## *EXECUTIVE SUMMARY*

### PERFORMANCE TARGET 10: DCF RESIDENTIAL RIGHTSIZING INITIATIVE 24 Month Residential Data Summary Analysis

August 17, 2009

## **Overview**

As part of the CY 2009 Performance Target 10: DCF Residential Rightsizing Initiative, ValueOptions is to produce a Residential Data Summary Analysis no later than August 17, 2009. This analysis of utilization data and subsequent summary recommendations is to assist DCF with the development of a specific plan to modify and resize the residential treatment system based on current capacity and anticipated utilization. 24 months of utilization data was reviewed and analyzed (Utilization, Demand and Capacity by Diagnostic Tier; Admits and Discharges; Average Length of Stay; Discharge Delay; Registrations and Authorizations; Aggregate Match and Admission Decisions) as well as initial Clinical Outcomes reports, various literature on the efficacy of Residential treatment and a Forecasting summary completed by the economics department at Wesleyan University. All of the referenced reports and detail can be found in the completed analysis report submitted to the departments on August 17, 2009.

## **Summary of Findings**

- In-State admissions to residential are down, both due to a 40% decrease in bed capacity from 2007 and a “mis-match” between available In-State capacity and needed clinical services. Out of State (OOS) admissions are remaining constant, increasing slightly in recent quarters
- Complex psychiatrically ill youth with significant behavioral symptoms (i.e., self-injurious behavior, behavioral dyscontrol) surface in the data repeatedly as a primary group going OOS and the primary group admitted to residential level of care
- While admissions for younger children (0-12) are significantly down, LOS for younger children and males have the longest lengths of stay
- Connecticut outcome data for CY 2008 discharged youth is mixed at best
- Overall In-State length of stay (LOS) has decreased by 12% and OOS LOS is trending downward, however, LOS for the complex psychiatrically ill youth remains above the statewide average
- Discharge delays add to gridlock in the behavioral health continuum due to competition for the same services at the same time (average days in discharge delay per youth is 200 days – consistent finding over the past 2 years)
- The Forecasting analysis completed as part of the comprehensive analysis was not particularly useful as it was unable to integrate all the environmental factors which could impact needed bed capacity (univariate vs. multivariate analysis)
- Administrative opportunities to fine tune processes and systems remain which could impact outcomes

## **Opportunities/Suggested Actions**

- Transformation must be budget neutral, as such, reform of residential financing is essential to support providers in financing the needed changes in their practice models, thereby impacting OOS referrals, the downward trend of In-State admissions, permanency and clinical outcomes. A group of DCF central office staff, residential leaders and CT BHP staff has been meeting and exploring various financing options which include:
  - Case rates
  - Combination of incentives and penalties
  - Lead agency models
- Initial Clinical Outcomes must be further analyzed, specifically related to:
  - Connect to care rates post discharge
  - Family readiness at time of discharge (per literature review)
  - Role of DCF workers, Enhanced Care Coordinators and VO Clinical Care Managers in supporting discharge planning and connect to care post discharge
    - Lack of timely follow through by DCF workers cited as a key reason for discharge delay, opportunities to further evaluate
  - Provider/diagnostic specific outcomes
- Explore the creation of an Outlier Management program for residential providers who fall outside the expected ALOS parameters
- Explore the creation of a member specific Outlier Management program (age/gender) to address risk of extended LOS