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: December 18, 2009

CTBHP Utilization Report 3Q09

Highlights of the presentation and Subcommittee discussion included the following:

Pediatric Inpatient Use

- Inpatient admissions for children reflect seasonal admissions, similar to 3Q08.
- Pediatric BH inpatient length of stay (LOS) averages 2 days less than CY 08.
- Slight increase in readmissions: outpatient and ED paid claims data needed to understand this slight change, looking at OP to ED, inpatient-ED migration.
- DCF 3Q admission rates lower in the 3Q09, compared to other 09 Quarters and similar to 3Q08.
- DCF average LOS (ALOS) has decreased driving the downward trend of ALOS more than non-DCF ALOS.
  - DCF 0-12 YO, the ALOS inpatient ranges from 14 – 35 days with average of 17.85 days. Non-DCF inpatient days range from 8.43-13.43 days. The ALOS includes acute/discharge delay. The average acute LOS is ~ 14 days, closer to the national level.
  - Teens (13-18 YO): some families feel youth discharged "too quickly". All 8 pediatric psychiatric hospitals are working, as part of the P4P incentive, on family engagement & support, developing individual communication plan with the family. Engagement is particularly challenging for the facility and families if they live 60 miles or more from the hospital. VO suggested that if a significant number of patients/families live outside the hospital geographic area, the hospital could use teleconferencing
  - Natchaug noted that for children/youth admitted to their hospital (home is outside this geographic area) it is more difficult to work with that regional DCF office. Teleconferencing may enable the office to participate in planning.
- The current reduction of the percent of inpatient days/discharge delay days (~16.3%) may have leveled off, but 2010 keep maintenance of effort going rather than expecting further reduction in the percentage of inpatient days due to discharge delay.

Riverview hospital

Riverview hospital (State child/youth inpatient facility) has worked very hard to reduce their ALOS, a major accomplishment since these patients have serious chronic illnesses, often with co-morbidities. While 60% of patients are in delay the discharge days represent 20% of total days.

Discussion of differences in Riverview admission criteria compared to acute inpatient services. (*Click icon below for DCF summary of RV Hospital LOC guideline revisions approved by BHP OC May 2009: more detail www.cga.ct.gov/ph/BHPOC council summaries: May 2009)*

Riverview Hosp L of C Guidelinesrevised 5

Psychiatric Residential Treatment Facilities (PRTF)

There are 4 PRTFs, with a total of 66 beds that service 0-12 year olds. ValueOptions ad PRTFs are working toward reducing the ALOS; YTD ALOS is 172.4 days with the goal of reaching 90-120 days.

Residential Treatment Centers (RTC) data was discussed in detail at the previous SC meeting. Further comments included:

- Use of the child/Adolescent Needs & Strengths (CANS) assessment changes the focus on treatment toward identifying and incorporating patient strengths in the treatment plan.
- Challenges to RTC discharge that include family readiness/comfort in accepting the child's discharge back to the home/community.
- Children/youth in RTCs without family resources creates a discharge disposition problem. DCF looks for alternative family members, foster families, local church support or independent living services to allow RTC discharge.

Home –based Services – IICAPS

- IICAP teams have expanded and significant use in 4Q09. IICAPS program is not "slot based' like other home based programs and has expanded to meet population needs. The goal of CTBHP was to increased community-based services, decrease institutionalization. DCF estimated about half of clients currently in IICAPS would have been in RTCs.
- The SC is looking for IICAPS data including outcomes, reasonable LOS in the program, etc. Yale is working on outcome data.
- CT BHP was encouraged to assess the **cost effectiveness** of:
    - Initiatives such as the hospital P4P.
    - IICAPS: while expenditures for IICAPS have increased, the BHP agencies need to consider if costs are offset by savings associated with decreasing acute and RTC LOS. DSS said this analysis is in progress as the claims data is being verified.

CTBHP Adult Utilization

- the number of adult psychiatric and detox admissions have increased, thought to be a function of higher enrollment and adverse economic issues rather than associated with the 'by pass' authorizations.
- VO is working with the CT Commission Addictive Recovery (CCAR) to connect clients to sober housing, post discharge services.
- YNHH noted continued 'grid lock' problems for young adults no longer eligible for HUSKYand many of whom are now uninsured or in SAGA and in receive services through

DMHAS. Topic of future meeting, assuming data is available, on transitioning youth mental health services.

Subcommittee 2010 agenda items

The following additional reports/month were identified (some report months may change):

- ✓ February: ValueOptions 2009 performance targets
- ✓ March: 2009 member/provider satisfaction survey results
- ✓ April:
  - Annual VO quality management report to CTBHP agencies.
  - VO CHCS grant project on improving DCF Multi-disciplinary exam (MDE).
- ✓ May: IICAPS ouitcome data
- ✓ June: 1st RTC provider profile reports and other data