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: Feb. 19, 2010

Attendees; Dr. Davis Gammon (Chair), Karen Andersson (DCF), Lori Szczygiel & Laurie Van Der Heide (ValueOptions), Neva Caldwell & Lynn Roberts (Family reps), Jill Benson (CHR Health), David Klein (Natchaug Community Program), {M. McCourt, legislative staff}

CTBHP/ValueOptions Performance *(click icon below, slides 3-4)*

Quality and Access 2-19-10.ppt

Lori Szczygiel (VO) explained the 2009 performance targets as the CTBHP Administrative Service Organization (ASO). Discussion points included the following:

- Data management related to authorizations & payment is pending as VO just submitted this report to CTBHP 2/8/10: VO believes they will have achieved 98 – 99% compliance for this measure.
- Foster care disruption target for youth in 1st/2nd placement will be submitted ~ March 15 after the analysis is completed.
- Reduce discharge delay report is pending report submission: VO is confident they will exceed the performance goal.
- Residential Treatment Centers (RTC) "right sizing" report, based on 2 years of data has been submitted. The RTC reports will now be given to CTBHP on a quarterly basis.
- Memorandum of Understanding (MOU) initiative between hospitals and Emergency Mobile Psychiatric Services (EMPS) providers has been submitted. Of the 31 CT hospitals, 28 hospitals have established a MOU with their EMPS team. Next phase will involve data collection.
- Evaluating RTC outcomes report has been submitted. DCF has worked closely with the RTCs to identify 7 meaningful outcome measures from the 24 identified by RTCs. VO expects this to be a 2010 performance target to develop a provider specific profile (PARS). The RTC target has been the largest project undertaken by CT VO.

Annual CTBHP Utilization Reports *(See remaining slides)*

The information presented shows trend changes by level of care for children (DCF & non-DCF) and adults from 1Q07 through 4Q09. The graphs illustrate areas of significant change in a direction that supports the premise that the CTBHP is meeting program goals *(Please click report above to view details).* Summary of discussion points includes the following:

- ***Child ED Stuck numbers/*** month shows per month numbers overall lower in 2009

compared to 2008. Numbers during peak demand months (March/April & Oct/Nov) were lower in 2009 than in 2008. Some hospitals have made changes in the management of ED BH visits in 2009. Of the top 5 hospital with the greatest number of ED "stuck" children, CCMC has the largest number (with the Cares unit), St. Mary's Hospital has contracted with Wellpath to manage all their ED mental health visits and Charlotte Hungerford changed their EMPS contractor in 2009.

- Most (72%) of pediatric ED psychiatric patients were admitted to an acute inpatient hospital.
- Despite significant increases in HUSKY A (both children & adults) enrollment in 2009 both pediatric and adult acute hospital admissions/1000 members (adjusts for membership increase) remained fairly flat in 2008 & 2009.
- ***Pediatric inpatient days*** have dropped significantly from 15.5 days/1000 in CY 2007 to 11.2 in CY 2009. The disparity between non-DCF and DCF children's average length of stay is less in 2009 quarters compared to 2007; this reflects extensive work DCF, VO and providers have done to reduce inpatient days.
- A ***pediatric inpatient "by-pass" program*** will begin ***March 1, 2009*** where the initial authorized days for inpatient services will increase, reducing at least one concurrent review.
- The percent of ***pediatric inpatient days deemed 'delayed days'*** (client no longer meets acute inpatient level of care guidelines but remains hospitalized) have also shown a decrease, for example 36.5% in 4Q07 to 17.7% in 4Q09. While DCF children continue to have overall higher rates of discharge delay days related to their acuity and capacity constraints at the community level, the number of delay days has decreased significantly for DCF children in 2009 compared to 2007.
- ***Riverview*** numbers are measured separately: the positive trends reflect the major effort on the part of Riverview staff, DCF and VO to make changes to significantly lower the ALOS. This allowed more admissions when beds are freed up, providing better flow of patients through the hospital system. Children with the most complex/severe diagnoses have higher acute and discharge delay days, the latter often created by delays in securing appropriate placement/level of care services in the community.
- ***Psychiatric Residential Treatment programs (PRTF)*** length of stay has significantly decreased to 117 days from 260 days 3 years ago. The PRTF goal is to reach and maintain an average length of stay (ALOS) of 120 days that is consistent with national days. The PRTFs have developed changes that have resulted in the reduced ALOS.
- ***ADULT*** admissions/1000 and length of stay remains fairly stable over the 3 years, although ALOS increased by one day in 2009. An adult inpatient "by-pass' program has been implemented for certain hospitals (6 inpatient days initially authorized instead of the typical 3 days, reducing one concurrent review process).

Intermediate and outpatient levels of care utilization trends:

- Admits/1000 to children's home based services IICAPS program, converted to fee-for-service that allows for program flexibility (i.e. not slot driven) has increased as has outpatient admits (6.2 in CY 07 to 7.5 in CY 09).
- Adult admissions to intermediate LOC have decreased since 2007; outpatient admits/1000 increased from 11 in CY 07 to 12.3 in CY 09.

The goals of the CTBHP included reduction of institutional care and increase community –

based service access. CTBHP is achieving program goals through significant programmatic changes that could not have been achieved without provider community collaboration with the CTBHP agencies and ValueOptions. This 3 year report demonstrates positive trends toward goal achievement. An expectation has been expressed that cost savings or at a minimum, transfer of expenditures associated with institutional care to community services would be seen over the past 3 years. However, it was noted that the cost savings associated with reduction in institutional care do not offset the costs of non-institutional services because there has been an exponential growth in this level of care. Expenditure reports will be presented at the March 10, 2010 BHP OC meeting.

March 19th meeting agenda items include:

- ✓ provider/member satisfaction survey results,
- ✓ DCF multi dimensional exams,
- ✓ possibly identify pediatric/adult penetration rates for new members
- ✓ RTC access