

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: March 19, 2010

Next meeting Friday April 16, 2010 @ 1 PM VO, Rocky Hill

Attendees: Davis Gammon, MD (Chair), Melody Nelson (Vice Chair), Karen Andersson & Lois Berkowitz (DCF), Lori Szczygiel, Ann Phelan, Laurie VanDer Heide, Debra Gannan & Lynne Ringer (VO), Elizabeth Collins & Beth Klink (YNHH), David Klein (Natchaug Hosp), Blair MacLachlan, Neva Caldwell & Lynn Robertson (Family Reps), (M. McCourt, legislative staff).

DCF – Multidisciplinary Evaluations (MDE) (Click icon below to view report details)

Two area DCF offices, Waterbury and Bridgeport, participated in this MDE initiative with DCF & VO, funded by the Center for Health Care Strategies. A comprehensive MDE that includes medical, behavioral health and dental needs assessment is required within 30 days for *first time out-of-home placements* for DCF clients age 4-17 years. DCF contracts with various entities to do the evaluation. The MDE process involves electronic submission of the exam to the DCF regional offices that follow up with appropriate service referrals.

VO focused on the frequency and variability of regional office BH recommendations/referrals during 1st & 2nd Quarter 2007 thru 1 & 2nd Q09. Findings and interventions included:

Findings:

- The Juan F decree mandates the MDE within 30 days of placement: DCF reportedly has 100% compliance with the mandate.
- Significant variation on the % of BH recommendations by DCF office; 100% of children had BH recommendations in Bridgeport and 70% in Waterbury.
- Of the 61 children with a MDE, 47 (79%) had a DME with BH recommendations. Of these 47 children, less than half (47%) had a *CTBHP claim* within 90 days of the MDE.
- Average number of days for connection to BH services was 22.5 days.

Interventions:

- Data given to the 2 DCF offices created a positive dialogue in part focused on connecting their clients to BH services.
- VO discovered that DCF children often receive services outside CTBHP, so this claims database didn't reflect the full scope of services provided. In fact the average length of time to service connection was 6.4 days.
- DCF re-looked at the MDE process as there was evidence of a less than thorough MDE process. Dr. Wolman (DCF) is working with the contracted entities to ensure

standardized screenings, that appropriate level clinicians are involved with the MDE and follow up services are integrated into the child's treatment plan.

- Dr. Andersson (DCF) said a critical factor in MDE is identification of the youngster's past history (medical/BH/dental). DCF & DSS are evaluating how DSS service claims from the DSS data warehouse can be used with parental permission can create a claims picture of past service utilization, diagnoses, etc.
- VO funding reductions cannot sustain their work in this particular area; DCF will manage MDE using the opportunities revealed in the MDE report to improve the process.

CTBHP Report (Click icon below to view detailed report): highlights of the report & discussion:



Quality and Access
3-19-2010 (final).ppt

- Comparison data of BH penetration rates among adult new vs. existing members shows that previously enrolled members (enrolled in the reporting period and for > than a year before the report period) consistently had the highest use of a BH service (penetration rate) compared to very new or new members.
- Reviewed RTC data for 4Q09: minimal changes in utilization compared to other quarters. VO and DCF continue to work with RTCs on outcome indicators. There will be ~ 3-5 key indicators that will be reported by the end of 2010 and provider specific reports will begin in April.
 - Younger children tend to have the longest LOS. The ALOS has decrease from 321 days to 291 days, though there was a slight increase in the last 2 quarters of 2009; goal is an ALOS of 250 days for RTCs, with the ideal of 180 day ALOS.
 - Group homes (GH) seem to be at full capacity with limits on 'thru put' for teens. There are 53 GHs with 5-6 children per home. Therapeutic Group Home (TGH) funding has shrunk as discussed at the Mar. 10 BH OC. VO will be looking at TGH data and GH outcome data in 2010.
 - Out-of-state (OOS) RTC utilization trend is fairly constant, while instate utilization is decreasing and intensive home-based services are increasing.
 - DCF describes OOS clients as those with complex medical and behavioral needs whose treatment/safety needs cannot be met in CT facilities at this time.
 - DCF has been meeting with legislators on in-state RTC programs that can allow OOS children to return to CT and in many cases be in closer proximity to their family/community.

April agenda items identified at Dec. SC meeting & report calendar would include;

- ✓ March: 2009 member/provider satisfaction survey results (*Not reported*)
- ✓ April:
 - Annual VO quality management report to CTBHP agencies.
 - (*Reported in march*) VO CHCS grant project on improving DCF Multi-disciplinary exam (MDE).
 - CQI Initiatives (ad hoc)