Behavioral Health Partnership Oversight Council

Quality Management, Access & Safety Committee- Children

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Chair: Dr. Davis Gammon
Co-Chairs: Robert Franks & Melody Nelson

Meeting summary: May 21, 2010

CTBHP/VO report


Quality and Access presentation_May 20


Attachment B--Performance Targe


Attachment C--Foster Care Pilot Ana


Attachment D--PARS.doc

Overall QM Program evaluation&Click on 1st icon above)

- Over 300 indicators reported weekly, monthly or annually that address VO administration, adverse incidents and utilization in CTBHP program (*slide 3 & 4).*

- Key Quality management accomplishments (*slides 5-7)* were reviewed including:
  - Highest levels of member and provider satisfaction survey levels since 2006.
  - Reorganized call system management with the assistance of VO's national organization to meet 25% increased call demands, which involves more flexible staff schedules and VO staff back up for calls with the exception of Intensive Case Managers (ICM).
  - Significant improvement in DCF foster care children's BH appointments.
  - Continue the provider PARs (click *4th icon)* and beginning work on RTC PARs.
  - Completed 1st phase of pharmacy data analysis, working on second round.

- Key utilization management accomplishments *(slides 8-10)* included:
  - 50.4% (goal 24.8%) reduction in pediatric inpatient discharge delay days.
  - DCF child Riverview discharge delays reduce by 22.5% compared to non-DCF 18%.
  - ED pediatric delay days reduced from 1.9 to 1.5 days.
  - Intensive home based services utilization increased by 22% over 2008.
  - 9% RTC in-state LOS (AVLOS is ~278 days; goal is 250 days.
  - Reduced provider/VO administration costs through pediatric/adult inpatient bypass programs (reduces number of CCRs).

Discussion also focused on:

- Foster care disruption pilot (*click on 3rd icon)* for first time out-of-home placement of children with a prior history of BH services. Not surprising this cohort had higher disruption rates than children with no history. VO will continue to assign an ICM for these "at risk" children/youth.
- 4 performance incentives will be discussed in more detail in July.
- VO observed the Enhanced Care Clinic timely access requirement has "raised the bar for all populations seen in the ECC as well as impacted the non-ECCs.
- As part of VO's Risk Management VO monitors and works with agencies on "adverse events (i.e AWOL clients, OD's, harm to themselves or others). Goal is to work with providers/agencies to identify those "at risk" with intervention prior to adverse incident.
- Discussion about EMPS utilization by hospital EDs & performance incentive.
    - May not be used in hospitals that have child/adult psychiatric services available
    - Barrier may be no direct communication by administration that signed the MOU and the direct line ED practitioners.
    - ED PARs may provide information as to how to reduce barriers to EMPS use in ED
    - Like data on EMPS ED diversion in the future.

Upcoming agenda items:

- June: provider/member satisfaction survey (*deferred to July meeting)*
- July:
    - Work group discussion with Committee on a recommendation to the BHP OC on the 2009 QM program evaluation acceptance as objective report on CTBHP for the CGA.
    - Member satisfaction survey
    - Quarterly utilization

- July/Aug: 2009 Performance Incentive program final report