Report to The Quality, Access and Safety Sub-committee

September 17, 2010

RTC Overview

MTPPR
(Monthly Treatment Planning and Progress Reports)

MTPPR

- The Monthly Treatment Plan Progress Report (MTPPR) was developed by DCF Continuous Quality Improvement in 2002 to meet statutory requirements
- The MTPPR is required on a monthly basis from PNMI reimbursable congregate care programs (RTC & TGH)
- Beginning in February of 2009, CT-BHP in partnership with DCF Bureaus of Behavioral Health, Continuous Quality Improvement & Child Welfare initiated a workgroup with the intent to develop an integrated document that would better meet their joint needs and objectives

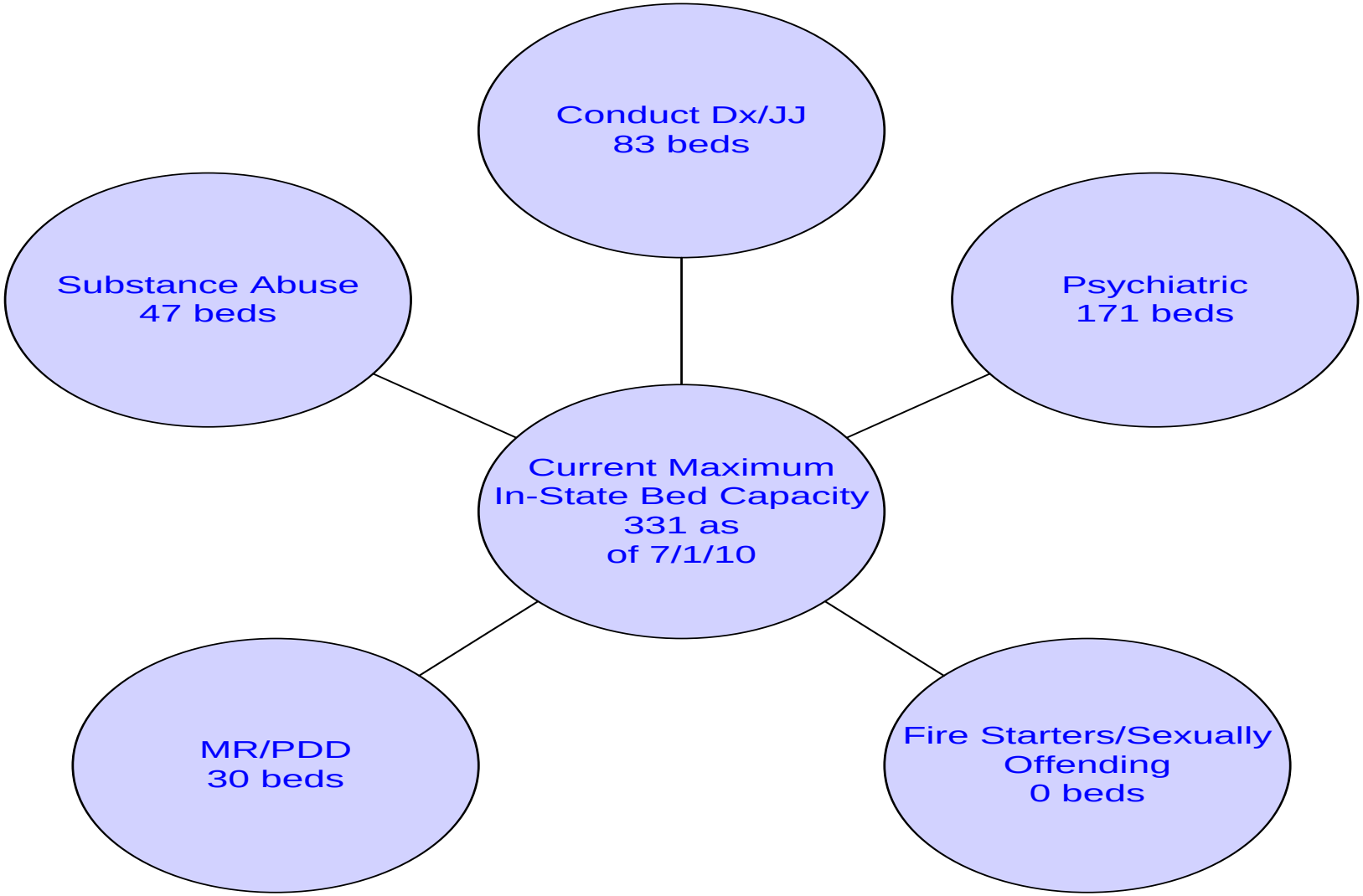
MTPPR – Integration Benefits

- Incorporates both PNMI (Private Non-Medical Institution) documentation and CT-BHP continued stay review requirements
- Web-Based with view and print rights for both DCF Area Offices and RTC Providers for both MTPPR and CANS/Registration
- Opportunity for reporting out data on quality indicators and inclusion of focal treatment planning philosophy
- Multiple uses across DCF, CT BHP and other agencies

RTC Utilization Analysis
Quarterly Summary
Q2 ‘10

Utilization, Demand & Capacity, by Diagnostic Tier

In-State RTC System Overview



Beds primarily used by DCF in Connecticut

Utilization, Demand & Capacity
by Diagnostic Tier

- Five diagnostic tiers/categories are tiered in the following order:
  - Fire Starters &/or Sex Offending
  - MR/PDD
  - Conduct Dx / Explosive / Disruptive / JJ
  - Substance Abuse
  - Psychiatric

Example: Youth w/MR/PDD and Psych diagnoses will appear in MR/PDD data, as MR/PDD is tiered higher than Psych.

- "Youth in RTC":
  The # of youth occupying a bed.
- In-State Maximum Capacity: Determined by using the maximum # of licensed In-State beds/per quarter available to, and generally used by, DCF (capacity does not include High Meadows or CCP). Capacities are titrated using weighted averages if program partially open during quarter.
- In-State Average Available Capacity:
  The average # of available In-State empty bed(s) per quarter per the provider's weekly census.

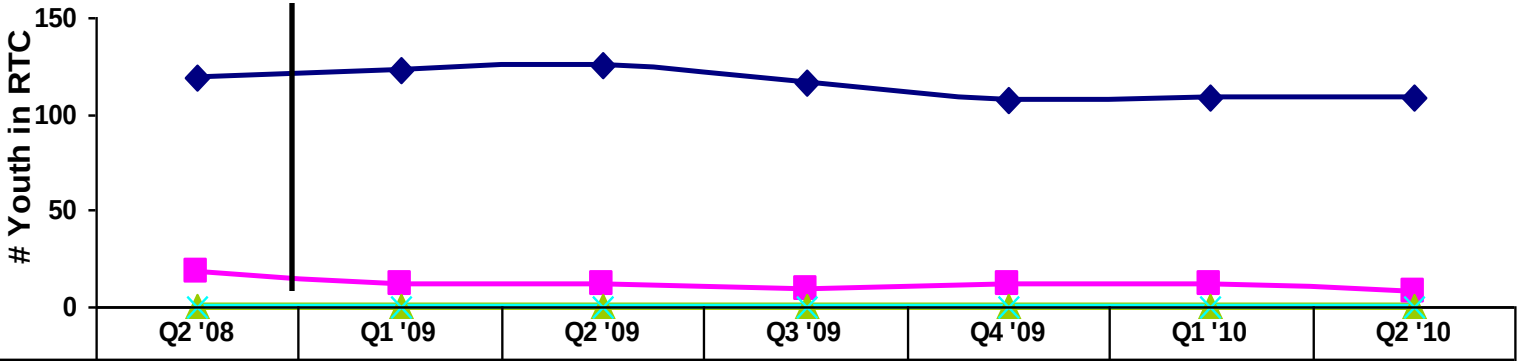
Note: The provider's weekly census may reflect an "available capacity" greater than that which will be used by DCF.

Tier Data

Fire Starters / Sex Offending

- Unique members in care count is consistent with previous two quarters.
- Admission count is low in Q2 ’10 compared with other quarters

Fire Starters &/or Sexually Offending
2008, 2009, Q1 & Q2 '10

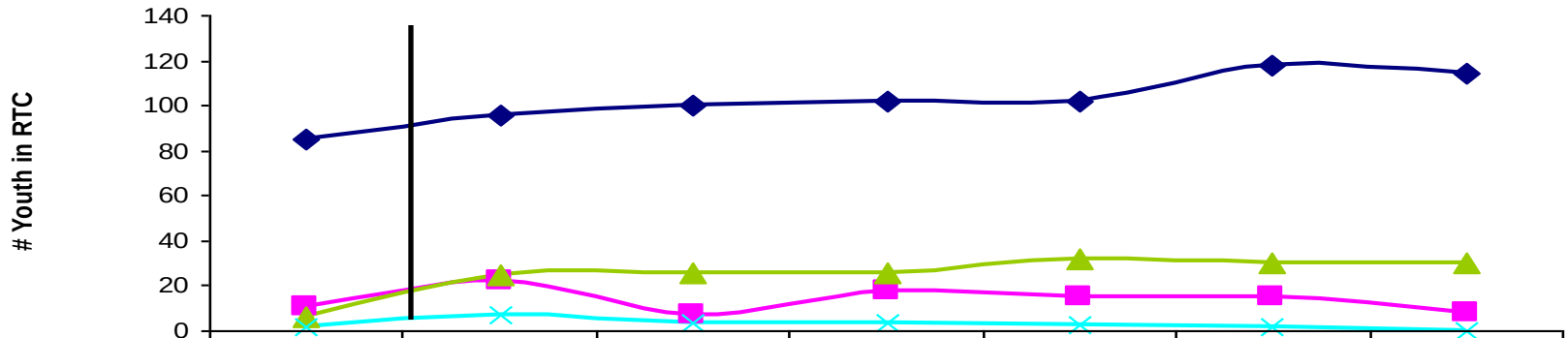


	Q2 '08	Q1 '09	Q2 '09	Q3 '09	Q4 '09	Q1 '10	Q2 '10
Youth in RTC	119	123	125	117	107	108	108
Admits	18	12	11	9	12	12	8
In-State Max Capacity	0	0	0	0	0	0	0
In-State Ave.	0.0	0.0	0.0	0.0	0.0	0.0	0.0

MR / PDD

- Q2 ’10 Youth in care count is consistent with the previous quarter.
- Number of admissions is low in Q2 ’10 but consistent with Q2 counts of previous reporting years.

MR/PDD
2008, 2009, Q1 & Q2 '10



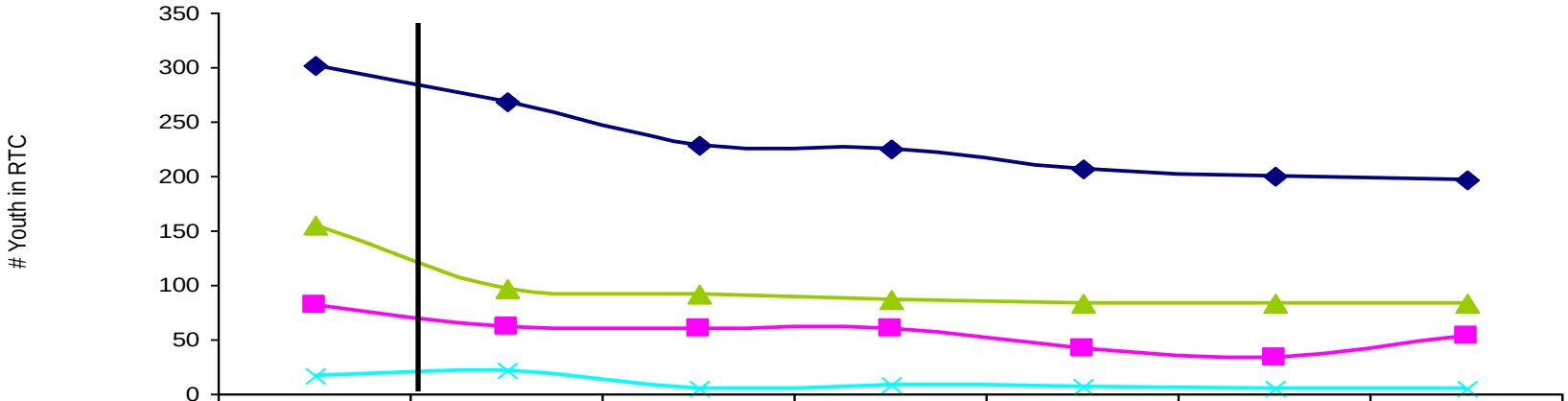
	Q2 '08	Q1 '09	Q2 '09	Q3 '09	Q4 '09	Q1 '10	Q2 '10
Youth in RTC	85	96	100	102	102	118	114
Admits	11	22	7	18	15	15	8
In-State Max Capacity	6	25	26	26	32	30	30
In-State Ave. Avail. Capacity	1.6	6.7	3.6	3.3	2.25	1.9	0.3

Final beds closure at High Meadow in Feb 2010

Conduct Disorder / JJ

- Decrease in youth in care continues for Conduct/JJ tier in Q2 ’10.
- Admission count in Q2 ’10 is higher than previous two quarters, however, remains lower than historical numbers.

Conduct Dx/Explosive/Disruptive & JJ
2008, 2009, Q1 & Q2 '10

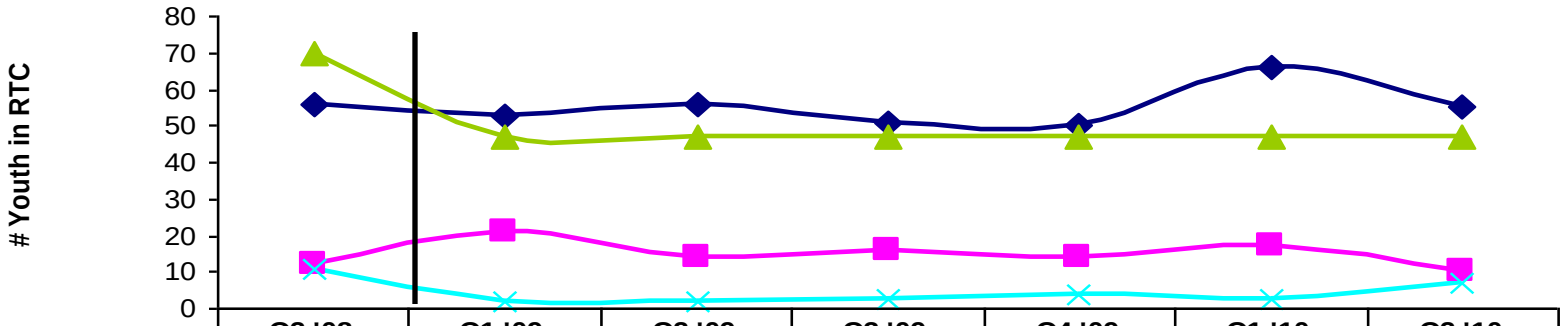


	Q2 '08	Q1 '09	Q2 '09	Q3 '09	Q4 '09	Q1 '10	Q2 '10
Youth in RTC	301	269	228	225	206	200	196
Total Admits	81	61	60	60	42	33	53
In-State Max Capacity	155	97	91	86	83	83	83
In-State Ave. Avail. Capacity	17.5	21.3	5.3	7.7	6.0	5.8	4.6

Substance Abuse

- Number of youth in care has returned to historical numbers.
- Admissions are down by 41% from Q1 ’10.

Substance Abuse
2008, 2009, Q1 & Q2 '10

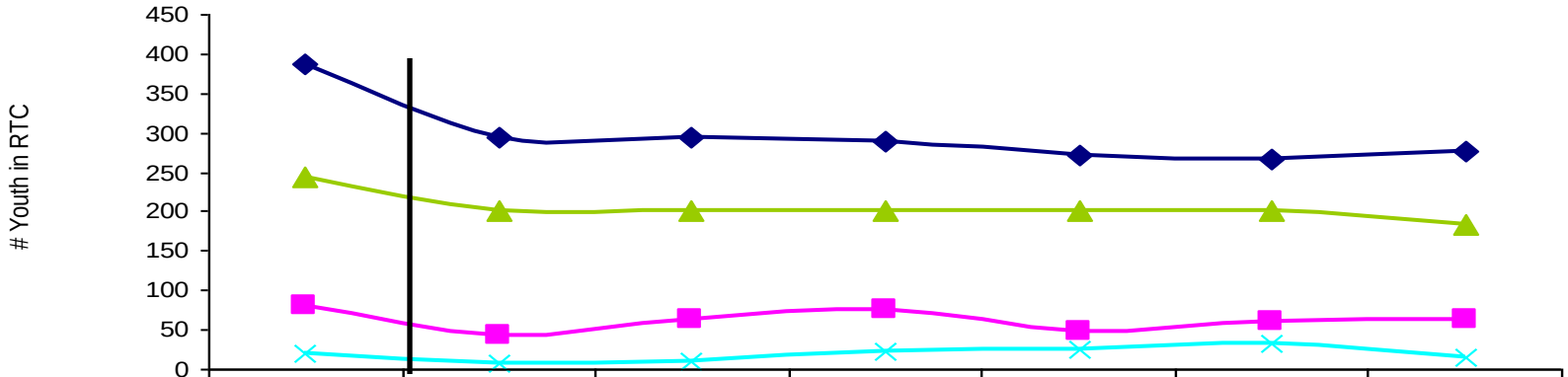


	Q2 '08	Q1 '09	Q2 '09	Q3 '09	Q4 '09	Q1 '10	Q2 '10
Youth in RTC	56	53	56	51	50	66	55
Total Admits	12	21	14	16	14	17	10
In-State Max Capacity	70	47	47	47	47	47	47
In-State Ave. Avail. Capacity	11.0	1.8	2.0	2.8	3.8	2.5	7.1

Psychiatric

- **<u>Decrease in average available capacity-</u>** Primarily due to decrease of 30 beds assigned to this quarter.
- **<u>Increase is OOS Admissions-</u>** 39% of all admits in Psychiatric tier are to OOS providers.

Psychiatric
2008, 2009, Q1 & Q2 '10



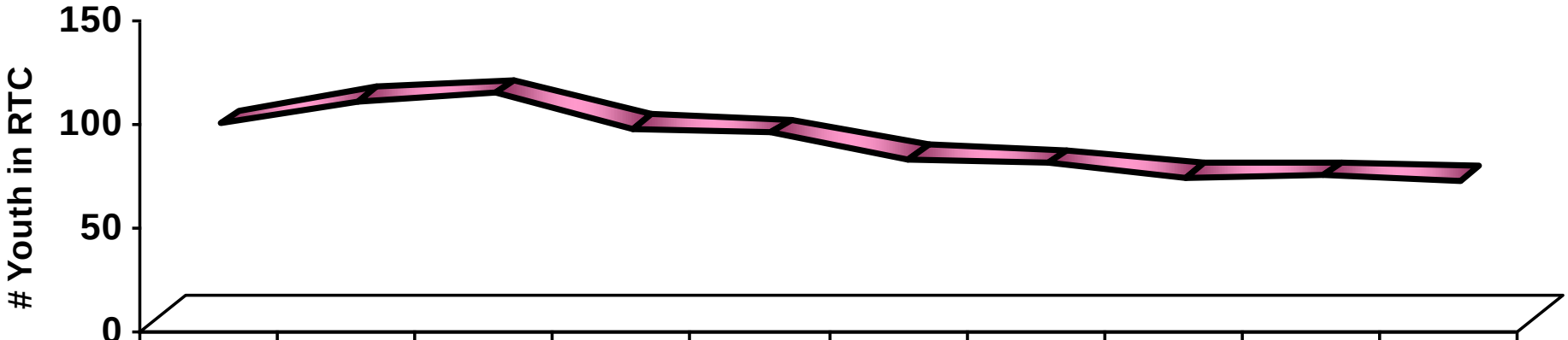
	Q2 '08	Q1 '09	Q2 '09	Q3 '09	Q4 '09	Q1 '10	Q2 '10
Youth in RTC	387	294	293	290	272	267	276
Total Admits	80	42	62	75	48	60	64
In-State Max Capacity	245	201	201	201	201	201	183
In-State Ave. Avail. Capacity	19.3	6.5	9.2	22.9	24.8	33.9	16.0

Youth 0-12

Youth in RTC – 0-12 yrs old

- Linear regression line shows a continued decrease since Q3 ’08 to Q2 ’09, with a continued leveling off up to Q2 ’10 for youth 0-12 years old in RTC

Tier Reports: In State & OOS combined: Youth in RTC age 12 or less - by Quarter

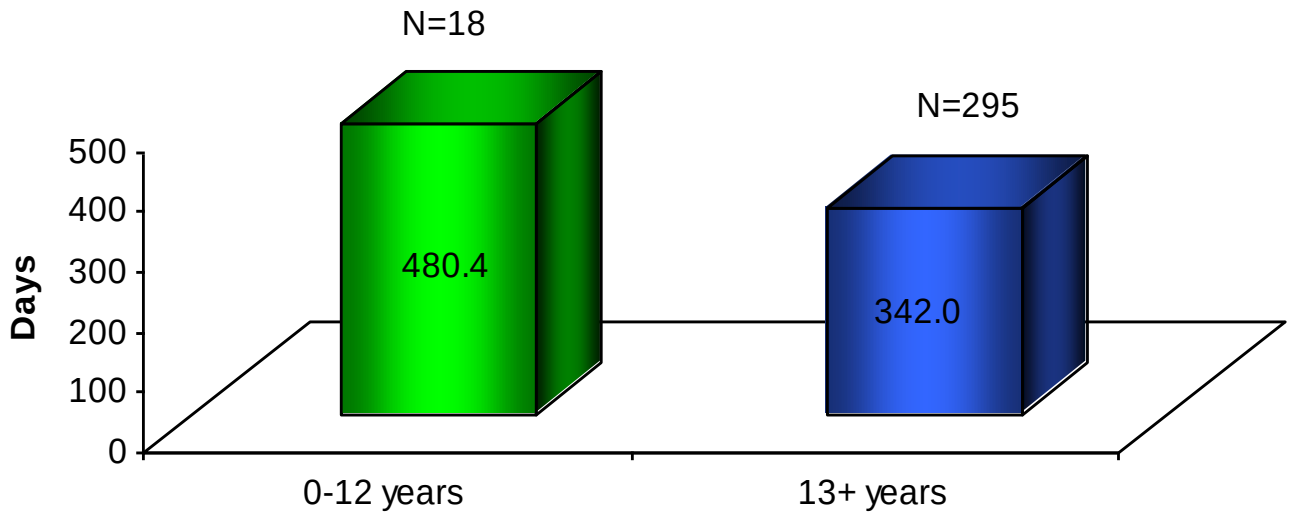


	Q1 '08	Q2 '08	Q3 '08	Q4 '08	Q1 '09	Q2 '09	Q3 '09	Q4 '09	Q1 '10	Q2 '10
Series1	94	105	109	92	90	77	75	68	69	67

RTC Average Length of Stay
by age at admission for YTD 2010

- **<u>40% longer ALOS for 0-12 yr old youth</u>** compared to 13-18 yr old youth in Q2 ’10. (CY2008: ALOS for 0-12 yr old youth was 29% longer, CY2009 ALOS was 31% longer)

Tier Reports: Average Length of Stay by Age At Admission (YTD 2010, Q1&Q2)

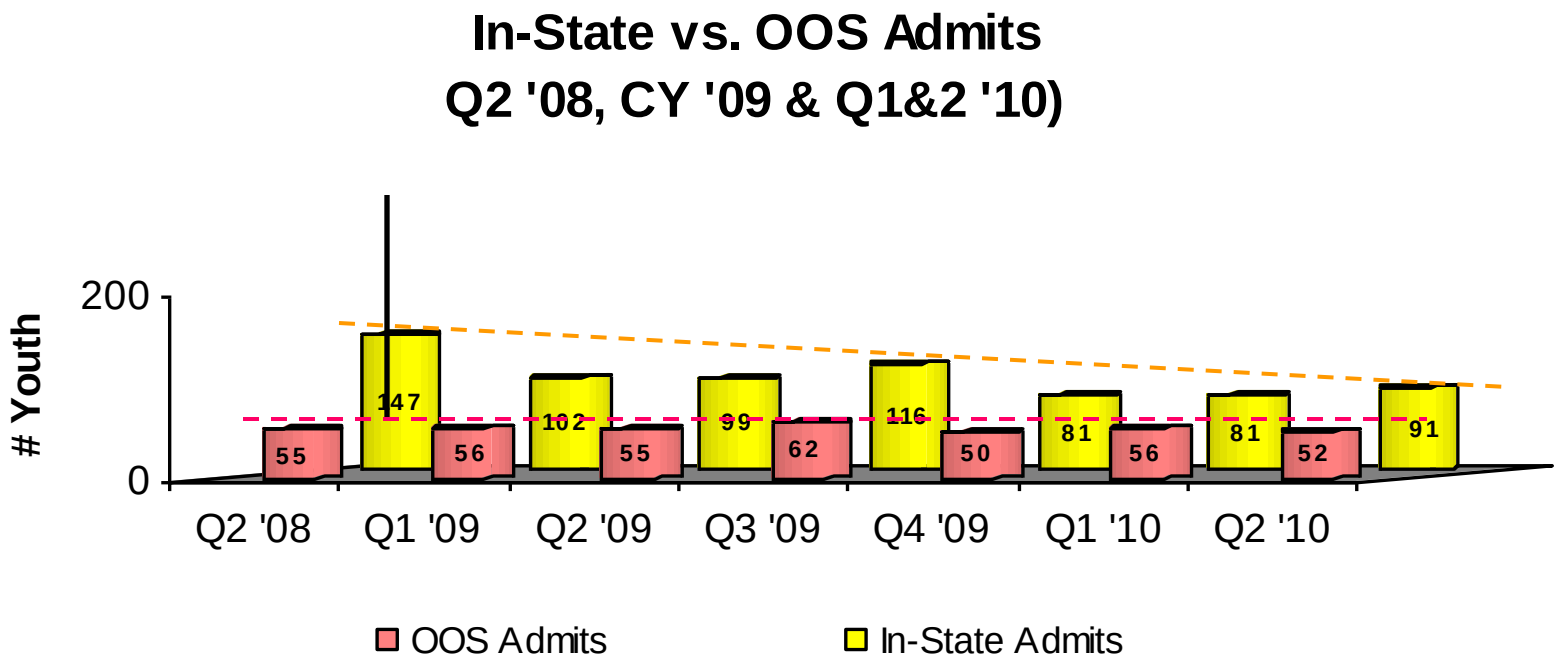


Based on total discharges (313) in YTD 2010.
D/C count here <u>excludes</u> discharges from Shelter for Women

RTC Admissions
In-State and OOS

Admissions Only – In-State & OOS

- **<u>Need remains consistent</u>** for In-State RTCs to treat currently referred OOS youth, as the trend for OOS admits has remained fairly constant, while In-State admits have decreased overall



<u>Q2 '10</u>: *In-State = 91 admits / 64%*
OOS = 52 admits / 36%
Total = 143 In-State + OOS admits

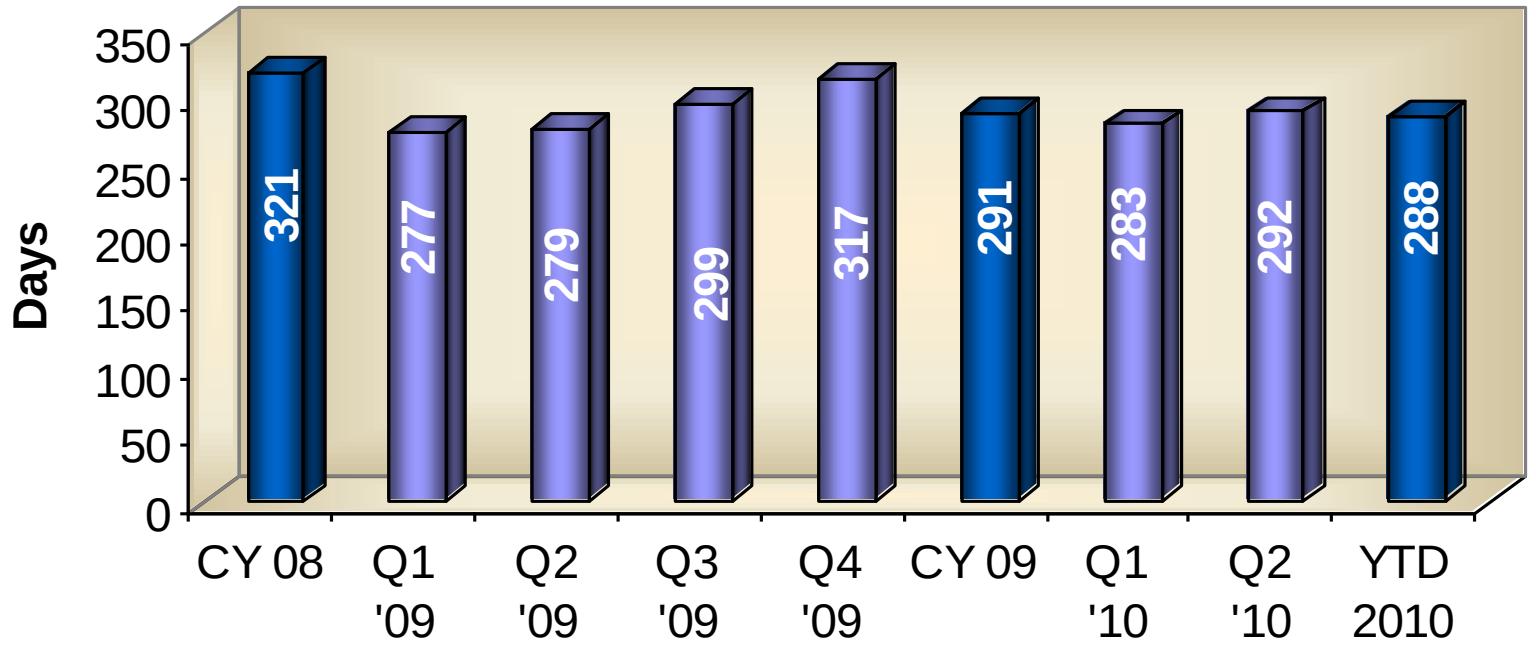
Source: Tier Data

Residential Average Length of Stay Data

RTC In-State ALOS

- During Q2 ’10, in-state average length of stay *increased* nine days or 3% from Q1 ’10. There is minimal change in ALOS when comparing YTD 2010 and CY 2009 (1% decrease).
- 2010 ALOS goal is 250 days

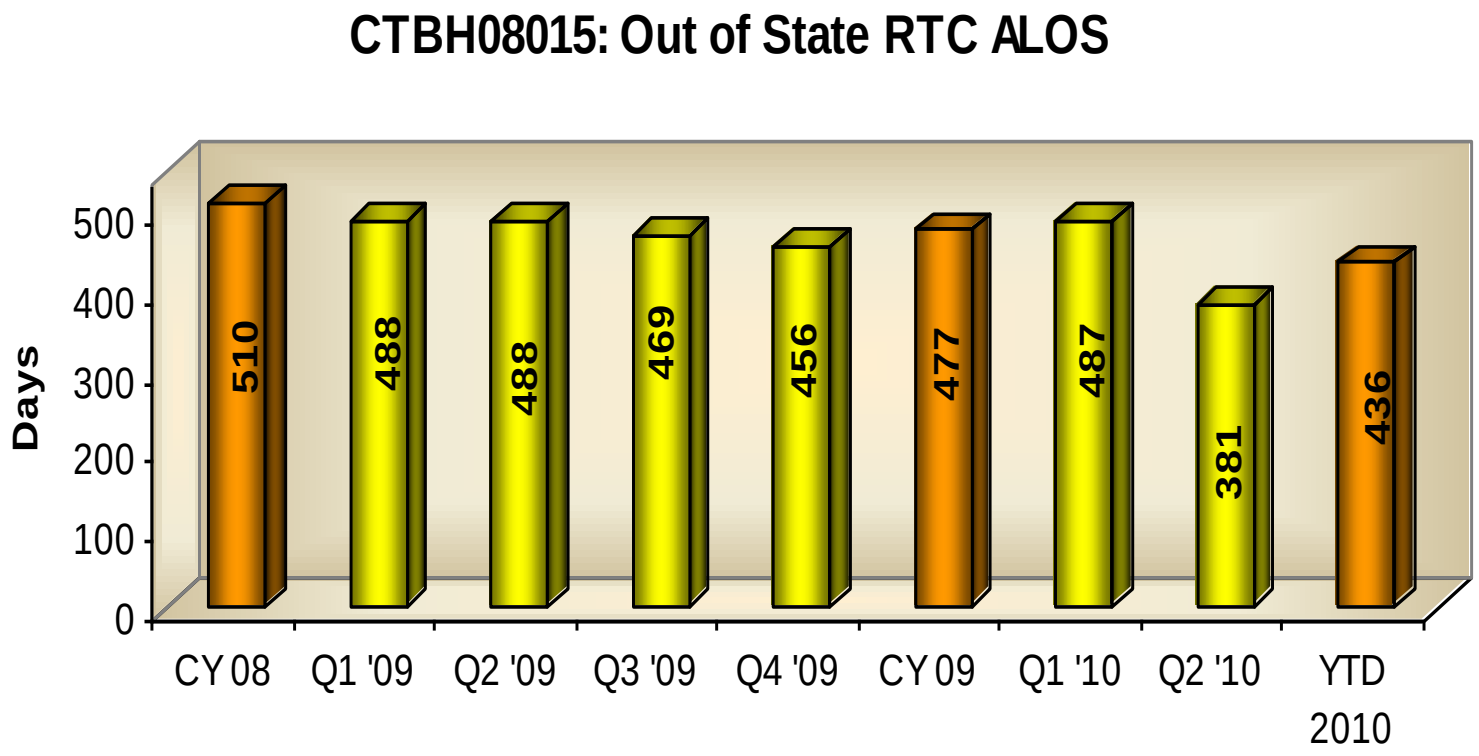
CTBH08015: In-State RTC ALOS
(Closed Facilities Removed)



All diagnostic populations included in ALOS. ALOS based on actual discharges.
Shelter for Women has been removed from 2010 data, and Q1 data refreshed. YTD 2010 ALOS value with Shelter for Women included is 282 days.

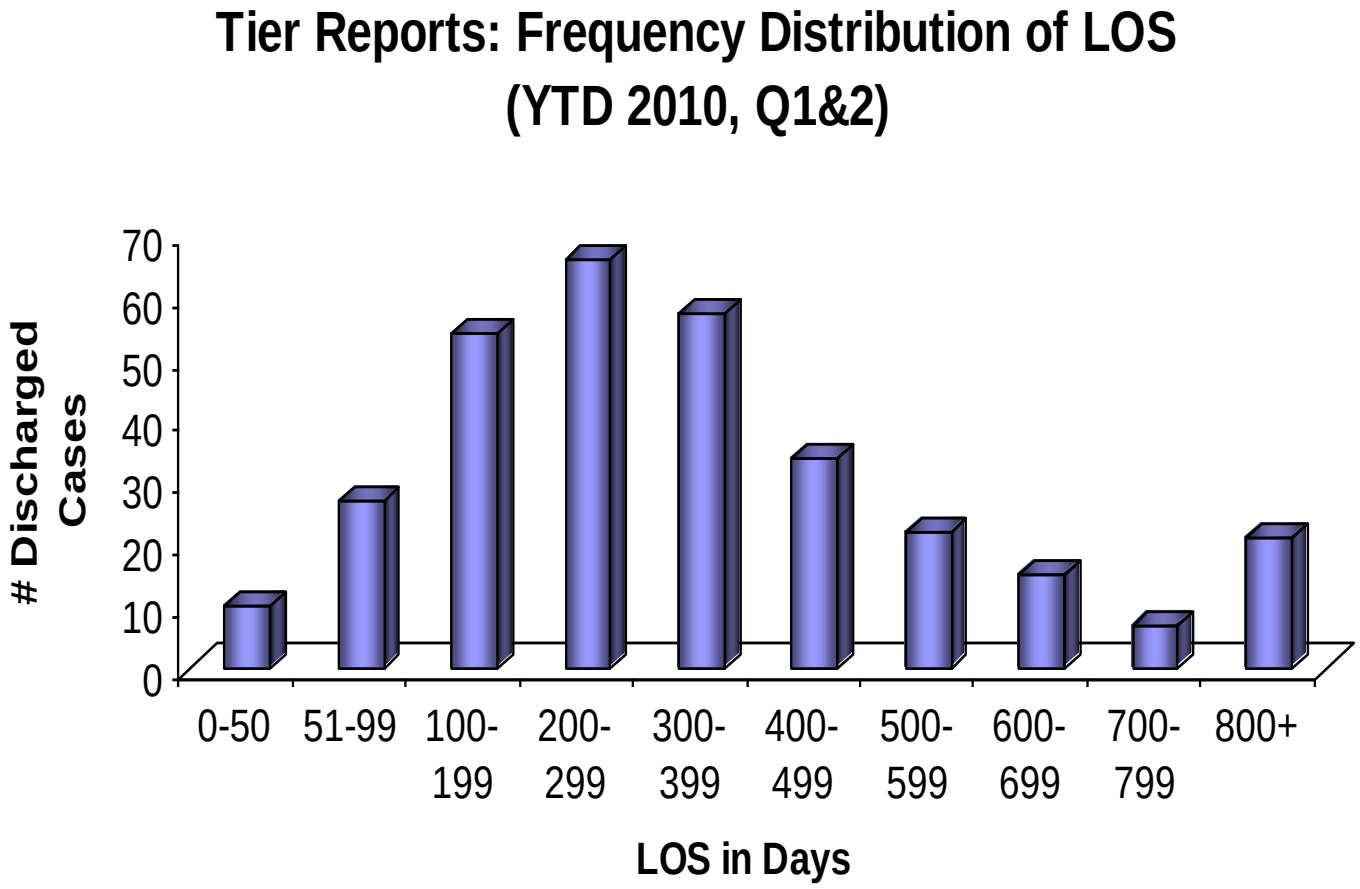
RTC Out-of-State ALOS

- Q2 ’10 ALOS decreased over 100 days (22%) from Q1 ’10
- During Q2 ’10 OOS RTC *Acute ALOS* decreased 40 days making it the shortest Acute ALOS reported (Q1 ’09 forward)



All diagnostic populations included in ALOS
ALOS based on actual discharges

In-State and OOS ALOS Frequency Distribution



YTD 2010 D/C = 313

Shelter for Women d/c's removed

In-State RTC
Average Length of Stay

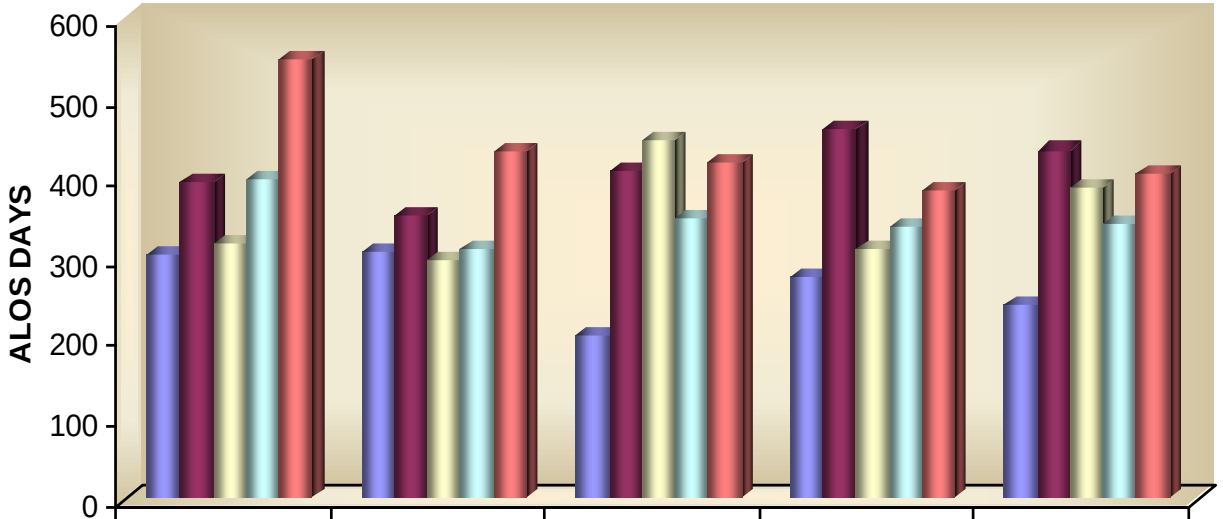
by Facility Type

In-State RTC ALOS

- RTCs are grouped according to the Primary Diagnostic population served by each In-State RTC
- The groupings are an approximation *(each facility type may treat youth classified in a different group at any given time)*
- ALOS calculations are based on discharges that occurred during the Quarter
- A discharge occurring with an unusually long length of stay may significantly impact the ALOS during a quarter
- For CY 2010 data, Shelter for Women-Gray Lodge Data has been removed

Primarily Psychiatric Population

CTBH08015: Average Length of Stay
"Psychiatric Population"



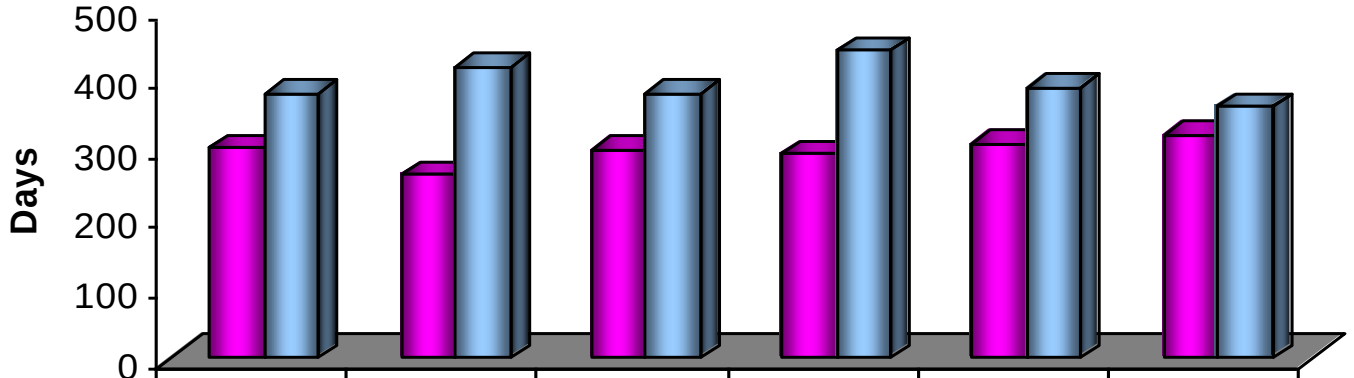
	CY 08	CY 09	Q1 '10	Q2 '10	YTD 2010
CHILDRENS CENTER OFHAMDEN	304	309	204	276	243
KLINGBERG FAMILY CTRINC	395	355	410	464	437
WELLSPRINGFOUNDATION INC	318	298	449	311	390
CHILDRENS HOME OFCROMWELL	401	313	352	341	345
WATERFORD COUNTRY SCHOOL INC	550	435	422	386	406

Note: ALOS based on actual discharges

RTC ALOS by Gender

- **<u>12% higher ALOS for males</u>** compared to females in Q2 ’10; during CY 2009, male ALOS was 40% longer than female ALOS.

Tier Reports: Average Length of Stay by Gender

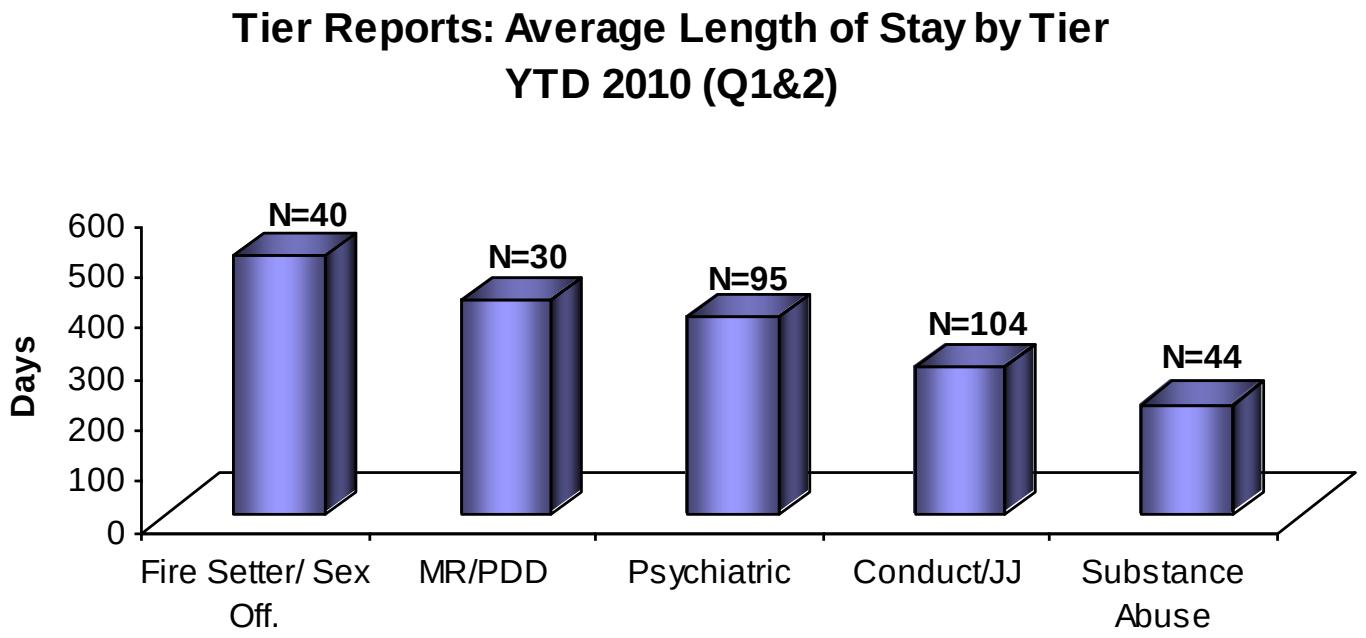


	Q1 '09	Q2 '09	Q3 '09	Q4 '09	Q1 '10	Q2 '10
Female	301.9	263.6	299.9	293.3	306.3	320.6
Male	380.6	417.6	379.7	441.5	388.5	359.7

*N’s for **<u>male</u>** : Q1 ‘09=78, Q2 ‘09=123, Q3 ‘09=109, Q4 ‘09=70, Q1 ’10=89, Q2 ’10=102*
*N’s for **<u>females</u>**: Q1 ‘09=75, Q2 ‘09=100, Q3 ‘09=84, Q4 ‘09=59, Q1 ’10=59, Q2 ’10=63*

At-a-Glance: ALOS by Dx Tier *for YTD 2010*

- Consistent with data presented in past RTC analysis, Fire Starter / Sex Offending youth remains the highest length of stay, with the Substance Abuse category remaining the lowest



YTD 2010 D/C = 313

Shelter for Women d/c's removed

Discharge Delay

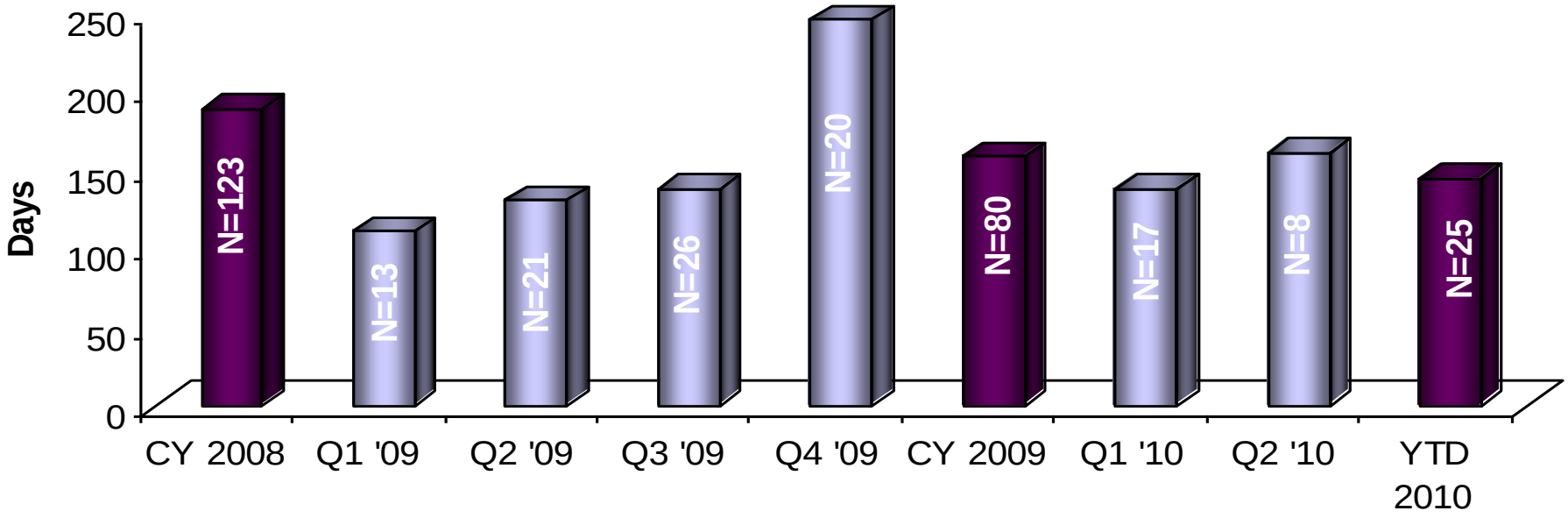
Discharge Delay in In-State RTC's

- 9% *decrease* in average length of delay from CY 2009 to YTD 2010

•Decrease in percent of cases in delay status during quarter (10B7 report) and cases discharged with delay days (8 in Q2 '10- lowest # since reporting began Q1 '08)

- Awaiting placement remains the most common reason for delay in RTC, with the majority of members awaiting Group Home placements.

Outcome 6: Average Length of Delay for In-State RTC Discharges



RTC Outcome Initiative

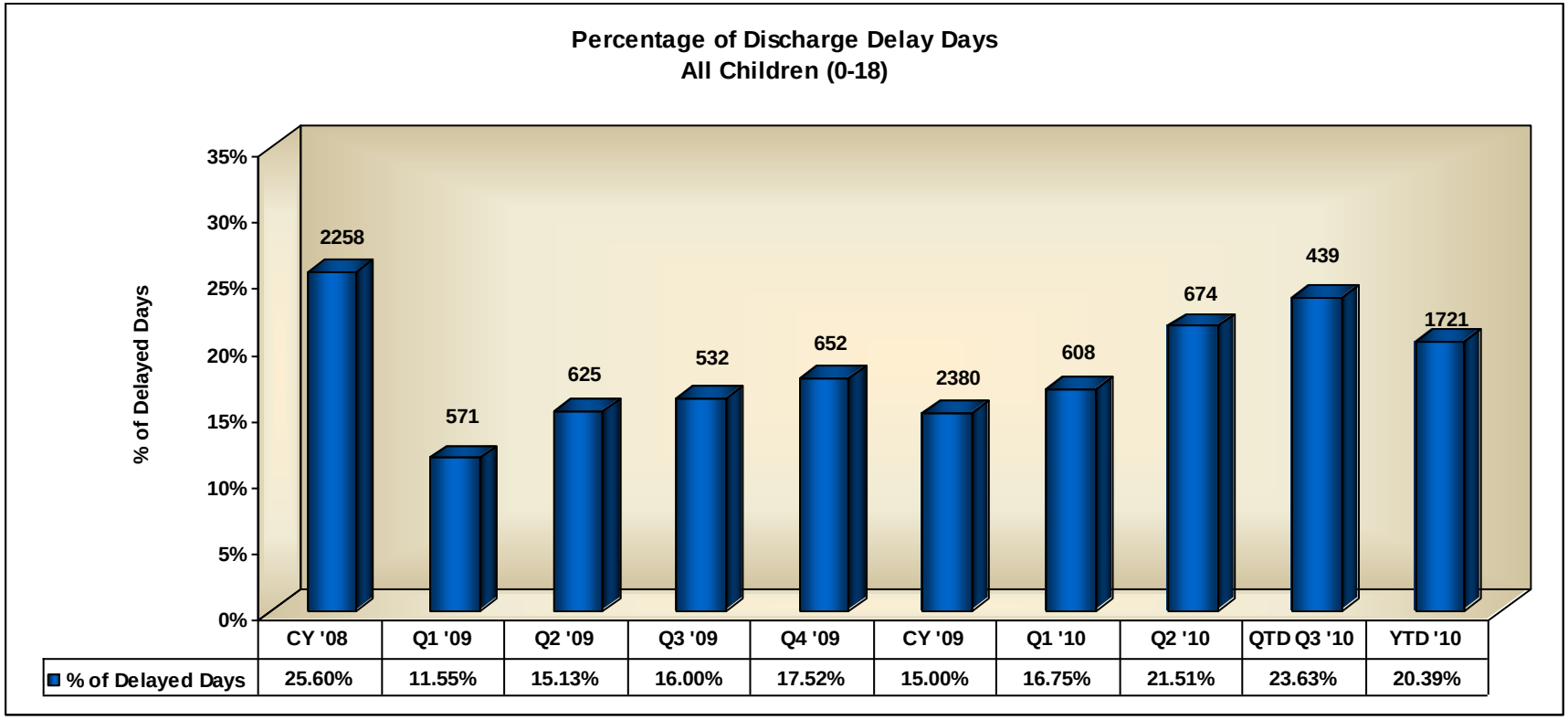
RTC Outcome Initiative

- Site visits to share outcome and UM information were completed 7/29/10

- Development of Provider Analysis and Outcome Incentive Programs - 2011

Inpatient Discharge Delay

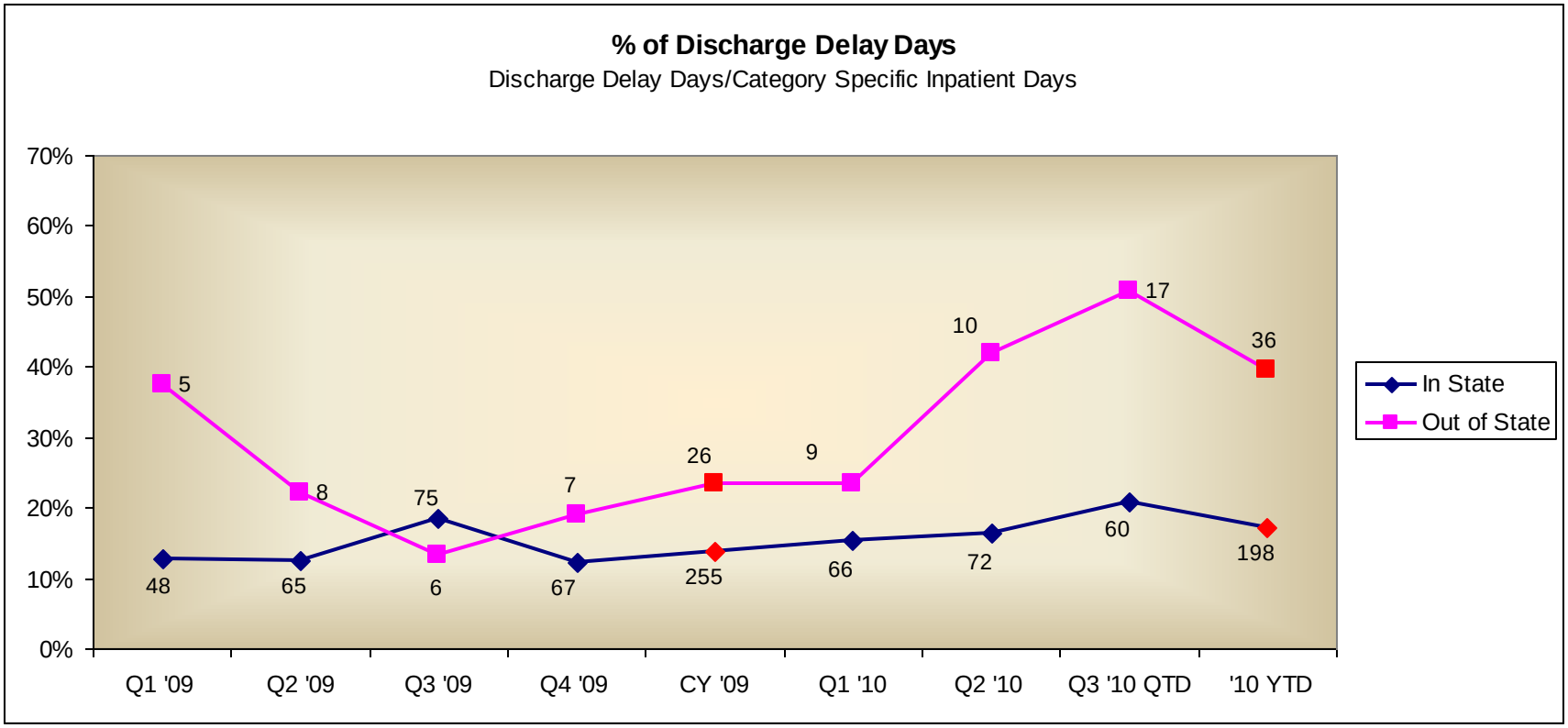
Percent of Discharge Delay



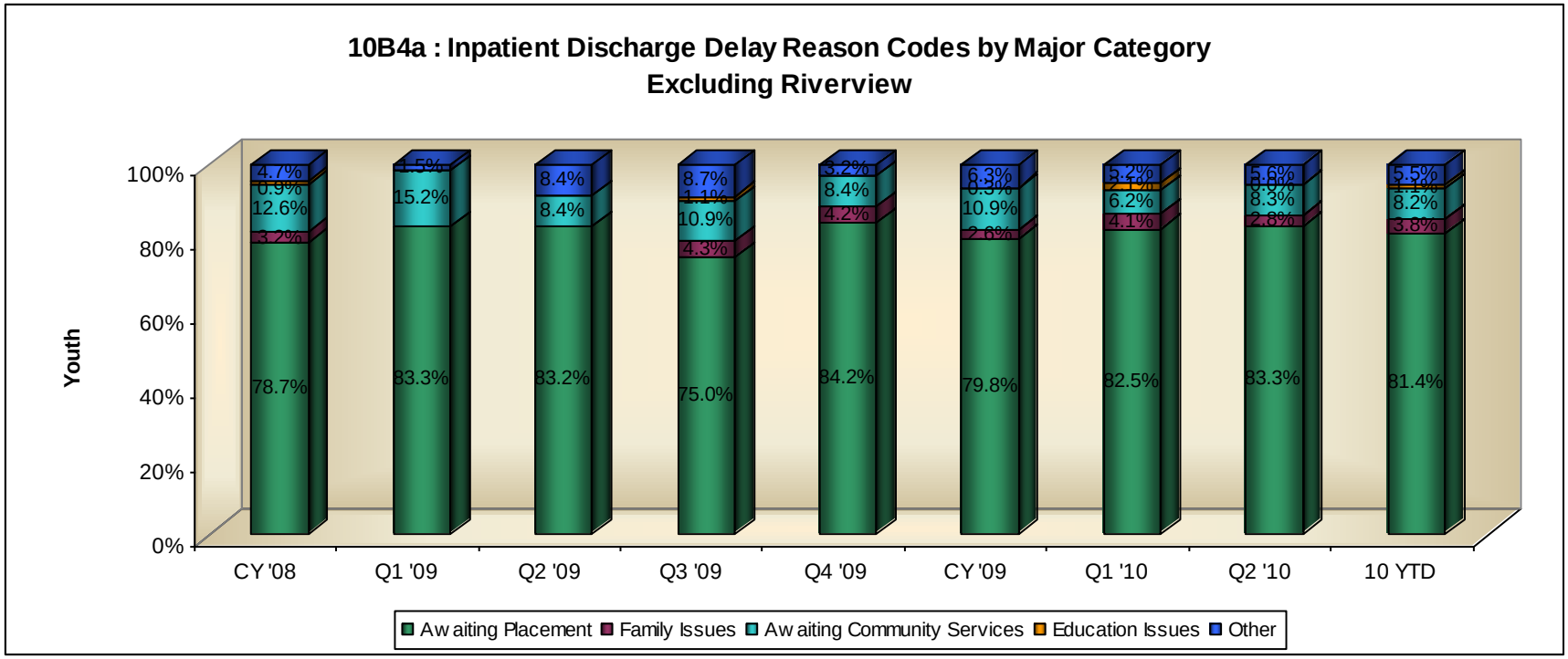
	CY '08	Q1 '09	Q2 '09	Q3 '09	Q4 '09	CY '09	Q1 '10	Q2 '10	QTD Q3 '10	YTD '10
% of Delayed Days	25.60%	11.55%	15.13%	16.00%	17.52%	15.00%	16.75%	21.51%	23.63%	20.39%

- Increases driven by delays in Out of State inpatient units

In State vs. Out of State

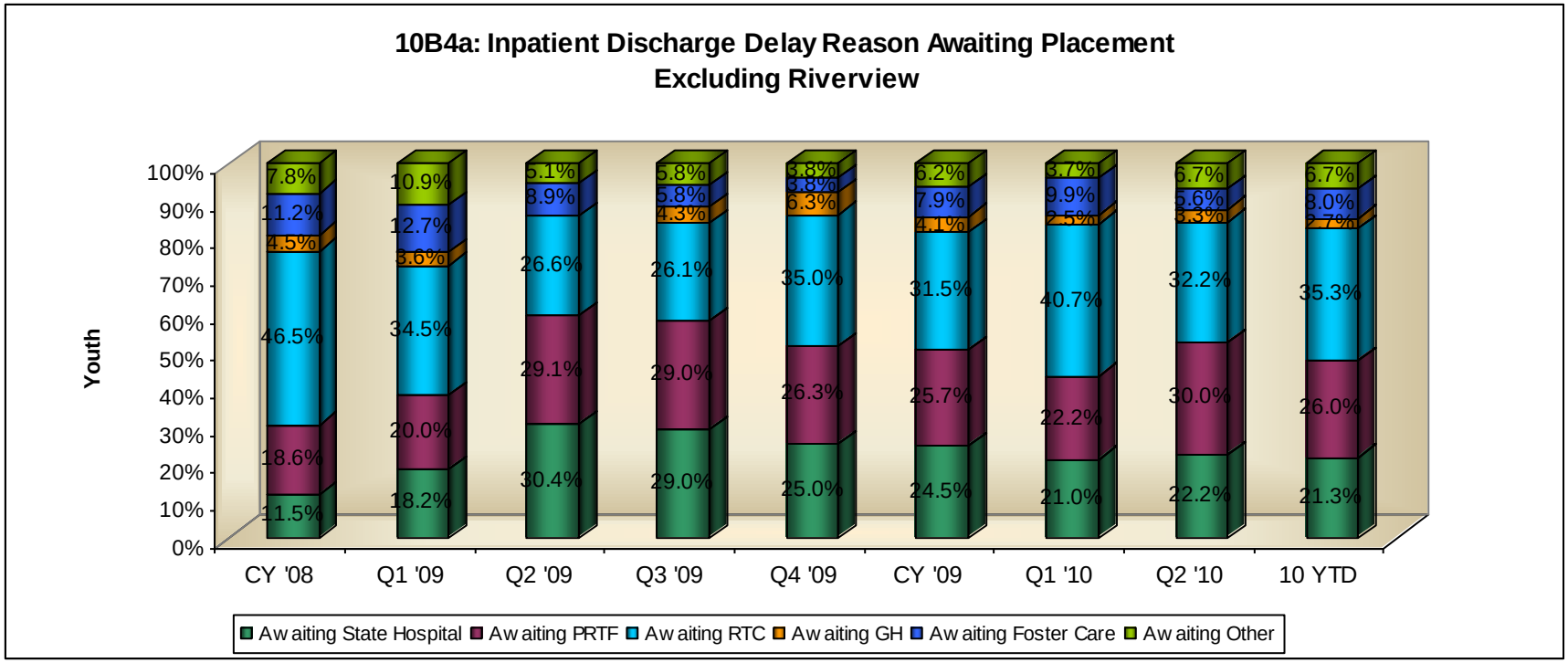


Inpatient Discharge Delay by Reason Code



- DCF members continue to make up the majority of youth on discharge delay awaiting placement
- Increase in Non-DCF members awaiting placement – 74.2% to 79.5%

Delay Reason – Awaiting Placement



- Largest increase - Awaiting PRTF (22.2% to 30%) - Nine (9) additional youths
- Awaiting Foster Care increase by 3 youths
- Largest decrease - Awaiting RTC (40.7% to 32.3%) – Four (4) fewer youths