Behavioral Health Partnership Oversight Council

Quality Management, Access & Safety Committee- Children

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: *Sept. 17, 2010*
Next meeting Friday Oct. 15, 2010 @ VO in Rocky Hill

CTBHP/ValueOption Report *(Click icon below to view slides).*

BHP OC Quality+and+Access

Discussion highlights include the following:

✓ *(slides 3-5)* CTBHP & DCF worked with providers to integrate reporting documents that allows multiple uses across CTBHP, DCF, DDS and other agencies. The DCF Monthly Treatment Plan Progress Report (MTPPR) now incorporates the Private Non-Medical Institution (PNMI) documentation and ValueOptions continued stay review. The MTPPR & CANS/registration for Residential Treatment Centers (RTCs) is web-based. The integration creates the opportunity for reports on data quality indicators and inclusion of focal treatment planning process.

- The next step in this process will be system changes that allow providers (congregate care) to pull the data into their system.
- Aggregate data reports will be available. Eventually each RTC will be able to see PAR data when the new ValueOptions system is operational Nov. 15, 2010. Privacy protections for individual data are in place per HIPPA. (*Click icon below for new IS system provider notice).*

PA 2010-16 CT BHP ProviderConnect Trai

- How do families know that program changes will be beneficial? VO said the family is an integral part of the developing the child's treatment plan with the facility. The plan is updated 30 & 90 days.

✓ (*Slides 6-39)* ***Residential treatment Utilization*** analysis for 2 Quarter 2010 was reviewed. Discussion points included the following:

- In-state bed capacity/diagnosis tier:
  - (*Slide 14)* ***Substance Abuse***: In-state maximum capacity is flat at 47 beds in 2Q; see a 41% decrease in admissions in 2Q compared to 1Q 2010. National data shows an increase in the numbers of youth with SA diagnosis. The Enhanced Care Clinics co-occurring disorder assessments may generate more referrals.

- (*Slide 11).* ***Fire starters/sex offending*** treatment capacity is all out-of-state. Clients are evaluated by two specialists for risk level and diagnosis before an OOS placement decision is made.
- ***MR/PDD*** (developmental) in-state maximum capacity is 30 beds with stable admission numbers after closure of High Meadows in 1Q 2010.
- *(Slide 13)* ***Conduct disorder/Juvenile Justice (JJ***) admissions are decreasing compared to historical numbers; in-state maximum capacity is 83, compared to 155 in 2Q08.
- *(Slide 15)* 39% of clients with ***Psychiatric disorders*** were admitted OOS, primarily to Ma. facilities; decrease in average available capacity is due to reduction of 30 beds assigned this quarter. On a weekly basis there are on average 16 beds available. VO observed that the intensive home-based services IICAPS utilization has increased during 2008-2009, but RTC utilization for this diagnosis shows not significant change, it is presumed IICAPS is serving another population.

- *(Slide 17)* Youth in RTC ages ***0-12 years*** has steadily decreased over time as DCF has tightened the referral process for young children to RTC; but these young children do have 40% greater LOS when they are admitted to RTCs compared to older youth.
- *(Slide 20)* ***OOS admissions*** to RTCs remain constant while in-state admissions have decreased, demonstrating an ongoing need for in-state capacity to treat some of the complex children that currently are in OOS facilities. Additional in-state special RTC programs would need to be developed for the 0-12 aged child. If the in-state RTC open bed numbers remain consistent over time, may need to review capacity needs.
- *(Slides 22-29)* RTC average length of stay (ALOS) is sorted by several indicators.
  - In this quarter RTC in-state ALOS had a slight increase by 9 days to 288 days; the 2010 goal of 250 days will be addressed in the RTC performance measures not yet started.
  - OOS ALOS decreased by 100 days in this quarter to 381 days.
  - Males have 12% higher ALOS; fire starter/sex offending continue to have the > ALOS.

✓ (*Slides 37-38*) **inpatient hospital discharge delays** have significantly increased in 3Q (July-Sept); VO is tracking potential reasons – may be impacted by the longer OOS psychiatric hospital delays.

- Committee suggested that given the recent increases in inpatient discharge delays and the historical increase in pediatric service demand in the fall the 8 pediatric inpatient hospitals may meet to review data, obtain anecdotal report on the reasons, and work with agencies including DDS to look at alternative placements and work flow from DCF area offices to central office for these placement issues.

CTBHP Evaluation Report to the General Assembly

The Committee work group suggested additional information is needed beyond the VO 2009 report to meet the statutory requirements for the CTBHP annual evaluation. The Council & Committee Chairs will review the Committee recommendations with the CTBHP agencies before they are brought to the BHP OC.

Next meeting – Oct 15- agenda items will include ECC Secret Shopper Survey results, River View LOS and ED admissions rates 2008-2009.