

## Quality, Access and Safety Committee

## September 16, 2011



Goal of the Quality and Access Committee This subcommittee will work with DSS and DCF to identify the parameters that need to be included in the ASO work plan as it pertains to monitoring the quality of behavioral health services provided to HUSKY members. This includes quality indicators that monitor and assure access to care.

#### **HUSKY YOUTH MEMBERSHIP**



HUSKY youth membership continues to increase



#### **DCF MEMBERSHIP**



• Number of DCF-Involved youth continues to increase



## **HUSKY YOUTH INPATIENT UTILIZATION**





•There are no significant trends in admits per 1000 for the entire HUSKY youth population.





•Days/1000 for all HUSKY youth members continues to fall year over year



#### HUSKY YOUTH DAYS/1000



- DCF Days/1000 continues to decline year over year
- Non-DCF Days/1000 has trended slightly upward over past two years





•The ALOS for the HUSKY youth population continues to decrease





•Year to date average length of stay for the eight in-state hospitals that treat youth is 12.5 days. This is the lowest average length of stay reported to date.





• The decrease in average length of stay for all HUSKY youth is partially driven by the decrease in length of stay of DCF-involved children ages 0-12





•The decrease in overall average length of stay of all HUSKY youth is also driven by the decrease in length of stay of DCF-involved adolescents



### HUSKY YOUTH PRTF UTILIZATION





•PRTF Days/1000 continues to decrease allowing improved access to this service

•This trend demonstrates the PRTF's improvement in managing length of stay





•As PRTFs have brought down their ALOS, access to this level of care has improved



#### **Residential Treatment Utilization**



#### All RTCs (In and Out of State) Average Length of Stay



• No significant trends in average length of stay for RTCs



#### Comparison of Average Length of Stay of In and Out of State RTCs



• No distinct trends in either In or Out of State RTC ALOS



# **Discharge Delay**



| 10B4A: Inpatient (excluding<br>Riverview) Discharge Delay<br>Reason Codes by Major<br>Category | CY '08 | CY '09 | Q1 '10 | Q2 '10 | Q3 '10 | Q4 '10 | CY '10 | Q1 '11 | Q2 '11 | '11<br>YTD |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------|
| Awaiting Placement   | 78.7%  | 79.8%  | 82.5%  | 83.3%  | 89.1%  | 91.5%  | 84.8%  | 91.2%  | 95.2%  | 92.9%      |
|  | 10.170 | 10.070 | 02.070 | 00.070 | 00.170 | 51.570 | 04.070 | 51.270 | 55.270 | 52.570     |
| Family Issues  | 3.2%   | 2.6%   | 4.1%   | 2.8%   | 2.7%   | 0.0%   | 3.2%   | 0.0%   | 0.0%   | 0.0%       |
|  |        |        |        |        |        |        |        |        |        |            |
|  |        |        |        |        |        |        |        |        |        |            |
| Awaiting Community<br>Services   | 12.6%  | 10.9%  | 6.2%   | 8.3%   | 6.4%   | 2.8%   | 7.0%   | 5.3%   | 1.6%   | 3.5%       |
|  |        |        |        |        |        |        |        |        |        |            |
| Education Issues   | 0.9%   | 0.3%   | 2.1%   | 0.0%   | 0.9%   | 4.2%   | 1.6%   | 1.8%   | 0.0%   | 0.9%       |
|  |        |        |        |        |        |        |        |        |        |            |
| Other  | 4.7%   | 6.3%   | 5.2%   | 5.6%   | 0.9%   | 1.4%   | 3.5%   | 1.8%   | 3.2%   | 2.7%       |

•In Q4 '10 the percent of youth "Awaiting Placement" was the highest it has been to date and "Awaiting Community Services" was the lowest.

•In CY '10, "Awaiting Placement" continues to be the primary issue that delays youth in inpatient units. The percentage of youth waiting for this reason continues to increase year over year. There was a continued decrease in the percent of youth "Awaiting Community Services" in CY '10





•Following a sharp increase in discharge delay in Q2 '10, discharge delay has decreased significantly over the past few quarters

•The increase in discharge delay during 2010 was largely attributable to longer delays in stay in out of state hospitals

•The downward trend is related to renewed efforts and activities designed to meet the changing landscape as DCF redesigns their department





•After a significant increase in the percent of days delayed in 2010, this indicator has again decreased to the lowest percentages reported to date



#### **Performance Initiatives**



# Youth Inpatient Hospitals

#### Utilization Goal

- Ability to further reduce or maintain already efficient lengths of stay during the performance period.
- Improved Ambulatory Follow-Up (Connect to Community)
  - Improvement of the rate of Ambulatory Follow-up within 7 days of discharge

#### Readmission Rates

 Reduce or maintain already satisfactory 7 and 30-day re-admission rates



# Agenda

- October
  - Utilization for Lower Levels of Care and Intermediate Levels of Care
  - Discussion regarding Claims Reporting
  - TBD



## **Questions/Comments**

