



Behavioral Health Partnership Oversight Council

Child/Adolescent Quality, Access & Policy Committee

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Co-Chairs: Sherry Perlstein, Jeff Vanderploeg & Hal Gibber

Meeting Summary
Wednesday, July 15, 2015
2:00 – 4:00 p.m.
Value Options
Rocky Hill, CT

Next Meeting: Wednesday, September 16, 2015 @ 2:00 PM
at VO, Rocky Hill

Attendees: Jeff Vanderploeg (Co-Chair), Karen Andersson (DCF), Lois Berkowitz (DCF), Lindsay Betzendahl, Rick Calvert, Frank Fortunati, Elizabeth Garrigan, Josephine Hawke, Dr. Irvin Jennings, Erin Joudrey, Colleen Kearney, David Klein, Beth Klink, Dan Lyga, Joan Narad, Kim Nelson, Heather Paluso, Michael Patota, Ann Phelan, Donyale Pina, Dr. Robert Plant (VO), Yann Poncin, Maureen Reault, Knute Rotto, Kathy Schiessl, Sherrie Sharp, Dr. Laurie Van Der Heide (VO), and Beresford Wilson

Introductions

- Co-Chair Jeff Vanderploeg convened the meeting at 2:05 PM; introductions were made.

DCF Budget Update - Karen Andersson (DCF)

- Karen Andersson said that DCF was still reviewing the lengthy budget implementer. The Department was not successful in restoring the original budget rescissions for programs such as Access Mental Health, the Therapeutic Group Home PIC, substance abuse programs, and other services. Karen said the Implementer Bill included some unexpected funding to support expansion/enhancement of certain child welfare and behavioral health services to ensure those services are available in all six DCF regions.

Inpatient Discharge Delay and Inpatient Provider Profile Reports: Bert Plant, Ph.D., ValueOptions



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Overview

- Inpatient Discharge Delay analyses are based on Authorization Data; 2013 Behavioral Health (BH) Inpatient Provider Profiles are based on Claims Data.

- Analyses focused on “industry standard” performance indicators as well as some new measures developed by the Partnership. Indicators include: admissions; connection to care after discharge; readmission rates by diagnosis.
- Discharge Delay Defined as days spent in the hospital awaiting the behavioral health service (level of care) necessary for the youth to be discharged when the youth is clinically ready to leave the hospital. Measures included:
 - Percent of Inpatient Days Delayed
 - Differences in Discharge Delay between DCF- Involved (includes Juvenile Justice Youth) and Non-DCF-Involved Youth
 - Level of Care Awaited
- BH Inpatient Admissions from the Emergency Department defined as the rate with which youth were admitted to an Inpatient Acute Hospital bed from the ED, as opposed to a Direct Admission or an admission from an Observation Bed.
- See attached presentations for other specific details on study methodology

Summary of Findings and Discussion

- From 2010 to 2014, the percentage of Discharge Delay decreased from 20% to 6.9%. DCF-involved youth used disproportionately more discharge delay (DD) days than youth who were not DCF-involved
- During the study period (2010 to 2014), there was a 65% reduction in DD days overall, and the gap between DCF and non-DCF involved youth decreased
 - Karen Andersson noted that in 2007, inpatient DD affected 36% of youth and the average time in DD was 150 days. Current rates represent major improvements.
- The DD for those awaiting psychiatric residential treatment facilities also declined from FY2012, but have declined at a much slower rate than rates for those awaiting state hospital and residential treatment center level of care.
- It was noted that although DD is generally an undesirable experience for youth, it does serve the purpose of “holding” youth who require a level of care that is not currently available.
- Several members noted that despite improvements in DD, there continues to be a significant shortage of community-based services for youth coming out of inpatient and that improvements in DD should be considered in light of other significant system challenges before declaring these findings a total success.
- Karen Andersson noted that many of the youth with DCF involvement that experience DD are highly complex cases and need alternative types of treatment.
- Beresford Wilson and others noted that although the data demonstrates reduction in DD, that is an administrative outcome and not the same as demonstrating that these youth are getting better. Educational outcomes, juvenile justice involvement, and racial and ethnic disparities continue to be significant problems in Connecticut.
- Yann Poncin stated that experience drives the decision-making for the next child.
- Bert Plant indicated that DD days are reduced, and so is acute care length of stay.
- Inpatient Provider Profiles
 - Hospital names were omitted from the report until the Partnership can meet with them individually to discuss the results.
 - ED admissions to inpatient averaged 70% in 2012 and are down to 63% in 2013

- Connect to Care rates at 7 and 30 days following inpatient discharge vary widely across hospitals, and the overall trend is relatively flat from 2011 to 2013
- Statewide inpatient re-admission rates were 4.1% at 7 days and 14.5% at 30 days.
- Inpatient readmission rates vary by diagnosis and there appear to be hospital-specific patterns of diagnosis; for example, Bert noted that the inpatient system as a whole may be missing a lot of youth with substance abuse issues raising concerns about the need for better substance abuse screening practices.
- Beresford Wilson said that system improvement gains can be attributed to family engagement, consumer awareness and knowledge about the process within and across DCF, JJ, DSS, and other systems.
- Members suggested reporting connect to care and re-admit rates longitudinally as has been done with other performance measures; that access to care for 6 to 12 year olds with significant psychiatric concerns is limited, and there is a need for more crisis respite beds as alternatives to ED and inpatient hospitalization.

New Business, Announcements and Adjournment

Co-Chair Jeff Vanderploeg asked for any new business. Hearing none, he made the announcement that the August 19, 2015 committee meeting was canceled and the next meeting will be Wednesday, September 16, 2015. Jeff adjourned the meeting at 3:54 PM.

Next Scheduled Meeting: Wednesday, September 16, 2015 @ 2:00 PM
at VO, 3rd Floor, Rocky Hill