beacon health options

Connecticut BHP
Supporting Health and Recovery

Youth Utilization and Recommendations
January – June 2015

December 16, 2015

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Acknowledgments

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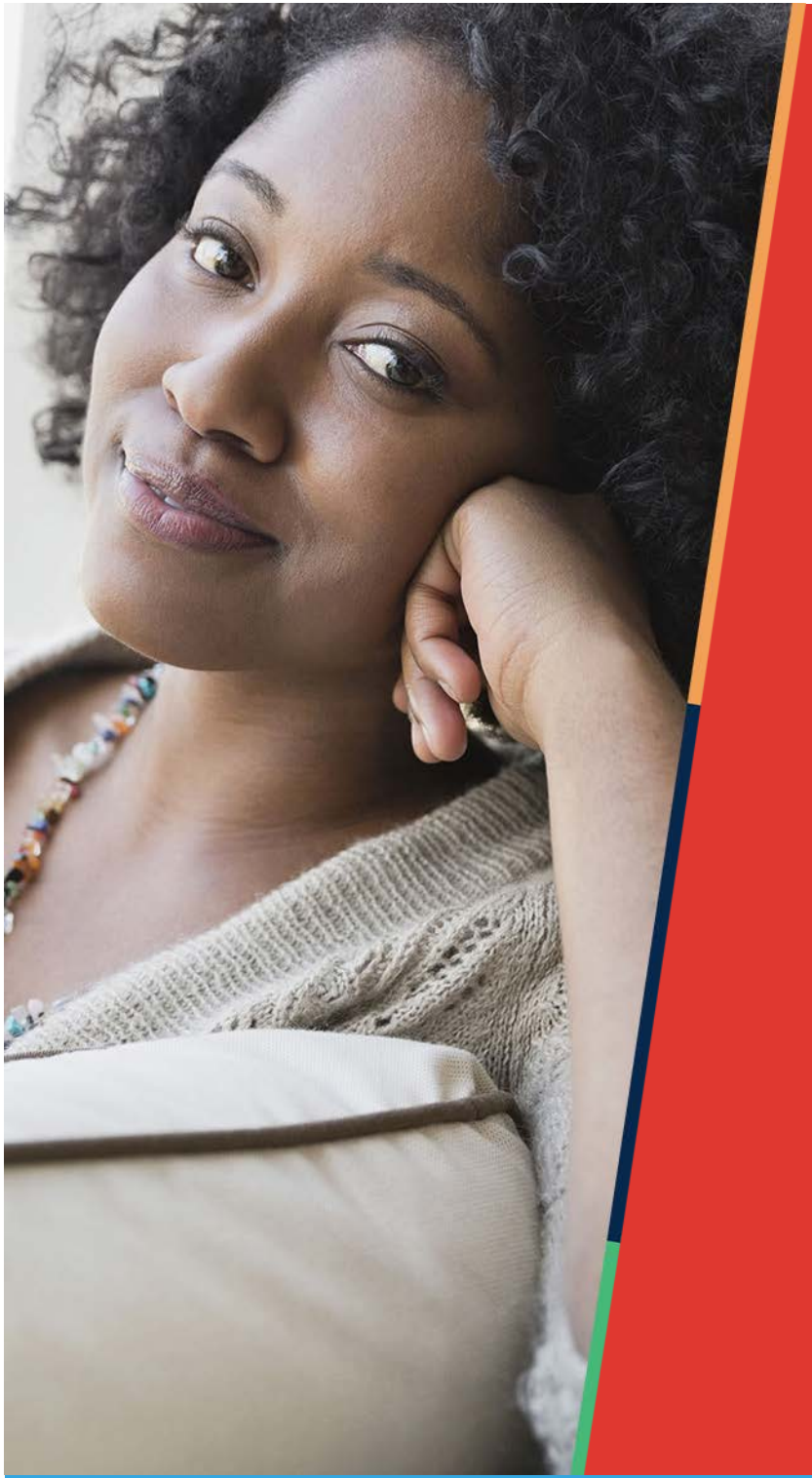
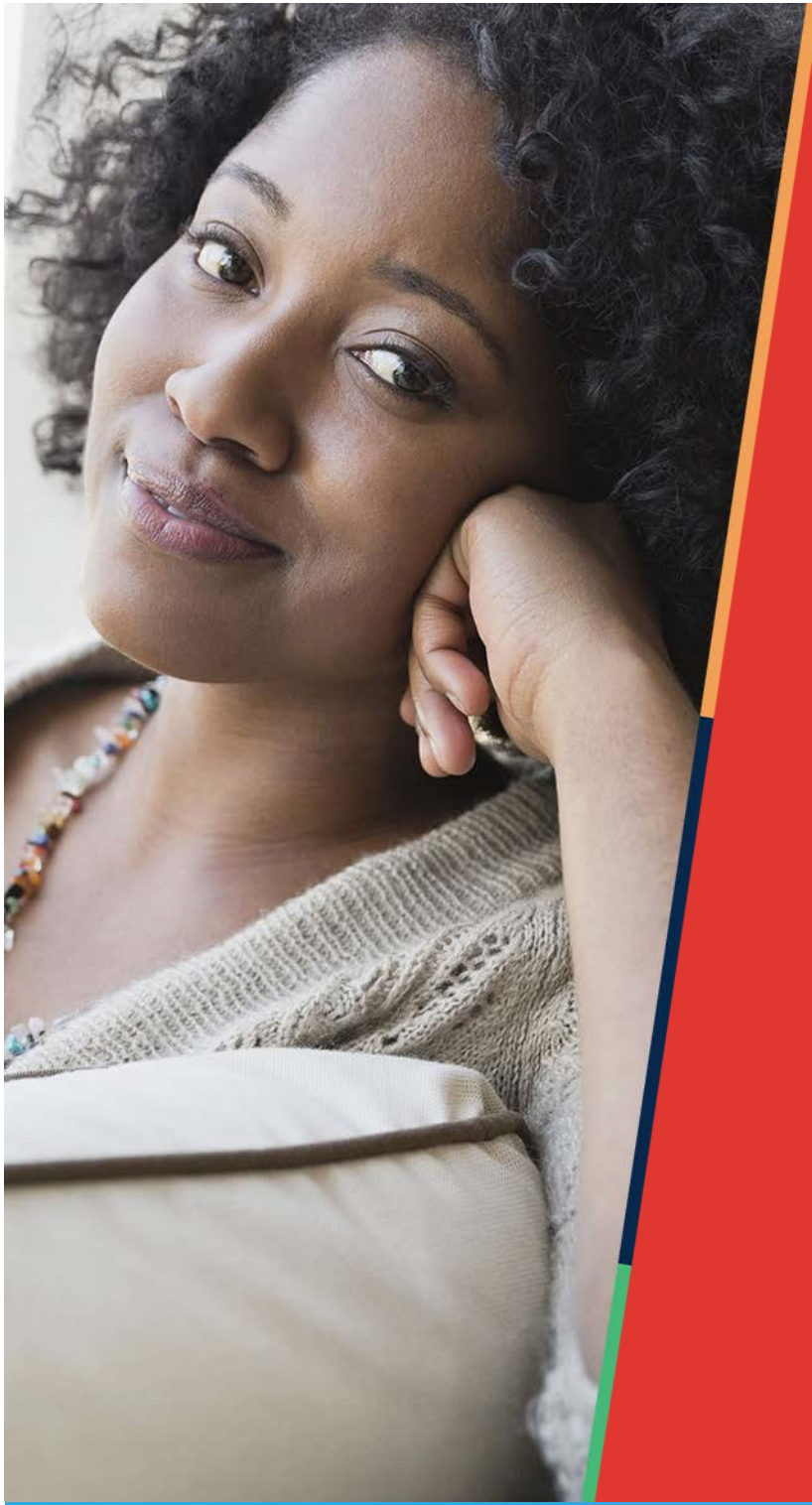


Presentation Overview

Overview

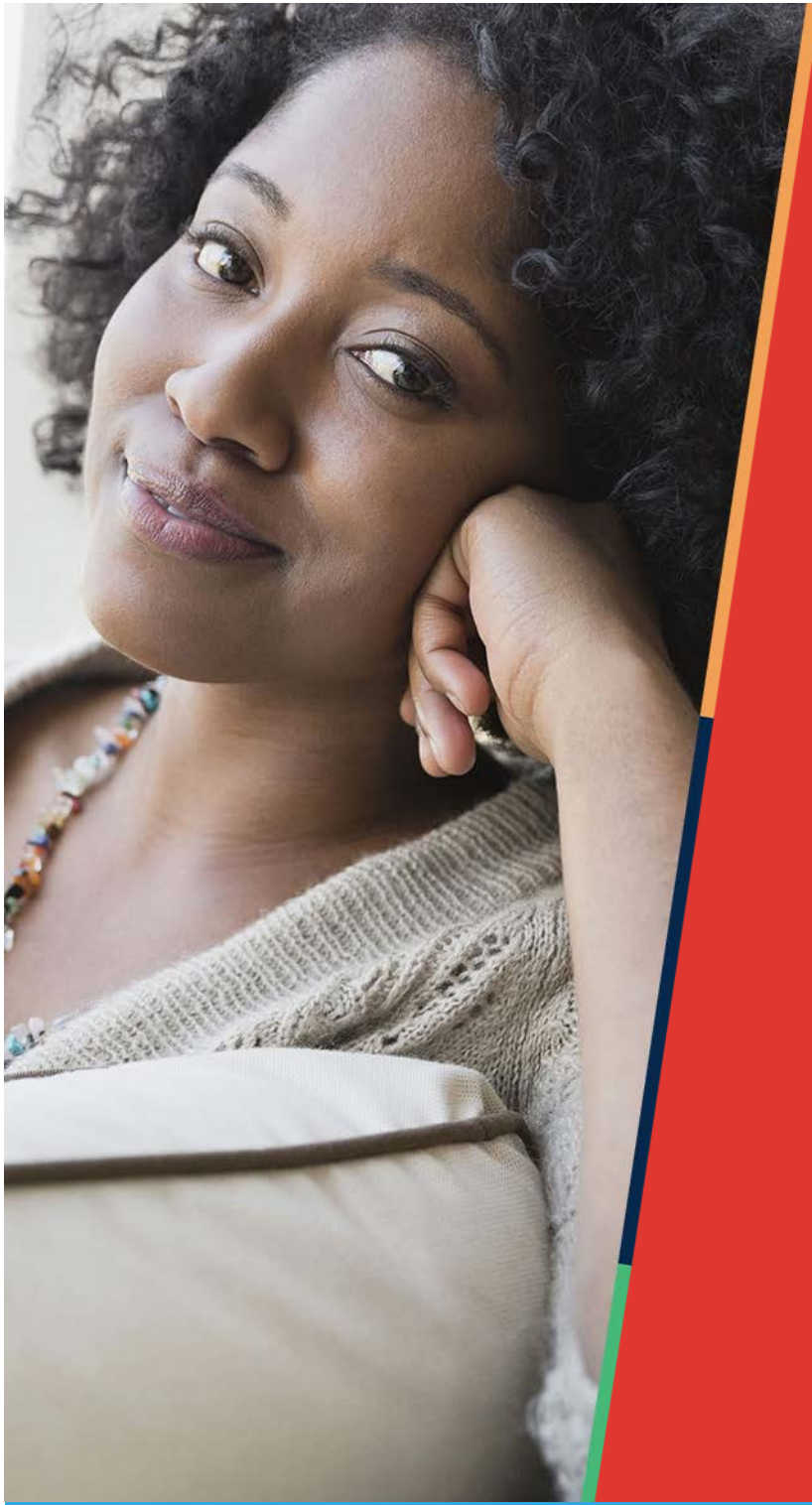
- Review HUSKY youth utilization data from Quarters 1 and 2 (January to June 2015)
- Describe HUSKY youth utilization specific to inpatient facilities, inpatient Solnit Center, community and Solnit PRTFs'
- Identify trending relevant to HUSKY youth admits/1,000, days/1,000, average length of stay, percent of days delayed, discharge delay reason code(s), and number of days delayed
- Discuss semiannual recommendations from Quarters 1 and 2 (January – June 2015) for each level of care



Methodology

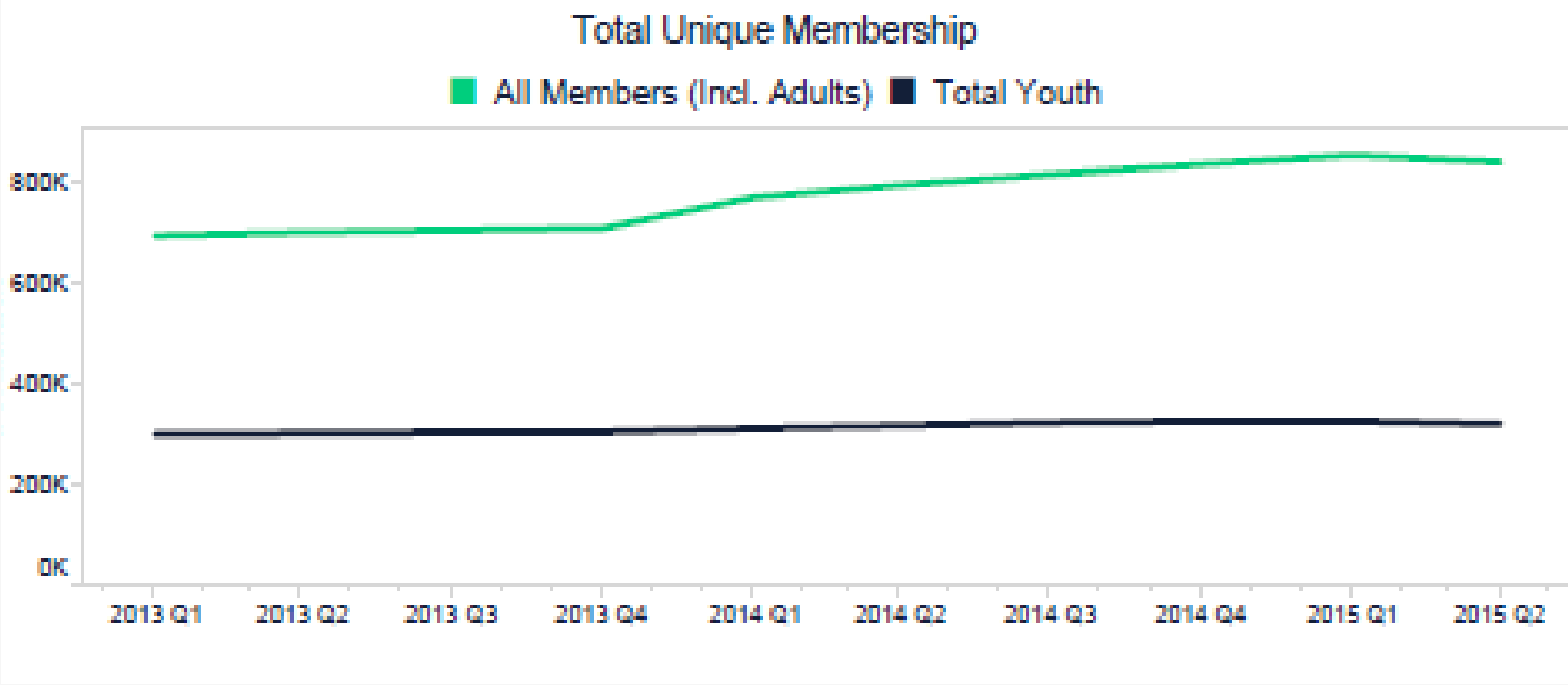
Methodology

- On at least a semiannual basis, the reports mutually agreed upon in Exhibit E of the CT BHP contract are submitted to the State for review
- Reports focus on utilization management and statistics
- Utilization data is exclusively based on authorizations entered into the Beacon Connect system
- In some cases, additional data, primarily drawn from the Provider Analysis and Reporting program (PAR), are included to enhance the understanding of the drivers of the utilization trends
- Data analysis represents Medicaid insured healthcare consumers



Utilization Data
January – June 2015

Total Unique Membership



- Total membership increased from Q4 '14 to Q2 '15 (838,273 to 842,508)
- The driver of the increase has been the adult population as the total youth members decreased in both non-DCF and DCF
- In Q2 ‘15 , youth accounted for 38% (319, 805 of 842,508) of the total Medicaid membership

DCF and Non-DCF Medicaid Youth Membership

	2013				2014				2015	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
DCF	8,505	8,231	8,177	7,964	8,275	8,613	8,787	8,695	8,498	8,159
Non-DCF	293,889	295,693	297,828	298,545	304,797	310,059	316,142	319,030	319,298	313,119
Total Youth Membership	300,594	302,070	304,190	304,986	311,516	316,976	323,188	326,108	326,326	319,805

	2013				2014				2015	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
DCF Committed	7,648	7,383	7,376	7,213	7,545	7,912	8,071	8,009	7,914	7,634
Voluntary Services	603	593	552	500	475	478	458	402	380	336
Juvenile Justice	240	230	232	237	226	221	224	213	199	171
Dually Committed	32	28	29	32	30	31	31	29	26	33
Family with Service Needs	15	17	19	24	21	17	15	10	7	4

- DCF Voluntary and Juvenile Justice membership decreased reaching the lowest membership for each over the past ten quarters
- DCF Committed membership decreased slightly by 5% (8,009 to 7,634) from Q4 '14 to Q2 '15, remaining the main driver for the total DCF population
- DCF continues to represent a small percentage of the Medicaid youth membership (2%), as non-DCF comprises 98% of total youth membership

Inpatient: Quarterly Admits/1,000 and Days/1,000

Quarterly Inpatient Admits/1,000: Youth (0-17)
Excluding Solnit

		2013				2014				2015	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
DCF	Admits/1,000	0.18	0.19	0.19	0.20	0.15	0.16	0.16	0.14	0.12	0.13
	Admissions	161	169	172	175	136	150	149	136	115	118
Non-DCF	Admits/1,000	0.58	0.62	0.51	0.60	0.60	0.59	0.50	0.55	0.56	0.61
	Admissions	508	545	447	525	541	552	468	521	526	562
Total Youth	Admits/1,000	0.76	0.81	0.70	0.79	0.75	0.76	0.65	0.69	0.68	0.73
	Admissions	669	714	619	701	677	702	617	657	641	680

Quarterly Inpatient Days/1,000: Youth (0-17)
Excluding Solnit

		2013				2014				2015	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
DCF	Days/1,000	2.7	3.2	3.2	2.8	2.4	2.4	2.5	2.3	1.9	1.6
	Cases	182	205	203	206	155	169	175	162	133	140
Non-DCF	Days/1,000	6.7	7.1	6.2	7.0	6.4	6.9	5.5	6.6	6.7	6.6
	Cases	555	622	515	593	580	635	543	596	579	637
Total Youth	Days/1,000	9.4	10.3	9.4	9.8	8.8	9.2	8.1	8.9	8.7	8.2
	Cases	737	827	718	799	735	804	718	758	712	777

- From Q4 '14 to Q2 '15, youth admits/1,000 increased – more throughput
- From Q4 14' to Q2 '15, days/1,000 and ALOS decreased – less time in the hospital
- Non-DCF youth continue to utilize more inpatient days with greater admissions than the DCF youth. Most likely, this continues to be related to the greater volume of non-DCF members compared to DCF involved members

Inpatient: Quarterly Inpatient Total Days

Quarterly Inpatient Total Days: Youth (0-17)
Excluding Solnit

	2013				2014				2015	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
DCF	2,172	2,801	2,934	2,622	2,339	1,983	2,359	2,200	1,714	1,646
Non-DCF	5,492	6,177	5,905	6,377	5,283	6,115	5,270	6,592	5,927	6,291
Total Youth	7,669	8,976	8,835	8,996	7,621	8,099	7,626	8,794	7,644	7,935

- The quarterly inpatient total days for all youth decreased from Q4 14' to Q2 15' (8,794 to 7,935) 9.8%

Inpatient: Youth Average Length of Stay

Quarterly Inpatient Average Length of Stay (ALOS): Youth (0-17)
Excluding Solnit

		2013				2014				2015	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
DCF	ALOS	14.9	16.1	17.1	14.0	17.2	13.9	15.8	15.3	15.4	13.4
	Discharges	146.0	174.0	172.0	187.0	136.0	143.0	149.0	144.0	111.0	123.0
Non-DCF	ALOS	11.5	11.2	13.2	11.5	10.6	10.9	11.3	12.1	11.8	10.8
	Discharges	478.0	554.0	448.0	554.0	497.0	560.0	468.0	543.0	504.0	583.0
Total Youth	ALOS	12.3	12.3	14.3	12.1	12.0	11.5	12.4	12.8	12.4	11.2
	Discharges	624.0	728.0	620.0	741.0	633.0	703.0	617.0	687.0	615.0	706.0

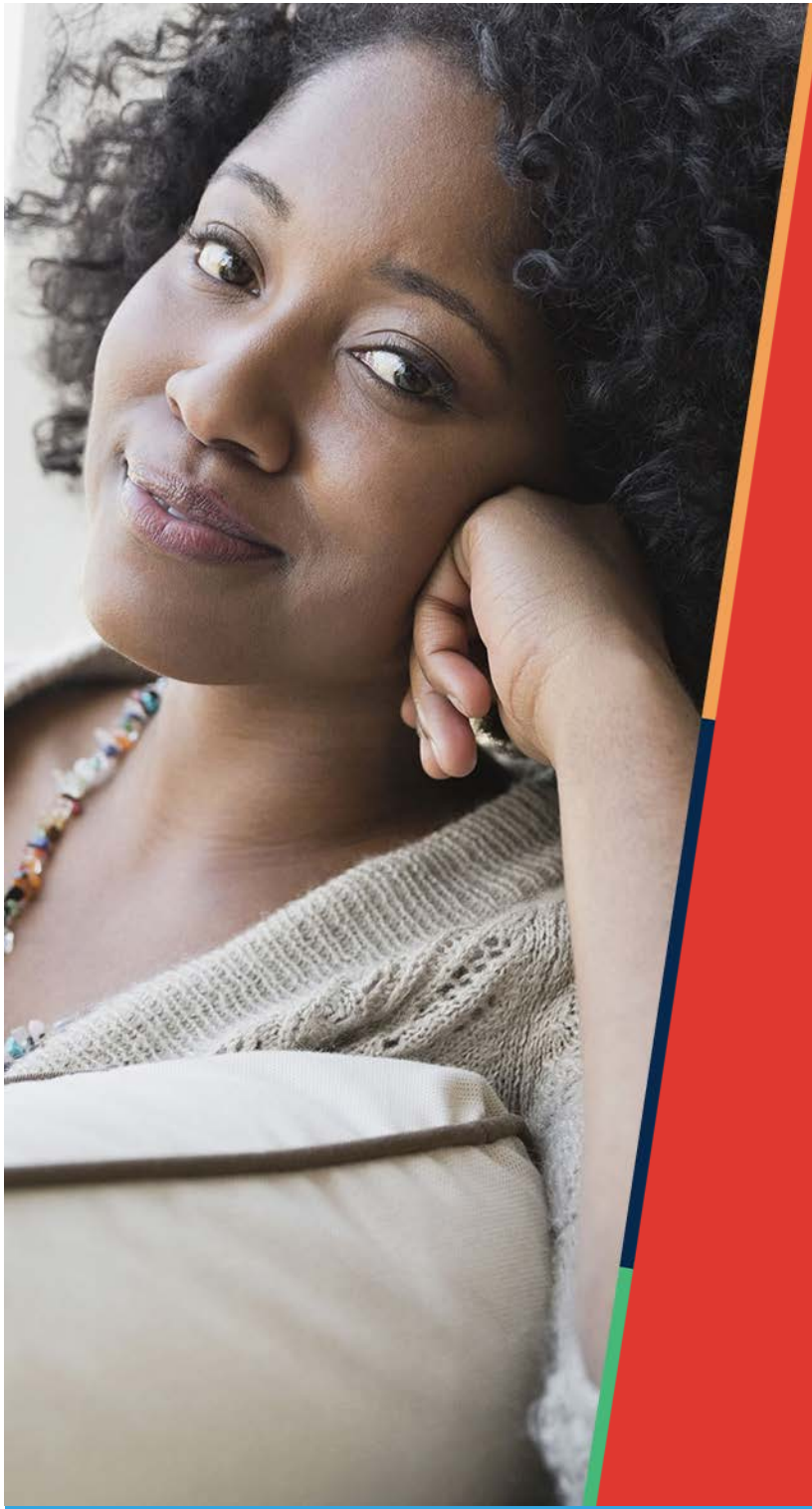
- Overall, DCF youth continue to have longer lengths of stays, but less inpatient admits/1,000 and days/1,000 compared to the non-DCF youth.
- Although DCF ALOS has remained higher than non-DCF, it has decreased from Q4 '14 to Q2 '15 and was the lowest in the past two years
- The decreased ALOS was noted in both DCF and non-DCF populations

Inpatient: Youth Average Length of Stay

Quarterly Inpatient Average Length of Stay (ALOS): All Youth (Ages 3-17)
DCF & Non-DCF Members

			2013				2014				2015	
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Ages 3-12	DCF	ALOS	15.60	17.20	18.30	14.80	17.20	16.50	15.60	15.20	14.10	12.30
		Discharges	41	68	50	57	35	40	39	44	29	43
	Non-DCF	ALOS	11.60	11.90	12.90	14.00	11.80	11.80	11.20	12.40	12.00	12.90
		Discharges	126	163	138	129	120	164	130	140	127	164
Ages 13-17	DCF	ALOS	14.60	15.00	16.10	12.70	15.30	12.40	15.60	13.60	14.60	13.70
		Discharges	94	102	117	121	88	95	102	91	74	78
	Non-DCF	ALOS	10.90	10.10	10.20	10.20	9.60	9.50	10.30	10.20	10.30	9.20
		Discharges	316	341	275	371	344	348	300	361	332	378
All	Total Youth	ALOS	12.00	12.00	12.70	11.80	11.30	10.90	11.80	11.50	11.50	10.80
		Discharges	577	674	580	678	587	647	571	636	562	663

- For the first time, the non-DCF youth ages 3-12 had a longer ALOS (12.9) than DCF youth (12.3)
- This could be related to DCF children already having connection to care, while the non-DCF are not as of yet receiving services



Recommendations

Recommendations

Beacon continues to recommend the development of a preventive model of integrated care, which can provide families easy access and rapid connection to treatment services.

The following recommendations are opportunities to enhance this type of healthcare delivery

Recommendations

Recommendation

1. **Integrate behavioral health services for youth within a Family Care Model Urgent Care Center**

- Develop easy, rapid access to behavioral health care treatment in local communities as an alternative to emergency departments
- Add behavioral health services to an established urgent care center
- Providing integrated care in a family care model has the potential to reduce both behavioral health and medical emergency department and inpatient utilization

Recommendation Update

Recommendation 1: Update

- Discussions continue at the State Agency(s) to consider creating community-based treatment centers
- Medical homes provide coordination of care for medical and behavioral health concerns

Recommendations

Recommendation

2. Develop an infrastructure which supports easy access and connection to treatment services for specialized populations such as those children with an Autism Spectrum Disorder diagnosis

- Most children with an ASD diagnosis who require acute care services utilize out-of-state facilities for acute stabilization
- Longer lengths of stay secondary to increased distance from home and families inability to participate in treatment due to transportation issues
- Youth with an ASD diagnosis often stay longer in inpatient care that their non ASD identified peers who utilize the same services

Recommendation update

Recommendation 2: Update

- Collaboration between DDS, DSS and Hospital of Special Care in New Britain to develop an 8 bed ASD inpatient unit
- Beacon participated in collaborative meetings to develop utilization protocols for Medicaid youth
- Beacon began to authorize ABA services for children with an Autism diagnosis in January 2015
- ASD team in place with Care Managers, Peer Specialists and Care Coordinators to support community connection
- Ongoing weekly operations meeting(s) between DCF, DSS, DDS and Beacon
- Building provider network focusing on in home providers to provide direct ABA services

Recommendations

Recommendation

3. Establish in each of the regional areas, a centralized forum which meets regularly to discuss at-risk youth who have high utilization of crisis and behavioral health services

- In collaboration with DCF, develop centralized forum to discuss youth who have high utilization of behavioral health services
- Serve to engage communities, families, schools and providers in the planning, and delivery of behavioral health services
- Coordinate care for youth at risk for high utilization of ED or inpatient services

Recommendation update

Recommendation 3: Update

- Each Regional DCF area has initiated an Integrated Service system meeting (ISS) which meets regularly
- Beacon Care managers, Care Coordinators and Intensive Care Managers attend ISS meetings in all regions
- Beacon collaborates with DCF area offices and leadership to discuss the organization, attendees, content and process of these meetings
- Serves as a forum to engage communities in healthcare delivery

Recommendations

Recommendation

4. Continue to expand the development of the Rapid Response Model

- Focuses on collaboration among community, state agencies and Beacon staff to provide EDs support and case management
- Representatives from DCF, EMPS, the hospital EDs and Beacon meet monthly to discuss issues and barriers
- Communication protocols outline process when a DCF committed child is in overstay in the ED

Recommendation Update

Recommendation 4: Update

- Daily Rapid Response interventions continue with the Connecticut Children's Medical Center (CCMC) in Hartford
- Rapid Response interventions continue with Saint Mary's Hospital in Waterbury
- Similar models have expanded to other hospitals which utilize EMPS collaboration
- Opportunities remain to expand this collaborative model to other high volume EDs
- Intensive Care Managers call all in-state EDs daily to offer case management for any HUSKY youth currently in ED

Recommendations

Recommendation

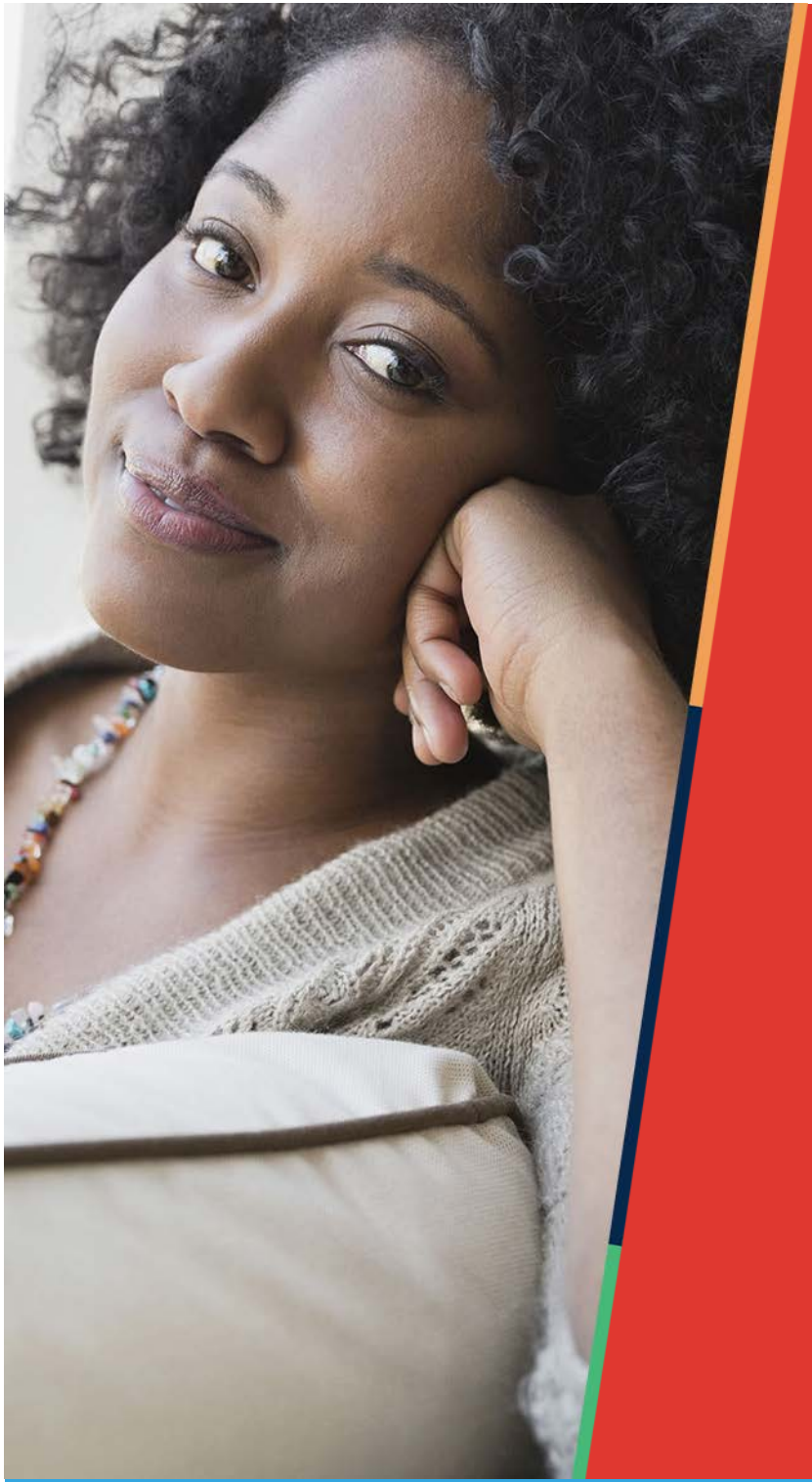
5. Continued State Agency Collaboration with Beacon Health Options

- Ongoing collaboration with state agencies on multiple levels
- Develop an integrated, community-based, preventative healthcare system
- Weekly Complex Case rounds with representatives from DCF and DDS
- Discuss inpatient HUSKY youth who require additional escalation and collaboration
- Early coordination of care and communication between state agencies on complex cases

Recommendation Update

Recommendation 5: Update

- Beacon continues to meet with state agencies weekly
- Serves as a preventative model to provide timely escalation and coordination of care
- Data reports monitor length of stay, ED overstay, discharge delay and diagnostic indicators
- DCF-CTBHP Director, DCF-CTBHP Program Director, DDS, Beacon Child Psychiatrist/Medical Director, ICM Supervisor/ team and AVP Clinical Services participate



Utilization Data
Inpatient Discharge Delay

Inpatient Discharge Delay: Medicaid Youth (0-17)

Quarterly Inpatient (Excluding Solnit) Table (Ages 0-17)

Percent of Days Delayed & Cases Delayed

		2013				2014				2015	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
DCF	% of Days Delayed	10.90%	10.60%	12.00%	12.40%	14.70%	8.10%	13.50%	14.50%	12.50%	7.40%
	Cases Delayed	18	18	25	22	21	15	19	19	13	11
Non-DCF	% of Days Delayed	6.60%	6.50%	9.20%	6.10%	2.30%	5.90%	5.20%	4.80%	11.00%	6.90%
	Cases Delayed	23	28	32	21	14	29	22	16	30	22
Total Youth	% of Days Delayed	7.80%	7.80%	10.20%	8.00%	5.90%	6.50%	7.80%	7.30%	11.30%	7.00%
	Cases Delayed	41	46	57	43	35	44	41	35	43	33

- Percentage of days delayed for all youth decreased from Q4 14' to Q2 15' (7.3% to 7.0%)
- DCF continues to have a higher percentage of days delayed compared to Non-DCF
- DCF percentage of days delayed decreased from Q4 14' to Q2 15' (14.5% to 7.40%)
- Non-DCF percentage of discharge delay increased from Q4 14' to Q2 15'(4.8% to 6.9%).

Inpatient Discharge Delay: Youth (0-17)

Quarterly Inpatient Discharges with Delayed Days by Reason Code

		2013				2014				2015	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Awaiting State Hospital	Delayed Discharges	5	9	8	10	5	7	13	6	12	12
	Total Delay Days for Discharges	121	212	208	203	68	122	333	174	382	335
	Average Delay Days for Discharges	24.2	23.6	26.0	20.3	13.6	17.4	25.6	29.0	31.8	27.9
Awaiting PRTF	Delayed Discharges	14	18	26	14	17	22	14	13	7	13
	Total Delay Days for Discharges	198	298	577	368	226	271	224	205	112	355
	Average Delay Days for Discharges	14.1	16.6	22.2	26.3	13.3	12.3	16.0	15.8	16.0	27.3
Awaiting RTC	Delayed Discharges	7	7	6	3	3	2	3	1	1	0
	Total Delay Days for Discharges	155	72	85	70	131	24	27	20	17	0
	Average Delay Days for Discharges	22.1	10.3	14.2	23.3	43.7	12.0	9.0	20.0	17.0	0.0

- Most children on delay (N=24) in Quarters 1 and 2 , 2015 were awaiting admission into Solnit Inpatient
- Those awaiting Solnit utilized the most inpatient days in delay, 717 total days in delayed status.
- This was followed by those youth awaiting PRTF level of care (20 youth) who utilized 467 total days in delays.

Recommendations

Recommendation

1. **Expand PRTF capacity and develop alternatives for the children 12 years and under to include crisis stabilization**

- The limited number of PRTF beds continues to cause delays
- Currently there are only three PRTF facilities, one is only able to admit males
- Limited capacity for children with complex behavioral health needs
- Recommend expanding PRTF capacity and increasing community services for children under 12 yrs.
- Expanded services for children with developmental delays and autism

Recommendation Update

Recommendation 1: Update

- PRTF bed capacity remains the same (44 beds statewide)
- Children continue to remain inpatient on delayed status awaiting PRTF
- The Short-Term Family Integrated Treatment Program (S-FIT) has been implemented
- S-FIT is a family stabilization service with a respite component where youth can reside up to 14 days
- S-FIT serves as a crisis stabilization for a child at risk for inpatient or those youth transitioning out of inpatient
- DCF referral required
- Beacon has developed an ASD team of Care Managers, Care Coordinators and Peer Specialists

Recommendations

Recommendation

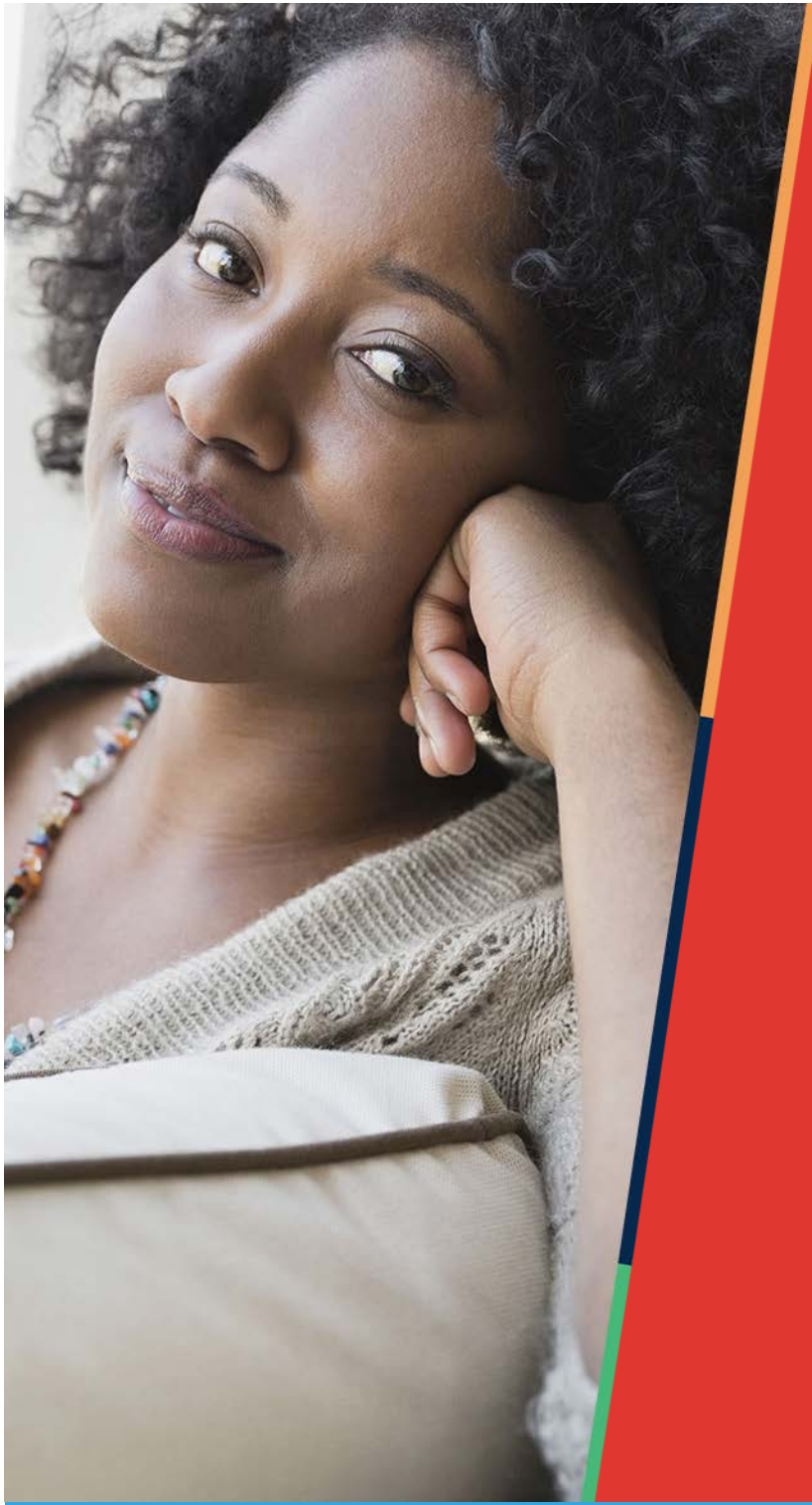
2. Develop community-based behavioral health services which meet the higher acuity behavioral health needs of child/adolescents, including crisis and Wraparound teams, that follow children throughout the level of care continuum

- System is moving towards community-based behavioral health care
- Limited options for placement in congregate care and Solnit facility
- Greater need to develop behavioral health services
- Services can provide coordination of care, family support, and clinical interventions
- Has potential to decrease emergency department utilization, inpatient length of stay and discharge delay

Recommendation Update

Recommendation 2: Update

- Beacon has continued to collaborate with state agencies on various levels; EMPS, EDs, Care Coordination, and co-location of ICMs in DCF area offices
- Offers increased opportunities to follow children throughout the care continuum
- Beacon has collaborated with DCF in the development of a Care Management Entity (CME) to achieve goal of reducing and diverting youth from congregate care settings



Solnit Center Utilization Data

Inpatient: Solnit Center

Quarterly Solnit Inpatient Average Length of Stay
Court-Ordered, Non-Court-Ordered & Total Youth

		2013				2014				2015	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Court-Ordered	ALOS	69.3	87.0	90.0	40.3	78.8	62.7	42.8	57.9	40.3	27.1
	Discharges	9.0	11.0	5.0	3.0	12.0	17.0	8.0	7.0	3.0	17.0
Non-Court-Ordered	ALOS	133.3	123.1	84.6	136.8	134.8	106.7	116.1	107.6	110.1	189.3
	Discharges	29.0	37.0	30.0	24.0	24.0	31.0	23.0	31.0	22.0	21.0
Total Youth	ALOS	118.2	114.8	85.4	126.1	116.1	91.1	97.2	98.4	101.8	116.7
	Discharges	38.0	48.0	35.0	27.0	36.0	48.0	31.0	38.0	25.0	38.0

Quarterly Solnit Inpatient Number of Delayed Days
Total Youth

		2013				2014				2015	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Total Youth	# of Days Delayed	401.0	281.0	169.0	160.0	205.0	251.0	127.0	213.0	310.0	364.0
	Cases Delayed	8	6	3	5	9	7	6	9	8	7

- ALOS for youth inpatient at Solnit Inpatient increased during Q1 and Q2 ’15
- Primary driver of increase was non-court-ordered youth whose ALOS increased from Q4 ‘14 (107.6) to Q2 15 (189.3). The ALOS for the court-ordered youth decreased.
- The number of days delayed at Solnit have been increasing since Q3 ‘14 to Q2 ‘15 (127 to 364)
- This increased ALOS hinders timely access to Solnit for those children on delay in the community inpatient units and emergency departments.

PRTF: Solnit (Youth Ages 13 -17)

Quarterly Solnit PRTF Admissions (ages 13-17)

	2013				2014				2015	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Admissions	13	8	16	24	37	41	28	34	19	31
Days/1,000	0.9	1.5	1.6	1.8	3.8	4.8	4.5	4.7	4.3	4.5
ALOS	150.1	224.3	103.9	113.4	113.4	107.3	103.1	122.1	171.3	177.1
Discharges	10	7	13	12	14	39	29	33	26	25
# of Days Delayed	90.0	78.0	29.0	96.0	157.0	221.0	256.0	497.0	907.0	642.0
Cases Delayed	1	1	2	4	4	8	7	13	17	12

Quarterly Solnit PRTF Number of Delayed Youth by Discharge Delay Reason Code (ages 13-17)

	2013				2014				2015	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Awaiting State Hospital	0	0	0	0	0	0	0	0	0	0
Awaiting PRTF	0	0	0	0	0	0	0	0	0	0
Awaiting RTC	0	0	0	0	0	0	0	1	1	0
Awaiting GH	0	0	1	3	2	3	3	6	6	4
Awaiting Foster Care	1	1	0	0	1	2	2	1	0	3
Awaiting Community Services	0	0	0	0	0	2	2	1	5	4
Awaiting Other	0	0	0	0	1	1	0	4	4	1

- Admissions, days/1,000 and discharges have decreased from Q4 ‘14 to Q2 ’15
- Days delayed increased by 29.2% (497.0 to 642.0) from Q4 ‘14 to Q2 ’15
- 29 cases in discharge delay in Q1 and 2 15’, (11 of 29) were awaiting congregate care
- 9 children (9 of 29) were awaiting community services, one (1 of 29) was awaiting educational placement, the remaining eight (8 of 29) were awaiting foster care and other services

Recommendations

Recommendation

1. **Beacon recommends continued triage support and coordination efforts with the State Agencies and Solnit Center, both the inpatient and PRTF units.**

   - Meet weekly with all Solnit units for care coordination
   - Discharge Planning
   - Continued collaboration with DCF- Solnit, Beacon and DCF regional area offices to provide care coordination throughout continuum of care

Recommendations

Recommendation

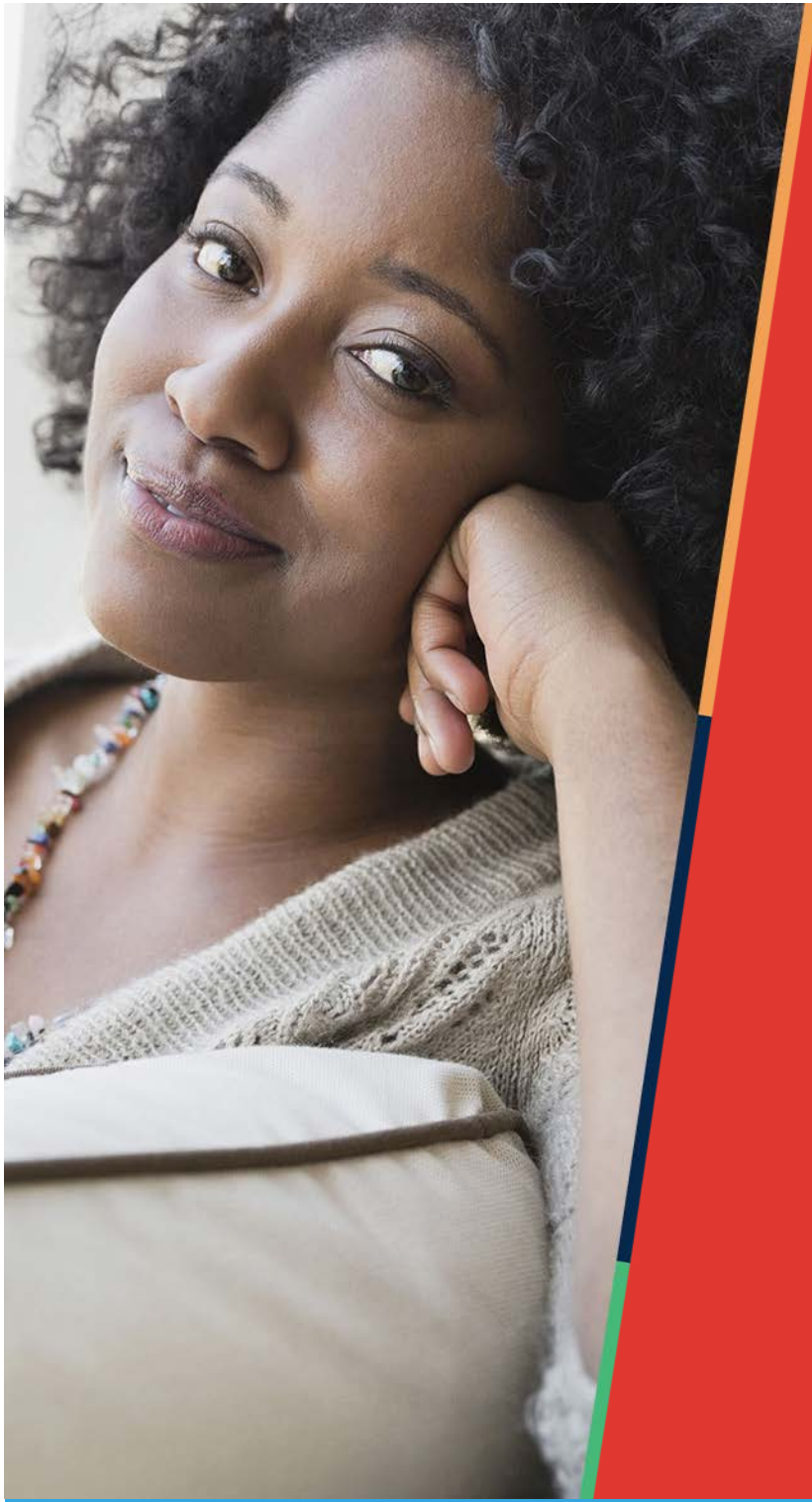
2. **Monitor the Solnit PRTF level of care for additional trending, and include data relevant to discharge delay reason codes, specifically for Solnit North campus**

   - Identify specific delay reasons for the males at the Solnit North campus
   - Implement increased discharge planning with Beacon Intensive Care Mangers, DCF and Solnit.

Recommendation Update

Recommendations: Update

- Beacon has continued weekly clinical rounds with Solnit North and South
- Electronic referral tracking and monitoring of delay reasons for this population
- CME implementation offers opportunities to decrease number of children awaiting congregate care , build supports in child's community



Community PRTF Utilization Data

Community PRTF: Utilization of days

Quarterly PRTF (Excluding Solnit) Table

	2013				2014				2015	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
# of Days Delayed	229	643	277	595	844	472	438	384	635	943
Cases Delayed	8	15	10	11	13	10	10	10	14	18
Average Days Delayed	28.6	42.9	27.7	54.1	64.9	47.2	43.8	38.4	45.4	52.4

Quarterly PRTF (Excluding Solnit) Percent of Delayed Discharges by Reason Code (Ages 5-13)

	2013				2014				2015	
Discharge Delay Reason	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Awaiting Going Home	14.29%	16.67%	14.29%	0.00%	27.27%	37.50%	44.44%	55.56%	28.57%	33.33%
Awaiting Foster Care	57.14%	83.33%	85.71%	66.67%	63.64%	50.00%	33.33%	22.22%	50.00%	44.44%
Awaiting GH	0.00%	0.00%	0.00%	11.11%	9.09%	12.50%	22.22%	22.22%	21.43%	22.22%
Awaiting Other	0.00%	0.00%	0.00%	22.22%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Awaiting RTC	28.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

- Overstay days increased, more than doubling, from Q4 ‘14 to Q2 ’15 (384.0 to 943)
- 18 children were waiting for services/placement in Q2 ’15, the most children in the past two years
- Most children were waiting for Foster home placement, followed by awaiting services going home and awaiting Group Home

Recommendations

Recommendation

1. Expand PRTF scope of services to include a continuum of care, crisis stabilization and Care Coordination

- With limited access for the younger population to Congregate care and Solnit inpatient, PRTF-referred youth are clinically complex.
- Recommend the addition of Medicaid covered services for crisis stabilization as part of continuum of care model to include care coordination, education/support to parents while child is receiving treatment and upon discharge home
- PRTFs expand capacity and add trained workforce to provide treatment to those children with developmental disabilities and/or Autism

Recommendation Update

- Beacon Intensive Care Managers provide care coordination and support discharge planning
- Supporting families and PRTFs with resources and connection to care
- Beacon has collaborated with DCF to develop CME (Care Management Entity) to enhance care coordination efforts through a wraparound model expansion
- Development of Beacon ASD team
- S-FIT has been implemented

Questions?

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