



Behavioral Health Partnership Oversight Council

Operations Subcommittee

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Meeting Summary: April 13, 2007

Co-Chairs: Lorna Grivois & Stephen Fahey

Next meeting date: Friday May 11, 2007 from 1 -2:30 PM at VOI, Rocky Hill

Family Peer Specialist Activities

Brenda Wilcox, a VOI Family Peer Specialist for Waterbury and Torrington discussed her work with families (based on their meeting site preference) in that area, summarized the internal and outreach activities and provided detail on the sub-committees in each area that focus on increasing parent/caregiver roles within the local systems of care in the area. Ms. Wilcox's discussion provided the SC with insight into the value of the Family Peer Specialists in facilitating the family/individual's ability to navigate an often complex system at a time of family/individual crisis.



Peer Activities for
Torrington and Water

CTBHP/VOI Report

(Click on for report)



Operations
SubCommittee April 1

Inpatient Psychiatric Bed Tracking System

ValueOptions provided the Subcommittee with a demonstration of the software system that would track psychiatric bed availability through input by individual inpatient facilities. BHP stated the Governor has asked the BHP agencies to expedite this system, given the ED and hospital discharge delays. Of note, the Department of Public Health currently is tracking medical-surgical beds by institution.

- ***How information is gathered into the system***

- Initially hospitals and psychiatric residential treatment facilities have been asked to complete a descriptive form that identifies the number and type of beds available within the psychiatric facility, including “swing” units that can adapt to current adult & child age/gender admission needs and clinical services/specialties (i.e. dual diagnosed, fire setters, developmentally disabled, detoxification, etc) provided by the facility. The facility will review their information with ValueOptions to ensure the information accurately describes the facility.
- On an ongoing basis, hospitals can add a narrative about their “real-time” bed capacity. When a bed is filled upon a hospital’s acceptance of a patient, the system would reflect the census change.

- ***Use of daily facility information***

The Administrative Service Organization (ASO) – ValueOptions- and eventually the hospital EDs will see and be able to search the same daily bed tracking information. This search capability may be extended as well to hospital inpatients to improve the ability to identify PRTF and Riverview beds. Open beds can be searched by age, gender, type of mental health diagnosis, geographic area and facility contact person. Facilities have emphasized the importance of being able to refuse an admission if they determine that the patient is an inappropriate admission for that facility.

- ***Current ASO institutional bed tracking***

- The 60 private residential treatment facilities (RTCs)- availability is tracked daily through the VOI concurrent review process.
- Residential bed availability is monitored weekly by VOI and DCF.

Subcommittee discussion highlights

- ✓ DSS stated that initially the BHP planned to require this bed tracking process of all psychiatric hospitals and border hospitals, but the BHP has clarified that participation is currently voluntary. The BHP will continue to evaluate the level of participation in and functionality of the new system. BHP would like to begin the tracking system by July 1, 2007.
- ✓ In theory EDs could use this bed information for non-BHP children admitted to the ED with a primary psychiatric diagnosis.
- ✓ After implementation of the initial tracking system, modifications may be possible such as adding other levels of care (i.e. partial hospitalization – PHP), accounting for facility-specific medical unit ‘holds’ and expand system users to Emergency Mobil Psychiatric Service (EMPS) teams and in the future, hospital access to residential treatment open beds.
- ✓ BHP intended this as a lifespan psychiatric bed tracking system; however it may start

with pediatric psychiatric beds and BHP will evaluate efficacy of this part of the system over the summer. Participating facilities in the SC discussion expressed concern about the added staff time that would be needed to also track adult beds.

- ✓ BHP agency noted that some portion of the BHP population has more complex needs, in particular those in child protection and hospitals may want a diverse payer mix beyond BHP members. Dr. Larcen stated admission screens are not done on an economic basis, rather diagnosis and geographic area. It is critical to implement a more aggressive effort to reduce discharge delays and begin early planning for discharge plans for child welfare clients.
- ✓ Lorna Grivois, Council parent representative, stressed the importance of implementing this system to reduce children/adolescent ED wait times and place the individual in an appropriate level of care.
- ✓ VOI commented that other states that have adopted this software system had questions and concerns similar to those raised today. Most facilities found the system easier to use once the initial implementation began.

Next Steps

- BHP will soon meet with the CT Hospital Association and hospitals to further discuss the issues. DSS suggested SC participants also review the DPH bed tracking model that has a 7 AM – 7 PM bed update.
- BHP will update the SC on the CHA meeting at the May 11 Subcommittee meeting.

Other Business

- ✓ Hospital SC participants requested VOI continue to report monthly hospital discharge delays to the Operations SC. The Quality Management and Access SC will track trends in discharge delays.
- ✓ Next meeting date: **Friday May 11, 2007 from 1 – 2:30 PM at VOI, Rocky Hill.**