

Report to the Operations Sub-Committee February 15, 2008

### **Clinical Efficiency Endeavors**

- Pre-cert average call time: 16 minutes (improvement from 17.5 minutes in December, 2007)
- Concurrent Review average call time: 12.5 minutes (improvement from 13.5 minutes in December, 2007)
- Clinical Care Managers fully staffed
- Adjustments to authorization timelines for other services (i.e. IOP, EDT) are under review

# **ICM Program**

- Continuing to hire and train Intensive Care Managers
- Present staff is at 12 ICM Clinicians all have identified Area Office assignments
- Training program well under way and several clinicians have begun attending facility based rounds
- ICM Director: Cheryl Sims Coleman has been introducing herself and her new staff to our DCF Area Office staff as well as MSS meetings
- Majority of ICM clinicians already hired will be back out to areas in February

# **CCMC ED Plan**

- CAREs Unit fully operational
- Average LOS < 3 days successful impact on CCMC ED
- Web registration of CAREs services targeted for 3/1/08
- CT BHP Clinicians available 24 hours for assistance to ED
- Consultation on site (CCMC) 7 days a week
- Peer/Family Specialist consultation for family support
- Cont'd emphasis on EMPS inclusion and collaboration
- Cont'd emphasis on diversion from inpatient units utilizing community based services and supports

# ED Update, cont'd

- 402 Members were reported as Discharge Delay in EDs in 2007
- Total Days in ED = 956 days
- ALOS in ED in 2007 was 2.39 days (does not include CAREs Unit stays)
- In Nov., 2007, 24 CARES cases were identified, 14 DCF and 10 Non DCF.
- In Dec., 2007, 23 CARES cases were identified, 14 DCF and 9 Non DCF

Quality Management Operations

### Provider Quality Improvement Initiatives

- Provider Analysis and Reporting (PARs)
  - Child/Adolescent inpatient programs
  - Psychiatric Residential Treatment Facilities
  - Adult Inpatient programs
  - Enhanced Care Clinics
- Process to date
  - Initial focus: Child/Adolescent Inpt. Programs
  - Meeting with sub-group of inpt. providers to develop and finalize methodology

### Provider Quality Improvement Initiatives, cont'd

- Process to date, cont'd
  - Final draft of Inpt. methodology complete, under review by the sub-group
  - Service Center transformation initiated to support initiative (see System's slides)
  - Staff training underway

### Provider Quality Improvement Initiatives, cont'd

- Initial data on ECC performance under internal review/audit
- Facility Based QI initiatives
  - Currently working with two facilities
  - Identified opportunities for improvement through incident reporting, on-site presence and stakeholder feedback
  - Development of Quality Improvement Plans with defined roles to impact quality/service

System Management A time of transformation

# A Time of Transformation

- Contract changes made in 2008 to ensure resources at VO are in alignment with service center and state agency priorities
- System Management department resources realigned/transformed:
  - 6 Managers, Network Improvement Initiatives
  - 2 Clinicians
  - Leadership position eliminated

## Transformation, cont'd

- Peer Department to report to Clinical Operations
- 2 new Clinical positions to report to Clinical Operations
- Manager, Network Improvement Initiatives will report to Quality Department
- Some changes already made, remainder to be complete by February 29, 2008

## Transformation, cont'd

- LADPs discussions underway throughout second half of 2007 to focus increasingly on service capacity and quality and access
- Organizational changes reflect the focus on the above
- LADP goals will continue as appropriate given the above focus
- Managers will be assigned to specific Areas/Collaboratives and programs/facilities

## Transformation, cont'd

- Geographic Teams
  - Reinvigorated, refined structure
  - Clear focus on discharge delay, system improvement and accountability
  - Sr. Management Sponsor, Team Lead, ICM, Network, Peer and other clinical staff
  - Ad hoc members: DCF Area and Central Staff

Peer Support and Family Specialists

# Peer Support Unit

- Peer and Family Peer Specialists attended 33 community meetings, examples include:
  - Home Visits with Members
  - Child Specific Team, Discharge Planning or Treatment Team Meetings with Family and Providers
  - School PPT Meetings
  - Support Member/Family at Court
  - Community Collaboratives
  - Community Meetings
  - Conferences
  - MSS
  - Planning meetings for D.C.F. walk and NAMI Walk
  - 120 Consultations in January 2008
- New Peer Support specialist started January 14,2008

### Examples of Referrals Given by Peer Unit

#### **Care Coordination**

- System of Care Community Collaboratives
- Access Community Workshop Planning

#### Family Organizations

- FÁVOŘ
- North Star Parent Support Group
- Together We Shine Parent Support

#### Housing

- Rental Deposit-D.S.S
- Temporary Financial Assistance Program

#### Faith-Based Organizations

(for basic needs-food, clothing, and financial)

Salvation Army

#### Recreation

- Montano Learning center
- Recreation Access and Development
- Torrington Youth Services Jewish Family services/ mentoring

#### **Vocational Programs**

CT Job Works

#### **Heating Programs**

- New opportunities energy assistance
- North East Winter protection

#### Training

 Transitioning Youth to Adult Behavioral Health and Services December 6, 2007

#### Legal Services

- CT Legal Aid
- Teen Legal Advocacy Clinic

## Provider and Customer Relations

## **Provider Relations**

- 2008 Provider Training Workshops
  - Spring through November 2008
  - Topics Include:
    - Web Registration/Re-registration
    - Medication Reconciliation
    - Focal Treatment Planning
    - PARS (Provider Analysis & Reporting)
    - Peer Support Program
- Rapid Response Team
  - Q4: Outreach to 105 providers (61 MD; 25 PhD; 17APRN; 2 DO)
  - Q4: 1,639 recruitment letters to MD and PhD practitioners

### CT BHP Customer Service Call Volume Annual Results



### CT BHP Call Center % Answered in < 30 Seconds Annual Results



### interChange Implementation

- New claims system live January 25, 2008
- First claims cycle processed weekend of 2/9
- System down Sunday midnight
  - iC unavailable for eligibility determination
  - Workaround implemented Monday
  - System resumed Monday evening
- Claims issues have been identified and are being addressed
- Providers with issues should contact EDS Provider Assistance Center at 800.842.8440 (860.269.2028, local)
- If unable to reach EDS, providers may call DSS Provider Relations at 866.277.5321