



Report to the Operations
Sub-Committee
May 16, 2008

Clinical Operations

Clinical Efficiency Endeavors

- Pre-cert average call time: 18 minutes (*remains static since beginning of the year*)
- Concurrent Review average call time: 15 minutes (*remains static since beginning of the year*)
- 1 additional RCT staff recently hired and 1 more to be hired soon (conversion of System Manager positions)
- On-site reviews for PRTF and Residential Care to begin May/June 2008

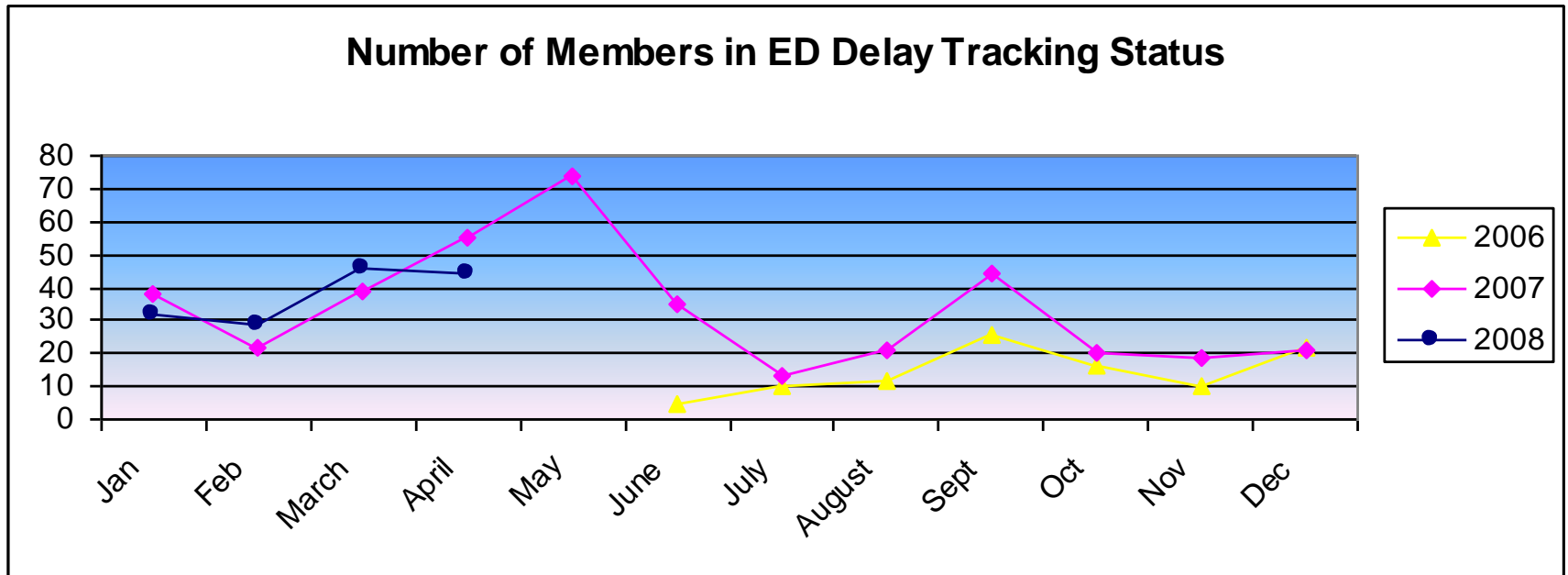
ICM Program

- Intensive Care Management Unit has experienced some turnover in April. 1 individual transferred to Network Manager, one to the expanded Residential Care Team
- Both positions have been back-filled and the department remains at full capacity
- An additional ICM has been assigned to participate in weekly Discharge Delay meetings at Hallbrooke Hospital to assist with discharge planning and gridlock
- New ICM's have completed site visits to the area Emergency Departments to assist in discharge planning

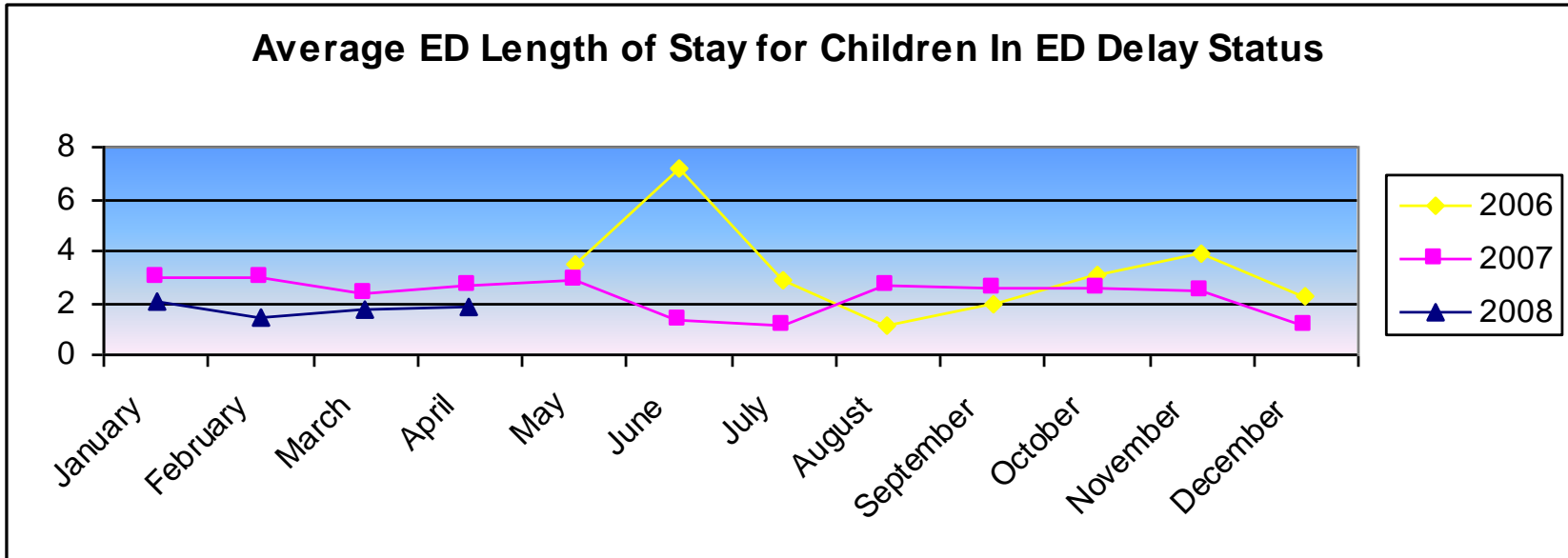
ED Update

- Total Days in ED April 2008 = 82 days (excludes CARES Unit)
- 44 ED Cases were identified resulting in the 82 days noted above (excludes CARES Unit)
- ALOS in ED in April 2008 was 1.86 days (excludes CARES Unit)
- In April 2008, 30 CARES cases were identified, with an ALOS of 2.23 days
- In April 2008, 38 of the total 74 cases were identified as DCF

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Quality Management Operations

Center for Health Care Studies Project

- Completed 2nd round of data collection for the Center for Health Care Strategies (CHCS) grant-funded project concerning the Multidisciplinary Exam (MDE) completed on all foster care children at the time of removal
- Looking at:
 - % of children with identified behavioral health problems
 - % of these children that received treatment
 - Timeliness of that treatment
- Project may be expanded beyond the current scope of two DCF area offices

Provider Analysis and Reporting:

- Methodology for calculating targets and predicted Average Length of Stay for Inpatient Units treating Children and Adolescents is being revised

2008 Performance Targets

- Working with the Departments to develop measures and methodology for new targets for 2008

Regional Network Management

RNM Activity Updates

- Focus on Discharge Delay with Facilities and Programs within their assigned region
 - RNM management and staff meeting with DCF area office leadership to identify discharge barriers and local network problems
 - Organizing data needed to form Quality Improvement Plans that address discharge delay issues in Residential Treatment Centers
 - Creating draft DCF Area Dashboard Reports to focus on discharge delay and utilization trends
- Brokering meetings between providers to help improve working relationships

Level of Care Projects

(Psychiatric Residential Treatment Facilities (PRTFs), Inpatient Adult Facilities, Inpatient Child and Adolescent Facilities)

- All Inpatient Child and Adolescent facilities will be visited by the beginning of June
- 1st quarter 2008 ALOS - acute/discharge delay performance will be provided, with case mix information
- Meeting held with PRTF facilities to discuss Quality Improvement goals:
 - Distribution of both statewide and facility specific ALOS acute/discharge delay data
 - Follow up planned to formulate project goals in early June (refinement of LOC criteria, LOS targets, Focal Treatment Planning, on-site CCR, enhanced discharge planning)

ECC Evaluation

- Meetings with all ECCs were held April 22 and 23, 2008. Performance data was reviewed, reporting issues were discussed and CT BHP expectations were clarified
- Program challenges were identified/discussed and are currently being reviewed by CT BHP Senior Management and RNM's
- FAQs based on the questions raised will be distributed imminently
- RNM's are following up on individual provider concerns

Peer Support and Family Specialists

Peer Support Unit

Peer and Family Peer Specialists attended 33 community meetings in April, 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 on Recovery, Systems of Care
- MSS
- Emergency Room visits with Family

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Peer Support Unit, cont'd

- 181 Consultations occurred in April. This is an increase of 30 from March. The Peer department continues to experience a significant increase in volume driven by increased referrals from MCOs, hospitals, care managers and community collaboratives
- Hiring goal was achieved and the Peer department is fully staffed as of May 2008
- Peer / Family Peer Specialist continue to attend community collaborative meetings, MSS , D.C.F. Area Advisory Council meetings and coordination of care meetings for members that are co-managed

Examples of Referrals Given by Peer Unit

Care Coordination

- System of Care Community Collaboratives
- *Discharge planning meetings at various Hospitals and M.S.S. meetings.*
- *Child/ Family specific team meetings*
- *D.C.F. voluntary Services*

Family Organizations

- FAVOR
- Adoption Assistance Program
- Grandparents Raising Grandchildren
- AFCAMP
- Autism Speaks
- Continue Parenting Support Group

Housing/Basic Needs

- Rental Deposit-D.S.S / D.C.F.
- Families in transition shelter
- Care 4 Kids
- Housing Authority
- Salvation Army Community services Program
- Modest Needs Program
- School Based Family Resource Center

Faith/Spiritual Based Organizations

- AA, NA & Alanon
- CCAR

Recreation

- True colors mentoring
- YWCA- Manchester
- Rising Star Camp
- Nutmeg Big Brothers and Big Sisters

Behavioral Health care

Enhanced Care Clinics
Child Guidance Clinics
Warm Lines
Intensive In home Child and Adolescent Psychiatric Services
Emergency Mobile Psychiatric Services
Hispanic Counseling Center

Legal Services

Probate Court
Connecticut Legal Services
Public Defender Program

Educational/ Vocational

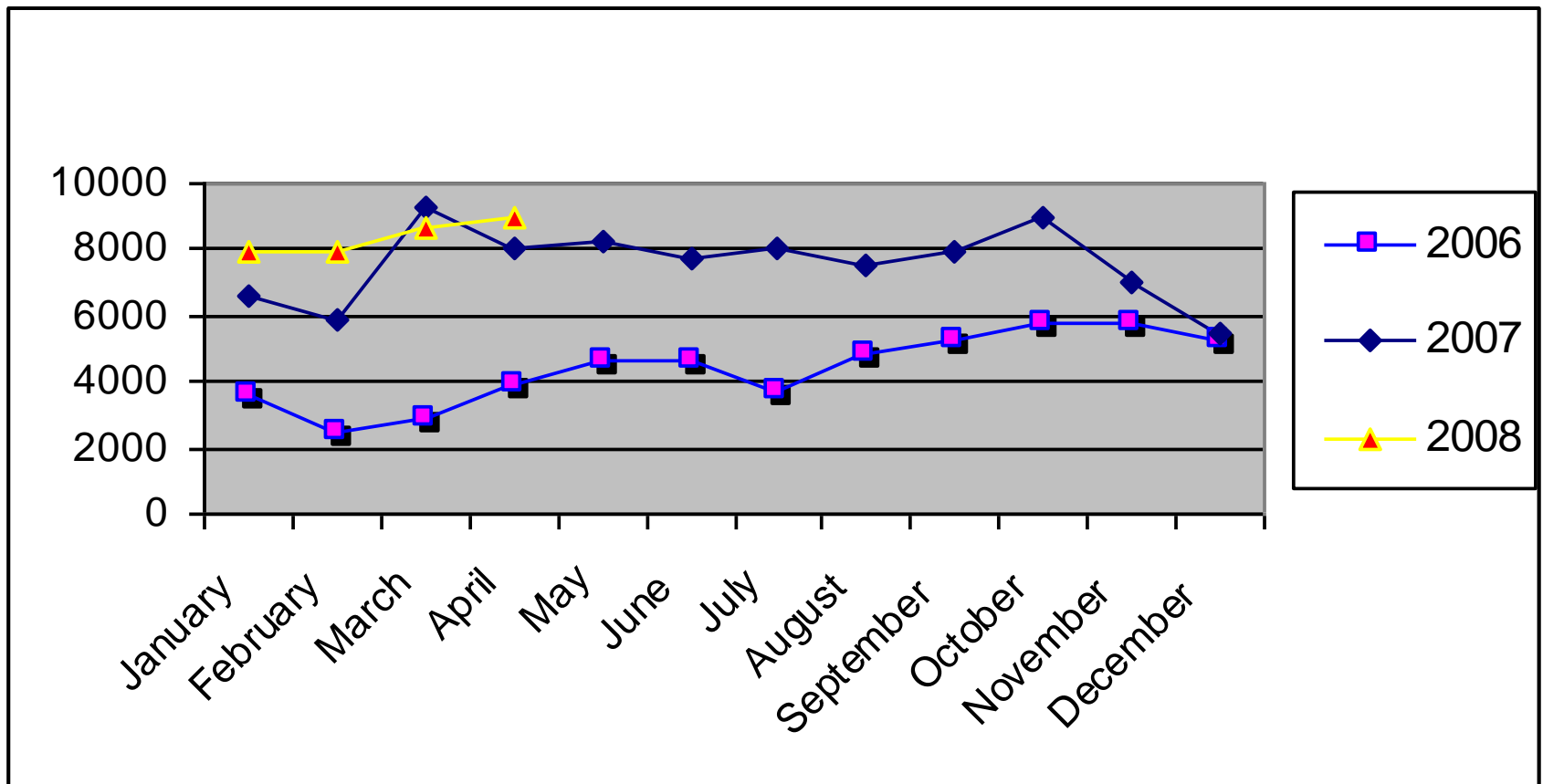
G.E.D. prep course
Adult Education
B.R.S.
Ct Job Works

Provider and Customer Relations

Outpatient Winfax Registration

- Updated Initial and Re-Registration/Concurrent Outpatient Manual Forms were mailed to “Winfax” providers in April to streamline the Winfax Registration process for both the provider and CT BHP staff
- The following reminders were included in the mailing:
 1. *Discard all previous copies of the form(s)*
 2. *Be sure to fill in form(s) completely before sending to CT BHP*
 3. *Complete the provider “Winfax” survey to help us better understand the challenges and barriers to utilizing the web registration system*

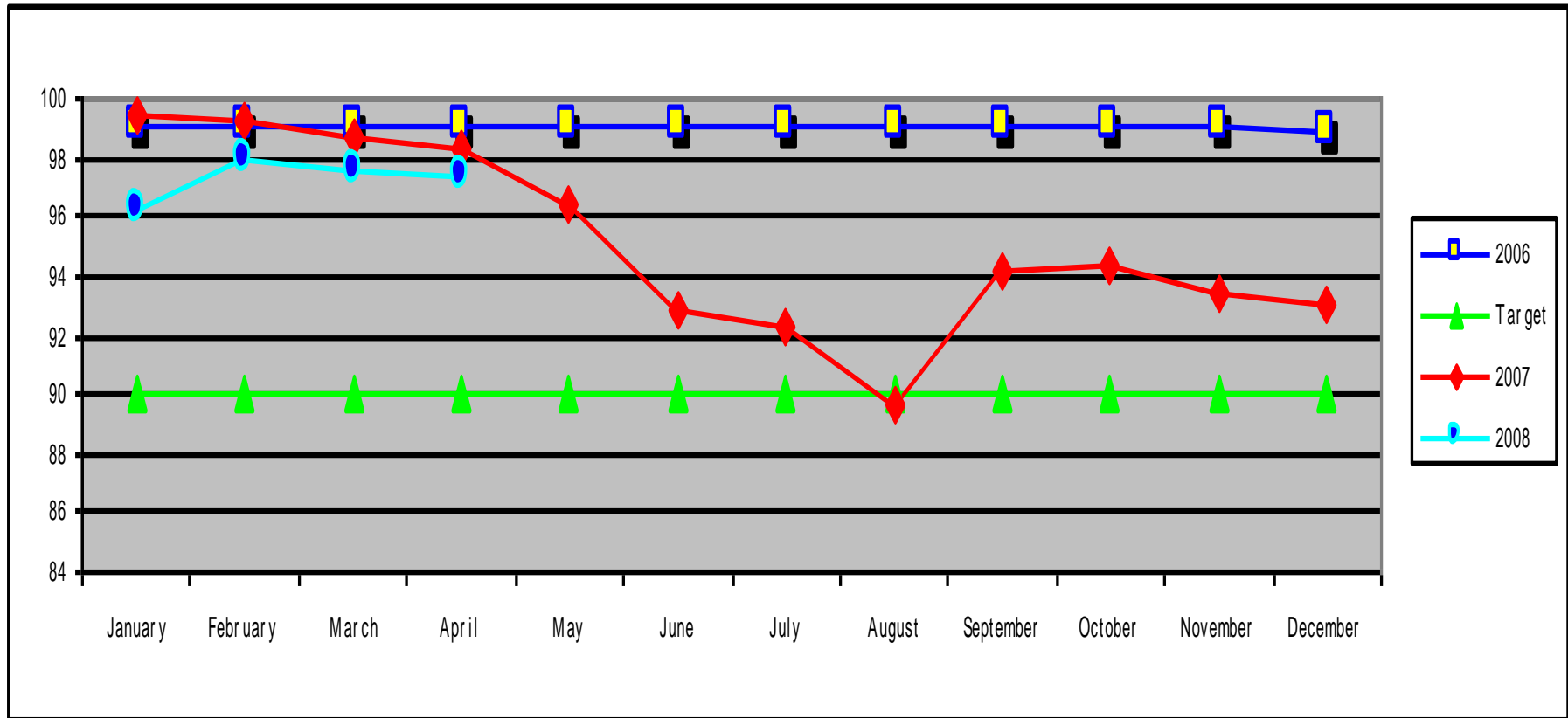
CT BHP Customer Service Call Volume 2006, 2007, and 2008 Data



CT BHP Call Center

% Answered in < 30 Seconds

2006, 2007, and 2008 Data



CT BHP COMMUNITY MEETINGS

Peer and Family Peer Support

- The Spring 2008 series of Community Meetings has experienced over a 50% increase in attendance compared to the Fall 2007 Community Meetings series with both service provider and family members attending
- The focus: *Peer and Family Peer Support*. These presentations have been favorably received in the community and CT BHP has received several requests to offer this presentation at parent meetings throughout the state.
- CT BHP welcomes suggestions and recommendations on future topics of discussion from the community by contacting the facilitator, Yvonne Baldwin, Director of Customer and Provider Relations at 877-552-8247 or yvonne.baldwin@valueoptions.com