



Report to the Connecticut
Behavioral Health Partnership
Oversight Council
May 9, 2007

CT BHP Expenditures – DCF

Community Services

CT BHP - DCF Funded Services (unmanaged)	SFY 05 Actual	SFY 06 Actual	SFY 07 (projected)
Local Systems of Care	\$1,854,647	\$1,883,755	\$1,934,802
Family Support Services	\$9,180,801	\$9,370,692	\$10,675,736
Grants for Psychiatric Clinics for Children	\$12,834,722	\$13,794,013	\$13,720,999
Day Treatment Centers for Children	\$5,405,117	\$5,569,392	\$5,601,175
Juvenile Justice Outreach Services	\$3,348,434	\$5,387,619	\$11,187,674
Substance Abuse Treatment	\$3,864,674	\$3,845,896	\$4,262,274
Community KidCare Services	\$13,526,604	\$21,770,316	\$23,893,435
Grand Total	\$50,014,999	\$61,621,683	\$71,276,095

CT BHP Expenditures – DCF

Community and Residential Services

DCF Funded Service Managed by the CT BHP ASO			
Residential Services	SFY05	SFY06	SFY07 (projected)
Residential Treatment, In-State	\$50,194,884	\$56,333,607	\$49,495,362
Out-of-State Residential \$	\$38,208,341	\$30,578,924	\$24,183,797
Total	\$88,403,225	\$86,912,531	\$73,679,159
Community Services			
Traditional & PASS group Homes	\$12,834,210	\$14,063,803	\$13,048,125
Therapeutic Group Homes	\$3,900,793	\$17,917,366	\$39,046,548
IICAPS (Budgeted Amount)*	\$2,791,433	\$4,417,109	\$4,573,936
Total	\$19,526,436	\$36,398,278	\$56,668,609
Grand Total	\$107,929,661	\$123,310,809	\$130,347,768

*Duplicates in part DSS expenditures for IICAPS

Enhanced Care Clinics

- Letters of agreement have been executed with 29 different agencies
- Policy transmittal establishing access requirements: May 2007
- Effective date for compliance with access requirements: September 1, 2007
- Education/marketing plan TBD

SFY 07 Rate Increases

- Implementation of new rates is proceeding according to schedule
- Policy transmittals: April 2007
- Provider specific rate letters: May 2007
- Selection of retro-claims: May 2007
- Payment of adjusted claims: June 2007
- Decision regarding minimum duration requirement for IOP under review by Clinical Management Committee

Claims

- Effective with the second claims cycle in May, the timely filing requirement for resubmission of a denied claim will be extended from 60 days to 120 days

ED Response Plan

High Volume Providers

- ValueOptions Intensive Care Manager/System Manager assigned to the CCMC ED
- Daily calls and onsite visits
- After hours phone consultation and on-site visits on request
- Weekend coverage began on 4/13/07 and remains in place
- On-site assistance focus on community diversion or inpatient admission
- Peer specialists available to support families in the ED on request
- New CCMC/Wheeler MOU provides for on-site presence of EMPS
 - EMPS participation in daily rounds
 - EMPS meeting with family when diversion is an option

ED Response Plan

Flex Capacity

- Flex capacity plan to include existing intensive in-home services providers
- Includes emergency mobile psychiatric (EMPS) and other intensive in-home service models
- Clinical teams have been asked to
 - accommodate caseloads that are somewhat in excess of usual average
 - reduce service to less critical cases, and
 - operate on stand-by to accept ED diversion clients and hospital discharges
- Providers are asked to respond same day or next business day
- DCF has waived any gate keeping requirements that may be in place in the area offices so as not to delay a response.

ED Response Plan

Statewide ED Disposition Assistance

- CT BHP ASO is providing on-site assistance to hospital EDs with substantial volume and/or boarding
- Intensive care managers in the EDs contact EMPS providers when diversion is being considered
- EMPS providers respond with an EMPS team or an intensive home-based service with flex capacity

ED Response Plan

Use of Flex Capacity to Address Hospital Discharge Delays

- CT BHP ASO is identifying all children in hospital care (including Riverview) that could be discharged in light of new flex capacity
- These discharges will be a management priority so as to free inpatient beds
- CT BHP ASO has prepared an intensive service capacity matrix that identifies all providers and programs that are on standby with flex capacity
- ASO management use this matrix to facilitate access to flex capacity for clients that are appropriate for discharge

ED Response Plan

DCF Management

- DCF managers and program leads have substantially increased efforts to work with providers, area offices, and CT BHP ASO to facilitate access to community services and remove potential barriers to ED and inpatient discharge
- DCF will engage EMPS providers and encourage them to build upon or establish formal agreements or arrangements with local EDs similar to what has been achieved at CCMC
- Notable successes (e.g. St. Mary's Hospital and Child Guidance Clinic of Greater Waterbury)

ED Response Plan

Critical Access Agreements

- Client specific critical access agreements with
 - Brattleboro Hospital
 - Bradley Hospital (RI)

ED Response Plan

Inpatient psychiatric bed roster

- Inpatient psychiatric bed roster scheduled for implementation 7/1/07
- System will allow for efficient means to post available beds (by type) and to search for available beds
- Hospitals have not yet agreed to participate
- DPH has modified its medical bed registry to include pediatric beds as interim solution in light of current peak in ED volume
- DPH system currently in use by only 2 or 3 hospitals and not accessible to CT BHP ASO

ED Response Plan

Analysis of Recent CCMC ED Admissions

- VO is conducting analysis of referrals to CCMC ED
- Examining referral patterns/sources
- Examining pre-referral efforts to anticipate and manage crises – focus on intensive in-home and DCF funded therapeutic placements