



# CONNECTICUT

## Behavioral Health Partnership

First Annual Evaluation  
Calendar Year 2006

Presentation to BHPOC  
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# First Annual Evaluation

- Annual Evaluations required by Statute (17a-22m)
- Prepared by Judith Meyers, under contract with DCF, with assistance from Mark Schaefer, Karen Andersson, and VO staff
- Submitted to legislature by DCF and DSS Commissioners
- Serves as a record of first year of operation (2005 pre-implementation phase through 2006)
  - History
  - Baseline



# Contents of Report

- Historical context
- Summaries of Mercer's pre- and post-implementation reviews – Clinical and IT readiness
- 2006 performance according to requirements of the contract (Exhibit E)
- Financial Information
- Performance on six targets linked to payment withholds
- Member survey
- Local Delivery System Development
- Special Projects
- Significant issues for 2007 and after
- Lessons learned

# Data

- Enrollees
- Utilization
- Providers
- Expenditures



# Enrollees – December 2006

- 225,719 children (71%)
  - 52 in Limited Benefit Program
- 90,449 adults (29%)
- Total - 316,168 enrollees



# Utilization

	# of Recipients Unduplicated	Units of Service
<u>18 and over</u>		
Inpatient	1,493	13,455
Outpatient	14,245	143,853
<u>Under 18</u>		
Inpatient	1,820	75,162
Outpatient	20,603	546,022



# Children Involved with DCF Utilization of Inpatient Services

	DCF-Involved	Non-DCF-Involved
Numbers enrolled	12,846	238,020
Inpatient Admission	335	348
Admissions per 1,000 enrolled	9.0	0.5
Average LOS	42.3	14.3
Days per 1,000 enrolled	453.8	8.7



# Number of Providers in Network

Degree Type	Final Total
Psychiatrists	116
Psychiatric APRNs	51
Psychologists	143
Social Workers	324
Marriage/Family Therapists	147
Licensed Professional Counselors	92
Alcohol/Drug Counselors	12





# BHP Expenditures – CY 2006

DSS – HUSKY A	\$101,878,843
DSS – HUSKY B	2,480,581
DCF	151,243,872

Residential - \$79.5 m

Community - \$42.2 m

Grant-based in-home - \$16.2 m

EMPS/Care Coordination - \$13.3 m



# Performance

BHP met performance targets in all key areas:

- Telephone call management –
  - 52,000 calls
  - 99% answered within 30 seconds or less during business hours
- Utilization management – phase-in of authorization of services
  - 95% of decisions communicated to provider within designated timeframe
  - One glitch – 8,000 written notification letters didn't get out on time – imposition of sanction (\$3,000)
- Others – denials, access to providers, utilization, complaint resolution



# Performance on Key Targets Tied to Withholds

- Data management 2.5%
  - Eligibility file
  - Provider File
  - Authorization File
    - Timeliness
    - Accuracy
    - Error correction
- Provider satisfaction 1%
- Member satisfaction 1%
- Hospital inpatient readmissions 1%
- Follow-up care 1%
- Emergency department utilization 1%



# Key Accomplishments in 2006

- Connecticut-specific policies and procedures
- LOC guidelines & rates for the majority of services
- Authorizations of levels of care in a progressive roll-out
- Web registration for outpatient levels of care
- Member and Provider Satisfaction Surveys
- Complaint and grievance processes
- Performance reports (Exhibit E) with specifications prioritized
- Local Area Development Plans
- Mercer Post-Implementation Audit
- Limited management of residential and group home care
- Decrease in ED delayed discharges
- Coordination of care activity with the four MCOs
- Grant to study mh services for children in foster care



# Special Projects

- Enhanced care clinics
- Residential Care Team
- Children in foster care
- IICAPS
- CT BHP Report Card



# Significant Issues

- Staff Turnover in the service center
- Discharge Delays at all levels of care
- Expansion of services to meet need
- Coordination of physical and behavioral health care



# Lessons Learned from 2006

1. Importance of well-constructed contract
2. Phase-in of authorization of services was helpful
3. Challenge of accuracy and timeliness of data management related to number of parties involved
4. Extensive data and reports generated is an important resource if used well
5. Underestimated the number of staff needed to do the job
6. Braided funding is an important element of reform
7. Effective working relationships among partners was key
8. Transparency in all aspects of work has been helpful
9. Ongoing, consistent training at all levels is an essential and ongoing task
10. Major systems change is a complex enterprise; easy to underestimate time and resources needed to be effective