



CT BHP Report to the
Behavioral Health Partnership
Oversight Council
December 9, 2009

Residential (RTC) Analysis

July 2007 – Q'3 2009

RTC Utilization / Outcomes Overview

- DCF and providers have met over the past 2 years to develop mutually agreeable outcome measures
- Legislative and provider concerns surfaced around out of state placements and in-state vacancies
- CY 2009 CT BHP developed a Performance Target to develop reports and conduct analysis to support residential rightsizing and outcome initiatives

RTC Utilization / Outcomes (cont.)

- Initial two-year utilization analysis completed and shared with DCF, DSS and residential providers in August of 2009
- RTC utilization reports are now produced on a quarterly basis
- Work nearing completion for seven (7) RTC “baseline” outcome reports based on CT BHP authorization data

Utilization Summary

- Trend line for out of state (OOS) admits has remained fairly constant, while in-state has decreased significantly, suggesting the need for in-state RTC's to treat currently referred OOS youth
 - Fire Setting / Sexually Offending youth
 - MR/PDD youth
 - Psychiatrically Complex youth
 - Substance Abusing youth

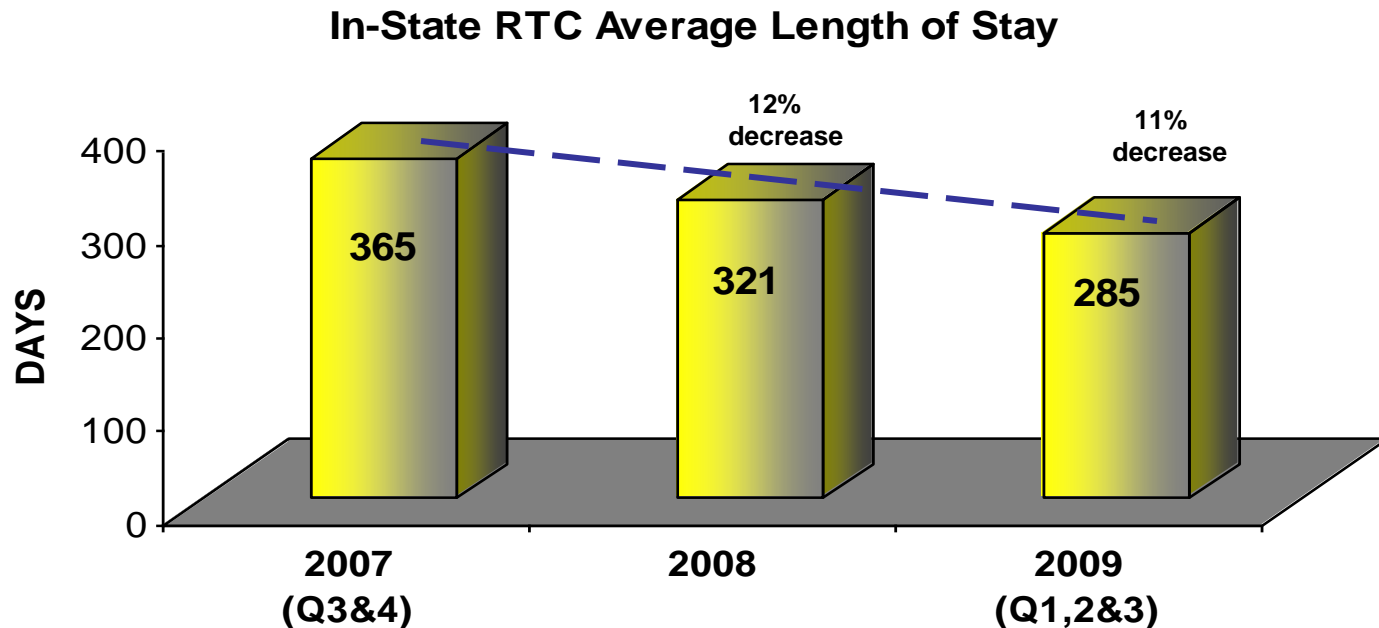
	2008	2009 (Jan-Nov)	Percent decrease
In State RTC Admits	517	367	29%
OOS RTC Admits	194	208	7%
Total RTC Admits	711	575	19%

Utilization (cont.)

- Overall residential admissions are down
 - *2008 711 RTC admits vs. 2009 (jan-nov) 575 RTC admits*
 - *19% decrease YTD*
- Home based service utilization is up
- Outpatient service utilization is up

Residential Length of Stay (LOS)

- 11% decrease in ALOS for in-state providers from CY '08 to YTD '09 (321 ALOS → 285 ALOS)
 - *Goal is to continue trend of lowering length of stay*



Residential LOS (cont.)

- 6% decrease in OOS LOS from CY 2008 to YTD 2009
- 11% decrease in In-State LOS from CY 2008 to YTD 2009
- Overall decrease in residential LOS (in-state & OOS combined) of 6% from CY 2008 (365 LOS) – YTD 2009 (342 LOS)
- Variation in LOS based on diagnostic category
 - Median LOS for Fire Setting: 561 days
 - Median LOS for MR/PDD: 385 days
 - Median LOS for Psychiatrically Complex: 307 days
 - Median LOS for Substance Abuse: 202 days

Residential Discharge Delay

- RTC has the majority of cases in discharge delay across the BHP continuum:
 - Q3 2009: 9,186 total DD days, of which 68% (6,234) are residential days
- Several factors may be the reason for longer discharge delay:
 - Availability of other community placements
 - RTC often becomes “placement of last resort” with inherent challenges reintegrating youth back into the community

Outcome Data

Initial Outcomes Post RTC Discharge for CY 2008

- 57% discharged to lower levels of care
 - EDT,IOP, FST,MDF, MST, HBS, FFT, OTP, PHP, GH2, GH 1.5/PASS
- 23% discharged with no auths in CT BHP system
- 14% discharged to equivalent LOC
- 7% discharged to higher LOC
 - IPF, OPM, PRTF, CRS, OBS

Initial Outcomes (cont.)

- Discharge to same or higher level of care is considered an unfavorable outcome:
 - 35% of our discharges are unfavorable

Next Steps

- “Unpack” discharge to no authorization category
- Continued dialogue with providers
- Produce and review provider specific utilization and outcome reports
- Identification and tracking of key indicators, examples include:
 - Family Readiness
 - AWOL, arrests, restraints

CareConnect Migration

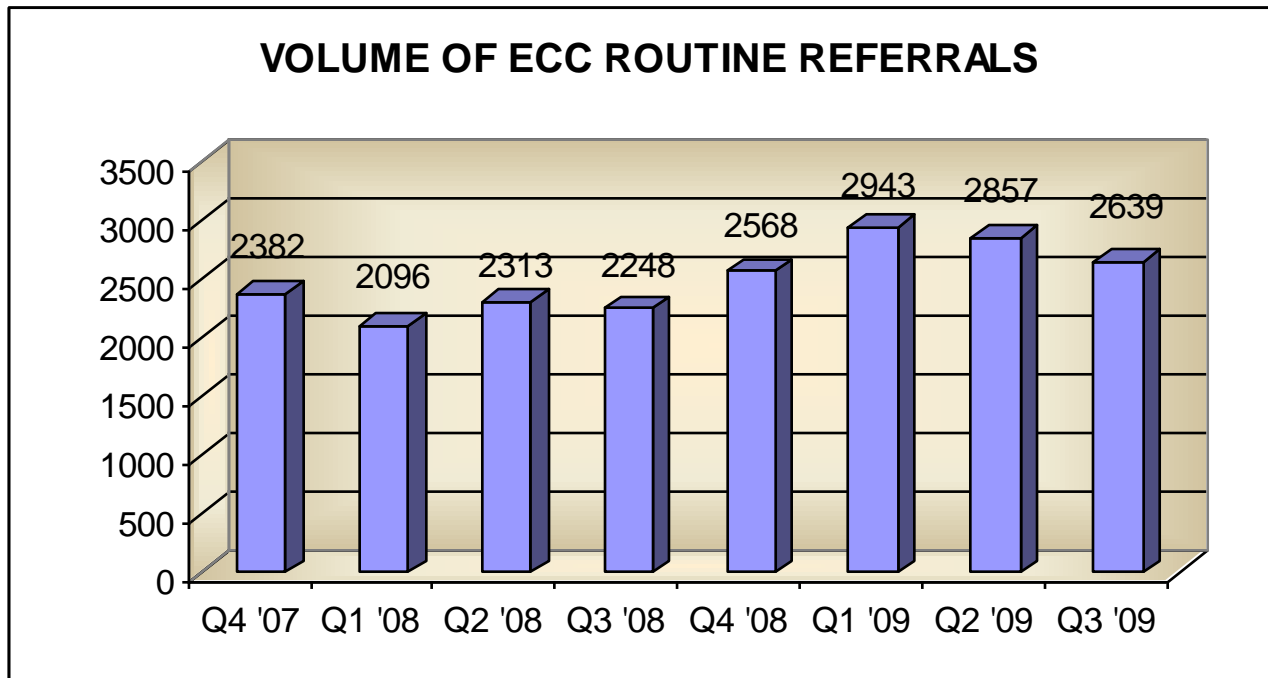
CareConnect Migration

- Phase-in plan to new improved system began company-wide at VO several years ago
- Connecticut's migration estimated for early Fall 2010 is the last of the National Service Centers to migrate
- Connect platform already in use for:
 - ♦ Provider file
 - ♦ Authorization file
 - ♦ Eligibility file
- Processes associated with claims payment will not be changing

CareConnect Migration (Cont.)

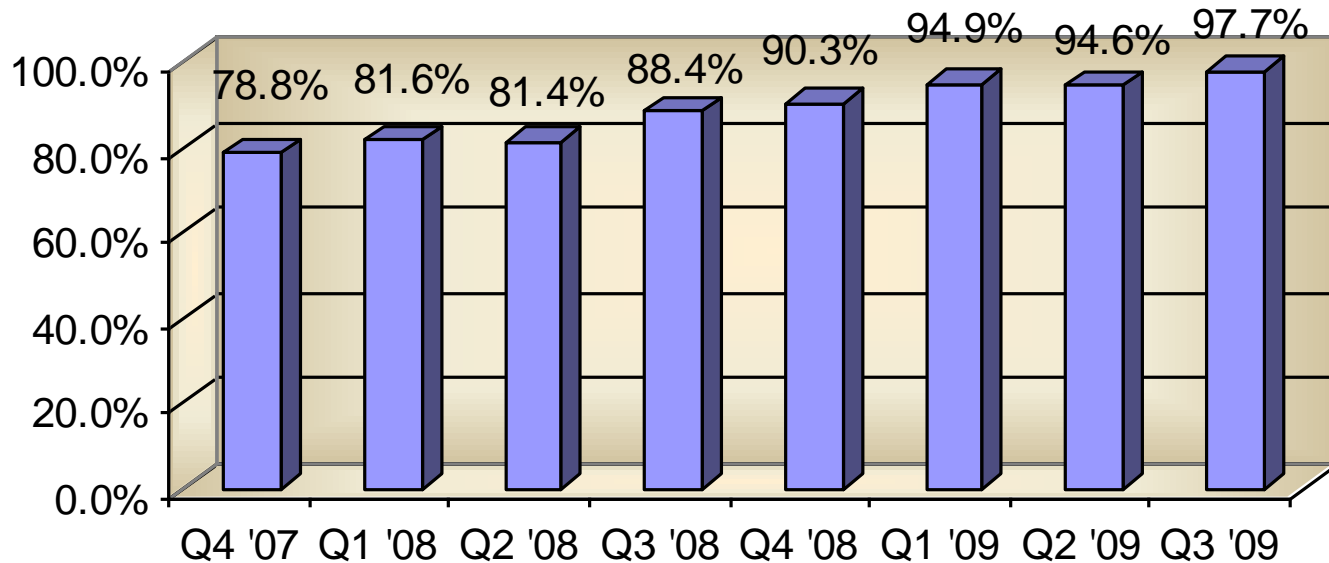
- Contemporary design of screens that are more user friendly
- Less screens to fill out and less time to complete screens
- More information viewable/available on screens at-a-glance
- Enhanced VO reporting capabilities – more efficient
- State and provider in-put throughout process
- Provider trainings Statewide prior to implementation

ECC Update



While the timeliness of appointments being offered continues to improve, the volume of routine referrals to ECCs is decreasing over the last 2 quarters

% ECC ROUTINE APPOINTMENTS OFFERED WITHIN 2 WEEKS



86.1% of all ECC providers complied with the 95% appointment offered standard

Questions?

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