

Connecticut Behavioral Health Partnership

Developing a Community Based
System of Care for Children and
Families

Structural Areas of Focus

- Stage agency commitment to goals
- Committee structure and participation of stake holders
- Use of best practices/performance improvement initiatives
- Use of data: fiscal and programmatic
- Rate structures that support community services
- Regulatory review and reform

State Agency Commitment to Goals of Partnership

- MOU negotiated
- Staff resource identified
 - Program
 - Fiscal
 - Administrative
- Communication between agencies essential
- Respect of areas of expertise

Committee Structure and Participation of Stakeholders

- Executive Committee
- Provider Advisory
- DCF Advisory
- Quality, Access and Safety
- Operations
- Coordination of Care

Best Practices/Performance Improvement Initiatives

- Enhanced Care Clinics
 - Access standards
developed/implemented/monitored
 - Primary health care coordination required
 - Co-occurring standards
developed/implemented

Best Practices/Performance Improvement Initiatives

- Psychiatric Residential Treatment Facilities (PRTF) and Residential Treatment Centers (RTC) outcome study
- Foster Care Disruption Study
- Outpatient Learning Community
- Emergency Mobile Psychiatric Service (EMPS) redesign
- Extended Day Treatment redesign

Use of Data: Fiscal and Programmatic

- Examples:
 - Length of stay in residential and inpatient settings
 - Number of admissions to inpatient
 - Expenditure data by level of care
 - Access information for the Enhanced Care Clinics
 - Authorization patterns
 - Claims

Use of Data: Fiscal and Programmatic

- What does is get used for?
 - Improvement to specific levels of care e.g.. RTC and PRTF outcome studies
 - Creation of a by-pass program to ease the administrative burden on those providers within a normal range for a specific area of focus
 - Control of expenditures
 - Identification of new areas for improvement

Rate Structures That Support Community Services

- Enhanced Care Clinic rates established at beginning of Partnership to support improved access and quality of care
- Annual rate adjustments for some LOCs
- Rate increases targeted for some LOCs to improve service delivery based on data
 - EMPS, PRTF, EDT, Inpatient etc.
- New rates developed for some services
 - Consultation for primary care settings, IICAPS

Regulatory Review and Reform

- Outpatient clinic payment regulations
- Rehabilitation regulations
- Certification regulations

How Do The Pieces Work Together?

- Broad stakeholder input and participation to improve decision making
- Expansion of community based services supported by adequate rates
- Regulations updated or created to provide structure for service delivery, documentation and audits
- Data used to inform all parties about important areas of focus

How Do The Pieces Work Together?

- Full continuum of services available including those offered by DCF and BHP
- Coordination of services across system
- Greater accountability for resources and quality of care
- Inclusion of CSSD to improve coordination across systems
- No wrong door mentality

Services Available

- Inpatient and Detox
- Intermediate care – PHP, IOP, EDT
- Residential
- Outpatient
- In-home treatment – IICAPS, MDFT, FFT, EMPS
- Community supports – Care coordination, respite, mentoring

Lessons Learned

- Stakeholder participation is key to success
- Data systems need to be flexible and responsive
- If fiscal and programmatic incentives are aligned it is possible to improve care
- Multiple parts of system will need to be reviewed/change
- It always takes more time than you think!

The Future – Key Questions

- How do we sustain the support of best practices in a tighter fiscal climate?
- How do we more effectively coordinate care across systems?
- How do we continue to make progress in reducing the use of residential care and serve children in their homes and foster homes?