

Connecticut BHP
Supporting Health and Recovery

BHP Oversight Council State Agency Report

June 8, 2011

DCF Report

Update on Riverview/CCP Integration

April 13th Legislative report

The Future of Riverview Report: Ten Steps Forward

Highlights

- RVH and CCP Administrative Consolidation
- Pediatric Services between RVH/CCP and CJTS will be integrated
- 6 Inpatient units at RVH, 6 Specialized Residential Treatment units within combined new facility
- Stronger linkages between newly configured facility and DCF Area Offices

Highlights (cont.)

- Oversight of consolidated institution assigned to new Residential/Institutional Team in Central Office
- RVH will continue to offer joint residency and training programs with Yale, UCONN, and other universities
- DCF will work more strategically with DMHAS and DDS

Highlights (cont.)

- Staff from RVH/CCP will participate as teachers and learners in the new DCF Academy for Workforce Knowledge and Development
- DCF will finalize its policy and practice around the use of seclusion and restraints for youth at the combined facility
- DCF will apply principles of Implementation Science and Results Based Accountability agency-wide

Current Status

Identification of Cohorts for
Residential units at RVH and CCP

Data Analysis

- Review of 350 DCF Youth in Out Of State Residential Placement
- Sort according to Age (12 and under and 13 +)
- Sort according to discharge/permanency plan
- Sort according to diagnostic/behavioral health challenges

Data Analysis (cont.)

- 5 Diagnostic Categories
 - Problem Sexual Behavior
 - Cognitive Challenges/Developmental Disorders
 - Sever Aggression/Conduct Disorder
 - Complex Substance Abuse
 - Complex Psychiatric Disorders

Data Analysis (cont.)

- *Interesting findings to date:*
- 100+ youth placed OOS are 17+ years old
- 37 youth placed OOS are 12 and under
- 100+ youth placed OOS have reunification as permanency goal
- Largest Diagnostic Cluster is for youth with Complex Behavioral Health Challenges

Next Steps

- Identify cohorts for immediate admission to CCP
- Identify cohorts for 2 RVH step down units
- Work Group is meeting 2x weekly to review subsets of youth and make best decisions based on immediacy of youth need, size of cohort ready to access this care and facility readiness

Additional efforts to Understand the OOS populations

- Congregate Care Right Sizing Workgroup is an internal DCF Workgroup charged with further analysis of all youth in Residential to determine alternative treatment options
- Focus on options for the children 12 and under
- Workgroup is closely aligned with the Fostering Futures Workgroup that is addressing ways to expand foster and kinship care

Additional activities

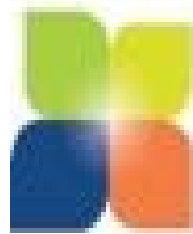
- Review of Therapeutic Group Home utilization, LOS, Cost
- Review of Characteristics of the Voluntary Services populations who utilize Residential Care
- Interface with the System Planning and Development Workgroup that includes Providers to address expansion/creation of Community Services to support diversion and community reintegration

Updates

- Clinic Regulation: Revised regulation will be sent to those that submitted comments, which includes trade organizations
- Autism Study Workgroup: Five state agencies convened a workgroup to review literature, data and BHP utilization for individuals with an autism spectrum disorder in order to assist the Departments with recommendations on how best to serve this population

Updates Continued

- Rate Meld:
 - HUSKY and Fee for Service have different rates
 - Effective January 1, 2012 the rates need to be the same
 - The Departments have met with hospital constituents to review the hospital outpatient meld methodology
 - The Departments have met (and will meet monthly) with a BHP Operations subcommittee workgroup to review the meld methodology
- Multi-site Enrollment of Clinic Providers:
 - Will not be implemented for existing providers July 1, 2011
 - Departments will continue to review policy and operational issues



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Implementation/Operations Update

Call & Authorization Volume

- 15,371 Provider Calls (04/2011-05/2011)
- 3,990 Member Calls (04/2011-05/2011)

Authorizations Passed to HP:

	04/2011	05/2011	06/01/11	06/02/11	06/03/11
Total	30,815	24,008	1,753	1,743	1,739

Call Handle Time

Average clinical "handle time"	Overall <i>(Includes all clinical queues, child, adult, resi and HHC)</i>	HLOC Child Only	HLOC Adult Only
3/1-3/30	20m 46s	24m 39s	n/a
4/1-4/7	21m 39s	20m 53s	29m 28s
4/1-4/11	21m 21s	22m 04s	28m 18s
4/1-4/16	21m 14s	22m 09s	27m 25s
4/1-4/22	20m 34s	22m 23s	25m 53s
4/1-4/29	19m 05s	21m 18s	23m 50s
4/1-5/8	18m 09s	20m 28s	22m 18s

Entry of Outpatient & MM Authorization Requests

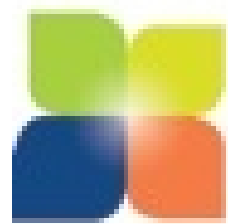
- Initial estimate of authorization volume has proven to be very low:
 - Original estimate: ~6,000
 - Current estimate: ~28,000*
**(includes members seen in FQHC's)*
- As of 6/03/11
 - VO has entered approximately 28,000 requests
- Projected target date for completion: May 31, 2011
- Actual completion date: June 3, 2011

Level of Care Review

- The Departments and VO are completing a review of the authorization procedures for all levels of care
- Extended Day Treatment (EDT) authorization parameters were modified to align with pre-implementation parameters
- Residential Detox authorization process was reduced by 40%
- Methadone maintenance registration was reviewed in a meeting with the methadone directors
- IOP authorization parameters are currently being reviewed

Pending Eligibility

- Providers requested the ability to conduct authorization reviews for individuals who are not eligible for entitlements at the time of presentation
- Departments have approved a process so VO can conduct reviews for pending eligibles
- VO is initiating the implementation of the protocol and will be releasing a Provider Alert with more information on this process



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Questions?