



**Connecticut BHP**  
Supporting Health and Recovery

# **BHP Oversight Council State Agency Report**

**June 13, 2012**

# Rate Meld Update

The following new rates have been loaded:

- Home Health
- Hospital Outpatient
- Independent Practitioners

The next levels of care to be loaded:

- Hospital Inpatient (July 2012)
- Mental Health Clinics (July/August 2012)

# Rate Meld Update Cont.

## Council's Original Recommendations

1. Adult psych. per diem payment
2. Publicize child inpatient rates
3. Hospital Outpatient accommodation
4. Hospital ECC expansion— performance pool reduction (\$185,000)
5. Clinic accommodation
6. Impact on independent practitioners
7. 2012 Performance Pool

# Supplemental Payments

- DSS intends to make supplemental payments in June 2012:
  - Pediatric Hospitals
  - PRTFs
  - EMPS
  - EDT

# 2012 Performance Pool

- Pediatric Hospitals = \$934,000
- PRTF = 120,000
- EMPS = \$75,000

# Update on Congregate Care Rightsizing

Status of Youth 12 and under  
April, 2012

# DCF's Goals/Mission

**Serve children in care in the least restrictive & most appropriate family-based setting while planning permanency from day one.**

# The Process

- DCF engaged in an exhaustive review of children 12 years old and younger who were residing in Congregate Care facilities as of January, 2012
- Each case review focused on potential discharge to community-based setting
- Each case review was facilitated through the use of Ann Arundel County Child and Family Readiness Tool



# Transitioning Youth Assessment

- Readiness Tool was completed by DCF worker with support from Supervisors and Clinical Managers
- Tool designed to rate both youth and family readiness for youth's return to community setting
- **Some** issues for Consideration: family visits are occurring, caregivers are trained, community supports in place, child/family have made progress in therapy, stable housing has been identified, etc

# Placement Process

- All decisions related to the youth's exit from Congregate Care were developed by DCF in concert with youth, and caregivers through a Team Decision Making Meeting

# **Demographics of Children in Initial Cohort (118 youth)**

- **Age:**

18 children were 8 years old or younger

Vast majority (100) were ages 9 -13

## **Placement:**

RTC:	30	PDC:	12
GH:	25	Hospital:	7
SafeHome:	23		
PRTF:	21		

# Demographics (cont.)

- **Permanency Plan:**

Reunification: 60

Adoption: 32

Foster Family : 11

APPLA: 7

Relative/Kin: 6

TOG: 2

# Data Review/Highlights

- **53** of the 118 youth were able to exit Congregate Care by April
- Foster Care: 27
- Home: 13
- Relative: 6
- GH, SafeHome, 5
- Legal Risk Adoption: 2

# Data (cont.)

- 25 youth had plans in place but step down not yet effectuated

# Youth Remaining in Congregate Care

- **40** youth remained in Congregate Care as either child, or caregivers not yet prepared for reintegration into community setting
- 20 were between ages of 12-13
- 12 were between ages 10-11
- 8 were between ages 7-9

# Next Steps

- Routinize Team Decision Making for all youth in DCF care
- Maintain focus on youth in Congregate Care
- Emphasize community-based care for all youth 12 and under
- Similar focused review underway for youth 13-15 currently in Congregate Care settings



# Questions?