Connecticut BHP
Supporting Health and Recovery

Reforming Connecticut's BH System of Care for Youth

March 13, 2013

The CT Behavioral Health Partnership was formed in 2005 between the Department of Social Services, the Department of Children and Families and ValueOptions, under the direction of the Behavioral Health Oversight Council, with the following stated goals:

- To plan and implement an integrated public behavioral health service system,
- To provide enhanced access to and coordination of a more complete and effective system of community-based behavioral health services and supports,
- To maximize federal financial participation, and finally,
- To improve member outcomes while preventing unnecessary institutional care.

Upon joining the expanded Partnership in 2011, the Department of Mental Health and Addictions Services wanted to assure that the above goals were met within a robust recovery framework and with an expanded adult membership.

Since the implementation of the Partnership, much change has occurred within the behavioral health delivery system. In fact, access has improved, care patterns have shifted and evaluations of outcomes are promising. The amount of time and resources needed to support and shepherd such significant reform cannot be underestimated. In order to ensure success, the system must be open to change and must be informed by a myriad of stakeholders as well as data to assure that the reform is headed on the right track. As the following data will illustrate, it can take upwards of 1-2 years for the needed reforms to gain traction and to see the beginnings of sustained change.

Membership Data

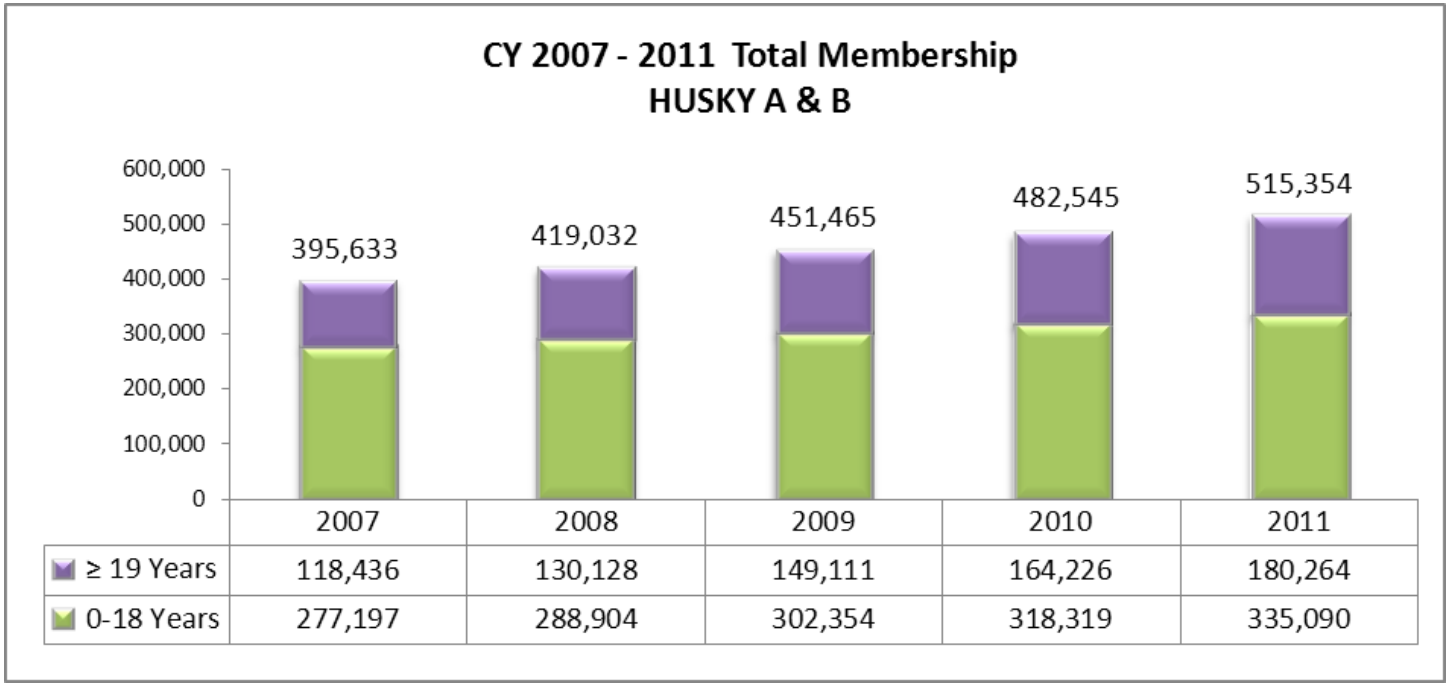
Data Source = CTBH06030 Utilization Statistics (4A_2)

Membership Data

Membership data provides context and important information

- How many people have access to health coverage?
- Increased access to health coverage assumes increased access to services which in turn can lead to increase in costs associated with healthcare
- Challenge for a public health program is to balance increased access and cost while assuring outcomes
- How did we do?

Membership Data



	2007	2008	2009	2010	2011
≥ 19 Years	118,436	130,128	149,111	164,226	180,264
0-18 Years	277,197	288,904	302,354	318,319	335,090

- Membership related to members aged 0-18 years increased annually with an overall increase of 20.89% when comparing CY 2007 - 2011
- The ≥ 19 age group also had membership increases each year, with an overall 52.20% increase when comparing CY 2007 – 2011
- Total membership (all ages combined) increased by 30.26% from CY 2007 – 2011

How has the Partnership Performed?

Measuring Performance

- Are more youth receiving services?
- Has service utilization moved from higher, more intense levels of care to community based services?
- Have we maximized federal financial participation?
- Has the program assured efficiency or has the cost of the program outstripped the growth in membership?
- Have system level outcomes improved (access measures, readmission, connect to care, etc.)
- Have individual outcomes improved (more time in community, engagement with treatment, school performance, etc.)?

The Access, Efficiency and System Shift Questions Answered

Overall Expenditures, Husky A & B Youth (0-18), 2007-2011

All Services

	2007	2008	2009	2010	2011	% change from '07 - '11
Undup. Individuals	23,302	25,185	28,755	32,724	34,948	49.98%
Penetration Rate	8%	9%	10%	10%	10%	24.07%
Units	907,067	1,151,242	1,398,674	1,564,916	1,695,331	86.90%
Expenditures	$102,234,547	$110,152,400	$116,846,091	$129,689,786	$135,827,809	32.86%
Cost per Individual	$4,387	$4,374	$4,064	$3,963	$3,887	-11.41%
PMPM	$30.73	$31.77	$32.20	$33.95	$33.78	9.91%
	2007	**2008**	**2009**	**2010**	**2011**	**Accumulated**
Projection	$ 102,234,547.00	$ 110,495,968.85	$ 126,158,887.61	$ 143,572,367.87	$ 153,329,883.64	
Actual	$ 102,234,547.00	$ 110,152,400.00	$ 116,846,091.00	$ 129,689,786.00	$ 135,827,809.00	
Service Expenditure Savings	**$ -**	**$ 343,568.85**	**$ 9,312,796.61**	**$ 13,882,581.87**	**$ 17,502,074.64**	**$ 41,041,021.96**
UM Expense	$ 4,378,083.02	$ 4,697,885.62	$ 4,481,061.53	$ 4,212,755.87	$ 8,418,892.74	$ 26,188,678.78
ROI	$ (4,378,083.02)	$ (4,354,316.77)	$ 4,831,735.08	$ 9,669,825.99	$ 9,083,181.90	$ 14,852,343.18

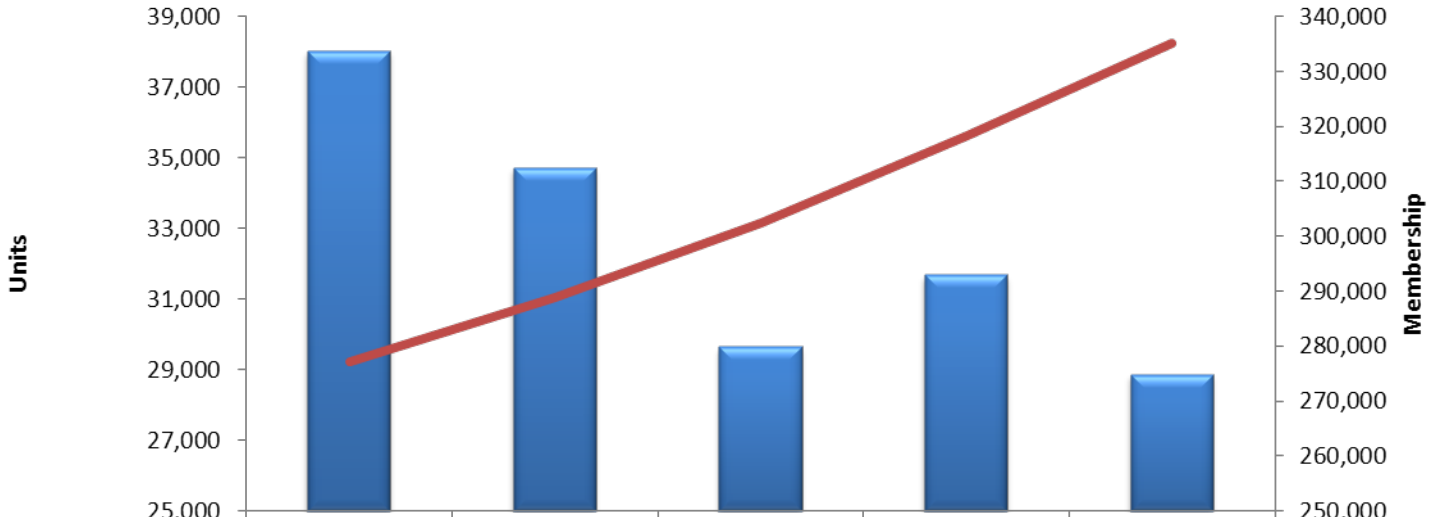
- Penetration rate is measured by taking the total number of youth unduplicated individuals who accessed care and dividing by the youth membership for that calendar year
- If cost had remained consistent with 2007 rate of expenditure this is what we would have spent (34,948 individuals x 2007 cost per indiv.)

The table below shows, by level of care, the estimated savings achieved for each year since 2007 without a system intervention. For example, in the first row (Hospital Inpatient), the BHP achieved savings of $4,343,037 in 2008 compared to the amount projected from 2007 utilization.

Estimated Savings by Level of Care compared to 2007 Baseline Expenditures						
	2007 Baseline	2008	2009	2010	2011	Total
Hospital Inpatient	$0	$ 4,343,037	$ 10,410,083	$ 9,684,409	$ 12,419,889	$ 36,857,418
Solnit	$0	$ 3,079,145	$ 6,015,869	$ 6,317,225	$ 1,329,833	$ 16,742,071
PRTF	$0	$ 708,985	$ 1,735,983	$ 1,941,287	$ 2,005,697	$ 6,391,952
MST, FFT, MDFT	$0	$ 124,112	$ 131,913	$ 449,895	$ 764,588	$ 1,470,507
PHP	$0	$ 147,450	$ 152,633	$ 202,197	$ 876,269	$ 1,378,549
Hospital OP	$0	$ 95,853	$ 86,723	$ 134,595	$ 138,276	$ 455,447
IOP	$0	$ (220,021)	$ (67,744)	$ (362,468)	$ 732,138	$ 81,904
Case Management	$0	$ (807)	$ 5,898	$ (28,386)	$ (35,283)	$ (58,578)
EDT	$0	$ (162,298)	$ (175,753)	$ (68,904)	$ (14,277)	$ (421,232)
EMPS	$0	$ (16,507)	$ (76,933)	$ (116,433)	$ (237,529)	$ (447,402)
FQHC	$0	$ (218,490)	$ (288,377)	$ (256,013)	$ (475,226)	$ (1,238,106)
Home Health	$0	$ (280,683)	$ (265,016)	$ (381,967)	$ (398,343)	$ (1,326,008)
Ind. Practitioner OP	$0	$ (327,069)	$ (508,605)	$ (1,268,939)	$ (2,555,862)	$ (4,660,474)
Clinics	$0	$ (1,363,701)	$ (2,152,716)	$ (2,305,404)	$ (2,497,924)	$ (8,319,745)
IICAPS	$0	$ (2,459,729)	$ (4,328,351)	$ (3,096,130)	$ (1,472,499)	$ (11,356,710)

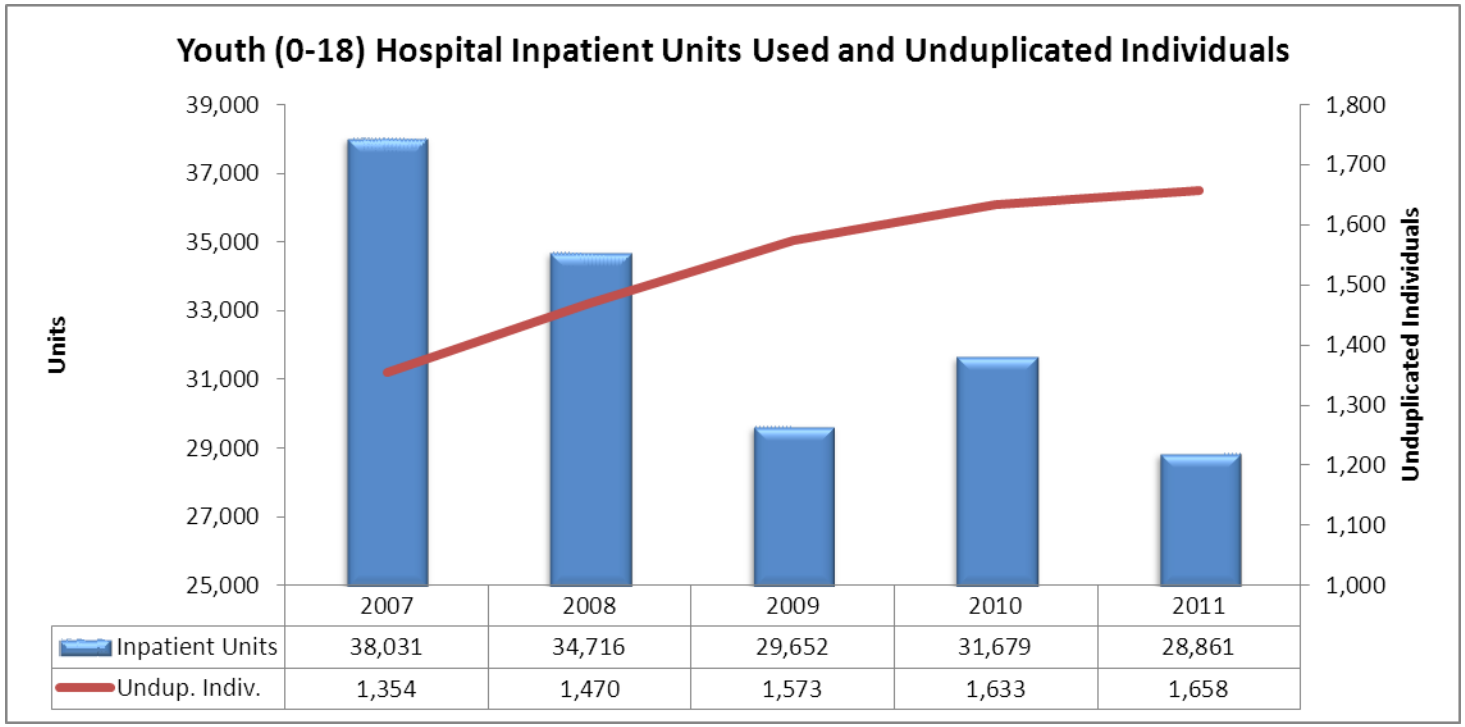
These results show much higher-than-projected expenses in outpatient and similar service levels, demonstrating the successful **shaping of the service system** away from higher levels of care to community-based services.

Youth (0-18) Hospital Inpatient Units Used and Membership



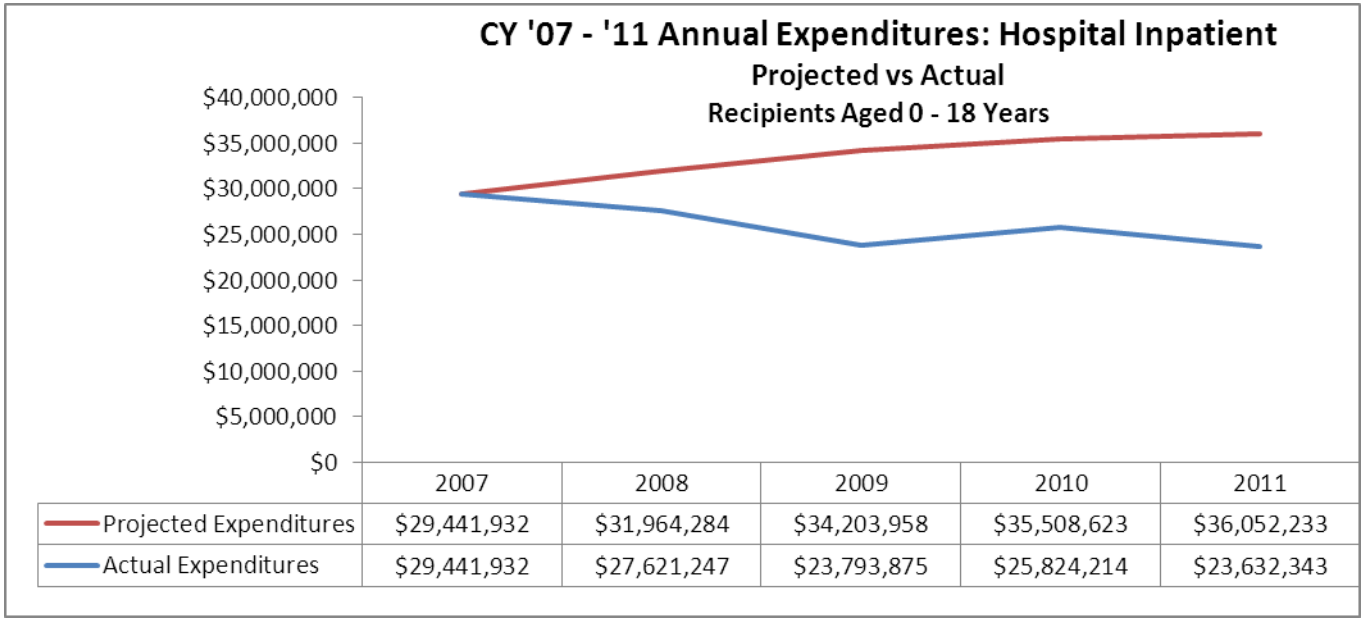
	2007	2008	2009	2010	2011
Inpatient Units	38,031	34,716	29,652	31,679	28,861
Membership	277,197	288,904	302,354	318,319	335,090

Since 2007, there has been a 20.9 increase in membership for Youth (0-18 years), with a 24.2% decrease in Inpatient days used for youth



Since 2007, there has been a 22.5% increase in unduplicated individuals for Youth (0-18 years), with a 24.1% decrease in Inpatient days used for youth

Inpatient Hospital



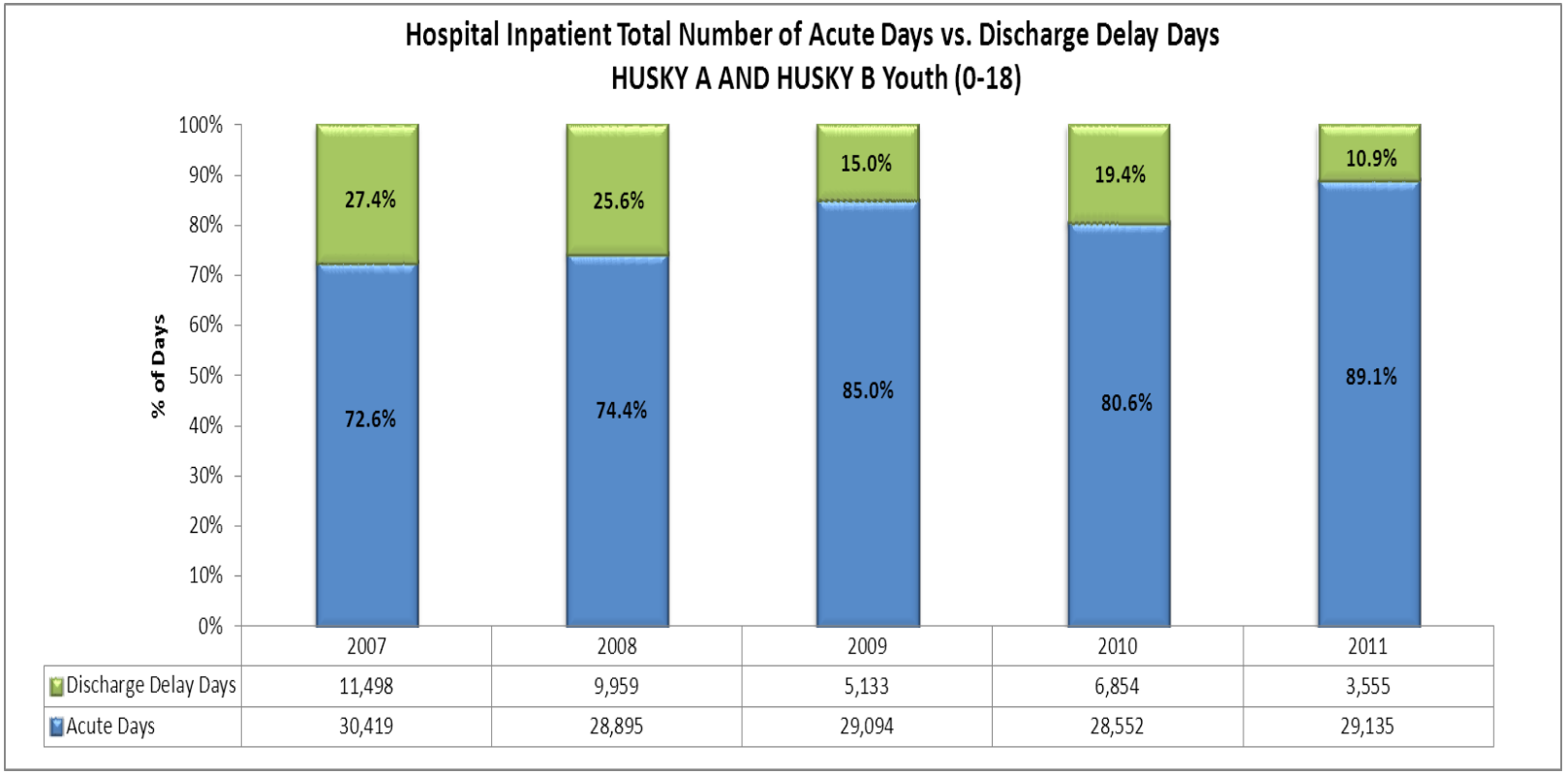
	2007	2008	2009	2010	2011
Projected Expenditures	$29,441,932	$31,964,284	$34,203,958	$35,508,623	$36,052,233
Actual Expenditures	$29,441,932	$27,621,247	$23,793,875	$25,824,214	$23,632,343

Hospital Inpatient

	2007	2008	2009	2010	2011
Undup. Individuals	1,354	1,470	1,573	1,633	1,658
Units	38,031	34,716	29,652	31,679	28,861
Expenditures	$29,441,932	$27,621,247	$23,793,875	$25,824,214	$23,632,343
Cost per Individual	$21,744	$18,790	$15,126	$15,814	$14,254

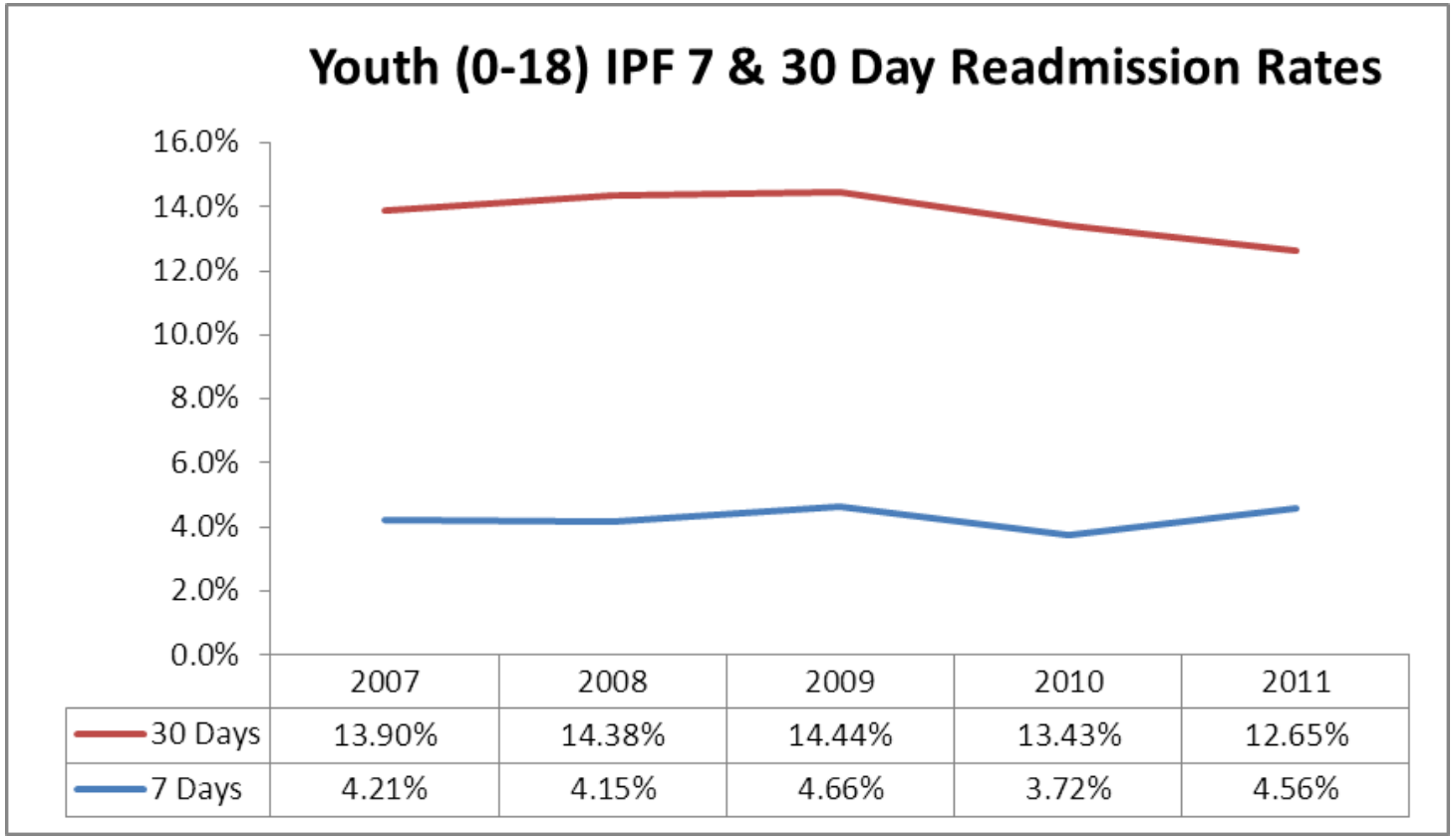
- Despite a 22.5% increase in the number of individuals receiving Inpatient care, the results also show a 24.2% decrease in inpatient days and a 34.5% decrease in Cost per Individual receiving care. These changes resulted in a cumulative savings of just under $37 Million for the four years since 2007.
- These changes reflect both the effective Utilization Management efforts employed by ValueOptions and the committed efforts of inpatient providers to address length of stay and achieve timely discharge planning.

Inpatient Hospital Acute Days vs. Discharge Delay Days



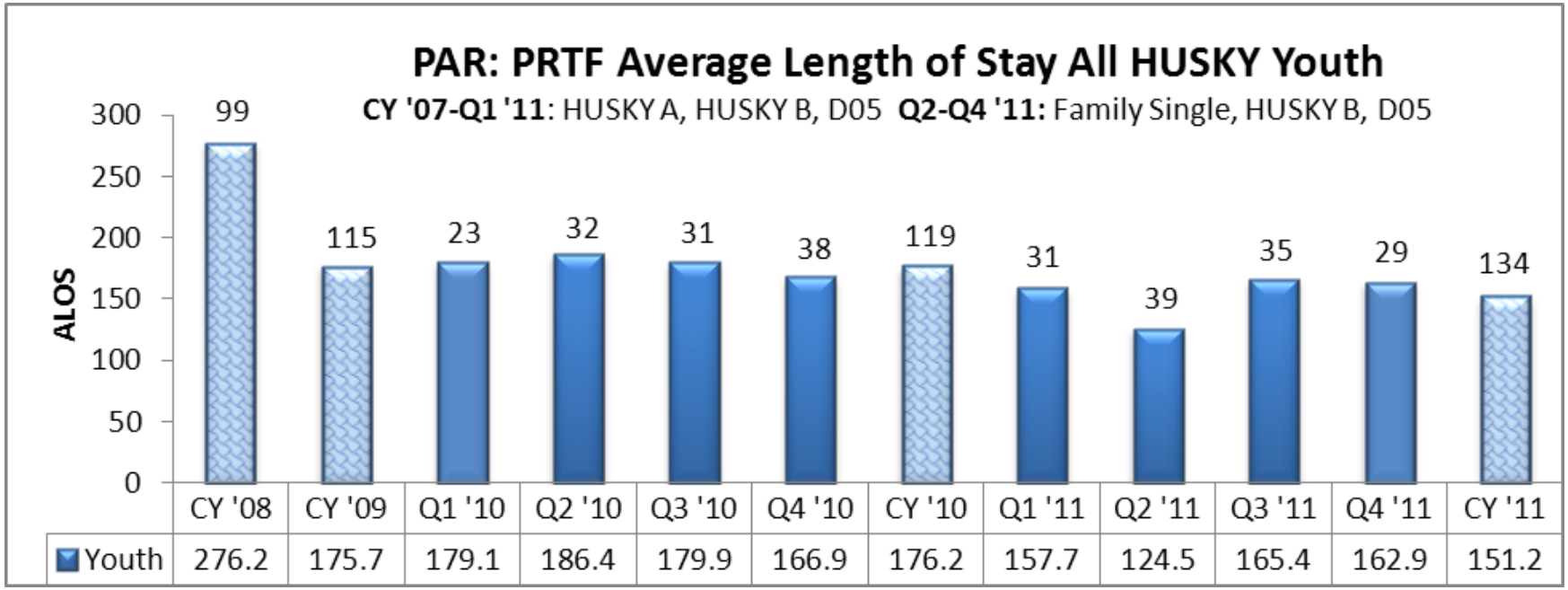
	2007	2008	2009	2010	2011
Discharge Delay Days	11,498	9,959	5,133	6,854	3,555
Acute Days	30,419	28,895	29,094	28,552	29,135

Inpatient Hospital

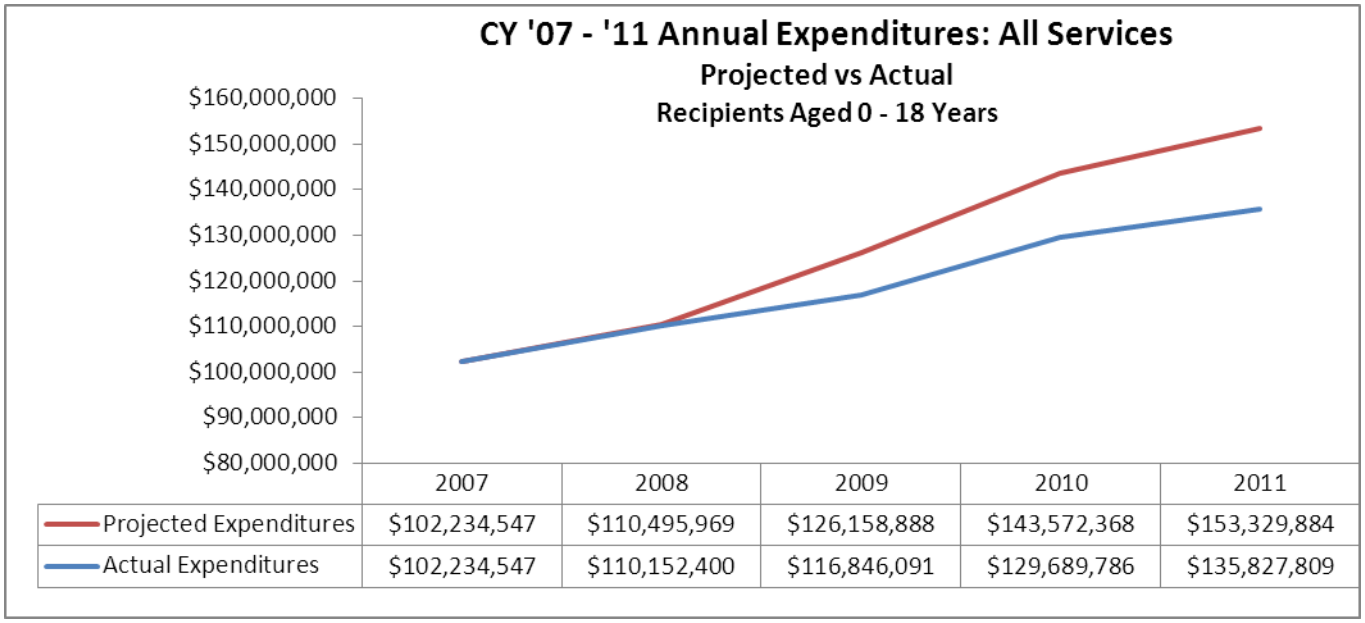


	2007	2008	2009	2010	2011
30 Days	13.90%	14.38%	14.44%	13.43%	12.65%
7 Days	4.21%	4.15%	4.66%	3.72%	4.56%

Psychiatric Residential Treatment Facilities



All Services



	2007	2008	2009	2010	2011
Projected Expenditures	$102,234,547	$110,495,969	$126,158,888	$143,572,368	$153,329,884
Actual Expenditures	$102,234,547	$110,152,400	$116,846,091	$129,689,786	$135,827,809

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Expenditures	$102,234,547	$110,152,400	$116,846,091	$129,689,786	$135,827,809
Cost per Individual	$4,387	$4,374	$4,064	$3,963	$3,887

Total expenditures have increased by 32.9% since 2007. This increase is driven by the 49.98% increase in youth served during that same time. Significantly, the Cost per Individual served has decreased by 11.4% since 2007.

System Outcomes

- Creation and growth of a Provider Analysis and Reporting program – informing providers and stakeholders around system performance
- Creation of a Performance Incentive program for providers, helping to shape system improvements
- Decreased youth discharge delay to 10.87% (from 36% in 2007)
- Decrease in the number of youth placed out of state in congregate care from 292 in 2007 to 216 in 2011
- Decrease in number of youth in congregate care overall from 1,416 in 2007 to 1,021 in 2011

System Outcomes, cont'd

- Decrease in hospital 30 day readmission rate (>1%)
- Improved administrative efficiencies (ByPass programs, increased use of web technology, DCF congregate care management and support)

Member Outcomes

- Increase in access to outpatient services with the creation of Enhanced Care Clinics (>95% within 2 weeks)
- Working with DCF Area Offices, we improved by nearly 60% the % of children who received behavioral health services within 60 days (CHCS Grant) 2007-2010
- Improved average time to an appt following an MDE from 22.5 days to 6.5 days (71% improvement) 2007-2010
- Very high rates of member satisfaction (>90%) with the program and with providers – thru 2011
- Decreases in LOS in intensive services and significant increase in access to community based services

Member Outcomes

- Decreases in LOS and critical incidents of youth placed in residential care
- Decrease in average length of time that youth are stuck in Emergency Departments from 2.45 days in 2007 to 1.49 days in 2011.
- Decrease in disruption rate for youth in foster care with a recent history of having received behavioral health services from 52% in 2007 to 27% in 2010 (Foster Care Disruption Study)

What is Next?

- Evaluation of the impact on the adult system of care
- Continued focus on administrative efficiency and outcomes
- Creation of longitudinal reporting and multi level of care reporting to better understand system change and system performance
- Evaluation of the impact of peers and staff co-located with DCF staff within the area offices
- Comprehensive analysis of hospital inpatient service, including ambulatory follow-up
- Full review of ECC system

What is next?

- The Departments, ValueOptions and the BHPOC are equally interested in member level outcomes
- The Departments and VO propose to utilize a workgroup or subcommittee to assist in the development of outcome based reporting

Questions?