

YOUTH UTILIZATION MANAGEMENT

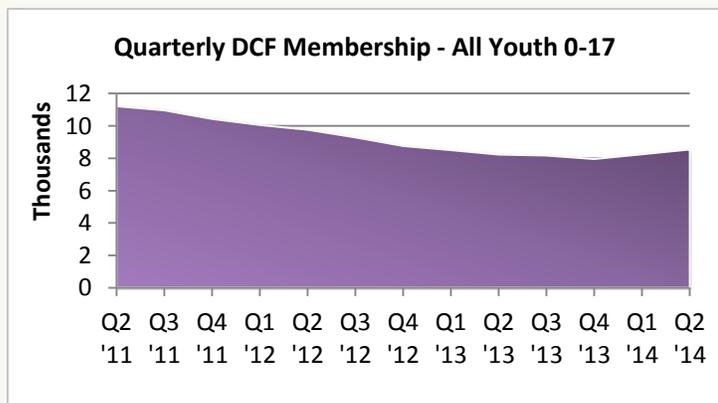
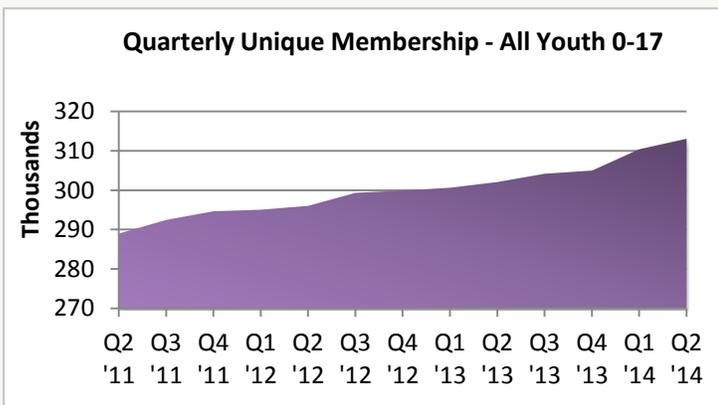
Highlights from Quarter 2, 2014

On at least a quarterly basis, the reports mutually agreed upon in Exhibit E of the CT BHP contract are submitted to the state for review. This Quarterly Report focuses on the utilization management portion of these reports, evidenced in the 4A series which reviews utilization statistics such as average length of stay (ALOS) and admissions per 1,000 members (Admits/1,000).



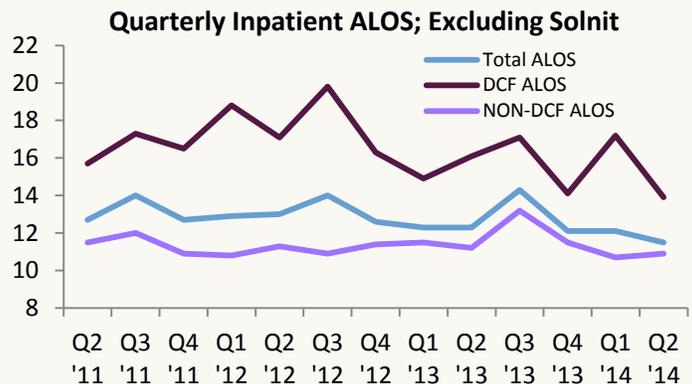
Youth Membership Increases

The Youth membership continues to increase. In addition to the consistent quarterly growth of the non-DCF membership, the DCF membership has increased over the past two quarters, reversing a long-standing downward trend. Also, the refreshed membership number for Q1 '14 (2.18%) was the largest change noted since tracking of the refresh number began in 2013. Given the overall growth, and the possibility for the Q2 '14 membership number to increase significantly when refreshed in Q3 '14, some caution should be used in the analysis from the Admits/1,000 and Days/1,000 data.

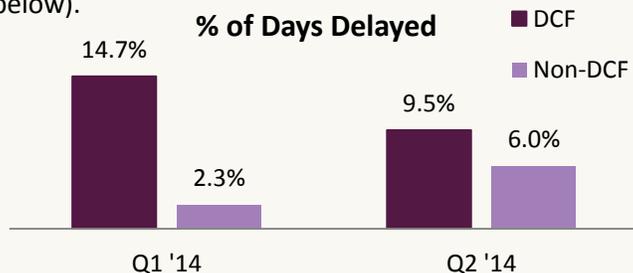


DCF Utilization Patterns

DCF youth admissions to inpatient care increased 6.6%. Despite the increase in Admits/1000 this quarter, the DCF-involved youth Admits/1,000 (0.16) continues to remain one of the lowest values reported in the past thirteen measured quarters. Although there are more members being admitted and utilizing overall days, the total ALOS has decreased, with a 19% decrease in the DCF involved youth ALOS driving the change (chart below). Overall, DCF youth continue to have longer lengths of stay, but fewer inpatient Admits/1,000 and Days/1,000 than the Non-DCF population.

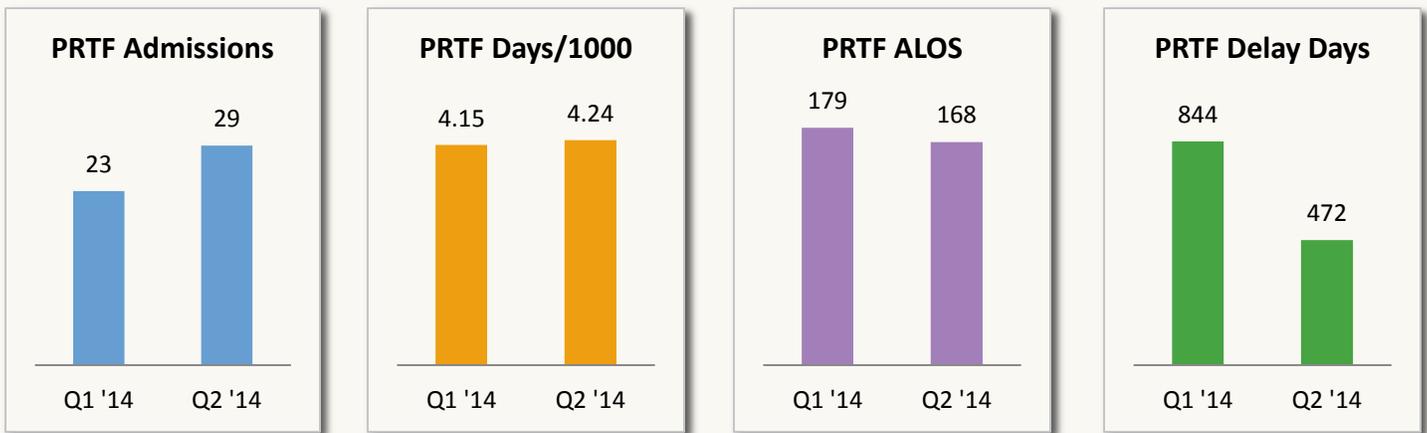


DCF-involved youth percent of days delayed decreased from 14.7% to 9.5%, the lowest percent of days delayed for the DCF population in 13 quarters. Despite the decline, DCF Youth continue to have a higher percentage of delay days than non-DCF youth (chart below).



Psychiatric Residential Treatment Facility (PRTF) Utilization

Community PRTF admissions and days/1,000 were up in Q2 '14. In Q1 '14, the community PRTF ALOS reached its highest level in the previous 12 quarters at 179.0 days. In Q2 '14 the ALOS decreased slightly to 168.3 days, a decrease of 4.9%. The PRTF number of days delayed has decreased by 44.1% (844 to 472) from the all-time high number recorded in Q1 '14. At this time, the majority of children in delay are awaiting a Foster Care placement. With limited options for the under 12 age group, it continues to be necessary to increase community resources for this acute population.



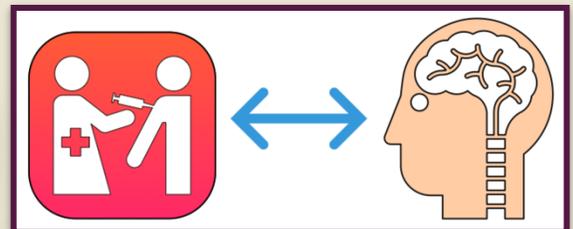
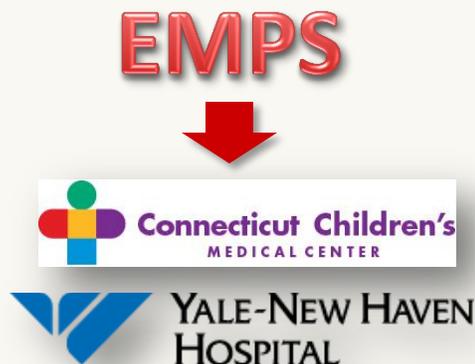
VO Recommendations & Activities in Support of Children's Services



Since the last quarterly report, there has been an expansion of Community collaborative meetings which focus on the integration of behavioral health and medical care. There are further opportunities to establish integrated service system models in Region 1 (Bridgeport), Region 2 (New Haven) and Region 5 (Waterbury).

VO has been working with CHN to expand collaborative efforts and improve coordination of medical and behavioral health care for children and adults. Strategies include establishment of a co-management team, engagement of CHN in existing community collaboratives, and opportunities to work together with children with comorbid medical conditions discharging from inpatient psychiatric care.

VO has recommended the further development of community-based behavioral health services including crisis and wraparound teams which follow children throughout the level of care continuum. During the reporting period there was expansion to some existing EMPS agencies allowing them to place EMPS staff at CCMC and Yale child emergency departments.



This summary is an extraction of the key points from a more extensive quarterly report submitted to the State of Connecticut by ValueOptions Connecticut.