

# YOUTH UTILIZATION MANAGEMENT

## Highlights from Quarter 3, 2014

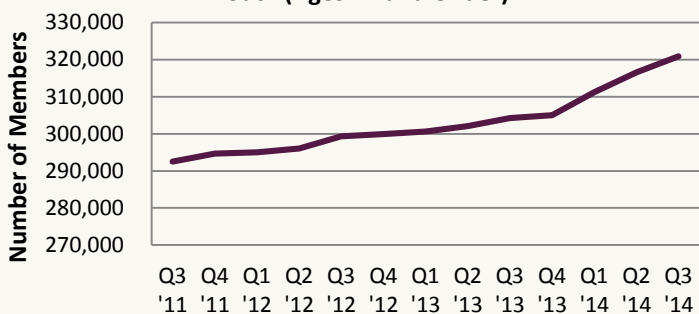
On at least a quarterly basis, the reports mutually agreed upon in Exhibit E of the CT BHP contract are submitted to the state for review. This Quarterly Report focuses on the utilization management portion of these reports, evidenced in the 4A series which reviews utilization statistics such as average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



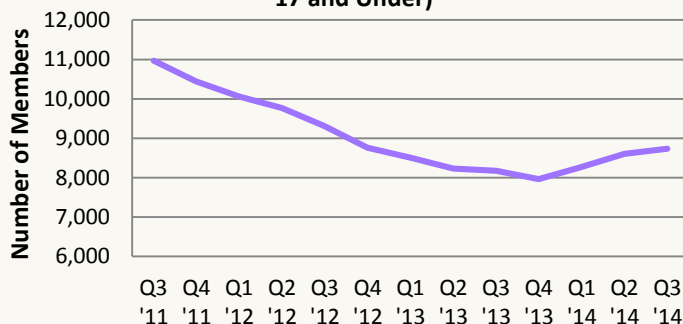
### Youth Membership Increases

The total youth membership has increased 1.4% from Q2 '14 (316,547 members) to Q3 '14 (320,844 members). DCF youth accounted for 2.72% (8,737) of all youth members, with Non-DCF accounting for the remaining 97.8% (312,107) of the total. The increase in the youth population over the last three quarters (2.0% in Q1 '14, 1.7% in Q2 '14, and 1.4% in Q3 '14) has been significantly higher than historical increases dating back to Q3 '11. We believe the increase to be a result of the Affordable Care Act. From Q2 '14 to Q3 '14, DCF membership increased by 132 members, a 1.5% increase.

**4A\_2: Quarterly Total Unique Membership: All Youth (Ages 17 and Under)**



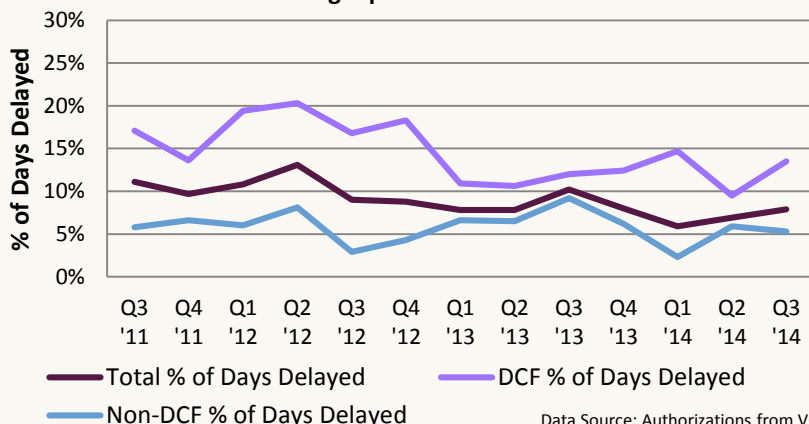
**4A\_1: Quarterly DCF Membership: All Youth (Ages 17 and Under)**



### Discharge Delay Days

The percentage of Discharge Delay days increased for the second consecutive quarter. The Non-DCF percentage of delayed days decreased, but the DCF percent of days delayed drove this quarter's overall increase. Non-DCF youth continue to comprise the majority of the cases on delayed status, but DCF-involved youth continue to have a higher overall percent of days delayed. Most children identified on delayed status were awaiting PRTF placement. The number of cases and days delayed waiting for PRTF increased this quarter, as did the measures for those awaiting Solnit inpatient. Only 9.5% of those cases in delay were awaiting Residential placement.

**10B7: Quarterly Inpatient Percent of Days Delayed Excluding Inpatient Solnit Center**



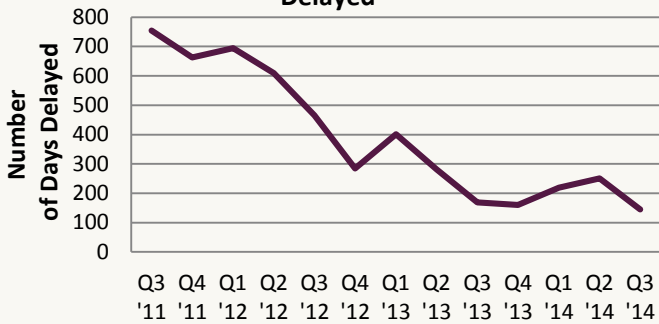
Data Source: Authorizations from VO CareConnect System



## Discharge Delay at Solnit

The number of days delayed at Solnit decreased by 42.2% this quarter (from 254 to 145), with the same number of discharges. There has been an overall downward trend in the number of days delayed at Solnit. From Q3 '11 to Q3 '14 the number of days delayed decreased by 80.8%. This improvement is related to better coordination of care among the state agencies, Solnit and ValueOptions since a dedicated Intensive Care manager was assigned to work specifically with Solnit inpatient in Q2 '11.

**10B7: Inpatient Solnit Center Number of Days Delayed**



Data Source: Authorizations from VO CareConnect System

## Reduction in Solnit Inpatient Delay Days

Q3 '11

Q3 '14

755 delay days

15 youth on delay

An 80.8% reduction

145 delay days

7 youth on delay

## Alignment among the CTBHP, DCF, DSS, OPM and the Governor's Office Supports Action Plan to Promote Children's Mental Health

Since the last quarterly report, Governor Malloy released an Action Plan that promises to be helpful in addressing a number of the issues currently facing CT's public system of mental health services for children and youth. For example, this Q3 report highlighted problems faced by youth on the Autism spectrum and the action plan includes a DSS funded program to enhance services for this population.



Youth awaiting access to the Psychiatric Residential Treatment Facility (PRTF) level of care continues to be a major contributor to pediatric inpatient discharge delay. The Governor's action plan also includes "incentivizing additional Psychiatric Residential Treatment Facility (PRTF) capacity by offering a higher statewide Medicaid rate" with existing 2015 funding. Although state budget constraints may delay implementation of some components, the Governor's Office expressed a commitment to fulfill the plan.



VO has recommended the further development of community-based behavioral health services including crisis centers for children, youth, and their families. During the reporting period, the Governor's Action Plan allocated funding for an expansion of EMPS hours of service and community based crisis stabilization centers as alternatives to the ED.



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