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EVENTS

**HAPPY NEW
YEAR!!**

The CT BHP staff would like to wish you a **HAPPY NEW YEAR!!**

We appreciate the dedication and hard work of all the CT BHP providers and look forward to our continued work together in 2010!

**2010 Provider
Workshops**

The CT BHP Provider Relations Department is currently planning the 2010 Provider Workshop Schedule beginning in March of 2010.

Once complete, the full schedule & RSVP form will be distributed to our email list serve and will be available on the CT BHP website : www.ctbhp.com

Partnership in Print

Taking the Delay Out of Discharge Delays

Value Options, the Administrative Services Organization of the CT Behavioral Health Partnership (CT BHP), along with the Department of Social Services (DSS) and the Department of Children and Families (DCF) began an initiative in 2007 to work towards reducing discharge delays for youth receiving inpatient behavioral health treatment.

Discharge delays are defined as occurring when a youth is ready for discharge from the hospital but can not be discharged because the services necessary are unavailable. Those necessary services can include a placement service such as foster care or group home, or treatment services

such as a psychiatric residential treatment facility (PRTF) or intensive in home services such as IICAPS. Discharge delay has a detrimental clinical effect on the youth involved.

“ As we approached the end of 2009, the number of days that children have spent in discharge delay was down by 64% from 2007.”

Often hospital staff reports that as they watch other children leave the hospital, the children on discharge delay lose their motivation to maintain their progress. This

deterioration makes it still harder to move them to a more appropriate level of community based care or residential setting.

Working together with the eight facilities that provide inpatient services for youth in CT and the DCF, the issues that play a key role in discharge delay were identified and interventions to address those issues were implemented. The interventions included:

- Case management strategies that, in partnership with the hospitals, identified cases where discharge delay was likely in order that (cont pg 2)

The Importance of Family Engagement

The critical role of family engagement in the behavioral health treatment of youth is not a new concept. It is well known that motivating and empowering families to recognize their own needs, strengths, and resources and to take an active role in changing things for the better can result in improved outcomes. It is often the engagement of the family that allows providers to move the youth through the long and sometimes slow process of positive change (Steib, 2004). According to the National

Child Welfare Resource Center for Family-Centered Practice, “the best way to protect children in the long run is to strengthen and support their families, whether they be nuclear, extended, foster care, or adoptive”.

Involvement of families in child services is important, but real engagement goes beyond that. Families can be involved and compliant without being engaged (Mapp, 2004). Thus, family engagement **does not** involve simply gaining family agreement to treatment goals

set by the clinician. Rather, it focuses on the development of treatment goals and strategies based on the needs of the family. Families who are engaged early on in the treatment process have greater involvement in treatment decision making. This increased involvement leads to enhanced ownership of the process and to more successful outcomes.

In 2003-2004, a World Wide Web survey was conducted to gather information about patterns, trends, and (cont. pg 2)

Family Engagement (cont. from pg 1)

developments in Family Engagement programs around the globe. The survey outcome indicated two principal points:

- Engaging families to participate in family support groups – in assessments, case planning, and service delivery is critical for enhancing the quality of services that children and their families access.
- Promoting and supporting early involvement and engagement of family members in developing plans to sustain progress, is predictive of better outcomes for children and families (Child Welfare League of America, 2003).

Over the next two years, the CT BHP will be working with providers to identify best practices in the family engagement efforts being used in

Connecticut and in developing methods for measuring the incidence of these activities and their impact. Some of this work has already begun. During 2009, as a part of the 2009 Performance Incentive Program for Psychiatric Residential Treatment Facilities (PRTFs), a requirement was included that families

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(Mapp, 2004)

be involved in focal treatment planning meetings within two (2) weeks of admission. As part of the 2009-10 Performance Incentive Program for SFY 2010 with inpatient facilities treating CT youth, it was agreed that the hospitals would support both

the creation of a Family Support Group and an Individualized Family Communication Plan in order to meet the Family Engagement goals for the year. Additionally, the CT BHP plans to initiate a workgroup with Enhanced Care Clinic representatives that will focus on developing strategies to improve family engagement in the outpatient treatment setting. As the family engagement initiatives unfold, we will keep you apprised of developments and best practices. ■

Discharge Delays (cont. from pg 1)

- Earlier DCF Area Office staff involvement could be arranged and
- Concurrent discharge planning could be done in those instances where the identified discharge plan included services that are often unavailable in the short term
- A performance improvement initiative that included financial incentives for hospitals who either reached or made significant movement towards shortening their length of stay, including time in

discharge delay;

- The implementation of Enhanced Care Clinics that are incentivized to provide timely access to outpatient services for HUSKY members.

Two years later, it is obvious that the hard work of all involved has made a significant impact. As we approached the end of 2009, the number of days that children have spent in discharge delay was down by nearly 64% from 2007. This represents a huge success in terms of the well-being of CT youth. At the same

time, as noted by DCF Commissioner Susan I. Hamilton in DCF's *Vision and Views*, “At a time when we must exercise careful control over how we expend resources, we have made substantial progress in discharging children in a timely manner when their clinical needs no longer require the most restrictive and expensive level of care. Ensuring timely discharge is the right thing to do for the individual child, and it is necessary to ensure that we use our resources wisely.” ■

Provider Spotlight - Submitted by Easter Seals of Greater Hartford



Easter Seals Greater Hartford Rehabilitation Center
Rebuilding bodies, minds and lives

Easter Seals Greater Hartford Rehabilitation Center, located at 100 Deerfield Road in Windsor, Connecticut, is a non-profit comprehensive outpatient rehabilitation facility providing physical, occupational and speech therapies together with clinical social work and neuropsychological services for individuals and families in the Greater Hartford and surrounding areas since 1948.

The Center holds the highest accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) and is the recipient of a record 12 consecutive Three-

Year Accreditations for its performance excellence in the areas of Stroke, Brain Injury, and Outpatient Medical Rehabilitation Programs.

The Neuropsychology Department provides the core of the Center's behavioral health services. The department provides diagnostic interviews, testing and reporting for adults and children ages 4+. The exact tests depend upon the person's age, physical condition, and referral questions but most evaluations will measure: attention; memory; language; visual-spatial skills; impulse control; reasoning abilities; general intelligence; movement and senses; and, mood and personality.

Some of the pediatric diagnoses or areas of difficulty the Department evaluates regularly are: Attention Deficit/Hyperactivity Disorder; Academic Difficulties; Developmental Delays; Lead and other metal poisoning; Traumatic Brain Injuries and Post-Treatment Chemo/Radiation Effects. Adult diagnoses include: Traumatic

Brain Injuries; Possible Alzheimer's Disease; Parkinson's Disease; Stroke; Multiple Sclerosis; Motor Vehicle Accident; and Unclear Memory Deficits.

Easter Seals Greater Hartford also offers ongoing educational programming for physicians, health care organizations and agencies. These *Lunch & Learn* seminars provide information on topics including Pediatric Medulloblastoma; Neuropsychology and the Adult Neurologic Patient; Testing for Developmental/Learning Disorders; Sensory Integration Therapy; Treating the Lymphedema Patient; and more.

Easter Seals Greater Hartford's approach to patient care has always been one-on-one. As a non-profit Center, Easter Seals Greater Hartford is credentialed to provide services under any number of CT BHP plans, Husky, Medicare/Medicaid and private insurance plans. More information is available by visiting: www.hartford.easterseals.com

Find a Provider, On-line!

CT BHP's On-line Provider Directory offers help in finding participating behavioral health providers in the CT BHP network. The directory can narrow your search to select providers with a specific expertise, service, or program. The directory is updated regularly to provide the most up to date information on the CT BHP provider network. The online directory can be accessed on the CT BHP website: www.ctbhp.com by clicking on the link under *Recent News* or by clicking *Find A Provider* on the Provider or Member homepages. If providers or members are unable to find a provider that matches their needs or you are looking for resources that cover specialized needs, contact the CT BHP directly by calling 1-877-552-8247 to speak with a Customer Service Representative.

Telephone Recovery Support

The CT Behavioral Health Partnership has been working with the CT Community for Addiction Recovery (CCAR) to promote an innovative peer-to-peer recovery support service that CCAR is providing: Telephone Recovery Support (TRS).

In collaboration with the Department of Mental Health and Addiction Services (DMHAS)

CCAR is offering weekly telephone support to people in recovery for a period of twelve weeks just to "check in" and see how they are doing. Follow-up calls are made by trained CCAR volunteers.

The TRS program is offered at all CCAR Recovery Community Centers (RCC): recovery oriented sanctuaries anchored in the heart of the community. RCC's are

places where Recovery Support Services are delivered.

TRS helps reduce relapse and supports the recovery not only for the members involved but also for the volunteers as well.

If you have any questions regarding CCAR's TRS Program, call toll free 1-877-676-2227 or visit the CCAR website: <http://www.ccar.us>



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Behavioral Health Partnership

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500 Enterprise Dr.\Suite 4D
Rocky Hill, CT 06067

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CT BEHAVIORAL PARTNERSHIP - PROVIDER NEWSLETTER



YOU'VE GOT MAIL!

The Provider Relations Department of The CT Behavioral Health Partnership maintains a CT BHP Provider email distribution list for rapid notification of policy changes, procedures, Provider Alerts and EDS Provider Bulletins; as well as news, upcoming trainings and events. If you or a member of your staff is currently not a part of this distribution list, please email us at ctbhp@valueoptions.com.



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Behavioral Health Partnership

Website: www.ctbhp.com
Phone: 1-877-552-8247 or 1-877-55 CTBHP

Bulletin Rewind

We here at the CT BHP wanted to take the opportunity to keep providers abreast of recent communications, which include: alerts, bulletins and policy changes. With such a varied and robust network of providers, it is always a challenge to ensure that each provider is made aware of any and all updates.

Bulletin Rewind will be a continuing feature of Partnership in Print and will highlight recent provider alerts (PA) and bulletins (PB). Please note that all CT BHP Provider Bulletins and Alerts can also be found on the CT BHP and EDS websites.

CT BHP Provider Alert 2009-06 (Sept)
Subject: Transition of Web Registration for Home Based Services

CT BHP Provider Alert 2009- 07 (October)
Subject: Residential Treatment Center's Vacancy/Bed Tracking - Web Based Form

CT BHP Provider Alert 2009- 08 (October)
Subject: CT BHP After Hours - Inpatient Authorization Requests

PB09-49 (October)
Subject: Carve out of Medical Federally Qualified Health Centers from Managed Care

PB09-26 (December)
Subject: Qualifications for Temporary Suspension of Access Requirements

PB 09-27 (December)
Subject: Expansion of Enhanced Care Clinic Initiative

PB09-61 (September)
Subject: EDS Schedule of Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule.

A full listing of all CT BHP Bulletins and Provider Alerts can be located on the CT BHP website: www.ctbhp.com & on EDS' website: www.ctdssmap.com

