TCB Meeting Minutes

December 6, 2023
2:00-4:00 PM
LOB – 300 Capitol Avenue Hartford, Room 2C
Virtual Option Available

Attendance:

Alice Forester
Ashley Hampton
Carrie Bourdon
Carolyn Grandell
Catherine Osten
Ceci Maher
Claudio Gualtieri
Deidre Gifford
Derrick Gordon
Edith Boyle
Gerard O'Sullivan
Howard Sovronsky
Javeed Sukhera
Jeanne Milstein
Jeff Venderploeg
Jessica DeNigris
Jillian Gilchrest
Jody Terranova
Kai Belton
Kimberly Karanda
Lisa Seminara
Michael Patota
Michelle Anderson
Mickey Krammer
Mike Meyer
Sarah Eagan
Shari L. Shapiro
Sinthia Sone-Moyano
Sean King
Tammy Freeberg
Tammy Nuccio
Tammy Venega
Toni Walker
Uyi Osunde
Vannessa Dorantes
Yann Poncin
Yvonne Pallotto
Michelle Scott

Welcome and Introductions:
The meeting began with introductions, followed by announcements about the presentation by the Department of Social Services (DSS). Due to some unforeseen circumstances, Carelon was not able to be present.

A motion to approve the minutes of the last meeting passed unanimously.

Updates:

TCB listening sessions paused until Jan. 2024 to refine engagement strategies for a better experience. A strong emphasis has been placed on fostering active community partnerships through collaborative efforts with local organizations to expand outreach initiatives targeting youth and families. A pivotal aspect of the new approach is the continued use of a participatory methodology, actively involving youth and families in decision-making to glean valuable insights into their unique experiences. To increase parental and student involvement, a proposal to introduce stipend subcontracts has been suggested to address specific challenges such as transportation and create a more equal opportunity for participation. This multifaceted strategy reflects a commitment to elevate the TCB listening sessions to new heights of community engagement and support.

Sustainability Efforts through Medicaid and Commercial Insurance: Department of Social Services

Fatmata Williams, the Director of the Integrated Care Department of Social Services, along with Yvonne Pallotto, LCSW, MS, Medical Administration Manager of the NEMT Division of Health Services and William Halsey, LCSW, MBA, the Deputy Director of Medicaid and Division of Health Services presented on the sustainability efforts through Medicaid. Connecticut is insured by a variety of market segments, breaking down into Self Insured (37%), Medicaid (26%), Medicare (19%), Large Group – Fully-insured (7%), Uninsured (5%), Small Group—Fully Insured (3%), and Individual—Fully-insured (3%). In the Connecticut Commercial Market, Self Insured continues to make up the largest percentage (74%), followed by Large Group—Fully-insured (15%), Individual—Fully-insured (6%), and Small Group—Fully-insured (5%).

Sustainability efforts aimed at Medicaid for children's behavioral health services were outlined by the Department of Social Services (DSS). Objectives of DSS include highlighting the behavioral health partnership, identifying Medicaid's role in children's behavioral health services, providing a high-level population profile, identifying Medicaid-covered behavioral health services for children, highlighting initiatives to improve access to these behavioral health services for children, providing high-level utilization data, and highlight the next steps. The Department of Social Services (DSS), the Department of Mental Health and Addiction Services (DMHAS), and the Department of Children and Families (DCF) collaborated to form the Connecticut Behavioral Health Partnership (CTBHP). The partnership with CT Behavioral Health Partnership (CTBHP), initially formed in 2006, was designed to improve access, expand services, and highlight ongoing efforts for Medicaid payment development. This partnership is integral for establishing guidelines for effectively utilizing state and federal funds. Specifically, DSS, DMHAS, and DCF are jointly contracted with Carelon, a behavioral health administrative services organization (ASO). These guidelines apply to children receiving services under Medicaid, encompassing various levels of care (LOC). Notably, higher LOC necessitates approval from CTBHP, facilitated by Carelon, highlighting the coordinated efforts to manage and oversee the treatment of children covered by Medicaid. Medicaid is the largest payer of children's behavioral health services and maintains an important role in the provider network, covered services, and payment rates.

Connecticut has a population of 3.6 million people, with 20.2% under 18. Of the total population, 51% are female, and 78.4% identify as white, while 18.2% identify as having Hispanic ethnicity. In 2020, the Husky population in the state quartered at 1.2 million, representing 30% of the state's overall population. The youth in the Husky population, aged 0 to 17 years, make up 30.3% of the entire Husky health population, with a consistent increase in each quarter from 2021 to 2023. The youth demographic is comprised of 51% males and 49% females. The racial breakdown shows a significant category identified as unknown due to collecting race data not being required during Medicaid application, standing at 52.8% in the second quarter of 2023. There are efforts to improve access, diversity, quality, and outcomes across all levels of behavioral health care, emphasizing the importance of partnerships between community members, service providers, and legislators.

A comprehensive range of Medicaid-covered services is offered to address various mental health needs and ensure the well-being of individuals. Various types of healthcare services are available such as inpatient care, routine outpatient care, intensive outpatient care, and partial hospitalization programs (IOP & PHP). You can also receive support through home-based services like Multidimensional Family Therapy (MDFT), Functional Family Therapy (FFT), Multisystemic Therapy (MST), and Intensive In-home Child and Adolescent Psychiatric Services (IICAPS). Other options include extended day treatment, psychiatric residential treatment facilities, and out-of-state placements for those who require it.

The spectrum of services encompasses specialized programs for Autism Spectrum Disorder (ASD), mobile crisis response, and substance use disorder residential treatment. Furthermore, there is a focus on integrating behavioral health services into primary care through the Collaborative Care Model (CoCM) initiative set to commence in 2024. School-based health centers, managed by private behavioral health agencies, and school-based child health services, administered by school districts, contribute to the holistic approach to mental health care.

Several Medicaid initiatives have been implemented to enhance access to mental health services, demonstrating a commitment to improving the community's overall well-being. Notable initiatives include expanding pediatric inpatient psychiatric bed capacity and the introduction of acuity-based rate add-ons, both of which have been in effect since 2021. Moreover, there has been a strategic effort to eliminate barriers, such as removing prior authorization requests for routine care and enhancing mobile crisis services since April 1, 2022. A specific focus on school-based mental health involves financial support for screening, brief intervention, and referral to treatment (SBIRT) codes in school-based health centers. Urgent care centers (UCCs) are under development through the State Plan Amendment (SPA), with a target implementation date of April 1, 2024. The proposal outlines the use of billing codes, including nurse triage, nurse assessment, psychiatric evaluation, and crisis codes, with ongoing services primarily billed under the crisis code. Additionally, pending initiatives include the establishment of Urgent Crisis Centers, currently funded by the American Rescue Plan Act (ARPA), and an ongoing Medicaid rate study conducted by Myers and Stauffer, with an interim report set to be delivered to the legislature by February 1, 2024. The Integrated Care for Kids (InCK) initiative in New Haven further underscores the commitment to comprehensive and integrated pediatric care.

DSS continued highlighting claims-based data on pediatric inpatient psychiatric services, specifically focusing on discharge volume and average length of stay. The trends observed in claims data mirrored those in authorization-based data. There was a notable increase in discharge volume over three consecutive quarters, from 448 discharges in Q3 2022 to 685 in Q3 2023, representing a 52.9% rise. The average stay length also increased from 15.8 days in Q3 2022 to 16 days in Q4 2022, reaching its peak. The subsequent quarter 1 and quarter 2 of 2023 showed a decrease, with lengths of stay at 12.4 and 12.7 days, respectively.
A substantial portion of readmissions occurred within the same healthcare provider, comprising

68.3% or 28 out of 205 cases. The 7-day readmission rates within the in-network providers ranged from 0.7% to 5.2%, signifying between one and ten readmissions per 137 to 191 eligible discharges. Shifting focus to the 30-day readmission rates for youth in in-network providers, it was observed that 51.8% of the 166 discharges resulted in readmissions to the same provider, ranging from 6% to 17.8%. Delving into the reasons behind delayed discharges, it was noted that the average wait time increased from 25.7 days to 45 days between the first and second quarters of 2023. Factors contributing to this trend included a temporary decrease in bed capacity at lower residential care levels and workforce capacity issues, leading to admissions being paused. The system has since recovered, with added beds and continued collaboration with providers to ensure appropriate clinical services. Additionally, DSS covered utilization based on diagnosis, where depressive disorders accounted for the highest percentage at 79.3%, followed by post-traumatic stress disorder, disruptive conduct disorder, and schizophrenia. The subsequent slides delved into authorization volumes for autism services, diagnostic evaluations, and lower levels of care utilization. The expenditure section highlighted a steady increase in costs for various youth services, with notable figures for all services, residential treatment facilities, outpatient services, autism spectrum disorder services, icaps, and inpatient facilities for the community and state. The depicted trends underscore the financial commitment to providing essential youth services, and the presentation concluded with a mention of upcoming steps in this ongoing endeavor.

Moving forward, the next steps outlined involve completing the first phase of the rate study analysis and promptly sharing the findings with the legislature. The commitment to collaboration remains strong as the initiative works closely with key stakeholders, including providers and state partners. The pursuit of excellence in behavioral health care persists, focusing on exploring methods to enhance access, diversity, quality, and outcomes across all levels of care. A dedication to flexibility in service delivery is emphasized, ensuring adaptability without compromising the quality of care provided. The commitment to data-driven decision-making remains a priority, with an ongoing focus on data collection, tracking, and monitoring. The following steps include addressing issues with system throughput, bridging service gaps, implementing a value-based payment model to improve access and quality of outpatient services, and reinforcing efforts to build and support the provider workforce. These comprehensive measures underscore a holistic approach to improving and sustaining the delivery of behavioral health services. It is essential to highlight that this work is through a partnership, as DSS cannot move and create substantial change for the children's behavioral system independently. This partnership includes various organizations, legislators, state partners, community partners, and families working together to improve the system. The attendees asked questions about funding for Urgent Care Centers, codes, outpatient services, eligibility criteria, Medicaid, and commercial rates during the Q&A session.

Conclusion:

The meeting ended with a reminder of the upcoming training and a commitment to inclusivity in its delivery. The importance of partnerships between community members, service providers, and legislators was highlighted for successfully executing the outlined initiatives. The meeting

dates have been rescheduled for January 10, 2024 and February 1 2024, and the level- training session for January 5, 2024.

Next Meeting:

January 10, 2024
2:00-4:00 PM
LOB – 300 Capitol Avenue Hartford, Room 2C
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