

Meeting Summary for BHP Adult Quality, Access & Policy Committee Zoom Meeting

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Quick recap

The Adult Quality Access Policy Committee meeting focused on analyzing the behavioral health outpatient patient population and Medicaid outpatient services, including presentations from providers and a comprehensive network analysis. The discussion covered challenges in providing mental health services, particularly in rural Connecticut, and emphasized the need for more flexible care models. The committee also highlighted the importance of addressing social determinants of health in improving access to behavioral health services.

Next steps

Providers to continue efforts in recruiting and retaining behavioral health staff, including offering competitive wages, clinical supervision, and training opportunities.

State agencies to consider increasing Medicaid reimbursement rates to support provider recruitment and retention efforts.

Providers to explore ways to reduce administrative burden and documentation requirements that don't directly impact patient care.

State agencies to examine and potentially revise screening and data entry requirements that may be creating barriers to care.

Providers to continue developing and expanding internship and training programs to build the future behavioral health workforce.

State agencies to explore ways to support providers' efforts in training new clinicians, potentially through increased rates or other funding mechanisms.

Providers to continue efforts in improving engagement and outreach to underserved communities, particularly Black and Brown communities.

Providers to explore innovative solutions for addressing transportation and housing issues that impact access to care, particularly in rural areas.

State agencies to consider ways to support the development of transitional housing options for individuals with behavioral health needs.

Providers to continue leveraging technology, such as health information exchanges and potentially AI, to improve care coordination and efficiency.

Summary

Behavioral Health Outpatient Clinic Overview

In the meeting, Co-Chairs Sabrina Trocchi and Kelly Phenix welcomed everyone to the Adult Quality Access Policy Committee. They discussed the focus on the behavioral health outpatient patient population and the demographics of those accessing Medicaid outpatient services. The meeting then shifted to an overview of the data of the behavioral health outpatient clinics, presented by Krista Noam from Carelon. The discussion also included the experiences of four behavioral health outpatient providers. The conversation ended with an invitation for further questions and engagement.

Outpatient Behavioral Health Network Analysis

Krista presented a comprehensive analysis of the outpatient behavioral health network, focusing on the system of care and Husky Health members. She discussed the geographic distribution of Enhanced Care Clinics (ECCs) across the state, with the majority located in larger cities. The network's coverage was found to be well-distributed, with most Husky Health

members living in areas where ECCs are located. Krista also presented a Geo Access analysis, which looked at provider density and distance to providers. The analysis showed that the majority of providers are located in densely populated areas, with the lowest provider density found in Windham County. The average distance to providers was found to be within the standard distances set by CMS for urban, suburban, and rural communities.

Mental Health Provider Density Report

Krista presented a report on the density of mental health and substance use disorder providers in various counties. Sabrina and Brenetta Henry raised questions about the number of providers actually accepting Medicaid patients and serving clients, respectively. Krista clarified that the report includes all Husky Health members, regardless of their ability to access services. Howard Drescher questioned the impact of large providers on the density calculation, to which Krista explained that it's based on provider sites. Dr. Ece Tek expressed surprise at the low density of providers in New Haven and Hartford areas, despite the presence of many substance use disorder facilities.

Rural Mental Health Challenges Discussed

Maria Skinner Coutant from McCall Behavioral Health discussed the challenges of providing mental health services in rural Connecticut, including the need for sophisticated clinicians to treat complex cases and the difficulty of retaining staff due to low Medicaid reimbursement rates. Jessica Belin from Middlesex Health United highlighted the increasing number of referrals for social determinants of health issues and the challenges of discharging patients due to ongoing community needs. Diane Manning from United Services emphasized the importance of comprehensive care, including addressing medical comorbidities, and the need for transportation and training programs to support staff retention. The group also discussed the need for better connections between community members and mental health services, with a focus on addressing social determinants of health.

Rural Healthcare Challenges and Solutions

Diane discussed the challenges of serving rural areas, particularly in Connecticut, and the need for more flexible and accepting care models to address the complex needs of patients. She highlighted the importance of supportive housing and transportation, and the need for more outreach and engagement efforts. Jessica added that the Connecticut Care Teams (CCT) are established throughout the state to connect patients with complex medical needs to community organizations and services. Maria emphasized the need for better representation and treatment of black and brown communities in healthcare systems. Howard asked Diane about her heart's desire for impact over the next year or two, and she mentioned the need for more funding and the importance of addressing social determinants of health.

Outpatient Behavioral Health Service Challenges

In the meeting, Sabrina led the discussion, followed by Nick Scibelli from Wheeler, who discussed the increasing demand for outpatient behavioral health services and the challenges faced in meeting this demand. He highlighted the need for improved efficiency, reduced administrative burden, and support for workforce development. The conversation also touched on the challenges of recruiting and retaining staff, the importance of clinical supervision, and the potential for embracing technology like artificial intelligence. The group also discussed the need for better rates and support for training and advancement opportunities. The conversation ended with a discussion on the challenges faced by the healthcare system, including regulatory issues and the need for a collective decision to value the lives of those in the profession.