Behavioral Health Partnership Oversight Council

Quality Management & Access Subcommittee

Legislative Office Building Room 3000, Hartford CT 06106
(860) 240-0321 Info Line (860) 240-8329 FAX (860) 240-5306
www.cga.ct.gov/ph/BHPOC

Meeting Summary: December 14, 2007

BHP Report

Department of Social Services

- ✓ CTBHP Performance Measurement: Indicators on BHP web site: www.ctbhp.com
- ✓ Concurrent review (CCR) items and pre-cert drop down items: deferred until second January Mercer audit results are available.
- ✓ DSS would like to engage more of the 170 CT Child/Adolescent (C/A) psychiatrists in BHP. BHP considering increasing their rate to 90% Medicare rate. Dr. Gammon noted that Medicare C/A psychiatry rate is inadequate for this specialty and would not be a viable incentive. Performing a full evaluation on a C/A takes considerable practitioner time. BHP C/As often have complex medical, mental health and social issues that add clinical time to the evaluation and treatment process. Suggestions were made regarding:
  - o CTBHP/VO offered to work with C/A Association to identify effective BHP support (i.e. work with managed care to triage hi-risk co-management cases, offer C/A psychiatry BHP support)
  - o Identify cases, level of complexity that individual C/A MDs would be willing to take on; refer clients with complex medical/MH/social to ECCs/clinics.
  - o Identify C/A psychiatry interest in participating in a clinic perhaps half days a week.

- ✓ Suggested actions steps included:
  - o Mark Schaefer will meet with C/A association to explore clinical and administrative barriers to participation.
  - o CTBHP/VO host a panel discussion related to support to independent C/A psychiatry.
  - o Create and implement psychiatric consultative strategic investment with reimbursable E & M codes that would support the ECC Primary Care/BH collaborations and provide more timely emergent/urgent walk-in medication evaluations that would be more comparable to hospital clinic timely services.
  - o Follow up at a future meeting.

Department of Children & Families

Dr. Karen Andersson provided information requested about the number of referrals to residential treatment centers (RTCs) and disposition of children/youth referred from area DCF agencies for services based on the CANS assessment. From 12/06 through 8-31-07 1355 referrals were made. The central DCF team and CTBHP/VO reviewed the referrals and disposition during the 9 months

was described:

- Of the 1355, 678 were admitted to either RTC (499) or Group homes, including PASS homes (179).
- Of the 657 not admitted to the above services during this time period, 264 cases were closed, 57 returned home with intensive community services in place, about 21 clients left the system(DCF continued outreach to them), 311 cases remained active with 7-10 day reviews during their wait for RTC services, hospital, shelter, or other placement. Active cases included complex cases such as clients with MH and DD and fire setters some of whom were matched with an out-of-state facility, especially since the closure of Lake Grove.
- BHP continues to track the average time from referral to placement; this could be as long as 30 days dependent on bed availability.
- DCF and DDS (previously DMR) are working with OPM to identify treatment options within the state. Many of these clients receive medical coverage from Medicaid, so it could be helpful to have Medicaid medical staff also involved.
- The BHP can look at longitudinal outcomes for RTC vs. non-RTC clients; some youth have high end needs, are hard to keep with the family in the community and receive RTC through DCF Voluntary Services. Court Support Services (CSSD) has developed outcomes measures for their clients.
- Future goal is to connect care coordination data as it is currently diffused among multiple agencies that serve one child/family and each agency provides care coordination for their program clients; however the client/family could be involved with more than one agency/program. Ultimately BHP wants to strengthen the system of care for members.

CTBHP Report: Adult Services *(click on icon to view presentation)*

Quality Access 12_07 Final.ppt

Compared to children's service use, adults have a higher BH service penetration rate, but lower average lengths of stay. Adults are admitted to intensive outpatient (IOP) services that are clinic and hospital based than adult partial hospitalization programs. Children and youth generally use extended day treatment programs. Future data reports may be able to look at family BH utilization. In February or March 2008 CTBHP/VO will report on co morbidities for adults and children in the BHP system.

Upcoming meeting items:

- Mercer audit results of CTBHP/VO
- EMPS Redesign
- Foster Care disruption