Behavioral Health Partnership Oversight Council

Child/Adolescent Quality, Access & Policy Committee

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Co-Chairs: Hal Gibber, Sherry Perlstein & Jeff Vanderploeg

Meeting Summary
Wednesday, December 3, 2014
2:00 – 4:00 p.m.
Value Options
Rocky Hill, CT

Next Meeting: Wednesday, January 21, 2015 @ 2 PM at VO, Rocky Hill

Attendees: Sherry Perlstein (Co-Chair), Jeff Vanderploeg (Co-Chair), Karen Andersson (DCF), Kathleen Balestracci, Lois Berkowitz (DCF), Rick Calvert, Paul, Cancro, Elizabeth Garrigan, Kim Nelson, Kelly Phenix, Ann Phelan, Donyale Pina, Dr. Robert Plant (VO), Lynne Ringer (VO), Kathy Schiessl, Kristie Scott, Sherrie Sharp, Gary Steck, Kristina Stevens (DCF)

Update on Enhanced Care Clinics (ECC)

- Lois Berkowitz provided an overview of ECC initiative
- Access standard measurement excludes members stepping down from higher LOC in same agency, or members who have enrolled in Medicaid mid-treatment
- Comparisons are made for ECCs to non-ECC free standing clinics (FSCs), not to the whole population of non-ECC clinics
- Access performance measures indicate that ECCs continue to offer an appointment within guidelines for all triage levels, with few exceptions; however, FSCs are closing the gap.
- Oversight Surveys and Site Visits have helped increase compliance on addressing access barriers, documentation standards, and other performance measures consistent with ECC goals
- Context of the DSS-led and other outpatient redesign initiatives was discussed, as well as reimbursement rates for outpatient services
    - ValueOptions report is due Dec. 31
    - CMS will provide feedback on different rate structures
    - DCF coming out with recommendations for meeting needs of DCF-involved youth
    - Waiting for each of these additional elements is problematic as screening by pediatricians and schools increases and more referrals are made to outpatient care

- Some concerns were noted about at least two processes going on in the state to examine and reform outpatient care; one at DSS and one at DCF; and the need to integrate those efforts. Though providers have had the opportunity to participate in focus groups as part of the DCF process, it was noted that it would be important to have providers included in the DSS process and in the final re-design of outpatient and ECC.
- Some noted that the enhanced reimbursement rates for ECCs were sufficient for a period of time but failed to cover costs to meet demands around year 3 of the initiative
- Moving reimbursement from clinic-based to the rehabilitation option was discussed as an important avenue for consideration and had been mentioned in prior meetings as a possible strategy to avoid issues around the upper payment limit.

Improving Capacity to Examine Data at the "Intermediate Level of Care"

- Definitional issues of "intermediate level of care" were discussed. The term is defined differently based on context. One way to define it is levels of that are more intensive, restrictive, and costly than outpatient services, but less so than inpatient and residential settings
- VO routinely reports on PHPs, IOPs, and EDTs that are all considered intermediate level of Care Services
- Though IICAPS, MST, and MDFT may deal with a similar population and also provide and intensive service, they are technically considered In-Home services and are under the Rehab Option.
- Capturing data on wait lists is complicated by definitional and "client flow" issues:
    - Referred youth are not clients (and are not enrolled in PSDCRS or other systems) until they are admitted and enrolled in a program. Some agencies maintain unofficial waiting lists within their own agencies, though criteria for the lists may vary and some agencies do not maintain waiting lists and are concerned that it could make them legally responsible for a patient that is not receiving service.
    - When referrers call for a service, and they find out there is no opening in the program, they may immediately begin enrollment in routine outpatient care (or another service).
    - Referrers and families seeking intensive services often request services from multiple providers and programs and the child may end up on multiple wait lists simultaneously with the family taking the first available option.
    - Given the above, looking at straight counts of referrals on wait lists across programs and agencies would likely be inaccurate due to duplicate and incomplete counts.
- DCF working on a survey for each DCF Region to examine number of DCF youth who are waiting for a service that they are not receiving. Since DCF has responsibility for mental health services for all children, it would be important to

work towards a system that maintains this information for all children regardless of DCF or insurance status.

- One of the goals of PSDCRS was to examine youth across services. Some noted that the capacity of PSDCRS to examine data questions has not yet been fully realized because data analysis of this type is not sufficiently resourced
- There have been recent efforts to integrate data across DMHAS and Medicaid and the same could be done with PSDCRS to integrate with Medicaid.
- Important conversation that we need to continue to pursue with concrete recommendations

Budget Issues: Gov. Malloy's Action Plan and the Impact of Budget Rescissions

Progress on Gov. Malloy's Immediate Action Plan:

- Expand crisis stabilization and respite beds
    - SAFE home conversion is underway and on track; plan to open March 1; most programs will be for DCF-involved youth; two sites (Wheeler Clinic, Children's Center of Hamden) will be asked to serve primarily non-DCF youth.
- Enhance PRTF Capacity
    - DCF has had discussions with a couple providers who are interested in starting programs at established Medicaid reimbursement rate (available to any willing provider)
- Expand community-based and in-home alternatives
    - Developing RFPs to enhance in-home treatment and/or care coordination
- Post EMPS clinicians in Emergency Departments
    - Completed (posted at CCMC and Yale)
- Work with OHA to enhance access for commercially insured youth
    - Outside purview of DCF, but they are working with OHA and others and there has been some progress picking up on the progress started with 13-178
- Enhancing EMPS expansion
    - Though it was previously announced that there would be an expansion of EMPS staffing state-wide in January, additional funding is not available this fiscal year, and this will be delayed till next fiscal year. Identified for additional funding next fiscal year.
    - A meeting will be held with Executive Directors of agencies with EMPS programs next Tuesday
    - Some concerns were noted about the delay and that the proposed funds only covered expanded hours of EMPS, not the increase in demand for this service.
    - Some indicated the possibility that demand placed on EMPS will diminish by having other options available to the youth that typically experience crises and call EMPS.
- Consider behavioral health assessment centers
    - Under consideration, many discussions with OPM, looking at various models; focused on Hartford region first to relieve pressure on CCMC

- Provide specialized supplements services for youth with ASD
    - Come Jan. 1, Medicaid doors will open to youth with ASD
- Develop RFP for specialized inpatient hospital beds for youth with ASD
    - DDS talking to some hospitals about this, it's unclear whether they will move forward given other initiatives to address needs of this population
- Provide in-home supports for high need youth with ASD
    - Directs DDS to implement recommendations from Autism Feasibility Study
- Ensure Medicaid coverage for treatment of ASD
    - Directs DSS and DSS to develop a plan for ensuring reimbursement
- Budget Rescissions: Many expressed concerns about proposed budget rescissions. Some indicated that DCF has suggested there are no planned cuts to behavioral health services.

New Business

- None

Next Meeting: Wednesday, January 21, 2015 @ 2 PM at VO Huntington Room, 4th Floor, Rocky Hill