Behavioral Health Partnership Oversight Council

Child/Adolescent Quality, Access & Policy Committee

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Co-Chairs: Steve Girelli & Jeff Vanderploeg

Meeting Summary
Wednesday, February 21, 2018
2:00 – 4:00 p.m.
Beacon Health Options
Rocky Hill, CT

***EDITOR'S NOTE: Due to inclement weather, the Wednesday, March 21, 2018 was CANCELED. Next Meeting: Wednesday, April 18, 2018 @ 2:00 PM, 3rd Floor, Hartford Conference Room, Beacon Health Options in Rocky Hill, CT**

Attendees: *Dr. Steve Girelli (Co-Chair), Dr. Jeff Vanderploeg (Co-Chair), Dr. Lois Berkowitz (DCF), Dr. Eliot Brenner, Rick Calvert, Susan Graham, Mary Gratton, Bill Halsey (DSS), Beth Klink, Susan Kelley, Joan Narad (Beacon), Maureen O'Neil-Davis, Ann Phelan (Beacon), Donyale Pina (DCF), Maureen Reault (DSS), and Jacquelyn Stupakevich*

Introductions:

Co-Chair Jeff Vanderploeg convened the meeting at 2:10 PM, and introductions were made. He reminded participants to sign in.

Follow-up to meeting of November 15, 2017

There was no follow-up discussion.

Developmental and Behavioral Health Screening in Pediatric Primary Care – Bill Halsey (DSS)

Bill distributed a handout, *EPSDT Policies; Coding and Billing*, excerpted from a webinar on developmental and behavioral health screenings that DSS provides to pediatricians and primary care physicians. DSS requires that annual screenings be done for all HUSKY members under 21. Physicians should use validated developmental and behavioral health screening tools recommended by the American Academy of Pediatrics or some other recognized authority. DSS provides procedure codes for billing these screenings to physicians to promote their implementation of the screenings, which is a performance target for the Community Health Network (CHN) of Connecticut.

Bill provided a handout displaying utilization data for developmental and behavioral health screens. From calendar year 2015 to calendar year 2016 there was a dramatic increase in utilization of both screens (from roughly 60,000 in 2015 to nearly 71,000 in developmental screens and from roughly 16,000 to nearly 24,000 in behavioral health screens). Similar data for

the first three quarters of 2017 compared to the same period in 2016 show a sustained growth in utilization. Greater utilization is also reflected in increases of 8.10 for developmental screens and 4.67 for behavioral health screens in the percent of Medicaid members who were screened in 2015 versus 2016.

Bill indicated that DSS will ultimately look at whether screenings that reveal developmental or behavioral health problems lead to services; However, we don't have data on how many positive screens lead to services provided outside the Medicaid system (for example, by schools). In Massachusetts 40% of developmental positive screening can be mitigated within the primary care office. He thinks this is also true of problems identified through behavioral health screenings.

Several follow-up questions were posed.

- Are data available on Massachusetts' screening utilization? *Bill will check on this.*
- Would Medicaid fund Child FIRST providers to offer developmental and behavioral health screening? *Current state fiscal realities limit the expansion into broader behavioral health funding.*
- Is the ACES being used? *DSS is considering whether there should be a trauma screening code in addition to the developmental and behavioral health screening codes or whether trauma screening should be included under the behavioral health screening. A concern is whether the existence of trauma in the absence of symptomatology is picked up by trauma screens.*
- What data do we have regarding screening under commercial insurance? *Bill did not know but agreed to look into it.*
- CHN is responsible for educating pediatricians. Is anything being done to educate parents. *Bill will check to see whether parents get information about screening in the HUSKY Welcome Packets.*
- What other entities can bill for screenings under these procedure codes (e.g., School-Based Clinics, Federally Qualified Health Centers, etc.)? SBCs, FQHCs, etc. can bill under this procedure? *Bill will check.*

Behavioral Health Screening Efforts Across Child Serving Systems- Andrea Goetz, Consultant to CT Behavioral Health Plan Implementation Advisory Board

In introducing Andrea, Jeff provided brief summary of the Children's Behavioral Health Plan, which was a catalyst for this initiative. He indicated that CHDI received a grant from the CT Health Foundation to fund this work, which stared on January 1. Andrea will serve as a consultant on behalf of the tri-chairs of the Children's Behavioral Health Plan Implementation Advisory Board.

The primary focus areas will be fiscal mapping and early identification and screening. Fiscal mapping will look at what dollars are being spent on children's behavioral health in total and identify more efficient (cost effective) ways of using these dollars. Data has been collected on retrospective data from the state agencies on expenditures for behavioral health services, looking back roughly two years. Using this data, Andrea and the tri-chairs will work with the Advisory

Board partners to examine the system's strengths and gaps and develop a roadmap for a consolidated statewide children's behavioral health system.

Update from Consumer and Family Advisory Council- Mary Held, Deb McCusker and Susan Graham

CFAC has elected officers: *Brenetta* Henry elected to CFAC *tri*-chair; Marshall Demorest elected *tri*-chair, representing youth and young adults *along with Beacon peer Kenneth Cayones.* Kelly Phoenix will no longer be a CFAC member *but will continue to serve as the CFAC liaison* to the BHPOC and support CFAC's work. On March 8 the CFAC will meet with Veyo *to learn about the new nonmedical emergency transportation (NEMT) contract, express concerns about the transition and offer support.* The CFAC conducted an educational trip to the LOB to learn about the legislative process and opportunities to influence legislation and other public policy. Jan Van Tassel provided the training. Representative Mike D'Amico, one of the BHPOC's tri-chairs, spoke to the group.

New Business and Announcements:

Jeff asked the membership for suggestions about future agenda items, and the following list was generated:

- What can be learned from the Florida school shooting, especially as regards early detection of trauma that might have prevented the incident?
- Transition services for consumers moving from the child to the adult service system (currently scheduled for next month)
- A report from the Emergency Department Utilization Workgroup.
- More on outpatient clinic utilization and other data
- Broad conversation about the child behavioral health system.
- Health disparities in behavioral health service delivery

This latter topic generated considerable discussion about the BHPOC's stated goal to identify and address issues of health disparity in Connecticut. Members expressed concern that the approach of the Council and its committees should be more deliberate and aggressive. There was recognition that utilization data have been reported by race and ethnicity in most of the presentations before this committee, but an overall expression that more should be done. Steve indicated that the BHPOC Executive Committee has in its past several meetings been revisiting the Council's approach to addressing racial disparity and discussing ways of emphasizing this focus. Bill shared a recommendation that he had made to select a single service on which the Council could focus intense effort to effect a measurable improvement in service access and outcomes for minorities. Steve agreed to share this and other aspects of this discussion with the Executive Committee.

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