



## Behavioral Health Partnership Oversight Council

### **Child/Adolescent Quality, Access & Policy Committee**

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[www.cga.ct.gov/ph/BHPOC](http://www.cga.ct.gov/ph/BHPOC)

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*Co-Chairs: Steve Girelli & Jeff Vanderploeg*  
**Meeting Summary**  
**Wednesday, January 16, 2019**  
**2:00 – 4:00 p.m.**  
**Call-In Meeting**

**Next Committee Meeting Date: Wednesday, February 20, 2019 at 2:00 PM at Beacon Health Options in the Hartford Conference Room- Third (3rd) Floor in Rocky Hill, CT**

**Attendees:** *Dr. Steve Girelli (Co-Chair), Dr. Jeff Vanderploeg (Co-Chair), Dr. Lois Berkowitz (DCF), Elliot Brenner, Matty Briggs, Michelle Chase, Tammy Freeberg, Bet Gailor, Brenetta Henry, Susan Kelley, Mickey Kramer (OCA), Jen Kurowski (Beacon), Ann Phelan (Beacon), Kelly Phenix, Donyale Pina (DCF), Maureen Reault (DSS), Karen Siegel, Dr. Stephney Springer (DCF), Lori Szczygiel (Beacon), Nathalie Szilagyi and Valerie Wyzykowski (OHA)*

### **Introductions:**

Co-Chair Steve Girelli convened the conference call meeting at 2:07 PM and explained the reason for the conference call in lieu of a face-to-face meeting.

### **Discussion of CAQAP Mission Statement and Goals**



Mission Statements  
for DCF and QAP sub

- a) **History and ongoing Development of CAQAP's Focus-** Dr. Lois Berkowitz (DCF) and Dr. Stephney Springer (DMHAS)
  - b) **Recent Themes for Possible Incorporation into CAQAP Mission and Goals-** Dr. Jeff Vanderploeg and Dr. Steven Girelli (Co-Chairs)
  - c) **Identifying presentation for Future Meetings**
- Lois Berkowitz reported on the history of the Partnership committees and provided a handout of the mission statements of the DCF Advisory Subcommittee; the Child/Adolescent Quality, Access, and Policy Committee; and the Adult Quality, Access, and Policy Committee (see above icon). In 2011, DMHAS joined the Partnership, and subcommittees were reconfigured. The former DCF Advisory Subcommittee joined with the former Quality Access, and Policy Committee to become the *Child and Adolescent Quality, Access, and Policy Committee*. The *Adult Quality, Access, and Policy Committee* was formed as its counterpart.

- Historically, Medicaid behavioral health has been the primary focus of the BHP and its subcommittees
- One member asked about the division of responsibilities among the committees, presence of some overlap on agendas (e.g., Operations), and how we intersect with them.
  - Lois: Operations generally does not get into detail on access, quality, and outcome measures, which is the focus of the CAQAP.
- DCF views grant funded programs as being germane to this committee because many grant funded programs are also reimbursed by Medicaid. In some cases grant funded programs may be converted to a Medicaid reimbursed service.
- One member asked whether CAQAP is looking to ensure that private insurance is reimbursing for services first, and that Medicaid and grants are payers of last resort only.
  - DCF responded that it depends on the program and details of the client's insurance coverage.
  - Beacon indicated that this committee has not historically been a forum for that discussion, even though they are interested in understanding the public's health. Beacon does check for other insurance coverages during the eligibility determination process.
- One member commented that for cases in which commercial is the primary payer and Medicaid is secondary, the private insurer denies coverage for a service because they believe or know that Medicaid will pick up payment for the service.
  - OHA can help families overturn denials coming from commercial insurers and may be able to pursue commercial insurers to reimburse Medicaid for services they should have paid for.
  - There was disagreement about whether issues like the above should be addressed through the BH Partnership (CAQAP, Operations), Commercial Insurance Department (CID), and/or the Office of the Healthcare Advocate (OHA).
- One member indicated that there has been increasing openness to a variety of perspectives, and that Beacon has elevated the quality and robustness of discussion over the years. A desire to continue that trajectory toward more robustness was expressed.
- A member indicated that SDE and LEAs deliver Medicaid reimbursed behavioral health services, particularly through IEPs, but are not a significant contributor to the BHP.
- The Committee chairs invited participants to discuss the idea of having the CAQAP examine data related to quality, access, and outcomes and hear from providers and consumers about their experience with the system, needs, gaps, etc.
  - One member asked if we could invite other states to present to us about how they are maximizing Medicaid services/other resources to support behavioral health. How have they addressed specific barriers that we face?
  - Another member suggested identifying gaps and challenges, prioritizing them, and learning more about those topics in order to make strong recommendations to the Oversight Council.
  - DCF indicated that we have a wealth of resources and experiences in the state as well, and we need to hear more from them to inform our work.
  - Could we shift our focus from identifying gaps to one that also identifies services and resources (within and outside CT) to address those gaps?
- A member observed that outpatient care serves a much larger population than more intensive services (e.g., EDs, inpatient). The member requested to see more data on

outpatient and other services on the less intensive end of the behavioral health service array, as opposed (or in addition to) EDs and inpatient.

- Beacon can present data on this, but providers may also have their own data to present to inform the conversation.
- Beacon generates data on a regular basis in planned areas, and much of that could be relevant to this group without requiring new ad hoc report requests, as long as we're clear on the priorities and goals.
  - Beacon's required utilization reports may not be that interesting, but there are performance targets, clinical studies and UM/QM performance review measures they could report on.
- Committee chairs will draft a revised mission statement to the group and circulate to the CAQAP members and invite feedback
  - One member suggested need to start there, then identify goals and metrics
- The idea of merging CAQAP with the Adult QAP was discussed
  - Members generally (but not universally) indicated a need for a focused child-specific discussion
  - Members discussed the need for Adult QAP to regularly hold meetings, regardless of the structure, noting that they met only twice last year.
- Members generated several presentation ideas. CAQAP can consider inviting Beacon, regional network managers, and local providers to co-present. Ideas included:
  - Outpatient services
  - State plans for policy development and health care reform
    - Transfer of DCF behavioral health funds to Judicial Branch
    - DSS state plan amendment updates
    - State Innovation Model (SIM)
    - Children's Behavioral Health Plan
    - Family First Act, new uses of Title IV-E foster care prevention services
  - State plans for new program development
  - Substance use/abuse data and programming (e.g., Beacon is working on an OUD/SUD dashboard that could be presented in the coming months)
  - Young adult services (e.g., Young Adult Services at DMHAS, ABH's *CT Strong*)
  - Behavioral health needs of LGBTQ youth
  - Intersection of education and mental health and denial of services (idea raised by CT Legal Services and Michelle at CFAC re: IEPs and 504 plan laws, budgets)
  - Dually insured clients, denials from private insurance, needs of children with autism

## **Consumer Family Advisory Council (CFAC) Updates for January**

- Citizens Review Panel obtained feedback on current and past experiences with DCF (particularly in the child protection system)
- Family members working with DPH on a new app to promote Naloxone treatment.
- In February, CFAC will provide role-play opportunities to help educate consumers (particularly visual learners, and consumers with low literacy) on what the tele mental health programs will "look like."

- On January 23<sup>rd</sup> from 1-3 at the LOB Room 1E, CFAC and the Coordination of Care subcommittee will be meeting to discuss issues with Veyo (non-emergency medical transportation)
- CFAC will wait for DCF, DMHAS, and DSS Commissioners to be confirmed, and then invite them to their March meeting for a meet-and-greet.
- Save the Date: On April 11, 2019 from 8:00 – 10:30, CFAC will be hosting their first Legislative Breakfast. It will be held at the private legislators' café. They plan to talk about iCAN, suicide prevention and bullying, and will be working on "the asks." CFAC asked all CAQAP members and others to provide input into their priorities and "asks."

### **New Business, Announcements, and Adjournment**

There was no other new business or other announcements. Co-chair Steve Girelli thanked everyone for their participation and adjourned the meeting at 3:54 PM.

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