Behavioral Health Partnership Oversight Council

Child/Adolescent Quality, Access & Policy Committee

Legislative Office Building Room 3000, Hartford, CT 06106
(860) 240-0346 Info Line (860) 240-8329 FAX (860) 240-5306
www.cga.ct.gov/ph/BHPOC

Co-Chairs: Steve Girelli & Jeff Vanderploeg
Meeting Summary
Wednesday, January 15, 2020
2:00 – 4:00 p.m.

Next Committee Meeting Date: Wednesday, February 19, 2020 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), Chris Bory (Beacon), Maria Brereton, Melissa Deasy, Alice Forrester, Tammy Freeberg, Elizabeth Garrigan (Beacon), Jessica Guite, Bill Halsey (DSS), Irvin Jennings, Beth Klink, Mickey Kramer (OCA), Valerie Lilley (OCA), Maureen O'Neill-Davis, Kelly Phenix, Donyale Pina (DSS), Kathy Schiessl, Tara Scrivano, Erika Sharillo (Beacon), Call-ins- Dr. Stephney Springer (DCF), and Mark Vanacore (DMHAS)*

Introductions

Co-Chair Steve Girelli convened the meeting at 2:06 PM. Participants, including those calling in, introduced themselves.

Comments and Discussion from the December Meeting

Co-Chair Steve Girelli asked for comments from the last meeting. There was no follow-up discussion from the last meeting.

Integrated Care for Kids (InCK) -Bill Halsey (DSS) and Alice Forrester (Clifford Beers)

ChildAdol1-15-2020 INCK Clifford Beers.p

ChildAdol1-15-2020 InCK Fact Sheet.pdf

- CT was one of 7 states (8 projects) awarded an Integrated Care for Kids (InCK) grant, which in Connecticut is a 7-year, $16 million grant. Clifford Beers is the lead agency, and the target population includes all 28,000 Medicaid enrolled children and their families, and 2,000 pregnant women, in Greater New Haven.
- The primary components of InCK include but are not limited to: a) an innovative, integrated service delivery model and; b) an alternative payment model (APM) to support that model.
- There are a number of challenges to providing integrated care: Multiple time-limited grants (rather than a more predictable and sustainable funding source), multiple licenses

required across ages and service disciplines, lack of coordination, insufficient use of technology, etc.

- There is a need to significantly reduce the complexity of health care service delivery for families and to get health and behavioral health out of the office and into the community.
- InCK includes a 2-year planning period and a 5-year implementation period. None of the InCK grant funds can go to funding direct service delivery--they must be used for planning and infrastructure/system development. Through the grant, a set of services will be identified to be funded under an APM; however, Medicaid members in the target population may also receive direct services funded by other sources, such as grants.
- InCK could not be implemented statewide because the feds require in-state comparison communities that are receiving treatment as usual using existing payment models.
- DSS has 45 days to submit a concept paper on the core services and key elements of the proposed APM, including the Medicaid payment vehicle. InCK partners will work with Mercer to develop the APM. The standard Medicaid state plan must be available to all children and families enrolled in Medicaid, so this grant will likely require an 1115 Waiver to Medicaid rather than a state plan amendment.
- They will stratify risk for all members and will conduct predictive analytics to inform service needs. To identify all 30,000 members, they will connect through schools, primary care, and community sites (e.g., grocery stores, community outreach).
- The opportunity for statewide dissemination of this approach may be constrained by the presence of this 7-year initiative and the need to retain the integrity of the comparison group. A within-state parallel initiative may be needed to advance these strategies for statewide dissemination, if possible, more quickly than after this 7-year initiative. There may be an opportunity to look at cross-system benefits outside of the health system (e.g., education, juvenile justice).
- There are a number of initiatives that are inter-related to one another in the current health and child welfare reform environment and should be considered holistically if possible. They include InCK, Family First, and Health Enhancement Communities.
- Members congratulated DSS and Clifford Beers on obtaining this critically important grant and were very interested in seeing this model rolled out across the state.

Emerging Adults At-Risk for Disengaging from Medicaid Behavioral Health Services

-Chris Bory (Beacon)

ChildAdol1-15-2020
Emerging Adults Pre

- Transition-aged youths (15 to 26 years old) face many challenges in this stage of life, particularly those who have behavioral health (BH) challenges.
- The purpose of this predictive analytics initiative is to identify target populations that would benefit from evidence-informed clinical interventions delivered in the field that engage them in ongoing behavioral health services.

- The process involved using historical data to build algorithms that best fit that data, then applying those algorithms to new data in order to predict future outcomes.
- They looked at data from 2016 (observation window) and 2017 (prediction window). Data sources included Medicaid claims, prior authorization, care management.
- There were hundreds of predictor variables. The outcome variable of "disengagement" was defined as the presence of a paid BH claim in the observation year and having no paid claims in the predictive year.
- 170,000+ members were 15 to 26-year-olds in the observation window. About 26% had one or more Medicaid BH claim.
- Results suggested that the following predictors were most important to predicting disengagement from Medicaid behavioral health services (although the direction and predictive power of each of these variables aren't determined by these types of analyses): Number of days since last BH claim; total BH primary diagnosis claim costs; BH pharmacy costs.
- Beacon used this model to predict the likelihood that each individual member would disengage from Medicaid behavioral health services over the next 12 months. These scores can and do change over time as new data from claims and other sources become available.
- They first applied the model to DCF-involved emerging adults (N=1,600) to assign a score to each member that represents their likelihood of disengaging from the Medicaid BH system. About 90 individuals (6% of sample) were above the 60th percentile on the risk score profile.
- The interventions to address the needs of these members are being identified and/or developed by DCF and may include existing evidence-based interventions (there are not many in the literature). The plan is to work on a method to attribute identified members to particular clinics, then put new interventions into practice through the DCF Area Offices and in those community BH clinics, in order to prevent dropout from behavioral health services.
- Group members offered several questions and comments to understand how best to ensure these findings are applied to delivery of effective interventions.
    - One member indicated that Peer Specialists could be very helpful; however, DSS in Connecticut does not currently pay for Peer Specialists in BH, though they do pay for Recovery Coaches in the substance abuse arena.
    - Another member noted that warm handoffs from the youth to the adult system is critically important, as is ensuring ongoing connection to supportive family members, outreach and check-ins, goal-setting specific to young adults, etc.
    - Overall, group members reiterated numerous times that there is a need to ensure that the investment in producing these predictive analytic findings make their way into interventions to reduce disengagement from Medicaid behavioral health services.
    - Members suggested a sharing of current best practices among providers that are working with this population of Medicaid members now and have devised effective ways to continue to engage them in services.

Update from Consumer and Family Advisory Council (CFAC): Deferred, as no CFAC member was available to provide the report.

New Business and Adjournment

Co-Chair Steve Girelli thanked everyone for the presentations. A reminder was provided that the next meeting will be Wednesday, February 19, 2020, 2:00 – 4:00 PM, Beacon Health Options, Hartford Conference Room, Third Floor, Rocky Hill, CT. Steve then asked for any new business and hearing none, he wished everyone a good evening and adjourned the meeting at 3:57 PM.

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