

Meeting Summary for BHP Child/Adolescent Quality, Access & Policy Committee Zoom Meeting

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Quick recap

The meeting focused on the intermediate levels of care for children's behavioral health needs, funded by DCF. Aleece Kelly (CHDI) presented a report addressing research questions asked by DCF, highlighting gaps in literature around treating emotional problems and trauma exposure in youth. The team discussed the availability of services for children, especially those accepting Medicaid, and the staffing challenges some programs faced. Aleece proposed several recommendations to tackle the workforce shortage and improve the availability of intermediate levels of care in the state's eastern region. The conversation also shifted to a Medicaid rate study and its recommendations, with a proposed \$7 million allocation to behavioral health being contentious. The team agreed on the need for more funding to support quality care and improve workforce shortages.

Next steps

David Kaplan will upload the Medicaid rate study PowerPoint to the BHP website if it becomes publicly available.

Steve Girelli will present the discussion points about funding and rate adjustments to the Oversight Council and Executive Committee.

Summary

Intermediate Levels of Care for Children's Behavioral Health

The team discussed the agenda, which included their roles in the organization, a presentation, and a deep dive into the intermediate levels of care for children's behavioral health needs. Aleece presented a report on intermediate levels of care, funded by DCF, to Steve and his team. Steve had previously reached out to Jeff Vanderploeg (CHDI), who agreed to present at the meeting. The discussion was set to focus on the process and findings of the report, with an aim to have a productive discussion on the recommendations they came up with.

Behavioral Health Programs Development Discussed

Aleece discussed the development of behavioral health programs and the importance of intermediate levels of care for both individuals and the healthcare system. She highlighted that despite a lack of a standard definition, these services were crucial and had been excluded from this review. Aleece then outlined the research questions asked by DCF, focusing on intensive outpatient, partial hospitalization, extended day treatment, and PRTF. She mentioned the involvement of Dr. Amber Child from Yale in a literature review and two surveys conducted to understand program practices and staff experiences. Aleece concluded by noting the lack of literature on extended day treatment and the focus group with staff, mainly from ED provider staff.

Gaps in Youth Trauma Treatment Literature Discussed

Aleece presented research on the gaps in literature around treating emotional problems and trauma exposure in youth, particularly in relation to equity factors such as race, ethnicity, gender, income, and services for children with intellectual or developmental disabilities. She also discussed the lack of literature on the specific treatment components of ED, cost-effectiveness, and long-term outcomes post-discharge. Steve clarified that the gaps referred to

in the literature, not the programs themselves. Aleece also discussed the availability of services for children, especially those accepting Medicaid, and the staffing challenges some programs faced. Dr. Irv Jennings noted that a particular program (EDP) was not listed for the Danbury area and Aleece agreed to correct the oversight. The conversation ended with a discussion on the differences in ages, diagnoses, and treatment models across various programs.

Behavioral Health Program Challenges Discussed

Dr. Jennings expressed concerns about the lack of homogeneity within programs, particularly in terms of behavior and mental health issues among children. He noted the challenges of defining populations and the exceptions that emerge in reality, which are not captured in official definitions. Aleece acknowledged these points and noted that the discussion was specific to Medicaid care guidelines. Tammy suggested referring to published level of care guidelines for consistency. Aleece also highlighted the strengths of the programs, such as the implementation of treatment models and evidence-based treatments, and the dedication of staff. However, she also noted challenges like staffing shortages, high caseloads, and the need for more diversity among staff and leadership.

Diversity, Training, and Job Satisfaction

The team discussed a variety of topics related to their programs. There was a focus on the representation of different races, ethnicities, and languages within their services. The team also discussed the use of measurement-based care and the need for more training opportunities. A challenge was identified in the comprehensive diagnostic evaluation at intake due to staffing issues. Family engagement was another area of focus, with varying strategies and levels of engagement across programs. Lastly, there was a discussion on the implementation of evidence-based treatments and job satisfaction among staff, with lower rates reported for staff in extended day treatment programs.

Increasing Demand for Intermediate Care Services

Aleece presented findings on the demand and supply of intermediate levels of care services. The data showed that the demand for these services is increasing, but they have not reached pre-pandemic levels due to significant staffing challenges. There is evidence of increased demand, as mobile crisis clinicians often seek to refer to these services but often cannot find access. However, there were challenges related to race and ethnicity data, highlighting the need for continued exploration to increase health equity and decrease disparities. The team also discussed the use of evidence-based treatments in short-term programs, with dialectical behavioral therapy, acceptance and commitment therapy, cognitive behavioral therapy, and attachment, regulation, and competency therapy being mentioned as commonly used.

Workforce Shortage and Care Availability in Eastern Region

Aleece proposed several recommendations to tackle the workforce shortage and improve the availability of intermediate levels of care in the state's eastern region. These included improving data collection, piloting a standardized model for evidence-based treatment, expanding training opportunities, and diversifying program staff and the children served. Dr. Jennings voiced concerns about program closures and staff retention, emphasizing the need for increased funding. The participants agreed on the need for additional funding to support quality care and improve workforce shortages. Aleece also clarified that a report, which was approved by DCF, included specific recommendations for the education sector.

Medicaid Rate Study and Behavioral Health Funding Discussion

The team discussed a report presented by Aleece, with Steve expressing appreciation and suggesting David share the report link. The conversation shifted to a Medicaid rate study and its recommendations, with a proposed \$7 million allocation to behavioral health being contentious. The team considered reallocating funds from evaluation to services. The gap in behavioral health services was identified as significant, with an estimated increase of around 130 needed to reach adequate levels compared to other states and Medicare reimbursement rates. Steve emphasized the need to provide feedback to DSS and potentially the legislature. David then shared updates from a meeting with DSS and members of MAPOC, noting interest in increasing the allocation. Steve mentioned that a presentation by DSS at the Oversight Council's last meeting was available on the Council's Website.

MAPOC Website, Rates, and Funding Allocation

Steve shared his presentation with the team on the MAPOC Website, a platform confusingly identified as the Medical Assistance Program Oversight Council by Kelly. Steve also expressed intentions to reach out to DSS about uploading the PowerPoint to the BHP Website. The team discussed the importance of distinguishing between rates and costs during their discussions, as the gap between them is a significant issue. Steve emphasized Howard Sovronsky's point about the challenges of covering actual costs, even with increased rates. Maria Brerenton, Steve, and Tammy Freeberg encountered issues accessing a Behavioral Health Oversight Committee transcript but managed to access it eventually. Lisa raised a question about specific billing codes discussed in a presentation, while Tammy provided more insight on the deep dive into behavioral health in the MAPOC presentation and the billing codes used for the analysis. Dr. Jennings mentioned the unfunded Star Homes program, prompting the team to recognize the need for better control of funding allocation. David clarified the website password and its location on the Committee page on Public Health Webpage of the CGA Website. Steve recommended contacting DSS to grant David permission to upload the slides to their website and also suggested reviewing the MAPOC presentation.

Medicaid Funding Gaps: Study, Recommendations, and Future Plans

The team discussed a state study on Medicaid funding gaps. Steve pointed out the disparity between needed funding and the upcoming budget, suggesting involving Yale economists to emphasize the cost difference. Dr. Jennings proposed making a recommendation based on the study's findings, which Howard agreed to, stressing the importance of acknowledging added costs to nonprofit clinics. The team agreed on the need for more funding, with Christina highlighting the unfair division between private providers and clinics. Tammy emphasized building a new rate model for transparency and ongoing rate management and linking it to House Bill 5347. Steve proposed recommending the Council to establish a percentage of the shortfall for the first year and to adjust the Medicaid rate annually to match inflation.

Bill, Funds, Council, CFAC, Hospital

Discussions about the allocation of funds for a significant problem were led by Dr. Jennings and Steve, with Steve suggesting that the matter be presented to the Oversight Council and the Executive Committee for decision making. Neva Caldwell gave a brief update on the CFAC, announcing new chair tri-chair and an upcoming legislative breakfast. Howard brought attention to the issue of children waiting in emergency rooms and hospital beds due to the lack of available intermediate care levels. The group agreed to discuss these matters further at their next meeting scheduled for April 17th, 2024.