The Child/Adolescent Quality, Access, and Policy Committee (CAQAP) of the Behavioral Health Partnership Oversight Council (BHPOC)

CT Behavioral Health Partnership (CTBHP – the Partnership) in Review

- **Created by the Legislature in 2006 to improve access and quality of Medicaid-funded behavioral health services in Connecticut**
- **Originally the partners were the Department of Children and Families (DCF) and the Department of Social Services (DSS)**
- **The Department of Mental Health and Addiction Services (DMHAS) was added to the partnership in 2010**

CT Behavioral Health Partnership
(CTBHP – the Partnership)

- **The goals of the partnership are to:**
  - **Improve the quality of behavioral health care (mental health, substance abuse, and support services), especially through oversight of Medicaid services and expenditures**
  - **Promote prevention and recovery by working with individuals, family members, providers and other local social support programs**
  - **Attend to the cultural needs, strengths, and preferences of members and their families**
  - **Make the best use of federal and state funding**

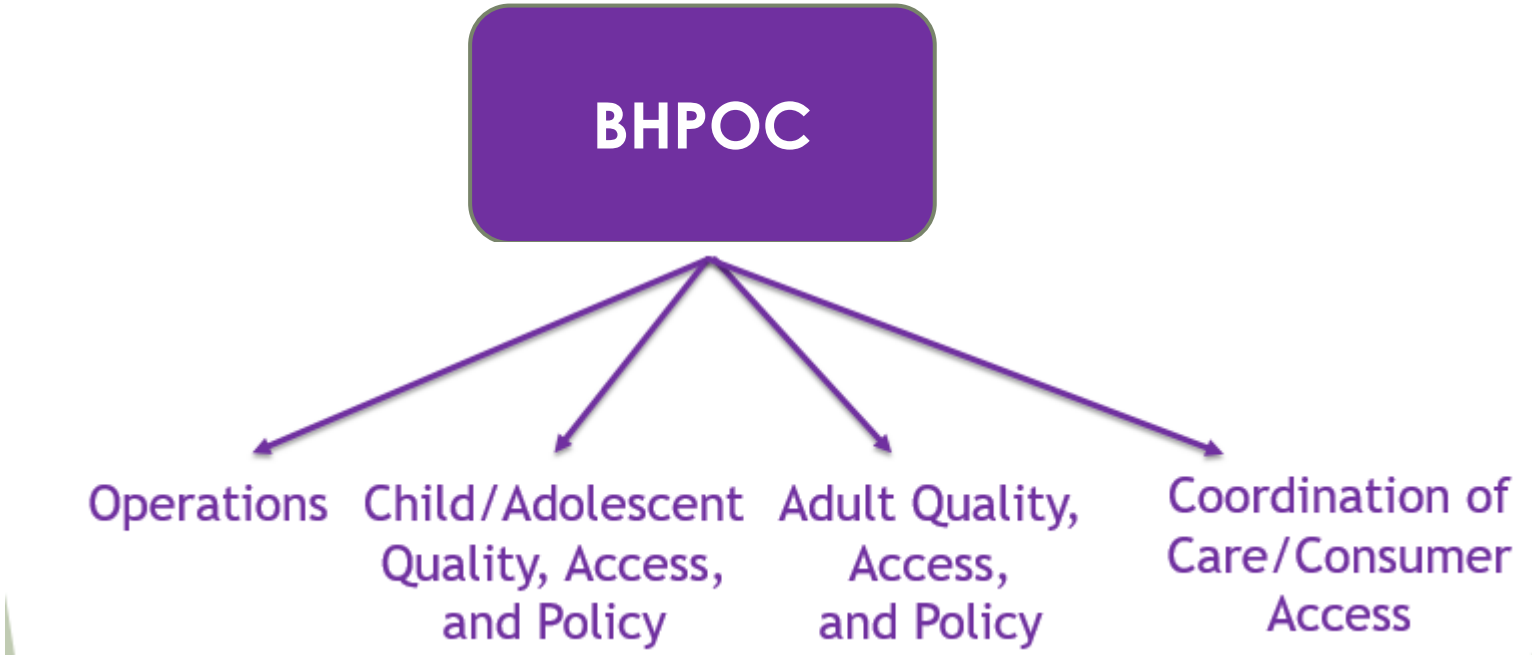
Behavioral Health Partnership Oversight Council (BHPOC)

- **The Connecticut legislature passed legislation to create the CTBHP and is invested in monitoring its progress.**
- **The legislature then formed the Connecticut Behavioral Health Partnership Oversight Council as a way of making sure that the CTBHP lives up to legislative expectations.**
- **DESIGNATED consumers and consumer family members are appointed by a legislative process to sit on the Oversight Council.**
- **ALL consumers and consumer family members are encouraged and welcomed to participate in the Oversight Council committees.**

Behavioral Health Partnership Oversight Council (BHPOC)

- **36 members, each appointed by a partner state agency, legislator, or the Governor, make up the BHPOC**
- **Of those 36, 6 seats are designated for appointed consumers or consumer family members**
- **In addition to the 3 partner state agencies (DCF, DSS, and DMHAS) that attend and present at BHPOC meetings, other state entities also participate, such as the Department of Developmental Services, State Department of Education, and the Court Support Services Division of the Judicial Branch**
- **There are 3 chair persons and they consist of**
  - **1.) a consumer or family**
  - **2.) a provider or advocacy representative**
  - **3.) a member of the CT General Assembly**

BHPOC Original Committee Structure



BHPOC Original Committee Structure

- **Most of the work of the Oversight Council is performed in its committees**
- **Committees meet on a regular basis (the meeting schedules are posted on the BHPOC website and announced at each meeting)**
- **Participation in the committees is open to the public and includes consumers, providers, state agency representatives, and other stakeholders**
- **Committees report on meeting content back to the Oversight Council and make recommendations to the Council about improvements in quality and access in children's behavioral health.**

Child/Adolescent Quality, Access, and Policy Committee Purpose

- Bring together family members, advocates, providers, state agencies, and other partners to maximize the impact of children's behavioral health services and supports funded by Medicaid and other grant funded services.
- Identify and address key issues of concern to consumers and providers to enhance quality and access.
- Review data on the effectiveness of the initiatives, policies, and services of the behavioral health system.
- Address the needs, strengths, and gaps in the behavioral health service system and make recommendations to the Council for improvements.
- Provide input to the State's plan for federal health care reform and other emerging mental health policy and program developments.

Child/Adolescent Quality, Access, and Policy Committee Meetings

- Most meetings involve one or two presentations about children's behavioral health services in Connecticut. Examples include data about the use of the emergency departments for behavioral health needs, use of the Emergency Crisis Intervention Services, and the outpatient clinics' responses to the COVID pandemic. In addition to topics such as these, each meeting includes an update about the work of the CFAC.

- In every presentation and discussion, we try to address equity in the behavioral health system.

Child/Adolescent Quality, Access, and Policy Committee Key Topics

- Utilization of Emergency Department (ED) and in-patient beds (stuckness factors)
- Utilization/availability of intermediate levels of care, esp. as regards their impact on ED/inpt utilization
- Urgent Crisis Center utilization and effectiveness, as well as funding under Medicaid
- Non-Emergency Medical Transportation (NEMT) and its impact on access to care
- Medicaid reimbursement levels for ambulatory behavioral health services and state response to national study revealing inadequacy of current funding. Remediation plan details and timeline. Provider input opportunities.
- Health equity within all of these broader topics.

Child/Adolescent Quality, Access, and Policy Committee ED and In-pt Utilization

- Utilization of Emergency Department (ED) and in-patient beds (stuckness factors)
  - CAQAP has been tracking these data from Carelon Behavioral Health on a quarterly basis for over a year
  - Generally, there has been some improvement at times, though with no dramatic decrease in utilization
  - CAQAP monitors factors that may impact utilization at the high end, i.e.:
    - Availability/utilization of intermediate levels of care, (e.g. EDT, mobile crisis services)
    - Availability/utilization of step downs from these levels of care (e.g., RTC and group home)
    - Reasons for admission/readmission
  - Introduction of Urgent Crisis Centers and impact on ED and in-pt utilization, as well as review of transition from ARPA funding to Medicaid reimbursement

Child/Adolescent Quality, Access, and Policy Committee NEMT

- Non-emergency Medical Transportation has been an ongoing topic within this and other BHPOC Committees, as well as within BHPOC itself.
- Key concerns have included:
  - Reliability of transportation (e.g., no-show rates, wait times)
  - Limitations on use (e.g., transportation of siblings to appointments when childcare may be a challenge)

Child/Adolescent Quality, Access, and Policy Committee Funding Adequacy

- Phase One (of Two) of legislatively-mandated Medicaid funding study established significant underfunding in Connecticut relative to states deemed otherwise comparable.
- Reimbursement levels for ambulatory behavioral health services were among those deemed significantly inadequate.
  - DSS and other state agencies are discussion remediation efforts and funds.
  - Some concern among non-profit providers that increased funding will prioritize private practice reimbursement, ignoring great costs of funning nonprofit services and their critical role in state's behavioral health.
  - All BHPOC committees, as well as BHPOC itself, are reviewing state plans as they develop to evaluate their likelihood of adequately addressing the shortfall.
  - These are seen as critical opportunities for consumer and provider input.

Child/Adolescent Quality, Access, and Policy Committee Health Equity

- The BHPOC and all of its committees have for several years focused on health equity
  - Within committee reports this has taken two forms with regard to presentations:
    - The first has been presentations specifically about health equity, disparities, and contributing factors.
    - The second and more common approach has been to imbed within reports on other topics (e.g., EDT utilization, Enhanced Care Clinic (ECC) access, etc.) data regarding equity, access, and utilization.
  - BHPOC also created a DEI Committee that is focused on health equity
    - One of its most significant accomplishments was to recommend to the BHPOC that it request of DSS lifting the suspension on new ECCs in order to dramatically increase accessibility, which DSS has done

Questions and Comments?

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