



***Behavioral Health Partnership
Oversight Council
Coordination of Care 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: Maureen Smith & Sharon Langer
David Kaplan, BHPOC Staff

The Committee will work with the Departments of Social Services, Children and Families, and Mental Health and Addiction Services, and the administrative services organizations that administer medical, behavioral health, dental and non-emergency transportation, to identify and monitor key issues that may impact whether individuals and families in the HUSKY Health program and Charter Oak Health Plan receive person-centered coordinated services. The Committee and its partners, along with parent and community input, will seek to ensure that participants in the HUSKY Health program and the Charter Oak Health Plan receive behavioral health care that is coordinated with their medical (primary and specialty care), dental, pharmacy, and transportation services.

**Meeting Summary: May 16, 2012
1:30 – 3 PM
LOB Room 2600**

Next Meeting: **September 19, 2012 @ 1:30 PM in 1E LOB**
*** Note* This is a Date and Room Change.**

Attendees: Co-Chair Maureen Smith, Lois Berkowitz, Karen Buckley-Bates, Michelle Chase, Logan Clark, Alyse Chin, Karen Evertson, Matt Gianquinto, Susan Halpin, Bill Halsey, Robin Hamilton, Colleen Harrington, Brenetta Henry, Ellen Mathis, Sabra Mayo, Sandra Quinn, Trevor Ramsey, Kimberly Sherman, Eunice Stellmacher, Donna Strigler, Amy Taylor, Michelle Tournas, Lee Van Der Baan, and Barbara Ward-Zimmerman

Co-Chair Maureen Smith convened the meeting at 1:37 PM, welcomed all members, thanked the members for her get well card from March, and informed the committee that her Co-Chair, Sharon Langer would not be in attendance due to a family illness. She welcomed new member, Barbara Ward-Zimmerman and invited her to address the Committee at its next meeting. Introductions were made and attendance was taken.

Update on Transportation (DSS and Logisticare)

Lee Van Der Baan of the Department of Social Services assisted by Robin Hamilton of Logisticare and Sandra Quinn of Value Options gave the update. As of April 1, 2012, all services for Husky B, C, & D were consolidated to Logisticare. They are receiving up to 6000 call each day for service requests for about 12,000 to 14,000 trips per day with fewer calls on weekends. After the April 1st transition date, they received a tremendous volume of calls and they had to have back-up from their Georgia and Texas call centers to help out with these requests. These calls were a little longer than the average 3-4 minute calls previously experienced; they doubled in length. Lee said that he spoke with Discharge Providers at Connecticut Children's Medical Hospital (CCMH) and Yale-New Haven to address misunderstandings. He said that contact is made with providers; it solves problems because together, they come up with solutions. He has, also, had discussions with school districts about getting children cab rides from schools without complications such as; getting on a bus, not being able to park in front, etc. In addition, there are restrictions on school transportation vehicles which complicate business due to regulations about car seats, proper installations, etc. He made a point to note that outreach to providers will not solve all problems when dealing with 700,000+ people.

When there is a problem; how to get a quick resolution? The solution; the three ASOs (CTHN, VO & Logisticare) have gotten together to create a Rapid Response Group. Although it's in the embryonic stage, it will be an effective tool to handle issues and get resolve in the least amount of time. Any person with any concern can go to any of the ASOs and the RRG will handle the problem/issue. An identified person from the RRG will shepherd the issue to its resolution. The Rapid Response taker will be cross-trained with contact information and will, also, be targeted to deal with special needs so they will be able to handle issues as they come up. This approach is not intended to replace any type of crises call centers. Maureen said that she and Sharon had a meeting the day before with Logisticare and DSS to go over problems that have been reported. With over 14,000 calls a day, Logisticare wants to get these problems handled. She and Sharon feel like Logisticare is trying its best to resolve any problems that have happened and may still occur. When people report problems, it is important that they get the full name and an I.D. number of the person to whom they are reporting the problem to. Lee said any worker who is not following through on reported problems, will go for re-training. Maureen said that everyone is pleased that there is just one vendor for transportation services.

As far as Sibling Transportation is concerned, Logisticare has liability when transporting non-patient siblings. The adult parent must make every effort to find alternative care for the siblings of the patient. There is a risk of injury and if a parent has other means of daycare for their other children, they may be denied transportation for the non-patient children.

Sabra Mayo commented that representation from Law Enforcement needs to be brought to the table where it concerns the special needs population and transportation. Michelle Chase wanted to know why WIC is not considered a non-emergency medical (NEMT) appointment? She, also, wanted to know if transportation drivers were exempt from state laws and cell phones; were they required to be hands-free when they communicated by phone. Lee answered her saying that WIC is not a Medicaid covered service therefore appointments for

WIC would not be covered by Logisticare. Secondly, all drivers for Logisticare must follow state law and talk hands-free when driving.

Update on Pharmacy Analysis (DSS and Value Options)

Bill Halsey of DSS said that the report is not ready yet. Value Options has put together the data and now it is under review at DSS. They are reviewing the child/adult prescription numbers and looking at the most heavily used medications, where they are being filled, who are the doctors prescribing meds, and how much by age range in the categories of 0-18 years and 19 years and over. Maureen wanted to know if the data was broken down by DCF vs. non-DCF youth. Michelle Chase asked about the relationship with youths on medication and obesity and low metabolic syndrome. She wanted to know which of the psychotropic meds are producing obesity? This information would be good for both the medical and behavioral health research. Bill said he would have a presentation ready to go at the next scheduled committee meeting.

Update on CTBHP Care of Coordination Pilot (Value Options and McKesson)

Sandra Quinn of VO said they were focusing on Emergency Room utilization and discharge planning with face-to-face meetings. The McKesson pilot program has around 300 patients. They are also focusing on peoples claim 6 months before intervention and 6 months after. A further detailed report will be given at the next scheduled meeting

Next Meeting Date

Due to the summer vacation approaching when many people go away, it was agreed that the July meeting would be cancelled and the next meeting for the Committee would take place on Wednesday, September 19, 2012 at 1:30 PM in 1E LOB.

Future Agenda Items

- A Discussion on Behavioral Health Neighborhoods
- An Introduction and Discussion with Dr. Barbara Ward-Zimmerman
- An Update on Pharmacy Analysis
- An Organizational Flow Chart of the DSS, Medicaid, the four ASOs and their breakdown sections

Other Business

Hearing no other comments or questions, Co-Chair Maureen Smith adjourned the meeting at 3:00 PM.

Next meeting: September 19, 2012 1E LOB 1:30 PM-3:00 PM

***Note* This is a Date and Room Change.**