



***Behavioral Health Partnership
Oversight Council
Coordination of Care Committee
Council on Medical Assistance Oversight
Consumer Access***

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Co-Chairs: Christine Bianchi, Brenetta Henry, Janine Sullivan-Wiley & Benita Toussaint
MAPOC & BHPOC Staff: Richard Eighme & David Kaplan

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 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 receive behavioral health care that is coordinated with their medical (primary and specialty care), dental, pharmacy, and transportation services.

**Meeting Summary: January 27, 2016
1:00 – 3:00 PM
1E LOB**

Next Meeting: **Wednesday, March 23, 2016 @ 1:00 PM in Room: 1E LOB**

Attendees: Co-Chair Christine Bianchi, Co-Chair Janine Sullivan-Wiley, Co-Chair Benita Toussaint, Lois Berkowitz (DCF), Kathryn Britos-Swain, Alyse Chin (DMHAS), Michelle DePaola, Bill Halsey (DSS), Colleen Harrington (DMHAS), Michael Harris, Olivia Hathaway, Gale Lemieux, Ellen Mathis, Sabra Mayo, Ann Phelan (Beacon), Linda Pierce (CHNCT), Sandra Quinn, Trevor Ramsey, Bonnie Roswig, Kimberly Sherman (CHNCT), Eunice Stellmacher, Sheldon Toubman, and Barbara Ward-Zimmerman

Introductions

Co-Chair Benita Toussaint convened the Coordination of Care Committee/Consumer Access Committee meeting at 1:10 PM; wished everyone a Happy New Year and introductions were made. Co-Chair Janine Sullivan-Wiley introduced Colleen Harrington of DMHAS for the presentation.

Follow-up on Coordination of Care and Integration of Behavioral Health and Medical Care: Colleen Harrington, Director, Managed Service Division, DMHAS



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Colleen Harrington (DMHAS) distributed hard copies of her presentation so that members could follow along and for reference afterwards.

She reviewed the acronyms in the report:

- **SIM-** State Innovation Model
- **PBHCI-** Primary and Behavioral Health Care Integration
- **SBIRT-** Screening, Brief Intervention Referral and Treatment
- **BHH-** Behavioral Health Homes

She then gave the following definitions:

- **Integration:** Embedding behavioral health care into a physical health care setting or embedding physical health care into a behavioral health care setting
- **Care Coordination:** Ensuring access to medical, behavioral health, pharmacological and recovery services

She went through the presentation, with questions and comments made as she went along. Points made in response to questions are noted below.

Oral health is considered in the SIM; CHN is working with Benecare on oral health. Within the different models, integration of behavioral and medical health may be onsite, or by bridges to other services or programs. The whole system is evolving – it is an exciting time. Sheldon Toubman pointed out the PCMH or Person Centered Medical Homes was not included in the presentation. Colleen said that was an oversight and she and Bill Halsey (DSS) agreed that a follow-up second presentation can be given at a future meeting that included PCMH to be given jointly with Connecticut Health Network (CHN). Colleen said that it was very unlikely the SBIRT grant would be renewed at the end of this year (5-year program). Alyse Chin (DMHAS) confirmed that Connecticut was ineligible to renew this federal program from SAMHSA so there is a high effort on sustainability. Colleen also emphasized that Behavioral Health Homes (BHHs) are not physical spaces but a service model centering on a chronic condition(s). It began Oct. 1, 2015. This model builds the Medicaid-covered medical services into the behavioral health arena. Most of them are in the Local Mental Health Authorities. The design included all stakeholders. Janine commented that it has been very successful already in Region V and has helped many people beyond those “targeted” and included in the project.

A question arose whether or not a consumer could have more than one Medicaid service paid for on one day. Janine thought this was one of the issues included in a bill currently under consideration at the Federal level. Bill said that he would look into this and added that around July DSS would be changing the way it pays outpatient hospitals. Several people

noted how effective and efficient it is for people to be able to have multiple services done in the same day. Co-Chair Christine Bianchi asked about if and if so how the different pilots and initiatives were connected and coordinated. Colleen stated that is a challenge right now, and described how some of them were funded. Nevertheless, “no one thing will work for everybody.” Bill noted that all are being tracked with the fundamental question of “Are people getting better?” Sheldon asked for clarification on the use of comprehensive management vs. care coordination.

It was agreed to have a second presentation to include CHN, person centered medical homes. All agreed it was important that the efforts are not duplicating each other and that there is sustainability.

Review of 2016 Committee Goals and Objectives

Co-Chair Janine Sullivan-Wiley reviewed for committee members some of the already agreed priorities for the coming year; others were added to form the following list:

- Access to pharmaceuticals and prescription drugs
- Autism Spectrum Disorder Services: what they are and utilization
- Coordination and Integration of Behavioral Health and Primary Care
- Continued focus on NEMT
- Communication for members without computers
- Navigating and Knowing the System – Access Health and DSS – no wrong door?
- Issues between Youth and Adult Systems; coordination when children move from DCF to the adult system
- Activity and coordination between the ASOs (CHN, Beacon Health Options, Benecare, and Logisticare) ex: Interim Care Managers, Peers in the ERs, successes

Bill Halsey (DSS) said the ASOs talk with one another everyday on multiple programs.

Bill Halsey (DSS) suggested that once the list of goals and objectives is completed for this committee, he would like the co-chairs to bring it to the BHPOC Executive Committee for review so that no two committees spend time on replicating the same goals and objectives. All agreed this made sense.

The question came up if the committee should meet every month rather than every other month. Staff will check on room and staff availability to see if meetings could be added in February and April. [NOTE: Following the meeting it was determined that the additional meetings could not be accommodated even if the group met at a different location.]

Other Business and Adjournment

Co-Chair Janine Sullivan-Wiley thanked Colleen Harrington for her presentation and asked for any other business.

Sheldon Toubman made a motion to delete the reference to the now defunct Charter Oak

Health from the committee mission statement. It was seconded by Kathy Britos-Swain. All voted and approved it unanimously.

Janine informed the committee of a very positive meeting held last week by DSS and Logisticare to the Keep the Promise Coalition. Several excellent suggestions were made such as to streamline the PTR process, creating a phone-friendly access process, and being able to go on-line to cancel rides.

Christine asked about coverage for hearing aids.

Janine concluded the discussion noting that unless the additional meeting can be scheduled, the next meeting will be on Wednesday, March 23, 2016 in 1E LOB, with the presentation on Person-Centered Homes by CHN. She asked that the information about being able to see two providers the same day could be provided then as well.

She then asked for a motion to adjourn. The meeting was adjourned at 2:58 PM upon a motion by Sabra Mayo, seconded by Ellen Mathis.

Next Meeting Date: 1:00 PM, March 23, 2016, 1E LOB