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

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Co-Chairs: 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 25, 2017
1:00 – 3:00 PM
1E LOB

Attendees: Co-Chair Brenetta Henry, Co-Chair Janine Sullivan-Wiley, Co-Chair Benita Toussaint, Lois Berkowitz (DCF), Kathy Britos-Swain (DPH), Michael Carone (DSS), Alyse Chin (DMHAS), Bill Halsey (DSS), Olivia Hathaway, Ellen Mathis, Quiana Mayo, Sabra Mayo, Daisy Olivo, Kelly Phenix, Linda Pierce (CHNCT), Ann Phelan (Beacon),Trevor Ramsey, Eunice Stellmacher, Kimberly Sullivan, and Sheldon Toubman

Introductions

Co-Chair Benita Toussaint called the meeting to order at 1:11 PM and introductions were made. Co-Chair Brenetta Henry welcomed everyone to the meeting. The attendance sheet was passed around for members to sign-in.

BHP Consumer/Family Advisory Council Update- Brenetta Henry and Kelly Phenix

Co-Chair Brenetta Henry informed the committee that the BHP Consumer/Family Advisory Council will now be known as the CFAC. They have formed two sub-committees for Youth and Adults. The committees are made up of consumers that will collaborate and cooperate with the BHPOC and each committee will look into appointing a liaison to the BHPOC. It is hoped that these committees will recruit other consumers from the broader part of the state.

Healthcare Cabinet Update

Health Care Cabinet proposal:

Co-Chair Janine Sullivan-Wiley reviewed some of the history: the BHPOC wrote a letter to the Lt. Governor asking the Healthcare Cabinet to reject the new recommendations on how providers should be paid by the state. She asked Sheldon Toubman to give an update on the vote. Sheldon said that Cabinet Members, Comptroller Lembo and a doctor voted no but the recommendations were passed by a final tally of 11 to 8. He expressed the concerns of downside risk and another proposal around the cost of prescription drugs. This proposal suggests that Connecticut should seek a waiver to allow the state to exclude certain drugs from reimbursement if they cannot negotiate a reasonable price. It will now go to the leadership in the Senate (Senators Looney and Fasano) but Sheldon hopes it will not be included into any legislation. For a full background on this, Sheldon noted that a booklet report was published on January 5, 2017 and can be found on the Governor's Healthcare Cabinet Website.

NEMT Update- Bill Halsey (DSS)

Link to the NEMT RFP:

http://www.ct.gov/dss/ lib/dss/contracts/54321NEMT_RFP_122916.pdf

Bill Halsey (DSS) gave an update on the Non-Emergency Medical Transportation RFP contact. He said that the procurement was competitive. A bid went out and offers were made. Submissions for bids are now closed. The RFP supplies all dates for the contract. He also provided the link to the NEMT RFP (see above). Bill responded to a question clarifying that Logisticare continues to provide NEMT in the state.

Discussion on Barriers to Coordinated/Integrated Behavioral Health and Medical Care- Co-Chair Janine Sullivan-Wiley

Co-Chair Janine Sullivan-Wiley led the next conversation and discussion on barriers to coordinated and integrated behavioral health and medical care. She used an easel and chart to write down members' comments and statements. There was also commentary on who should be present at the meeting to hear input from consumers. It was noted that DSS, DPH, DMHAS and DCF all had representatives at the meeting.

The following were noted on those pages:

What supports integration?

- People that can help consumers navigate the system.
- Peer/Recovery Support Specialists (RSS) - more hired in various settings:
    - ERS (?)
    - In hospitals
    - Inpatient units
    - Have RSS for all medical situations – having someone by your side who has gone through it
- Talking about integration is good for recovery
- Doctors knowing:

    - Other doctors' care for you
    - Who prescribes what
    - Keep all on the "same page"
- Providers speaking to each other
    - There is already a state grant to study this in DPH re: children and youth transitioning to Young Adult Services (now in second year)
    - Medical homes
    - Shared care plan/shared plan of care. Using computer system
    - Barrier: each doctor uses own computer system – they can't talk to each other
- **Equitable and accessible services**
- Coordination of care has to be the responsibility of providers, not consumers
    - Many consumers can't do that
    - Providers know "the system"
- Person Centered Medical Home (PCMH) is a great model

What to do/what works/ ideas:

- Doctors on the same page
    - Include follow up on ER care
    - Data available to all doctors
    - Access portal
- Patient responsibility (some debate about this)
- Care coordinators
- Using CLAS
    - Culturally sensitive services
    - Doctors who speak the language of the consumer
    - Can involve need to travel farther
- Refills can be a problem. What would help:
    - Doctors keeping track of need for refills
    - Primary Care Physician (PCP) to be able to prescribe refills from specialists when specialist is not available
    - Software systems have become more sophisticated to warn of issues
- Could coordinate/communicate through pharmacist
    - Use only one pharmacist
- Some people want and some people DON'T want PCP to know about behavioral health issues
    - People have had experiences on both sides:
        - Positive when doc knows behavioral health diagnosis
        - Negative when doc know behavioral health diagnosis
- Coordination/knowing leads to better outcomes
- Beacon can help with this 877-552-8247
- Enhanced Care Clinics (ECC)

    - Supposed to coordinate with medical
    - Uses releases to talk to each other/supposed to ask
- Idea – also take to CFAC (?)
    - How to coordinate care may be different for people who need case manager and for those who don't need case manager
- There may be multiple paths
- Need to have the issues heard by those who can make change – departments and law makers
- Consumers need outreach
    - What's out there that can help them
    - How to get a care manager/coordinator
- Need people of different cultures in all of health system – that is more effective and would save money
- Departments need to hear how it's working
- Different models of care support
    - Care coordinators, etc.

Avoid, Not Helpful/Move Away From:

- Not "one and done"
    - Used recovery support specialists to support people to continue after first visit
    - Engagement in treatment
- HIPAA restrictions
    - Releases can be barrier for some people/protection to others
- Transportation often a barrier
    - Early rides
    - Flexible to wait
- Health care providers who do not understand language/culture

It was noted that CT received a Federal grant to try and address integration and that several pilot programs are underway. There are multiple paths to full integration including methods around an individual and what they can do and investing in care coordination to see what the outcomes may be. DSS and the ASOs are trying to build capacity on the medical and behavioral side (e.g. Through the behavioral health model, person's receiving primary care services at a behavioral health provider.)

It was suggested that the committee may want to have another presentation on Behavioral Health Homes and Person Centered Medical Homes to ask how things are being handled around barriers.

Nominations for New Consumer Co-Chair

Since Co-Chair Brenetta Henry announced her resignation as a Co-Chair of the committee at the last meeting, nominations were placed for her replacement. Sabra Mayo nominated Kelly Phenix. Kelly accepted the nomination. Nominations were then closed and the first agenda item of the March meeting will be the voting upon for the new Co-Chair.

Other Business and Adjournment:

Co-Chair Brenetta Henry informed committee members of the room change to 1A for the March meeting.

Co-Chair Janine Sullivan-Wiley asked for any new business. There was discussion on why the nomination had to be of a consumer and the difference in participation of the Coordination of Care vs. Consumer Access Committees.

Sheldon Toubman stated that he would like answers to his questions at the last meeting about data on the number of times prescriptions are denied at the pharmacy due to no prior authorization, the number of times a temporary supply is given, the number of times it is not given (the patient leaves without the medication) and the number of times that a family pays the difference of what is not covered. He also wanted to know if the department (DSS) is doing a follow-up for Behavioral Health meds. Bill Halsey said that he would take these questions back to DSS for a follow-up.
[NOTE: On January 25th the Medical Administration Manager at DSS, Herman Kranc, responded to Sheldon that the ETA of obtaining the information he requested was March 15th.]

One member expressed concern that an issue that she had raised at the last meeting was not included into the meeting summary. Staff explained that the subject and discussion were a side topic that was responded to but not included in the minutes.

Co-Chair Brenetta Henry made a suggestion that the meeting summary be voted upon for acceptance by the whole committee. Co-Chair Janine Sullivan-Wiley said that the summaries are co-written by the staff and are already edited and vetted for content jointly by the Co-Chairs of the Committee.

Hearing nothing else, Co-Chair Brenetta Henry called for a motion to adjourn. Ellen Mathis made the motion and it was seconded by Olivia Hathaway. The meeting was adjourned at 3:02 PM.

*NOTE: RM. Change: Next Meeting: Wednesday, March 22, 2017 @ 1:00 PM in Room: 1A LOB