

Connecticut Medicaid Managed Care Council

Behavioral Health Subcommittee
Legislative Office Building Room 3000, Hartford CT 06106
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November 14, 2002: Meeting Summary **Chair: Jeffrey Walter Co-Chair: Donna Campbell**

Department of Children & Families (DCF): Karen Andersson

Karen Andersson provided a brief report on KidCare:

- The \$21 million allocated to KidCare expands community-based services (CBS) that include the Emergency Mobile Crisis Services (EMPS), increase of community care coordinators, added extended day treatment services and home based services, and multi dimensional family therapy (i.e. MSFT) that are using an evidenced-based model of care.
- Over 1200 representatives from schools, families, providers and agencies have been trained in the KidCare philosophy; specific training for home-based services will be provided.
- The DCF web site will soon have a full resource directory of services and DCF central office contacts as well as the October 1st quarterly report on KidCare to the General Assembly.

Jeffrey Walter commented that BH contractors need to be encouraged to obtain other funding for services as service access, particularly for emergent outpatient (OP) care, is becoming more difficult. Discussion highlighted key issues in accessing services:

- EMPS is available to all youth in the State; however care coordination and care follow up can only be provided within the public program. The commercial sector is welcomed to work with DCF in funding these important mobile crisis services.
- DCF is trying to bring juvenile justice and the school system into this service.
- Access to child psychiatry remains limited. The challenge is how to best maximize existing “physician extenders” (i.e. Nurse Practitioners and psychologist) and address the barriers for Primary Care Providers’ (PCP) management of both physical health and behavioral health, which may include select acute BH problems as well as maintenance treatment of chronic serious BH problems.
- Communication between BH and medical PCPs and integration of these services requires attention. Confidentiality concerns and a ‘carving out’ of BH services from the overall HUSKY program present serious challenges.
 - Dr. Lois Berkowitz (Anthem) commented that the Pediatric BH project and model consultative services to the PCP could address some of these barriers.
 - Dr. Steven Cole (UConn Health Center) described evidence-based care collaboration between the BH and PCPs and a chronic illness model for BH,

similar to the commercial insured diabetes management model. Dr. Cole has been actively working with FQHCs on model programs for adolescent depression and diabetes.

Jeffrey Walter stated that the BH Subcommittee needs to revisit the integration of and provider collaboration for BH and primary care.

Department of Social Services

Dr. Mark Schaefer highlighted information on the:

- BH carve-out: proposals will be accepted for the ASO until 12/20/02; the successful candidate will be chosen by late January 2003.
- BH Partnership is continuing to develop a comprehensive plan for the rehab option. Key to this plan is developing adequate capacity to serve children currently in hospitals or in out-of-state placements, diversifying the residential services model beyond the traditional one now being used. The BHP continues to update provider groups and answer questions related to the rate determination.
- The BH outcomes study data collection is finished. Of the 23 clinics, 20 submitted forms, with a few clinics very active in the study participation. A new contract between Yale and DSS has been sent to OPM for data analysis and final report (*contract was approved*). Judith Jordan (DSS study coordinator) noted that the forms show an over-representation of children with grief/loss issues. Some of the clinics have grief group therapy. Karen Andersson (DCF) stated that this is a major issue for children in the public health programs and DCF will provide future training on evidence-based treatment for grief & loss.

Anthem BC Integrated Service Pilot

Dr. Lois Berkowitz reported on the collaborative PCP/BH project over a 6-month period (3/01-10/01) that involved Anthem Blue Cross and Blue Shield, the Wheeler Clinic and two primary care practices in Bristol, CT, in which a psychologist was on site at each PC practice. The project results showed “that as the partial and ambulatory rates increased, the inpatient and ED rates decreased., whereas the OP services decreased, ED and inpatient utilization rates increased”. The project “demonstrated an increase in BH penetration, a high percentage of member satisfaction, physician satisfaction and a decreased length of treatment”. Children ages 6-13 years were most apt to benefit from the addition of the BH clinicians in the PCP office. Dr. Berkowitz stated that claims data from BCFP members in those two PC practices would continue to be assessed for BH service utilization and the health plan may consider assessing medical utilization patterns as many studies point to decreased medical costs when patients have their BH needs met.

The BH subcommittee will meet Thursday January 9, 2003 at 10 AM in LOB RM 1A. Mr. Walter stated the January agenda will include a review of the MCO BH utilization indicators currently provided to DSS and there will be continued discussion regarding integration of BH and medical services.