

Behavioral Health Partnership Oversight Council

Legislative Office Building Room 3000, Hartford CT 06106
(860) 240-0321 Info Line (860) 240-8329 FAX (860) 240-5306
www.cga.ct.gov/ph/BHPOC

Meeting Summary: January 10, 2007

Next meeting: Wednesday Feb. 14 @ 2 pm in LOB RM 1 E

Attendees: Rep. Peggy Sayers & Jeffrey Walter (Co-Chairs), Mark Schaefer (DSS), Karen Andersson (DCF), Lori Sczyzgiel (CTBHP/VOI), Sheila Amdur, Ellen Andrews, Rose Marie Burton, Connie Catrone, Elizabeth Collins, Thomas Deasy (Comptroller's Office), Stephen Fahey, Heather Gates, Jean Hardy (Health Net), Stephen Larcen, Jennifer Mellon, Patrick Monahan, Judith Meyers, Sherry Perlstein, Pat Rehmer (DMHAS), Cristine Vogel (Comm, OHCA), Susan Walkama, Beresford Wilson, Barbara Parks Wolf (OPM), Virginia Mulkern (HSRI), M. McCourt (staff).

December 2006 BHP OC meeting summary was accepted without amendment.

Council Subcommittees

The Quality management & Access SC and DCF met in prior to the Jan. 10, 2006 meeting. Reports below:



BHP OC Quality SC
12-06.doc



BHP OC DCF SC
11-06.doc



BHP OC Quality SC
12-06.doc

The DCF SC met Tuesday Jan. 9th and there will be a provider meeting the last week of January on the IICAPS program.

Emergency Department (ED) Use for Children's Mental Health (MH)

Judith Meyers (Child Health & Development Institute-CHDI) and Virginia Mulkern (Human Services Research Institute-HSRI) presented CHIME data for ED visits between SFY 2001 and 2005 and HUSKY data for the period SFY 2002-2005. Highlight of data reported:

- Nationally the absolute number of ED visits increased by 23 % while the number of hospital EDs decreased by 12 %. (*CT overall ED use is higher than the national average*).
- In Connecticut, CHIME data showed that:
 - ED visits statewide increased by about 12%; increase not explained by population growth.
 - ED increase was most pronounced for MH visits by children in the Northwest Region.
- CT HUSKY program:
 - ED visits increased 38%, with half of the increased ED volume due to increased HUSKY enrollment.
 - While the majority of children being seen in the ED had MH services within 6

months prior to the ED visit and 75% had post ED visit service contact, older youth (16 years +) were less apt to have received services prior to and after the ED visit.

- Proportion of children with multiple ED visits declined 3% over the 3 years.
- Study implications included:
 - Family input about decisions that led to the child's ED visit is critical to understanding the increasing ED utilization for mental health.
 - Refocus needed on engaging children/family with community-based MH services after inpatient care, improving older youth connection to MH services and reassessing the development, use and adequacy crisis management plans for children/youth involved in the community-based MH system.

Council discussion:

- ✓ **Family perspective:** important to contact family organizations with ethnic diversity to elicit family responses about decisions to use the ED and awareness of available community resources. The Local Area Development Plans can contribute to information about services needs by geographic location; family input to future planning.
- ✓ **Practitioner perspective:** identifying and implementing crisis planning best practices is important; what correlation, if any, is there with the reduction of residential service utilization and more 'high risk' clients in the community that may not have adequate services to meet their needs; needs to be an improvement in the partnership relationship of EDs and the EMPS system.
- ✓ **BHP State agencies perspective:** DCF is analyzing the EMPS data & client disposition and has put forward budget options to expand EMPS teams and hours. Currently the highest use of EMPS services is during 10 AM-2 PM mid week, with the majority of calls coming from schools. Rep Sayers noted that the CHA ED use report to the legislative task force showed a similar pattern for all ED visit – most during the day. **DSS:** the impact of Enhanced Care Clinic increased funding to provide more timely access to care will be assessed looking at EMPS and ED use. CTBHP/ValueOptions is tracking follow up care use after inpatient care and frequent ED use, applying interventions through VOI Intensive Case Management and Peer Family Specialists services.
- ✓ **Council Perspective:** the co-chairs view ED use as 'window' to the system and as such BHP OC action item is the interface of EMPS with ED departments, reviewing 2006 utilization data, comparing it to the previous baseline data under managed care.

BHP Report

- **Enhanced Care Clinics update:** of the 43 applications reviewed, 3 met designated criteria, 27 provisionally designated applications could receive full designation by the end of February 07 upon receipt of further application information, 3 applications were deferred for second review and 10 did not meet the requirements. Notification to successful applicants is pending.
- **Claims update:** Change in "timely filing" for other insurance to 1 year if initial filing within

120 days. HUSKY B “other insurance” removed from system as HUSKY B members, by nature of the program, cannot have private insurance.

- ***Strategic Rate Investment Option packages*** (see details by clicking icon below): In the December Council meeting BHP was asked to provide information on various SFY07 investment strategies that included incremental across the board provider rates. DSS presented 4 packages that the Council discussed and voted on as a recommendation to DSS to adopt. Mr. Walter reminded the Council it was important to take action at this meeting as about \$0.5M budgeted for SFY07 for non-annualized one time expenditures so unused dollars would not be available after June 30, 2007 without approval by the CGA. The BHP OC March 2007 report can recommend investment dollars for SFY08-09.
 - The provider rates do not preclude IICAPS rates (i.e. the provider across the board percentage increase would apply to these providers as well).
 - The differences in the Hospital/clinic intensive outpatient and PHP rates reflect hospital contracted rates. Hospitals discussed the adequacy of the IOP rates. DSS stated that the 2nd phase of the look at these services would be in the Provider Advisory SC that will look at level of care guidelines, service costs and the Quality Management SC would identify measurable service outcomes. The dollar amounts identified in the packages would remain for SFY07.

Council Action on the proposed investment strategies: Sheila Amdur moved the acceptance of package #4 as a recommendation to BHP, seconded by Rose Marie Burton. After discussion about the case management dollar application and the future potential need for the ECC E&M psychiatric evaluation, the Council accepted package #4 as a recommendation for adoption by the BHP with 13 votes in the affirmative, 1 nay and 1 abstention.



BHPOC Presentation
01-10-07.ppt

Other

Parking is very limited during the legislative session. While SC meetings can be scheduled off site, the legislative BHP OC should convene here at the Legislative Office Building.