



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

Draft Meeting Summary: **June 13, 2007**
Co-Chairs: *Rep. Peggy Sayers & Jeffrey Walter*

Next meeting: Wednesday July 11, 2007 @ 2 PM in LOB RM 1D.

Attendees: Rep. Peggy Sayers, Jeffrey Walter (Co-chairs), Dr. Mark Schaefer (DSS), Dr. Karen Andersson (DCF), Lori Szczygiel (CTBHP/ValueOptions), Connie Catrone, Sheila Amdur, Heather Gates, Susan Walkama, Patrick Monahan, Kevin Sullivan, Pat Rehmer (DMHAS), Elizabeth Collins, Anthony DelMastro, Sharon Langer, Randi Mezzy, Thomas Deasy (Comptroller's Office), Lorraine Brodeur (OPM), Judith Meyers, Jean Hardy (Health Net), Regina Thornton (WellCare), M.McCourt (staff).

The May BHP OC meeting summary was accepted without change other than the addition of an attendee's name.

Kevin Sullivan, former Lieutenant Governor, was introduced as a new member to the Council as designee for Sen. J. Harris, Chair of the legislative Human Service Committee.

BHP OC Subcommittee Reports

Coordination of Care:



BHP OC Coordination
Care SC 5-07.doc

Subcommittee focus (*see above 5-23-07 meeting summary*) includes:

- Mercer pharmacy study.
- MCO/CTBHP-VO co-management of complex cases
- Primary Care/behavioral health integration - focus on prescribing.
- DCF medication approval for committed children: agency protocol.
- DMHAS process for applying budgeted dollars in SFY 07 for Primary Care (PC)/BH training.

Council comments: Pat Rehmer (DMHAS) stated the training would be rolled into the

Transformation grant process. Kevin Sullivan asked if the PC/BH training project only applies to children. DMHAS replied the adult geriatric piece has not yet been developed. DSS noted that adult PC/BH issues are addressed in the BHP MCO/CTBHP ValueOptions coordination requirements and through those Enhanced Care Clinics (ECCs) that service adults. The process for ECCs collaboration with primary care will be reviewed by the Provider Advisory SC before becoming final in the RFP for new ECCs.

DCF Advisory SC:



BHP OC DCF
Advisory SC 5-15-07.

IICAPS rate adjustment hasn't been established; the SC hopes the rates will be available for the July meeting as the state moves into the SFY 08. Bridge funding totaling \$536,000 was distributed to IICAPS providers based on the entity's submitted projected deficit. Ninety-seven percent (97%) of deficits were funded for the 8 month period in 2007. There are projected deficits for the last 4 months of SFY 07; resolution of the rates is important given these deficits.

Provider Advisory (PAG):



BHP OC PAG SC
5-16-07.doc

The SC reviewed and made recommendation for protocols for authorization of concurrent open services; recommendations will be completed in June. Measurement of ECC access requirements will be looked at in June. The BHP is planning provider "focus groups" with an outside moderator to discuss input into best practices for discharge planning. There will be 3-4 groups held throughout the state.

Operations SC: Steve Fahey, SC chair, has taken a position in Florida. Last meeting summary:



BHP OC Operations
SC 5-07.doc

Quality management & Access:



BHP OC Quality SC
5-18-07.doc

CTBHP reviewed service utilization data over the four quarters in 2006 and 1st quarter 2007. The SC made recommendations for further analysis of the data/trends.

Council comments:

- ✓ *What is the status of the full integration of Residential Treatment Care (RTC) services in BHP program?* Dr. Karen Andersson (DCF) reviewed the CTBHP/ValueOptions RTC administrative processes and the agency LINK billing process. Facilities weekly

- ✓ census reports and authorizations are connected to the DCF payment system.
- ✓ The goals and objectives for concurrent review (CCR) of institutional services include discharge planning that focuses on services needed upon discharge and availability of these services. The BHP is looking at the impact of disruption of foster care placements on BH utilization patterns.

Behavioral Health Partnership Report

Department of Social Services (DSS)

- IICAPS program rate update: the conversion from grant to BHP fee-for-service (FFS) for the program began SFY06. Yale IICAPS data generated the methodology; rate/methodology questions raised by the DCF Subcommittee led to further submission of data for the 1st Q 07. The BHP (agencies) Fiscal Workgroup reviewed the information and requested Yale share the data with the DCF SC. BHP will make IICAPS rate adjustment recommendations to the agency Commissioners. DSS expects the rates to be finalized in July with new rates retroactive to SFY 08 (July 1, 2007). Topic will be placed on the BHP OC July agenda.
- Enhanced Care Clinics (ECCs): all agreements were completed for the 29 ECCs. ECC indicators will be reviewed by the Provider Advisory SC. Primary Care (PC)/BH collaboration will be part of the new ECC application that is expected to be available at the end of July. Successful ECC applicants will have 6 months from the beginning contract period to implement this new provision.



BHPOC Presentation
6-13-07 Final-5.ppt

BHP provided data on trends of inpatient services and community-based services within the program (*click icon above*).

- Approximately 30% of inpatient volume (5000 of 16,000 days) is in discharge delay status. Most delays are related to awaiting out-of-home treatment (i.e. group homes, RTC, etc.).
- Approximately 68% of Emergency Department (ED) pediatric psychiatric admissions are admitted to inpatient care; inpatient discharge delays directly impact ED boarding. The ED psychiatric admissions exceeded historical trends in April and May 2007; however the ED length of stay actually decreased. The CT Children's Medical Center (CCMC) has worked closely with the BHP on ED admissions/delayed ED disposition. There has been an impact on ED diversion through CCMC collaboration with the Wheeler Clinic Emergency Mobile Psychiatric Service (EMPS) team.
- Intermediate services: intensive outpatient (IOP) penetration rate has increased from 3rd Q06 to 1st Q 07. IICAPS volume has increased partly as a reflection of improved claims processing but also increase in program capacity.
- All home-based service penetration rates have increased over 3 quarters (3Q & 4Q06 & Q07).

Council discussion:

- ✓ Court Support Services (CSSD) is reflected only in IICAPS data. There has been no decision related to where CSSD fits into the BHP. CSSD has developed an RFP as part a conversion of CSSD Adolescent Clinical Treatment (ACT) IICAPS grant services to a FFS migration in all program locations (*see BHP OC April summary for discussion of this issue*).
- ✓ As timely filing of claims improves, BHP expects to see future improvement in utilization data over time. BHP Rapid Response Team has worked with providers on claims issues.

✓

Department of Children & Families (DCF)(see pages 8-11 in “BHP Presentation” above)

DCF reviewed the steps BHP has taken in response to recent CCMC high ED volume. ValueOptions, the BHP Administrative Service Organization (ASO) has worked closely with CCMC, assigning on-site intensive care managers and systems managers to the facility as well as providing after- hours phone consultation and weekend coverage. While the numbers of members presenting to the CCMC ED significantly increased in April/May 2007, the average days in the ED in May was reduced to 1.64 days compared to 2.85 days in January 2007. Additional support to CCMC staff yielded positive results; most notably the reduction of ED–inpatient admissions that changed from 75% of ED admissions in January 2007 to 36% in May 2007.

- ✓ Council members suggested that this outcome should encourage relationship building with hospital EDs, EMPS teams and community providers.
- ✓ Pre-crisis intervention and ED diversion could be achieved with collaboration of schools, State Department of Education (SDE) and community services such as EMPS. It was suggested a representative from SDE attend the September Council meeting to discuss this type of collaboration.

Dr. Andersson provided the list of current level II therapeutic groups homes.



Area Office LEVEL II
THERAPEUTIC GROU

Consumer Forums

Mr. Walter had previously suggested to the Council that statewide forums beginning in the Fall of 2007 be organized to allow BHP members to speak about their experiences with the BHP program. ***Interested participants for a planning committee for these forums should email Jeffrey Walter at: jwalter@rushford.org***

The BHP Oversight Council will meet in July but not in August. The agenda will include RTC utilization data, Council input on the BHP strategic plan for the biennium.