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: July 11, 2007
Next meeting: <u>Wednesday September 12,</u> 2 PM in LOB Room 1D.

Attendees: Jeffrey Walter (Co-Chair), Kevin Sullivan (acting Co-Chair for Rep. Sayers), Sheila Amdur, Lois Berkowitz (DCF), Lorraine Brodeur (OPM), Rose Marie Burton, Elizabeth Collins, Connie Catrone, Thomas Deasy (Comptroller's Office), Stephen Frayne, Jean Hardy (Health Net), Catherine Zito (WellCare), Sharon Langer, Judith Meyers, Randi Mezzy, Cheryl Resha (SDE), Stephen Larcen, Mark Schaefer (DSS), Lori Szczygiel (CTBHP/VO), Cristine Vogel (Comm. OHCA), Susan Walkama, Beresford Wilson

Review of BHP Oversight Council June meeting summary: Motion to accept summary made by Sharon Langer, seconded by Tomas Deasy; June meeting summary accepted without changes.

Subcommittee Reports

<u>Coordination of Care:</u> Subcommittee will meet July 18th at 2:30 in LOB RM 3800

<u>DCF Advisory:</u> Subcommittee will meet next on Sept 18 at 9:30 AM at CCPA (*See June meeting summary)*

BHP OC DCF Advisory SC 6- 19-07

<u>Provider Advisory:</u> Next meeting August 15 at 2:30 PM at CCPA

Exhibit A- Adult BHP HH LOC Guidelines 06

The Subcommittee Chair presented the above Level of Care (LOC) guidelines for Council action. A motion to accept the guidelines was made by Kevin Sullivan, seconded by Stephen Larcen.

Discussion points prior to Council vote with regard to <u>Home Health Aide services</u> for activities

of daily living (ADL). (The Home Health LOC had previously been approved):

- ✓ The first set of guidelines (Home Health Care) did not reference the inclusion of medical monitoring/care within adult/child psychiatric home visits. Mr. Sullivan stated it is important to bring a holistic perspective to all points of care.
- ✓ While there have been processes put in place to 'integrate' the BHP and managed care management systems, the application of an integrated holistic approach to direct service practice standards need further work. Dr. Schaefer stated that DSS and DMHAS have signed a memorandum of understanding (MOU) to compile data to assess if implementing disease management protocols for DMHAS clients with co-morbidities would impact client health outcomes. This approach could include more specific initiatives that address the home care professional nursing role in such programs.
- ✓ LOC guidelines are used in managing care in the BHP program. It is important to identify how LOC guidelines are applied in the management process, the impact on beneficiaries and assess need for future changes in a LOC guideline.

Council Action: the motion to approve the Home Health Aide Level of Care guidelines was approved by voice vote with one abstention.

Operations: Next meeting Friday August 24, at 1-2:30 PM at CTBHP/VO Rocky Hill

Quality Management & Access: Next meeting Friday September 21 at 1 PM at CTBHP/VO (*See June meeting summary below).*

BHP OC Quality SC 6-15-07.doc

Behavioral Health Partnership Agencies Updates

Department of Social Services

- ***Enhanced Care Clinic (ECC***) policy has been finalized after BHP discussion with ECC clinics through the Provider Advisory (PAG) Subcommittee. The draft policy for primary care/BH and draft templates will be reviewed by the PAG over the next 6 weeks. The start date of this ECC policy will be within 6 months of the release date of the policy transmittal.
- ***Strategic initiatives and BHP rates for FY08*** will be presented in September, although may have to wait until October. DSS noted that since BHP investments are part of the broader Medicaid budget (i.e. Medicaid FFS, HUSKY) the department needs to clarify legislative intent for the budgeted dollars that will be outlined in the Office of Fiscal Analysis (OFA) budget book due out in August.
- The ***report on residential services***, the final BHP level of care review to the Council, will be made at the September Council meeting. Commissioner Hamilton, recently appointed as the new DCF Commissioner needed an opportunity to review the report before the presentation.

- The Children's Medical Center ***(CCMC) Emergency Department (ED***) intensive initiative ended in June. The initiative lowered rates of pediatric psychiatric ED admissions to psychiatric inpatient care from about 40% to less than 30% in May. After the intensive intervention ended, June hospital admission rates from the ED have increased to over 30%. Key components of the initiative included linkage of Emergency Mobile Psychiatric Services (EMPS) to the hospital, onsite and off hours placement of ValueOption's (VO) intensive case managers and system managers, use of the CTBHP/VO peer family specialists as part of the team and use of community behavioral health (BH) service flex capacity to provide community-level care.

Council comments related to ED discharge delays:

- ✓ Susan Walkama, Wheeler Clinic, noted that EMPS staff on site in the ED collaborated effectively with the hospital clinicians to move the child/family out of the ED with supports in place for the child in their home when appropriate.
- ✓ Ms. Collins, hospital representative, suggested that identifying key components of hospital interventions and current program capacity to implement such strategies is important as the fall season approaches, which is usually associated with increased BH service needs. Dr. Schaefer (DSS) stated that they currently don't have other hospital ED inpatient admission rates or ED diversion rates but plan to look at this and the local systems' response to ED delays.
- ✓ Stephen Larcen suggested that, given the past regional differences in EMPS team structure and function and new additional funding through the court ordered consent agreement, it would be helpful to see a matrix of how each team relates to ED/hospitals, service delivery hours, etc. Commissioner Vogal (Office Health Care Access) stated her agency is very interested in the relationship of EMPS and hospitals and will take the lead in working with the BHP agencies regarding child/adult BH access. The Commissioner will also talk with hospitals on their perceived needs, how each will address future service demand.
- ✓ Judith Meyers noted that a suggestion made in a previous discussion of the ED study be considered: create a new Council subcommittee that would focus on ED/hospital issues. Mr. Walter stated that while this is an interesting suggestion, hospital care is part of the continuum of care for behavioral health and as such could be looked at within a work group of the Quality Management & Access SC that reviews all BHP data. More hospital Subcommittee participation is needed.

<u>CTBHP/ValueOptions Update: Lori Szczygiel</u>

Hospital discharge delay has been a major focus of the ASO and is an ASO performance target. Ms. Szczygiel outlined several strategies currently being undertaken by CTBHP/VO:

- Organizing stakeholder focus groups throughout the state that identify 'best practices' in institutional level of care discharge planning. CTBHP/VO will work with BHP agencies and Council to assess how such best practices would be applied.
- CTBHP/VO has identified clinical team leaders to better focus on this issue and regularly report on their area data.
- Developing a desktop provider specific profiling system that will focus data on interventions and impact of interventions. Providers will find this information helpful.

Questions/comment:

Mr. Walter asked how provider profiling information will be made available to providers. Ms. Szczygiel stated profiling will begin with the ECCs and timely access to care.

- ✓ Policy/procedures for the profiling will be reviewed with the PAG and Quality SC in October. The next provider type profile focus will be developed with input from the PAG and Quality Subcommittee.
- ✓ CTBHP/VO is reviewing data to assess how to best understand internally, how the data reflects the authorization/claims ratio, case mix adjustments, etc.
- ✓ CTBHP/VO is re-auditing the record of every child in hospital delayed status by hospital then will re-run a series of these report for validity, setting data baseline effective July 2007. The Quality SC had suggested Riverview data be separated from other hospital aggregate data.

Other Council Discussion Themes

Community Input

Key issues related to families enrolled in BHP were identified that need further action:

- *How will BHP data inform families about service access and delivery? How will the BHP program look different for families compared to the previous delivery system?*
- *How well informed is the community about the BHP program and the system change?*

Beresford Wilson (parent representative), in raising these questions, stressed the importance of recruiting and engaging consumers in the Council (there are 3 open positions) and Subcommittees. These members must be provided with information about the program and its performance that has relevance to families that use or may in the future use the services. Kevin Sullivan stated that the consumer's "real world" experience (with programs) is relevant to the Council for program evaluation and ongoing development. Judith Meyers observed that the (DMHAS and multiple state agency) Transformation grant includes a public relations component that may be missing in this program. Mr. Walter will report to the Council in September on the status of the Council's "consumer forums".

Mark Schaefer outlined current parent/family involvement that has been imbedded in the BHP infrastructure:

- ValueOptions has an internal parent/consumer advisory group that has provided them with input about consumer survey format, results and changes.
- ValueOptions has peer family specialists as part of their regional clinical teams.
- The Child BH Advisory Committee (CBHAC) meets with BHP.
- Community Collaboratives have family representatives.
- The next phase of the ECC development will include developing and implementing welcoming and engagement strategies that allow ECCs to make clinics a place where families want to go, where they feel supported.

The State Department of Education representative, Cheryl Resha, stated that school personnel need information on the BHP program, in particular how to access services in the community. CTBHP/VO had begun a discussion about this at the request of the Council; the discussion needs to continue.

Sharon Langer, CtVoices offered to work with CTBHP to link information about the BHP program with the Covering Kids infrastructure and add more information to the HUSKY Eligibility manual. The Covering Kids initiative, which continues now without grant support, has a large and growing number of community-based entities that would benefit from BHP information.

System Change Accountability at the System and Local Level

Sheila Amdur observed that the system change to the BHP delivery system has thus far been looked at 'piecemeal', some of which may not be relevant to families. There doesn't seem to be a sense of overall system accountability and focused accountability in the regions. DSS responded that ultimately the two agencies (Departments of Children & Families and Social Services) are accountable for the program and the ASO contractor, ValueOptions, is accountable to these agencies. DSS noted that 80% of structured changes in the delivery system have been implemented that will allow the goals and objectives of the system change to unfold over the next 10 years. Family/member perspectives have been part of every level of system change. . New initiatives come from Council and Subcommittee input as well as other stakeholder input. Data analysis led to CTBHP/VO's recommendation to the agencies to focus on facility discharge "best practices". DCF has added a life coaches program as well as redesigned EMPS and Extended Day Treatment programs. DSS, with DCF, is finalizing SFY 08 rate initiatives, based on the budget dollars, legislative intent and data analysis.

Local accountability: offices look at high risk children; for example CTBHP/VO and DCF are looking at the impact of early foster care disruptions on future BH service needs and assessing if foster placement disruption can be avoided. Profiling establishes the lead local agency role in assessing population and sub-population service delivery and unmet needs. Provider pay-for-performance model may be added the following year.

Mr. Walter observed that the BHP development and implementation process has been transparent and includes input from consumers and providers and detailed data review. The biennial budget includes dollars placed in the DCF budget for an independent evaluation of the BHP program, as specified in PA 05-280. This will be further discussed in September when the budget narrative is available.