Behavioral Health Partnership Oversight Council

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Meeting Summary: ***August 12, 2009***
Chairs: Sen. Jonathan Harris & Jeffrey Walter

Next Meeting: Wednesday Sept. 9, 2009 @ 2 PM in LOB Room 1D

Attendees: *Sen. Jonathan Harris & Jeffrey Walter (Chairs), Mark Schaefer (DSS), Lois Berkowitz & Bert Plant (DCF),Lori Szczygiel (CTBHP/ValueOptions), Pat Rehmer (DMHAS), Ellen Andrews, Uma Bhan, Elizabeth Collins, Thomas Deasy (Comptrollers Office), Terri DiPietro, Hal Gibber, Lorna Grivois, Charles Herrick M.D., Thomas King, Mickey Kramer(OCA), Stephen Larcen, Jocelyn Mackey (SDE), Patricia Marsden-Kish, James McCreath, Judith Meyers, Maureen Smith (OHA), Susan Walkama, Jesse White Frese', Beresford Wilson, Alicia Woodsby (NAMI),(M. McCourt,Leg.Staff).*

Council Administrative Actions
Maureen Smith made the motion, seconded by Patricia Marsden-Kish, to accept the June Council meeting summary. The summary was accepted without change by the voting Council members.

Council Subcommittee Reports: July 2009*(Click icon below for most recent SC meeting summary)*

Coordination of Care SC: Co-Chairs: Sharon Langer & Maureen Smith:


Coordination Care SC 7-22-09.doc

The next meeting on Sept. 23 @ 2:30 PM LOB Room 2600 will include follow up items from the July meeting: MCO and VO identification of barriers to co-management and recommended solutions and information on how MCOs, VO integrate member pharmacy data with medical/behavioral health care management.

DCF Advisory SC: Co-Chairs: Kathy Carrier & Heather Gates
Jeff Walter reported for Heather Gates: the Subcommittee's report on member focus groups will be presented at the Sept. 9 Council meeting.

Provider Advisory (PAG) SC: Co- Chairs: Susan Walkama & Hal Gibber
The Subcommittee is addressing two topics:
1) Enhanced Care Clinics policies on implementing evaluation and treatment of co-occurring disorders (COD) – mental health and substance use – for adolescents and adults. DMHAS is

working with the BHP agencies on applying their COD model in HUSKY for adults and adolescents. The final policy transmittal will be reported to the Council.
2) Review revisions to intensive home based services (IHBS) guidelines *(Click icon below).*


BHP OC Provider Advisory 7-09.doc

Susan Walkama explained that these revisions are more technical in nature, 'fine-tuning' the guidelines for web based authorizations in the Fall 2009. The changes ensure that prior authorization time guidelines are consistent with the treatment model ranges for ValueOptions prior authorization and less frequent concurrent reviews.

Council Action*:*
Motion: Susan Walkama made a motion, seconded by Beresford Wilson, that the Council approves the changes in the guidelines as presented to the Council.
Discussion: Susan Walkama explained the technical changes would impact providers as part of the web based prior authorization process. It would not affect families or service provision s the guideline language is aligned with the IHBS models.
Vote: **Motion to accept the guidelines passed by voice vote with no opposed or abstentions.**

Next meeting August 19th: agenda items: role of DMHAS in CTBHP program and Co-occurring disorders/ECCs criteria.

Quality Management, Access & Safety SC: Chair: Davis Gammon MD; Co-Chairs: Melody Nelson & Robert Franks:


Quality SC 7-17-09.doc

Next meeting Sept. 18 @ 1 PM @ VO

Operations – Co-Chairs: Lorna Grivois & Dr. Stephen Larcen: The Subcommittee's August 21 meeting is cancelled. The next meeting is ***Sept. 18th @ 2:30 PM at ValueOptions***.

Behavioral Health Partnership Reports

DCF: EMPS update


EMERGENCY_MOBILE_PSYCHIATRIC_SER

Bert Plant, PhD (DCF) reviewed the status of the newly redesigned and re-procured Emergency Mobile Psychiatric Service (EMPS). The final implementation of phase III re-procurement in Central and Southwest CT began June 1, 2009. Dr. Plant outlined (*see above icon for details)* key problems with the initial EMPS system that included inadequate coordination with EDs, schools, police force, foster families, etc., limited peak hour capacity, limited mobility of services

and mobile hours, inconsistent performance across providers and lack of central call number. The new system, developed from the meetings and forums in 2006-2008 and CHDI review of the program led to the new system that addresses the problems under the previous system. In addition to increased mobile response to and capacity for community crises, enhanced EMPS outreach and coordination with EDs, schools, etc is being done, resulting in increased utilization by targeted groups, implementation of **211** as centralized source for assistance and 28 hospital and EMPS memorandums of understanding (MOUs) have been signed. Dr. Plant credited Tim Marshal (DCF), the agency fiscal division, United Way (211), families and EMPS providers in making the EMPS system more responsive, accessible and standardized throughout the state.

Council comments and questions included the following:

- Dr. Herrick (Danbury) said the Teen Coalition on Teen Suicide seemed unaware of the single point of entry – **211-** and schools seemed unclear about EMPS access. Dr. Plant acknowledged the agency still needs to spread the information about the new EMPS system and is considering the role of local EMPS providers in coordinated outreach to schools and their community. Dr. Herrick suggested part of the EMPS database include frequency of school outreach contacts; Dr Plant noted this needs to be balanced with increased service provision from the increased call volume.
- How do EMPS and intensive home based programs interact? Dr. Plant said integration of IICAPS and EMPS is being discussed to determine how best to avoid duplicate services.
- Beresford Wilson (Family rep.) commended DCF for listening to and involving families in the EMPS system redesign.
- Jeffrey Walter requested the Council receive periodic updates on EMPS data since EMPS is often the front part of the CTBHP system.

CTBHP/DSS/VO Reports (Click icon below to view details of presentation).

BHPOC Presentation 08-12-09 Final.ppt

Discussion points included:

Performance incentives

- There has been a **39% decrease** in unnecessary (*administrative discharge delay*) inpatient days related to the collaborative work of hospitals and CTBHP/VO in the hospital performance initiative. The collaborative work group is finalizing the second part of the inpatient performance incentive - family engagement with measurable goals. Mr. McCreath (St. Vincent's hospital) said this process is very important to both hospitals and families. Ms. DiPietro noted it important to talk with families regarding their concerns while in the ED.
- Residential Treatment centers (RTC) average length of stay (ALOS) decreased 12% and Psychiatric Residential Treatment Facilities (PRTFs) ALOS has been steadily decreasing in 2008 to an ALOS of 6 months. Initial performance incentives focused on focal treatment plans, discharge planning; target LOS goal has been identified for the next

phase of the performance incentive.
- CTBHP is very pleased with the hospital response (28/30) to the EMPS/ED MOU.

CTBHP Expenditures
- RTC and congregate living expenditures in DCF has decreased but Community based care expenditures remain fairly unchanged; what does this tell us in the larger sense about the program? Mr. Walter said DSS is working on reporting expenditures by service type and on a per member per month (PMPM) date of payment basis. DSS stated time to work on this will be freed up once DSS MMIS certification CMS process is complete and the HUSKY encounter data is fully transitioned to the DSS data warehouse.
- The levels of care guidelines approved by the BHP OC are the basis for authorization for congregate care, RTC, etc.
- ValueOptions will present the two year RTC report that includes RTC financial options and bed use forecasts to providers August 24th.
- Beresford Wilson observed the expenditure data shows a trend in drop off of expenditures in the 3Q after school sessions and suggested it may be helpful to compare BH data with State education data.

Charter Oak Health Plan Behavioral Health reports were deferred to Sept. 2009 in order to allow time for discussion of proposed adolescent health system change. (see below)

Other Updates
- Accurate CTBHP claims reports will take more time to finalize. Interim dollars have been paid out with recoupment expected once the system changes include the new rates. DSS will report back to the council if problems occur.
- Child rehab options regulations will be sent to the Attorney General's office at the end of the week (8-14-09) then on to the Legislative regulatory committee. The CTBHP regulations are back at the AG's office.
- Proposed 1115 Waiver development process: will it include an advisory group to DSS that would include the BHP OC members? DSS said most of the focus of the 1115 waiver will be on medical management, rather than behavioral health. The waiver population (i.e. SAGA and fee-for-service) involve adults. DSS expects advocacy and providers to be part of the waiver decision making process. The dialogue will consider the national goals of improving quality outcomes and managing escalating health costs.

Other Business

The Legislative Appropriations Committee budget proposal on July 30, 2009 included a provision to "consolidate (*DCF*) Adolescent behavioral health under DMHAS" with a budget *transfer* of $37.5M in SFY 11. *(To view the details of the July 30th budget proposal: www.cga.ct.gov/ofa).*

Sen. Harris noted the above proposal is far from a concrete legislative measure and may have been proposed as part of the broader legislative work to reorganize government including Human Services. Sen. Harris there would be time for discussion/planning for such a change. It is

important to offer positive options related to specific issues in addressing budget proposals and the Council may want to provide this in expressing concerns about the proposal. The Senator said a broad view of the State budget needs to take into consideration that revenue rather than expenditures is the main problem facing the state. With such a significant State budget deficit difficult decisions have to be made but without doing harm and that are morally and fiscally responsible.
Council discussion related to the proposal:

- The proposal seems to address system issues rather than cost savings: advocate representatives expressed concern that removing services from DCF may lead to system fragmentation and encouraged a thoughtful, studied approach in addressing these underlying legislative DCF system concerns.
- Advocate organization commented that stakeholders are worried about how this change would affect services to their children.
- Family representative defined a broader concern in this difficult budget period: when services are delivered to those less affluent, we are obligated to think about delivery of quality care rather than funding competition.
- Previous legislative studies were done prior to the CTBHP 'carve-out' of behavioral health services in 2006; it was suggested that legislative action be deferred until the issues can be studied in light of the delivery system changes and positive trends.

Council Action:
Motion: Judith Meyers made a motion, seconded by Alicia Woodsby, the BHP OC submit a letter expressing non-support of moving adolescent services from DCF to DMHAS.
Discussion of the motion: Such a letter should include improvement of DCF performance through the CTBHP and suggest the Council's willingness to work on a 'study group' related to this specific issues as well as offer participation on the broader Commission on Human Service reorganization chaired by Sen. Slossberg.
Vote: Voice approval of above motion: no abstentions, no opposing votes.

Jeffrey Walter will work with Sen. Harris to draft the letter to legislative leadership expressing the concerns discussed; the letter will be sent to the BHP OC.