# *Behavioral Health Partnership Oversight Council*

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**www.cga.ct.gov/ph/BHPOC**

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Meeting Summary: ***Sept. 9, 2009***

Chairs: Sen. Jonathan Harris Jeffrey Walter

***Next meeting: Wednesday Oct 14, 2009 @ 2 PM LOB Room 2B***

*Attendees: Jeffrey Walter (Chairs), Teddi Creel (DSS), Karen Andersson (DCF),Lori Szczygiel (CTBHP/ValueOptions), Pat Rehmer (DMHAS), Uma Bhan, Candida "Dee" Bonnick, Rose Marie Burton, Rick Calvert, Elizabeth Collins, Terri DiPietro, Davis Gammon, MD, Heather Gates, Charles Herrick M.D., Thomas King, Sharon Langer, Mickey Kramer (OCA), Stephen Larcen, Patricia Marsden-Kish, Randi Mezzy, James McCreath, Judith Meyers, Sherry Perlstein, Maureen Smith, Susan Walkama, Jesse White Frese', Jennifer Dineen, Consultant, Focus Group Report, (M. McCourt,Leg.Staff).*

**Council Administrative Issues**
Maureen Smith made a motion, seconded by Dr. Gammon, for the Council acceptance of the August 2009 meeting summary. The summary was accepted without changes.

***Subcommittee Reports***

Coordination of Care SC will meet Sept. 23, 2009; the agenda items will include follow up on July meeting action plan for identification of co-management barriers, member pharmacy co-management with ValueOptions, 'single dosing' and the Subcommittee will review the transportation concerns raised in the focus group report (*see below).*

Quality Subcommittee will meet Sept 18, 2009. During August a work group of SC members and VO, organized by Co-Chair Robert Franks, met to review the VO reporting structure, identify where reports can be streamline, prioritize regular reports and the effective distribution of CTBHP data trends. The work group recommendations will be discussed at the Sept Subcommittee meeting.

Operations Subcommittee will meet Sept 18, 2009; the SC did not meet in July or August.

Provider Advisory Subcommittee has met twice since that last Council meeting and the focus was on:

- Policy/criteria for Enhanced Care Clinics (ECC) co-occurring disorders (COD) that has been developed by the CTBHP in collaboration with the Dept. of Mental Health and

Addictive Services (DMHAS) that has such criteria for their program. The discussion over several meetings has helped BHP ECC providers' readiness to move forward in implementing the criteria.

- Review with DCF of the draft certification regulations for children's rehab services. DCF would like an opportunity to review these preliminary regulations with the full Council for input.

DCF Advisory Subcommittee recent meetings have focused on:

- Final IICAPS home-based services report. Final questions will be reviewed at the September meeting.
- Extended Day Treatment (EDT) conversion process is under going provider review of DCF analysis and will be on the Sept. agenda.
- The Family Focus Group report organized by the SC and consultant is presented at this Council meeting.

**BHP Reports**

*Department of Children & Families: Family Focus Groups Report (See executive summary below, complete report can be found on BHP OC website: www.cga.ct.gov/ph/BHPOC )*

Executive Summary.doc

The family focus group format for the study was developed in the ***DCF Advisory SC*** with CTBHP family members, SC members, DCF and consultant J. Dineen & Associates. Heather Gates SC Chair and Jennifer Dineen PhD, consultant discussed the findings of the focus group study with the Council. *(Click on icon above for the Executive Summary that was the basis of the presentation.)* This qualitative study, funded by DCF, was developed and executed over one and one-half years. The study was one step in understanding the experiences of HUSKY children and their families that received behavioral health services in CTBHP. The Council expected the focus group study to complement a more extensive and rigorous evaluation of the CTBHP program that was funded in the 2007 biennial budget. A formal procurement process was undertaken by the Council and a contractor was selected; however the study was suspended when the state fiscal crisis led to a rescission of State non-essential expenditures.

While the study findings cannot be generalized to all CTBHP families, the findings from the input of the randomly selected families in the 3 focus groups suggest more work needs to done to inform HUSKY members about the CTBHP program and available services that may prevent crisis driven care and better engage families in the care of their children and treatment decisions. (*(See summary of key findings and recommendations).* Council comments and questions included the following:

- ✓ While the report does not reflect the experiences of the broader CTBHP population, DCF said these participants' input is very important to consider as to how families relate to all levels of care. Further, DCF noted the importance of a broader evaluation that is not funded in

the 2010-11 biennial budget and suggested that external funding be sought to accomplish the evaluation.

- ✓ The CTBHP/ValueOptions (VO) discussed current communication to the community about CTBHP services through their web site, brochures, member handbook, community forums and the VO Family committee. In addition VO is working with inpatient units regarding family engagement that takes into consider the family perspective; this will be part of the next phase of the inpatient performance incentive. ***ValueOptions asked the Quality Subcommittee to review the report findings and recommendations with CTBHP/VO and identify what needs to be added to current initiatives, with recommendations to the BHPOC.***
- ✓ Provider perspective: the primary voice of families in the focus group was those with high intensity services needs, with no apparent representation of those with less intensive and/or non-crisis needs. Heather Gates stated that while the design called for families with inpatient/RTC experiences and those with community based service experiences the self–selection process resulted in families with either high end needs or those with past pediatric institutional services followed by community based services. The institutional care issues often took precedence in this group's discussion.
- ✓ Most agencies collect client satisfaction surveys; it was suggested that some part of the survey include standardized items for comparisons across other client satisfaction surveys.
- ✓ VO's randomized consumer satisfaction surveys of different levels of care show a 75-90% range satisfactions level. Council members suggested reconciling these satisfaction survey outcomes with this focus group report, looking at different experiences.
- ✓ It is important to assess adolescents' experience in the BHP system as well as their families. Heather Gates responded that this was discussed in the SC and may addressed in the future.

Mr. Walter thanked Heather Gates, the Subcommittee, Jennifer Dineen and CTBHP/VO for their work on this report that illustrates the complexity of program evaluation. The Council is encouraged to read the full report and send questions or comments to Ms. Gates.

*Department of Social Services (click icon below to view handout)*

BHPOC Presentation 09-09-09 Final.ppt

Teddi Creel (DSS) presented the Charter Oak Health Plan (COHP) Behavioral Health utilization report *(Click icon above to view presentation details).* The *service utilization data* is based on current claims data; utilizations by service type data may change as more claims come in. The *penetration rates* are based on authorization reports. Overall penetration rate (use of a BH service/member) averages 7% compared to the HUSKY CTBHP rate of 9-11%. Questions included the following:

- ✓ Helpful to know the demographics of the COHP population (deferred to the Medicaid Council with the report shared with the BHP OC).
- ✓ How are members, especially those in the lower income bands, managing co-pays, especially for services required 2-3 times or more per week? Dr. Larcen said the Operations

SC began to look at this issue through private insurance data prior to COHP implementation. The SC can look at out-of-pocket cost impact on levels of care when claims data is available. DSS agreed to follow up on the following information requests:

- DSS stated impact of member cost on services can be calculated using claims data and Ms. Creel will take this issue back to DSS.
- DSS will also refer the question of the reasons for members dropping coverage to DSS/ACS.
- The COHP provider appeal process is the same as HUSKY A. Request BHP to identify where information on the appeal process is available to the public and to providers.
- The COHP behavioral health provider network can be found on the Charter Oak web site: www.charteroakhealthplan.org

Budget Status: while the biennial budget is now law, the implementer bill will provide details on implementation for the budget bill. Sharon Langer said that *legal immigrant services* previously covered under a state-only funded program has been changed to cover only pregnant women and children; states will receive a federal match for services provided to this population. Other immigrants will be eligible for reimbursed emergency care only. This change may impact providers, especially in hospitals, that have provided services to legal immigrants. Ms. Collins (YNHH) said data from 2006 – present shows of the 350 uninsured admissions to inpatient psychiatric services about 55-60% become eligible for SAGA or Medicaid. About 30 uninsured children/adolescents received retroactive Medicaid. Budget highlights for Medicaid & BHP will be discussed at the Oct. 14th BHP OC meeting.