

## **Behavioral Health Partnership Oversight Council**

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*Chairs: Rep. Christopher Lyddy & Jeffrey Walter*

Meeting Summary: April 13, 2011

**Next meeting: May 11, 2011 @ 2 PM in LOB Room 1E**

Attendees: Jeffrey Walter & Rep. Christopher Lyddy (Chairs), Dr. Mark Schaefer (Director Medical Administration, DSS), William Halsey (Director BHP-DSS), Dr. Karen Andersson (BHP -DCF), Lori Szczygiel (CEO of CTBHP/ValueOptions), Paul DiLeo (COO, DMHAS), Jennifer Hutchinson (Dir Managed Services and contract manager of DMHAS partnership contract), Thomas Deasy (Comptroller's Office), Catherine Foley-Geib (Judicial - CSSD), Dr. Jocelyn Mackay (State Dept Education), Mickey Kramer (Office Child Advocate), Dee Bonnick (parent), Elizabeth Collins (YNHH), Terri DePietro (Middlesex Hosp), Howard Drescher (Adult family rep), Dr. Ronald Fleming (CT Association of SA agencies), Davis Gammon, MD, Heather Gates, Thomas King, Sharon Langer (CTVoices), Dr. Stephen Larcen (CEO Natchaug Hosp), Patricia Marsden-Kish (Region 1 child, teen, adult services), Judith Meyers (CEO CHDI), Kimberly Nystrom (CT Home Care Assoc.), Sherry Perlstein (CGC), Kelly Phenix (family rep), Galo Rodriquez (CEO, Village Family/children), Javier Salabarría MD (Griffin Hosp), Maureen Smith (OHA), Janine Sullivan-Wiley (Dir. NW regional MH Board), Jesse White Fresse (Ex. Dir. SBHCs), (M. McCourt, legislative staff).

### **Consumer Forum**

Rep. Christopher Lyddy, Chair (106<sup>th</sup> district, Newtown) extended a warm welcome to Forum attendees, Council members and State Agency Commissioners. Rep. Lyddy emphasized the importance of family members to share their stories about their experience with the programs, stating that their input is listened to, taken seriously and suggestions can be put into practice as the CTBHP continues in this extended agency partnership. Rep. Lyddy invited attendees to contact his office with future comments, questions and/or suggestions. Former Legislator Deb Heinrich was welcomed as the Governor's new appointee as the Not-for-Profit advocate in the Executive branch.

*CTBHP State Agency Commissioner Comments:*

#### **Commissioner Joette Katz, Dept of Children & Families (DCF)**

Commissioner Katz is committed to bringing DCF out of the federal consent decree by addressing unresolved areas. Achievement of this requires DCF focus on treatment planning, timely access to services, shared responsibilities of outcomes with the BHP and ongoing monitoring and analysis of data trends. DCF is committed to achieving the CTBHP goal of providing congregate care close to home in Connecticut, reducing out-of-state congregate services. This Consumer Forum provides the Commissioner with an opportunity to learn more

about the programs in CTBHP and family perspectives.

**Commissioner Roderick Bremby, Dept of Social Services (DSS)**

Commissioner Bremby values the close partnership of family representatives, advocates, providers, legislators and partnership agencies that has developed to achieve CTBHP goals. The Commissioner noted that challenges remain in accountability and transparency of how services are used and where improvements are needed. Populations new to the CTBHP such as the Medicaid Low income adults (LIA) and Aged, Blind & Disabled (ABD) clients need timely access to health services and improved coordination of medical and mental health services. Applying methods that reward value, better services and lower costs will allow the CTBHP to manage the challenges ahead.

**Commissioner Patricia Rehmer, Dept of Mental Health & Addiction Services (DMHAS)**

Commissioner Rehmer has participated in the Council for the past two years as the three agencies (DSS, DCF & DMHAS) worked to create this partnership. As of April 1, 2011 ValueOptions began managing behavioral health services for the LIA and ABD populations, the latter group has had no administrative support and service management. DMHAS goals involve improving quality of care, providing the right level of care at the right time with the overarching focus on initiating and maintaining recovery.

***Behavioral Health Partnership Oversight Council Perspective:***

**Dr. Steven Larcen, Chair of the Operations Committee** (click icon below to view presentation)



BHP Bending the  
Institutional Cost Cur

Dr. Larcen reviewed institutional stays and ED discharge delays that the 2005 legislation that implemented the CTBHP program sought to correct. (*Slide 2*) Two overarching goals of the CTBHP program for HUSKY and Charter Oak members implemented in 2006 was to reduce unnecessary use of institutional and residential services for children and adults, monitor individual outcomes, provider performance, taking into consideration patient acuity and overall program performance. The 2005 legislation pertaining to CTBHP also directed the Administrative Service Organization (ASO) ValueOptions to provide on-site assistance for children with behavioral health diagnoses held in an Emergency Department (ED) for more than 48 hours and for children in inpatient psychiatric care for 5 days or longer beyond medical necessity, which is referred to as “discharge delays”.

- (*Slide 3*) prior to provider and ValueOptions initiatives, ~ 30-40% of children’s inpatient days were due to discharge delays; over 400 children were “stuck” in EDs for an average of 2.4 days in 2007.
- *Slide 4* highlights the collaborative efforts of State Agencies, ValueOptions, providers and the Oversight Council to reduce the above unnecessary institutional care days. Provider performance incentives (pay-4-performance) were developed with an inpatient

workgroup of the 8 child/adolescent hospitals that focused on discharge delays and overall length of stays. *Slides 5-7* illustrate a significant reduction (50%) in discharge delay days by CY 2009 with a slight increase in CY 2010 thought to be related to the reduced capacity of residential treatment centers to accept clients.

- *Slide 8* demonstrates the “bending of the cost curve” for children and adult per member per month (PMPM) behavioral health costs; the changes are related to new and enhanced community services and focused initiatives on institutional (Hospital and ED) care.
- *Slide 9* outlines ‘lessons’ learned from this collaborative processes, that include added and improved community based program access, provider performance incentives and the critical role of ongoing family collaboration in the change process.

*Heather Gates, Co-Chair, DMHAS Committee (Click icon below to view presentation)*



Presentation Jan  
2011 community serv

Heather Gates provided an overview of CTBHP and Council collaborative efforts in developing a community based system of care for children and families.

- *Slides 5-6* outline best practices and performance improvement initiatives put in place to achieve the goal of strengthening the community based service system and more timely accessibility to services.
- *Slides 7-8* identify examples of CTBHP data use, both fiscal and programmatic that have led to improvements in outcomes measurements, administrative creativity of provider “bypass programs” that reduce administrative burdens for prior authorization frequency for providers within reasonable utilization range and identification of new areas of improvement.
- *Slide 9* identifies rate changes that support community services that provide services to CTBHP members that can prevent or reduce LOS in institutional care.
- *Slide 13* identifies a list of community based services available and *slide 14* illustrates lessons learned from broad stakeholder input into expansion of community services that are supported by adequate rates, clear regulations that provide structure to this system and data that informs agencies and stakeholders on critical focus areas.
- *Slide 15* Key questions are raised about the sustainability of current programmatic improvements during a time of fiscal constraints and the ongoing challenges to further reduce reliance on residential care by allowing children to remain in their home and more effectively coordinate care across systems of care.

***Family Testimony: Successes and Ongoing Challenges in Meeting Family/Children’s Needs***  
(Click icon below to read the testimony of 7 parents)



Family testimony  
4-13 BHP OC Forum.r

Seven parents/advocates took the time to educate this Council on the need for family focused services that ensure ongoing parent/family connections by promoting positive parent-child relations that become part of a treatment/ recovery plan. There is a need for timely access to

providers across the various silos of service systems that are skilled in evidence-based treatment for children/their adult parent for problems such as trauma history, chronic manageable mental health problems, adverse impact of multiple child welfare placements on the child and family safety.

The themes in these testimonies included:

- ✓ The importance of a systematic approach for youths' transition to the adult system.
- ✓ CTBHP needs to identify and gather data on adults involved in CTBHP services and their parental status.
- ✓ Create a culture change that does not continue to create barriers to parental access to health care because of the fear of losing their child to the child welfare system.
- ✓ Provide a safe, therapeutic environment for parents to discuss parenting concerns without fear of DCF involvement, as appropriate.
- ✓ Assessment, intervention and support for the family *before* a crisis arises.
- ✓ Identify respite service availability for parents of children with chronic medical/mental health illnesses.
- ✓ Help parents to help their children stay/regain their health through family intervention and support.
- ✓ Promote family-focused treatment and support.

State Agency/Council member comments:

- Dr. Karen Andersson (DCF) commended the BHP OC for sponsoring this Forum and suggested this should be repeated at 6 month to annual intervals. DCF is committed to intertwining BH and child welfare services. DCF is looking for providers that apply best practices/evidenced based practice to treat children with diagnosis of reactive attachment disorder. The Agency would like to develop a cadre of providers certified in complex trauma/reactive attachment disorders that would enroll in the Medicaid CTMAP provider network. Commissioner Katz asked family members participating in the forum to consider participating in the Agency's internal family work group to advise her on issues and resolution of areas of family concerns.
- Paul DiLeo (DMHAS) discussed the Agency's interest in prioritizing family treatment before a crisis occurs, which has been a point of discussion in statewide adult meetings.
- Dr. Schaefer (DSS) observed that we are still so ill informed about issues related to domestic violence. We continue to re-victimize victims. Children are victims whether they are abused or witness abuse due to the impact and trauma that they end up suffering that is disruptive to their lives. We tend to look at families focused on their weaknesses rather than their strengths.
- Patricia Marsden Kish commented that different DCF regions will be educating staff on the upcoming differential response approach that may prevent family crises.
- Sherry Perlstein stressed the importance of creating a family treatment plan for clients. This is difficult to do when Child Guidance Clinics may be restricted in treating the

parent as well as the child ‘patient’; often the parent may receive BH services in another center (program silos).

- Sherry Perlstein suggested a small group with family/consumers and providers work with CTBHP on identifying providers that demonstrate promising practices & outcomes for clinical diagnoses noted by Dr. Andersson. Ms. Collins suggested the Ex. Committee discuss topics and delegate to appropriate Committees.
- While Judith Meyers cautioned that the small number of family testimonies may not represent the breadth of family concerns, Lori Szczygiel noted that the role of parenting in adult CTBHP clients is so important to identify and include in treatment planning. Ms. Sullivan–Wiley noted the issues presented today are not isolated: a parent’s perception of ‘being safe’ while addressing their health/parenting needs, the importance of treatment as a family unit, rather than the identified ‘patient’ and earlier intervention to prevent a family crisis are concerns that resonate in the community.
- Dr. Salabarria concurred that parents in treatment do fear the loss of their children to DCF. Mr. DiLeo noted this has been a topic in DMHAS regional forums, noting one issue is how we can best impart information to parents in a manner that maintains family safety.
- Kim Nystrom said there is a need for discussion about steps that can be taken before mandated reporting is done that may lead to child welfare involvement.
- Dee Bonnick, Council family representative, encouraged the Council to tap into the Council’s family representatives’ wealth of experience as well.
- Galo Rodriquez suggested the BHP OC include family experiences in the regular BHP OC agenda and Judith Meyers asked the Council to consider creating a committee of BHP OC parents and others to build a more formal “consumer perspective” on the CTBHP program.
- Mr. Walter stated the BHP OC Executive Committee will review the testimony, themes and Council suggestions and bring recommendations back to the Council.

### **BHP OC April Meeting**

#### ***BHP OC Administration***

- Steve Larcen made a motion, seconded by Maureen Smith, to accept the March 20011 meeting summary. **Action:** March summary approved by Council members without changes.
- Sherry Perlstein made a motion, seconded by Steve Larcen, to approve the adoption of the FY09 rate package. **Action:** FY09 rate package was approved without dissent by voting Council members.
- Previous Council meeting there was discussion about bringing parent, consumer voice into a leadership position on the Council. The Chair recommends a third Co-Chair representing families/consumers be approved for Council leadership. Mr. Walter said Hal Gibber had

agreed to do this. Mr. Walter asked if other interested Council members would like to be consider; no one responded in the affirmative.

- Sharon Langer made a motion, seconded by Patricia Marsden –Kish, that Mr. Gibber be approved as a co-Chair of the Council. Discussion:
  - Should the Council postpone this decision until more interested families can be considered? Mr. Walter noted that being a Co-Chair can be daunting, intent is to have this Co-Chair take responsibility for organizing consumer participation rather than chairing the meetings.
  - Judith Meyers suggested this be time-limited in order to mentor others to fill this role in the future.
    - Sherry Perlstein said some of the Committee Chairs began recruiting Committee Family/consumer co-chairs. The Committee Chairs will inform staff on additional Co-Chairs.
    - Sharon Langer noted there are ~ 5 family/consumer participants in the Coordination of Care committee.
    - VO offered to bring the Council's interest in expanding family/consumer participation at the Committee level to VO's consumer committee.

***Council Action: A one year term for Hal Gibber as consumer representative Co-chair was approved unanimously.***

### ***Subcommittee Reports***

***DCF Advisory:*** this Committee recommended that the Council accept the revised EDT rate presented to the Committee. Sherry Perlstein, Committee Chair made a motion, seconded by Judith Meyers, that the Council accept the revised EDT rate to be implementation as of 7-1-11 following DSS implementation of a State Plan Amendment. **Action: Council unanimously approved the revised EDT rate with a July 1, 2011 implementation date.**

At the DCF Committee meeting DSS was asked how the FY09 rate package will be loaded into the claims system: providers had received 2 lump sum payments prior to the formal adoption of the rate package. DSS will make any required provider adjustments related to the 1% rate increase and lump sum payments.

### ***CT BHP Agency Reports***



BHOC Presentation  
04-13-11 Final.ppt

- Prior to ValueOptions presentation, Paul DiLeo (DMHAS) noted the adult BH portion of the CTBHP has been in effect for 13 days (start date 4-1-11). He has received calls about call wait times and length of processing times for service authorization; these seem longer than times under State General Assistance BH or HUSKY programs. Mr. DiLeo said the partnership Agencies receive weekly VO reports on their compliance with contract standards and VO has been within contract standards since 4-1-11. Mr. DiLeo

acknowledged the adult BH program presents a learning process for all involved.

- Lori Szczygiel (VO) reviewed the adult CTBHP implementation status:
  - Slides 3-4 show VO staffing vacancies. VO expects McKesson, VO disease management vendor will begin September 2011 as part of clinical integration.
  - Slides 6-10 provide a clinical update:
    - (*Slide 6*) The number of outpatient authorization requests to be entered into the new system was underestimated. The original number was 6000 while current estimate is 12 – 15,000. VO has currently entered about one-half of these and expects completion of entry to be done by May 31. Providers can enter their own clients into the system. Claims cannot be submitted until the information and the authorization is in the system.
    - (*Slide 9*) from 4-1 to 4-6, 1485 authorizations were passed to HP (DSS claims vendor) with the preponderance of these for inpatient facilities and inpatient detox facilities. The latter providers are new to the CTBHP system. VO has sent a template to providers to prepare them for questions required for authorizations. This will benefit both VO's new clinical staff and providers in reducing call time.
    - (*Slide 8*) VO continues to outreach to EDs to determine if HUSKY/Adult members are "stuck" in the ED: the number of children has increased to 81 in 18 hospitals while adults are slightly less than half this number.
    - (*Slides 14-16*): call volume peaked in March at 8556 calls: April will have the highest volume if the initial April 10 day volume continues. Provider calls represent the largest volume (73%) while member calls are 22% of calls; 98.7% of calls were answered within 30 sec (contract standard is 90%).
- ValueOptions continues to offer provider trainings and community outreach regarding the programs. Mr. DiLeo (DMHAS) has been participating in the community meetings. VO and DMHAS would next like to set up forums with Regional Mental Health Boards. Mr. Drescher offered to help do this. Heather Gates suggested it may be efficient to video taping the forums to distribute to community groups for their websites.

Due to the lateness of the hour, Mr. Walter suggested the DCF "One-to-One Specializing Services (*slides 18-29*) and the CTBHP Dual eligibility Demonstration (*slide 31*) be deferred to the May 11 meeting.