Behavioral Health Partnership Oversight Council

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Co-Chairs: Rep. Christopher Lyddy Jeffrey Walter Hal Gibber

Meeting Summary: January 11, 2012

Next meeting: ***February. 15, 2012 @ 2 PM in LOB Room 1E***

Attendees: : Christopher Lyddy, Jeffrey Walter, Hal Gibber (Co-Chairs), Dr. Karen Andersson (DCF), Terri DiPietro, Howard Drescher, Dr. Ronald Fleming, Heather Gates, William Halsey (DSS), Margaret Hardy, Dr. Charles Herrick, Jennifer Hutchinson (DMHAS, Steven Kant (CTBHR/VO), Thomas King (ECHN), Sharon Langer, Dr. Sabina Lim, Jocelyn Mackey, Judith Meyers, Randi Faith Mezzy, Kimberly Nystrom, Sherry Perlstein, Kelly Phenix, Galo Rodriguuez, Dr. Javier Salabarria, Maureen Smith (OHA), Jesse White-Fresse, Janine Sullivan Wiley, Alicia Woodsby, and Dr. Steven Zukerman

BHP OC Administration

Co-Chair, Jeff Walter, welcomed David Kaplan, newly appointed BHPOC Administrator. He also welcomed and gave recognition to Terri DiPietro as the new Co-Chair of the Operation Committee and he welcomed Dr. Sabina Lim of Yale New Haven Hospital who replaces Elizabeth Collins on the Council. All present members introduced themselves by a voice roll call.

Jeff Walter asked for a motion to approve the December BHP OC meeting summary. Maureen Smith made motion to approve and Sherry Perlstein 2nd the motion. All members were in favor of approving the minutes. None opposed. Minutes were accepted and passed without revision.

Action Items

There were no action items this month.

Connecticut Behavioral Health Partnership Agency Reports

Department of Children and Families

Dr. Andersson introduced Nancy DiMauro who gave a presentation on the DCF Practice Model/Differential Response System.

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BHOC Presentation- (

Nancy went through the power point presentation explaining the Areas Needing Improvement/Consistent Findings, The Solution, Achieving Results, Outcomes, The Six Principles of Partnership-A New Perspective on Child Welfare, Family Engagement, Comprehensive Family Assessment, Purposeful Visitation, Supervision of Management, and the Differential Response System.

Nancy said that child welfare case calls are broken down to three kinds of response times; Immediate, Same Day (24 hours) and Seventy-two (72) hour. The investigations staff will decide if the call is substantial or unsubstantial based on the needs of the family, home and/or community for the child's safety. If the family is willing, they will be referred to a Community Partner Agency to meet with the family to help them gather their needs to ensure child welfare. These triage services/support are then monitored. The family has a choice to accept or decline these services. Every region will be equipped with these Community Partner Agencies that will hook up the families with traditional and non-traditional support. The commencement date for the CPAs is targeted for March 1, 2012. Once the referral is made, the Department will close the case. If the family declines services and the child is safe then the case is closed. If the environment is unsafe or conditionally safe, then DCF gets involved.

Kelly Phenix asked a question on the response times between the 24 and 72 hour follow-up time to open a case. What is the timeline? Nancy answered the time is 45 days to make a determination after the family, doctors, schools, etc. are interviewed to complete an investigation. This remains the same. Dr. Andersson said that to date, thirteen states have moved to a Differentiated Response System model. It takes time to implement massive reform.

Hal Gibber asked do all initiated calls use the hotline? The answer was yes. He then stated that when the family practice model is implemented, families should no longer fear the Department by having their children taken away from them. What will happen if there is a request for a lot of services? Will it be a problem for the Department because of budget problems? Nancy answered that in the beginning, many families will decline services because they will not trust the Department. During the course of the year, if the Department is really engaging families, one of the outcome measures will be that the numbers go up. The Department is looking to see that all the scopes of services the contracted agencies provide will be more inclusive and that they will be able to serve the increase of families who do accept support services. The Department will try to maximize the amount of services within its current budget.

Sherry Perlstein wanted to know what would be the capacity of families receiving support from these community partner agencies? What would be a priority case? What if there is an access issue geographically for these families? Won't the ability to service these families be challenging in a timely way with limited resources? Nancy answered that these are profound questions that states and agencies contend with all the time. The Department will be doing a lot of learning. She then gave examples from Region 5 in the Danbury/Waterbury areas. She was very lifted by the dialogue of the families involved in the Regional Implementation Team. However, there are still many questions to answer.

Dr. Javier Salabarria had questions dealing with the Family Assessment Response. He wanted to know if a majority of families involved with this are at a low risk assessment? The answer was yes, these are not high risk cases. They would not be referred if they were extreme or high risk cases. Determination is

centered on safety and risk. He then asked if a case is closed and handed off to the partner agency, is there a follow up with the Department? Yes, within the first year, the Department follows up with the partner agency to see if support and services are appropriate for the family.

Representative Lyddy had a question on the process tract. How is assessment and treatment dispensed? What is the capacity so that the partner agencies can do their job? Nancy answered yes, there are performance standards for the partner agencies and that will be monitored by the Department.

Judith Meyers stated that the power point presentation stated that 42% of cases are routed to partner agencies.

Jeff Walter said that this does not create new services but will have an impact on all the services that exist now. He then asked how does this fit in with the BHPOC? How will ValueOptions deal with the authorizations for this? Dr. Andersson said that back a few months ago, the DRS came up and that there was a concern that this was a BH intervention and that the Council was not discussing it. That is why it was presented today. Perhaps these questions will be taken up by the Child/Adolescent Quality Access & Policy Committee.

Steven Kant talked about early intervention opportunities; identification and implementation will be more effective with the Differentiated Response System in place. It won't create a problem for capacity but will be an opportunity for the Department to become more effective in what it does.

Janine Sullivan Wiley spoke in terms of rates- fee per service, is it adequate or not? Dr. Andersson responded that some of these services will be grant funded. Families that are Medicaid eligible will have the fees taken care of. This is an organized way of identifying and helping families connect to the care. She is not sure how this will impact Medicaid Service System until the program is launched.

Heather Gates said that a lot of services requested are actually for the adults in the family, for example, addiction issues, mental health issues, and for issues of domestic violence. This is getting all of the members of the family connected to the right service at the right time as opposed to getting more services or adding to the burden of the service system. Many of these families are already involved in the service system but they aren't very well coordinated. It is better and more cost-effective to get families with what they need than to wait for a crises or preventative treatment.

Hal Gibber said that on a positive note, that until the development and implementation of this system, this choice did not exist and family's perception of the Department were not what they could potentially be now and the Department will be better off to meet the behavioral health needs of families involved in DCF cases.

Department of Social Services

Bill Halsey began his review with the Rate Meld Conditions Update as of January 11, 2012 and reported their updates. On December 14, 2011, the BHOC approved the Departments' rates with the following seven (7) conditions:

1. Continue to consider a per diem rate methodology for adult inpatient psychiatric
2. Share child inpatient psychiatric rates
3. Reduce adverse impact on hospitals for intermediate levels of care
4. Explain how Departments are going to fund the expansion of the hospital ECCs for adults
5. Reduce adverse impacts on clinics
6. Report to the Council on impact of rates on independent practitioners
7. Submit provider performance initiative plans to Council prior to implementation

The updates are:

1. DHMAS and DSS are working on the analysis of the per diem rate methodology. The Departments will need more time to develop this analysis. The Departments will provide an update on the per diem analysis to the Council in April 2012.
2. Child inpatient psychiatric proposed rates have been completed and are under final review at DSS.
3. Hospital intermediate levels of care: the Council's recommendation is still under review by the Departments.
4. Hospital ECC expansion: the Departments plan to use approximately $185,00 of the $1,300,000 annual provider performance pool in order to expand hospital ECC to the Husky C and Husky D adult population.
5. Clinics: the Council's recommendation is still under review by the departments.
6. Independent Practitioners: the Departments will review the impact to the system and if there is any dis-enrollment by independent practitioners. The Departments will be prepared to report on the network activity in April 2012.
7. The Departments will share the provider performance initiatives with the Council prior to implementation.

Sharon Langer wanted to know what the $185,000 will buy. Bill replied that is the projection to pay for increase the rates for the expansion of hospital ECC to Husky C and Husky D for the adult population. Sharon then asked if this translates to a certain number of people? Bill said this is just an enhanced rate to the population they were already serving. The Hospital ECC buys more timely and improved access for adults under fee for services and melia. Jeff noted that this is just for two hospitals, Middlesex, Charlotte-Hungerford Hospitals.

Jeff thanked Bill for the update and asked for another update in another month and for the April report. He hopes for resolution by the next meeting. Jeff asked for the ECC portfolio to be reviewed over the next month and for the data to be shared with the Council.

Department of Mental Health & Addiction Services
No presentation reported.

Value Options
No presentation reported.

Subcommittee Reports
Coordination of Care: *Sharon Langer, Maureen Smith, Co-Chairs*
There was no December meeting. The next meeting will take place on Wednesday, January 25, 2012 in Room 2A LOB. A report will be given in February.

Child/Adolescent Quality, Access & Policy: *– Sherry Perlstein, Hal Gibber and Robert Franks, Co-Chairs*
A report will be given in February.

Adult Quality, Access & Policy: *Howard Drescher, Heather Gates and Alicia Woodsby, Co-Chairs*
The committee did not meet in January. The next meeting will be on February 7, 2012.

Operations *– Susan Walkama and Terri DiPietro, Co-Chairs*
Terri discussed the DSS alert on performing provider enrollments for hospitals and clinics in Medicaid programs and explained the enrollment of clinic providers is extended to March 31, 2012. The average authorization policy for detox is 4 days but if they need a weekend review, it will be extended to 5-6 days for inpatient services. The committee also discussed the 120 day timely filing issue for Husky A & B as opposed to the 365 day timely filing for Husky C & D. This issue has been put on hold. In the spirit of parity, the committee has gone to the Department to encourage a 365 timely filing fee for behavioral health since that is what the medical side gets. The committee will give a report in February.
As a reminder, thirty-three questions were sent to Bill Halsey on issues regarding the new policy. Bill is working on getting the questions answered.

Jeff had some questions to Bill on provider enrollment agreements. He wanted to know if the Department is reviewing the category of service provider that would require individual practitioners to sign. Bill said yes, the Department is making sure what the Federal Government requires on how providers submit claims. This information will be published in a Provider Bulletin.

Janine Sullivan Wiley asked about the smoking cessation info that is coming out in a bulletin. She wanted to know if nicotine replacement programs that are over the counter requires a doctor's prescription would be covered by Title 19. How would this be implemented? Sharon Langer said that children are eligible under Husky A & B. It would be great if the provider bulletin would include this information. It cannot be repeated too much.

Co-Chair Jeff Walter recognized Margaret Hardy, new Council member from Hall-Brooke Hospital, whom he missed at the beginning of the meeting.

Next Meeting: <u>Wednesday, February 15, 2012</u>

NOTE: This is a change in date. Due to the first day of the 2012 Legislative Session on the 8th of February, the BHP OC will meet the following Wednesday.