Behavioral Health Partnership Oversight Council

Legislative Office Building Room 3000, Hartford CT 06106
(860) 240-0346 Info Line (860) 240-8329 FAX (860) 240-5306
www.cga.ct.gov/ph/BHPOC

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

Meeting Summary: February 15, 2012

Next meeting: ***March 14, 2012 @ 2 PM in LOB Room 1B (NOTE: This is a room change.)***

Attendees: Jeffrey Walter, Hal Gibber (Co-Chairs), Dr. Karen Andersson (DCF), Howard Drescher, Dr. Ronald Fleming, Dr. Robert Franks, Heather Gates, Dr. Steven Girelli, William Halsey (DSS), Jennifer Hutchinson (DMHAS),Mickey Kramer (OCA), Sharon Langer, Dr. Sabina Lim, Judith Meyers, Randi Faith Mezzy, Kimberly Nystrom, Dr. Robert Plant, Sherry Perlstein, Kelly Phenix, Galo Rodriguez, Dr. Javier Salabarria, Lori Szczygiel (CTBHP/VO), Jesse White-Fresse, and Alicia Woodsby

BHP OC Administration

Co-Chair, Jeff Walter asked the Council to approve the January BHP OC meeting summary. All members were in favor of the summary as written. He then thanked David Kaplan, newly appointed BHPOC Administrator, for his organization and summaries that he has produced.

Action Items

There were no action items this month.

Connecticut Behavioral Health Partnership Agency Reports

Department of Social Services

Bill Halsey gave an update for the Department. The Department was asked to comment on the recent budget proposals. Commissioner Bremby is testifying in front of the Appropriations Committee on the budget on Friday, February 17, 2012 so the Department will refrain from comment at this time; however, Mr. Halsey said that he would take any questions, comments or concerns and report back to the Council next month. Sharon Langer asked if there were any changes in the BHP -related line items and how much funding would be available. She said the budget shows a pretty substantial cut in Husky B, from $43 million to $29 million, and wanted to know what the impact would be on enrollees. Jeff Walter's concerns were with the changes that were proposed for the Low Income Adults (LIA) coverage group. What is the anticipated impact on enrollment and services, if theses changes are approved? Also, which of the proposed LIA changes need federal approval from the Centers for Medicare and Medicaid Services (CMS) and which ones can the State do through legislative action alone. What is the timeline for Federal approval, if the legislature approves the changes? Sharon questioned what the anticipated impact will be on the proposed change in eligibility for ages 19-26. There is actually no data about this issue and her understanding is that CMS has told the State previously that they could not restrict eligibility for 19 and 20 year olds and she is a little bit puzzled why they think they can restrict eligibility for 19 to 26 year olds. Jennifer Hutchinson from DMHAS made a

clarification that because the behavioral health portion of that reduction is actually in DMHAS's budget, not in the DSS budget, she had the language that $5.6 million in savings is anticipated from a waiver which will establish an asset limit of $25,000 and count family income in determining the eligibility of individuals who are under age 26 and either living with a parent or claimed as a dependent for tax purposes. She will take these concerns back to Commissioner Rehmer as noted. Jeff asked Jennifer to report back to the Council on the likely enrollment impact of these changes. Sharon added that because the proposal had several moving pieces, the implementation of the $25,000 asset test for young adults and considering income and assets she wants to know how much is the savings for DSS and DMHAS? How much is attributable to savings due to imposing the asset test, how much is the savings attributed to restricting eligibility to young adults, etc? Alicia Woodsby said that a third component of this is the restrictions on the different health care services and limits on a number of visits and she, too, would like to know of the impact on that as well.

Bill continued with an update on the Rate Meld. The Rate Meld is moving, but several parts, including the Council's seven conditions, are still under review with the Department's fiscal unit and the Commissioner. He thinks that he will have more answers by the next Council meeting and if he has answers before the next meeting, he will communicate them to the chairs. Randi Mezzy said she had a concern with a recent provider alert making changes to the Adult IOP authorization parameters for members 19 years of age and up. They both agreed that they are covered by Medicaid's Early Periodic Screening, Diagnosis and Treatment (EPSDT) which covers enrollees until the age of 21, stating that any medically necessary service must be provided this group (even those that would not be normally covered for adults). Bill said that it would be prudent to put out a new provider alert clarifying and explaining with a disclaimer about EPSDT and adult coverage.

Value Options

Lori Szczygiel from Value Options presented a Disease Management Program Update and Preliminary Outcomes report, see attached.

Microsoft Word Document

Lori said the information for the presentation was obtained from a Wellness Care Coordination Program that began on September 1, 2011. The source of the data was pulled from VO's partner, McKesson's data set. This pilot program was proposed as part of the expanded adult ASO proposal and is for 300 people who have both serious medical and psychiatric issues. Following this initial pilot period, they hope to have a more robust plan for additional individuals with these issues. She promised to keep the Council informed as more data is obtained and as the program progresses. Howard Drescher asked how graduation works. Lori said that nurses engage with clients and providers with goals and once they are accomplished, graduation can occur, usually around six months, to more normalized relations with doctors, other contacts, and community members; however, clients can re-engage with the nurses for episodes or issues down the road. Howard then said that this program sounds like it could segway to Health Homes and asked Lori if she sees that connection. Lori replied, yes she does and VO is a partner with the medical ASO, Community Health Network (CHN), that has a similar program. The VO is model is telephonic

and CHN's model is face-to-face. Sharon Langer asked about demographics, noting that no clients are identified as Hispanic despite the relatively large percentage of the overall Medicaid population that this group represents. Are there barriers, such as language, that keeps Hispanics out of this program? Lori said that was a good question and didn't know the answer but she would have to go back and check. Randi wanted to know that at the end of the pilot program, how would VO measure a question like, "I felt I was cared about". Lori said that McKesson's data includes a section of member's satisfaction as well tracking data outcomes in changes in health as well as looking at service utilization. Kelly Phenix said this program is wonderful and so is that of Health Homes and asked why do we need both? Bill Halsey answered that this is a pilot program of 300 people and Health Homes and Neighborhoods are not operational yet. The DSS and DMHAS wanted to get something going and this is a small program not a population based model. Gallo Rodriguez asked if this is affordable? Lori said that McKesson has done a lot of work on return on investment (ROI), and has positive data on medical cost offset. Jesse Fresse asked if appointments were being kept and health care improving as a result of the client's self-management and the contact with the nurse overseeing their case. Sharon asked if transportation was being tracked too because people with behavioral issues use transportation services. Lori responded that these were great questions and will be answered by all the data that is being tracked and she will be happy to bring it at her next report. Howard said that the persons with serious and persistent mental illness (SPMI) can be called a reluctant population and he wanted to know what is VO learning about strategies from this program to address this issue? Lori said that she is learning that if you can make a connection, people are overwhelmingly grateful for a non-judgmental person to talk to. She is learning that there needs to be more work done on the model with role of peers, especially with the teaming of peers and clinicians and how that will improve delivery and outcome. She will bring back information to Connecticut from a Chicago conference that she will be attending in March. Co- Chair Jeff Walter wrapped up by saying that, although there are many questions, it represents a good start and commended the department and VO for moving ahead. He asked that the Care of Coordination Committee follow up when more data are available and report back to the larger Council.

Department of Mental Health & Addiction Services

Jennifer Hutchinson gave an update presentation on budget impacts and Health Homes. As far as the budget update, it is similar to Bill Halsey's. She will refrain from comment until the Commissioner testifies this coming Friday. As far as rescissions for the current fiscal year, she reported that there will be no impact on BHP services. The Department has been able to find savings within its operations and as a result of a leveling off of LIA enrollment. Jeff asked that the Departments provide the Council with quarterly enrollment figures, broken down into the various coverage groups. This report can be distributed to the council members electronically before the meetings. Alicia Woodsby asked what was the impact of a loss of a half million dollars in 2013 budget for young adult services. Jen said Paul Dileo, Deputy Commissioner of DMHAS, will be addressing that issue at a February 22 hearing and then she will report back to the Council later. She then gave a brief update on Behavioral Health Homes. Work is being done in different pockets as a mini learning lab in order to roll out a program for a larger population. The Department is working with DSS to design a demonstration project for the dually Medicare-Medicaid eligibles, including people with SPMI. It is the basis of the Medical Neighborhood project that is due to roll out sometime after December 2012. This is for the Medicaid population with chronic conditions.

Department of Children and Families
Dr. Robert Plant of DCF gave an abbreviated presentation on Intensive In-home Child and Adolescent Psychiatric Services (IICAPS).


Microsoft Word Document

Dr. Plant presented a series of slides (see attached) that show statistically significant positive outcomes for clients while enrolled in the program, including a 63% treatment completion rate. In answer to a council member question, he reported that he is not aware of another model in the country that achieves what this program does, particularly for the cost. Sherry Perlstein noted that IICAPS does not cover the costs of psychiatric care and services, a cost that is included in several other models. There was discussion about the program costs, the availability of psychiatric services in the community, and the general question of cost effectiveness. These questions have not been addressed in the Yale data so far. Dr. Steven Girelli observed that there was no post discharge analysis and Dr. Plant explained that there was no mechanism to collect post discharge data and that it is often expensive and difficult to obtain. Jeff Walter stated that the Council has hoped for many years to see a longitudinal outcome study for all BHP services, but funds have not been allocated for this purpose. Dr. Plant said that for evidence based models, there are national outcome data with scientific validity. IICAPS has not yet accepted as an evidence-based model, but there is an expectation that it will be sometime in the future. Doctor questions regarding readmissions and waiting lists were asked. There are currently no data on these issues. Sherry said that it was reported last month in the Child/Adolescent Quality, Access & Policy Committee that IICAPS is virtually a 100% BHP program because private insurance won't pay for it and it is not financially viable. Dr. Plant said that the only exception is that Court Support Services funds some IICAPS services themselves and some of them are not Medicaid clients.

Committee Reports
***Coordination of Care*:** *- Sharon Langer, Maureen Smith, Co-Chairs*
Sharon Langer gave the update. She said that a brief Pharmacy report was provided. It was an opportunity to dialogue with Dr. Moore about what will be in the final report. The general parameters of the report dealt with use of behavioral health medications, use of psychotropic medication by therapeutic category and the top ten drugs used by populations such as DCF versus non-DCF children. It also included an update for the Wellness and Care Coordination for the pilot that is being done for FBO. Also, Lee Van der Baan from the Department of Social Services gave a report on Transportation Services and the transition of service to Logisticare that is scheduled to be completed by April 1, 2012 and will be the sole provider of services for transportation. There was discussion of what to expect for performance objectives for Logisticare. There are issues related to transportation and the Council will have to monitor the transportation service program and will look for an improvement in performance. The committee is now in the process of revising its mission statement to align with the changes in the overall Medicaid program now called Husky Health. The new statement will reflect the way services are now being provided. The next meeting is March 28, 2012.

***Child/Adolescent Quality, Access & Policy*:** *– Sherry Perlstein, Hal Gibber and Robert Franks, Co-Chairs*
Dr. Robert Franks gave an update of the Committee's past two meetings which focused on quality and access, in particular BHP's Provider Analysis and Reporting (PARS) program, which is a joint VO-provider. It is a quality improvement strategy where specific targets are identified each year and then they work with the provider community to reach those targets. Sherry Perlstein said the January meeting focused on IICAPS which was just presented to the Council. She thanked Karen Andersson from DCF and Jennifer Hutchinson from DMHAS for keeping alive the continuing issue of developing strategies for implementation of a family care plan for parents who are receiving services in the adult system that take into account their children who are or may be already receiving services in the child system. Hal Gibber backed up Sherry's comments.

Adult Quality, Access & Policy: *- Howard Drescher, Heather Gates and Alicia Woodsby, Co-Chairs*
Heather Gates spoke about the joint meeting held in the beginning of the month with the Adult and Child/Adolescent Quality, Access & Policy Committees. The presentation was given by Jennifer Hutchinson from DMHAS on the draft of Health Home Design which was forwarded to members of the Council. This is an open planning process to which all council members are invited. Jen said the time table still needs to be determined, but it is expected that health homes will start sometime after December of this year. Howard Drescher agrees with Heather and he believes that this is one of the most important initiatives to take place adding it could literally save lives.

Operations: *– Susan Walkama and Terri DiPietro, Co-Chairs*
Both chairs could not attend today and an update will be given next month.

Bill Halsey added that at the next Operations meeting on March 2, 2012, Hewlett-Packard is going to do training for providers related to enrolling of performing providers. They are interested in enrolling the MD's and the APRN's. Psychologists and the licensed professionals will come later, because they are not due by March 31. He urges people to come to the training to learn how to enroll these providers. Co-Chair Jeff Walter thanked the committees for their hard work and congratulated the members for being on the right path to help bring quality to health care in Connecticut. Without getting any questions or comments, Jeff adjourned the Council meeting at 3:59 PM.

Next Meeting: <u>Wednesday, March 14, 2012</u>

NOTE: This is a room change to 1B LOB.