Behavioral Health Partnership Oversight Council

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

Meeting Summary: March 14, 2012
April 11, 2012 Meeting: CANCELLED

Next meeting: ***May 9, 2012 @ 2 PM in LOB Room 1E***

Attendees: Jeffrey Walter, Hal Gibber (Co-Chairs), Paul Acker, Dr. Karen Andersson (DCF), Rick Calvert, Terri DiPietro, Howard Drescher, Dr. Ronald Fleming, Catherine Foley-Geib, Erica Garcia, Heather Gates, Dr. Steven Girelli, William Halsey (DSS), Peggy Hardy, Dr. Charles Herrick, Jennifer Hutchinson (DMHAS),Mickey Kramer (OCA), Dr. Stephen Larcen, Dr. Sabina Lim, Judith Meyers, Sherry Perlstein, Kelly Phenix, Galo Rodriguez, Dr. Javier Salabarria, Maureen Smith, Janine Sullivan Wiley, Lori Szczygiel (CTBHP/VO), Jesse White-Fresse, and Bereford Wilson

BHP OC Administration

Co-Chair, Jeff Walter convened the meeting at 2:06 PM and welcomed new member, Paul Acker to the Council. Paul introduced himself and gave a brief description of his background. Jeff asked the Council to approve the February BHP OC meeting summary. All members were in favor of the summary as written. He then reminded the Consumer and Family Advocates to see BHPOC Administrator, David Kaplan, after all Council and Committee meetings to pick up reimbursement forms. He then called upon Co-Chair Hal Gibber to introduce and present the Council with a new initiative on recommendations to enhance and facilitate additional and improved consumer youth and family member participation in the work of the Council and its committees. The proposal, designed with help from Howard Drescher, will be on next month's Council agenda.

Action Items

There were no action items this month.

Connecticut Behavioral Health Partnership Agency Reports

Department of Children and Families

Microsoft PowerPoint Presentation

Dr. Karen Andersson of DCF gave the presentation for the Department (attached PPP) and she discussed the series of slides that tracked Residential Treatment Centers from July 1, 2011 until the present. This presentation stems from a request to DCF asking the Department to provide

information on outcomes related to where children/youth are going since new initiatives were implemented in the Department last year by Commissioner Katz. Parts of these initiatives include all cases referred to out-of-state residential placement have to go before her office for review and she wants no child under 12 going to congregate care setting.

Heather Gates asked that once the child/youth is home, are they getting the services they need to thrive? Karen answered that it would be helpful to know how to measure the outcomes? Heather proceeded to ask what are the right resources, i.e. staffing, budge-wise, training, etc. needed that are associated with keeping and getting children/youth out of RTCs and putting them on the right tack so that they keep from going back into the system. Karen responded she couldn't answer that at this moment. Bereford Wilson asked what is DCF doing for children/youth from going into services? His questioned stemmed from personal experience because just this day, his 14 year old son was taken out of his custody and placed into services. He is worried because he is afraid his son will placed out-of-state. He said that it is ironic because he has spent 10 to 15 years of his life being an advocate for children/youth and now he finds his own son in the system. Karen expressed her sympathy and told him that the margin is slim that he will be placed out-of-state because the new Commissioner is trying everything to keep children/youth in Connecticut and only after an exhausting process if services are not available within the State, will that individual be placed out-of-state. She said that after the meeting she can get more information on this case. Janine Sullivan Wiley asked Karen if the Department is getting the support it needs to get children/youth the best cure available and are the parents of these children/youth getting what they need from the Department? Heather asked how do we know if treatment was working after clients return to their homes after residential treatment? Do they stay home after the initial discharge where they might show up in emergency services? Are there arrests, or school suspensions? Lori Szczygiel replied that a few years ago when they were looking at profiles 180 day after discharge, they were able to identify a percentage of youth who were hospitalized in psychiatric treatment but this was not necessarily a negative connotation because for some children, periodic access to inpatient is a part of their treatment plan. They were also able to see the number arrests through the link data which is a labor intensive process but possible to obtain. The methodology is already in play. Karen said that the Department is not too happy with the numbers of individuals who are placed in Independent Living. These individuals do not have the life skills, resources or understanding of the lifestyle needed to be on their own and therefore are place in congregate care. She pointed out that DCF clients stay in the system until 18 years of age but can maintain contact with the Department until age 21. After living in congregate care for so long, many of them do not have the skills to live independently. Kelly Phenix also expressed her disappointment in the Independent Living numbers. Sherry Perlstein wanted to know how many DCF clients leave DCF services only to go into adult shelters. She suspects that many wind up homeless or does DCF help them transition into adult services? Karen said that she had no information on that statistic. Mickey Kramer said if there are any cases like that, they should be engaged in the adult mental health system and support could be offered to them through Young Adult Services. Heather asked the Department for the next Council meeting to give information about the youth served in therapeutic homes and what types of services they are receiving after discharge from the homes. Lori gave some perspective and reminded the Council that within six years, how far they have come to responsively reduce the RTC population, change is what the Council envisioned.

Department of Social Services
Bill Halsey gave the following update on the Rate Meld conditions and other updates for the Department. He said that he will report back to the Council when more is available in April. He said that he was authorized to release the draft rates for child inpatient psychiatric services but they are not yet published. He did have hard copies with him and would share them with anyone on the Council. Co-Chair, Jeff Walter asked him to give a copy of the draft rates to BHP OC Administrator, David Kaplan. Bill said that he would do that.

Council's Seven Conditions Update:

1. **Continue to consider a per diem for adult inpatient psych:** *At this time, the Departments have not completed the analysis for a per diem reimbursement. We will continue to consider a per diem reimbursement, but at this time we must submit the case rate methodology to CMS.*
2. **Share the child inpatient psychiatric rates:** *The proposed rates remain under review within the DSS fiscal unit. The draft rates are available for review.*
3. **Reduce adverse impact on "outlier" hospitals by adjusting their inpatient rates:** *The Departments established a threshold for providers who were adversely impacted by the rate meld. If a provider lost more then 1.5% and $20,000, the Departments would consider an accommodation. No hospital met this threshold.*
4. **Submit plans for the performance pool to finance hospital ECC adult rates for Council review prior to implementation:** *The Departments propose to use approximately $185,000 of the $1.3M performance pool for hospital ECC expansion. The Departments will work with the Council on the allocation of the balance of the pool.*
5. **Find a way to reduce the adverse impact on the "outlier" clinics:** *The Departments established a threshold for providers who were adversely impacted by the rate meld. If a provider lost more the 1.5% and $20,000, the Departments would consider an accommodation. Two providers met the threshold. DMHAS and DCF agreed to make grant adjustments to the two providers.*
6. **Report to the Council on the impact of the rates on independent practitioners:** *The Departments agree to report on the network impact of the rates for independent practitioners 90 days post implementation. (Theses rates will be back dated to 1/1/12.)*
7. **Submit plans to the Council for the use of the performance pool prior to implementation:** *The Departments agree to submit the performance pool allocation and services to the Council prior to implementation.* (Bill proposed this be done in April.)

Co-Chair Jeff Walter acknowledged Bill's responsiveness to this each month with updates, thanked him for his cooperation with the Council's request for updates on Rate Meld issues, appreciates the dialogue, and believes progress is being made in this area. It's been a process that has been difficult but it is moving forward. Bill said that he appreciated the Council's patience in moving this along. Dr. Robert Fleming said this was a little different from what was expected and there very well may be more questions about this from other providers down the line. Bill said the proposed rates were posted on the BHP Website and stressed that they are proposed rates to be submitted by the end of March.

Department of Mental Health and Addictive Services & Value Options
Lori Szczygiel from Value Options gave the presentation for DMHAS and it was on Adult and Youth Delayed in the Emergency Department from April 1, 2011 to December 31, 2011. For the numbers and graphs, see attached document.


Microsoft PowerPoint Presentation

Lori wanted to remind the Council on how this data is collected and she said this data is not elegant and not clean. It is collected by outreaching to 30 to 31 emergency departments, three times a day, seven days a week and finding out the number of youth and adults that are a part of the program that requires assistance around a disposition or that is delayed or "stuck". The definition for stuck for youth per the regulation is: a child who has been in the emergency department without an identified disposition for 8 hours after being medically cleared. For an adult, the definition is 12 hours after being medically cleared. When the calls are made each day, information is gathered on anyone needing assistance. The response of the EDs varies. Some will respond with information available, others do not. The information is based on self-reporting.

Committee Reports
***Coordination of Care*:** *- Sharon Langer, Maureen Smith, Co-Chairs*
Maureen Smith reported that the committee meets every other month and the next meeting is scheduled for March 28, 2012. On the agenda will be an update on the HUSKY Health Transition by CHNCT and what behavioral health issues are being addressed.

***Child/Adolescent Quality, Access & Policy*:** *– Sherry Perlstein, Hal Gibber and Robert Franks, Co-Chairs*
Hal Gibber reported the most important outcome of the meeting was that the committee agreed that it will be important for providers, DCF, and Value Options Leadership to have a forum to continue to examine performance of RTCs and set mutually agreed upon performance targets and methods of evaluation. He also reported that Dr. Laurie Van Der Heide from BHP presented related data for the 2011 BHP Performance Target on Residential Treatment with reports out on profiles of each of the RTCs, quality indicators during child/youth stays and examination of performance post discharge. This presentation reviewed the performance of RTCs on several indicators. Data was presented in aggregate, although individual provider data is collected and shared with those sites and because data was in aggregate, it was less meaningful due to potential outliers, however, some positive trends were noted.


Microsoft PowerPoint Presentation

Dr. Van Der Heide denoted that "Special Populations" meant fire starters and sexual (sex abuse reactive) violators. These groupings are an approximation (each facility type may treat youth

classified in a different group at any given time). Quality indicators during child/youth stay, the volume of significant events are measured for a youth during RTC stay:

1) AWOLS
2) Police/EMS calls
3) Arrests
4) Restraints
5) Suicide Attempts

Hal said that these indicators were not very strength based and he would like to see more positive indicators to measure quality care performances rather than the ones that were cited above. The Committee is looking for guidelines on how to move the system forward. Additionally, he said family input on the key things of what worked and what did not work upon discharge is important and would provide an opportunity to track what services were provided or requested by the family as the kids stepped down. Sherry Perlstein added that a focus of the discussion was how to track youth post 6 months discharge to see what other services they accessed.

Adult Quality, Access & Policy: *- Howard Drescher, Heather Gates and Alicia Woodsby, Co-Chairs*

Heather Gates, Co-Chair of the Adult Quality, Access & Policy Committee reported that Communicare gave a presentation on its integrated health project. Also, Meryl Price (DSS Consultant) gave a presentation of the Health Neighborhood Design for individuals who are on both Medicaid and Medicare MME. In addition, there was a discussion of the process for feedback on the Health Home Draft and timetable for discussion. There was a discussion on how to get consumers to engage into the system. Heather's committee will spend time on this in May and will bring it to the Council in June. Heather urged the Council to keep in mind how to maintain the quality of Behavioral Health interventions and asked the Council to pay attention by looking at all the needs of a person on how to improve the quality of Behavioral Health. Howard said that the topic of Health Homes and Neighborhoods is extremely complicated and that it is important to engage adequately with people on their comfort level, i.e. medical and behavioral needs to have sustained relationships for quality care so that it will also be a good experience for them. This is a work in progress and Heather added that because it was a work in progress, the Adult and Child/Adolescent Committee Chairs decided to wait to develop a work group until DSS and DMHAS have finished their analysis of the claims data of which age group will be impacted by this and the focus of Health Home design was decided upon. This should be done sometime in May or June.

Jennifer Hutchinson added that the preliminary data for Dual Demonstration Project that DMHAS was working on will be available by March 15. The design is currently in the Medicaid Council. There were focus groups that were held for consumers for the MME demonstration project that was originally for people aged 65 and over but recently it was determined it would be opened to all MMEs, with serious and persistent mental illness regardless of age. Looking at the Health Home model, the Department wants to expand to include consumers to get their input focusing on both their physical and behavioral health needs. This will be with the collaboration of the local Regional Mental Health Boards and will take place sometime in the late spring or early summer. Kelly Phenix asked if the Health Neighborhoods with the Dually Eligible would also include spend down for the enrolled in Medicare savings program? Bill Halsey said that he would look into this. Howard concluded that the committee is looking to get some information

on some of the data reports especially a geo-axis study that the Partnership has been working on, reporting on some of the performance targets, and also, wanted to know just what are the key reports from VO that the committee should be looking at on a regular basis? Sherry asked for direction from DCF about what type of relevant data to look for in youth transitioning into the Adult System.

Operations: *– Susan Walkama and Terri DiPietro, Co-Chairs*
Terry DiPietro gave the update of the committee receiving a presentation on the medical re-enrollment and the mass upload process so as many providers possible can take advantage of that. Training was conducted by Hewlett-Packard for the enrollment of performing providers. Providers got a request from VO that they had to go to a web based discharge review format. There was a concern discussed that it places a burden on providers. The meeting did not have resolution and the requirement still went into effect. This was training for the enrollment of MD's and APRN's only. Psychologists and other licensed professionals will come later, because they are not due by March 31. Janine Sullivan Wiley said that the more a provider is asked to do, such as another form of web based discharge process, detracts from patient care. Lori Szczygiel said first, this was a part of the coordination of care best practices. Secondly, this is about data which the Council wants. If you want data quick, it is through the authorization system, not the claims system. VO tries to make the process simpler by using the web. She just wants the Council to have the rationale for the process. If this continues to be of concern over time and it is particularly burdensome, she is very interested to talk to people about it. In regards to the 120 day timely filing for BH, there is still no resolution to extend the deadline to 365 days which would be on parity with medical programs. This will continue to be on the Committee's agenda. The Rate Meld was discussed along with methadone rate meld. It would not be finalized before March 31 and would still be discussed after. Bill clarified that some of the methadone providers have different rates at different sites so providers will get specific rates and then after March 31 the Department will work with those providers to give them agency rates and they will get the same rate at all their sites. The Operations Committee will probably not meet in April due to the Good Friday holiday and scheduling is difficult thus far. Steve Larcen asked if the Council would make a work group with the DSS for referrals on the Rate Meld.

Co-Chair Jeff Walter said Dr. Schaefer's recent presentation to CCPA on Health Care Reform in CT viz. Medicaid/Medicare/Health Homes/Health Neighborhoods would be repeated for the Council, either for the April or May Council Meeting. He thanked the committees for their hard work and congratulated the members for being on the right path to help bring quality health care to Connecticut. Without getting any questions or comments, Jeff adjourned the Council meeting at 4:07 PM.

Next Meeting: <u>Wednesday, May 9, 2012 @ 2:00 PM 1E LOB</u>

April 11, 2012 Meeting: CANCELLED