



## **Behavioral Health Partnership Oversight Council**

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[www.cga.ct.gov/ph/BHPOC](http://www.cga.ct.gov/ph/BHPOC)

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

Meeting Summary: June 13, 2012

Next meeting: **August 8, 2012 @ 2 PM in LOB Room 1D**

***Attendees:** Jeffrey Walter, Hal Gibber (Co-Chairs), Paul Acker, Dr. Karen Andersson (DCF), Howard Drescher, Dr. Ronald Fleming, Heather Gates, Dr. Steven Girelli, William Halsey (DSS), Peggy Hardy, Dr. Charles Herrick, Jennifer Hutchinson (DMHAS), Thomas King, Mickey Kramer, Sharon Langer, Dr. Stephen Larcen, Dr. Sabina Lim, Kimberly Nystrom, Sherry Perlstein, Kelly Phenix, Galo Rodriguez, Maureen Smith, Janine Sullivan Wiley, Lori Szczygiel (CTBHP/VO), Susan Walkama, Jesse White-Fresse, and Alicia Woodsby*

### **BHP OC Administration**

Co-Chair, Jeff Walter convened the meeting at 2:06 PM and welcomed members. Jeff asked the Council to approve the March BHP OC meeting summary. All members were in favor of the summary as written. Jeff informed Council members that there will be no July Council meeting and the next Council meeting will be on August 8, 2012 at 2:00 PM in 1D LOB. He asked the members to contact BHP OC Administrator, David Kaplan if they could not attend the August meeting. This will determine if the meeting will be held or not.

### **Action Items**

There were no action items this month.

### **Connecticut Behavioral Health Partnership Agency Reports**

#### **Department of Social Services**

A presentation on Medicaid Enrollment by coverage group was given by Bill Halsey of DSS. An updated presentation will be given every quarter.



Microsoft PowerPoint  
Presentation



Microsoft PowerPoint  
Presentation

▲ Bill went through each of the charts (attached) and gave an explanation of each graph. It was noted that enrollment may be down in HUSKY B because premiums are very expensive.

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Bill, also, gave the presentation on the Rate Meld update (attached). The **new rates** have been loaded for

- Home Health
- Hospital Outpatient
- Independent Practitioners

The next levels of care to be loaded:

- Hospital Inpatient (July 2012)
- Mental Health Clinics (July/August 2012)

#### **Supplemental Payments**

- DSS intends to make supplemental payments in June 2012:
  - ✓ Pediatric Hospitals
  - ✓ PRTFs
  - ✓ EMPS
  - ✓ EDT

#### **2012 Performance Pool**

- Pediatric Hospitals = \$934,000
- PRTF = \$120,000
- EMPS = \$75,000

These rates have been submitted to CMS and although they have not been approved yet, they will be implemented retroactively to January 1, 2012 and other rates will be mass adjusted. The published rate changes for the hospitals will be in a Policy Transmittal and Hospital Inpatient information will be provided in a link and a letter.

#### **Department of Children and Families**

The Update on Congregate Care Rightsizing was presented by Karen Andersson. This report gave the status of youth 12 and under as of April 2012. **DCF's Goals/Mission** is to *Serve children in care in the least restrictive and most appropriate family-based setting while planning permanency from day one.* **The Process:**

- DCF engaged in an exhaustive review of children 12 years old and younger who were residing in Congregate Care facilities as of January 2012.
- Each case review focused on potential discharge to community-based setting.
- Each case review was facilitated through the use of Ann Arundel County Child and Family Readiness Tool.

#### **Transitioning Youth Assessment:**

- Readiness was completed by DCF worker with support from Supervisors and Clinical Managers.
- Tool designed to rate both youth and family readiness for youth's return to community setting.
- **Some** issues for Consideration: family visits are occurring, caregivers are trained, community supports in place, child/family have made progress in therapy, stable housing has been identified, etc.

#### **Placement Process**

- All decisions related to the youth's exit from Congregate Care were developed by DCF in concert with youth and caregivers through a Team Decision Making Meeting.

### **Demographics of Children in Initial Cohort (118 youth)**

- **Age:**  
18 children were 8 years old or younger. Vast majority (100) were ages 9-13.
- **Placement:**

RTC:	30	PDC:	12
GH:	25	Hospital:	7
SafeHome:	23	PRTF:	21
- **Permanency Plan:**

Reunification:	60	Adoption:	32
Foster Family:	11	APPLA:	7
Relative/Kin:	6	TOG:	2

### **Data Review/Highlights**

- 53 of the 118 youth were able to exit Congregate Care by April.
- Foster Care: 27
- Home: 13
- Relative: 6
- GH, SafeHome 5
- Legal risk Adoption: 2
- 25 youth had plans in place but step down not yet effectuated.

### **Youth Remaining in Congregate Care**

- 40 youth remained in Congregate Care as either child or caregivers not yet prepared for reintegration into community setting.
- 20 were between ages of 12-13
- 12 were between ages 10-11
- 8 were between ages 7-9

### **Next Steps**

- Routinize Team Decision Making for all youth in DCF care.
- Maintain focus on youth in Congregate Care
- Emphasize community-based care for all youth 12 and under
- Similar focused review underway for youth 13-15 currently in Congregate Care settings.

### **Discussion**

It was noted when this study was commenced in July 2011, there were 220 youth in the cohort which went down to 118 and is currently down to 50. A lot of good has been done but how are they adjusting to their families, communities, and schools once they come back? What services are they accessing at higher/lower levels? What happens when they actually come home? How is the Department keeping track of them? Are there therapeutic foster homes for youth who do not have a family to go back to? Finding the right home along with appropriate educational plans is very important for all around success. At the end of May, there was a review of 60 youth and family interviews were conducted and a report will be presented to the Child/Adolescent Quality, Access & Policy Committee in August. Co-Chair Hal Gibber and Karen have agreed to chair a joint project to look into these issues. This will also include aggregate data on incidents and how youth are adjusting to and impacting the communities in which they live in. Ray Mancuso, who works with foster youth and special education programs, in schools will be invited to address a Council meeting on this topic. It was pointed out that

Value Options does a 90 to 180 day post-discharge provider specific profile review for performance targets. Trends for aggregated data could help inform the policy review process.

### **Department of Mental Health and Addictive Services**

Jennifer Hutchinson reported that the RFP for Health Neighborhoods has been pushed back to September 2012. Bill Halsey of DSS will report back to the Council when Health Neighborhoods will be approved.

### **Committee Reports**

#### ***Coordination of Care:*** - Sharon Langer, Maureen Smith, Co-Chairs

Maureen Smith reported that the committee met on May 16, 2012 and had a report from Lee Vander Baan of DSS on Non Medical Emergency Transportation (NEMT) issues. It was noted that Lee could not be at the Council meeting because he is out on medical leave. He reported that the ASO, Logisticare, receives about 10,000 to 12,000 calls a day requesting service. Logisticare contracts out to providers and there are bound to be problems and as a result a Rapid Response Group has been put into practice to speedily resolve any problems that arise. There are benchmarks that hold Logisticare accountable. Maureen said that anyone knowing of a problem that is not taken care of after it was reported to DSS should contact her with the name, number and problem of the person and she will contact DSS herself. Her contact information is:

Maureen S. Smith, MS, RN  
Director of Consumer Relations  
Office of the Healthcare Advocate  
State of Connecticut  
P.O. Box 1543  
Hartford, CT 06144  
(860)-297-3956  
Tollfree: 1-860-466-4446  
Fax: 860-297-3992  
Email: [maureen.smith@ct.gov](mailto:maureen.smith@ct.gov)  
Web: [www.ct.gov/oha](http://www.ct.gov/oha)

She also said that Sandra Quinn from Value Options gave a report on Emergency Room McKesson data which is an effort to identify high risk level use of services for medical and behavioral health. The Committee's next meeting is on September 19, 2012 at 1:30 PM in Room 1E LOB.

#### ***Child/Adolescent Quality, Access & Policy:*** – Sherry Perlstein, Hal Gibber and Robert Franks, Co-Chairs

Hal Gibber reported that Karen Andersson of DCF gave a more comprehensive presentation of Congregate Care Rightsizing. The committee's next meeting will be on Friday, June 15, 2012 and data on ECCs (Enhanced Care Clinics) will be presented by Dr. Laurie Vander Heide of Value Options.

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

Heather Gates reported that the Committee did not meet this month but the Committee did hold several joint meetings with the MAPOC's Complex Care Committee on Health Neighborhoods and made formal comments on its design.

***Operations:*** – Susan Walkama and Terri DiPietro, Co-Chairs

Susan Walkama reported that Lois Berkowitz gave a presentation on a new process that 34 ECCs in Connecticut are using to meet certain standards. 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 but progress is being made. The Rate Meld and status was discussed as reported earlier to the Council by Bill Halsey.

In closing the meeting, Co-Chair Jeff Walter reminded the Council that the July meeting was cancelled and the next meeting would be on August 8, 2012. He adjourned the Council meeting at 3:44 PM.

**Next Meeting: Wednesday, August 8, 2012 @ 2:00 PM 1D LOB**