



Behavioral Health

Legislative Office B
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Co-Chairs: *Rep. Christa*
Meeting Sum

Next meeting: **December**

Attendees: *Jeffrey Walter (Co-Chair), Paul
Heather Gates, Steven Girelli, William Hal
Hutchinson (DMHAS), Steve Larcen, Ray L
Phenix, Dr. Javier Salabarría, Maureen Sm
Susan Walkama, and Leslie Woods*

BHP OC Administration

Co-Chair, Jeff Walter convened the meeting to introduce themselves and state who they were. He then introduced the October BHP OC meeting summary. Bill Halsey made a comment on the third page, second paragraph. Steven Girelli asked that his name be added to the summary. The Council accepted the summary. Jeff then passed out the ASO Performance Standards provided by Lori Szczygiel, Value Options CEO, to Council Members for their review. Jeff then announced that due to the first day of the State Legislature's 2013 Session was scheduled for the same date as the January Council meeting, the date of the January BHPO Council meeting would be changed to January 16, 2013 at 2:00 PM in 1E LOB.



asked the Council Members to vote on the summary. He asked the Council to approve the summary. He stated that a change needed to be made from EDT to IOP. Later Steven Girelli's name was left out. All members then

Action Items

No Action Items this month.

Connecticut Behavioral Health Partnership Agency Reports

Department of Social Services

Bill Halsey of DSS reported that the Clinic Meld is scheduled to happen as a special claims cycle this month and that would include the EDT adjustment. He also said that a discussion on the CPT Code changes, effective 1/1/13, will be held at the next Operations Committee meeting.

Co-Chair Jeff Walter asked Bill to work with the co-chairs of the Operations Committee to assess the impact, if any, on rate changes in the Private Practitioner Meld to make sure that there is no disruption in that part of the network.

Department of Mental Health and Addiction Services

Jennifer Hutchinson of DMHAS had no update but the Department is continuing working with the Adult Quality, Access & Policy subgroup on the design and development of the Behavior Health Home.

Department of Children and Families



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Karen Andersson of DCF introduced guest speakers; Fernando Muniz, DCF Chief of Quality Assurance and Ray Mancuso, DCF Court Monitor who gave a presentation on Outcomes for Youth Leaving Congregate Care. See above document for graphs.

Population Projections

- Commissioner's targets
 - ✓ Fewer than 29% of the children in congregate settings
 - ✓ More than 30% of the children placed with relatives/kin
 - ✓ Fewer than 150 children placed out of state
 - ✓ Fewer than 60 children 12 and under in congregate setting
 - ✓ Zero children ages 6 and under in congregate settings

Trends

- **Children in Placement:** The number of CIP decreased from 4784 in January 2011 to 4163 in October 2012. There are 621 fewer children in care than at the beginning of 2011.
- **Children in Congregate Care:** The number of children in congregate settings decreased from 1428 in January 2011 to 987 in October 2012. There are 441 fewer children in congregate care than at the beginning of 2011.
- **Out of State Placements:** Since January 2011, there has been a 72.8% reduction in the number of children placed in out-of-state congregate settings (down from 364 to 99).
- **Young Children in Congregate Care:** The number of children ages 12 and under in congregate care decreased from 201 in January 2011 to 73 in October 2012. The number of children ages 6 and under decreased from 38 to 7.
- **Placement with Families:** Placement with relatives and kin has increased from 19% to 25.3%. There are 143 more children placed with relatives and kin in October 2012 than in January 2011.

Methodology

Congregate Care Review Findings

1. No evidence children were rushed out

2. About 30% of these children tend to move again within 90 days of their exit, and another 13% move between 90 and 180 days.
3. Over 90% of children who exited have not experienced any substantiations of abuse or neglect since their exit from care.
4. Issues not dissimilar to Outcome Measure 15:
 - *Some children experienced runaway episodes*
 - *Several girls became pregnant subsequent to their exit from congregate care*
 - *Not enough planning for youth ages 18 and over*

Service Gaps

- See Chart

Next Steps

- A review will be done in January 2013 for the next quarter.

Discussion

Fernando Muniz said that when children are placed with relatives or kin, there tends to be fewer placement disruptions and runaway episodes. When children in placement do go AWOL, usually older adolescents, sometimes they would surface and what they wanted most of the time was to go back to their bio family and that is usually in the best interests of the child but they do have the option to go back into a congregate care setting if they want. Where they want to be placed is taken into account. Every child should get exactly what they need. So in considering placement for that child, all the people who are involved, the child, the family, and all of the people who are a part of the treatment team make the decision to where the child will be placed. Sherry Perlstein thanked Fernando and Ray for coming to the Council and for their presentation. In response to a question she asked, the answer is that families or a close friend in the natural network of support for the child can apply for a waiver license to the Department for various requests. Maureen Smith, Office of the Healthcare Advocate, is encouraged and impressed with the smooth transition of children coming back into the State but is concerned with the length of time of the process. Co-Chair Jeff Walter asked how to characterize the advocacy of children in the system. Ray responded that he is very encouraged of the progress under new Commissioner Katz and Fernando finds that he is regularly getting meaningful input and that is important to the children in the system.

Committee Reports

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

Maureen Smith reported the next meeting would be the first joint meeting combining with MAPOC's Consumer Access Committee on Wednesday, November 28, 2012 at 1:30 PM in 1E LOB. An update on Non-Emergency Medical Transportation by the new ASO for transportation, Logisticare, would be a major topic on the agenda.

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

Heather Gates reported that the Committee did not meet in November but is still continuing its work with DMHAS on the design of the Behavioral Health Home initiative and coordinating with the MAPOC Complex Care Committee that has been doing work on the Health Neighborhood Initiative. DSS has presented on the care coordination and research on Behavioral

Home draft concepts from around the country and work will continue into January of 2013 on the co-lead concept of the Health Neighborhood. She invited interested parties to come to the next subgroup work meeting on November 28, 2012, 1:00 PM at DMHAS in Hartford on Capitol Avenue on the Fourth Floor.

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

Committee Co-Chair, Sherry Perlstein reported that the Committee's next meeting would be November 16, 2012 and a presentation would be given on the Statewide Trauma Initiative.

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

Susan Walkama reported that DSS gave a Spend Down presentation. Council members Kelly Phenix and Paul Acker attended the Operations Committee meeting and had an active role in the discussion on spend down issues for adult consumers which they were thanked by Susan for their participation. BHP OC Co-Chair, Jeff Walter, asked Susan if new guidelines for Adult Intermediate Levels of Care were re-written and Susan said that as of date, they were not ready to come before the Council for approval. There were other topics of items include but there was little time to review everything and discussions are in progress for the next committee meeting.

Adjournment

Sherry Perlstein raised two issues for Council action; 1.) Shift changes in providers not spending as much time with patients because now they must spend time on reviewing documentation (chart reviews) of unlicensed graduate-level clinicians, and 2.) Concerns on time limits on sessions; increasing the current time from 45 minutes to one hour minimum. Council Co-Chair said that all recommendations must come prior from the Operations Committee as an Action Item and sent to members before hand for a Council vote. He announced for the next Council meeting in December the DSS will give a presentation on the 2011 Report & Data. He then thanked the two guests for coming and presenting to the Council and hearing no further comments or questions, adjourned the Council meeting at 3:43 PM.

Next Meeting: Wednesday, December 12, 2012 @ 2:00 PM 1E LOB