

Behavioral Health

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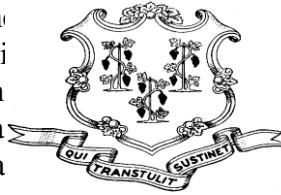
Co-Chairs: Rep. Chris
Meeting S

Next meeting: ***Note* Date Cha**

Attendees: Jeffrey Walter (Co-Chair), Ha
Terri DiPietro, Howard Drescher, Dr. Ro
Gates, William Halsey (DSS), Dr. Charles
Sharon Langer, Steve Larcen, Judith Mey
Salabarria, Maureen Smith, Janine Sulliv
Beresford Wilson

BHP OC Administration

Co-Chair, Jeff Walter convened the m
approve the November BHP OC meet
summary without changes. Jeff remin
2013 Session was scheduled for the sa
Council meeting, the date of the Janua
2013 at 2:00 PM in 1E LOB.



asked the Council Members to
ouncil unanimously approved the
e first day of the State Legislature's
Council meeting so at the last
ting was changed to January 16,

Action Items

There was one Action Item from the Operations Committee and it was for the approval of the Adult Intermediate Level of Care Guidelines that the Council that was discussed during the October Council Meeting and sent back to the Operation Committee for revision. Terri DiPietro, Co-Chair of the Operation Committee pointed out the new language in Section B, line .2.3.1 pertaining to a definition to Council members which they received prior to the meeting and had a chance to review the revisions. Jeff Walter asked for questions and comments from the Council members, hearing none, he then asked for adoption of the guidelines. It was seconded, all in favor with no oppositions or abstentions.

Connecticut Behavioral Health Partnership Agency Reports

Department of Social Services

Co-Chair Jeff Walter asked Bill Halsey of DSS to give an update on how the Governor's and the Legislature's Special Session (later in the month) deficit mitigation roadmap will affect the

Department and Bill replied that unfortunately he could not give at this time, how the \$121 million potential reduction to DSS would affect day-to-day services.

Department of Mental Health and Addiction Services

Jennifer Hutchinson of DMHAS gave a similar report that she could not give an update on the Department pending the result of the Special Session. She said that Assistant Commissioner Paul DiLeo will address the Council in January and will provide more information then. She added, the Department is continuing its work with the Adult Quality, Access & Policy subgroup on the design and development of the Behavior Health Home.

Department of Children and Families

Lois Berkowitz of DCF gave no update on how budget cuts will affect the Department. Conversations are taking place for appropriate plans and strategies pending the Legislature's reductions and more information will be shared with the Council at a later date.

Agency Presentation-DSS and DCF

Overview of the CT BHP Annual Report: 2011



DSS2011CTBHPAnnualRpt12-12-12childon

Bill Halsey of DSS gave the presentation on the 2011 Annual Report and Service Expenditure. He explained that this data is for children only and the data slides for adults will sent to the Council Administrator for publication at a later date. See above document for graphs.

Structure of the Report

- Introduction
- Summary of Partnership Activities for CY '11
- Expansion of CT BHP
- ASO Implementation
- Department Specific Updates
- Utilization/Expenditures Reports

Major Programmatic Topics Covered

- CT BHP/ValueOptions Implementation
- Implementation Updates throughout year
- DCF One-to-One Care
- DCF Update on future of Riverview
- Wellness/Care Coordination Implementation under VO contract
- Rate Meld
- VO Contract Performance Standards

DCF Utilization and Expenditure Data

Dr. Lois Berkowitz of DCF explained the following:

DCF Grant Funding Community-Based Services

- Emergency Mobile Psychiatric Services (EMPS)
- Extended Day Treatment
- Home-Based Services
- Child Guidance Clinic
- Outpatient Adolescent Substance Abuse

EMPS Grant Shifts

- From 2006-2010 the EMPS Contracts included a separate subcontract for Care Coordination
- In 2011, Care Coordination funds were removed and contracted for separately
- Thus, the grant funding for 2011, while diminished due to removal of care coordination dollars is a more accurate depiction of DCF funded community-based service expenditures
- *Note: Care Coordination is not a CT BHP authorized service

From the report:

Number of Children in Residential and Therapeutic Group Home Placement as of last day of Q4 during the Calendar Year

- From 2006 to 2011, the decrease in the 3 of children in congregate care was accounted for by a reduction in children placed at in-state RTCs.
- From 2010 to 2011, there were sharp decreases in the number of children placed in out-of-state RTCs and Therapeutic Group Homes.

Number of Children in Congregate Care: RTC & Therapeutic Group Home (as of the last day of the Calendar Year quarter)

- By CY 2011, the number of children in Therapeutic Group Homes began to decrease by approximately 8% while the number of children in out-of-state RTCs began to decrease by approximately 30%.

Combined Annual Expenditures-Residential and Therapeutic Group Home

- The reduction in expenditures in 2010/2011 is reflective of DCF's initiative to place fewer children in out-of-state RTCs and in-state Group Homes and to transition those children in congregate care back to their communities.

Medicaid Utilization/Expenditures- Bill Halsey

Membership Data: CY 2007-2011 Total Membership

- Membership related to recipients aged 0-18 years increased annually with an overall increase of 20.89% when comparing CY 2007 to CY 2011.

- The ≥ 19 age group also has membership increases each year, with an overall 52.20% increase when comparing CY 2007 to CY 2011.
- Total membership (all ages combined) increased by 30.26% from CY 2007 to CY 2011.

Inpatient Hospital

CY 2006-2011 Annual Expenditures: Inpatient Hospital Recipients Aged 0-18 Years

- Although there is an increase in the number of duplicated individual receiving Inpatient Hospital services between CY 2006 and 2011, the volume of units, annual expenditures and cost per individual have decreased by 27.72%, 20.41%, and 28.86% respectively.

Inpatient Solnit Center

CY 2006-2011 Annual Expenditures: Inpatient Solnit Center Recipients Aged 0-18 Years

- For the first time since CY 2006, there was a slight decrease in the volume of unduplicated individuals receiving services at Inpatient Solnit Center.
- Annual expenditures increased by 21.09% from CY 2010 to CY 2011.
- The cost per individual increased by 17.75% from CY 2006 to CY 2011.

Psychiatric Residential Treatment Facility (PRTF)

CY 2006-2011 Annual Expenditures: PRTF Recipients Aged 0-18 Years

- Annual increases in the number of unduplicated individuals receiving PRTF services have occurred beginning with CY 2006.
- The volume of units and cost per individual has decreased from CY 2006 to 2011; with cost per individual as the most notable decrease (-30.75%).

Partial Hospitalization Program (PHP)

CY 2006-2011 Annual Expenditures: Partial Hospitalization Program Recipients Aged 0-18 Years

- For the first time since CY 2007, there was a slight decline in the number of individuals using PHP services, the volume of PHP units, and the annual expenditures from 2010 to 2011.
- The average cost per individual has decreased annually after 2007 and has decreased by 21.44% from CY 2006 to CY 2011.

Intensive Outpatient Treatment (IOP)

CY 2006-2011 Annual Expenditures: Intensive Outpatient Recipients Aged 0-18 Years

- IOP annual expenditures have increased 37.22% from CY 2006-2011.
- Although expenditures have increased annually between CY 2006 and 2010, CY 2011 saw a 16.59% decrease from CY 2010.
- The cost per individual for IOP services has also decreased from 2010 to 2011 by 14.47%.

Extended Day Treatment

CY 2006-2011 Annual Expenditures: Extended Day Treatment Recipients Aged 0-18 Years

- After increasing over four consecutive years (CY 2006-2009), the cost per individual receiving Extended Day Treatment has declined 5.30% over the last two years (CY 2009-2011).

Home Based Services (MST, FFT, MDFT)

CY 2006-2011 Annual Expenditures: MST, FFT, MDFT Recipients Aged 0-18 Years

- Although increases can be noted between CY 2006-2007, utilization and cost related to Home Based Services (MST, FFT, MDFT) has remained relatively flat from CY 2007 to CY 2011.

IICAPS

CY 2006-2011 Annual Expenditures: IICAPS Recipients Aged 0-18 Years

- IICAPS utilization has seen much growth in utilization (both in the volume of unduplicated individuals and units), as well as expenditures since CY 2006.
- Despite tremendous growth, the cost per individual has decreased 19.4% between CY 2009-2011.

Emergency Mobile Psychiatric Services (EMPS)

CY2006-2011 Annual Expenditures: EMPS Recipients Aged 0-18 Years

- Utilization and cost related to EMPS has trended upward annually from CY 2008 to CY 2011.

Outpatient (Hospital)

CY 2006-2011 Annual Expenditures: Outpatient Hospital Recipients Aged 0-18 Years

- From CY 2006-2011, the number of unduplicated individuals utilizing Outpatient (Hospital) services and annual expenditures have risen by 49.07% and 49.03% respectively.
- However, the cost per individual during CY 2011 was identical to the rate seen for CY 2006.

Outpatient (Clinics)

CY 2006-2011 Annual Expenditures: Outpatient Clinics Recipients Aged 0-18 Years

- From CY 2006-2011, the number of unduplicated individuals utilizing Outpatient (Clinic) services, the volume of units, expenditures and cost per individual has increased by 43.17%, 51.76%, 98.57%, and 38.69% respectively.

Outpatient (Individual Practitioner)

CY 2006-2011 Annual Expenditures: Outpatient Individual Practitioner Recipients Aged 0-18 Year

- As compared to other Outpatient provider types (Hospital and Clinic), Outpatient services with an Individual Practitioner saw the greatest growth from CY 2006 to CY 2011 in unduplicated individuals, units, and annual expenditures.
- Beginning with CY2006, the cost per individual has steadily trended upward each year.

Case Management

CY 2006-2011 Annual Expenditures: Case Management Recipients Aged 0-18 Years

- Although Case Management services have relatively low annual expenditures, there has been a 95.47% increase in the number of unduplicated individuals utilizing Case Management and a 32.70% increase in units from CY 2006-2012.
- At the same time, the cost per individual has declined by 8.45%

Home Health

CY 2006-2011 Annual Expenditures: Home Health Recipients Aged 0-18 Years

- Beginning in CY 2006, utilization and cost have climbed annually for Home Health services rendered to recipients aged 0-18 years.

Federally Qualified Health Center (FQHC)

CY 2006-2011 Annual Expenditures: FQHC Recipients Aged 0-18 Years

- The number of unduplicated individuals receiving services at a FQHC, as well as the volume units and annual expenditures have all increased beginning with CY 2006.
- Despite a 50.73% increase in annual expenditures from CY 2008-2011, the cost per individual has remained relatively stable during the same time period.

Overall Expenditures and Membership

CY 2006-2011 Annual Expenditures: Overall Recipients Aged 0-18 Years

- Overall expenditures and utilization have increased each year beginning with CY 2006 for recipients aged 0-18 years. However, the cost per individual has a slight decrease when comparing CY 2006 and 2011 (0.86%).

Discussion

Judith Meyer asked the age old question, are children better off? She also asked a fiscal question, how are we spending our resources differently? The assumption is that things are getting better and certainly children are getting better services now and the system is certainly different than when the Council was first formed. She said that Connecticut has an amazing story to tell but funding is needed to tell the story about what is happening to children. Co-Chair Jeff Walter would like to put together an Ad Hoc Committee to work with DSS on the 2012 Annual Report and Service Expenditure. The 2012 report, for the first time, would have the all the coverage groups and he would like to get a report that is more collaborative and evaluative from the Department. Jennifer Hutchinson added that DMHAS has some existing resources and information that would include adult data that would help answer the question, are people in the system getting better, has their health improved? Bob Franks said that there are voluminous amount of reports that are currently being run and the questions are; how are these reports being utilized and how can resources be dedicated in a different way to get data that is more informative, evaluative, and meaningful? Beresford Wilson asked if this report included data on CCSD children and children in therapeutic foster care. Bill responded that if they are on Medicaid, it did. He also asked; what does this data ultimately mean to families? Catherine Foley-Geib weighed in not to forget to have a conversation about the CCSD population and the criminal justice data sect in the report because many of the members are involved in the court system and it is important to understand the behavioral health connection in the data report. Beresford Wilson said he has yet to see information on the effectiveness of IICAPS in the State. He would like to see data on demographics for the program and outcome data. Jeff Walter said that there is certainly more information that could be obtained on IICAPS and that data will be very informative to the work of the Council. Co-Chair Hal Gibber said that some of the

comments that some of the advocates who sit on the Council made, brought up topics that are very compelling and the Council should take a look at. Co-Chair Jeff Walter said that these concerns should drive the Council's agenda in the coming year and should be made available to Legislators who may not be aware of these issues. Jeanine Sullivan-Wiley asked about a new Co-Chair replacement for Representative Chris Lyddy who did not seek re-election this year. Co-Chair Jeff Walter said that he would be happy to take suggestions for replacement from Council members otherwise an announcement will be made after the first of the year. Beresford Wilson said that it would be helpful to have a legislator that was connected and familiar with behavioral health issues and services in Connecticut. He then thanked Bill and Lois for their presentations and noted that the Council made a request of Bill for the annual reports back in the autumn and Bill was able to comply with the Council's wishes and give reports in both October and December of this year. Bill said that the Departments are really committed to get outcomes to answer the question; are people getting better.

Committee Reports

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

Terri DiPietro reported that in addition to the Committee reviewing the Adult Intermediate Level of Care Guidelines, they discussed In Home Services and Medicaid as a secondary payer and what can be done to simplify the process, especially around audit. It was agreed upon with DSS that a new policy will come out in a Bulletin on billing of services. The other topic centered on whether or not if the State was ready to load the new APA codes in order to begin billing after the first of the year. Bill reported that the Clinic Meld went into effect in November.

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

Sharon Langer reported that on November 28, 2012 there was the first combined meeting with MAPOC's Consumer Access Committee. An update on Non-Emergency Medical Transportation by the new ASO for transportation, Logisticare, was the major topic on the agenda. The contract between Logisticare and DSS was finally approved. The Committee asked for a copy of the contract and should be forthcoming from Judi Jordan of DSS. At the meeting, Judi summarized the performance targets for Logisticare. Performance Targets the company must meet every month and it affects how much money the company can earn. The performance targets are designed as a financial incentive to do the job well for everyone involved. "Profits" are earned once the performance targets are met. The performance targets concern the following four areas: 1) the call center (i.e., how quickly calls are answered, 2) service and member satisfaction (ex., complaints and their resolution, 3) management of the vendor network (i.e. Are there sufficient number of qualified livery/taxis? do the vendors meet timeliness standards?), 4) payment of claims (Logisticare pays the vendors). Some of the issues that consumers are experiencing were discussed with Jim McMellon from Logisticare. He explained that out of 200,000 rides provided each month, the number of complaints is relatively small but if you are the one adversely impacted by a poor transportation experience or a no transportation experience, it is a frustrating situation. Sharon urged Council Members to forward complaints or systemic issues to her and Maureen and they will see to it that Judi and Jim are made aware of these problems immediately. Sharon asked if Logisticare had its website up yet and Jim replied that the Facility website where facilities can request rides on behalf of patients is up, but the Member website is not. The Member website should go live sometime in the first calendar quarter of 2013. The window for transportation appointments is fifteen minutes on either side, not two

hours before or after the appointment. Logisticare's call center should not be asking for client's Social Security Numbers. It is not required nor should it be given out as a means to schedule ride services. Bill Halsey said that he would look into this and contact Sharon with an update. Sharon also added that Dr. Steven Moore of Value Options gave a presentation of an update on a Wellness and Care of Coordination Pilot that is being conducted with McKesson, a Fortune 500 health care services and information technology company. This is a Disease Management project for more than 300 members with co-morbid medical and psychiatric conditions. As the initial pilot outcomes demonstrate, this enhanced care coordination helps decrease long-term care spending, reduce unnecessary emergency room visits, and lower hospitalization rates. Dr. Moore said that as a result, today, 330 people in Connecticut have better healthcare because they were enrolled into this program. He called the McKesson Pilot a disease management program. The next Committee meeting is January 23, 2013 and is an open meeting.

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

Committee Co-Chair, Bob Franks reported that on November 16, 2012, the Committee had a presentation on the Statewide Trauma Initiative. He reported that in October of 2011, DCF was awarded a 5-year grant from the federal agency the Administration for Children and Families (ACF) for \$3.2 million to implement the statewide CONCEPT trauma initiative. The focus is two-fold: To enhance DCF's capacity to identify and respond to children who have experienced trauma; and to disseminate trauma-focused evidence-based practices for children on the child welfare system and the greater community. Presenters provided an overview of the initiative, results from the planning year, and a summary of baseline evaluation data that was collected by the Yale Consultation Center.

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

Heather Gates reported that the Committee did not meet in December 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 and work will continue into January of 2013 on the co-lead concept of the Health Neighborhood.

Adjournment

Hearing no further comments or questions, Co-Chair Jeff Walter wished members Happy Holidays and adjourned the Council meeting at 4:12 PM.

**Next Meeting: *Note* Date Change; Wednesday, January 16, 2013
@ 2:00 PM 1E LOB**