Behavioral Health Partnership Oversight Council

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Co-Chairs: Rep. Phil Miller, Hal Gibber & Jeffrey Walter
Meeting Summary: January 15, 2014

Next meeting: ***February 19, 2014 @ 2 PM in LOB 1E***

Attendees: Representative Phil Miller (Co-Chair), Jeff Walter (Co-Chair), Paul Acker, Dr. Karen Andersson (DCF), Cheryl Arora, Rick Calvert, Paul DiLeo, Terri DiPietro, Howard Drescher, Dr. Ronald Fleming, Heather Gates, Dr. Steven Girelli, Bill Halsey (DSS), Colleen Harrington (DMHAS), Dr. Charles Herrick, Steve Kant, Sharon Langer, Stephen Larcen, Stephen Merz, Judith Meyers, Nancy Navarretta, Lois Nesci, Kimberly Nystrom, Sherry Perlstein, Kelly Phenix, Galo Rodriguez, Lori Szczygiel, and Susan Walkama

BHP OC Administration

Co-Chair Representative Phil Miller convened the meeting at 2:06 PM and announced that CTN was filming the meeting and asked all members to introduce themselves. He then read and presented to Lori Szczygiel; CEO of Administrative Service Organization (ASO) Value Options a congratulatory citation, thanking her for her eight years of service to the council and wishing her well in her next position with Value Options. Co-chair Jeff Walter echoed his sentiment and added his thanks and well wishes to Lori. Next, Co-chair Miller asked the Council to approve the November 2013 summary. A motion was made, seconded by Sharon Langer, and all voted unanimously in favor to accept the summary as written.

Action Items

No Action Items this month.

Connecticut Behavioral Health Partnership Agency Reports

Department of Social Services (DSS)

Bill Halsey said that Kate McEvoy's position was made permanent (Director of Health Services) and is now known as the "Medicaid Director" for DSS. Mark Schaefer who previously held that position is now in charge of the SIM proposal for the Office of Healthcare Advocate.

Department of Children and Families (DCF)

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Dr. Karen Andersson passed out a handout on the *"State of Connecticut Behavioral Health Plan; General Assembly Public Act 13-178"* that was released at a press conference at the DCF Services Center in Rocky Hill the day before. The 2013 legislative session ended with the General Assembly passing Public Act 13-178 which directs the Department of Children and families to produce a children's behavioral health plan for the state of Connecticut by October 2014. The Act requires the plan to be comprehensive and integrated and meet the behavioral health needs of all children in the state and to prevent or reduce the long-term negative impact for children of mental, emotional, and behavioral health issues. Phase I will be from January to August 2014, Phase II will be from September to October 2014 and Phase III will range from October 2014 to October 2019. Judith Meyers (CHDI) said that this was a plan for all children with mental health issues in the state, not only for children who are involved in the DCF system. This is a public-private partnership. There will be a number of forums for consumers, families and providers across the state to provide input and information. There will also be an advisory committee with Judith serving as a co-chair. Co-chair, Jeff Walter said that the Executive Committee of the Council has planned on a number of forums on various topics though out the coming year and he hopes to coordinate a forum with the planning committee for a public discussion on this very topic.

Committee Reports

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

Co-chair Sharon Langer informed the Council that the committee did not meet in November and that it is scheduled to meet on January 22, 2014 at 1:30 PM in 1E. *From previously: Consumers who are still experiencing difficulty with transportation appointments can call Logisticare at 1-888-248-9895; HUSKY Health at 1-800-859-9889 for accessing health services, coordination of care, and to file a NEMT complaint.

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

Sherry Perlstein reported that her committee will meet this week, January 17, 2014 at 2:00 PM at Value Options in Rocky Hill. Discussions will center on presentations given by:

- Marilyn Cloud, DCF, Behavioral Health Clinical Manager
- Tim Marshall, DCF, Behavioral Health Clinical Manager
- Dr. Jeana Bracey, CHDI, Senior Program Associate for Mental Health
- Dr. Chris Bory, CHDI, Program Associate for Mental Health

1. **Project MATCH-ADTC (Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems)**: Model Overview and Implementation (Marilyn Cloud and Dr. Bory)

2. **Project REACT (Responding to Children of Arrested Caregivers Together)**; Project Overview and Outcomes Summary (Dr. Bory)

3. **Update on the CONNECT (Connecticut Network of Care Planning Grant)**: Project Overview (Tim Marshall & Dr. Bracey)

Co-chair Sherry Perlstein also announced that the presentation for the February agenda will include an update on **IICAPS Outcome Study**.

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

Heather Gates reported the workgroup met the week before to review the **Behavioral Health Home** project and the financial model, the topic of the main presentation today. With this meeting, the workgroup has finished its mission and with this task complete, the committee hopes to resume its monthly meetings at BHP in Rocky Hill. She thanked all members of the workgroup, DMHAS, Commissioner Rehmer, Deputy Commissioner DiLeo, Jennifer (Hutchinson) Black, and Colleen Harrington for their inclusiveness and cooperation in putting together this project. After the last committee report, she gave the background and introduction on the featured topic of the DMHAS presentation.

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

Co-chair Terri DiPietro reported that the committee met last week and agreed to new Level of Care guideline changes to Home Health Care that will be brought to the Council next month for review and voted upon for an action item. The Home Health Care industry felt the changes were made through a very inclusive process. Other items discussed were the conversion for DSM-5 and the upcoming ICD-10 and some of the difficulties of having providers' electronic medical records (EMR) being ready on time. The workgroup that was looking into options for Pay for Performance for outpatient care has been put on hold so a meeting can be held with the state agencies.

Presentation and Discussion by Department of Mental Health and Addiction Services (DMHAS) - Overview of Behavioral Health Homes in Connecticut – System, Process and Purpose- Colleen Harrington and Deputy Commissioner Paul DiLeo

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ioralHealthHomesovel

Colleen Harrington, Interim DMHAS Director for the Managed Services gave the presentation on the Behavioral Health Home model. She thanked Heather Gates and the other co-chairs and members of the workgroup for their active participation and again to Heather for her background and introduction that she had just given.

BHH- Origin

- In 2010, the Patient Protection and Affordable Care Act (ACA) established a "health home" option under Medicaid that serves enrollees with chronic conditions

Goals

- Improved experience in care
- Improved health outcomes
- Reduction in health care costs

SAMHSA Goal

- It has been argued that for those individuals who have relationships with behavioral health organizations, care may be best delivered by bringing primary care, prevention, and wellness activities onsite at behavioral health settings.

Behavioral Health Home (BHH) Definition

- A Behavioral Health Home is an innovative, integrated healthcare service delivery model for people diagnosed with serious and persistent mental illness (SPMI) that is recovery-oriented, person and family centered and promises a better patient experience and better outcomes than those achieved in traditional service models.

Connecticut's BHH Service Delivery Model

- Facilitates access to:
    - Inter-disciplinary behavioral health services,
    - Medical care, and
    - Community-based social services and supports for individuals with serious and persistent mental illness (SPMI).

Behavioral Health Homes in Connecticut

- In August 2012, the Adult Quality, Access & Policy Committee of the Behavioral Health Partnership Oversight Council (BHPOC), in conjunction with the State Partners (DMHAS, DSS, DCF), formed a Behavioral Health Home (BHH) workgroup as a vehicle to develop a model and implementation plan

The CT BHH Workgroup

- Established parameters for defining **Eligibility** for BHH
- Established **Service Definitions**
- Identified **Provider Standards**
- Identified CT's BHH **Outcome Measures**
- Reviewed Medicaid and DMHAS enrollment **Data**

(See above presentation for remainder of details for the CT BHH.)

Co-chair Jeff Walter asked Deputy Commissioner Paul DiLeo for his comments. Commissioner DiLeo responded by thanking the Council and Heather Gates, Howard Drescher, and Alicia Woodsby, the three co-chairs of the workgroup for their time and patience through the process. He said that DSS asked DMHAS to take the lead on the BHH project and the Department has always been interested in trying to improve care coordination and the BHH will help Connecticut's citizens, especially the ones who tend to live 20-25 years less than their peers because of their related co-morbid conditions. He said the model is not perfect but will take time to evolve. It is still contingent upon CMS giving its final approval even though SAMHSA gave technical assistance in the development of the model. In this fiscal climate, it was difficult to get the Governor to approve the $10 million to the budget for this but the time was right. Co-chair Jeff Walter asked about the population for the model, if consumers under 19 years of age will be

included to ensure continuity of medical coverage and how to determine who would be auto-enrolled. Colleen said that those consumers who were already involved with life-span providers (i.e., behavioral health care providers of both adult and child/adolescent services) would be auto-enrolled but there is another phase that other eligible consumers can sign up at a later date, to be determined. As for continuity of insurance coverage, Deputy Commissioner DiLeo answered that would be determined through methodology which is based upon the availability of resources—who would be focused on, a broader population versus the SPMI population but it is currently based on a diagnostic criteria. Bill Halsey (DSS) weighed in and said that all participants enrolled in the CT BHH must be eligible for Medicaid and they must maintain their eligibility to stay enrolled in the BHH. Kelly Phenix asked if DSS could have a dedicated phone line provided just for benefit access. Bill said, "No promises". Dr. Charles Herrick brought up SMI case mangers versus care managers. How does BHH's reduce the length of hospitalizations? It's a revolving door and he does not see BHH's solving those problems. Colleen assured him that this was about the integration of care and care management around behavioral health because the BHH includes a physical health component as well; it is health care by design instead of by default. Dr. Herrick replied that patients must learn to become compliant in keeping appointments and taking their medications. Paul said that not every problem will be solved but BHH's will improve upon it. Paul said the ASO for BHH's will go out to a competitive bid. Steve Larcen commented that this was a terrific comprehensive presentation and congratulated all the parties for their hard work in getting the BHH into existence. His questions were concerned with auto-enrollment and the seven (7) day follow-up is for whom? Colleen said that it is for the provider who the patient went to for that particular issue, physical or behavioral. Sherry Perlstein suggested that a pilot program in a region for the BHH be held before it goes statewide. Paul said that it is a good idea but then it will not qualify for the federal 90% match. Sharon Langer asked if there is any funding for community supports, i.e. housing, legal support, etc. Paul said that this is for the care coordination linkage piece, not for services. The BHH is a hub for coordination. Co-chair Jeff Walter said that he will send out to the Council via David Kaplan information on "The Four Quadrant Clinical Integration Model" based on medical/clinical acuity that was developed by the National Council for Behavioral Health. He then thanked Colleen and said that her presentation was a great way to be officially introduced in her new role to the Council.

Other Business/Adjournment

Co-Chair Jeff Walter asked for further comments, questions, or other business.
Hearing nothing else, he thanked everyone for attending, reminded everyone that due to Lincoln's Birthday celebration, the LOB would be closed so the next council meeting is scheduled for Wednesday, February 19, 2014, and he adjourned the Council meeting at 3:52 PM.

NOTE DATE CHANGE: Next Meeting: Wednesday, February 19, 2014 @ 2:00 PM 1E LOB