



Behavioral Health Partnership Oversight Council

Legislative Office Building Room 3000, Hartford CT 06106
(860) 240-0346 Info Line (860) 240-8329 FAX (860) 240-5306
www.cga.ct.gov/ph/BHPOC

Co-Chairs: Rep. Mike Demicco, Sharon Langer & Hal Gibber
Meeting Summary: July 8, 2015

Next meeting: **September 9, 2015 @ 2 PM in 1E LOB**

Attendees: Representative Mike Demicco (Co-Chair), Sharon Langer (Co-Chair), Karen Andersson (DCF), Rick Calvert, Celeste Cremin-Endes, Jessica Deflumer-Trapp (DSS), Terri DiPietro, Catherine Foley Geib, Heather Gates, Dr. Steven Girelli, William Halsey (DSS), Colleen Harrington (DMHAS), Ron Krom, Steve Larcen, Kate McEvoy (DSS), Steve Merz, Judith Meyers, Dr. Tait Michael, Marie Mormile-Mehler, Kim Nystrom, Galo Rodriguez, Jeff Vanderploeg, Beresford Wilson, and Roderick Winstead (DSS)

BHP OC Administration

Co-Chair Sharon Langer convened the meeting at 2:04 PM and introductions were made. Sharon informed Council Members of the update of the BHPOC Website and how it was more stream-lined and user-friendly. Sharon then asked for a motion to accept the June 2015 Council summary. A motion was made by Kim Nystrom to accept the summary as written and seconded by Terri DiPietro. The vote was taken and passed unanimously in favor to accept the summary without changes. Sharon told Council members that Co-Chair Hal Gibber was on the road to recovery from back surgery and that he will rejoin the Council in September. She also reported that with the passage of PA15-242 the Office of Healthcare Advocate and the Department of Public Health will now have representation on the Council and those openings will soon be filled. **From last month:** There are a few consumer representation openings on the Council. Members can check the BHPOC Website for openings and descriptions and contact Council Staff, David Kaplan with suggestions and recommendations of names to fill these positions.

Action Items

None.

Connecticut Behavioral Health Partnership Agency Reports- Department of Mental Health and Addiction Services - Colleen Harrington (DMHAS)

Colleen Harrington said thankfully that her announcement last month that “the \$17 million cut to DMHAS is being restored into the grant accounts” survived the final budget that passed during Special Session. She thanked everyone for their support and she referenced the letter that the BHPOC Executive Committee wrote on behalf of restoring the cuts to DMHAS. Co-Chair

Sharon Langer referred to the Implementer Bill (P.A. 15-5) that included many sections specifying that the agencies produce reports related to health care with relatively short deadlines and asked how would these reports relate to the Behavioral Health Partnership? She said that there are changes in HUSKY A & B eligibility and asked how such changes would affect that population and when would they take effect? She specifically referenced sections 398-401 of P.A. 15-5 that dealt with the elimination of Case Management requirements for Medicaid recipients and asked whether the changes were substantive in nature. Bill Halsey (DSS) said that he could check on this but the language was quite expansive in scope. It does not necessarily eliminate the services provided by intensive care management (ICM) services from the ASO but would require ICM services in all hospitals. The new language backed away from this commitment because of lack of resources. Kate McEvoy (DSS) explained that the original language as coming from a Program, Review and Investigations Committee (PRI) report to the legislature about emergency department (ED) utilization about a year and a half ago. Sharon asked if the Agency Liaisons would review the budget and report back to the Council about what provisions in the implementer bill and any other newly enacted legislature are relevant so that the Council can have a fuller discussion in September.

Department of Children and Families – Karen Andersson (DCF)

Karen Andersson said that DCF is still engaged in internal discussion and analysis of the budget because it was just recently received by the Department. The previous rescissions in the original budget were not restored. However, DCF may be able to expand and enhance a selection of community based services for state-wide coverage. She did not know what services it would include. Steve Larcen said he was concerned with a 6.5% reduction of Mental Health services from Access CT (Pediatric Psychiatric Phone Services). Access CT was funded as a direct result of the Sandy Hook tragedy. It was a \$1.8 million appropriation with \$300,000 for administration and \$1.5 million to three demonstration sites. He said he was not sure if many legislators were aware of this reduction and its impact. Given the intent of the Legislature to take action to improve access to mental health services after Sandy Hook, Steve considered it a sad commentary on where we are in providing services when such a high priority was reduced before it was even started.

Department of Social Services – Bill Halsey (DSS)

Bill Halsey said the Implementer Bill (P.A. 15-5) was quite extensive. Some highlights include Sections 350-353 which mandates private insurance coverage for behavioral health services and Autism Spectrum Disorder services. He also told the Council that in the Implementer Bill, that the General Assembly passed, reduced the income eligibility of the HUSKY A program for parents from 201% to 155% of the federal poverty level (FPL), effective August 1, 2015. These levels include a general 5% FPL income disregard. (Editor's note: Parents or other caretaker relatives *without* earned income and not eligible under a different HUSKY category will lose coverage on September 1st.) They are likely to be eligible for subsidized commercial coverage through Access Health CT. The budget suggests that the vast majority of the affected families have earned income and, thus, will qualify for one year of transitional medical assistance (TMA) – until July 31, 2016. Co-Chair Sharon Langer suggests that consumers who are cut from any programs should be advised that when in doubt, they should appeal the termination. This will keep their benefits in place pending a fair hearing decision by DSS. More details on the budget will come in September. Bill said that the Behavioral Health Clinics are still going to receive a

rate increase effective 7-1-15. DSS will meet with providers (at the Operations Committee) in August (Editor's note: September 2, 2015 at 1:30 PM at VO) about how to implement the methodology because DSS needs to give this information to the federal Centers for Medicare & Medicaid Services (CMS) in September.

Council Member Presentation: Community Care Team Model: Middlesex Hospital-Terri DiPietro, Celeste Cremin-Endes, Ron Krom, and Dr. Tait Michael



BHPOC7-8-15CCT.pp
tx



BHPOC7-8-2015MidH
osrev.pptx



20150709110640174
.pdf

Terri DiPietro is the Director for the Center for Behavioral Health, Outpatient Services at Middlesex Hospital. She is also the Co-Chair of the BHP Operations Committee and Council Member. Celeste Cremin-Endes is the CEO of the Middlesex Local Mental Health Agency River Valley Services, Middlesex County, Ron Krom is the Executive Director of St. Vincent DePaul (Soup Kitchen and Shelter) in Middletown, Connecticut, and Dr. Tait Michael is a psychiatrist in Norwalk, CT. The Community Care Team Model is a currently a three year-old pilot program in Middletown, CT that is a community collaborative that works with the homeless and marginal housing citizens in Middlesex County. There are thirteen agencies that network and are partners; some in housing, substance abuse, DMHAS, and healthcare. These agencies come together each week for an hour to discuss patients whom have had five or more emergency room visits per month (see presentations above). The Community Care Team tries to develop a cost savings care plan for these individuals in a more robust way.

SAMHSA: Federally Qualified Behavioral Health Clinic Demonstration Grant Opportunity- Bill Halsey (DSS) and Jessica Deflumer-Trapp (DMHAS)



BHPOC7-8-15CCBHC
final.pptx

SAMHSA along with CMS has issued a request for applications for states to apply for a demonstration planning grant to establish Certified Community Behavioral Health Clinics (CCBHCs). Twenty-five states will be selected for the planning grant and of those; eight will get funding for the demonstration program. The three state agencies, DSS, DMHAS and DCF are collaborating on this, assigning a staff and working with Yale, UCONN, and Value Options on the application. Population focus: adults with serious mental illness, children with serious emotional mental disturbances, individuals with long-term substance abuse disorders, other individuals with mental illness and substance abuse disorders, and veterans with behavioral health conditions and their families. The application is due August 5, 2015 and if Connecticut is

selected it will have until October 31, 2016 for planning and a two year demonstration program will run from January 1, 2017 to January 1, 2019. During the planning period it will be required to develop a steering committee to oversee the progress of the demonstration program. Bill Halsey said that the state must propose at least two clinics to be competitive but the final number of proposed clinics will be based on relevant data.

Discussion:



CCBHCFnlsupportlett
er7-14-15.doc

Steve Larcen recommended that the BHPOC act as the Steering Committee for the Demonstration Program. Steve Merz made a motion for the Council to write a letter in support for the application for the state application with the BHPOC acting as the steering committee as part of the application process. The idea is to not create something new but to build upon something that is already established and take the opportunity to have the Council act as the steering committee since Council members already reflect the stakeholders required to be part of the steering committee. Heather Gates cautioned the Council “not to tie the hands of the state for the grant, be involved but may not be as the steering committee”. Both Steve Larcen and Beresford Wilson seconded the motion. The motion was voted upon and passed unanimously in support (see above for the letter). Bill Halsey said that DSS definitely wants the support of the Council but is not sure that the Council has enough of the representation from consumers and family members and people in recovery to meet the requirements of the RFP. He added that there is a year for planning and in that time, the makeup of the Council may have the requisite membership (e.g., more consumers/family members) for the steering committee.

Committee Reports:

Coordination of Care: - Janine Sullivan-Wiley, Co-Chair, Brenetta Henry, Co-Chair

The Co-Chair was not present to give a report and update. The next scheduled meeting will be on July 22, 2015. Topics will include a presentation on NEMT 101 and an update on the ASO for Transportation, Logisticare. (Editor’s Note: 7-22-15 meeting was canceled and the next meeting will be on September 30, 2015 at 1:00 PM in 1E LOB. The Co-Chairs will meet before the next meeting.). Steve Merz asked if there was an update on the improvement of NEMT services and Bill Halsey said that he would look into it and get back to the Council in September. *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.

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

The August 6, 2015 committee meeting is canceled. The Co-Chairs will meet before the next meeting to set the agenda for the rest of the calendar year.

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

Jeff Vanderploeg said at the June 17, 2015 meeting, Dr. Bert Plant gave a presentation on High Frequency Users of the ED. Medicaid claims data from 2012-2013 helped identify frequent visitors. The full report is located on the BHPOC Website. The next meeting will be on July 15, 2015.

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

Terri DiPietro reported the July meeting is canceled (*Editor's note: the August meeting was also canceled and the next meeting is re-scheduled to September 2, 2015 at 1:30 PM. The Provider Rate package will be discussed.).

Other Business/Summer Meeting Announcement/Adjournment

Co-Chair Sharon Langer reminded members that the meeting on August 12, 2015 is

CANCELED and the next meeting is on Wednesday, September 9, 2015 at 2:00 PM in 1E LOB. Council Members who have questions and comments on the expenditure and utilization reports should send them directly to Bill Halsey (DSS) at William.Halsey@ct.gov. Bill is expected to address the questions and comments at the September Council meeting.

She then asked Council Members and the State Agency Partner Liaisons if the Council could go “green” by not having hard copies of the presentations made as long the presentations are received by the agencies 48 hours in advanced so that they may be distributed electronically to Council Members and published on the BHPOC Website. Everyone agreed. Hard copies will still be available for the public. Sharon then asked for further comments, questions, or other business. Hearing nothing else, she wished everyone a safe summer and adjourned the meeting at 3:59 PM.

***NOTE: Next Meeting: Wednesday, September 9, 2015 @ 2:00 PM 1E LOB**