



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, Hal Gibber & Sharon Langer*
Meeting Summary: April 13, 2016
1E LOB

Next meeting: **May 11, 2016 @ 2 PM in 2B LOB**

Attendees: Sharon Langer (Co-Chair), Karen Andersson (DCF), Rick Calvert, Dr. Andrew Feller, Heather Gates, Dr. Steven Girelli, William Halsey (DSS), Colleen Harrington (DMHAS), Dr. Charles Herrick, Tom King, Mickey Kramer (OCA), Steve Merz, Judith Meyers, Dr. Sabooh Mubbashar, Kim Nystrom, Kelly Phenix, Dr. Bert Plant, Pat Rehmer, Galo, Rodriguez, Knute Rotto (Beacon), Joseph Sullivan, Janine, Sullivan-Wiley, Meryl Tom (DPH), Susan Walkama, Jeff Walter, Beresford Wilson, and Valerie Wyzykowski (OHA)

BHP OC Administration

Co-Chair Sharon Langer convened the meeting at 2:03 PM, and informed the Council that her Co-Chair, Representative Mike Demicco would not be joining the meeting due to Legislative Session and that Co-Chair Hal Gibber was still on a leave of absence due to family matters. She also announced a new open seat because Council Member, Steve Merz from Yale New Haven Hospital, will be leaving the Council and the State of Connecticut to take a new position as President and CEO at Maine Behavioral Health. She said that in the three years that Steve has been on the Council, he had contributed greatly to the topics of concern and to the discussions of the issues and she wished him well in his future endeavors. Members then introduced themselves. Sharon welcomed new Council member, Dr. Andrew Feller, appointee of House Majority Leader, Representative Joe Aresimowicz. She then asked for a motion to accept the February meeting summary. Pat Rehmer made the motion and it was seconded by Steve Girelli. All members voted to approve the summary as written, no one opposed nor were there any abstentions. Sharon re-stated that all materials related to Council business can be found on the BHPOC Website at www.cga.ct.gov/ph/bhpoc for public viewing including a presentation on *Behavioral Health Services Before and After the Implementation of the Behavioral Health Partnership: Children and Adults with Diagnosed Mental Conditions* and *Independent Performance Monitoring in the HUSKY Program: Ensuring accountability for Scarce State Dollars* that her colleague, Mary Alice Lee, Ph. D. did at the beginning of the month for the Operations Committee meeting.

Action Items

None

Connecticut Behavioral Health Partnership Agency Reports:

Department of Mental Health and Addiction Services –Colleen Harrington (DMHAS)

Department of Social Services-Bill Halsey (DSS)

Department of Children and Families – Karen Andersson (DCF)

Update: On Certified Community Behavioral Health Clinics (CCBHC) -

Colleen Harrington reported that on a daily basis, updates come from CMS on Certified Community Behavioral Health Clinics (CCBHCs). Many times the “theory” is good behind these updates but implementing them requires a lot of work but Colleen affirmed the program is moving forward. Cost reports from the six member agencies that have been selected to do a demonstration are going out to the partner agencies on Friday, April 15, 2016. Bill Halsey (DSS) said that CMS reduced 36 quality measures down to 25. He reminded the Council that twenty-four states applied, eight will be accepted for the demonstration, although, as many as fourteen states may be awarded programs if Congress approves. This will be a new way to pay for behavioral health services with payment on a per member per month (PMPM) basis. Rick Calvert asked if the state is not selected to receive a project demonstration program from CMS, would the agencies, nonetheless, create a similar program. Bill said that before the CCBHC application was submitted, the department was already talking about out-patient redesign. He also said that if that were to be the case, it would depend on the “return on investment” analysis. Co-Chair Sharon Langer then asked how “return on investment” is defined and at what point will more information from the departments on CCBHCs be shared. If the cost of the clinic program is greater than the enhanced match; this will have to be evaluated. Bill said that cost reports and quality measures cost reports are due in June and can be provided to either the Operations Committee or to the Council shortly after they are received. (For more information: see the DSS Website at <http://www.ct.gov/dss/cwp/view.asp?a=4769&Q=569882>).

Sharon asked Colleen about including children into Behavioral Health Homes (BHHs). Colleen reminded the Council that BHHs is another demonstration project with fourteen providers around the state. The eligibility criterion for BHH includes individuals with Medicaid claims in excess of \$10,000 coupled with a number of various BH disorders. BHHs infuse physical healthcare expertise into a behavioral healthcare setting for a population cohort. To date: BHHs have been launched in stages for adult clients who are enrolled into one of the fourteen BHHs. Children have not been enrolled due to some billing and data collection challenges because the child and adult systems are different. Once these issues are resolved members under the age of eighteen who qualify for BHHs and are already being seen by BH providers, will have the opportunity to receive BHH services in addition to the services they are already receiving. The data shows that less than 10% of the eligible population is children. In the meantime, for any child who is eligible for BHH services, the departments are making sure that they are connected to their community collaborative and will continue to receive wrap-around services and other appropriate resources that are identified by DCF. This is a tri-department endeavor. Sharon asked if it made a lot of sense to include children in BHHs; will they be all DCF children. Colleen said that some children will be from voluntary Services or in custody of the State. Galo

Rodriguez said that his organization, The Village for Children, was not invited to be a part of the BHHs and suggested that this initiative should be more inclusive. Karen Andersson (DCF) said the federal government established the rules, requiring that agencies provide “lifespan” services and thus many child providers were not afforded the opportunity to participate in BHHs. providers.

Health Equity and Inequity in the Connecticut Medicaid Behavioral Health Service System: A Report of the CTBHP



BHPOC4-13-16HEAL TH EQUITY Draft.pdf



BHPOC4-13-16-2015 Health Equity Clinical

Bill Halsey (DSS) introduced the presentation on Health Equity in Connecticut. He said that this is Step 1 of a complex issue and it requires multiple strategies from multiple stake-holders. The state agency partners want to work with the Council and its member organizations to join with providers and the provider network to make real health equity in Connecticut. Bert Plant (Beacon) said this presentation was a study from 2015 requested by DSS, DCF and DMHAS and was shared with the state agencies in February of 2016. The study was focused on Health Equity for Medicaid recipients and specifically focused on Behavioral Health, including mental health and substance abuse services. He gave the definitions for:

- **Health Equity**- *is defined as the realization of systems and conditions that provide all people with the opportunity to achieve good health through equitable access, quality, and outcomes of health care.*
- **Health Disparities**- *are differences in health care access, quality, or outcomes among distinct segments of the population that systematic, avoidable, and unjust.*

There were four primary Methods of Investigation:

1. Extensive **Literature Review**
2. **Analysis of CT Data**- access to care, outcomes, utilization, by age, ethnicity, gender, race, etc.
3. **Consumer Focus Groups**- young adults, adults, community conversations
4. **Key Informant Interviews**

For more of the report, see above icons.

Committee Reports:

Coordination of Care: - Janine Sullivan-Wiley, Co-Chair, Brenetta Henry, Co-Chair
Co-Chair Janine Wiley Sullivan reported that any topics and issues that her committee proposed that overlapped those of other committees’ would not be included in her committees’ goals and objectives. She said that CHNCT gave an excellent report on Person Centered Medical Homes (PCMHs). The discussion included how it works with BHHs. The next meeting will be on May 25, 2016 at 1:00 PM in 1E LOB.

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

The next meeting will be on April 20, 2016 at 2:00 PM at Beacon (formerly Value Options), third floor, Hartford Conference Room, 500 Enterprise Drive, in Rocky Hill, Connecticut.

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

Co-Chair Heather Gates reported that the committee did not meet in March but will convene on Friday, May 20, 2016 at 2:00 PM at the Connecticut Community Non-profit Alliance (CCNA) office, formerly Connecticut Community Provider Association- CCPA: Suite 522, 35 Cold Springs Road, Rocky Hill, CT. Agenda items include a presentation by Beacon Health Options on Adult Intensive Outpatient Program and a follow-up from DMHAS on the response to the opiate crisis and access to services.

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

Co-Chair Susan Walkama reported that the April committee meeting, Mary Alice Lee of CT Voices for Children gave a report on the Behavioral Health Care in HUSKY A Before and After Implementation of Connecticut's Behavioral Health Partnership: Children and Adults with Diagnosed Mental Conditions and a summary of the Independent Performance Monitoring in the HUSKY Program: Ensuring Accountability for Scarce State Dollars. There was also a discussion on Enhanced Care Clinic dollars and an update on CCBHCs, including a discussion on committee goals and objectives. The next meeting will be on May 6, 2016 at 2:30 PM in the Hartford Conference Room (third floor) at Beacon Health Options in Rocky Hill, CT.

**2016 Deficit Mitigation Package and Appropriations Committee
Proposed Budget FY 17; Governor's Proposed Revised Budget:
Potential Impact on CTBHP**

Co-Chair Sharon Langer opened up the discussion on the Governor's revised proposed budget that is slated to close the \$933 million gap and asked members how the proposed cuts would affect child welfare and human services systems, including their agencies, clients, and organizations. Members discussed sending another letter from the Council to the Governor and Legislative Leadership about the ramifications of the latest budget proposals that cut funding for behavioral health services and related services or programs. The Executive Committee will review the three most recent letters that the council sent decrying earlier proposed cuts. Sharon asked members to supply to the Executive Committee estimates of the number of people who will be adversely impacted and the number/type of services that will be cutback or closed. Jeff Walter commented that the state agency partners would certainly know more next month and Judith Meyers asked that OPM Council Member, Judy Dowd give a report to the Council at the May meeting.

New Business/Meeting Announcement/Adjournment

Co-Chair Sharon Langer thanked Bert Plant for his presentation and thanked Council members and the agency partners for their contributions to the conversation. She then asked for further comments, questions, or other business. Hearing nothing else, she asked for a motion to adjourn and the meeting adjourned at 4:14 PM.

Next Meeting: Wednesday, May 11, 2016 @ 2:00 PM 1E LOB