



Behavioral Health Partnership Oversight Council

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Co-Chairs: Rep. Mike Demicco, Hal Gibber & Sharon Langer
Meeting Summary: July 13, 2016
1E LOB

Next meeting: **September 14, 2016 @ 2 PM in 1E LOB**

Attendees: Representative Mike Demicco (Co-Chair), Sharon Langer (Co-Chair), Karen Andersson (DCF), David Borzellino, Marijo Brinker, Rick Calvert, Judy Dowd, Dr. Andrew Feller, Dr. Steven Girelli, William Halsey (DSS), Peggy Hardy, Colleen Harrington (DMHAS), Dr. Charles Herrick, Mickey Kramer (OCA), Kate McEvoy (DSS), Judith Meyers, Steve Moore, Marie Mormille-Mehler, Maureen O'Neill-Davis, Kelly Phenix, Pat Rehmer, Julie Revaz (CSSD), Knute Rotto (Beacon), Jordan Scheff (DDS), Joseph Sullivan, Janine, Sullivan-Wiley, Susan Walkama, Beresford Wilson, Alicia Woodsby, and Valerie Wzykowski (OHA)

BHP OC Administration



MAPOC ASDS
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Co-Chair Sharon Langer convened the meeting at 2:04 PM, and introduced herself. She reminded Council Members that the meeting was being recorded for CTN so they should say their names before they spoke and they should speak clearly into the mics. She asked members to make sure to sign the attendance sheet and then introductions were made. She also informed Council Members that the Autism Spectrum Disorder Services Report that was presented to MAPOC on July 8, 2016 is available for their review on-line at the BHPOC Website and she welcomed new Council member, Maureen O'Neill-Davis, DMHAS consumer appointee to the Council. Sharon then asked for a motion to accept the June meeting summary. Pat Rehmer made the motion. There was no discussion. All members voted to approve the summary as written, no one opposed nor were there any abstentions.

Next, Sharon opened up the discussion started last month by Council Member, Beresford Wilson on the addition of new youth membership on the Council. She told the Council that the Executive Committee discussed how to include the youth voice in Council affairs during its last meeting. It was suggested to go where the youth are instead of having youth attend Council

meetings. Beresford discussed where to include young adults who are transitioning between systems. Janine Sullivan-Wiley talked about using technology to get to young adults.

TurningPoint.org, a DMHAS sponsored website for social networking would be a good way to connect with young adults. Beresford thanked the Executive Committee for starting the dialog on how to include young adults into the Council and he said that he was pleased and this was a good start.

Action Items

None

Connecticut Behavioral Health Partnership Agency Reports: **Department of Mental Health and Addiction Services –Colleen Harrington**

FY2017 Budget Implementation Highlights

Approximately \$55m in DMHAS budget changed from original FY17 budget

- Reductions accomplished through strategic reorganization of services.

Community level (PNP):

- **\$4.5 million SA and MH grant reductions to Medicaid eligible services**

An example is FQHC outpatient services

4.2% across the board change for the following services (\$1.2m)

Intensive outpatient programs

Partial Hospitalization

Outpatient

Residential detox

Colleen Harrington reported much of the same from last month. She told the Council that the DMHAS Commissioner holds a budget group meeting once a week to keep track on how the rescissions and cuts are affecting services.

Department of Children and Families – Karen Andersson

Status of FY 17 Budget

Karen Andersson reported that DCF is trying to maintain levels of service in the current community provider system and the department has advised its providers to operate under existing contracts. If changes must be made, they will receive the usual 30-day notice. Council Member, Maureen O'Neill-Davis said that in terms to access to BH services for children, for many, families are seen by the department as not meeting the needs of the children and that view

causes harm to families and traumatizes children. Having families needlessly jump through administrative hoops to obtain access to necessary behavioral health services is not in the best interests of the children.

Department of Social Services-Bill Halsey



MAPOC 6-10-16 DSS
Issue Brief on Med Ac



MAPOC 6-10-16
HH-Mastersheet CY 2

Bill Halsey reported that there is a 15% reduction in the medication administration payment rate. DSS provided notice at the end of May. The department has been working with the home care provider community for several years to reduce costs since this is a significant expenditure in the Medicaid budget (\$20 million). All documents relating to this have been posted on the MAPOC Website www.cga.ct.gov/med. The department believes that a Registered Nurse (RN) is not required twice a day to visit a patient. There are other options to use: e.g., medical boxes, medical coaches for prompting, and medical technicians. No trends in saving monies have been seen so these reductions had to be made and went into effect on July 1, 2016. Pat Rehmer said that Hartford Healthcare initiated a program similar to this six to eight months ago. Council Co-Chair Sharon Langer asked Bill for a summary or document that the public can have to help them understand why this reduction is being implemented. Bill said that all of the material related to the home health medication administration rate reduction was sent to the human services and appropriations committees (see above). Andrew Feller asked Bill if all medication administration was being done by Registered Nurses. Bill said that most of the administration is being done by RNs but there are also non-medical provider prompters that are also being used. Dr. Feller asked if savings (\$) could be achieved or would this be budget neutral. Bill said the department never saw the trends for potential savings so this action is being taken to reduce expenditures. Colleen Harrington (DMHAS) added that this would provide the right type of service from the consumer perspective and for the state budget. Kate McEvoy (DSS) expressed that the state has not re-balanced this long standing challenge to reduce the escalating costs of medical administration. This is the right path from a policy stance- to make medical administration services work through alternative methods as supported by research. Sharon Langer commented that it would be good for both the BHPOC and MAPOC to understand one another's perspective - to connect the dots across the two Councils.

Centers for Medicaid and CHIP Services (CMS) Innovation Accelerator Program (IAP) on Medicaid-Housing Partnerships



BHPOC7-13-16IAP
Overview for Stakehc

Kate McEvoy (DSS) explained that the IAP is an intensive, six-month technical assistance opportunity designed to help states support individuals served by Medicaid in 1.) accessing and retaining stable housing; and 2.) meaningfully engaging with providers they choose to achieve their health goals. Connecticut was selected through a competitive process as one of eight states to participate. The application was a collaborative effort among partner organizations including the State of Connecticut Departments of Social Services, Housing, Mental Health & Addiction

Services, Developmental Services, and the Office of Policy and Management, the Connecticut Housing Finance Authority, the Partnership for Strong Communities and the Corporation for Supportive Housing.

The **IAP** seeks:

- 1.) To help states align policies and funding between state Medicaid, disability services and housing agencies to maximize affordable and supportive housing opportunities.
- 2.) To ensure that people experiencing chronic homelessness, people identified as high utilizers of health care services, and/or individuals with disabling conditions that are exiting institutional settings have access to a robust service package linked to housing to improve access to health care and outcomes and reduce costs.
- 3.) To help states take advantage of opportunities in Medicaid to cover and finance services in supportive housing while maximizing the use of other resources to pay for non-Medicaid supports.

Alicia Woodsby said that after a decade of work to provide housing assistance for target populations across the state, she was grateful to Kate for her leadership role and thanked her for her dedication and hard work on this initiative. Kate added that by the fall 2016, there will be more details and further feedback on this program.

Update on Certified Community Behavioral Health Clinics (CCBHCs)

Bill Halsey (DSS) informed the Council that due to obstacles in meeting the requirements for CCBHCs, Connecticut is not going forward and is withdrawing from this planning grant. In the service packet, there was a requirement in the model to be the payer of mobile crises services (EMPS) for which Connecticut currently has an alternative method of payment. This became a significant obstacle in continuing the development of the model. Bill said that by participating in the CCBHC grant, the state has learned what to do and what not to do in solidifying outpatient redesign. He agreed to share with the Council the report about lessons learned from undertaking the planning grant.

Update on Non-Emergency Medical Transportation (NEMT)

DSS continues to work on the development of the NEMT Request for Proposals (RFP) with the goal of a release date in the fall of 2016. As part of the development of the RFP, DSS plans to convene focus groups of members who use the NEMT benefit to elicit their feedback. Additionally, DSS will continue to engage the Council on Medical Assistance Program Oversight, the Behavioral Health Oversight Partnership Council and their subcommittees, in conversation around improving NEMT services, and utilize input from members as an ongoing source for recommendations toward the development of the RFP.

Court Support Services Division-(Julie Revaz, MSW Manager of Programs and Services, Judicial-CSSD)



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Julie Revaz, MSW Manager of Programs and Services, Judicial Court Support Services Division, gave an update on how the cuts and rescissions are affecting the Judicial Branch. There is a cut totaling \$77 million which is disproportionate to the agency's portion of the state budget. Nearly 300 Judicial Branch layoffs, four court consolidations/closures and cuts to contracted programs will be in place by the end of the calendar year (see above for full report).

Judy Dowd (OPM) commented that individuals who are involved in justice services in the community and are low-income adults who receive behavioral health services that were cut from the DOC and the judicial branches, whether budgeted or not, may be picked up by DSS or DMHAS under services for the HUSKY D population covered by Medicaid. Co-Chair Sharon Langer asked if this would include juvenile services. Judy said this was for adults only and that was confirmed by Bill Halsey (DSS). Sharon also asked if systematic data will be collected to inform advocates, policy makers, and the Council members about the ramifications of these changes - the intended and unintended consequences of how these cuts affect access to services. Joe Sullivan said that a lot of these (budgeted) changes will result in cost-shift into the Medicaid system so that services will be maintained. His concern is that the closure of the residential programs is also going to result in a cost-shift to the DMHAS Recovery Support program that is state maintained and he is worried that this may be capped or maximized out mid-year. Judy replied that is treated as an entitlement program and as a Medicaid expansion service and though she cannot promise, but for now, there will be no change. Janine Sullivan-Wiley asked about the opiate initiative and Medicaid reimbursement for folks coming out of incarceration, especially for the Northwest region of the state. Bill said they are trying to streamline the Medicaid eligibility process for those who are coming out of DOC. Judy responded that health services provided by halfway houses are eligible for Medicaid reimbursement.

Department of Developmental Services- Jordan Scheff

Jordan Scheff (DSS) said they are managing the impact of cuts in regard to behavioral health for their youth oriented (age 11-21 years) program. Most of these individuals have been identified with an autism diagnosis and this population is eligible for a state plan amendment services through Beacon because of their autism diagnosis for clinical support. This will be covered in the transition of autism services to DSS. Other issues are being worked on together, with DCF, the Department of Education and local education authorities in trying to manage services. There is no elimination of programs and no service cuts at present, however, there is a wait list for residential services for behavioral supports.

Mickey Kramer (OCA) stated that with these new changes between DDS and DSS, she is concerned with the number of families with children with comorbidity issues that are confused about where to go for services. The Office of Child Advocate is being contacted everyday by families on where to go for services and family support. Jordan said that nothing will change until January 1, 2017.

Health Equity Presentation- Susan Walkama, President and CEO, Wheeler Clinic



BHPOC7-13-16Wheeler Outcomes in Integr

Due to limited time, this presentation was postponed to September's meeting.

Committee Reports:

Coordination of Care: - *Janine Sullivan-Wiley, Co-Chair, Brenetta Henry, Co-Chair*
Co-Chair Janine Wiley Sullivan reported that the next meeting will be on July 27, 2016 at 1:00 PM in 1E LOB. (Editor's Note: The July meeting was canceled and the next meeting will be September 28, 2016 at 1:00 PM in 1E LOB.)

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

Co-Chair Steve Girelli said the committee met last month and the full summary can be found on the BHPOC Website. There was a presentation of the IICAPS PARS Program Data Review given by Beacon and the Yale Child study Center and another report by Beacon on Quality Measures. Karen Andersson (DCF) led a discussion on how to engage more families, caregivers, and consumer youth for BHP committees. There will be a preliminary meeting on July 28, 2016 at Beacon with the BHP Consumer Advisory Council to set the agenda for a joint BHPOC committees and BHP Consumer Advisory Council meeting scheduled for October 13, 2016 on the third (3rd) floor in the Hartford Conference Room at Beacon Health Options, 500 Enterprise Drive in Rocky Hill, CT at 10:00 AM. The next committee meeting is on July 20, 2016, 2 PM at Beacon.

Adult Quality, Access & Policy: -*Heather Gates, and Alicia Woodsby, Co-Chairs*
Co-Chair Alicia Woodsby reported that the committee met on Friday, May 20, 2016. Agenda items included a presentation by Beacon Health Options on Intensive Outpatient Program (IOP) Review given by Bonni Hopkins (Beacon). There was also an extensive conversation on how budget cuts are affecting services. DMHAS gave a briefing on the CCBHC grant which at that time was progressing forward. The July 15th and August 19th meeting dates are **canceled**. **A new regular meeting date of the second Tuesday of the month was established with a new meeting time of 3:00 PM.** As a result the next meeting will be Tuesday, September 9th. These new dates were distributed and published on-line on the BHPOC Website. Meetings are held at the Connecticut Community Non-profit Alliance (CCNA) office, formerly Connecticut Community Provider Association- CCPA: Suite 522, 35 Cold Springs Road, Rocky Hill, CT.

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

Co-Chair Susan Walkama reported that the committee did not meet in July. She asked Colleen Harrington (DMHAS) about an update for Behavioral Health Homes. Colleen said that since its implementation on October 1, 2015, outcome and cost savings data is in a claims lag and they are still waiting to get some figures. This should be able to be reported at the September Council

meeting. The next meeting date is August 5, 2016 at 2:30 PM in the Hartford Conference Room (third floor) at Beacon Health Options in Rocky Hill, CT.

New Business/Meeting Announcement/Adjournment

Co-Chair Sharon Langer thanked the agencies and members for their participation. She reminded Council Members that the August meeting is **canceled**. Hearing nothing else, she wished everyone a safe and enjoyable summer and stated the next Council meeting will be September 14, 2016 at 2:00 PM in 1E LOB and adjourned the meeting at 4:00 PM.

***NOTE: August Meeting CANCELED: Next Meeting: Wednesday, September 14, 2016 @ 2:00 PM 1E LOB**