

Connecticut's Behavioral Health Homes: Year One Retrospective and a Path Forward

Presentation to the Behavioral Health
Partnership Oversight Council

March 8 2017



Connecticut Department of Mental Health and Addiction Services

Origin & Background

- Section 2703 of the Patient Protection and Affordable Care Act allows states to establish a “health home” option under Medicaid to serve enrollees with specified chronic condition(s)

Affordable Care Act: Triple Aim

The Goals of Health Homes align with the Triple Aim of the Affordable Care Act (ACA)

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



Decision to Create BHH

- Individuals with SMI are:
 - Dying 25 years earlier than non-SMI individuals
 - Largely underserved by primary care
 - Experiencing barriers in accessing medical/specialty care
 - Using behavioral health as their primary source of care

BHH Model Development

2012: Oversight by the Adult Quality, Access and Policy sub-committee of the Behavioral Health Partnership Oversight Council in conjunction with DMHAS, DCF, and DSS. Tasks included:

- Establishing eligibility criteria
- Designating provider standards
- Outlining CT-specific outcome measures



Project Partners

- State Partner agencies: Department of Social Services and Department of Children and Families
- ASO Partners: Advanced Behavioral Health and Beacon Health Options



State Plan Amendment

- State Plan Amendment approved 9/28/2016, retroactive to 10/1/15
- \$10 million investment annualized
- 90% Federal Match for the first 8 quarters



Enrollment/Service Data

- Initial Enrollment (10/1/2015): 3917
- Enrollment (12/31/2016): 7185
- Services Rendered (10/1/2015-12/31/2016): 52,743



Lifespan Model Development

- BHH is offered at the lifespan providers but is only one of many care management programs available to children and families with Medicaid
 - Providers are offering a range of services to see which are most utilized- one approach includes nutrition/cooking groups offered jointly with parents and children
- DCF and DMHAS collaborated on a written communication and conference call with Regional DCF offices in summer 2016
 - Discussed the benefit of BHH for the parents working with DCF who may have SMI and be eligible, as another service line to offer



BHH Enrollee Demographics

- Age Span: 7- 89 years old
- 47% Male/53% Female
- Race/Ethnicity:
 - 19% African American
 - 18% Hispanic
 - 61% Caucasian



BHH Enrollee Demographics

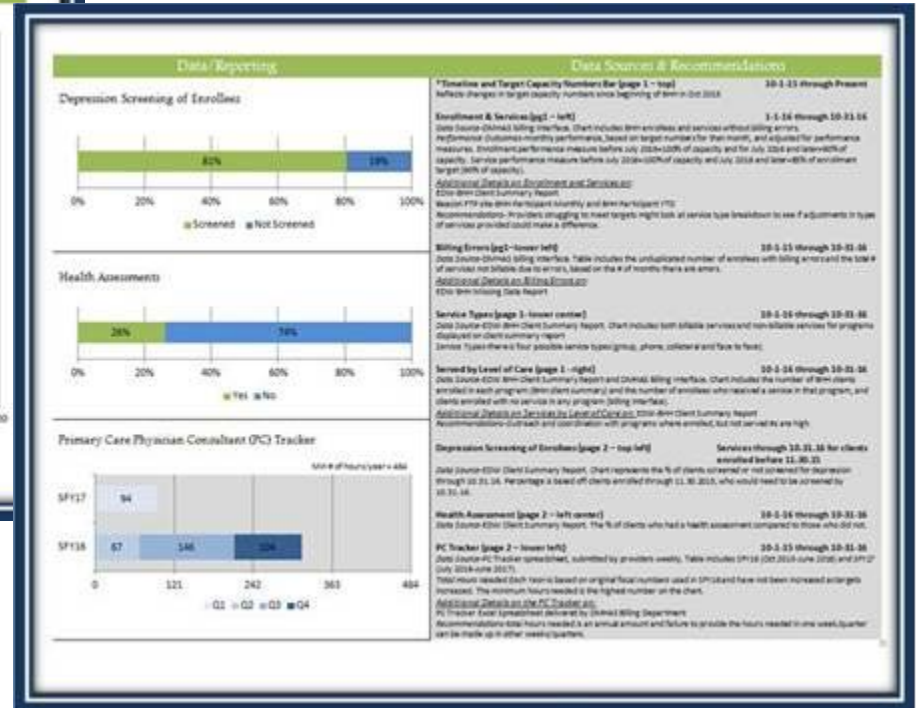
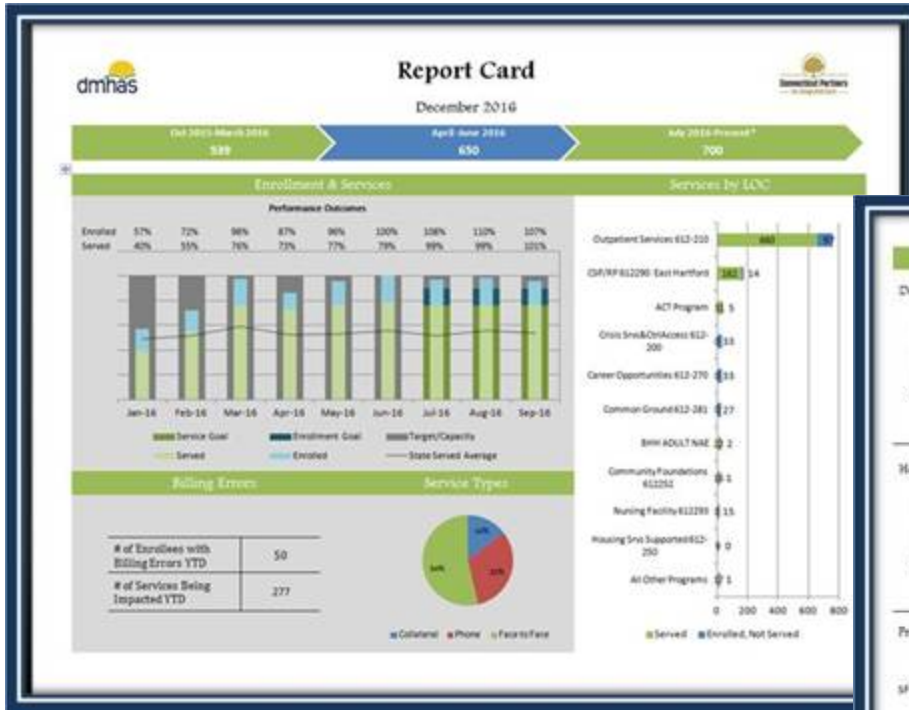
- Co-occurring MH/SUD: 64%
- Co-morbid BH/Medical: 82%
- Highest Prevalence- Medical Diagnoses
 - Hypertension
 - Diabetes
 - Hyperlipidemia
- Highest Prevalence- Substance Use Disorders
 - Alcohol Use
 - Nicotine Use



Data Management

- Production of management reports to assure data quality and operational support
- Integration of Medicaid data

Report Cards



BHH Vision and Values

BHH Vision

- *Health Homes change the standard of care in behavioral health.*

BHH Values

- Whole person, whole health approach
- Seeking partnership, collaboration and alignment
- Data-driven decision-making
- Blazing trails
- Maintaining transparency
- High-touch customer service
- Blending recovery and medical models
- Using technology



Goal #1: Program Operations

- Standard Operating Procedures
- State Level LEAN Process
- Provider Manuals and Guidelines



Goal #2: Best Practices

- Collaborations
 - Connecticut Stakeholders
 - Eugene S. Farley, Jr. Health Policy Center
 - University of Colorado School of Medicine
- Assessments
- Best Practices for Health Home Providers



Goal #3: Care Management Approaches

- Culture Change
- Collaborations
- Tools
 - Models for Practice Changes
 - Training
 - Spectrum



Goal #3: Care Management Approaches

ValueOptions® Home Contact Us Privacy Terms & Condition
Spectrum is a Beacon Health Options® Web Site
Welcome, D7BOUDRJ, you are logged in. [Log Out](#)

SPECTRUM [Home](#) [Consumer Search](#) [Admin Menu](#)

Consumer Record

Consumer Id	Name	Date of Birth	Age	Phone	Effective Date	Expiration Date
CT001			58		04/01/2016	

DEMOGRAPHICS	HEALTH CONDITIONS AND SERVICES	MEDICATIONS/LABS	CARE PLAN	CONTACT CENTER/CARE TEAM	RISKS/ALERTS/DECISION SUPPORT

Health Conditions

▼ Behavioral Health Conditions

Frequency	Description	Source
1	Schizoaffective Disorder, Unspecified	CLAIM
2	Schizoaffective Disorder, Bipolar Type	CLAIM
3	Unsp Psychosis Not Due To A Substance Or Known Phy	CLAIM
4	Bipolar Disorder, Unspecified	CLAIM
5	Delusional Disorders	CLAIM

▼ Physical Health Conditions

ValueOptions® Home Contact Us Privacy Terms & Conditions
Spectrum is a ValueOptions® Web Site!
Welcome, D7BOUDRJ, you are logged in. [Log Out](#)

[Admin Menu](#)

Date of Birth	Age	Phone	Effective Date	Expiration Date
01/05/1971	46	248-999-9999	10/01/2011	

HEALTH CONDITIONS	MEDICATIONS/LABS	CARE PLAN	CONTACT CENTER/CARE TEAM	RISKS/ALERTS/DECISION SUPPORT

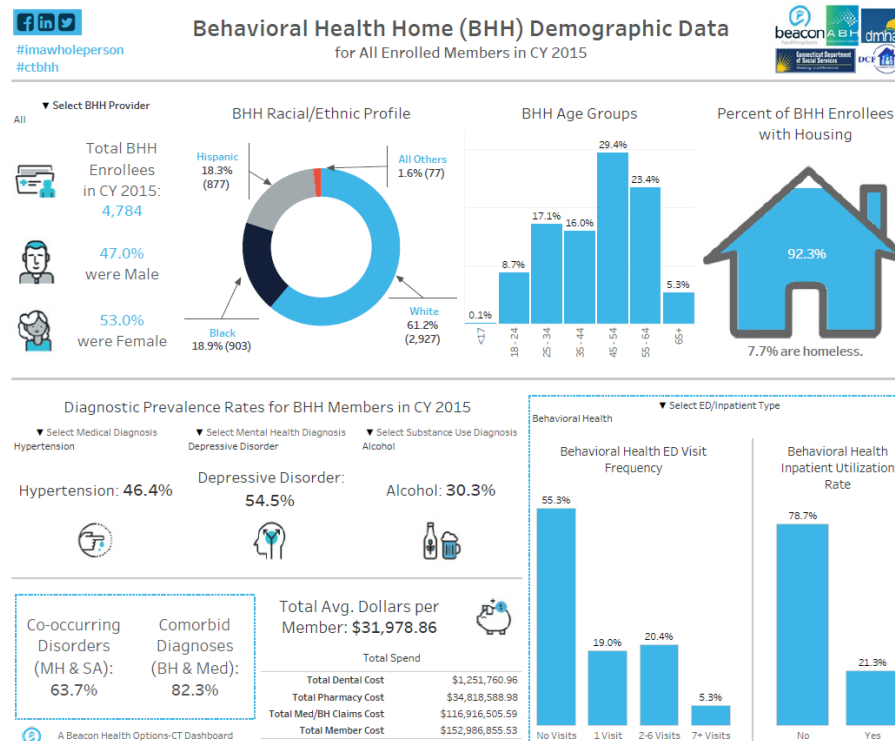
Medications Taken

Medication	Start Date	Discontinue Date	Fill Date	Days Supply	Quantity	Dosage	Prescriber Name	Data Source	Information Source
PHOSPHORUS #1	05/29/2013	09/20/2013	08/21/2013						
MUPIROGIN CALCIUM	08/19/2013	08/20/2013	08/19/2013						
MYSTATIN	08/16/2013	09/15/2013	08/16/2013						
DIPHENOXYLATE HCL/ATROPINE	09/28/2012	09/11/2013	08/12/2013						
BUPROPION HCL	10/01/2012	08/01/2013	07/02/2013						
CALCIUM GLUCONATE	09/05/2012	07/01/2013	06/29/2013						
DEXTOSE 70 % IN WATER	09/05/2012	07/01/2013	06/29/2013						
MAGNESIUM SULFATE	09/05/2012	07/01/2013	06/29/2013						
POTASSIUM CHLORIDE	09/05/2012	07/02/2013	06/29/2013						
SODIUM ACETATE	09/05/2012	07/01/2013	06/29/2013						
SODIUM CHLORIDE 5 %	09/10/2013	07/01/2013	06/29/2013						
WATER FOR INJECTION, STERILE	09/05/2012	07/01/2013	06/29/2013						
ZINC SULFATE	09/05/2012	07/01/2013	06/29/2013						



Goal #4: Population Health

- Targeted Health and Wellness Interventions



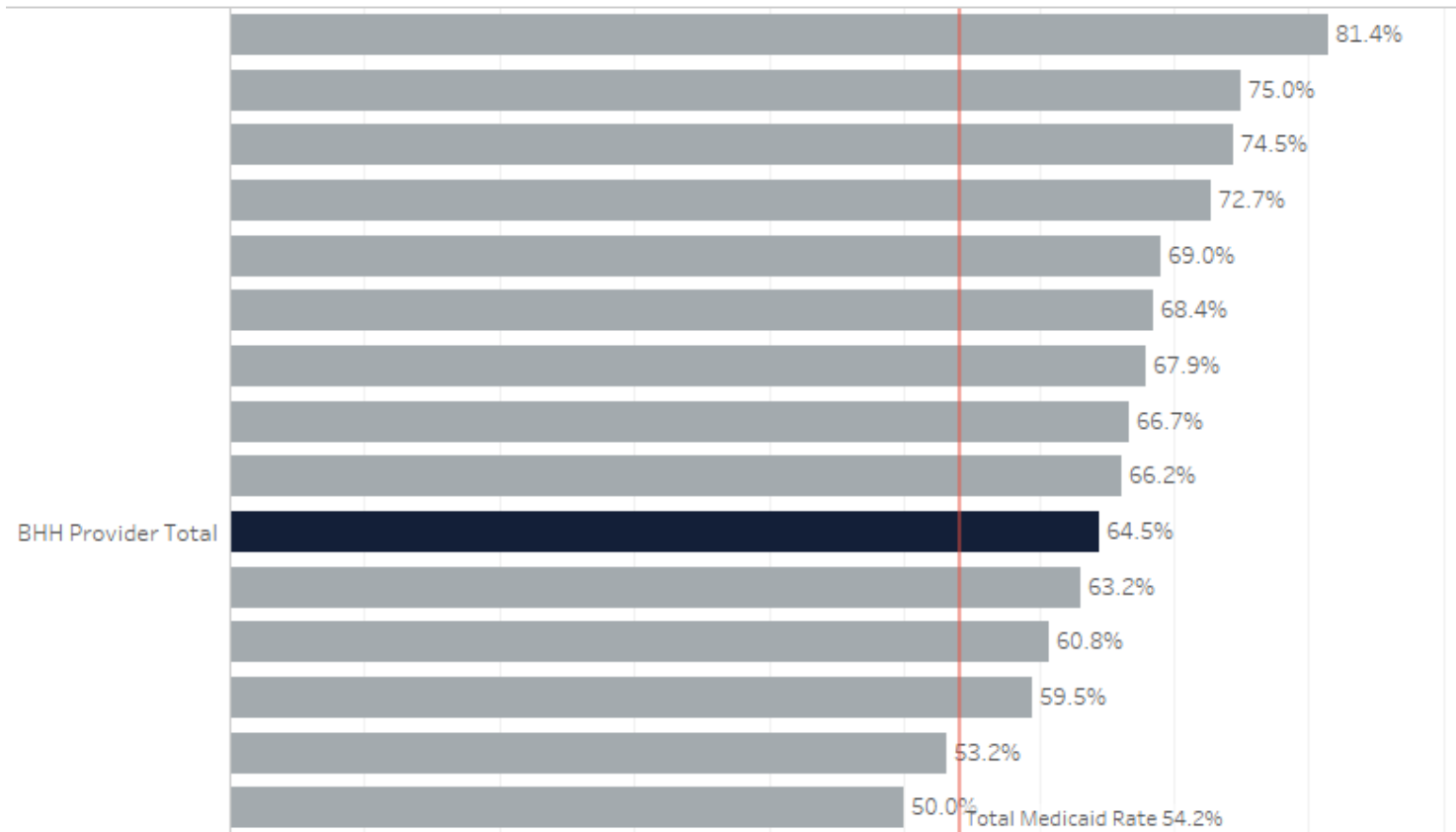
Baseline Measure Data

- Based on CY15 Medicaid claims for enrollees
- Baseline data to measure pre-BHH performance



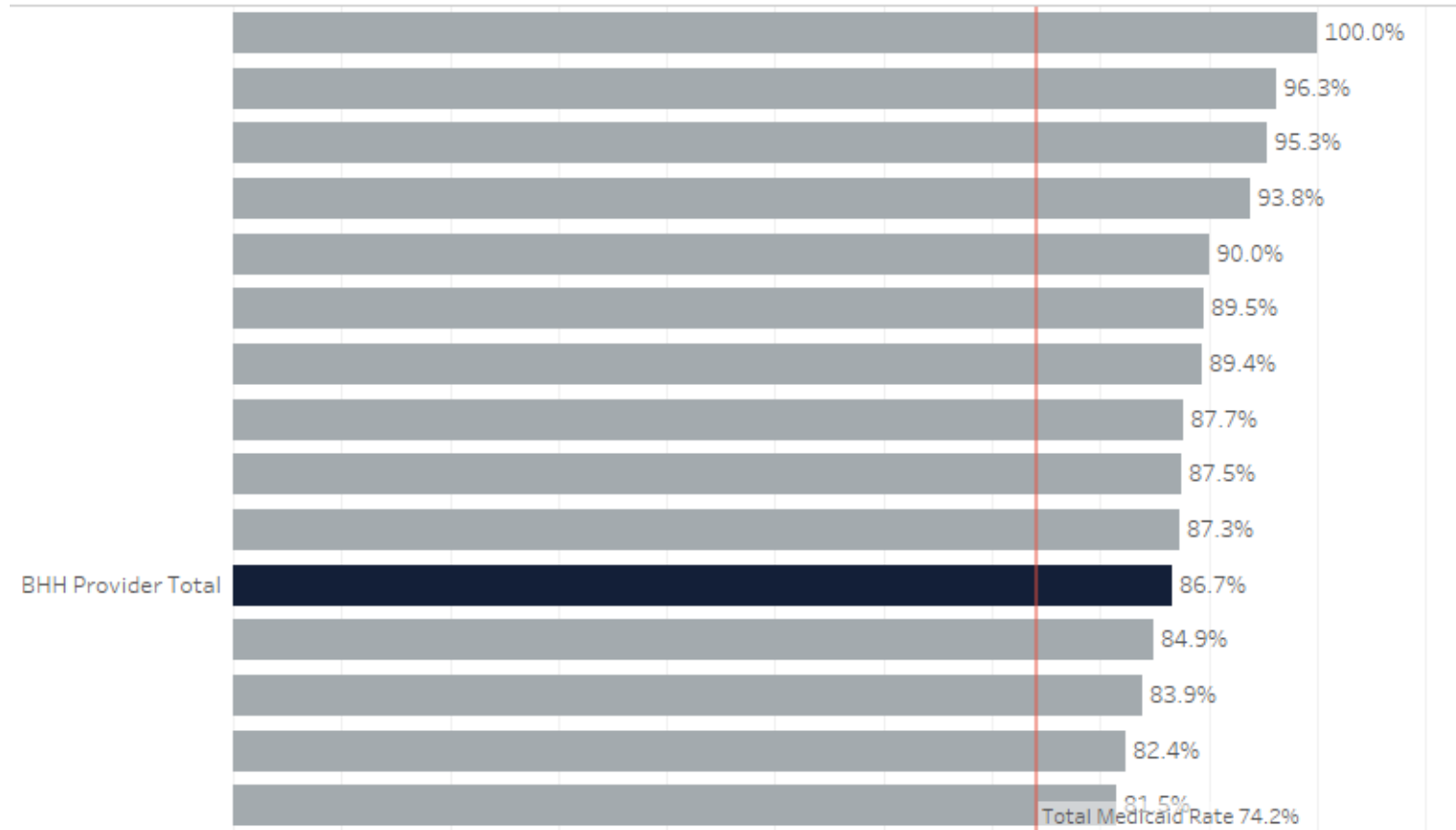
Measure FUH: 7 days

Follow-up within 7-days after hospitalization (FUH)



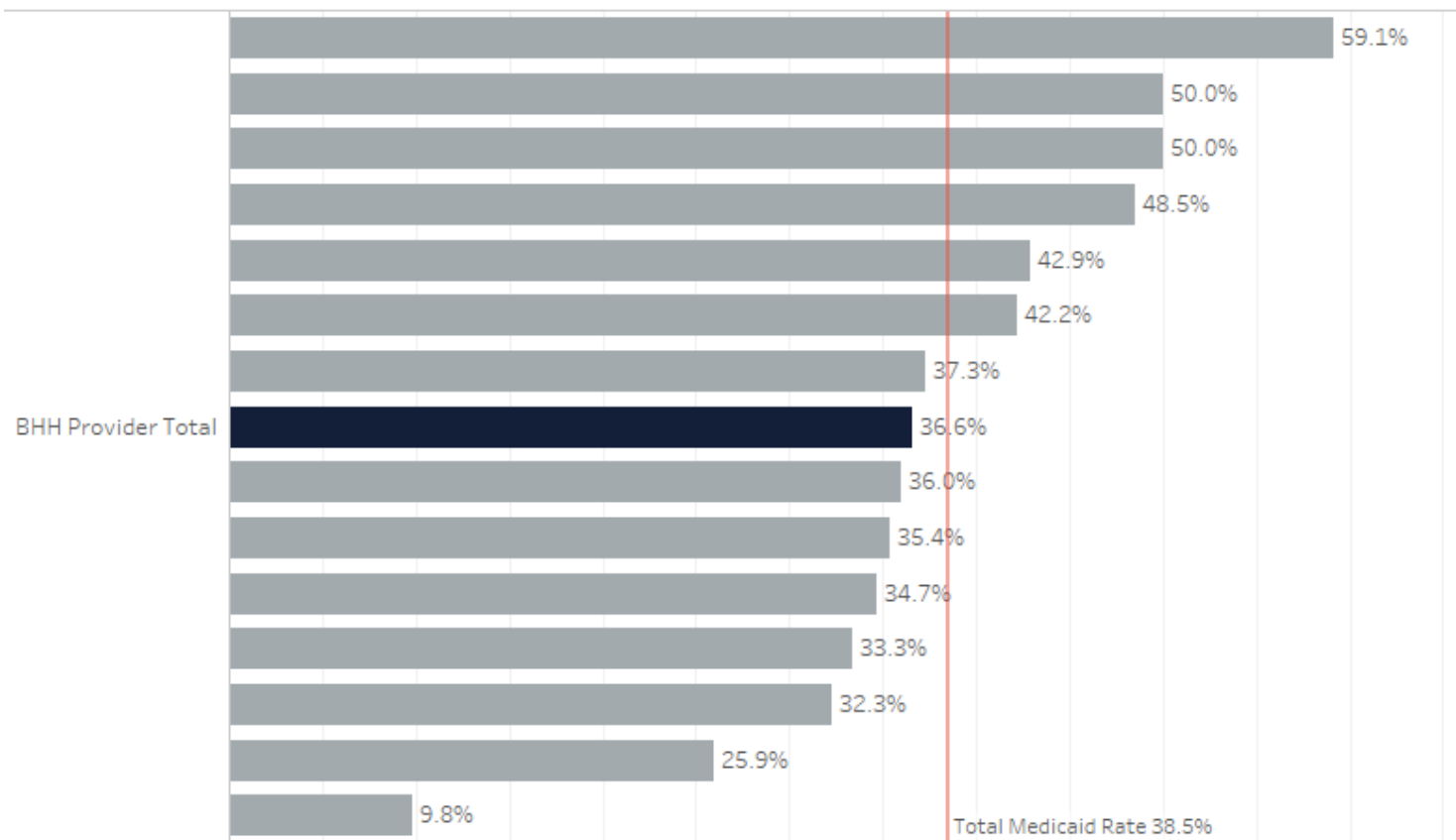
Measure FUH: 30 days

Follow-up within 30-days after hospitalization (FUH)



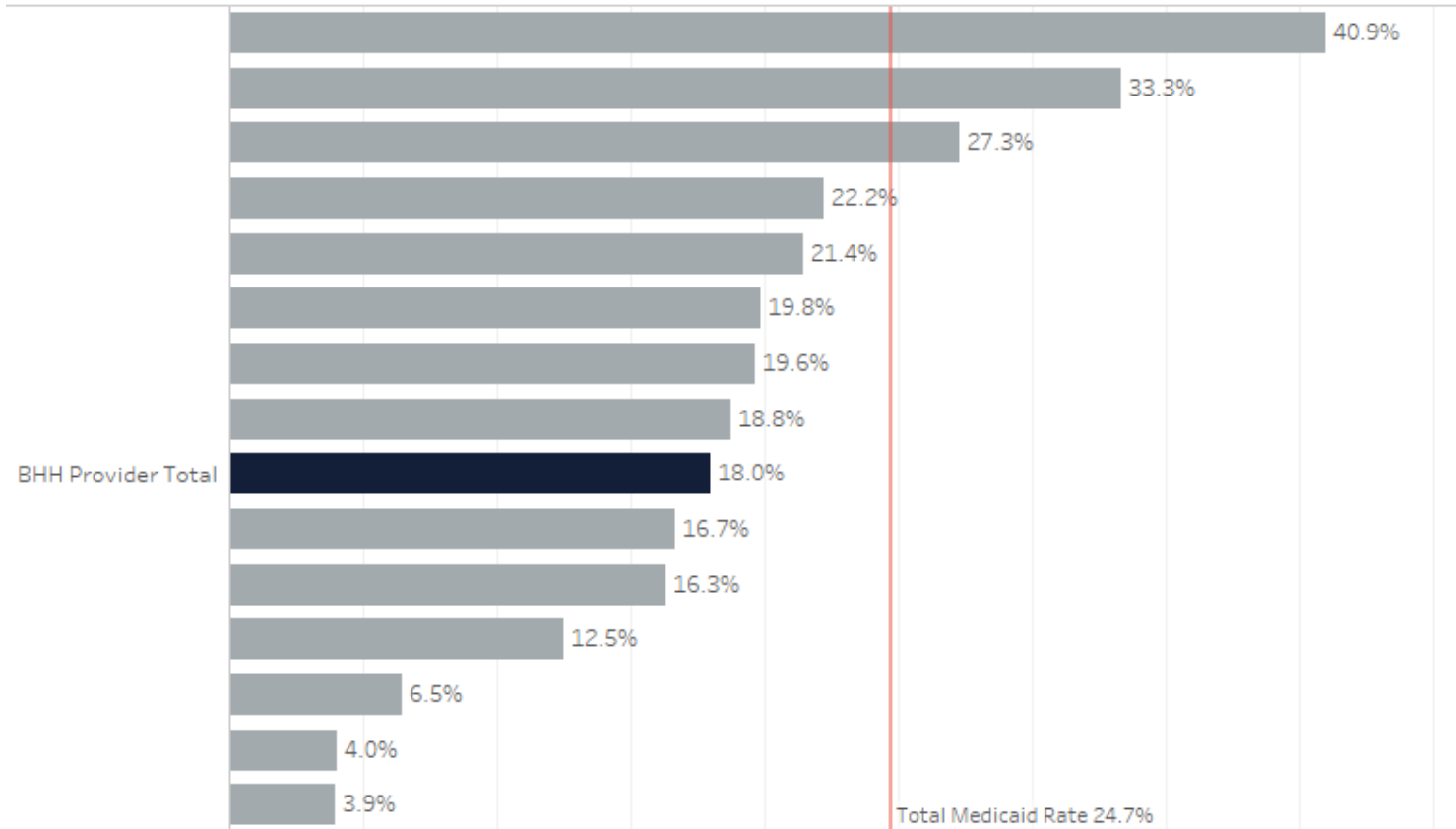
Measure IET: Initiation and Engagement in SUD Treatment

Initiation in substance use/abuse treatment (IET)



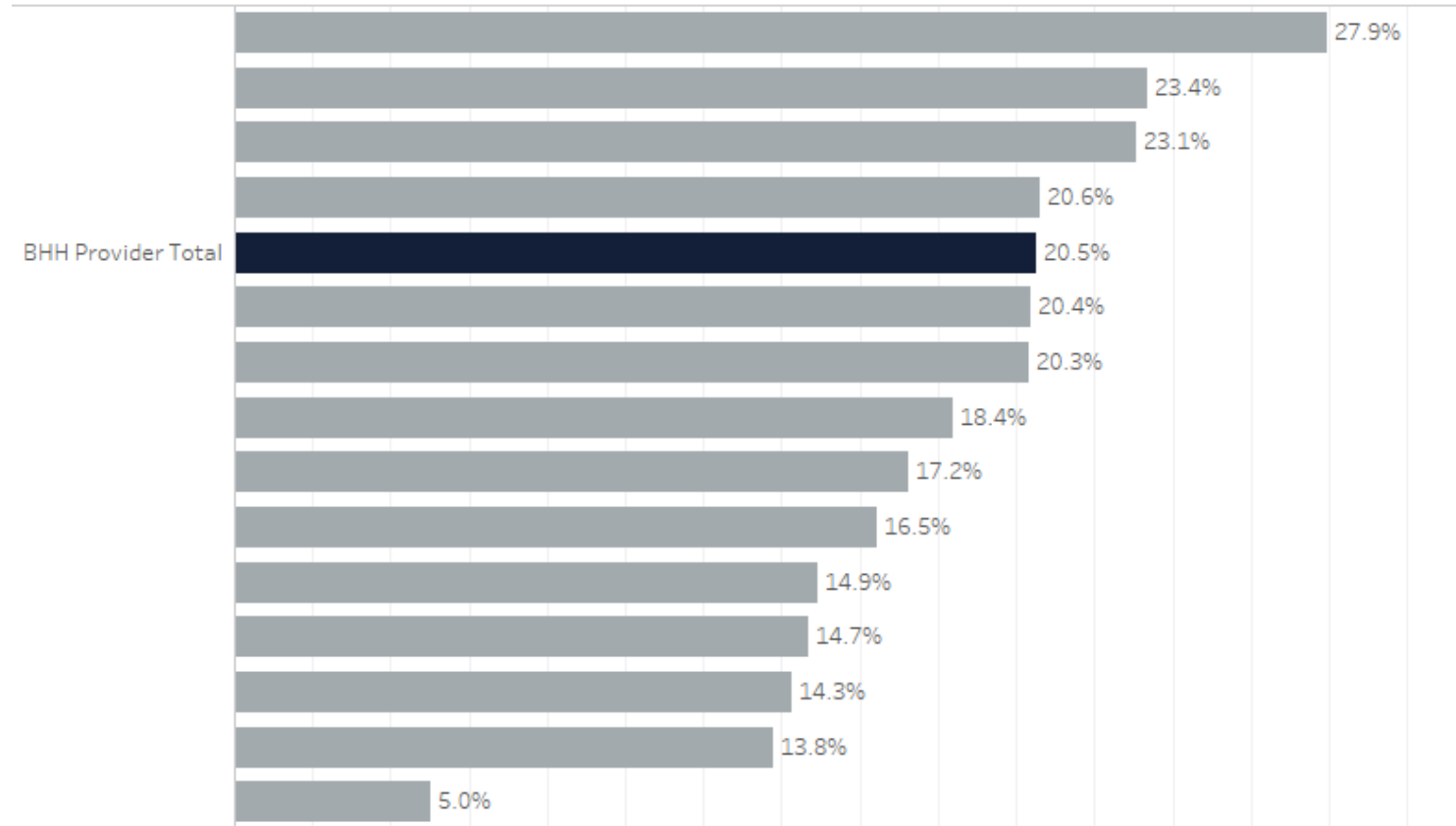
Engagement in SUD Treatment

Engagement in substance use/abuse treatment (IET)



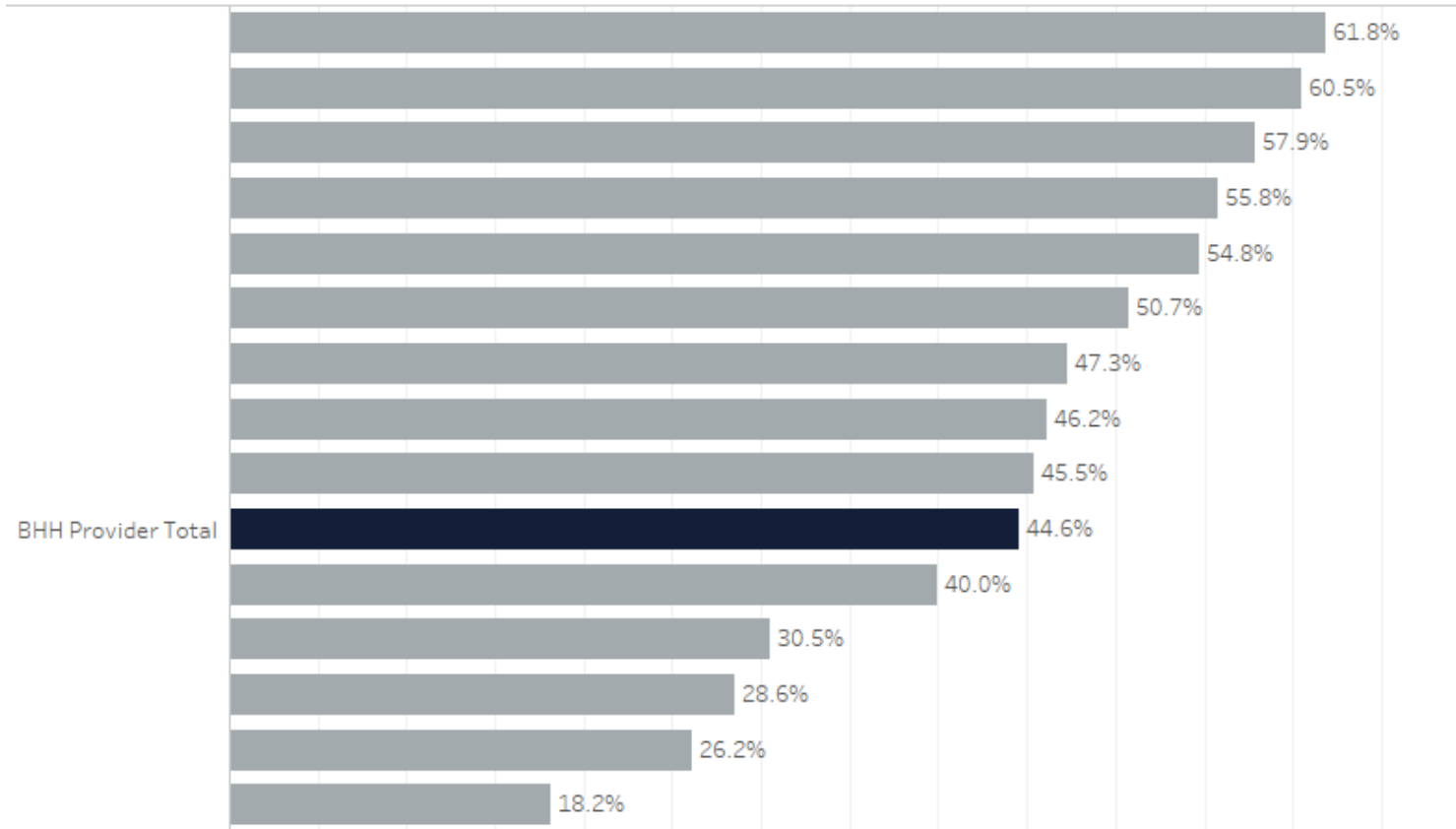
Measure PCR: Readmission

Plan all-cause readmission (PCR)



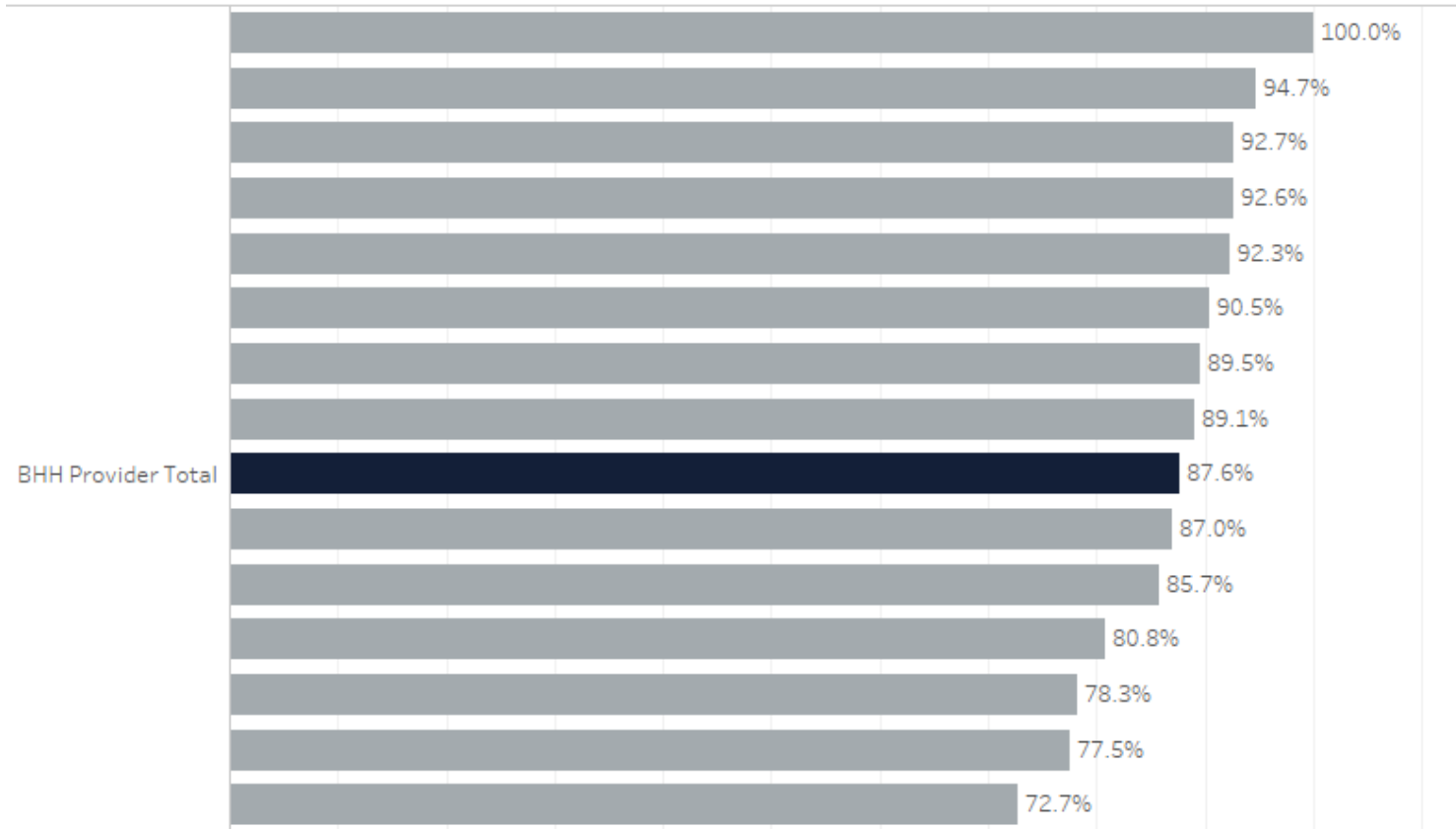
Measure: LDL Screening

Comprehensive diabetes care (CDC) LDL screening



Measure: HbA1c Screening

Comprehensive diabetes care (CDC) hemoglobin HbA1c testing



Goal #5: Clear Concept

- Legislative Office Building Display
- #imawholeperson and #ctbhh



Questions?

www.ctintegratedcare.com

1-844-551-2736

#imawholeperson

#CTBHH



Connecticut Department of Mental Health and Addiction Services