

Supporting Mothers During COVID-19

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Introductions



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Agenda

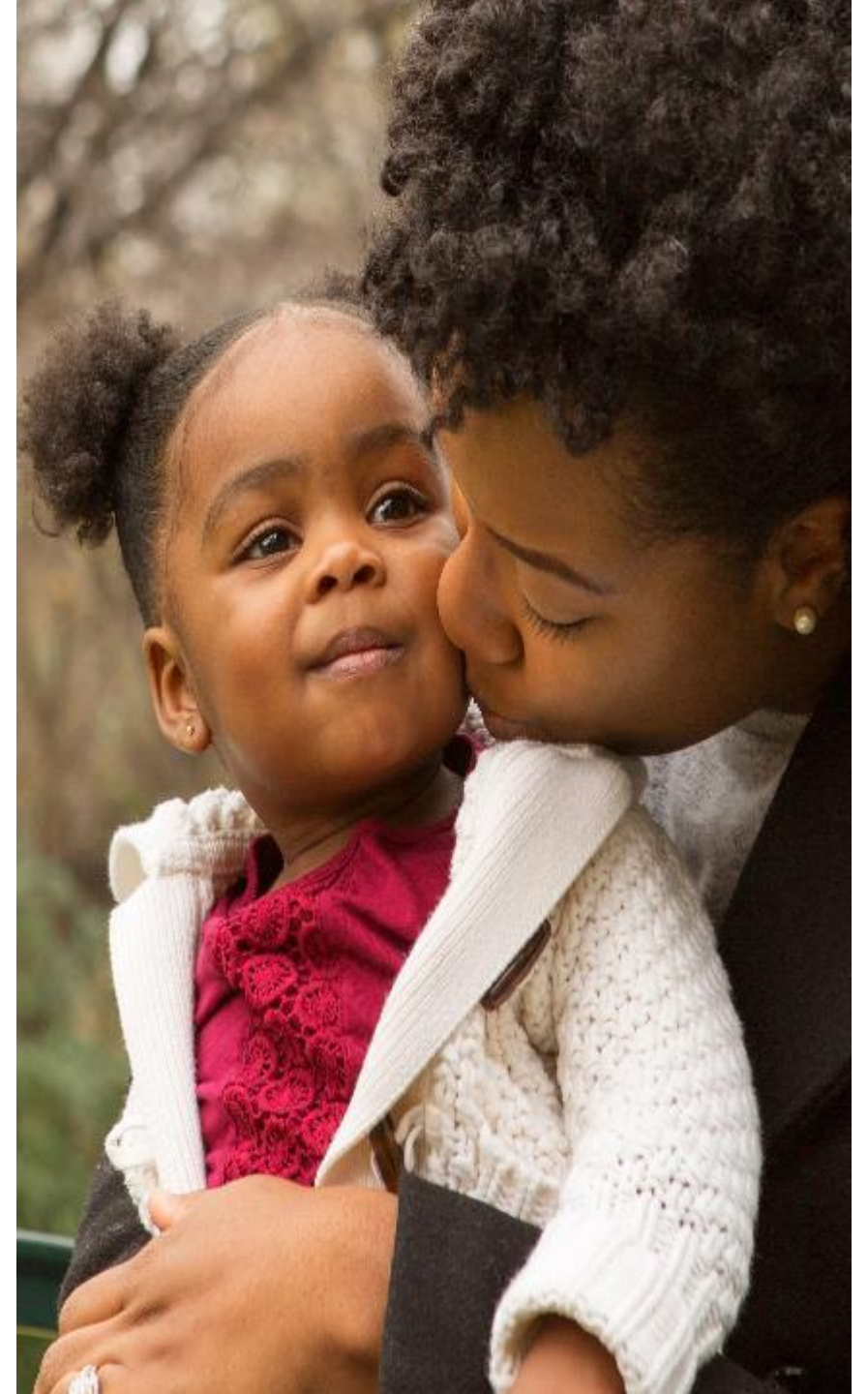
01 CT BHP ASO Contract

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Chapter

01

Connecticut Behavioral Health Partnership





Connecticut Behavioral Health Partnership (CT BHP)

CT BHP was established by Connecticut General Statute to provide a multi-agency approach to problem solving and to address seemingly intractable system concerns, resulting in significant positive outcomes.

- The Department of Children and Families (DCF), the Department of Mental Health and Addiction Services (DMHAS), and the Department of Social Services (DSS) are member partners of the CT BHP, and jointly contract with and manage Beacon Health Options as the Administrative Services Organization (ASO)
- Behavioral Health Oversight Council and subcommittees created in statute as an advisory body
- True provider partnerships developed over the years
- The goal of the partnership is to increase access and improve member outcomes

CT BHP AT A Glance

Covered Lives: **900,000+**



Contract Type:

Administrative Services Only

- Cost Plus
- Withholds and Performance Standards

Unique Features:

- Innovative analytic capacity with deep quality and reporting resources
- Innovative clinical programs
- No claims payment
- Foreign Network that we “co-manage”



Covered Services: Management of full continuum of services covered under Medicaid as well as grant-funded community services via DCF, including management of:

- **For Youth:** DCF residential care, intensive home-based services, PRTF, child state inpatient care, autism services, Solnit QM
- **For Adults:** Outpatient, Inpatient, IOP/PHP, Detox (Withdrawal Management)

Geography:
Statewide



Role of the Administrative Service (ASO) Organization

- To act as the primary vehicle for organizing and integrating behavioral health clinical management processes via utilization and care management
- To support improved access to community-based behavioral health services
- To support the delivery of quality behavioral health services across the system
- To prevent unnecessary institutional care, as we believe the right level of care at the right time for the right amount of time leads to positive outcomes (personal and system)
- To enhance communication and collaboration within the BH delivery system

There are Resources: Provider Types and Specialties

367+ Facilities / 1,267+ Practice Locations

- Hospitals
- Mental Health Outpatient/Medical Clinics
- Alcohol & Drug Abuse Centers (including Detox, Intensive Outpatient Programs (IOP), Outpatient)
- Methadone Maintenance Clinics
- Home Health Agencies
- Adult Group Homes
- DCF Residential and Congregate Care
- Psychiatric Residential Treatment Facilities (PRTF)
- Autism Spectrum Disorder (ASD) Providers

6,950+ Individual Practitioners/Group Practices

Psychiatrists, Psychologists, Advanced Practice Registered Nurses (APRN), Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), Licensed Professional Counselors (LPC), Licensed Alcohol and Drug Counselors (LADC), Board Certified Behavior Analysts (BCBA)

Medicaid Behavioral Health (BH) Services

Covered Mental Health and Substance Abuse (Behavioral Health) services administered by the Connecticut Behavioral Health Partnership (CT BHP):

- Psychiatric Hospitalization
- Inpatient Detoxification
- EDT
- PRTF
- Group Homes
- Case Management Ages 19 and Under
- IOP
- Methadone Maintenance
- MAT
- Psychological Testing
- Observation
- PHP
- Crisis Stabilization Bed
- Residential through DCF
- Home-Based Services Ages 21 and Under
- Outpatient
- ECT
- Autism Disorder Services
- Ambulatory Detoxification
- Home Health Services for BH Issues

Support for Members During COVID-19

TeleHealth

- Covered by Medicaid
- Increased acceptance due to challenges of COVID
- Improved outreach to difficult-to-reach populations
- Decreased “no-show” appointments (decreased challenges for transportation, childcare)
- Increased access
- Preferable for New Moms seeking therapy/less threatening than office visits
- Can be effective in certain group modalities (IOP, PHP LOCs)

Support for Mothers During COVID-19

Clinical and Other Resources

- Our clinical focus shifted to member outreach vs authorizations (i.e. 200 High Cost/High Need members since May, potentially including New Moms)
- Introduced Member WarmLine staffed by peers with clinical backup for COVID and other concerns
- Created dedicated COVID webpage for CT BHP website listing dozens of relevant resources, including those from DMHAS, DCF and other organizations addressing issues, such as social distancing and managing BH problems through the crisis
- Continued promotion of myStrength® as a free health and wellness resource

**Experiencing Challenges
including COVID-19?
Support is Just a Phone
Call Away.**

**Member Warm
Line:**

877-552-8247

Select Prompts 1 & 3

Monday – Friday 9 a.m. – 5 p.m.



Peers and Intensive Care Managers (ICMs) – Support for Special Populations

- Peer Support Specialists have “lived experience” with a mental health and/or substance use disorder
- Intensive Care Managers are licensed clinicians assigned to complex cases to address barriers to accessing care
- All of our Care Coordination Programs are inclusive of Peer Specialists
- Peers have been an integral part of the CT BHP program since its inception in 2006

Co-Management with CHN: Potential Referrals Based on Unmet Need

- **High Risk Pregnancy –due to behavioral health or substance use issues**
- **Post Partum Depression**
- Eating disorder
- Chronic Pain
- Uncontrolled Diabetes
- Sickle Cell
- Chronic Obstructive Pulmonary Disease – COPD (a group of lung diseases that block airflow and make breathing difficult)
- Traumatic or Acquired Brain Injury- TBI



MAT and Pregnant Women

- Medication-Assisted Treatment (MAT) is associated with the most successful outcomes for individuals with Opioid Use Disorder (OUD), but it remains underutilized. Detoxification alone is associated with high rates of relapse and the risk of accidental overdose and death due to decreased tolerance
- Promoting MAT statewide is central to our response to OUD
- Note: Although MAT offers multiple options, the Best Practice for pregnant mothers is Methadone Maintenance, to avoid increased risk of miscarriage
- **An Example:**
 - Pregnant woman stable on Methadone in CT
 - Child requiring birth in out of state facility due to genetic cardiac complications
 - Mother was connected to Methadone Provider in MA via guess dosing
 - Mother was able to access Ronald McDonald housing so she could remain in MA to connect with her new born post delivery
 - Mother was provided self help resources in addition to counseling offered at the Methadone clinic
 - Complications during surgery resulted in the loss of her child; however, she remained connected with our Peer who was able to work with member to reconnect with estranged family who was able to comfort and support this mother during her grief and ultimately maintain her sobriety

Chapter

02

Child & Family Division



Child & Family Division

Contract	Services
ACCESS Mental Health	Ensures all CT youth under age 19 have access to BH consultative services as needed via their PCPs. The program provides psychiatric consultations to PCPs in real time across the state, regardless of insurance coverage. In state fiscal year 2019, 86% of CT PC practices enrolled, 5,867 consults provided, and 1,465 youth served.
CT Network of Care Transformation (CONNECT)	Federally funded (SAMHSA) grant to bridge gaps in services and create an integrated system of care so families can access services in a timely, effective manner.
Intensive Care Coordination (ICC)	Helps families and youth through age 18 with complex BH challenges at risk of, or returning from, congregate care to remain in their homes and communities . Utilizes the Wraparound Practice model. 150 families impacted annually.
Integrated Family Care and Support (IFCS)	A Care Coordination program that connects high need families (unsubstantiated after DCF Care Line referral) to needed traditional and non traditional services within their communities via a modified Wraparound approach. Family-driven, strength-based, and culturally responsive. 1,500 families annually.
Voluntary Care Management (VCM)	The DCF Care Line refers high-need families to Beacon for Level-of-Care determinations and referral to intensive BH services in the community. Eligible families have a child under age 18 with diagnosed behavioral, emotional, or substance use with a history of significant BH challenges and difficulty accessing needed services. 300 families annually.

ACCESS Mental Health: Supporting Physicians to Support Members

Who We Are

ACCESS Mental Health is a state funded program that offers free, timely consultation to PCPs seeking assistance in treating youth with behavioral health concerns under the age of 19 years, regardless of insurance. Expert pediatric psychiatry consultation teams are available to answer questions and provide valuable resources for mental health treatment in your community.

Each Hub consultation team includes child and adolescent psychiatrist(s), behavioral health clinician(s), a program coordinator and a family peer specialist.

What We Do

Immediate phone consultation and case-based education

Care coordination and Family Peer Specialist support

Face to face (or Telehealth) diagnostic assessment

Office based or regionally based trainings

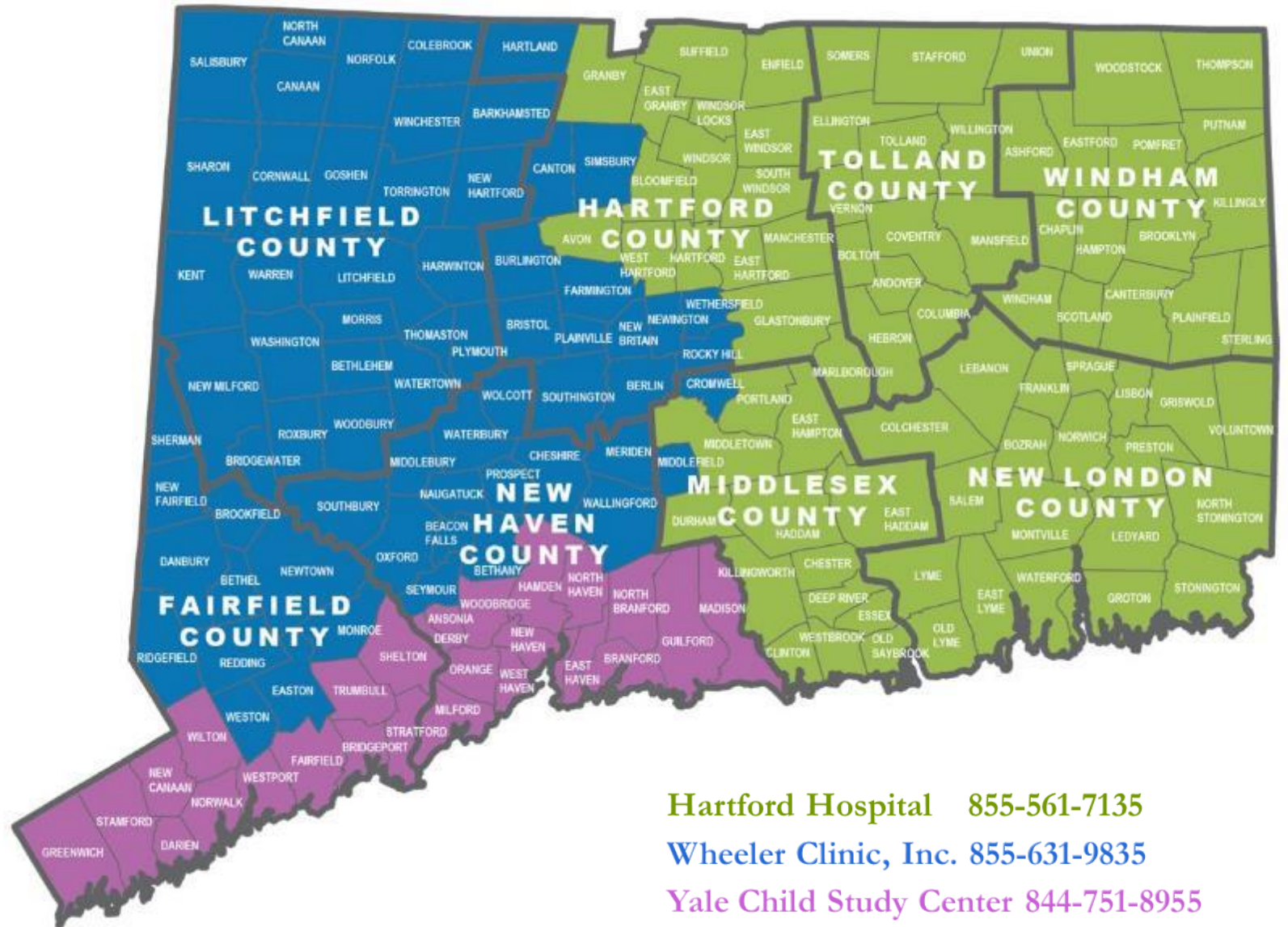
Weekly Zoom Meetings – NEW!

COVID-19 Resource Page – NEW!

ACCESS Mental Health Hub Teams

Each Hub Team:

- ✓ Child and Adolescent Psychiatrist(s)
- ✓ Licensed Clinician(s)
- ✓ Family Peer Specialist
- ✓ Program Coordinator



Thank You



877-552-8247



www.ctbhp.com



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