

Managed Services Division

We're the Bees' Knees!

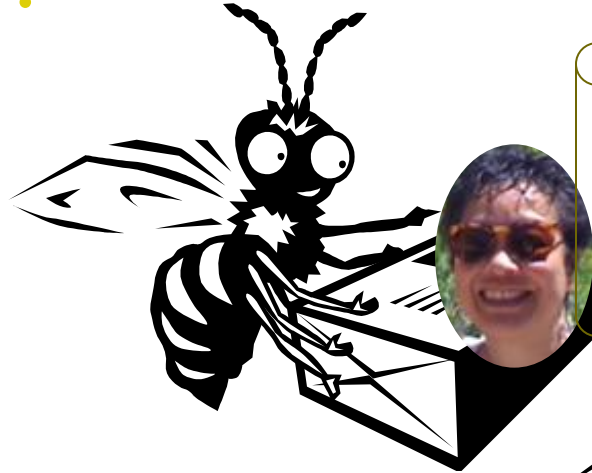




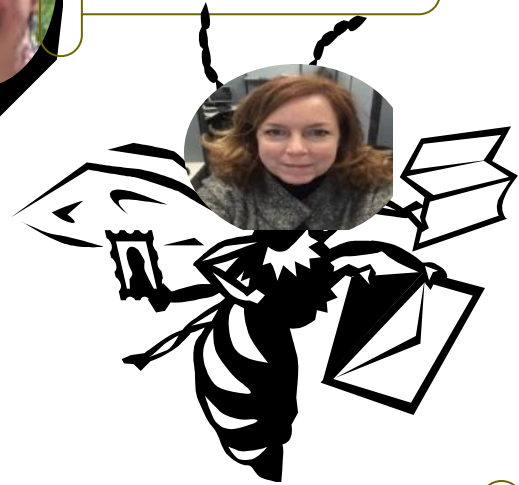
Who Are We?



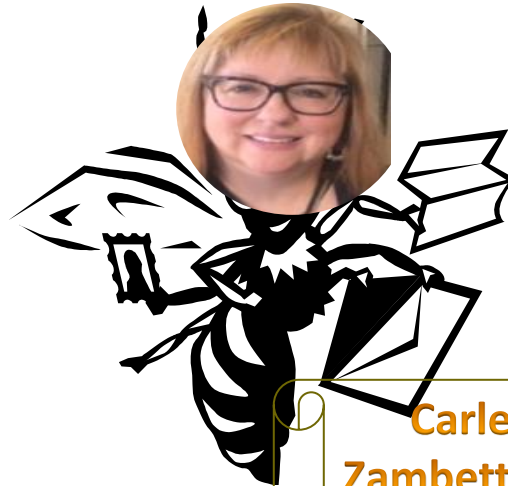
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MSD Mission Statement

Innovate and promote behavioral health service system transformation in support of the people we serve by breaking down barriers, creating bridges, and capitalizing on inter- and intradepartmental resources.











MSD Vision Statement

We are trusted to be a leading agent of change for DMHAS' prospective perspective.





What do we DO?

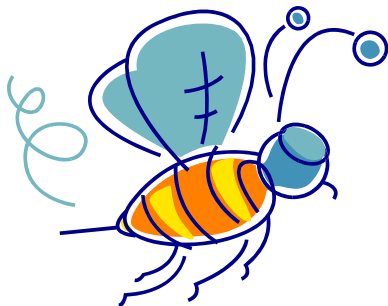
-  Improve clients' health outcomes & their experience with care/treatment
-  Facilitate change through statewide implementation of healthcare reform
-  Balance DMHAS Mission and Medicaid related initiatives
-  Innovative service system management through clinical & administrative oversight of the Department's two Administrative Service Organizations (ASO)
-  Provide cost savings for Medicaid
-  Maximize revenue for the State of CT



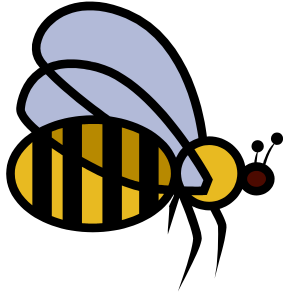


Our Initiatives

- Behavioral Health Recovery Program (BHRP)
- CTBHP (CT Behavioral Health Partnership)
- BHH (Behavioral Health Home Initiative)
- TCM (Targeted Case Management)
- PIC – CT (Promoting Integrated Care in CT)
- MSP (Military Support Program)



Mark & Alyse



BHRP: BEHAVIORAL HEALTH RECOVERY PROGRAM





BHRP: Behavioral Health Recovery Program

Target Population:

- 18 and older, with a verifiable substance abuse history, HUSKY D/Medicaid for Low Income Adults (LIA) recipients
- Providers apply on behalf of individuals in need

Eligibility:

- Actively engaged in behavioral health treatment services
- Employable and not receiving cash assistance
- In need of basic recovery supports and have no available resources to meet such needs

<http://www.ct.gov/dmhas/bhrp>





BHRP

Clinical Recovery Supports

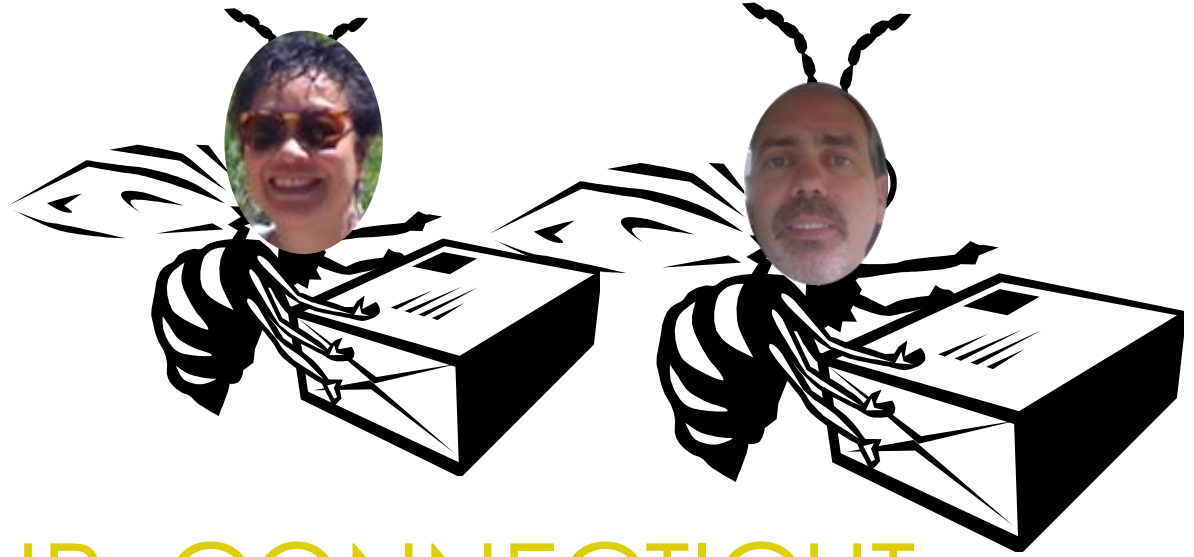
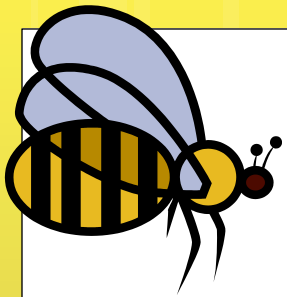
- Medically Managed (Inpatient) Detoxification (SA IV.2)
- Observation Bed (SA II.7)
- Transitional Halfway House (SA III.1)
- Long Term (SA III.3)
- Intermediate and Long Term (SA III.5)
- Intensive Residential Treatment (SA III.7)
- Intensive Co-Occurring Residential Treatment (SA III.7R(e))

Basic Recovery Supports

- Basic Needs Supports – via gift cards
- Supported Recovery Housing Services
- Shelter Housing
- Independent Housing
- Wellness

Advanced Behavioral Health (ABH) provides the ASO functions for BHRP





CTBHP: CONNECTICUT BEHAVIORAL HEALTH PARTNERSHIP





CTBHP: Connecticut Behavioral Health Partnership

Oversight of the Partnership is legislatively mandated and provided by the BHPOC (Behavioral Health Partnership Oversight Council)





CTBHP

Goals:

- *Provide access to a more complete, coordinated and effective system of community-based behavioral health services and supports*
- *Support recovery and access to community services, ensuring the delivery of quality services to prevent unnecessary care in the most restrictive settings*
- *Enhance communication and collaboration within the behavioral health delivery system and with the medical community*
- *Improve network access and quality*





CTBHP

Performance Targets 2019:

- Use Intensive Care Management & Peer Care Coordination & Care Management to increase connection to needed treatment and improve health outcomes for high cost/high need Medicaid members; and evaluate / report on effectiveness
- Maintain the Reduction of Discharge Delay for DCF clients/youths
- Increase numbers of clients who get inducted on Medication Assisted Treatment in detox; Expand the Medicaid MAT Network and related continuum of care; conduct MAT ECHO project;
- Improve identification of and services to Emerging Adult group; analyze population and develop predictive analytics to identify sub-groups that might benefit from recommended intervention(s)





CTBHP

Contract Management Tasks

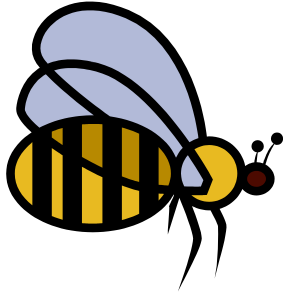
- Data Warehouse
- Contract Deliverables tracking and approval
- Operations/Contract Management Meetings
- Provider Analysis and Reporting

Additional Partnership Tasks

- Rapid Response Teams
- Enhanced Care Clinic Oversight
- Collaborations with CHN-CT (Medicaid ASO) & Transportation Vendor for enhanced coordination of member care

<http://www.ctbhp.com/>





BHH: BEHAVIORAL HEALTH HOME Initiative





BHH: Behavioral Health Homes

A Behavioral Health Home is an innovative, integrated healthcare service delivery model that is recovery-oriented, person and family-centered, and promises better patient experience and better outcomes than those achieved in traditional services

<http://www.ct.gov/dmhas/bhh>





BHH

People meeting the following criteria are eligible:

- SPMI
 - Schizophrenia and Psychotic Disorders;
 - Mood Disorders;
 - Anxiety Disorders;
 - Obsessive Compulsive Disorder;
 - Post-Traumatic Stress Disorder; and
 - Borderline Personality Disorder.
- Medicaid Eligibility
- Medicaid claims > \$10k/year





BHH

Core Services provided by the BHH Designated Providers (LMHA's and designated affiliate provider):

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Patient and family support
- Referral to community support services



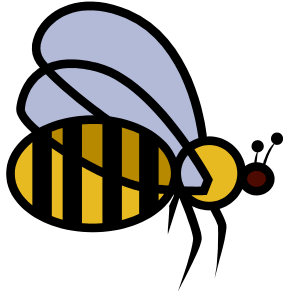


BHH

Expectations:

- Increase care navigation, health promotion, wellness and recovery
- Person-centered care that improves health and recovery outcomes and individual experience in care
- Reduce unnecessary inpatient hospitalization and emergency room visits
- Reduce reliance on long-term care and improve quality of life in the community
- Enhance transitional care between inpatient settings and the community
- Reduce overall health costs





TCM: TARGETED CASE MANAGEMENT





TCM

- TCM: Medicaid-reimbursable service furnished to assist eligible individuals in gaining access to needed medical, social, educational and other services through:
 - Coordinating a plan of external service linkages.
 - Linking clients with collateral services.
 - Accessing, assessing and advocating.
 - Monitoring and follow-up
 - Planning for service needs



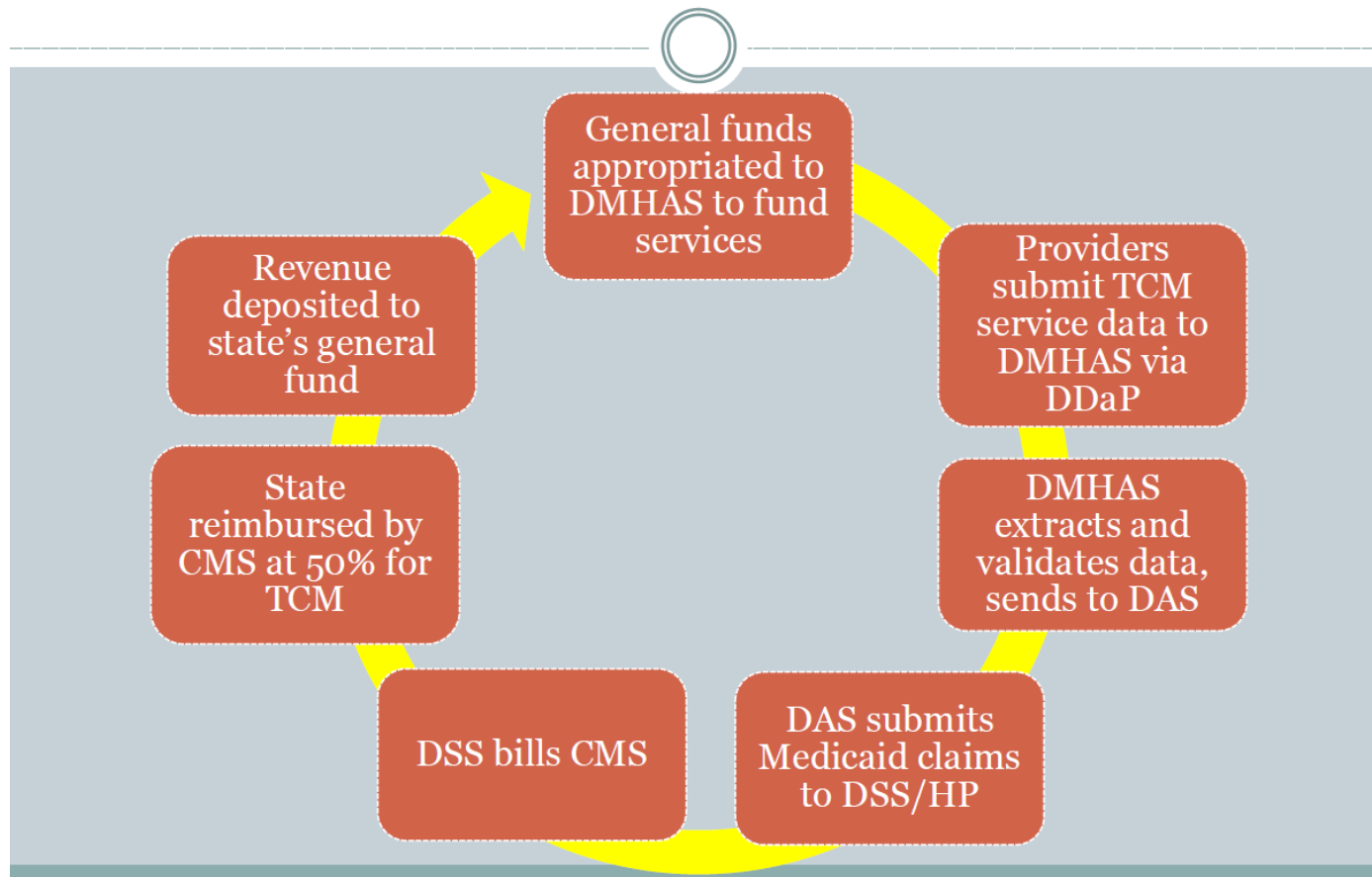


TCM

- DMHAS- operated facilities and qualified private providers may provide TCM.
- Providers must submit a roster of qualified TCM staff members in the RMTS (Random Moment Time Study).
- RMTS is required by the Federal Centers for Medicaid and Medicare as part of the Department's rate setting methodology.
- TCM services must be substantiated by documentation in the client's record.



TCM





MSP

Military Support Program



MSP

- MSP is a unique model that embeds behavioral health clinicians from the community with a background and knowledge of the unique military culture into active and deployable National Guard Units throughout the state.
- MSP began in response to growing concerns about the rate of suicide among military members.



MSP

- MSP was designed to address the stressors associated with deployment and return to civilian life with guardsmen and their families.
- Embedded clinicians are non-military, private, community based clinicians providing confidential and free support and referrals to Guard members and their families.
- Services are confidential and not shared with military leadership without their written permission.

Promoting Integrated Care in Connecticut (PIC-CT)

- Implement integrated and collaborative clinical practices between primary care and behavioral health.
- Implement evidenced based practices in the context of integrated primary and behavioral health care.
- Improve the overall health and wellness of individuals with Serious and Persistent Mental Illness (SPMI).



PIC - CT

PIC CT is a \$10M federally funded initiative that includes three organization who each have a partnering agency:

- Wellmore and Staywell Health in Waterbury.
- Optimus Health Care and Recovery Network of Programs in Bridgeport.
- Charter Oak Health Center and Community Health Resources in Hartford.



"Service to others is the
rent you pay for your
room here on earth."
- *Muhammad Ali*

speakerhub





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