

## TCB Meeting Minutes

November 13, 2024

2:00PM – 4:00 PM

Legislative Office Building 1E

Zoom Option Available

### Attendance

Alice Forester

Andrea Bartin Reeves

Angel Quiros

Beverly Streit – Kefalas

Carol Bourdon

Carolyn Grandell

Catherine Folcy- Geib

Catherine Osten

Ceci Maher

Charlene Rusell – Tucker

Christina Ghio

Claudio Gualtieri

Cristin McCarthy Vahey

Edith Boyle

Gerard O' Sullivan

Howard Sovronsky

Jason Lang

Javeed Sukhera

Jeanne Milstein

Jeff Vanderploeg

Kimberly Karanda

Lisa Seminara

Lorna Thomas – Farquharson

Manisha Juthani

Michael Patota

Michael Powers

Mickey Kramer

Sean King

Shari Shapiro

Tammy Exum

Tammy Freeberg

Toni Walker

Yann Poncin

Yvonne Pallotto

### TYJI Staff

Emily Bohmbach,

Erika Nowakoski

Izarelli Mendeita- Martinez

Jacqueline Marks

Stacey Olea

### Welcome and Introductions

Tri- Chairs Representative Tammy Exum, Senator Ceci Maher, and Claudio Gualtieri opened the meeting by welcoming all attendees.

### Acceptance of TCB Meeting Minutes

Erika Nowakowski requested a motion to accept October's meeting minutes. The motion was moved, seconded, and unanimously approved.

### Overview of the Meeting

The November monthly meeting was opened with a presentation on the Mobile Crisis and Urgent Crisis Centers Data Spotlight followed by Carelon and CT BHP's Data Spotlight.

Additionally, Alice Forrester, System Infrastructure Workgroup Chair presented data on Medicaid Rates. A brief update on the draft legislative recommendations was provided by the Tow Youth Justice Institute (TYJI).

### **Data Spotlight: Mobile Crisis and Urgent Crisis Centers (UCC)**

The presenters Kellie Randall, AVP of Quality Improvement at Child Health and Development Institute (CHDI), Amy Samela the VP of Residential Programs, The Village for Families and Children & Erin Saylor Chief Operating Officer, Child and Family Agency provided an overview of their 2024 annual report of key findings, goals, challenges. The CHDI's 2024 annual report examined data on access and utilization, quality and outcomes. The presenters highlighted that CT is a national leader in children's mobile response and stabilization services with the highest benchmarks for both mobility and response time. Data was presented on urban and rural response time, with the median time for urban areas being 29 minutes, and 31 minutes for rural areas. Additionally, the presenters reported referral data for UCC's. Key data points for UCC outcomes were provided. The presenters highlighted that 95.7% of children served in UCCs returned to their homes and communities, and that 49.1% of families reported that they would have gone to the ED if not for the UCC. The presentation concluded with current challenges for success. These challenges include workforce shortages, connect to care barriers, and indicated reimbursement rates being the biggest challenge for success.

The presentation then shifted to a question-and-answer segment. A TCB member asked if the low number of episodes shown in the data is due to whether or not the programs were established in New Haven, specifically the Yale Program. A member responded that Yale has been operating and moving the process along with the UCCs in terms of the design, development, and training of staff to deliver care differently. The TCB member then followed up by asking the member to speak on how it physically looks to go into the hospital base compared to the community-based setting. The member responded that a current challenge is the delay of the new space is having to move five other services to create this space, and that, the space will be adjacent to pediatric emergency but will be family friendly. The member further explained the services will be moved by December and the groundbreaking will occur in January. This TCB member wants to see a timeline of completion.

Another TCB member inquired about focusing on rates and volume for the sustainability of UCCs and Mobile Crisis. This TCB member recommended including the case load numbers they should be hitting, and the times of when people were seen. This member then requested if a breakdown between Medicaid and Commercial Insurance could be provided, as well as the status of bundle payments within insurances. Information was requested regarding where referrals are, and how often they have workforce turnover.

A question was then raised regarding what UCCs are in Stamford and what the percentage of school-based health centers are included in the UCCs. The presenters clarified there are 22 school-based health included in the UCCs, and they receive a high number of referrals from school administrators but are making an effort to retrieve more recent data.

A TCB member inquired about the length of stay in urgent care and asked the presenters what data is being collected to ensure that the children are getting connected to care. Additionally, this member asked if the State is assisting with marketing, and if the mobile crisis is serving as a stop gap a bridge.

Another member asked if there is a way to drill down data to look at the profile of kids coming from those schools to further understand their needs. The presenter responded that they do look at problems arising from schools and families, and that the breakdown is something that can be provided in more detail.

Concerns were raised regarding if numbers are collected on whether referrals are coming from school-based health centers at all, and whether there's mental health capacity within those school-based health centers if referrals come from one.

Regarding race and ethnicity data, a member asked if data was being collected by zip code. This member raised the point that in UCCs, disparities in access actually persist, and that people still end up in emergency departments instead of UCCs.

### **Data Spotlight: Carelon Behavioral Health/ Connecticut Behavioral Health Partnership (CT BHP)**

The presenters Carrie Bourdon, CEO, Connecticut Behavioral Health Partnership (CT BHP) and Jackie Cook, Regional Network Manager, Carelon Behavioral Health, CT BHP provided a report on Inpatient Psychiatric, Behavioral Health Emergency Department, and Psychiatric Residential Treatment Facility Utilization. The data collected included Medicaid recipients and resources gathered from a combination of claims, authorizations, and

*University of New Haven*

provider reports. Their report consisted of data on youth behavioral health emergency department visits and compiled data for utilization, connect-to-care, and return visits. Additionally, the presenters highlighted the number of children waiting for services and connect-to-care for Youth Inpatient Psychiatric Facilities and Psychiatric Residential Treatment Facilities.

During the question-and-answer segment of the presentation, A TCB member questioned if the degree of return visits were related to the length of time it took to connect to care. The presenter replied that the specific data on that is not readily available but could be something that they could provide.

A TCB member then asked if the data presented captures changes for initial recommendations for inpatient or group home to something that's lower level of care, as things change over time. The presenter then responded that the data would capture what is the final disposition or reason they are waiting.

A question was raised about whether CT BHP collects and analyzes data on return visits to the emergency department for patients with neurodevelopmental disorders, intellectual disabilities, or ASD, including the length of stay for children with these conditions and the potential workforce implications. Additionally, a TCB member requested that the presenters incorporate 30-day return data into their analysis.

Concerns were then raised regarding what mechanism could be used to mirror this data to take a more comprehensive look at the total population of children that need emergency care. Additionally, another TCB member noted concern regarding the difference in time frames throughout the slides and asked if the data was captured by DCF. The presenters clarified that the difference in time frame is due to variations in historical data available and the real time recent data is impacted by the year providers have to complete their billing. The TCB member then explained that one slide of data includes ages three to seventeen and another side of data includes data of children ages six to seventeen. This member questioned if the difference in age is based on their historical data or current data. The presenters then responded that the age difference is related to the level of care and the service.

### **Medicaid Reimbursement Rates Presentation**

The presenter Alice Forester, TCB System Infrastructure Co Chair, presented a report of the cost and loss of Medicaid reimbursement rates for children behavioral health services. The presentation included data from the Phase 1 Medicaid Rate Study. The presenter described the annual loss outpatient Medicaid rates between therapy cost, Medicaid reimbursement and grant off-set, and loss with DCF offset.

A TCB member questioned if the presenter expressed that private insurance is 60-80% lower than Medicaid rates. The presenter then replied saying yes and that the rates will continue to worsen moving forward due to the difficulty of contracting with accredited insurance. A TCB member highlighted that the question of whether Medicaid or Commercial Insurance is the better payer, as it has come up multiple times and this situation is true for CBOs like The Village and Clifford Beers and is not as true for hospital-based systems. The TCB Member then stated that at places like Hartford Healthcare or Connecticut Children's, Medicaid rates are lower than commercial rates, which speaks to how the contracting works for commercial payers, and that community-based providers do not have the contracting leverage that health systems do with payers. A TCB member then highlighted that those who have commercial insurance are facing high deductibles, which creates a barrier of care.

Concern was raised regarding rates and their different components. A TCB member highlighted that it would be helpful for workgroups to reiterate codes, and questioned the presenter could clarify if Medicaid is broader in its inclusiveness in different types of services than certain commercial payers. The presenter responded that having Medicaid makes services available to their recipient's and that services are coded by the difference in time duration of services. It was also explained that coverage plans are very uniform and accessible with Carelon, but they can become problematic with specialized services.

#### **Legislative Recommendation Updates:**

Erika Nowakowski highlighted that the draft for legislative recommendations are still being developed, and modified, and that updates will be provided at the December TCB meeting. TCB is looking for feedback on the draft recommendations to collect and catalog, and will make the appropriate adjustments to each recommendation, so the recommendations are revised to be voted in on in January. It was emphasized that there will be references of data



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to support the recommendations for the committee to be prepared to vote and move forward for a legislative bill.

**Next Steps:**

Members were encouraged to register for the virtual strategic planning session to review TCB purpose statements and identify strategies to receive information.

**Next Meeting:** December 18, 2024

Time: 2:00 P.M. – 4:00 P.M.

Hybrid Model Option (In person and available over zoom)