



Community Providers Association
Caring for Connecticut.

**CCPA Presentation
Statewide Primary Care Access Authority
February 27, 2008**

Behavioral Health in Primary Care

The Connecticut Community Providers Association represents organizations that provide services and supports for people with disabilities and significant needs including children and adults with substance use disorders, mental illness, developmental, and physical disabilities.

Panel Participants:

Donna Campbell, COO, Village for Children and Families
Terry Edelstein, President/CEO, CCPA
Barry Kasdan, President/CEO, Bridges...A Community Support System
Diane Manning, President/CEO, United Services
Alyssa Rose, Public Policy Specialist, CCPA

Presentation Outline:

- 1. WHO ARE THE BEHAVIORAL HEALTH PROVIDERS?**
- 2. WORKFORCE ISSUES**
- 3. GEOGRAPHIC AND OTHER KINDS OF DISPARITIES**
- 4. INTEGRATION WITH OTHER PRIMARY CARE SERVICES**
- 5. ADULT VS. CHILD ISSUES**
- 6. INNOVATIVE MODELS**

BEHAVIORAL HEALTH SERVICE PROVIDERS

We represent providers who serve children and adults with mental illness and substance use disorders in a wide array of community-based settings. Three of our members are Community Health Centers. We represent the psychiatric clinics for children, also known as the Child

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Guidance Clinics, additional private providers who provide a full range of services under contract with DCF, Local Mental Health Authorities, DMHAS affiliates, substance abuse treatment and methadone clinics, among other organizations.

Child Guidance Clinics: 25 organizations located throughout the state, plus other licensed clinics

Program Description: An outpatient psychiatric clinic for children is a community-based children's mental health facility that provides behavioral health services to children, adolescents and their families. These services are designed to do the following:
promote mental health and improve functioning, and
effectively decrease the prevalence and incidence of mental illness, emotional disturbance and social dysfunction.

A multi-disciplinary team of psychiatrists, psychologists, Master's level clinicians and other behavioral health professionals provide diagnostic and treatment services.

Target Population: Children and adolescents under 18 years of age who experience a psychiatric disorder and their families are eligible to receive an array of comprehensive services that address and/or support their physical, emotional, developmental, social and educational needs.

Source: DCF Website

Other major services – provided by Child Guidance Clinics and by other community providers under contract with DCF include:

- ◆ Emergency Mobile Psychiatric Services (EMPS)
- ◆ Extended Day Treatment (EDT)
- ◆ Intensive In-home Child and Adolescent Psychiatric Services (IICAPS)
- ◆ Residential Treatment
- ◆ Group Home
- ◆ Therapeutic Group Home

Behavioral Health Partnership

We work closely with the Behavioral Health Partnership in the provision of Enhanced Care Clinic and other levels of care through the behavioral health carveout under HUSKY.

Enhanced Care Clinics: 51 child and adolescent centers and 39 adult centers

Enhanced Care Clinics (ECC's) are specially designated Connecticut based mental health and substance abuse clinics that serve adults and/or children. They provide routine outpatient services such as individual therapy, group therapy, family therapy, medication management and other special services for CT BHP members.

ECC's must also be able to meet special requirements starting with access and the ability to see clients in a timely fashion depending on their level of urgency. Some examples are as follows:

- The capability to see clients with emergent needs within two hours.
- The capability to see clients with urgent needs within two days.
- The capability to see clients with routine needs within two weeks.
- Extended coverage outside of normal business hours.

In the future, ECC's will meet other special requirements that include:

- Coordination of Care with Primary Care Physicians
- Member Services and Support
- Quality of Care
- Cultural Competence

The overall goal of the Enhanced Care Clinics initiative is to provide adults and children who are seeking behavioral health services and supports with improved timeliness of access to behavioral health care as well as improved quality of care.

Source: CT Behavioral Health Partnership –
http://www.ctbhp.com/provider/enhanced_care_clinics.htm

Other BHP services include multiple levels of care within these broader service categories:

- ♦ Residential treatment
- ♦ Group homes
- ♦ Intensive Home Based Services
- ♦ Extended Day Treatment
- ♦ Emergency Mobile Psychiatric Services
- ♦ Care Coordination
- ♦ Substance abuse treatment

Adult Mental Health and Substance Abuse Services – multiple levels of care

- ♦ Local Mental Health Authorities (LMHA): eight private nonprofit
- ♦ Mental health affiliates – upwards of 100 contracted providers
- ♦ Substance abuse treatment facilities – upwards of 100 contracted providers
- ♦ General Assistance Behavioral Health Program (SAGA-eligible) – upwards of 100 vendors

WORKFORCE ISSUES

Themes:

- ♦ Staff recruitment and retention
- ♦ Staff training and retraining
- ♦ Wage and benefit differentials between the private sector and state employees
- ♦ Staff compensation based on shift differential and/or “hardest to serve” clients
- ♦ Staff turnover and strategies for reducing turnover
- ♦ Licensing, accreditation, certification requirements

- ♦ Diverse needs of consumers with disabilities
- ♦ Emphasis on cultural diversity
- ♦ Options for career advancement
- ♦ Opportunities for educational attainment

Vacancy Rate/Turnover Statistics

According to a 2007 CCPA survey, private providers experienced vacancy rates of approximately 8%. Almost one in ten positions at any point in time was vacant.

During the same period, the mean turnover rate was 23%. Over ¼ of the individuals employed by the responding agencies left during the six month period studied.

When we asked why people left our employment, 29% said that they left for the “similar job/better pay.” 10% left to take a job in another industry.

The statistics tell us that a high percentage of individuals who have worked at community provider agencies continue to work in the industry, but not necessarily for the same employer.

The continual turnover affects not only the employer, it affects the morale of the workplace and it affects the lives of the individuals we serve – as caring staff are replaced over and over again by other caring and supportive staff.

This has become our continual challenge, recruiting, training and retaining staff.

Wages Benefits and Other Compensation

One of the solutions to high turnover is to assure that employees are compensated fairly and consistently with the market. This is not the case in our industry. The market for private providers is the state and the bulk of funding to support community programs comes from the state. Wages and benefits of workers in the private sector have lagged behind those of state employees doing comparable work for many years, with private sector workers earning only about 50% of what state employees in comparable positions make.

GEOGRAPHIC AND OTHER KINDS OF DISPARITIES

Rate and Reimbursement Issues

- ♦ Grant and rate systems based on history rather than “cost of services”
- ♦ Disparity between Medical CPI, Home Health Market Basket CPI and standard CPI and rates of increases for private providers (see attached charts)
- ♦ Disparity between Medical CPI and Medicaid rate increases for freestanding outpatient psychiatric, substance abuse and methadone treatment (see attached chart)

- ◆ Delays in receiving Medicaid rate adjustments authorized by the Legislature (2007 session)
- ◆ Delays in establishing an adult Enhanced Care Clinic level of care (with its goal to increase access to services)
- ◆ Community provider advocacy for indexing, or Community Provider Rescue Fund as funding alternatives

INTEGRATION WITH OTHER PRIMARY CARE SERVICES

Behavioral Health Partnership Oversight Council Coordination of Care Subcommittee work

This subcommittee will work with the DSS and the four HUSKY plans to identify the key issues in assuring close coordination of HUSKY members' behavioral health care benefits with benefits maintained within the health plans. These include primary care, specialty care, pharmacy, and transportation. The workgroup will report to the full oversight committee on the DSS and health plans' planned strategies and processes for assuring coordination of care.

Source: Behavioral Health Partnership Oversight Council website
<http://www.cga.ct.gov/ph/BHPOC/WG-COC.aspx>

Note: modifications in the HUSKY MCO arrangement have changed the description of role of this Subcommittee, but the main tasks continue

Ongoing Enhanced Care Clinic training and discussion about how to meet the primary care access requirements under ECC

Agreements between primary care clinics and mental health/ substance abuse treatment agencies

- ◆ Consultation arrangements
- ◆ Referral arrangements

Distinction between populations served

- ◆ Acute vs. chronic
- ◆ Short term vs. long term
- ◆ Medical detox vs. drug/alcohol treatment

Issues

- ◆ Medication administration vs. medication management
- ◆ Interaction between psychotropic medications and other medication
- ◆ Diagnosis of medicine induced behaviors vs. psychiatric conditions
- ◆ Severity of the presenting problems
- ◆ Crisis response capacity
- ◆ Case management capacity
- ◆ Coordination of care

ADULT VS. CHILD ISSUES

Funding source disparities

- ◆ DCF
- ◆ BHP
- ◆ DMHAS contracts
- ◆ DMHAS GABHP
- ◆ DSS FFS

Challenges

- ◆ Young adults
- ◆ Voluntary services
- ◆ Autism spectrum disorders
- ◆ Transition between state agencies
- ◆ Coordination among state agencies

INNOVATIVE MODELS

Evidence-Based Practices

- ◆ Early stages of implementation
- ◆ Challenges in replication

CCPA Turnover / Vacancy Survey

2006-2007 Comparison

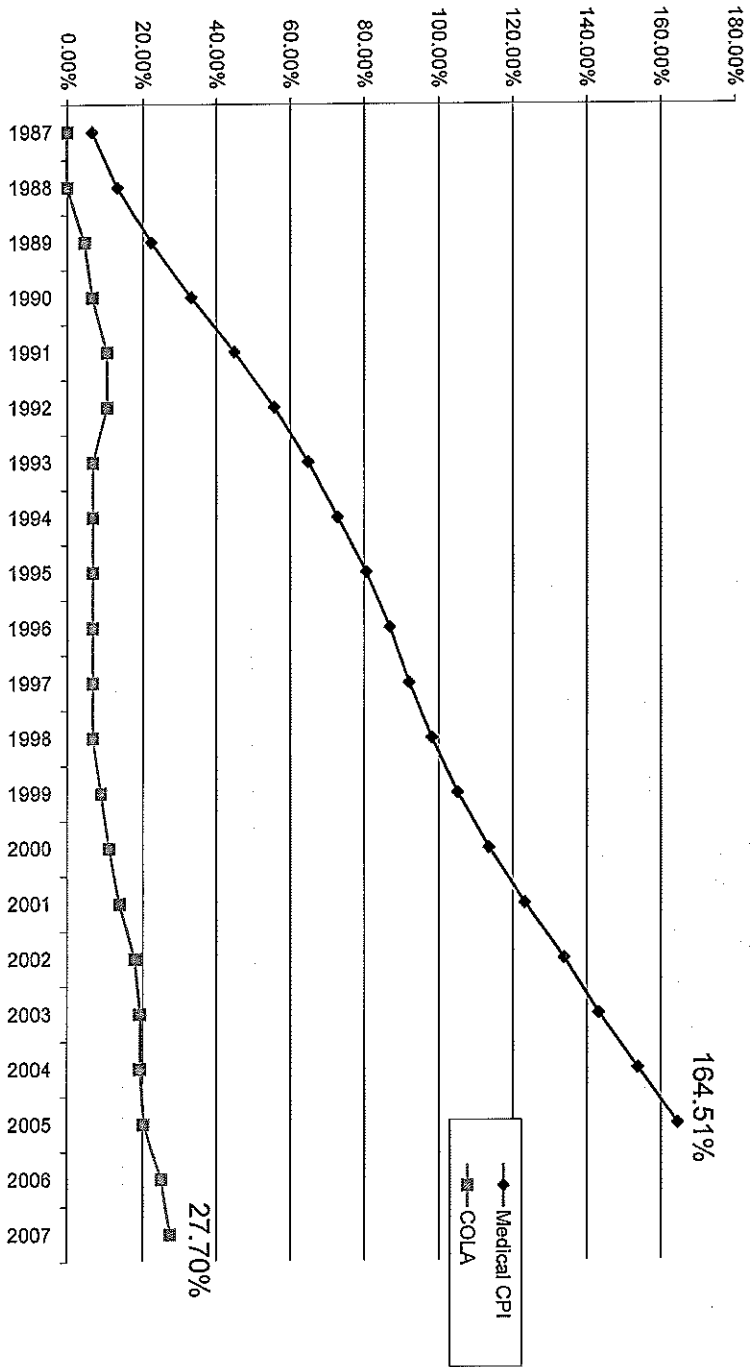
11/27/2007

OVERALL STATISTICS	2006	2007
Average vacancy rate as of June 30	7%	8%
Average turnover rate for FY	26%	23%
Average turnover rate for direct care staff for FY	27%	24%
Average percentage of new employees that left within the first year of employment for FY	26%	25%

Average percentages of reasons for all employees voluntarily leaving:	2006	2007
Similiar job/better pay	22%	29%
Other job/other industry	11%	10%
Similiar job/same pay	7%	7%
Better job/same industry	7%	N/A
Moved	7%	5%
Return to school	4%	5%
Other / Unknown	34%	35%

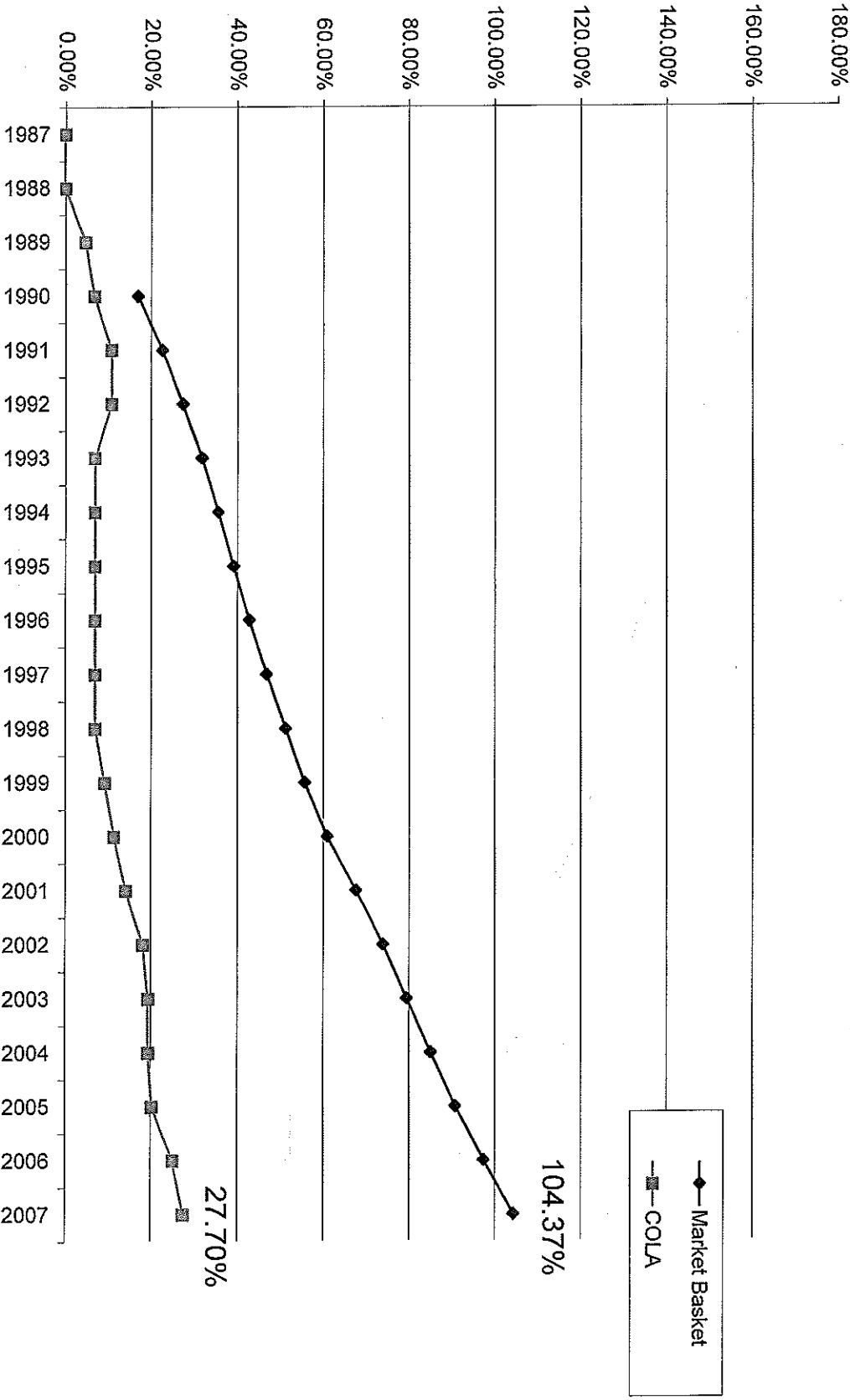


CCPA Analysis: Compounded Private Provider COLA Compared with Compounded Medical Consumer Price Index (CPI)





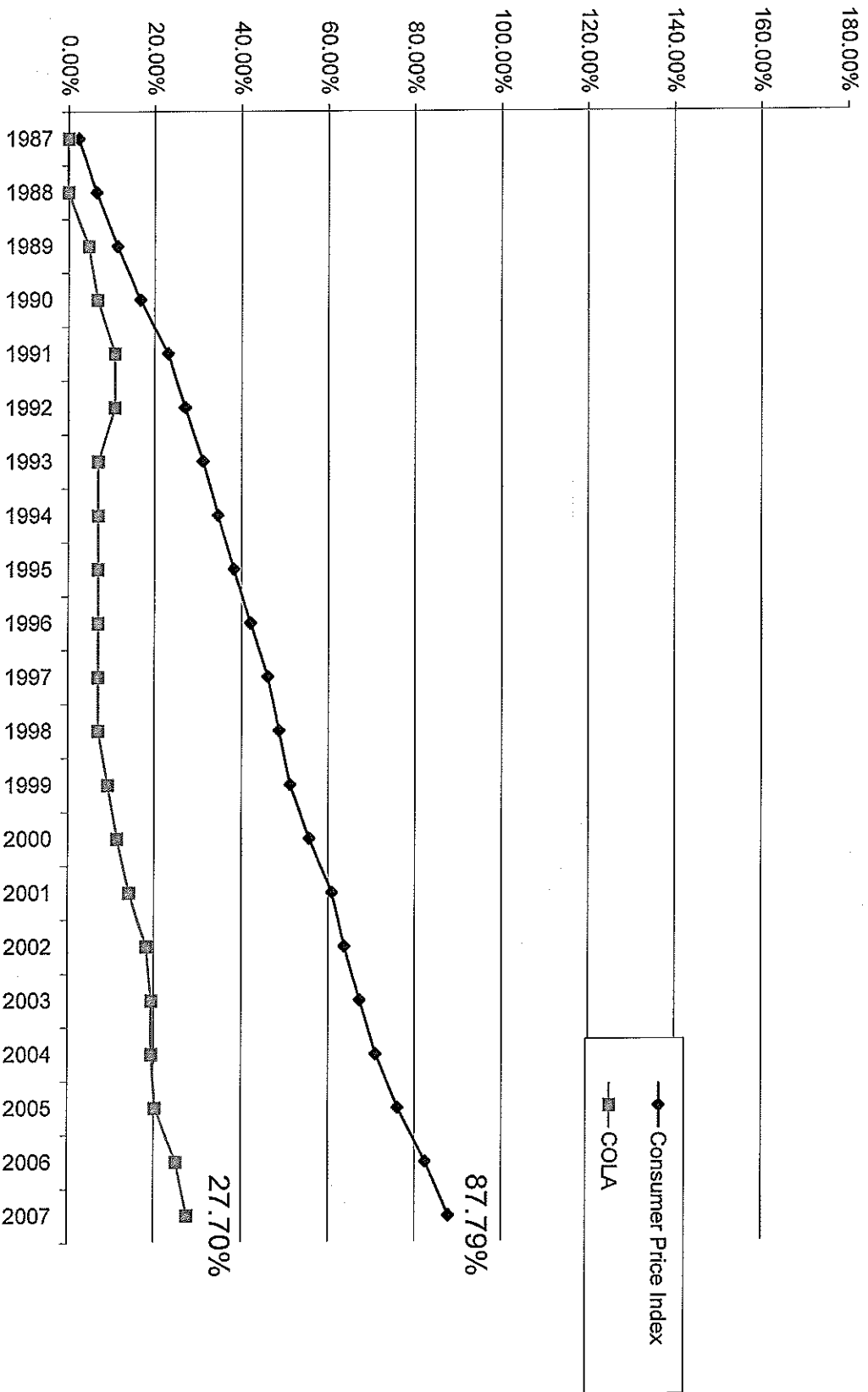
CCPA Analysis: Compounded Private Provider COLA Compared with Compounded Home Health Market Basket



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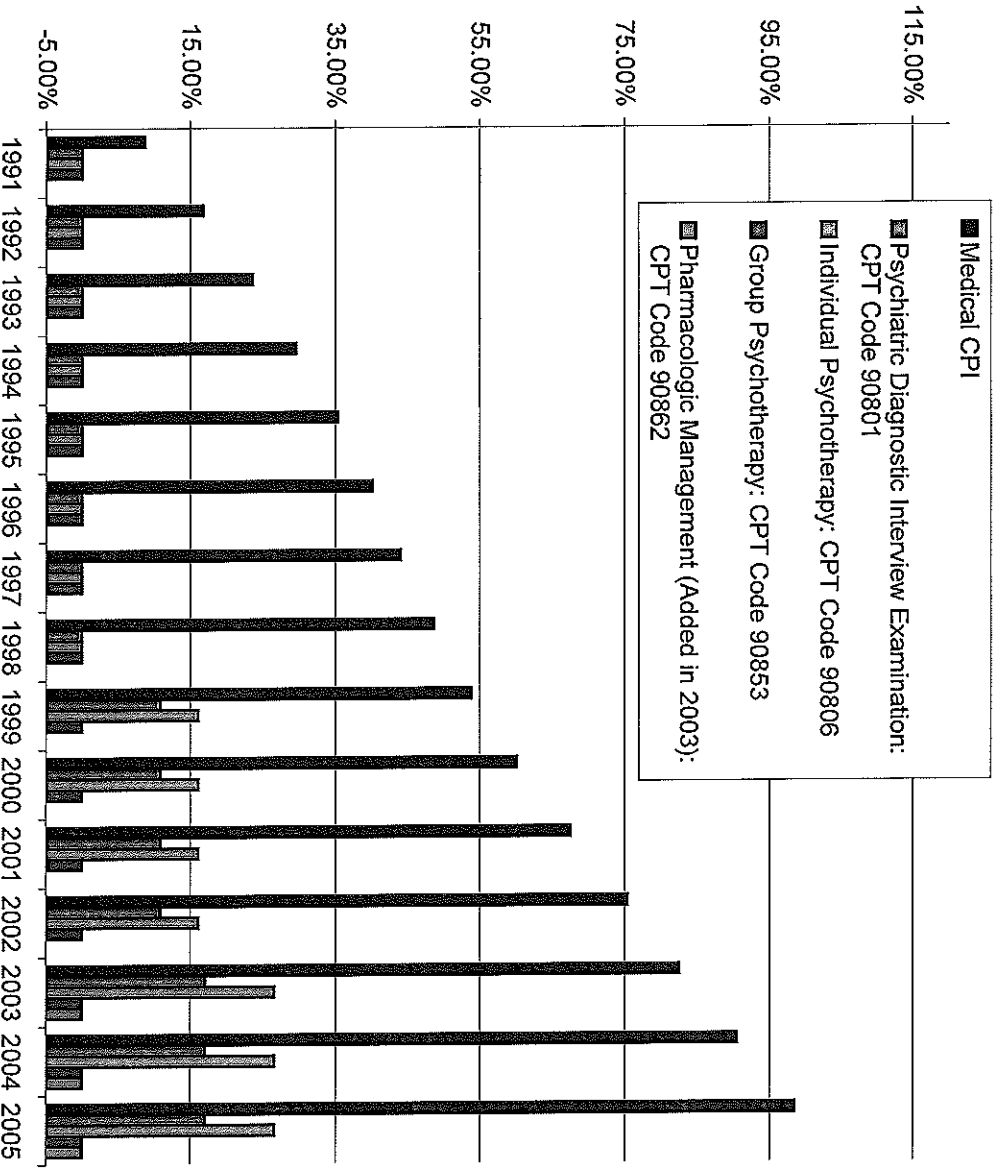
CCPA Analysis: Compounded Private Provider COLA Compared with Compounded Consumer Price Index (CPI)



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CCPA Analysis: Compounded Growth of Adult Community Mental Health Clinic Medicaid Rates Compared with Compounded Medical Consumer Price Index (CPI)



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1. The first part of the document discusses the importance of maintaining accurate records.

2. It is essential to ensure that all data is entered correctly and consistently.

3. This section outlines the procedures for data collection and analysis.

4. The following table provides a summary of the key findings.

5. The results indicate a significant correlation between the variables studied.

6. Further research is needed to explore the underlying mechanisms.

7. The methodology employed in this study was rigorous and thorough.

8. The data was collected over a period of six months.

9. The study was conducted in a controlled laboratory environment.

10. The findings have important implications for the field of research.