

# Managed Services Division

We're the Bees' Knees!



## Contact Managed Services Division

Colleen Harrington, LCSW, MBA  
860-418-6848

Alyse Chin, MSW  
860-418-6904

Cheryl Stockford, LCSW, CWP  
860-418-6749

Mark Vanacore, LPC, NCC  
860-418-6829

Jessica DeFlumer-Trapp, LPC  
860-418-6629

[www.ct.gov/dmhas/msd](http://www.ct.gov/dmhas/msd)



# What do we DO?

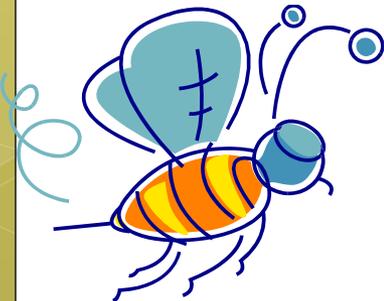
-  **Oversight of statewide implementation of healthcare reform initiatives**
-  **Oversight of multiple Administrative Service Organizations (ASO)**
-  **Legislative oversight and participation**

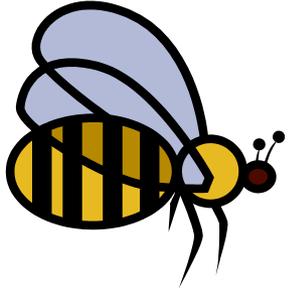




# Our Initiatives

-  Access to Recovery (ATR)
-  Behavioral Health Recovery Program (BHRP)
-  OATP (Opioid Agonist Treatment Protocol)
-  CT-SBIRT (Screening, Brief Intervention, Referral to Treatment)
-  CTBHP (CT Behavioral Health Partnership)
-  BHH (Behavioral Health Homes)





ATR: ACCESS TO RECOVERY

# ATR: Access to Recovery

## Target Populations:

- 18 and older, with a verifiable substance abuse history
- Involved with one of the community-based or state agency portals
- Individuals without or pending entitlements
- Individuals who require unique services that are not covered by Medicaid

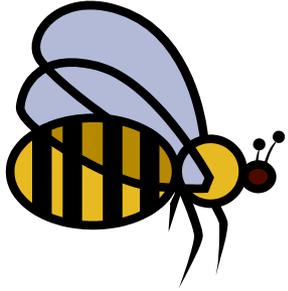
<http://www.ct.gov/dmhas/atr>

# ATR Funded Services

Service recipients are able to choose services and service providers. Services are issued as pre-approved vouchers.

- Buprenorphine Treatment
- Care Coordination
- Recovery Assessment
- Supported Recovery Housing
- Independent Housing
- Recovery Management
- Faith Recovery Support
- Recovery Oriented Vocational Wellness
- Basic Needs

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



# 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

# BHRP

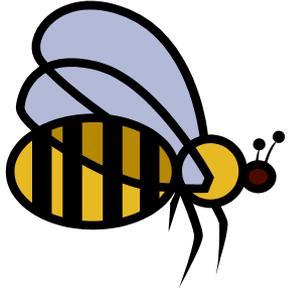
## Clinical Recovery Supports

- 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
- Livery Transportation

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



# OATP: OPIOID AGONIST TREATMENT PROTOCOL

# OATP: Opioid Agonist Treatment Protocol

## Services:

Offers treatment alternatives to individuals who repeatedly use residential detox settings

- Priority access is arranged for treatment at outpatient medication-assisted programs/abstinence based programs
- Provides intensive care management services as a conduit to other supportive services

## Eligibility:

- Adults (18+) on Medicaid
- Upon 4th admission for opiate detox within 6 months, or
- Upon the 3rd admission for opiate detox within 3 months

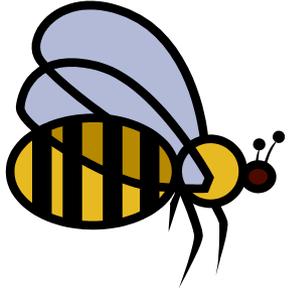
# OATP

## Program Goals:

- Reduce readmissions to acute care, including detox
- Increase connections to follow up care
- Improve health outcomes and quality of life in the community

## Partners:

- Residential detox providers
- Medication-assisted treatment providers
- ValueOptions (Connecticut Behavioral Health Partnership)
- Advanced Behavioral Health (Behavioral Health Recovery Program and Intensive Case Management)
- DMHAS



# CT SBIRT: SCREENING, BRIEF INTERVENTION, REFERRAL TO TREATMENT

## CT SBIRT: Screening, Brief Intervention, Referral to Treatment

Evidence-based practices for the following modalities:

- Routine screening for Tobacco, Alcohol & Other Drug Use;
- Brief Intervention using manual-guided procedures recommended by the World Health Organization (WHO);
- Outpatient Brief Treatment protocol modeled on a CSAT clinical trial; and
- Referral to Treatment based on ASAM criteria.

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

# CT SBIRT Collaborating Partners

## **Department of Mental Health and Addiction Services**

Project Leadership and Management

## **Community Health Center Association of CT**

Program support for CHC participation

Hiring, training and deployment of Health Educators

## **Partnering Federally Qualified Health Centers**

SBIRT Implementation Sites

## **University of Connecticut Health Center**

Program Evaluation

SBIRT Training and TA Institute

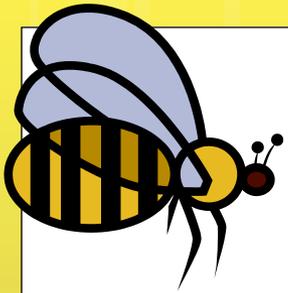
# CT SBIRT

## Program Goals:

- Integrate SBIRT services at CT FQHCs for adults;
- Expand/enhance the State's continuum of care to include universal, SBIRT services in primary care and other community settings;
- Identify and sustain systems and policy changes to increase access to Substance Use screening and treatment in generalist and specialist settings;
- Promote the public health goal of reducing the harm(s) and societal costs associated with risky substance use.

## Achievements:

- Full implementation at the 9 original FQHCs, and adding 2 new ones
- Meeting Federal Project targets
- SBIRT components incorporated into practices of CT ARNG Behavioral Health Team & DMHAS MSP embedded clinicians
- Older Adult Initiative, including Agency on Aging, Gatekeeper/Senior Outreach staff, and CCCI



# 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*

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

# CTBHP

## Performance Targets 2014:

- Identification of Emergency Department frequent visitors and Reduction of Adult Emergency Department (ED) Utilization and Recidivism at Select Hospitals
- Inpatient Hospitalization Utilization and Activity
- Maintaining the Reduction of Discharge Delay for Children and Adolescents Receiving Inpatient Behavioral Health Treatment
- IICAPS Outcomes
- Licensed Home Health Care Agency Services

# CTBHP

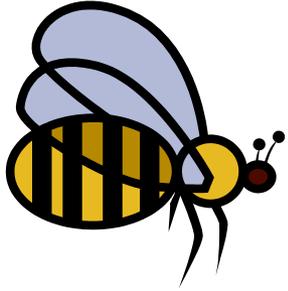
## Contract Management Tasks

- 🐝 Data Warehouse
- 🐝 Contract Deliverable tracking
- 🐝 Operations Meetings
- 🐝 Provider Analysis and Reporting

## Additional Partnership Tasks

- 🐝 Rapid Response Team
- 🐝 Non-Emergency Transportation Rapid Response Team
- 🐝 Enhanced Care Clinic Oversight

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



# BHH: BEHAVIORAL HEALTH HOMES

# 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

**Mental Health Individuals currently receiving services at their LMHA who meet the following criteria will be auto-enrolled:**

- 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:

- 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



# Our Future Focus

- ATR IV
- CT SBIRT Sustainability
- Implementation of BHH
- Expansion of the BHRP provider network
- BHP ASO Re-procurement
- Expanding and reinvigorating OATP partnership





*“What we call the beginning is often the end. And to make an end is to make a beginning. The end is where we start from.”*

T. S. Eliot