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CT BEHAVIORAL PARTNERSHIP - PROVIDER NEWSLETTER

YOU'VE GOT MAIL!

The Provider Relations Department of The CT Behavioral Health Partnership maintains a CT BHP Provider email distribution list for rapid notification of policy changes, procedures, Provider Alerts and EDS Provider Bulletins; as well as news, upcoming trainings and events. If you or a member of your staff is currently not a part of this distribution list, please email us at ctbhp@valueoptions.com.

ASO (Administrative Service Organization)

Utilization Management - Member & Peer Services - Provider Relations—Quality & Systems Management

Website: www.ctbhp.com

Phone: 1-877-552-8247 or 1-877-55 CTBHP

E-mail: ctbhp@valueoptions.com

EDS

Provider Enrollment—Member Eligibility—Claims/Billing

Phone: 1-800-842-8440 (in-state toll-free) or 1-860-832- 9259 (Hartford/ New Britain area or Out of state)

Website: www.ctmedicalprogram.com

Paper Claims:

UB-92 Claims:
EDS
P.O. Box 2961
Hartford, CT 06104

CMS-1500 Claims (Formerly HCFA-1500) :
EDS
P.O. Box 2941
Hartford, CT 06104

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INSIDE THIS ISSUE:

EVENTS

VALLEY SHORE COLLABORATIVE-GOLF TOURNAMENT

"Breaking the Barriers" Golf Tournament

Date:
Sept. 14th, 2006

Time:
10:00a. Shotgun Start

Place:
Portland Golf Club
169 Bartlett St.
Portland, CT

Contact:
Becki Jacobson
jacobsonb@cfapress.org
860-767-0147 xt 1308
190 Westbrook Rd.
Essex, CT 06426

Schedule:
8:45a - Registration/ Continental Breakfast
10:00a - Shotgun Start
3:30a - Buffet Dinner/ Awards Ceremony

CT Behavioral Health Partnership

Partnership in Print

VOLUME I, ISSUE I

JULY, 2006

The Start of Something Good

Welcome to the premier issue of *Partnership in Print*, a bi-annual newsletter from the Administrative Service Organization of the Connecticut Behavioral Health Partnership. All of us here at the Partnership are excited about how lucky we are to support the children and families of Connecticut.

The diverse and talented team we have been able to assemble is nothing short of remarkable. Our clinical team and intensive care managers are working directly with the provider community to coordinate appropriate care.

Our eight System Managers have begun to collaborate with their local areas and begun the groundwork on the development of Local Area Development Plans. Our Peer Specialists and Family Peer Specialists have been on the phones and in the community working with family advocacy groups, providers and assisting members and families with outreach, support and education.

While we all have been burning the mid-

> *"...we will be looking to you, our provider community, to support us, challenge us and most importantly, work with us to make our goal a reality."*

night oil, we also know that our work in Connecticut has just begun. As Rome wasn't built in a day, neither was a behavioral health system...but we are steadfast in our goal.

Our goal is to implement an integrated public behavioral health service system for children and families. We will provide enhanced access to and coordinate a more complete and effective system of community-based behavioral health services and supports.

As we survey the landscape ahead, we will be looking to you, our provider community, to support us, challenge us and most importantly, work with us to make our goal a reality. We welcome your comments, suggestions and your questions and look forward to working with all of you.

- Lori Szczygiel, CEO, CT BHP

REGISTERED SERVICES VIA THE WEB

The CT BHP will offer a Web Registration system for registered services. Access for this system will be provided on the CT BHP Web site, www.ctbhp.com, beginning on August 1, 2006. A Security Access Form ***must be completed*** to gain access to the Web Registration system. The Security Access Form may be obtained on the CT BHP website under "For Providers" and "Forms" or contact the Provider Relations Department at 1-877-552-8247

Please Note: The Web Registration system is scheduled to be available to providers starting August 1st but will not be mandatory until ***September 1st, 2006****. This will allow providers a transition period to begin to input registrations and become comfortable with the system.*

Commissioner's Message

by Patricia Wilson-Coker, J.D., MSW Commissioner, Dept. of Social Services and Darlene Dunbar, MSW Commissioner, Dept. of Children and Families

The Connecticut Behavioral Health Partnership (BHP) represents an exciting next step by DCF and DSS to develop and enhance the behavioral health service system for publicly insured children and

families in Connecticut. After many years of planning and preparing for this initiative, we are thrilled to begin this next stage of development and look forward to advancing this system reform. Working with our contracted colleagues in the Administrative Services Organization, we have a unique opportunity to focus on the behavioral health needs of children and families and develop services that are useful, readily accessible and targeted to the specific needs of Connecticut's various communities.

The CT BHP was designed to promote individualized treatment planning and service delivery for children, adolescents and families who experience behavioral health challenges and who rely on publicly funded resources. By integrating services funded under HUSKY A and HUSKY B with services funded by DCF, we hope to create a more comprehensive and flexible system that will better support the needs of our clients. As the system evolves we will have access to data reports that will help all of us provide a more locally informed service system that addresses the unique needs of our communities and neighborhoods. We will also be in a better position to understand the needs of the different families who seek help from DCF and to modify our services and treatment approaches accordingly.

The challenges inherent to any system change are vast. We look forward to working with our CT BHP partners—providers, families, consumers, advocates and legislators— to confront those challenges. Together we are on our way to creating a public behavioral health service system that is both responsive and accountable. We invite all of you to work with us and thank you in advance for your participation in this significant systems change.

Community Collaborative: An idea whose time has finally come.

by Richard J. Wiseman, Ph.D

For many years Connecticut, like many states in the country, had neglected children with serious emotional disorders. Mental health services for children were primarily provided by Child Guidance Clinics, private practitioners, Youth Service Bureaus, or school counselors. Communication between providers, when multiple services were required was restricted and minimal and parents were usually not participants in the treatment. A child who needed more intense services or whose behavior was more extreme would most often be considered "inappropriate" for most of these services and would be sent to out of home services such as residential treatment centers or to an adult psychiatric hospital.

In the later 50's a survey in CT found that in the three large adult state psychiatric hospitals, some sixty children, 16 and younger, were mixed in with the 9,000 adult patients. The adult wards typically had as many as 50 patients where perhaps one or two children also resided. Finally, in 1962 all children were brought together at Connecticut Valley Hospital in Middletown. It wasn't until 1963, however, that a separate Children's Unit was formed. It didn't take long for almost 90 children to be hospitalized at CVH that year. In his annual Superintendent's report that year Dr. Harry Whiting expressed his dismay at the high admission rate of young people: "We are asked not only to treat them," he said, "but to evaluate them prior to admission." This does not point to a deficiency on our part but clearly to a deficiency of the various communities of Connecticut, individually and jointly, who are neither prepared nor willing to accept the responsibility for the children in their midsts who deserve a highly specialized kind of care…"

> *"...a 1950's survey in CT found that in the three large adult state psychiatric hospitals, some sixty children, 16 and younger, were mixed in with the 9,000 adult patients.*

In 1969, I was appointed as Co-Director of the Childrens Unit along with Peter Marshall. In 1974, all children's mental health services were transferred from the Dept. of Mental Health to the Dept. of Children and Youth. One of the more frustrating things was to have to accept children for admission who, while not needing a hospital setting, were not able to receive appropriate treatment in the community. Then, once admitted they stayed longer than necessary and had to go for further treatment in residential treatment centers because of the lack of necessary services in the community.

In the mid 80's, the National Institute of Mental Health conducted a nationwide study of the status of children's mental health and found that the situation describe above was not unusual and identified the situation as a nationwide disgrace. From this, the Child and Adolescent Service System Program (CASSP) was initiated, which encouraged the building of community based "Local Systems of Care" that are child-centered and family-friendly, with the needs of the child and family determining the types and mix of services needed.

The basic guidelines of CASSP stated that the system of care include:

- Comprehensive services to address the child's physical emotional, social and educational needs
- Full participation of families
- Services provided in the least restrictive environment
- Integration with other child-caring agencies and programs
- Coordination through case management
- Cultural sensitivity

Soon after I retired in 1989, an article in the paper attracted my attention. DCF had received a federal grant to institute a CASSP pilot project in Connecticut. Region 3 was selected (which at that time consisted of Middlesex and New London Counties). I saw this as an opportunity to work from the other side, helping prevent the need to send children to Riverview or other kinds of institutional care. Under the guidance of Laureen Sheehan of DCF, who was my supervisor on the project, the decision was made to build two Systems of Care: New London County and Middlesex County.

The mission of the new System of Care had two sides: The first was to build a community based, comprehensive and integrated Children's Mental Health System, based on the CASSP guidelines. The second side was to assist individual families, under their guidance, in putting together an array of services that met their specific child and family needs.

The first part of the mission is met by monthly meetings of all members that are open to anyone interested in furthering the mission. This typically includes representatives of all traditional children's mental health services in the community; child guidance clinics, private practitioners, Youth Services, Youth Service Bureaus, as well as clergy, school systems; Social Service and Recreation Department representatives, DCF, and most importantly, parents.

The second part of the mission is accomplished through Case Management: a licensed Social Worker meets with the child and/or family and

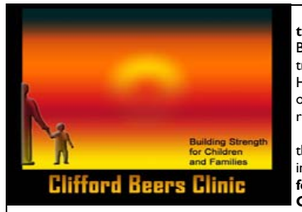
(See Collaboratives—Page 3)

Kant's Corner

by Dr. Steven M. Kant

Welcome. As Chief Medical Director for the CT BHP, my hope is to use this column as a vehicle to provide information regarding key aspects of the Partnership for all our providers. In this first issue, I want to touch upon how the HUSKY medical plans or Managed Care Organizations (MCOs) will interface with the behavioral health services that we oversee. Every CT BHP member will still have one of the four MCOs (i.e. CHNCT, HealthNet, Blue Care Family Plan, First Choice/Preferred One). The MCO's will continue to manage and reimburse for medical services, formulary (including psychiatric), ED services and transportation. Of significant importance to me is the management of cases where both significant medical and psychiatric issues exist. We have begun to work with MCO case managers for those members whose co-morbidity places them at added risk. MCOs will send us those cases routinely and PCPs have contacted us directly for cases that require behavioral health services and supports. Finally, we plan to support the integration of medical and behavioral health care with our physician-to-physician consultation service. A practitioner can call our toll free number and request a psychiatric consultation. If a consultation is not available immediately, we will identify the appropriate contact and the best time to call back. While these consultations will, of necessity, focus on broad questions related to care, we feel it will be a support and another step toward better integration of Primary Care and behavioral health. We are forming a Primary Care Advisory Group which over the next few months will help look at ways in which this integration can more directly impact patient/consumer care.

Provider Spotlight - Clifford Beers Child Guidance Clinic



In 1913, the Clifford Beers Clinic, considered one of the oldest outpatient mental health clinics in the nation, was founded. It bears a rich legacy as a result of the pioneering work of its founder, Clifford Whittingham Beers. In the very late 1800s, Clifford Beers, a Yale graduate, suffering from severe depression and paranoia was committed, after a failed suicide attempt, to the Hartford Retreat and then to what is now called, Connecticut Valley Hospital. He was hospitalized for three years. There he experienced, first hand, the unenlightened treatment of mental illness so typical of earlier times. He related his experiences in a book called **A Mind that Found Itself**, first published in 1908. Beers was able to shed light on a field that treated human beings as less than human. His revelations appealed to the conscience of America, and, with his efforts, major reforms were initiated.

Beers dedicated the rest of his life to these reforms, starting such venerable institutions as the **Connecticut Society for Mental Hygiene,** the **National Committee for Mental Hygiene** (later called the **National Mental Health Association**, of which he was its Secretary General), and the **International Congress for Mental Hygiene**.

Today, the Clifford Beers Clinic proudly continues his advocacy crusade on behalf of children, adolescents and their families. It offers a continuum of psychiatric diagnostic and treatment services to children, youth and their families on both an outpatient and emergency basis. It serves a client population that reflects the socioeconomic, racial, and ethnic diversity of New Haven. Children, youth and their families are seen in individual, family and group treatment modalities. Psychiatric, psychological, behavioral, and pediatric assessments are provided along with psychosocial evaluations in an effort to diagnose and provide the most appropriate therapeutic interventions for the children and youth and their parents. Its Outpatient Clinic also offers specialized services in response to specific psychiatric and behavioral disorders as well as identified community needs. The child sexual abuse treatment team, the CATCH Project (a joint initiative of the Clinic and the Child Sexual Abuse Clinic of Yale/New Haven Hospital), the Domestic Violence Treatment Team and the program for children of parents who are HIV positive or are living with AIDS are important resources as is the therapeutic treatment program for youth who have engaged in sexually inappropriate behaviors. The Clinic's Child and Adolescent Mobile Psychiatric Emergency Service (CAMPES) is a 24-hour, seven-day-a-week crisis intervention program. Over 70% of the Clinic's client population is enrolled in HUSKY A.

Collaboratives (continued from page 2)

coordinates with them their individual plan and follows the family through its implementation. When difficulties arose in the treatment planning the Care Coordinator could call upon selected members of the collaborative to "brainstorm" with the parents and child (when appropriate, and with their approval) about innovative solutions and strategies and to assist in connecting all the pieces. The concept of "Wrap-around Services" became the buzzwords for the CASSP initiative.

By the end of the grant period, DCF had appointed a System of Care Coordinator for each region. The Middlesex System of Care had made some major advances: The development of the first 24 hour mobile psychiatric emergency response team (PERSY), a respite program, a full time Care Coordinator and a full time Family Advocate

The new System of Care Coordinators began developing local groups with varying degrees of success until a new initiative, Kid Care, was begun. Care Coordinators and Family Advocates were added to Systems of Care, now known as the Community Collaboratives.

During the last two years the long-range planning committee of the Children's Behavioral Health Advisory Committee has held meetings with the 25 various Community Collaboratives and is discussing ways to develop a statewide forum to share ideas and work together to better improve the system for all children with emotional/behavioral needs.

The Collaboratives are always looking to broaden the participation by organizations and individuals from the community. To learn more about the Community Collaboratives, visit the DCF website at: http://ct.gov/dcf

We'd Love to Hear From You!

Do you have an article or opinion that you would like to submit to the CT Behavioral Health Partnership Newsletter? We would love to hear from you.

Our hope is to create a publication that is informative, timely, fun and most importantly...gets read! We want to ensure that our newsletter includes articles that are of interest to our providers, covers topics about our providers' work with children and adults and highlights special features that reflect what is happening in our communities, families and state.

Please feel free to contribute your thoughts, ideas, comments, suggestions, upcoming events and community developments to us. You can submit your ideas and comments to the Provider Relations Department via email at ctbhp@valueoptions.com or fax your suggestions to 1-860-263-2036.

Willing to host, too? The CT BHP is always looking for meeting locations that could host 50 or more attendees for provider/member forums, trainings and workshops. If you have a location to volunteer, email us at ctbhp@valueoptions.com or fax 1-860-263-2036.

Web of Intrigue

The Partnership website: www.ctbhp.com is a valuable resource to our Provider Network and our members. The following is a listing of just some of the features that can be accessed:

- Provider Manual

- Provider Alerts and Bulletins
- Covered Services and Fees
- Authorization Schedules
- Web self-serve registration
- Events and Trainings
- Provider Newsletter
- Forms
- Level of Care Guidelines
- Publications
- Frequently Asked Questions
- Achieve Solutions

WWW.CTBHP.COM