INSIDE THIS ISSUE:

E.P.I.C. Training	_
Kant's Corner	2
Provider Spotlight	3
Young Adults United	3
Bulletin Rewind	4

EVENTS

2008 Provider Workshops/ **Trainings**

Tuesday, August 19th **Provider Analysis &** Reporting Initiative (P.A.R.) Clark Hansen



Tuesday, Sept. 16th **Medication Reconciliation** Steven Kant, M.D.



Tuesday, October 21st **CT BHP Peer Support Program**

All workshops are held at the CT BHP A.S.O. office located at: 500 Enterprise Dr. Ste 4D Rocky Hill, CT 06067

A complete schedule & the RSVP form is available on the CT BHP website at: www.ctbhp.com. Click on For Providers & Events/ Trainings.

CT Behavioral Health Partnership

Partnership in Print

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JUNE, 2008

C.A.N.S. - On Track and On-Line

Department of Children & Families trainings for DCF area offices, an active CANS will be com-(DCF) in collaboration with the Probation and Parole officers as pleted on-line. CT BHP Administrative Service well as CT BHP staff members. Organization launched a new initiative for referrals to Residential and prove the referral process and office and has scheduled trainings Group Home placements entitled ease administrative burden, the from now until November to CANS. The CANS (Child & Ado- CT BHP and DCF developed a accommodate all remaining DCF lescent Needs and Strengths) is an web-based, electronic version of area offices, Probation and Paextensive information gathering the CANS that is a modification role. These trainings will protool that uses a 4 point rating scale of the paper form to better cap- vide attendees with a compreto determine children's needs, ture the needs of CT youth and hensive overview of the CT strengths and functioning levels, provide improved administrative BHP's CANS web registration including, but not limited to devel- efficiency for CT providers. The process and a tutorial on comopmental needs, life functioning, web-based version will ultimately pleting a CANS form, Registraacculturation. health. school and substance use.

S. Lyons, PhD and members of the Offices began a pilot program the Buddin Praed Foundation. John designed to transition from a pa-Lyons, PhD. played an integral part per-based system to a web-based in customizing the CANS specifi- system where all Registration/ the art tools, whenever possible,

medical, replace the current paper-based tion/Request forms. On July Ist, the Middle-CANS was developed by John town and Norwich DCF Area cally for CT's service delivery sys- Request for Placement forms, to improve efficiency.

In December of 2006, the tem and performed the initial CANS forms and any Updates to

The CT BHP has since In a continued effort to im- trained the Waterbury DCF area for Placement form, and the 60 day CANS update on-line. We are pleased to bring this technology to CT and to continue our commitment to provide and administer state of

E.P.I.C. Training

Physicians and other health care providers are in a unique position to interact with families early in children's lives. For this reason, a training program has been developed to educate Child Health Practices statewide.

This Program was developed by the Child Health and Development Institute (CHDI), in collaboration with the CT Chapter of the American Academy of Pediatrics (CT-AAP) and the CT Chapter of the American Academy of Family physicians (CT-AAFP).

The program is entitled, EPIC (Educating Practices In The Community). EPIC training offers timely, accurate and evidence based information and materials on specific topics for primary care providers to promote the early detection and prevention of

childhood developmental and health problems.

EPIC presentations are geared towards the entire primary care practice team: nurses, physicians and office staff. The presentation format is thirty minutes and can be scheduled during lunch or breakfast at the office. Health care professionals, trained in EPIC practices visit the practice and all training information and materials are of no cost to the Primary Care Practice.

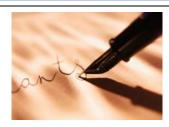
The Child Health and Development Institute (CHDI), and the Connecticut Behavioral Health Partnership (CT BHP); worked in collaboration to facilitate EPIC trainings for identified practices throughout the state. The goal was to have a single point of access for all behavioral health services for

children and their parents who are insured by HUSKY A/B and to improve support for Primary Care Physicians in addressing the behavioral health needs of patients.

During these trainings, Primary Care Physicians, nurses & office staff were able to increase their knowledge of how to access behavioral health services via the web, regardless of which health plan the HUSKY members have. Information on how to access in-network Behavioral Health providers and how to assist families in linking to care was provided as well.

The EPIC Training was facilitated by a CHDI representative and the CT BHP Regional Network Managers. (cont. on pg 2)

Kant's Corner by Dr. Steven M. Kant, Medical Director, CT BHP



Whenever I have the chance to update you I like to highlight something new, usually a particular project or initiative. However, it is true more often then not that much of the time providers spend engaged in caring for our members involves dealing with situations that are neither new nor different. What then is the point in rehashing these "same old problems" today? Achieving system reform for our members is going to mean that we must in fact take a new approach to these "same old problems".

Why am I emphasizing this now? As we at CT BHP have entered into our third year of the Partnership we are better positioned to make "new" approaches to care come to fruition. The new approach I am thinking network, we now have available Enhanced about is to really ask ourselves again the Care Clinics, the CARES unit at Hartford question; what do we need for this child to Hospital, data available through our Provider be treated in the community? While we all Analysis and Reporting (PARS) program and know this has been a long sanding goal, all a renewed focus on the roles and treatment too often we reach for the same "tried and approaches in our PRTF's and RTC's. Using true" solutions--even when they are not existing services such as EMPS as a bridge to really solutions at all. Approaching "old other community services as well as situations and problems" with a new deter- strengthening links to Emergency Departmination and mindset can bring about new ments also offer real options if we are willing results. I have seen it happen here in my to reconsider typical responses which often

work at CT BHP, and many of the hospitals we are working with are beginning to see this as well. Doing so requires us to reevaluate our assumptions as well as using new Part of those assumptions means using both new and existing services in different ways. This offers us the very real opportunity to accomplish the goal of system reform in a number of the situations where we might respond to the "same old problems" with the same solutions.

> "The new approach is to constantly ask ourselves the question; "What do we need for this child to be treated in the community?"

Amongst the changes and additions in the

lean heavily on institutional care. These tools and information when viewed through a different lens and with different expectations are essential to shifting clinical care to community care.

To help with this, the medical staff here at the CT BHP has committed to: reviewing not only all cases where there is a request for inpatient care for our youngest members, but also for those youth who have had multiple inpatient stays or who are already residing in an intensive alternative living arrangement, such as a Group Home or a residential facility. Asking those very same questions of ourselves and our staff as well as community providers--how can we make this child/adolescents care in the community work? In fact though the trends are still early we are seeing decreases in the use of unnecessary non-acute inpatient days, and significant increases in the use of home based services. This trend allows those children who need brief inpatient stays to actually have access to acute care when they need it. All of this is what allows our members to move through the system of care and to do so based on what their needs are rather then what is avail-

Taking new approaches to old problems leads to more discussion and can spark passionate dialogs. I along with staff at CT BHP will continue to visit providers in the community and to be available in a variety of forums and meetings so that we can turn those dialogues into new solutions.

EPIC Training (cont. from pg 1)

EPIC training provides information on the following topics:

- The Primary Care Physician's (PCP), ongoing role in the care of children who have been referred to the CT Behavioral Health Partnership (CT
- PCP and Family calls to the CT BHP;
- Collaborative communication with Behavioral Health Service Providers;
- How CT BHP Customer Service Representatives can be reached to identify innetwork behavioral health referral

- sources, family and community supports;
- How to overcome transportation barriers:
- Links to Peer Supports & Specialists that support engagement in treatment, and help with system navigation;
- How to access Referral Connect, the CT BHP on-line provider database that allows PCPs to select BH providers with specific expertise, specialties, services and programs;
- How to access Enhanced Care Clinics:
- Agencies that ensure timely and coordinated care for members. These clinics are partnering with the Primary Care Practices to develop bi- directional communication about members and their behavioral health needs and their progress;
- How to access the CT BHP's Telephonic Psychotropic Consultation line.

If you are interested in more information, regarding EPIC training, feel free to email us: ctbhp@valueoptions.com

Provider Spotlight - submitted by Hill Health Center



Founded in 1968, Hill Health Center (HHC) is a Joint Commission-accredited 501(c)(3), private, non-profit community health center. Established through a collaboration of community residents and the Yale Medical School, HHC is Connecticut's oldest and largest community health center. With 22 service sites in New Haven, West Haven, Derby, and Ansonia, HHC provides accessible, comprehensive, and quality services including behavioral health, primary and ancillary medical care, oral health, medical case management, a licensed pharmacy and confidential, mobile rapid HIV testing and linkage services to predominantly low income and underserved residents of greater New Haven, Last year the HHC provided 28,498 different people with 183,660 encoun-

The "no wrong door" and "seamless integration" philosophies are at the core of HHC's model of care. They use respectful, responsive, collaborative, client-centered

vary due to which door patients come through; what diagnosis they have; their gender, ethnicity, geographic location; or socioeconomic status. The Behavioral Health Division emphasizes clientcentered, culturally responsive, outreach, engagement and treatment principles in working with clients seeking services for substance abuse, psychiatric disorders, generational trauma, HIV/ AIDS and other infectious diseases, developmental disorders, family conflict, and multiple significant situational conditions that may benefit from supports.

"The "no wrong door" and "seamless integration" philosophies are at the core of HHC's model of care."

HHC is a leader in the integrative model of Primary-Behavioral Health Care that is being recognized nationally as a key opportunity for improved access to treatment which is effective, efficient and consumer-friendly. location of our pediatric and Child Guidance Clinics at our Dixwell site is an example of integrative

approaches to care that do not age-specific care. This recoveryorientated infrastructure is supported by the availability of a multi-disciplinary team including master's trained therapists, psychiatrists, psychologists, APRNs, case managers, health educators, primary care providers, speech language pathologists, physical therapists, occupational therapists and a nursing staff.

The Behavioral Health Division also operates 5 school based health centers in New Haven and an outreach and engagement program targeting residents of New Haven, West Haven and Ansonia. Innovative wrap around engagement services offered at the Village of POWER/Growing through Sewing (226 Dixwell, New Haven) rapidly evidenced success in integrating cultural interventions, recovery principles, traumasensitive services, spirituality, and vocational principles. The program evidences high rates of success in helping African-American women to discover their entrepreneurial talents, begin their own micro business and remain clean and sober. Up to 96% of all clients were engaged after 6 months, evidencing profound impact. ■

Find a Provider, On-line!

CT BHP's On-line Provider Directory offers help in finding participating behavioral health providers in the CT BHP network. The directory can narrow your search to select providers with a specific expertise, service, or program. The directory is updated regularly to provide the most up to date information on the CT BHP provider network. The online directory can be accessed on the BHPwebsite: www.ctbhp.com by clicking on the link under Recent News or by clicking Find A Provider on the Provider or Member homepages. If providers or members are unable to find a provider that matches their needs or you are looking for resources that cover specialized needs, contact the CT BHP directly by calling 1-877-552-8247 to speak with a Customer Service Representative.

Young Adults United

The Youth Leadership Program of Families United for Children's Mental Health

Young Adults United (YAU) is a youth driven leadership program currently for young adults aged 15-25 with, or who have had, emotional, behavioral or mental health challenges who live in New London

County.

Their mission is to establish a safe and supportive environment for youth with mental health challenges, while educating and assisting these youth members to become advocates and leaders in the mental health field.

The goal is to build youth capacity to be effective self-advocates and ensure that their opinions, needs, hopes and perspectives guide services

and systems. To reduce the stigma of mental health, these youth speak out on issues related to mental health concerns in young people and assist in developing a youth movement in Connecticut.

To learn more about YAU or it you know someone who might be interested in joining, please call Families United at 860-537-6125.



500 Enterprise Dr.\Suite 4D Rocky Hill, CT 06067

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TO:	 	 	

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.



Website: www.ctbhp.com

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

Bulletin Rewind

We here at the CT BHP wanted to take the opportunity to keep providers abreast of recent communications, which include: alerts, bulletins and policy changes. With such a varied and robust network of providers, it is always a challenge to ensure that each provider is made aware of any and all updates.

Bulletin Rewind will be a continuing feature of Partnership in Print and will highlight recent provider alerts (PA) and bulletins (PB). Please note that all CT BHP Provider Bulletins and Alerts can also be found on the CT BHP and EDS websites.

PA08-II (March)

Subject: Prior Authorization for Fee-for-Service Clients

PA08-13 (March)

Subject: Link to Old Legacy Site Will Be Shut Down

PB08-16 (March)

Subject: National Provider Identifier (NPI) Prescriber Requirement

Provider Notice (March)

Subject: PRTF Placements

Provider Notice (March)

Subject: MCO Program Transition

PB08-20 (April)

Subject: Pharmacy Guidelines for Prescribing and Dispensing Medication for HUSKY A, HUSKY B and SAGA Clients

PA08-29 (May)

Subject: National Provider Identifier (NPI) Claim Submission Procedures

PB08-31 (May)

Subject: First Rate Mass Adjustment Cycle in Connecticut interChange

A full listing of all CT BHP Bulletins and Provider Alerts can be located on the CT BHP website: www.ctbhp.com & on EDS' website:



www.ctmedicalprogram.com