

**INSIDE
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EVENTS

**2009 Provider
Workshops/
Trainings**

Tuesday, August 18th
Peer Support Program

Tuesday, Sept 15th
Medicaid Audit
Overview

Tuesday, October 20th
Perinatal Depression
Training with
Yale University

Tuesday, Nov. 17th
CT BHP Web Registration/
Re-Registration

All workshops will be held
the CT BHP A.S.O. office
located at:
500 Enterprise Dr.
Rocky Hill, CT 06067

A complete schedule
& RSVP form is available
on the CT BHP website :
www.ctbhp.com

CT Behavioral Health Partnership

Partnership in Print

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Family Engagement...We Do!

In the last ten years, child welfare and behavioral health systems have increasingly incorporated a family systems, strength-based approach into their work. It has been demonstrated that enhanced family engagement is associated with improved response to behavioral health treatment as well as a decrease in the rate of premature termination of treatment (Cunningham and Henggeller, 1999). As a result, family engagement has increasingly been incorporated into evidence-based and best prac-

tice therapy models. What is family engagement and why is it so important?

The family engagement model replaces the more traditional "deficit assessment model" that has traditionally prevailed in behavioral health service delivery. In the deficit model, the family is seen as having a need for expertise not as a source of expertise. The provider is apt to practice unilateral treatment decision making and case progress tends to be measured by service compliance. Agencies and

programs using this model tend to report a high number of "non compliant patients and families".

In contrast, the family engagement model focuses on the engagement of families into the treatment process rather than on gaining their agreement to treatment goals set by clinicians. Families who are engaged early on in the treatment process have greater involvement in treatment decision making. This increased involvement leads to enhanced (cont. on pg 2)

To Call or Not to Call...That is the Question

CT BHP Providers are often unsure when concurrent reviews/re-registrations for outpatient services can be completed by using the AIS web registration system and when concurrent reviews need to be completed "telephonically". The following is a list of scenarios that will assist providers in determining what course of action is required:

Scenario 1: Provider has an initial outpatient authorization (26 units/1 year) and needs additional units within this same registration period:

Method: Web Re-Registration.

Scenario 2: Provider has initial outpatient authorization (26 units/1 year) and has completed a web re-registration (19 units) before the authorized year is over (Scenario 1) and **still** requires more than these 45 units within this first year:

Method: Telephonic Review

Scenario 3: Provider has completed a web based re-registration/concurrent review (19 units/6 months) and requires additional units prior to the re-registration end date.

Method: Telephonic Review

Scenario 4: Provider has completed 3 re-registrations/concurrent reviews and needs to complete another re-registration/concurrent review.

Method: Telephonic Review (CT BHP Providers will only be allowed to register their initial outpatient registration and up to (3) re-registrations/concurrent reviews. Additional concurrents after the 3rd will require telephonic review.)

Telephonic Re-registrations/ Concurrent Reviews can be completed by calling the CT BHP Main Toll Free# 1-877-552-8247

CT BHP staff become artists and athletes for a day.

The Connecticut Behavioral Health Partnership (CT BHP) celebrated Spring and Children's Mental Health Awareness Week by hosting the ARTWorks to Empower program as well as participating in the annual National Alliance on Mental Illness (NAMI) walk.

The ARTWorks to Empower program combines psycho-therapy with the arts to foster positive behavior change and increase self awareness. On Wednesday, May 6th, the CT BHP staff was led through an experiential demonstration of how principles and techniques using artistic forms can be applied in an effort to improve communications, allow expression of feelings, improve coordination, and increase cognitive and social functioning.

CT BHP staff members were given art supplies and asked to select six figures from an assortment of rubber stamps: one stamp to represent themselves and the other five to represent important people in their lives. Once the works were

completed, participants were asked to share their work and the meaning behind it.

"Until I spoke about it, I was semi-drawing, semi-playing," explained Curtis Willey, CT BHP peer specialist and coordinator of the event. "Speaking about it to someone else provided a safe, subtle way to get the conversation going ... and when I did, I was moved emotionally."

"This served as a reminder of the helpful and innovative treatment being provided in our communities."

- Intensive Care Manager

Laura Dodge, CT BHP care manager for residential care, added, "I loved that so many people were brave enough to share their work

and reflections of themselves." Andrew Lavalley, CT BHP intensive care manager agreed, "This served as a reminder of the helpful and innovative treatment being provided in our communities. I also appreciated how this would apply to specific members on my caseload."

The NAMI Walks for the Mind of America is an annual nationwide event. CT BHP has participated in the walks since 2006. Led by Team Captain Brenda Wilcox, the CT BHP walking team, "CT BHP Cares" surpassed the giving goal for the second year in a row.

Over 25 staff members with their family, friends and dogs walked to support NAMI on a beautiful Saturday am in Bushnell Park Hartford, CT. Each year, there are nearly 80 NAMI Walks nationwide to bring awareness to mental illness and the severity of its issues, assist with educating the community, and to give monetary support to NAMI affiliates and community members in need. ■

Family Engagement (cont. from pg 1)

ownership of the process and to more successful outcomes.

The first step in treatment is for the provider to establish a non-accusatory, respectful, culturally sensitive and empathic environment that allows the family to identify their strengths and needs. The practitioner then motivates and supports ongoing family engagement by providing concrete and clear information that assists the

family by identifying strategies and services that build on their strengths, allowing them to make needed changes.

Clinicians trained in family engagement are constantly assessing family engagement levels. They believe that until family engagement occurs, treatment has not begun and cannot progress and that effective engagement is necessary for both clinicians and family members

to impact clinical outcomes during the course of treatment. When clinicians work towards engagement, families are not part of "the problem" but rather "part of the solution". ■

PRTF Initiative

As part of the Provider Analysis and Reporting (PAR) initiative and the continued, clinical focus on discharge delay, the CT BHP has initiated a performance program with the Psychiatric Residential Treatment Facilities (PRTF's) across the state. This initiative was crafted with two key goals in mind: to improve the efficiency and quality of the PRTF admission and treatment planning process while aligning the program's length of stay to anticipated performance levels. To accomplish these goals, CT BHP in collaboration with the PRTF's:

- Developed and implemented a universal referral form to standardize the administrative process for referrals to PRTF's from other levels of care. The revised referral form also includes a section listing the specific targeted treatment goals to be addressed.
- PRTF providers host a Focal Treatment Plan (FTP) meet-

ing within 1-2 weeks of the child's admission to the PRTF. The goal of this meeting is to include as many of the people involved with the child as possible (the "Care Planning Team") in order to establish consensus regarding the FTP and the discharge level of care for the child. The FTP meeting participants include, but are not limited to: the child (if clinically appropriate), the child's family/guardian, family natural supports and/or advocates, the referring provider, other previous providers, the DCF worker if applicable, the provider expected to treat the child after discharge, the primary outpatient care team, school representatives and the PRTF treatment team.

- The Care Planning Team reaches consensus on a focal treatment plan (FTP) and discharge plan specific to the child that is inclusive of: the focal treatment need (main challenge), a list of contribut-

ing factors to the focal treatment need, selection of most relevant contributing factors as targets for intervention during the PRTF stay, and specified interventions that match those intervenable factors with consideration of the future environment in which the youth is expected to function.

- PRTF providers implement weekly engagement activities in line with the child's FTP and discharge plan. The engagement activities include family therapy, family visits, and ongoing communication with previous providers as well as providers involved in the discharge plan (AKA future vision) for the child.

All of the measures described are expected to promote the goals of increased family engagement and improved efficiency within the treatment planning process. ■

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 CT BHP website: 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.

Telephone Recovery Support

The CT Behavioral Health Partnership has been working with the CT Community for Addiction Recovery (CCAR) to promote an innovative peer-to-peer recovery support service that CCAR is providing: Telephone Recovery Support (TRS).

In collaboration with the Department of Mental Health and Addiction Services (DMHAS)

CCAR is offering weekly telephone support to people in recovery for a period of twelve weeks just to "check in" and see how they are doing. Follow-up calls are made by trained CCAR volunteers.

The TRS program is offered at all CCAR Recovery Community Centers (RCC): recovery oriented sanctuaries anchored in the heart of the community. RCC's are

places where Recovery Support Services are delivered.

TRS helps reduce relapse and supports the recovery not only for the members involved but also for the volunteers as well.

If you have any questions regarding CCAR's TRS Program, call toll free 1-877-676-2227 or visit the CCAR website: <http://www.ccar.us>



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Behavioral Health Partnership

Place
Proper
Postage
Here

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

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.



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Website: www.ctbhp.com
Phone: 1-877-552-8247 or 1-877-55 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.

CT BHP Provider Alert 2009- 01 (Feb)
Subject: Linking PASS Group Home Authorizations to Claims Payments

PB09-03 (February)
Subject: New HUSKY A Primary Care Case Management Program

CT BHP Provider Alert 2009- 02 (April)
Subject: RTC Vacancy/Bed Tracking - Web Based Form

PB09-12 (April)
Subject: Expansion of Enhanced Care Clinic Initiative

PB09-12 (April)
Subject: Mandatory EFT Enrollment for Reimbursement of CT Medical Assistance Program

PB 09-18 (May)
Subject: Clarification of Requirements for Psychiatric Residential Treatment Facilities

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.ctdssmap.com

