

BHRS WORKGROUP

12/4/2009

Present: Corinna Bealer, Kathy Rhodomoyer, Ellen Hunt, Matt Bauder, Diane Marciano, Tim Boyer, Robin Urenko, Suzanne McFadden, Colleen Haas, Page Keeter, Lynn Kovich.

Magellan Behavioral Health – there have been no significant delays of service and they have received no complaints.

Lynn Kovich referenced the survey that was sent out and thought new participants should be briefed. Matt Bauder gave an overview of the survey developed by Magellan. Lehigh County HealthChoices asked Magellan to do a quality improvement activity specifically looking at behavior health rehabilitative services. This was a very comprehensive study. Providers were surveyed, Magellan and the county performed audits. Magellan also did a data based analysis and there was also a parent/family survey questionnaire completed as well. The 8 page synopsis of the QIA is still on the HealthChoices website and will be available until the end of January. Staffing/employment issues were looked at in depth. The issue parents were expressing concern about is the length of time it takes for service from the date of application for service and this is what has brought us to this point today.

Tim asked if there was any matrix/benchmark available to determine the actual length of the ‘wait period’ between approval and delivery of service? Answer: the QIA results are available from the response from 14 families from Lehigh and Northampton counties. Delivery of services took between 8 to 35 days. Only one respondent noted service past 35 days. Turnover of staff is an ongoing issue. A provider in attendance said that another problem from the providers’ perspective is when families decide the hours they originally asked for and get are then not suitable causing a problem for the provider to find immediate coverage for new hours.

Providers receive an email listing which providers are able to provide certain services. The average case is allotted 10-15 hours per week, rarely 30 hours. Matt asked if providers ever run into issues of staff assigned not working out within the home. He asked what kinds of difficulties the provider run into that makes it difficult to staff right away. The Kidspeace representative said hours being changed by parents from initial request once staff has been put in place is an issue for them. This is usually due to such things as the start of preschool or speech therapy during that same time frame. Parents may want a male vs. female staff or a preference on the child’s part with the age of worker assigned. Scheduling is very difficult as the after school window is very narrow. The provider rep noted that weekend hours are available for service although she does not require workers to go out on Sundays; if they decide they want to it is possible to receive hours of service on Sunday.

Paige said she likes the new form put out by Magellan where with every ITT meeting it will show how many hours were approved, how many hours provided for service, etc and

finds it a very helpful tool. A parent noted her concern that the 12 hours assigned to her child may be showing results but since the child never received the authorized 15 hours with a caveat that the hours might be cut back to 12, they will never know if the 15 hours would have made a more significant difference.

Tim shared that parents have come to him regarding the match issue re: matching the worker with child – he used as an example a worker appears at the door and has frizzy hair and the child prefers not working with that individual, i.e. physical appearance of the worker as an issue for service. The skill level of assigned workers is a primary concern of parents. It was shared that these issues are starting to come up in support group meetings because there are no providers at these meetings. It was brought up that a family with TSS shared that the behavior specialist did not show up for five weeks to work with their teen age son on an issue presented by their son. More than one family has had similar experiences and has brought them to the ARCH support meetings.

What does a family do? The family feels stuck. They are mindful as how to approach these issues with the provider agency due to repercussions. One provider present said they send the worker's time sheets to the parents every two weeks when employees are paid. A copy of fraud sheet is also sent to parents and they are asked to mark their calendars to keep record of time spent in their home by the workers assigned to their homes.

Robyn said some families are signing blank time sheets.

Corinna stated that she does not think the practice of sending out time sheets to parents is being done across the board by all providers.

Most providers give handbooks to parents when services start detailing all aspects of service.

A participant asked if there is more out there than what is offered. She feels like there are not enough highly trained professionals available. Corinna noted that BHRS was originally intended to work with children with mental health issues and not autism

It was suggested that training on BHRS be done at ARCH from time to time.

It was also suggested that when providers come to meetings they should leave a telephone number they can call with questions/concerns.

Business cards were discussed and why contract employees are responsible for paying for these as opposed to agency staff who are provided cards.

As a provider it was pointed out that parents cancel services frequently – when can the provider (cancel) services? When can they say enough is enough? This is a serious issue. It is documented in progress notes that they are cancelling. There have been times when they have called Magellan and asked if they can drop certain cases because of this issue and they have been told “no.” Doctors are paid \$145 per hour whether a child is evaluated or not. This needs to be addressed on an individual basis. A copy of parents' rights and responsibilities are given to the parent by the provider at the time of application for service

Lynn stated that the problems seems to lie around the delivery of services –i.e., cancelling, poor scheduling, lack of qualified staff to hire, lack of staff trained to work with autism and staff retention from the parents’ perspective and the providers are dealing with the difficulty of staffing on weekends and evening shifts, staff retention, staff fearful of going into difficult neighborhoods (drug dealings on their car tops), some providers are doing risk assessments before starting services, parents cancelling appointments. Providers spoke of these issues at a meeting with MBH.

It was noted that a copy of parents’ rights and responsibilities are given to the parent by the provider at the onset of service and this is signed by the parents.

Where do we go from here to improve these services to include different levels of care, provision of services during the hours needed, increasing the numbers of children with autism, forming a stakeholder group; to include providers, family, MBH, County?

Corinna pointed out that BHRS was not designed to serve autistic kids and now we have providers specializing in it.

ARCH has had success with focus groups which allows families to express their issues – Families may be open to Lehigh County and MBH participating but would not want providers at the table for reasons discussed previously.

Robyn Urenko will act as parent representative after having a meeting with ARCH and bring their issues back to the BHRS Workgroup – i.e., suggestions and solutions from families. She will collect the data and bring it back to the group for the February 2010 meeting.

ASSERT will be working with ARCH the first quarter of 2010 to do trainings for families and TSS levels on why MBA is important, why you should be involved with your BSC, etc.

There was discussion around the pros and cons of having behavioral therapists in the home and the degree of training some of these workers do or do not have.

There was discussion around BHRS staffing and contract vs. part-time/fulltime staff being used. Often contract employees do not hand out business cards because they have to absorb the expense.

An invitation/request for a commitment to participate in this workgroup was extended to providers and parents.

Future meetings will be held on the 2nd Monday of every other month, 1:00 PM to 2:30 PM.

The next meeting will be held on Monday, February 8, 1:00 PM

Future meetings: Monday, April 12, 2010

Monday, June 14, 2010