

BHRS Partner's in Quality Workgroup Minutes 10/11/10

Participants: Pat Theodore – CASSP, Tee Decker – CLIU 21, Tim Boyer – LC MH/MR/D&A, Jan Creedon – LC DHS, Jessica Doran – Access Services, Natalie Bojko – VYH, Paige Keeter – KidsPeace, Ellen Hunt – ARCH/Parent, Emily Leayman – ARCH, Kay Achenbach – LC DHS, Lisa Sportelli – Parent, Matthew Bauder – LC Health Choices, Diane Sedgwick – CLIU 21, Catherine Gray – Recovery Partnership, Allison Frantz – LC HC, Paulette Hunter – Parent, Corinna Bealer – LC CMH Uvia
phone: Diane Marciano – Magellan Behavioral Health

Follow up discussion from Dr. Todd Harris presentation on BHRS trainings

In regards to funding streams to implement the BHRS trainings offered through Devereux CARES Allison reported that a combination of funds were used for this training; county based funds, some grant monies, it was unclear as to the use of reinvestment dollars. The DD Council funds different projects over a 5 year period. Tim will look at the publication to see if there is anything related to trainings.

Task: Tim will review the DD Council Publication to see if there is any funding available for trainings.

Agenda and trainings: Previously the group asked if it would be possible to obtain the agenda for the trainings and handouts and possibly take a look at the curriculum. We may not be able to get this information due to proprietary issues. Tee Decker related that when Dr. Todd Harris goes to the IU, a fee is always required. Ellen has a Power Point for BHRS trainings that will be sent to workgroup members.

One question posed was how much Dr. Harris would charge to offer a training/train the trainer in Lehigh County once we have a basic curriculum.

It was pointed out that the State mandates trainings for BHRS.

It was mentioned that some MCO's give monies for trainings. Rates that are set for providers through Magellan includes monies for trainings, there are no separate monies for trainings. Magellan can't give separate monies for trainings due to capitation rates. Magellan is willing to look at enhanced rates based on outcomes. You would see outcomes based on the trainings. The provider would invest in the trainings for staff and the outcomes expected would be produced. The outcomes would be well defined.

Task: Jan Creedon will contact Todd Harris to ask if we can get a copy of the agenda for the trainings, handouts, and perhaps the curriculum. How much would it cost to send a BSC to the Devereux trainings? If Jan is able to obtain handouts agenda or curriculum, it will be sent out to the group to look at prior to our next meeting.

Salaries based on performance based outcomes/quality: The goal is that Health Choices/ Magellan Behavioral Health will be able to monitor outcomes. Reward for quality is what is being worked on to fix the system issues. These things are in development, reward for quality. Through the trainings that will be offered, the BHRS

Workgroup can help determine what can be monitored in relation to the trainings that we are currently looking at, a standardized training for Autism providers. Providers will need to demonstrate specific outcomes in order to receive the reward in their rate.

A question was posed regarding family involvement with the process of developing the reward for quality program. OMHSAS (Office of Mental Health and Substance Abuse Services) does have standards. This process will begin with the standard benchmarks. This doesn't mean that we can't add to it. To start we will begin with the established benchmarks. For example in RTF (residential treatment facilities) providers get monitored; face to face surveys and mailed surveys that loop back to Magellan and Lehigh County Health Choices to make sure the members are receiving the services. Four benchmarks are utilized. Some of the benchmarks established are; discharge planning starting at admission, decreasing the length of stays, readmission – how frequently the child is going back in to the hospital, family involvement. Feedback was offered to have the families at the table to help develop the standards. The standards that are developed are developed at the State level, RTF workgroups, with family involvement. For BHRS we will begin with the established State standards and then move to the next level with local family involvement.

It was asked if monthly reports can be compiled. Magellan currently completes comprehensive clinical audits that includes; quality of service being provided, staff credentials, trainings offered to staff, treatment planning, family involvement plus other areas. The audit tools are quite comprehensive. Based upon the audit results, corrective actions may or may not be warranted. If a corrective action is necessary, MBH will monitor the provider with specific time frames to meet identified standards. MBH also completes credentialing every 3 years to make sure that staff has appropriate credentials plus other areas. Also the state licenses BHRS providers and makes sure trainings are offered and that the minimum state required trainings are offered.

Family Focus Group – BHRS Pilot

A family focus group was held September 23rd at the Elwyn ARCH. 8 to 10 family members were present in addition to Lehigh County and Magellan Behavioral Health representation. There was a Power Point presentation which focused on the BHRS Pilot Program. Families were asked to select a third provider, 2 were already selected. Holcomb was selected as the third provider. ASD and non-ASD children will be included with this provider. Timeline – Holcomb has been notified. In November there will be a BHRS provider meeting to review the pilot programs with the entire network of BHRS providers. The goal is to implement the BHRS pilot program by the first or second week of January with the providers; Holcomb, VYH, and Elwyn/ARCH. Quarterly BHRS workgroup meetings will occur. MBH has solicited and continues to receive interest from family members for participation in the workgroup. The group members will be asked for input on evaluation and assessment of the pilot on an ongoing basis. MBH is also looking to get children involved for their input as well. In October 2011 outcomes and data will be reviewed. Recommendations will then be made for expansion of the pilot and roll out to more providers. They want to initially establish what is and what is not working. Families chose one provider and the other two were selected by MBH based on interest in participating, one that serves the ASD population and one that didn't, diverse populations, a program large enough to serve children with

ages of 12 to 24, and not be on corrective action. These are just a few of the criteria. MBH made this decision to run a pilot.

Dr. Vicki Martin is MBH's new psychiatrist and will lead this workgroup. She is boarded in child and adolescent psychiatry. She has extensive experience with BHRS. She will co-chair with Rebecca Procopio and John Lees.

Completion Report

The completion report was handed out. Completion rate is 65%.

Provider Access Report

The provider access report was handed out.

LC CMH developed a grid to track requests for services. CMH assisted 37 members in finding services; ICM, BHRS, and in-home supports, 8 were specifically for BHRS. Family members, OCYS, JPO, I&R, school districts called directly for assistance. A question was asked about the document that was developed for MBH and providers and how that is being tracked. Providers reported that they use the document, track, and send to Magellan. The group was asked if they still want to maintain the tracking document. What information do we want to obtain from the document? One suggestion was to track the families who are not receiving services. The document in its current state may not track that because some families already have a provider and they are making calls in search of a new provider or they could be without services. The tracking form that was developed isn't really tracking what it was developed for. If we decide to reinstitute a form we need to ask the specific questions we want answered and we need to do it in line with HIPAA and confidentiality issues. Right now there is only one list, there are no questions about what type of health care coverage the individual has. This needs to be further explored. Perhaps 2 lists are required, one for Magellan members and another for HIPP and fee for service. We need to better understand what is currently in place before revising the forms. A question to MBH would be - what happens to the information on the form when they receive it.

If families are calling for services and can't get services, they need to call Magellan. If the family is fee for service or HIPP they will need to call Corinna and Children's Mental Health will assist those families in obtaining services.

Draft – “Who to call for MA funded BHRS” – for Health Choices and HIPP document – This will be posted on LC website, given to family members and school districts. This can be given to MBH as well. A suggestion was offered to add “Provider50/Wraparound” in addition to BHRS.

Agenda items for next meeting

Continue discussions on the BHRS trainings. – Jan – discussion with Todd, Tim discussion with DD Council, Natalie – will check with resource in NJ

Funding for the trainings

Completion Report

Provider Access Report – clarify who is collecting, what is being done with it

Next Meetings:

December 13, 2010 1:00-2:30, Room 201, February 14, 2010