

Behavioral Health Rehabilitative Services (BHRS)
Partner's in Quality Workgroup
10/10/11 Minutes
LC Government Center Room 201
From 1:00 pm to 2:30 pm

**(To participate via phone please call 1-888-273-3658
and dial access code 4326904 to join the conference)**

Mission Statement: "To Improve the Quality Of and Access to the BHRS System"

I. INTRODUCTIONS

Attendees: Corinna Bealer, CMHU; Ellen Hunt, ARCH/parent; Lisa Sportelli, parent; Tee Decker, IU 21; Dawn Conner, Holcomb; Sandra Molnar, VYH; Jan Creedon, DHS; Paulette Hunter, parent; Tim Boyer, MH/ID/D&A/EI Admin, and Diane Sedwick, IU 21 & Kay Achenbach, DHS/HC

- a. The team finalized the 08/08/11 minutes.

II. MAGELLAN PROVIDER ACCESS REPORT *(The goal of this report is to capture consumer access issues to BHRS services, look at trends and barriers to accessing services and assist consumers in navigating the network and securing services in a timely fashion)*

- a. Dawn Conner from Holcomb stated how it is difficult to staff evening and weekend hours since part time TSS employees are difficult to hire which led to a discussion on how part time employees chose their own cases and schedule their own hours. Paulette stated that if the TSS were paid a higher rate and had better training, as well as supervision, they may be more willing to work undesirable hours, locations or with complex children. This is what she was hoping the pilot program would address.
- b. Kay Achenbach shared the 08/11 Access Report with the team.
- c. Kay Achenbach shared the results from the "Experience of Care Survey" that were conducted after members were discharged from care. There were 102 face to face interviews and 72% of them were BHRS members. 93% of the BHRS members felt that they received the help they needed to address the behavioral issues identified and would recommend services from their particular provider to another family. Also 80% of them felt free to file a complaint or grievance and understood the complaint process. A kudos was given to the providers.
- d. Paulette Hunter shared with the team that at a state OMHSAS meeting it was reported that LC did very well regarding after care services and discharge planning for their members. A kudos was given to the county.
- e. Corinna shared with the team that there were zero number of HIPP members that the CMHU needed to assist in securing BHRS since the team meeting.
- f. The team worked on the BHRS Goals Spread Sheet and decided to withhold requests and reports from Magellan until the spread sheet is organized, action plans are identified and the team determines the necessity of the request.

- g. The team determined that there were specific questions on the BHRS Goal Spread Sheet that were not applicable to our identified goals. Therefore they will be deleted from the spread sheet. The questions that were not applicable were:
 - ✓ Is transportation in rural areas a barrier to members receiving services? Magellan has identified that there are no “geo-access” issues and therefore no need for waivers for these. Members can be reached within a 30 minute drive, and for members out of the area, Magellan has contracted non-pars with providers out of their network to ensure services are being delivered.
 - ✓ Can ISPT and psychological evaluations take place at the same time? There have been no identified issues in this area; therefore this will be removed from the work sheet.

III. MAGELLAN COMPLETION REPORT *(The goal of this report is to look at what prescribed hours are being delivered to families and consumers receiving BHRS so delivery issues and barriers could be addressed)*

- a. The team requested a complete 2009 Completion Report to include outcomes from 01/09 through 12/09. Kay Achenbach will look into whether or not this report can be generated. The team will then compare this report to the 04/11 to 06/11 Completion Report to determine improvement in overall totals.
- b. The team did compare the information from the 10/09 through 12/09 and the 04/11 to 06/11 Completion Report and the unserved member’s percentage was significantly lower under BSC and MT; however TSS percentage has increased.
- c. Providers stated that there are still inaccuracies in the Completion Report; therefore the team requested that Linda Hammer from Magellan attend the next meeting to discuss what the issue may be on the report that is causing the errors.
- d. Providers requested that Magellan share with them the name of the unserved consumers on the Completion Report so they can check the reasons for why members did not receive all prescribed hours.
- e. Lisa Sportelli requested that a random sample population be tracked to compare their results to the Completion Report; however Kay Achenbach stated that this has been done and that due to this sample the current report now captures what the team requested.
- f. Kay Achenbach shared with the team the data that was collected by Magellan regarding reason codes as to why services were not delivered in 08/11. She will continue to bring a current report to future meetings.

IV. BHRS TRAINING UPDATE *(The goal is to develop a comprehensive/quality assurance training curriculum for BHRS staff/providers that are servicing children with Autism)*

- a. Paulette Hunter requested that the county consider funding the Devereux Cares training for providers that work with children diagnosed with Autism; however Pay for Performance (P4P) money was spent on the Sanctuary Model training. The county however will have an internal discussion pertaining to the cost and value of such training.
- b. Paulette suggested that if the county can not fund thirteen providers to attend the training that we consider a lottery to fund five providers since this is the minimum amount of BSC Dr. Todd Harris would train at \$990 pp.

- c. Corinna stated how there were no outcomes gathered by Chester County to show that the Devereux Cares training is effective in the long term. Also providers currently have evidence based practices and trainings for their employees and are satisfied with the trainings they offer. The county stated that we would also want “buy in” from the providers in order for any training to be successfully implemented.
- d. Tee Decker from the IU 21 stated her belief that if the county mandated the Devereux Cares training for their employees and those providers should then receive a budget increase so they can pay employees to attend the training as well as supplement their hourly wages to implement what they learned.
- e. Lisa Sportelli stated that providers, if given an increase for attending the training, should then be required to collect data for outcomes.

V. *MAGELLAN BHRS PILOT PROGRAM UPDATE* *(The goal is to develop innovative approaches to deliver services, develop outcome measurements, make recommendations for best practices, and increase family involvement and participation in services through support groups and intensive parent education)*

- a. Kay Achenbach said that the pilot program is up and running and data will be collected for outcomes next summer. She stated that some members opted out of the pilot program due to the increased expectation of parental/caregiver participation in the service to children.

Our next scheduled meeting is Monday 12/12/11 at 1:00 pm in conference room 123 at the LC Government Center.