

Statewide Health Care Facilities and Services Plan

Subcommittee Recommendations Prioritization and Implementation Strategies

March 22, 2013 - DRAFT

Subcommittee: Behavioral Health

Lead/Co-Leads: Al Bidorini/Lauren Siembab & DCF

Rank	Recommendation	Brief Justification for Ranking	Individual/Entity with Primary Responsibility	Additional Expertise Needed	Resource Needs (e.g. data technology, Human resources)	Strategy(ies) for Implementation	Timeline
1	Further consider how health care reform and a possible blended behavioral health license might change the landscape for both behavioral health finance and delivery of care in the future.	The impact of Health Care Reform (HCR) on service demand and financing remains uncertain. This has created much apprehension in the provider community. How the BH service network responds to this environmental change is crucial for the success of HCR.	Office of Health Care Advocate Health Care Cabinet Blended license - DPH	There are many components to HCR requiring all pertinent stakeholders to be at the table. The Health Care Cabinet is providing this role currently.		Utilize knowledge gained through the State Innovation Model (SIM) Grant: http://www.healthreform.ct.gov/ohri/lib/ohri/CTSIMApplicationProjectAbstract.pdf	May 2013 – December 2014
2	Provide more focus on the provision and interrelation or co-location of mental health, primary care and/or oral health services within the various settings and provide further discussion as to the concept of “no wrong door” to accessing these services at any location	It is widely understood that integrated care (physical/BH) results in better health status and outcomes. Prevention and earlier identification of disorders along with improved illness management are two demonstrated efficiencies of this model.	Department of Public Health Department of Mental Health and Addiction Services Community Health Center Association of CT	Inclusion of primary care administrators and professionals. DSS		Leverage current initiatives such as those funded through HHS including DMHAS’ SBIRT Grant to replicate successful integration models throughout the state. Review	May 2013 – December 2014

Please note if bullets/recommendations are combined

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						reimbursement policies that are barriers to integrated care.	
3	Further advance the discussion of additional types of providers (e.g., private practitioners, Veterans Administration) and the availability of clinical level services in the state and seek and provide more information on recovery supports available to residents in the state.		Department of Public Health (Licensing/OHCA) DMHAS		CT Psychological Society	Conduct survey of licensed MH providers based upon prescribers/non prescribers.	September 2013 – December 2013
4	Explore ways that Connecticut's behavioral health service system can measure or determine capacity as it relates to need and access to care. Inventory distinct service levels					Review health disparities within special populations.	