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OHCA State Facility Plan

Behavioral Health Subcommittee Report October 12, 2011

Members:

Sandra Bauer – DPH, Al Bidorini – DMHAS, Elizabeth Collins – Yale/New Haven Hospital, James O'Dea - Backus Hospital, Norma Kirwan – Optimus Health Care, Maybelle Mercado-Martinez - Charter Oak Health Center, Robert Plant - DCF, James Siemianowski - DMHAS, Stephen Larcen – Natchaug Hospital, Lauren Siembab – DMHAS, Jeffrey Walter – Rushford Center

Subcommittee Representation: After the first meeting (June 15th) it was decided to expand representation to include Federally Qualified Health Centers and Value Options (ASO-CT Behavioral Health Partnership).

CT's Behavioral Health System: The subcommittee discussed the universe and scope of what would be included in the Plan. While there are many entities that comprise the state's behavioral health system, it was decided that the focus would be on clinical, licensed and state operated care. At the same time, there would be recognition given to providers such as the Veterans Administration, private practitioners and special population providers such as the Department of Correction. Also, the Plan would give mention to the various non-clinical services (i.e., recovery supports, social rehabilitation, etc.) essential to a sustained recovery.

Inventory of Facilities: Several sources of behavioral health facility listings have been suggested including DPH's and DCF's licensure data sets, DMHAS' list of contracted and state operated facilities, the federal National Survey on Substance Abuse Treatment Services, the CT Clearinghouse's Behavioral Health Services Directory, the Mental Health Transformation-Network of Care and Department of Social Services Medicaid Provider list. OHCA staff is in the process of obtaining these databases and will cross reference these sources to assure a comprehensive and exhaustive inventory.

Regarding behavioral health services delivered by general hospitals, OHCA is preparing a report based upon discharge data that will provide the subcommittee with inpatient services.

Wherever possible, hyperlinks will be embedded in the report of existing treatment locators, service descriptions (e.g., type of services, hours of operation) and other information deemed of interest to policy makers and the public.

Literature and Source Document Search: The process of collecting relevant documents has begun which will be used to describe CT's behavioral healthcare system and in some manner measure it against capacity standards, national benchmarks and other indicators.

Next Steps: The subcommittee, with OHCA staff, will begin to draft the chapter introduction describing CT's behavioral health system, what's included in the inventory, service definitions, etc. Analysis of the various facility inventory database and hospital discharge data will continue over the next months.