

DRAFT Meeting Notes

**The Behavioral Health Subcommittee of the
State-Wide Health Care Facilities and Services Plan Advisory Body
September 23, 2011 at 10:30 a.m.**

Agenda Item	Discussion	Action/Results
I. Opening Remarks and Outline of the Behavioral Health chapter of the Plan	Al Bidorini, Director, Office of Program Analysis & Support, DMHAS, opened the meeting and introduced himself to the subcommittee as subcommittee chair. Two new members were introduced to the subcommittee, Norma Kirwan, PhD, Optimus Healthcare and Dr. Maybelle Mercado-Martinez, Charter Oak Health Center. Everyone agreed on meeting dates, with the next to be a conference call in two weeks. Conference Calls have been scheduled for October 7, 2011 and November 4, 2011 at 10:30 a.m., respectively. Meeting dates have been scheduled for October 21, 2011 and November 18, 2011 at 10:30 a.m., respectively. A draft of the Behavioral Health chapter outline was distributed by Karen Roberts.	October 7, 2011 conference call has been cancelled.
II. Types of providers to be included in the plan (for description/ discussion and inventory)	Al noted that at the last meeting the biggest question was who and who is not part of the inventory. There was further discussion as to which providers will be part of the Plan. It was agreed that providers licensed by DPH and DCF, acute care hospitals, and most state operated facilities would be part of the inventory. DOC, VA, and private practitioners will be mentioned but not inventoried. A possible idea is to have a hyperlink in the electronic version of the inventory that would connect to the providers that are not part of the inventory. The subcommittee decided that the Plan would be based upon a facility inventory but future plans could expanded to include other types of providers (e.g., practitioners) and levels of service (e.g., recovery supports). It was noted and discussed that the chapter on Behavioral Health facilities should be consistent with the primary care format, as both have many of the same issues. Next the subcommittee discussed how to define clinical services. Again it was agreed to that the inventory would be based upon services licensed by DPH and DCF. The subcommittee also suggested having links to provider websites so that consumers could have additional information on provider services.	OHCA will work on a clearer definition of the Behavioral Health universe we are including in the plan and distribute to members.

<p>III. Data Collection</p>	<p>Regarding Data Collection, several sources were mentioned including Value Option (“VO”), DMHAS, Network of Care, DPH and DCF licensing databases, the CTClearinghouse, National Survey of Substance Abuse Treatment Services (N-SSATS). Karen Roberts mentioned that October 1st would be the cut-off date for the inventory. It was suggested that hospital discharge data may be helpful in determining inpatient behavioral health services in general hospitals. The subcommittee discussed which codes will be used when looking at the inpatient discharge database. A good source for the hospital outpatient data is CHIME and VO. Jim O’Dey asked if the facility inventory will also include a bed inventory. The question came up as how to define services and several members mentioned the use of the DMHAS definitions. The subcommittee discussed geographic representation of facilities (i.e., geomapping) and planning areas. It was suggested that that the Plan be based upon the CT’s five emergency management services regions.</p>	<p>Jim Siemianowski – to look at DMHAS utilization. Al Bidorini – to look at block grants and provide OHCA with service definitions and also what data can be culled from the N-SSATS database. Jim O’Dey will get in touch with Stephen Frayne at CHA to see what is captured at the outpatient level. Liz Collins – talk with Laurie Vanderbilt at VO. Susan Walkama – regarding the Clearinghouse data (OHCA will contact her regarding this). Bert Plant – DCF providers (OHCA will contact him regarding this)</p>
<p>IV. Recommendations and Next Steps</p>	<p>It was recommended that the Plan include geomaps tied to each service level, if possible in the future. Also look at SAMSHA’s Treatment Locator, which maps providers and could be used as a hyperlink in the Plan. There was discussion on determining the need for behavioral care and looking at national benchmarks, beds per thousand, staffed/licensed beds, DMHAS utilization by level of care, and VO’s claims data to assess adequacy of services, e.g., undersupply, adequate or oversupply. Jim O’Dey indicated that we could make broad or general statements based on national expectations and Al Bidorini indicated that might work for 1st iteration of the Plan.</p> <p>Al indicated that Kim Martone has extended an invitation to subcommittee members to attend the overall Advisory Body meeting on Wednesday, October 12, 2011. Towards the end of the meeting assignments were given to several members of the subcommittee for discussion at the next conference call.</p>	<p>OHCA will send reminder notice regarding the upcoming conference call on October 7, 2011.</p>

Attendees: James O’Dey, Liz Collins, Al Bidorini, James Siemianowski, Sandra Bauer, Lauren Siembab, Jeffrey Walter, Norma Kirwan, Chris Daley, Dr. Maybelle Mercado-Martinez

Attendees from OHCA: Karen Roberts, Kaila Riggott, Paolo Fiducia

Absent: Dr. Stephen Larcen, Susan Walkama, Bert Plant