Connecticut BHP
Supporting Health and Recovery

beacon
health options

Five Hundred Familiar Faces (500 FFs): Data Integration and Target Population Identification

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Chapter

01

Project Overview: Goals & Objectives

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Project Goal

- **Better serve multi-system involved high need homeless individuals and families by providing a trauma-informed, strengths-based, person-centered approach to service delivery.**

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Why is this project important?

Key Points

- Individual social and environmental influences are the driving factors in health and well-being – more so than healthcare services.

- To better understand and assist those with the greatest need, it is necessary to access services and supports that are beyond what traditional healthcare systems provide.

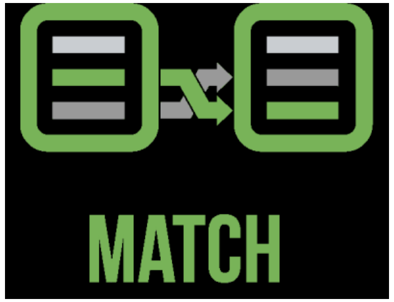
Key Strategies

- We must integrate data from service providers outside of the healthcare system to better understand and best serve our clients.

- Pairing integrated data with a coordinated multi-system team of providers and State agency representatives that can provide timely access to critical services is also required.

Objectives

- Conduct a multi-agency data match



- Identify multi-system involved homeless individuals and families

- Explore patterns of multi-agency involvement to inform service delivery

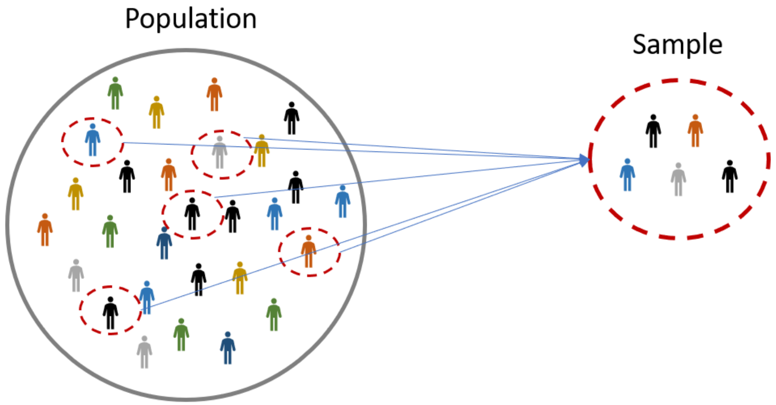
Objectives (cont)

- **Identify high need individuals and families across multiple state agencies**

- **Explore patterns of high need across multiple agencies to inform service delivery**

Objectives (cont)

- Select a sample of the 500 highest need individuals and families from those who are homeless



- Identify a cohort of individuals and families for a service delivery pilot in Fairfield County

Objectives (cont)

- **Develop a coordinated multi-agency service delivery model**

- **Conduct a Pilot in Fairfield County**

HMIS	DSS
DCF	DMHAS
DOC	CSSD

Objectives (cont)

- **Evaluate the outcomes and efficiencies of the Pilot Program**

Chapter

02

Beacon Health Options

Connecticut Behavioral Health Partnership (CTBHP)

CTBHP was established by Connecticut General Statute to provide a multi-agency approach to problem solving and to address seemingly intractable system concerns within the Medicaid behavioral health service system, resulting in significant positive outcomes.

- The Department of Children and Families (DCF), the Department of Mental Health and Addiction Services (DMHAS), and the Department of Social Services (DSS) are member partners of the CTBHP, and jointly contract with and manage Beacon Health Options as the Administrative Services Organization (ASO)

- The CTBHP has authorized Beacon to assist the Governor's Task Force in completing the data matching and high need analysis under this initiative within existing contract resources.

CT BHP AT A Glance

Covered Lives: **875,000+**

Contract Type:
Administrative Services Only
- Cost Plus
- Withholds and Performance Standards

Features:
- Innovative analytic capacity with deep quality and reporting resources
- No claims payment
- Foreign Network that we "co-manage"

Covered Services: Management of core behavioral health services covered under Medicaid and grant-funded community services, including management of:
- **For Youth:** DCF residential care, intensive home-based services, PRTF, child state inpatient care, autism services, Solnit QM
- **For Adults:** Outpatient, Inpatient, IOP/PHP, Detox (Withdrawal Management)

Geography:
Statewide

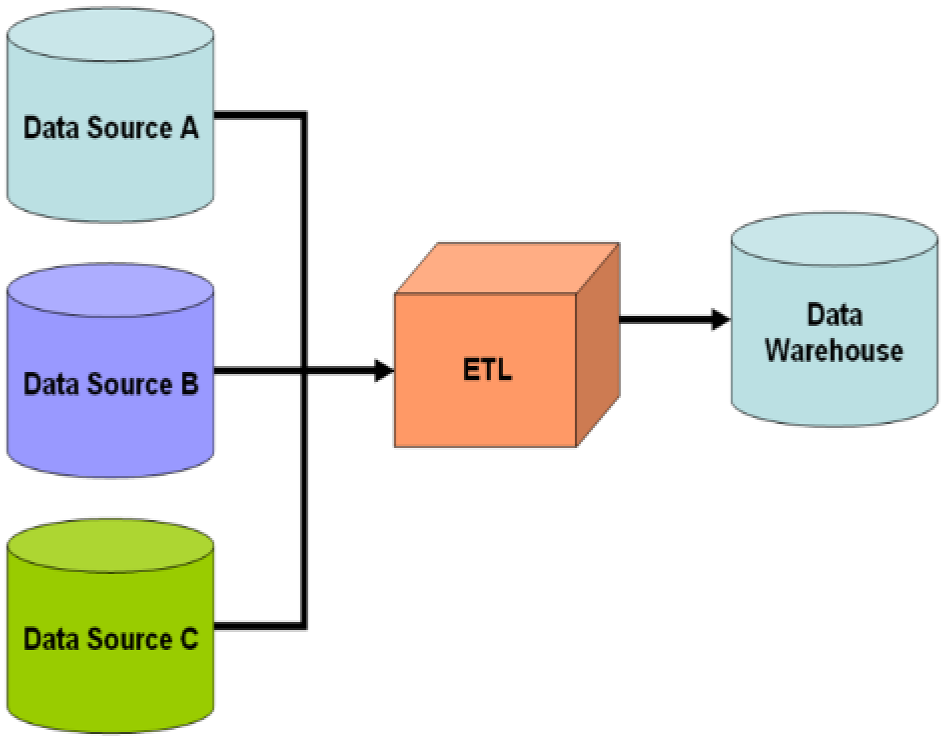
Chapter

03

Key Data and Analytic Tasks

Initial Considerations

- 1st data integration project of its kind in the state
- Starting point – needs to be good but not perfect
- Wherever possible, capitalize on existing data agreements and relationships



Data Sources

- **Homeless Management Information System (HMIS)–** Individuals with 1 or more days in homeless shelter during 9-1-18 through 11-30-19 (15 months) including family information
- **DSS** – Individuals eligible for Medicaid with all claims and authorization data
- **DCF** – Children with any kind of DCF involvement plus key child welfare indicators
- **DMHAS** – Medicaid Eligible Adults that are DMHAS clients including those with non-Medicaid funded encounters
- **DOC** - Individuals with at least 1 day incarcerated in the past three years including key indicators of high need
- **CSSD –** Individuals on probation or otherwise served by CSSD including key indicators of high need

(all members from all agencies must be Medicaid eligible to be part of the data set)

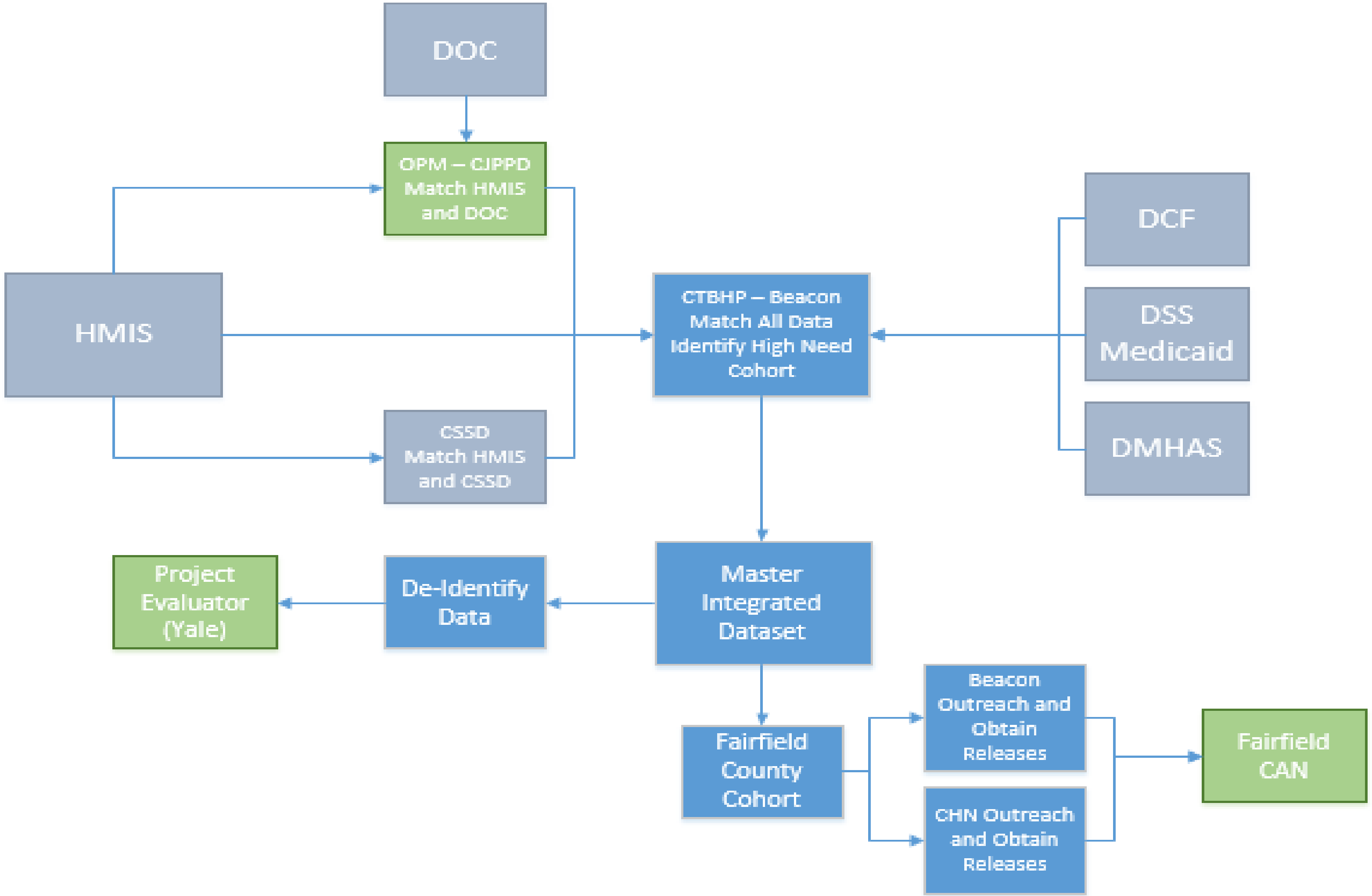
HMIS
DSS
DCF
DMHAS
DOC
CSSD

Data Matching Process

1. **Agreements –** Insure all required data sharing releases and agreements are either already in place or developed specifically for the project
2. **Definitions** – Develop file layouts and data dictionaries to define the data elements required from each entity
3. **Transfer Processes** – Develop secure HIPAA compliant secure data transfer processes
4. **Integration Processes (See Visual Next Slide)**
   I. Match Core Data – HMIS and Medicaid are the two primary datasets – only Medicaid recipients with at least one day in shelter will be included in the master data file
   II. Match other agency data to the CORE set

HMIS	DSS
DCF	DMHAS
DOC	CSSD

Data Matching Process



High Need Determination - Overview

- Two Level Determination of High Need
  1. **Degree of Multi-System Involvement – How many agencies has each individual/family touched**
  2. **High Need based on individual agency criteria**
     - **DSS** (Medicaid) – Utilization of inpatient, ED, and nursing home services
     - **DMHAS** – Utilization of BH inpatient and BH ED services
     - **DCF** – Key indicators of Child Welfare System involvement such # of substantiated findings, total LOS in DCF care, etc.
     - **DOC** – Key Indicators of DOC involvement such as first year of incarceration, total # of incarcerations, etc.
     - **CSSD** – Key Indicators of CSSD involvement such as arrests/convictions, violations of probation, etc.
     - **HMIS** – Key Indicators of shelter utilization such as number of days in shelter, number of shelter admissions, etc.

HMIS
DSS
DCF
DMHAS
DOC
CSSD

High Need Determination – Sample Data

Client Number	High Need - Agency Involvement							High Need -Agency “Standard” Score						
	HMIS	Medicaid	DMHAS	DCF	DOC	CSSD	Total	HMIS	Medicaid	DMHAS	DCF	DOC	CSSD	Total
1	X	X	X	X	X	X	6	3	8	8	1	1	1	22
2	X	X		X			3	8	3	0	3	0	0	14
3	X	X			X	X	4	5	9			7	7	28
4	X	X	X	X		X	5	5	2	4	8	0	3	22
5	X	X					2	9	9					18
6	X	X			X	X	4	1	8	0	0	4	6	19

Chapter

04

Next Steps

Time Frame

Task	Approximate Dates
Data Transfers	February
Quality Checking and Integration	February to March
Analysis & High Need Determination	March to April
Cohort Selection	April
Begin Outreach	April - May
Pilot Initiates	May - June

Thank You

Contact Us

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