

Continuity of Care Advisory Panel  
Economic Workgroup Meeting Minutes  
August 8, 2013

Attendees:

1. Dr. Stephen Goldberg (Chair)
2. Erin McMullen (DHMH Staff)
3. Suzanne Harrison
4. Ryan Shannahan
5. Mike Finkle
6. Steve Davis
7. Dan Martin
8. Laurie Corcoran
9. Jodie Chilson
10. Kait B. Roe
11. Adrienne Ellis
12. Scott Rose

Agenda:

- I. Introductions
- II. Background
- III. Meeting Schedule
- IV. Research and Data
- V. Possible Recommendations
- VI. Adjourn

## **II. Background**

The Economic Workgroup will examine barriers that may limit access to care, such as housing, income, and health coverage. The workgroup will present their findings at the September 4, 2013 meeting of the Advisory Panel.

## **III. Meeting Schedule**

Prior to the September 4th meeting, the workgroup will meet from 1:30 - 3:30 on August 16th, August 23, and August 30.

## **IV. Research and Data**

The workgroup discussed what type of data they would like to analyze. More specifically, the group aims to identify whether there is data or information to be studied regarding the percentage of time and resources that are spent on treatment for high-end users. Dr. Goldberg suggested that the workgroup examine the following data:

- Inpatient hospitalization costs for high users, including a breakdown of costs for the State's forensic population. The cost of competency evaluations and restoration should be identified. Inpatient somatic costs for this group should also be reported.

- The total number of inpatient beds in the State, and the State's Average Daily Population (ADP). The percentage of forensic beds should also be identified as well as the number of competency evaluations and restorations that are completed.
- Costs in the community, including medication, crisis services, bridge services, and pharmaceutical benefits.
- Behavioral health emergency room utilization by cost and by total number. Somatic costs should also be discussed.
- Spending on crisis services (capitated and noncapitated).
- Average annual costs for high-end users.

Other areas identified by the group include:

- Trends for court-ordered treatment by jurisdiction (including costs).
- Costs associated with clinical review panels.
- An assessment of States that allow for competency and evaluation to be conducted in a detention center (Arizona).
- Expected number of individuals to be insured under the Affordable Care Act.
- The number of individuals in the mental health system that are not considered restorable.

## **V. Possible Recommendations**

- Dr. Goldberg noted a potential recommendation of the workgroup relates to whether compensation should be tied to a providers ability to provide continuity of care.
- In the full Advisory Panel meeting, it was noted that a 1997 Attorney General opinion cited that Medicaid recipient information can be shared between mental health providers and providers who deliver somatic care. Adrienne Ellis noted that the Health Information Exchange will be issuing draft regulations soon and it would be helpful to have the 1997 Attorney General's opinion.

## **VI. Adjourn**

Workgroup adjourned and returned to meet with the full advisory panel.