

Meeting Summary for Adult Quality, Access & Policy Committee

Zoom Meeting

Sep 09, 2025 10:25 AM Eastern Time (US and Canada) ID: 992 5105 6561

Quick recap

The meeting focused on treatment and care strategies for Medicaid members with serious mental illness, featuring presentations from Carelon Behavioral Health and discussions about community care teams and behavioral health services. Various housing and homeless services programs were reviewed, including permanent supportive housing and outreach services for unsheltered homelessness, with particular attention to Journey Home's successful housing program for people experiencing homelessness. The conversation ended with discussions about emergency department visits and connect-to-care rates, while addressing confusion between HUSKY and Medicaid programs and noting the rescheduling of the November meeting.

Next steps

- Carelon: Address the issue of members cycling between emergency departments, homelessness, and incarceration without proper service connections.
- Behavioral Health Homes team: Increase collaboration with medical providers to address metabolic syndrome in SMI population.
- DMHAS: Investigate ways to better integrate community service providers into the discharge planning process for patients transitioning from state facilities back to the community.
- Rob Haswell: Follow up with Co-Chair Brenetta Henry regarding improving the transition process for individuals returning to the community from DMHAS facilities.
- Rob: Explore further coordination between local police departments and community-based crisis services, potentially through the CCBHHC committee.
- Dan Langless: Follow up on concerns about data accuracy regarding connection to care services raised by Neva Caldwell.
- Dan: Provide a more detailed breakdown of behavioral health home eligibility criteria for future presentations, including the requirement of being a HUSKY member with an SMI diagnosis and a \$10,000 annual Medicaid spend.
- Carelon: Work with partners to enhance support for emergency department activities.
- Carelon: Continue monitoring and reporting on behavioral health ED visit data and connect-to-care rates.
- Carelon: Continue supporting Community Care Teams with peers, intensive care managers, and regional network managers to improve care connection rates for members with serious mental illness.
- Carelon: Maintain collaboration with CHN to facilitate data sharing that informs providers and helps improve outcomes for Behavioral Health Home enrollees.
- Behavioral Health Homes providers: Continue using Connie for daily notifications on members using emergency rooms and inpatient settings to ensure comprehensive discharge planning.
- Behavioral Health Homes: Continue providing psychoeducational groups focused on whole person care for members with serious mental illness.

- Health Literacy Committee: Continue enhancing clarity and readability of materials for Behavioral Health Home members.
- Community Care Teams: Continue efforts to improve connection to care rates for members with behavioral health diagnoses.

Summary

Medicaid Mental Health Treatment Strategies

Co-Chair Sabrina Trocchi welcomed attendees and outlined the agenda, which included a presentation on treatment and care strategies for Medicaid members with serious mental illness. Dan Langless, from Carelon Behavioral Health, was introduced as the presenter for the day. The meeting was set to include input from state agency partners, providers from hospital systems, and Journey Home, focusing on housing issues. The session was scheduled to include a presentation followed by an open Q&A session.

Adult SMI Population Health Overview

The meeting focused on the treatment and utilization of adult Husky Health members with serious mental illness (SMI), providing an overview of the population's demographics, prevalence rates, and care patterns following emergency department visits. Dan explained the definition of SMI and highlighted the increased risk of metabolic syndrome and shorter lifespan among individuals with SMI. The discussion included data on emergency department utilization, behavioral health services, and connected care rates, with a particular focus on individuals with schizophrenia and other psychotic disorders. Participants asked questions about data collection methods, housing status, and the transition of individuals from facilities back into the community, which Dan addressed by clarifying how treatment and documentation are recorded in the system.

Community Care Teams Evolution Overview

The meeting discussed the evolution of community care teams, highlighting their growth from 2013 and ongoing efforts to improve care coordination. Jeannie Wigglesworth, Director of Behavioral Health Homes and Special Projects (Carelon), explained the program's focus on the SMI population, emphasizing collaboration with medical providers to address metabolic syndrome and other health issues. The discussion also covered the implementation of assessment tools, integrated data systems, and psychoeducational groups to enhance patient outcomes and care management. Participants agreed that more could be done to improve service accuracy and access, particularly in underserved communities.

Behavioral Health Services Expansion Challenges

The meeting focused on behavioral health services and outcomes, with Jeannie presenting data showing improved preventive care, depression screening rates, and reduced emergency room visits for Behavioral Health Home (BHH) enrollees. Co-Chair Kelly Phenix raised concerns about the limited reach of BHH services, noting that only 7-8,000 out of 84,421 individuals with serious mental illness are served due to a \$10,000 spend threshold. Brenetta Henry highlighted gaps in the transition process for individuals leaving state hospitals, emphasizing the need for better coordination with community-based services to reduce recidivism. Rob Haswell explained that many transitioning individuals are linked with local mental health authorities and BHHs but acknowledged the need to improve the process.

DMHAS Housing and Homelessness Programs

The presentation outlined various housing and homeless services programs managed by DMHAS, including funding from HUD and SAMHSA, with a focus on outreach services for

unsheltered homelessness and permanent supportive housing. Alice Minervino explained the criteria for eligibility in these programs, noting that HUD's definition of homelessness is strict, while SAMHSA's is broader. She also discussed the Homeless to Housing program, which provides case management services throughout a person's trajectory from homelessness to housing, and the upcoming Housing Empowering Recovery from Opioids program, which aims to support people with opioid use disorders who are unstably housed or experiencing homelessness.

Connecticut Housing Assistance Programs

Alice presented on housing and homeless services in Connecticut, highlighting the coordinated access network (CAN) system and the Housing Stabilization Services program. She explained how people can access housing assistance through the 2-1-1 hotline and online resources. Matt Morgan, executive director of Journey Home, then discussed their Compassionate Connections to Housing project, which aims to help people experiencing unsheltered homelessness move directly into housing without going through emergency shelters. The project involves working with encampment residents for 3-4 weeks, coordinating services from various agencies to secure housing and close the encampment. Matt.Morgan@journeyhomect.org

Journey Home's Housing Success Story

Matthew presented on Journey Home's successful housing program for people experiencing homelessness, highlighting their partnerships with municipalities, housing authorities, and service providers. The program has housed 54 people from encampments in 55 days, with only one returning to homelessness. Sarah explained that the program provides holistic case management, including connecting clients to Medicaid, food stamps, and other services, while Matthew noted they also offer homeless prevention services to help clients maintain their housing. The program has been effective in slowing the increase of unsheltered homelessness in the capital region, though overall homelessness numbers continue to rise statewide.

Emergency Department Connect-to-Care Strategies

Beth Klink shared Yale New Haven's experience with emergency department visits, noting that their demographic and utilization data aligns with the presented information. She expressed surprise and encouragement at the high connect-to-care rates for frequent visitors, who often have complex medical and psychosocial needs. Beth explained that connect-to-care refers to initiating a claim for outpatient behavioral health services, not necessarily completing a full course of treatment. She highlighted the emergency department's role in triage and stabilization, and described the various resources available to patients, including health promotion advocates, psychiatric observation units, and a continuum of care. Beth emphasized the importance of collaboration with community providers to maximize connect-to-care success, while acknowledging that some patients may never be ready for treatment or housing.

Husky and Medicaid Program Clarification

The meeting focused on addressing confusion between HUSKY and Medicaid programs, with Kelly raising concerns that many HUSKY members believe Medicaid policies do not apply to them. It was agreed to take this issue back to Erika Garcia to discuss ongoing outreach efforts. The conversation ended with an announcement that the November meeting had been rescheduled from Veterans Day to November 18th.