



## Behavioral Health Partnership Oversight Council

### **Child/Adolescent Quality, Access & Policy Committee**

Legislative Office Building Room 3000, Hartford, CT 06106  
(860) 240-0346 Info Line (860) 240-8329 FAX (860) 240-5306

**[www.cga.ct.gov/ph/BHPOC](http://www.cga.ct.gov/ph/BHPOC)**

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*Co-Chairs: Robert Franks, Hal Gibber & Sherry Perlstein*

**Meeting Summary**  
**Friday, September 20, 2013**  
**2:00 – 4:00 p.m.**  
**Value Options**  
**Rocky Hill, CT**

**Next Meeting: Friday October 18, 2013 @ 2 PM**  
**at Value Options, Rocky Hill**

*Attendees: Co-Chair Hal Gibber, Co-Chair Sherry Perlstein, Dr. Karen Andersson, Carol Au, Dr. Kathleen Balestracci, Jennifer Barba, Dr. Lois Berkowitz, Carrie Bourdon, Annie Calamari, Terri DiPietro, Jessica Dubey, Jacquelyn Farrel, Brunilda Ferraj, Elizabeth Garrigan, Dr. Steve Girelli, Bill Halsey, Dr. Irvin Jennings, Kim Haugabrook, Bill Kania, Ebony McDaniel-Gladding, Steven Moore, Morna Murray, Joan Narad, Kim Nelson, Robert Plant, Heidi Pugliese, Lindsey Rooker, Kathy Schiessl, Kristie Scott, Justin Sleeper, Henrietta Small, Gary Steck, Lori Szczygiel, Dr. Laurie Van Der Heide, and Beresford Wilson*

### **Opening Remarks and Introductions**

Co-Chair Sherry Perlstein commenced the meeting at 2:03 PM and thanked members for coming. Members and guests then introduced themselves.

### **Review of Emergency Department Data**

**Dr. Karen Andersson (DCF) and Dr. Laurie Van Der Heide (Value Options)**



ChildAdoIQAP9-20-1  
3UpdatedEDPresenta

The report on Emergency Department Utilization by HUSKY A children and adolescents (attached) was reviewed. In introducing the report, presented by Dr. Laurie Van Der Heide, Dr. Karen Andersson emphasized that the Department and Value Options is advancing ED data to not only quantify ED visits and delays, but to develop a better understanding of the population. They hope to then develop data to include more

information on interventions and services that reduce ED use. It was noted that if children are “stuck” in the emergency department for more than eight (8) hours, they are tracked and counted as “delayed”. The report is based on claims data. Some key information highlighted in the presentation and discussion includes:

- CY enrollment increased 13.8% CY 2009 – 2012
- % of enrollees seen in EDs (penetration rate) increased 24.3%
- # of youth utilizing mobile crisis services has increased 300% but hasn’t had the hoped for impact on ED visits
- # of youth in ED delay increased 45.3% between CY 2010 and 2012
- # of days in ED delay had not increased CY 2010 – 2013, however, in CY 2013 (year to date), there has been an increase of 25.5%
- A total 7147 youth were seen in EDs during 2 year period CY 2011 + 2012
  1. 82.5% 1 or 2 times
  2. 17.5% 3 times or more
  3. 5 individuals were each seen 17 – 25 times over the 2 year period
- 879 of the 7147 were DCF involved; mostly committed (735) or Voluntary Services (116)
- 4 – 6% came to EDs from congregate care settings
- 96% had a mental health diagnosis, 17.7% substance abuse, 2.6% intellectual disability, 8.5 autism spectrum disorder, 28.3% asthma, 3.1% diabetes

Discussion centered on the following:

- Yale and CCMC have the highest volume of ED visits. It is not clear what is driving this
- It was suggested that the closing of the Solnit beds, and overall reduction of hospital beds for children and adolescents state-wide, may account for both the increase in ED visits and increases in discharge delays
- It was suggested that the ethnicity data in the report be compared to member ethnicity
- It was suggested that the diagnosis data may be incomplete because most EDs only report 1 diagnosis on the claim, even if there are multiple diagnoses.
- It was suggested that we look at System of Care and all intermediate level of care wait list data to determine if the wait for these services is contributing to the high volume of ED visits
- General concern was expressed about pressure to except kids into a lower level of care when space is not available at the appropriate level of care contributing to the increase in ED visits

## **Discussion of Flow of Children through the System and Update on PA 13-178- Co-chair, Hal Gibber**

Co-chair Hal Gibber said that two pieces of legislation came out of the tragedy at Sandy Hook. One deals with the expansion of services by DCF (presented and reported in last

month's Child/Adolescent QAP Comm. Meeting) and the other calls for a comprehensive mandated report to the legislature by October 1, 2014 on the plan for Behavioral Health Services for Young Adults. There is no new monies allocated but there is a commitment from the sponsors and the leaders of this legislation to make and improve the whole Behavioral Health-Mental Health system. Once the report is completed, over time there may be some new money budgeted for recommended changes and improvement. On September 16, 2013, DCF convened a meeting with about 40 to 60 providers to share the shape and the scope of the mental health system. This meeting was extremely informative and providers and DCF are very excited that the outcome of this legislation will improve the whole system. There is a Clifford Beers model of how this works in New Haven and this model can be replicated in other communities across the state said Hal.

### **New Business and Announcements**

Hearing no new business, comments, or issues; Co-Chair Sherry Perlstein reminded the committee that the next meeting will be Friday, October 18, 2013 at 2:00 PM in the same usual room at Value Options and adjourned the meeting at 3:30 PM.

**Next Meeting: Wednesday, October 18, 2013 @ 2 PM**  
**at VO, Rocky Hill**