



Behavioral Health Partnership Oversight Council

Child/Adolescent Quality, Access & Policy Committee

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Co-Chairs: Hal Gibber, Sherry Perlstein, LghXcpfgrmgi

Meeting Summary
Wednesday, October 22, 2014
2:00 – 4:00 p.m.
Value Options
Rocky Hill, CT

Next Meeting: Wednesday, December 3, 2014 @ 2 PM
at VO, Rocky Hill

Attendees: Karen Andersson (DCF), Kathleen Balestracci, Sarah Becker, Lois Berkowitz (DCF), Rick Calvert, Jessica Dubey, Jacquelyn Farrel, Elizabeth Garrigan, Steve Girelli, Irvin Jennings, Beth Klink, Mickey Kramer, Dan Lyga, Tim Marshall (DCF), Joan Narad, Kim Nelson, Joan Neveski, Sherry Perlstein, Dr. Robert Plant (VO), Lynne Ringer (VO), Kathy Schiessl, Gary Steck, Kristina Stevens (DCF)

1. A Review of Governor Malloy's Immediate Action Plan for Children's Mental Health

Tim Marshall provided an overview to three components of the expansion of emergency services for children and adolescents announced by Governor Malloy and expected to receive final approval by OPM today for implementation this FY. He noted, consistent with national trends, there has been a significant increase in Emergency Department (ED) utilization in Connecticut, and these strategies, with proven efficacy in other states, focus on diverting youngsters from EDs

A. 23 hour Behavioral Health Assessment Centers would be developed in a more child friendly environment than an ED, with the ability to provide medical clearance by RNs to screen out medical emergencies, alcohol and drug overdoses that do require ED services. For youngsters deemed at higher risk than EMPS can safely manage, 23 hour assessment beds provide more extensive assessment and safety planning, with referral to the appropriate level of care within 23 hours.

B. Short Term Family Integrative Treatment (S-FIT) facilities would be developed by repurposing safe homes. Youngsters may be referred by

an ED, 23 Hour Assessment Center, or EMPS, for up to 14 days. Services include intensive child and family assessment and integrative treatment with a commitment to maintain the youngster in their home school with transportation provided by S-FIT. Focus is on returning the child home with clearly identified services to support stabilization achieved in the S-FIT. Over 100 unutilized safe home beds in the state can be re-allocated to S-FIT facilities.

C. Expansion of EMPS Capacity EMPS utilization has increased dramatically over the last several years. To expand capacity to meet this escalating demand, funds will be provided to increase staffing by a minimum of 3 FTEs in each region, with a higher number of FTEs going to the 2 areas with higher ED utilization and EMPS call volume. With additional funds, EMPS sites would also be expected to increase their hours of mobility on weekdays from 10:00 p.m. to midnight and start at 6:00 a.m. instead of 8:00 a.m. Weekend mobility would remain 1:00 p.m. to 10:00 p.m. EMPS will also serve as gatekeepers for 23 hour beds and S-FIT facilities

Discussion focused on the following matters:

1. Changes in hours of mobility are based on current call volume
2. While EMPS data includes all children, the ED data only reflects children with Medicaid, but there has been discussion with the hospital association to obtain more complete data including privately insured and uninsured children and adolescents showing up in EDs with mental health issues.
3. DCF will meet with the lead contractors in each EMPS area to make recommendations about the allocation of resources and will explore the utilization of third party reimbursements to increase capacity
4. It was suggested that the crisis resources of IICAPS and other programs be looked at in conjunction with these new resources
5. Some hospital EDs have remarkably low utilization for children and adolescents with mental health emergencies
 - Believed parents seeking hospital admission drive to an ED at hospitals with in patient resources.
 - No data is available on % of kids coming to ED who are admitted to the hospital. A fuller picture of the relationship of hospital admissions to ED utilization is needed and should include hospitals across the state border
 - Developing the capacity for EMPS to more reliably arrange for direct hospital admissions could divert youngsters from EDs.

6. EMPS maintains data on utilization per 100,000 children in each geographic area. However, home address data on ED admissions has not been looked at as a ratio to population so it is hard to determine hometown areas where overutilization is occurring and local resources that may help reduce ED visits.
7. Data should be developed on percentage of kids in ED with co-occurring drug or alcohol, who would not be eligible for 23 hour beds

D. Autism Spectrum Services The governor's announcement included a commitment to developing supplemental services for children with autism spectrum disorder with a special focus on transitional services for children and youth currently in congregate care. Services would include Behavioral interventions and intensive care coordination to support bringing children home. It was noted that Wheeler Clinic currently has a trial in-home program for the population

2. Discussion of Key Recommendations in the CT Children's Behavioral Health Plan under PA13-178

Kristina Stevens noted the Governor's Action Plan was a response to some of the recommendation in the Children Behavioral Health Plan. It was suggested that the program operated by the Wheeler Clinic for Anthem members demonstrates willingness of private insurers to join with providers in an innovative program with an array of intensive in-home services fully covered by insurance reimbursements. It was also noted that Danbury Family and Children's Agency and Yale are in discussions with Anthem about covering IICAPs services. Tim Marshall emphasized his interest in promoting public and private sector partnerships for intensive services.

Finally, Kristina noted that through their discussion of the Behavioral Health Plan, the state agencies have developed a better understanding of where each agency is spending money.

3. Upcoming Meetings

Due to the Thanksgiving and Christmas Holidays, the November 26th and December 24th meetings are cancelled. An early December meeting date will be announced.

**Next Meeting: Wednesday, December 3, 2014 @ 2 PM at VO
Huntington Room, 4th Floor, Rocky Hill**