



Behavioral Health Partnership Oversight Council

Child/Adolescent Quality, Access & Policy Committee

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www.cga.ct.gov/ph/BHPOC

Co-Chairs: Hal Gibber, Sherry Perlstein & Jeff Vanderploeg

Meeting Summary
Wednesday, February 18, 2015
2:00 – 4:00 p.m.
Value Options
Rocky Hill, CT

Next Meeting: Wednesday, March 18, 2015 @ 2 PM
at VO, Rocky Hill

Attendees: Sherry Perlstein (Co-Chair), Jeff Vanderploeg (Co-Chair), Karen Andersson (DCF), Dr. Kathleen Balestracci, Sarah Becker, Lois Berkowitz (DCF), Cindy Butterfield (DCF), Paul Cancro, Jessica Dubey, Elizabeth Garrigan, Steve Girelli, Dr. Irvin Jennings, Judi Jordan (DCF), Marcy Kane, Susan Kelley, Beth Klink, Ebony McDaniel-Gladding, Kim Nelson, Heather Paluso, Ann Phelan, Donyale Pina, Dr. Robert Plant (VO), Heidi Pugliese, Maureen Reault, Lynne Ringer (VO), Knute Rotto, Sherrie Sharp, and John Torello

Reinvestment of Savings Realized from Reductions in Congregate Care **– Cindy Butterfield (DCF) and Judi Jordan (DCF)**



ChildAdol2-1815DCF
ServiceArrayShifts.ppt

- DCF presented data and financial information from State Fiscal Year (SFY) 2011 to SFY 2015 focusing on reductions in DCF spending on congregate care and reinvestments in community-based services and supports
- A summary of system transformation efforts was presented
- Summary of annual financial information was presented for SFY11 through SFY 15. The financials included DCF's total budget each year, as well as breakdowns in categories for community-based spending, congregate spending, and "other." Changes in DCF caseload were also presented.
 - DCF's total SFY15 actual spending projected at just over \$805 Million

- More detailed financial information was summarized in subsequent slides for each SFY, including areas of reductions and areas of additions/increases
- Presenters and Committee members noted significant reductions in spending over this time period for congregate care settings (group homes and residential treatment centers).
- Increased spending was highlighted in Supportive Housing, Differential Response, Board & Care-Adoption, Board & Care-Foster Care, and a number of evidence-based and promising community-based mental health programs
- Comparisons of SFY 15 to SFY11 summarized decreased spending in congregate services and more spending in community-based services
 - Approx. \$75 Million less spending in congregate care (2 fewer congregate settings, 820 fewer congregate beds being used)
 - Approx. \$58 Million more spending in community-based care
 - DCF estimates that \$0.79 of every dollar in congregate reductions has been reinvested back into community-based care
 - Additionally, compared to SFY11: 12% reduction in DCF caseload; 18% reduction in the number of children in placement; 70% increase in percentage of children placed with relatives and kin; 97% reduction in number of children in out of state congregate care settings
- A summary of the Governor's Budget (released that morning) was also provided. Highlights included:
 - A proposed move of CSSD's detention, probation and associated behavioral health services to DCF management
 - A proposed move of funding and oversight of the Youth Service Bureaus (YSBs) from State Department of Education to DCF
 - No proposed cost of living adjustment (COLA) for behavioral health contracts
 - Non-direct care reductions primarily in child welfare
 - Reductions proposed for Voluntary Services based on assumptions of more people being covered by insurance
 - Proposed expansion of EMPS initially called for in Governor's Immediate Action Plan of October 7, 2014 is not represented in the biennial budget
- Committee Follow-up Requests
- The Committee requested a further breakdown of the reinvestment from congregate care savings in behavioral health services vs. reinvestments in child welfare services and supports
 - DCF agreed to provide links to a series of reports on the maltreatment, removal, placement stability, and social/emotional/behavioral outcomes of youth who have been moved out of congregate care settings

Review of 2013 In-Patient Data- Dr. Bert Plant (VO)



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InpatientPT2013Final

- Review of Calendar Year 2011 and 2012 inpatient data (the data that are used to calculate CTBHP 2013 performance targets). It was noted that the report is on BHP covered children age 3 – 17, is based on claims data, excludes dually eligible and Title XIX, and does not include DCF funded services
- A series of univariate comparisons made between youth that used behavioral services in the study period, but did not use inpatient services (non-inpatient BH) and youth that used inpatient services during the study period (inpatient BH)
- A number of findings were reported relating to differences between these groups with respect to age, gender, race, ethnicity, primary language, DCF status, clinical diagnosis, socio-economic status.
 - Please see report on website for specific findings

New Business

Karen Andersson (DCF) reported that ValueOptions has received a sole source contract to operate a Care Management Entity (CME) focused on providing intensive wraparound services to further reduce the remaining number of children in congregate care settings

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Hartford Room, 3rd Floor, Rocky Hill**