



Behavioral Health Partnership Oversight Council

Child/Adolescent Quality, Access & Policy Committee

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

Meeting Summary
Wednesday, December 16, 2015
2:00 – 4:00 p.m.
Value Options
Rocky Hill, CT

Next Meeting: January 20, 2016 @ 2:00 PM
at VO, Rocky Hill

Attendees: *Sherry Perlstein (Co-Chair), Jeff Vanderploeg (Co-Chair), Karen Andersson (DCF), Lois Berkowitz (DCF), Rick Calvert, Erin Eickenhorst-Frean (VO), Elizabeth Garrigan, Bill Halsey (DSS), Beth Klink, Julie McKenna, Heather Paluso, Dr. Bert Plant (VO), Kristin Pracitto, Heidi Pugliese (VO), Lynne Ringer, Knute Rotto, Sherrie Sharp, and Kathy Schiessl*

Introductions:

Jeff Vanderploeg convened the meeting at 2:15 PM and introductions were made. Karen Andersson (DCF) gave accolades and honors to Co-Chair Sherry Perlstein who is retiring at the end of the month and is stepping down as Co-Chair of the committee and Sherry in turn thanked Karen and committee members for their dedicated work. The retirement was celebrated with cake and beverages.

Review of Beacon Health Options Goals Developed in Response to Analysis of Q1 & Q2 2015 Utilization Data – Heidi Pugliese, RN, BSN, Assistant VP of Clinical Services (BHO) and Erin Eickenhorst-Frean, LPC, ICM Supervisor (BHO)



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miAnnualRecommend:

- Semi-annual report and review of the first two quarters on inpatient services
- The Committee examined trend data and recommendations for the behavioral health system of care for Medicaid-insured youth
- Overall Medicaid membership has increased to approximately 840,000 members, 38% of whom are youth members. DCF-involved members continue to constitute approximately 2% of the total Medicaid youth population
 - DCF Voluntary Services and DCF Juvenile Justice membership has consistently decreased in recent quarters

- HUSKY Youth Inpatient admits per 1,000 members increased slightly in last two quarters, but avg. length of stay and total days in inpatient decreased
- For the first time, DCF-involved youth 3 to 12 years old had shorter average inpatient stays than non-DCF youth
- Continued reductions in inpatient discharge delay
- Among the key recommendations offered by BHO were the following:
 - Continue to develop a preventive model of integrated care; consider locating behavioral health services within a Family Care Model Urgent Care Center
 - Develop infrastructure for youth with Autism Spectrum Disorders
 - Expand development of rapid response models to assist EDs with youth presenting with behavioral health concerns
 - Expand capacity of psychiatric residential treatment facilities (PRTF) and monitor access, service delivery, and outcomes

Review of the Charge of the Child and Adolescent Quality, Access & Policy Committee

This committee works with DCF to maximize the combined impact of BHP fee-for-service, and DCF grant and voluntary services funds, by identifying and addressing key issues of consumers and providers. With a focus on enhancing quality and access to services, the committee reviews data that measures the effectiveness of DCF and BHP policies, procedures and initiatives; reports to the Council on results; raises concerns and makes recommendations within the purview of the Council's authority.

The committee, in collaboration with the Adult Quality, Access and Policy Committee, also works through the Council to provide input in the State's plan for federal Health Care Reform, and other emerging mental health policy and program developments.

Co-Chair Jeff Vanderploeg asked committee members to read the Charge of the Committee and asked for suggestions goals associated with the Charge. Dr. Lois Berkowitz (DCF) provided a brief history of the committee and its charge. Suggested goals will be reviewed at the next Child QAP meeting, but examples of suggested goal areas included the following:

- Data integration across Medicaid and state grant funded programs to better track service utilization, connections to care, and outcomes among Medicaid-enrolled youth
- Examine data within the context of possible disparities related to racial, ethnic, economic, and other characteristics
- Expand representation within the Child QAP meetings to include the full service continuum and enhance family representation in meetings
- Develop recommendations and processes for better tracking service demand, access/capacity and wait lists across the continuum of care
- Examine the true cost to providers of evidence-based practices and the role of various options for streamlining the delivery of high-quality care, including common elements and measurement-based care approaches
- Examine the sufficiency of access to child and adolescent psychiatry including the

possible expansion of tele-psychiatry models of care and examination of possible expanded role of advanced practice registered nurses

Other comments and suggestions can be emailed to Co-Chair Jeff Vanderploeg or Council Administrator David Kaplan until the next meeting date of January 2016. Proposed goals will again be discussed at the January meeting and ultimately brought before the BHPOC Council for further review.

New Business and Announcements

Co-Chair Jeff Vanderploeg asked for any new business or announcements. Hearing none, he thanked Sherry for her leadership of the committee and wished everyone Happy Holidays. The meeting was adjourned at 3:47 PM.

Next Meeting: January 20, 2016 @ 2:00 PM
3rd Floor, Hartford Conference Room, VO in Rocky Hill