



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.ct.gov/ph/BHPOC

Co-Chairs: Steve Girelli, Jeff Vanderploeg & Hal Gibber

Meeting Summary
Wednesday, March 22, 2016
2:00 – 4:00 p.m.
Beacon Health Options
Rocky Hill, CT

Next Meeting: April 20, 2016 @ 2:00 PM
at Beacon Health Options, Rocky Hill

Attendees: *Steve Girelli (Co-Chair), Jeff Vanderploeg (Co-Chair), Karen Andersson (DCF), Dr. Kathleen Balestracci, Dr. Lois Berkowitz (DCF), Elizabeth Garrigan (Beacon), Kerri Griffin, Dr. Irvin Jennings, David Klein, Beth Klink, Sarah Lockery, Dan Lyga, Kim Nelson, Ann Phelan (Beacon), Donyale Pina, Dr. Bert Plant (Beacon), Knute Rotto (Beacon), Kathy Schiessl, Tracy Schulz, Melissa Sienna, Gregory Simpson, Janessa Stawitz, and two others*

Introductions:

Co-Chair Steve Girelli convened the meeting at 2:05 PM and introductions were made.

Adolescent Substance Abuse Screening and Treatment and Status of the Alcohol and Drug Policy Council - Melissa Sienna (UConn Department of Community Medicine)



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Rec Support_SubCon

- The IMPAACT grant is a planning grant through 2017, during which the state will apply for a three-year implementation grant.
- Elements of the IMPAACT grant include: implementing the Adolescent Screening, Brief Intervention and Referral to Treatment (A-SBIRT); adolescent substance use policy (reconvening of the Alcohol Drug & Policy Council (ADPC)); health equity and disparities; culturally and linguistically appropriate services (CLAS) standards; evidence-based services; marketing and messaging; workforce development; and financing substance abuse services.
- A-SBIRT trainings began in January, involving EMPS, primary care, DCF, school based health centers, prevention, faith-based communities, Youth Service Bureaus, and others.

- Efforts are being made to ensure: a) broad stakeholder input and involvement; b) that the IMPAACT grant is being aligned with other existing system development efforts.
- Members voiced the following questions/concerns, to which Melissa responded:
 - Whether A-SBIRT would only serve to highlight shortages in the substance abuse treatment delivery system.
 - State agencies believe the results of this initiative, including identification of treatment gaps, will inform enhancements to the treatment system
 - Are there any planned changes in licensing for delivering substance use services?
 - None of which Melissa is aware.
 - Is IMPAACT or ADPC are open to the public?
 - ADPC is open; however, IMPAACT (as a planning grant) is time-limited, federally-funded and being used to inform a broader public process.
 - Are Medicaid reimbursement rates are being examined.
 - Medicaid costs are already high and there is resistance to increasing costs further.
 - Substance use and mental health severity often exceed what is appropriate at the outpatient level of care.
 - Recent data show that clients' aggregate clinical profiles are equivalent at the outpatient and intensive in-home levels of care and that A-SBIRT is designed to help reduce progression of substance use concerns through early identification and early intervention.
- Melissa asked whether providers collect and document actual costs of care compared to reimbursement received (grant, fee for service, commercial reimbursement) and requested that information be sent to her to be incorporated in their grant development/needs assessment process.
- If you have more information, contact Melissa.sienna@ct.gov.

Emergency Department (ED) Utilization and Factors Predicting ED Utilization— Bert Plant, Ph.D., Beacon Health Options



ChildAdol3-22-16 BH
ED Youth Trends 201:

- Year-to-year trends indicate increasing utilization of EDs in general, and specifically for pediatric behavioral health concerns. This is consistent across the country and even internationally.
- EDs may not always be the best setting for treating children's behavioral health issues. Many concerns can be more effectively managed in the community.
- Concerns with use of ED include high volume, frequent visitors, children "stuck" in EDs, and children not being connected to the community-based system following ED episodes (connect to care).
- Utilization of ED among DCF and non-DCF members is about the same per 1,000 members.

- Frequent visitors were identified as children with a primary or secondary behavioral health diagnosis in the top 2% of frequency of ED visits (4+ visits) for a behavioral health concern during a 6-month period.
- A total of 140 children met these criteria. Most (80%) met the criteria for one 6-month “target” period (July through December 2013); only 20% of these were persistent frequent visitors (i.e., met criteria in the 6-month period before and after the target period).
- African-American youth are underrepresented in most BH services, but are proportionally represented in ED utilization data. Members posed a number of possible explanations for these data including that young African-American youth with behavioral health conditions are more likely to land in the juvenile justice system than in the behavioral health system.
- A member noted that even young children are being “boarded” in the ED for BH concerns because of the inadequacy of residential care as well as the inadequacy of school and community-based treatment options.
- Overstays remain a concern but are overall trending downward.
- Connect to care rates following an ED visit were about 40% within 7 days post-discharge, climbing to just under 60% at 30 days; however, this only included connections to Medicaid-reimbursed care; DCF grant funded care connections were not reflected in the data
- Capacity to merge Medicaid and grant-funded utilization data was highlighted as an important strategy for accurately determining connect to care rates across all components of the publicly funded system.

New Business and Announcements

Co-Chair Steve Girelli asked for any new business or announcements. Hearing none, he adjourned the meeting at 3:56 PM.

Next Meeting: Wednesday, April 20, 2016 @ 2:00 PM, 3rd Floor, Hartford Conference Room, Beacon Health Options in Rocky Hill