



Behavioral Health Partnership Oversight Council

Child/Adolescent Quality, Access & Policy Committee

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

Meeting Summary
Wednesday, May 18, 2016
2:00 – 4:00 p.m.
Beacon Health Options
Rocky Hill, CT

Next Meeting: June 15, 2016 @ 2:00 PM
at Beacon Health Options, Rocky Hill

Attendees: *Jeff Vanderploeg (Co-Chair), Karen Andersson (DCF), Dr. Kathleen Balestracci, Deborah Batsie-Hernandez, Dr. Lois Berkowitz (DCF), Lindsay Betzendahl (Beacon), Dr. Eliot Brenner, Sean Cronin, Erin Eikenhorst-Ewing (Beacon), Elizabeth Garrigan (Beacon), Susan Graham, Bonni Hopkins (Beacon), Dr. Irvin Jennings, Susan Kelly, Beth Klink, Joan Narad (Beacon), Donyale Pina, Heidi Pugliese (Beacon), Maureen Reault (DSS), Knute Rotto (Beacon), Janessa Stawitz, and one more*

Introductions:

Co-Chair Jeff Vanderploeg convened the meeting at 2:08 PM. He explained that his Co-Chair, Dr. Steve Girelli was away at a conference. He asked members to be sure to sign the attendance list and introductions were made.

Child/Adolescent Utilization Trends across Levels of Care – Knute Rotto, Lindsay Betzendahl, and Heidi Pugliese (Beacon Health Options)



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- Overall enrollment in Medicaid has seen some steady increases over time
- Voluntary services admissions are down from previous years, possibly for two reasons:
 - The Affordable Care Act resulted in more youth in Medicaid who had previously been uninsured or commercially insured
 - Many voluntary admissions were for youth with Autism; however, Medicaid now offers a continuum of services for these youth
- There have been fewer discharges from Solnit inpatient in recent years, but slightly longer LOS

- Members indicated this might be because those youth admitted to Solnit are older and tend to have higher acuity than in previous years
- Among those in discharge delay at Solnit, so far in 2016 youth are waiting for group homes or psychiatric residential treatment
- Inpatient Hospitalization
 - Average length of stay (ALOS) among DCF involved youth is at lowest point since data have been collected and it continues to decrease slightly so far in 2016.
 - The number of youth placed out of state for inpatient has decreased
 - Among those in inpatient discharge delay, the average number of days in delay seems to be decreasing in recent quarters.
 - Youth in discharge delay are most likely to be waiting for PRTF or a state hospital
- In-state inpatient units
 - Average length of stay has been somewhat steady for the last 10 quarters overall, but there is variability between hospitals and seasonal variability in the Spring and Fall when volume and ALOS tends to be highest
 - Under 5% of all youth served in the inpatient hospitals experienced discharge delay
 - Members noted the likelihood that a low percentage of youth experience discharge delay at inpatient because of the expansion of community-based care.
 - 85% of youth discharged from inpatient are referred to community-based level of care
 - For those youth recommended to community based treatment, the percentage of youth re-admitted to inpatient within a certain timeframe has shown signs of increasing from 2014-2016 (currently at 18.3% in Quarter 1 of 2016)
- Beacon routinely looks at frequent visitors in ED and inpatient units in order to treatment plan for those youth (most tend to be long-term DCF-involved youth with complex needs)
- There has been a 20% increase in outpatient admissions since 2011
 - The increase can only be partially accounted for by the increase in Medicaid enrollment
 - Some members noted the importance of examining availability intermediate levels of care given the reported high acuity of youth in outpatient treatment settings
- Members noted that the level of acuity across levels of community-based care has been increasing, with many youth seemingly better served at a higher level of care
 - One member noted this is evidenced by lower overall functioning, significance of externalizing behaviors, arrests, multi-system involvement , trauma
- Members noted that parents want school-based services but they are not widely available due to cut backs, even with individualized education plans IEPs) in place. So parents are seeking services in community-based settings as an alternative to schools.
- Some members noted it would be very helpful to have school representatives at our meetings

Increased Family Consumer Involvement in Subcommittee- Karen Andersson (DCF)

- Karen Andersson and other members expressed a desire to increase the presence of family voice in order to put data into context
- Karen noted that our subcommittee may be less intimidating to parents than the full BHP-OC
- Some members noted that consumer/parent participation has been working in other BHP subcommittees and has added value to the discussions. They received training ahead of time.
- A member suggested that lack of consumer input into the data lessens the impact of what is discussed here and does not translate to policy change and decision making at BHP-OC level
- One member asked about criteria for selecting parents to participate in our meetings: Karen responded that we are looking for any family with a child who is receiving or has received behavioral health services, but particularly Husky-funded behavioral health services.
- **Suggested Next Steps**
 - **Providers were invited to identify parents connected to their agencies and bring them to our meetings**
 - **One member suggested a joint agenda with Consumer and Family Voice Subcommittee members about once a quarter**
 - **Karen Andersson and other members will follow up with recommended actions**

New Business and Announcements

Co-Chair Jeff Vanderploeg reminded the committee that the next meeting is on Wednesday, June 15, 2016 at 2:00 PM in the Hartford Conference Room on the third (3rd) floor at Beacon Health Options in Rocky Hill. He asked for any new business or announcements. Hearing none, he adjourned the meeting at 3:38 PM.

Next Meeting: Wednesday, June 15, 2016 @ 2:00 PM, 3rd Floor, Hartford Conference Room, Beacon Health Options in Rocky Hill