



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, June 15, 2016
2:00 – 4:00 p.m.
Beacon Health Options
Rocky Hill, CT

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

Attendees: *Jeff Vanderploeg (Co-Chair), Dr. Kathleen Balestracci, Sarah Becker, Dr. Lois Berkowitz (DCF), Dr. Eliot Brenner, Sarah Crowell, Erin Eikenhorst-Fearn (Beacon), Susan Graham, Mikaela Honhongva, Bonni Hopkins (Beacon), Susan Kelly, Beth Klink, Joan Narad (Beacon), Ann Phelan (Beacon), Jamie Philip, Donyale Pina, Kathryn Power, Heidi Pugliese (Beacon), Maureen Reault (DSS), Knute Rotto (Beacon), Sherrie Sharp (Beacon), Gregory Simpson (Beacon), Janessa Stawitz (Judicial), Kim Turner-Haugabook (Beacon), Dr. Laurie Van Der Heide (Beacon), and Beresford Wilson*

Introductions:

Co-Chair Jeff Vanderploeg convened the meeting at 2:09 PM and asked members to be sure to sign the attendance list. Introductions were then made.

I. IICAPS Provider Analysis and Reporting (PARS) Data Review:

Dr. Laurie Van Der Heide (Beacon Health Options); Dr. Katie Balestracci (Yale Child Study Center)



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APS Profile Presentat

- Overview of Intensive In Home Child and Adolescent Psychiatric Service (IICAPS)
 - Yale Child Study Center (YCSC) developed model in 1996 and operates IICAPS Services
 - DCF contracted with YCSC in 2003 to replicate IICAPS across the state; now at 20 sites
 - Services are targeted to children with severe emotional disturbance, who are at-risk of, or being discharged from, inpatient hospitalization.
 - IICAPS is designed as a six month service

- There has been variability across provider sites in key performance measures, making IICAPS a good candidate for a Provider Analysis and Reporting (PAR) program
 - The PAR program compares performance data across IICAPS sites, addresses concerns, and shares best practices for improving performance.
 - Beacon uses benchmarks (top performers) and thresholds (performance goals) in PARS
- A member asked about the lag between IICAPS service and the PARS data
 - Currently, the IICAPS PAR program relies on claims data. There is about a one year lag between current practice and the PARS data reports being made available.
- Beacon looked at percent of youth with follow-up services within 14 and 30 days of discharge
 - There appears to be a lot of room for improvement among providers on this data
 - Only Medicaid services provided post-discharge is available to Beacon, not DCF grant funded or other services
 - One member noted that many DCF grant funded services are provided along with Medicaid reimbursable services, and that would get captured in these rates
- Over 90% of youth were not admitted to inpatient within 60 days post-discharge from IICAPS and the great majority were not admitted within 180 days either
 - Hospital avoidance rates are higher among those classified as “treatment completers”
- A member asked whether performance data has been examined by race/ethnicity
 - Beacon reported that these data have not been examined by race/ethnicity
- Next steps include: regional breakouts to review performance data; regional workgroups to develop improvement plans and re-evaluate the data in 6 months
- One member asked whether families have been or will be part of the improvement process
 - Beacon responded that families will participate in focus groups

II. Review of Inpatient Follow-up Care Rates

Dr. Laurie Vanderheide (Beacon Health Options)



ChildAdol6-15-16HED
IS FUH Youth - 2015 |

- Beacon has been working on integrating Healthcare Education Data and Information Set (HEDIS) measures into their reporting; they have developed five behavioral health measures to date
- National HEDIS data makes it possible to compare your state's rates to all other states' rates. The HEDIS standards are very specific to ensure data are comparable across states
- This presentation focuses on follow-up care rates after hospitalization for mental illness among youth who stay in the community (i.e., are not hospitalized) after an initial inpatient admission
 - They look at follow-up medical or behavioral health claims within certain timeframes

- A limitation is that you can't compare for youth only--HEDIS reports 6 to 65 year olds
- There were 7,871 eligible discharges in this study of Connecticut residents
 - Among these eligible youth, 54.49% had follow up with 7 days in CT (national average = 44%; New England average = 58.07%)
 - Among the eligible youth, 75.33% had follow up within 30 days in CT (national average is 63.0%; New England average is 74.39%)
- Breaking out rates by youth and adults, connect to care rates in CT are higher for kids than adults on 7 day and 30 day measures (there is no comparable data from other states for youth)
- By gender, among youth, girls' rates are higher than boys on 7 day measure; same for 30 days
- Among DCF-involved youth (28% of the eligible sample), DCF-involved youth had lower connect to care rates than non-DCF-involved youth at 7 days and 30 days
- By race/ethnicity, Caucasian youth were significantly over-represented in this sample compared to their representation in the overall Medicaid population, whereas African American and Hispanic youth were significantly under-represented compared to their representation in the overall Medicaid population
 - A number of members noted that there are differences by race/ethnicity in the numbers and percentages of youth who are discharged from hospitals. Members noted that it's unclear why, and unclear what the implications are for the behavioral health system
 - Highest 7 day follow up rates were found among Hispanic youth
 - Differences between racial/ethnic groups at 30 days were not significantly different

III. Follow-up to Consumer/Caregiver/Family Participation Discussion

Dr. Lois Berkowitz (Department of Children and Families)

- Lois thanked the family members who were present at the meeting and reiterated the importance of family involvement in the Child QAP subcommittee
- There have been some early efforts at coordination between this QAP subcommittee and Beacon's Consumer Advisory Committee
- Consumer Advisory Committee invited QAP members to attend one of their upcoming meetings.
 - They would like to schedule a joint meeting in October (13th); they meet second Thursday of the month from 10-12 at Beacon
 - They would like to learn more about the BHP OC and explore areas for collaboration
 - BHP OC Exec. Committee will discuss who will share information with Consumer Advisory Committee; suggestion is to have representatives of each subcommittee.
- One member suggested we do some preliminary work to identify areas for collaboration
- Another member suggested even broader family participation than Consumer Advisory Committee.

- A member indicated that there is a need to use these opportunities to educate families about the system and how best to navigate it to access services
- A member noted that every empty family seat in the Oversight Council and its subcommittees should be filled
- Many noted that family input and voice can help to move systems development issues
- Members agreed developing relationships, sharing information and agendas would be helpful
- Providers should also still plan to bring one or more family representatives to this meeting

New Business and Announcements

Co-Chair Jeff Vanderploeg reminded the committee that the next meeting is on Wednesday, July 20, 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 4:02 PM.

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