



Behavioral Health Partnership Oversight Council

Child/Adolescent Quality, Access & Policy Committee

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www.cga.ct.gov/ph/BHPOC

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

Meeting Summary
Wednesday, July 20, 2016
2:00 – 4:00 p.m.
Beacon Health Options
Rocky Hill, CT

August Meeting- CANCELED: Next Meeting: September 21, 2016 @ 2:00 PM
at Beacon Health Options, Rocky Hill

Attendees: *Steve Girelli (Co-Chair), Jeff Vanderploeg (Co-Chair), Dr. Lois Berkowitz (DCF), Jeana Bracey, Sean Cronin, Erin Eikenhorst-Fearn (Beacon), Taylor Ford, Beth Garrigan (Beacon), Susan Graham, Brenetta Henry, Yvonne Jones (Beacon), Susan Kelly, Beth Klink, Jason Lang, Ellen Livingston (Beacon), Ann Phelan (Beacon), Donyale Pina, Heidi Pugliese (Beacon), Maureen Reault (DSS), Sherrie Sharp (Beacon), Kathy Schiessl, Janessa Stawitz (Judicial), and Beresford Wilson*

Introductions:

Co-Chair Jeff Vanderploeg convened the meeting at 2:06 PM and introductions were made. Dr. Lois Berkowitz (DCF) in place of Dr. Karen Andersson (DCF), who was called to Hartford for a department meeting, gave an update on the Consumer/Caregiver/Family Participation discussion from last month. She was accompanied by Yvonne Jones (Beacon) and Brenetta Henry (Co-Chair of the BHP Coordination of Care Committee). There will be a meeting on July 28, 2016 of the Co-Chairs of the Child/Adolescent Quality, Access & Policy Committee, the BHP Consumer and Family Advisory Subcommittee, and Drs. Andersson and Berkowitz to plan for the Co-Chairs of the Behavioral Health Partnership Oversight Council Committees to attend on October 13, 2016 from 10-12, a meeting of the BHP Consumer and Family Advisory Subcommittee at Beacon. The purpose of the meeting on the 13th is to discuss future collaboration, participation, and partnerships.

I. Presentation of Behavioral Health System Data from June 29, 2016 **DCF/Beacon Health Options Meeting, “Helping Children & Youth Succeed”**

Ellen Livingston (Beacon), Heidi Pugliese (Beacon), and Jason Lang (Child Health and Development Institute)



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June 29 Gathering.ppt

- Overview of medical data from 2006 to 2015 of children 0-17 with Medicaid eligibility, including those with DCF involvement
- Data show children are getting better
- Total number of unique members using the emergency department (ED) has increased about 3.7% from 2012 to 2014
- Total number of youth in ED discharge delay has been on a steady decline from '12 to '14. The highest volume and highest rates of ED delay tend to occur in March and April each year
- Inpatient average length of stay has decreased by 44% from '07 to '15. Probably due to better care coordination, treatment planning, and collaboration with outpatient providers.
- There have been more youth in inpatient stays, but the stays are shorter
- The number of days in inpatient discharge delay status has declined by 13% since '10 (from 22% to 9% of days in discharge delay). The decrease has been even higher among DCF-involved youth (from 31% to 10%).
- Group home and residential treatment utilization has decreased substantially from '10 to '15
 - A member noted that utilization has decreased in part because those beds were closed
 - DCF reported that group homes were closed in part because many beds were empty which makes it difficult to determine which came first (closing beds, or low utilization)
- Waits for congregate care and other services have decreased, whereas waits for state hospitals and PRTF beds have generally increased from '12 to '14
- As the utilization of “deep-end” (inpatient, residential, state hospitals) treatment has generally decreased, utilization of community- and home-based services has increased from '10 to '15
- Outpatient admissions have grown by 27% from '10 to '15; however, about 44% of all youth that utilize outpatient engage in 3 or fewer sessions over the course of 6 months
- EMPS utilization has increased substantially from '10 to '15. Mobility has been consistently over 90% for EMPS providers, and almost 90% of all responses occur in 45 minutes or less
- Outcomes of EMPS indicate significant improvements in problem behaviors and functioning
- EMPS is less costly than an inpatient stay, and the total number of EMPS diversions from inpatient hospitalization saves approximately \$3.5 million per year in Medicaid. There are additional savings associated with diversions from the ED and from juvenile justice as well.
- Use of other evidence-based treatments has also increased dramatically over time. Twelve times more youth receive TFCBT, MATCH, or CBITs than in 2008.
- About 70-80% of children who met criteria for PTSD at intake no longer meet criteria at discharge.

II. Updates on CONNECT System of Care Expansion Grant

Jeana Bracey (Child Health and Development Institute), Susan Graham (Family Engagement Consultant), and Beresford Wilson (FAVOR)



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- A SAMHSA-funded initiative that began in 2013 as a 1-year planning grant and is currently under an implementation grant for the period 2014-2018 with CHDI as the Coordinating Center.
- Follows the system of care principles and emphasizes youth guided, family driven, culturally and linguistically competent, community based, least restrictive environment, and no wrong door approach.
- In recognition of the fact that workforce development has historically eliminated families as youth as consumers, three curricula have been developed and have so far been delivered to 350 family members with 44 trainers currently.
- CONNECT funded a statewide initiative for cultural and linguistic competency development that involved 12 providers and FAVOR in the first cohort, completed at the end of last month, and will begin a second phase with 14 providers. Primary focus is implementation of HHS standards for Culturally and Linguistically Appropriate Services (CLAS).
- Will examine through use of a survey tool the relationships between pediatric primary care and behavioral health and between schools and behavioral health, evaluating the current relationships and the strengths and needs. Families report feeling shuffled among primary care, school, and counseling without resolution of the behavioral health problems.
- Tremendous data collection through the Data Integration Collaborative, which increases data available to the public and increases transparency regarding services. **See Connect.ctdata.org** for full charts, graphs, and information.

III. iCAN Conference

Brenetta Henry and Yvonne Jones (Beacon)



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The second annual iCan conference will be held on Thursday, September 22, 2016 from 8:30 AM to 3:00 PM at The Artist Collective (1200 Albany Avenue, Hartford) as a partnership among CT Medicaid consumers, agencies, and providers. The conference is family-driven with the support of Beacon Health Options. Last year's conference had 170 attendees. This year's can accommodate 225. Registration is anticipated to be open in about one week.

New Business and Announcements

Co-Chair Jeff Vanderploeg reminded members to be sure to sign the attendance list. He told committee members that the August meeting is **CANCELED** and the next meeting will be Wednesday, September 21, 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 other questions, comments, new business or announcements. Hearing none, he told members to enjoy the summer and adjourned the meeting at 3:37 PM.

***NOTE: August Meeting- CANCELED: Next Meeting: Wednesday, September 21, 2016 @ 2:00 PM, 3rd Floor, Hartford Conference Room, Beacon Health Options in Rocky Hill**