



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.cga.ct.gov/ph/BHPOC

Co-Chairs: Steve Girelli & Jeff Vanderploeg

Meeting Summary
Friday, April 21, 2017
2:00 – 4:00 p.m.
Beacon Health Options
Rocky Hill, CT

Next Meeting: May 17, 2017 @ 2:00 PM
at Beacon Health Options, Rocky Hill

Attendees: *Dr. Steve Girelli (Co-Chair), Dr. Jeff Vanderploeg (Co-Chair), Dr. Lois Berkowitz (DCF), Lindsay Betzendhal (Beacon), Eliot Brenner, Rick Calvert, Juli Cioffi-Smith, Adrian Hilerio, Irvin Jennings, Yvonne Jones (Beacon), Donyale Pina, Bert Plant (Beacon), Heidi Pugliese (Beacon), and Dr. Laurie Van Der Heide (Beacon)*

Introductions:

Co-Chair Jeff Vanderploeg convened the meeting at 2:08 PM and introductions were made. Co-Chair Steve reminded participants to sign in.

An addition to the agenda was announced, following a decision in the last meeting that all meetings will open with any follow-up discussion of materials presented in the previous meeting.

Follow-up to meeting of February 8, 2017

There were no follow-up comments or discussion.

HEDIS Measure on Initiation and Engagement of Adolescents in Alcohol and Drug Treatment- Dr. Laurie Vander Heide (Beacon)



ChildAdol4-21-17CTB ChildAdol4-21-17HED
HP HEDIS IET (Combi IS Measure Findings.1

Laurie VanDerHeide and Lindsay Betzendhal of Beacon Health provided an overview of the Health Care Effectiveness Data and Information System (HEDIS) measure findings. They explained that HEDIS was developed by the National Committee for Quality Assurance (NCQA) due to concerns in the late 1980s that Health Maintenance Organizations (HMOs) were saving money at the expense of quality and access to services. The Standards were created in partnership with employers who were using the HMOs for their insurance plans. The standards are modeled after the accreditation standards of The Joint Commission (formerly Joint

Commission on the Accreditation of Healthcare Organizations). Initially, the standards addressed only fundamentals (e.g., denials provider panel adequacy, etc.), but then became more sophisticated (e.g., quality, consumer satisfaction). Also, the standards did not begin to address behavioral health until 1998. Currently, there are 88 measures, 10 of which are behavioral health standards. In addition to reviewing data submissions NCQA conducts audits to assure accuracy of the reporting.

The HEDIS calculates rates of treatment engagement by insurance type (i.e., commercial versus public) and by geographic region. Rates are based on claims data. While this is a limitation of the methodology, and other metrics are used to assess adolescent involvement in substance abuse treatment (e.g., Connection to Care), the advantage of HEDIS is that it provides national and regional benchmark data against which to compare Connecticut's performance.

Data are collected for all Medicaid members who are 13 years old or older and are not dually eligible. The HEDIS measures are **initiation** in treatment and **engagement** in treatment. Initiation is defined as having had one outpatient visit within 14 days of having had an **index episode**, defined as inpatient or residential admission or an emergency department, outpatient, intensive outpatient or partial hospitalization visit for AOD. Engagement is defined as two or more additional outpatient visits, intensive outpatient encounters or partial hospitalization visits within 30 days of the initiation visit.

This definitional information and findings were summarized in a handout. Highlights include the following; Of those who met criteria for inclusion in the study 59% were male and 41% were female (the total Medicaid population is roughly split between males and females). The racial/ethnic breakdown was 47% White, 30% Hispanic, 19% Black, and 1% Asian. This roughly mirrors the breakdown of the Medicaid population with the exception that Asians are underrepresented in this group.

Data regarding initiation and engagement were that 43.1% of adolescents were initiated after their index episode (slightly above the national average and the average for New England), and 25.8% achieved engagement (compared to 15.4% nationally and 13.6% regionally). However, underidentification of AOD among teens is a concern. The observed rates of AOD diagnosis are far below adolescent AOD prevalence rates.

The findings also indicated that Hispanics and Asians have greater than average rates of initiation, while Whites and Blacks have lower than average initiation rates. All racial/ethnic groups displayed engagement rates roughly equivalent to the national and regional average rates.

Finally DCF involvement does not appear to affect initiation or engagement rates.

Update on Enhanced Care Clinics- Dr. Lois Berkowitz (DCF)

Lois Berkowitz and Donyale Pina of DCF provided an update on ECCs. They indicated that there are 25 ECCs that serve children. Data for the period from 2012 through 2015 indicate that there has been a steady increase in non-ECC services to youth, while ECC youth utilization has remained flat. Of roughly 8,000 ECC users there were only 81 who were emergent. This may

explain in part the fact that emergent service delivery has dipped below the expected 95% level. Of those who use ECCs, 56.6% are male and 43.4% are female. Hispanics and Whites comprise about 39.3% of users, and Blacks 15.1%. DCF involved youth are significantly overrepresented among ECC users, with 16.6% of ECC users being DCF-involved compared to a Medicaid rate among DCF-involved youth of only 3%. As regards age of ECC users, 20.9% are 0 to 6 years old, 44.2% are 7 to 12 years old, and 35% are 13 to 17 years old. Bill Halsey of the Department of Social Services (DSS) indicated that there is discussion within DSS about replacing the current system for ECC determination with a certification that would allow additional clinics to open under the ECC option.

Update from Consumer and Family Advisory Council: Sarah Crowell-Perez

Yvonne Jones provided an update on the Council's activities, highlighting planning for the next iCan Conference to be held on September 28 at the Artists' Collective in Hartford. She asked that David Kaplan send out the CAQAP distribution list for the conference.

New Business and Announcements:

Co-Chair Jeff Vanderploeg asked for any questions, comments, new business, or announcements. There being none, he announced the next meeting for Wednesday, May 17, 2017 at 2:00 PM at Beacon Health Options in the Hartford Conference Room on the third floor. He then adjourned the meeting approximately at 3:45.

**Next Meeting: Wednesday, May 17, 2017 @ 2:00 PM, 3rd Floor,
Hartford Conference Room, Beacon Health Options in Rocky Hill, CT**