



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

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

Next Meeting: July 19, 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 Betzendahl (Beacon), Eliot Brenner, Sean Cronin (OCA), Erin Eickenhorst-Fearn (Beacon), Beth Garrigan (Beacon), Colleen Harrington, Mary Held, Mikaela Honhongva, Bonni Hopkins (Beacon), Susan Kelley, Beth Klink, Evelyn Melendez, Joan Narad (Beacon), Ann Phelan (Beacon), Bert Plant (Beacon), Donyale Pina (DCF), Heidi Pugliese (Beacon), Maureen Reault (DSS), Julie Revaz (Jud), Kathy Schiessl, Stephney Springer (DMHAS), Julia Storace (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.

Follow-up to meeting of May 17, 2017

There were no follow-up comments or discussion.

Behavioral Health Population Profiles – Lindsay Betzendahl, Bonni Hopkins, Bert Plant (Beacon)



ChildAdol6-21-17CY
2015 Youth Medicaid

Bonni Hopkins (Beacon) introduced the 2015 data on Youth Medicaid Profiles and Lindsay Betzendahl (Beacon) explained the slides using Tableaux with Bert Plant (Beacon) assisting with certain slides. See above icon for the slides.

This presentation followed a similar presentation provided to the Adult Quality, Access, and Policy Committee.

Beacon Health Options developed dashboards to create a health equity lens by looking at access and utilization differences across races/ethnic groups. There was growth in Total Annual Medicaid Membership from 2011 through 2016, such that in 2016 roughly 350,000 youth were enrolled, a slight decrease from the prior year. Of note, in 2016 there were decreases in all Medicaid groups for the first time.

Youth composed slightly less than one-third of total membership with three to-twelve-year-olds being the single largest age group. They composed 22% of the total Medicaid enrollment, and 55% of the youth enrollment (enrollees aged 0 through 17). Within the youth enrollees there were slightly more males (51%) than females (49%). The racial/ethnic breakdown was: White-44.6%; Hispanic-34.1%; Black 15.1%; Asian-2.6%; and Other-3.6%. These percentages seem to reflect a general population shift toward minority members.

The vast majority of youth members had no emergency department (ED) use for behavioral health needs (98%) and no inpatient utilization (99.5%), and 2.4% had between 1 and 6 ED visits during the year. Of those who utilized the ED those with autism spectrum disorder (ASD) were overrepresented (22%) relative to their numbers in the member population (1.4%). This finding was also true of inpatient utilization in that 12.6% of inpatient utilizers have ASD. Utilization of outpatient services exceeded those of all other services combined.

Of ED frequent visitors, 70.6% are adolescents and 70% have comorbid diagnoses. These youth have high inpatient utilization. Frequent ED and frequent inpatient utilization are greater for males than females. Frequent ED visitors have extremely high annual Medicaid claims of nearly \$89,000. In discussion about high ED referral utilization it was noted that schools are the highest referral source for ED visits. Jeff reflected that only 5% of Emergency Mobile Psychiatric Service active cases utilize the ED.

Whereas adult Medicaid members' high costs are usually associated with physical health care, for youth members behavioral health costs are greater. Approximately 15% of youth Medicaid members utilize behavioral health services. However, that number figure increases to 25% for youth older than 2.

There is a plan to share these data, as well as the comparable data for the adult Medicaid population, in an upcoming BHPOC meeting.

Co-Chairs Steve Girelli and Jeff Vanderploeg thanked Lindsay, Bonni and Bert for the presentation and said that it was very informative.

Update from Consumer and Family Advisory Council- Mary Held

Mary Held, daughter of Debbie McCusker (Consumer, CFAC Tri-Chair) reported that the CFAC is moving forward with planning for the iCan Conference to be held on September 28 from 8:00 to 2:30 at the Artists' Collective in Hartford. She indicated that work groups had been developed for the conference. CFAC is actively seeking conference sponsors and has assembled sponsorship packets. Sponsorship information is available on the CTBHP website.

Bert Plant (Beacon Health Options) asked if the CFAC could inform the health equity discussion taking place at Beacon and in the BHPOC and highlighted the advantages of having a feedback loop between consumers and the BHPOC.

New Business and Announcements:

Co-Chair Jeff Vanderploeg asked the members if they had any new topics that the committee should look into for future meeting agendas. It was noted that a presentation for Outpatient Youth Services would like to be seen by the committee. He then asked for any questions, comments, new business, or announcements. There being none, he announced the next meeting for Wednesday, July 19, 2017 at 2:00 PM at Beacon Health Options in the Hartford Conference Room on the third floor with **no** meeting for August and then adjourned the meeting approximately at 3:30 PM.

**Next Meeting: Wednesday, July 19, 2017 @ 2:00 PM, 3rd Floor,
Hartford Conference Room, Beacon Health Options in Rocky Hill, CT**