



## 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](http://www.cga.ct.gov/ph/BHPOC)

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*Co-Chairs: Steve Girelli & Jeff Vanderploeg*

**Meeting Summary**  
**Wednesday, October 18, 2017**  
**2:00 – 4:00 p.m.**  
**Beacon Health Options**  
**Rocky Hill, CT**

**Next Meeting: November 15, 2017 @ 2:00 PM at Beacon Health Options, Rocky Hill**

**Attendees:** *Dr. Steve Girelli (Co-Chair), Dr. Jeff Vanderploeg (Co-Chair), Michelle Abraczinkas (Beacon), Dr. Lois Berkowitz (DCF), Rick Calvert, Amy Cholawa, Amy DiMauro, Beth Garrigan (Beacon), Julianne Giard (DMHAS), Mary Held, Debbie McCusker, Evelyn Melendez, Kim Nelson, Mary Painter (DCF), Donyale Pina (DCF), Maureen Reault (DSS), Cathy Risigo, Kathy Schiessl, Gregory Simpson (Beacon), Dr. Stephney Springer (DCF), Janessa Stawitz (Jud), and Lori Szczygiel (Beacon)*

### **Introductions:**

Co-Chair Steve Girelli convened the meeting at 2:09 PM and introductions were made. He reminded participants to sign in.

### **Follow-up to meeting of July 19, 2017**

None

**Alcohol Drug Policy Council (ADPC)** – Mary Painter (DCF) and Julianne Giard (DMHAS)



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Mary Painter (DCF) introduced the presentation on the Alcohol Drug Policy Council and Julianne Giard (DMHAS) explained the slides.

### **Overall Membership**

- Overall growth in membership since 2012, but fewer members in 2016 than 2015 (6000 fewer kids enrolled in Medicaid during that time). Most of the decline was due to a decline in youth with no DCF involvement (there were more kids with DCF involvement enrolled in Medicaid in 2016 than in 2015)
- It's still the case that only about 3% of youth in Medicaid have any DCF involvement

- In terms of age, the largest group of youth enrolled in Medicaid are 3 to 12 years old; there are slightly more boys (51%) than girls enrolled in Medicaid. In terms of race/ethnicity, the largest group of youth enrolled in Medicaid is White/Caucasian.

#### Inpatient Psychiatric Services

- The average length of stay (ALOS) in inpatient care went up slightly from 11.7 days in 2015 to 12.4 days in 2016. This could be related to the opening of Hospital for Special Care in 2016, a program that tends to focus on youth with longer-term clinical needs.
- The ALOS among older adolescents (13-17) went up slightly from 2015 to 2016, whereas the ALOS declined slightly for 3 to 12 year olds.
- The ALOS among youth at Solnit was 115 days, about the same as 2015. Their admissions went down over the last two years as they have closed some beds during that time.
- Discharge delays: About 20% of youth were in discharge delay in 2010 .That number was down to 6.9% in 2015, and back up slightly to 9.2% in 2016.
  - Percentage of days in delay among DCF-involved youth slightly higher than other youth.
  - About half of all days in discharge delay were days waiting for a state hospital/Solnit.
  - A member asked whether closing residential PRTF beds impacted inpatient discharge delays, and the presenters indicated that these were different populations and there's not a reason to believe there's a connection there.

#### Psychiatric Residential Treatment Facilities (PRTF)

- There are 3 community based PRTFs that take youth 12 and under, with a total of 44 beds.
- One PRTF program, Solnit, takes youth 13 and older and has 49 total beds.
- Early in the BH Partnership, the PRTF ALOS was 360 days. In 2016, the ALOS is about 160 days
- To reduce ALOS in PRTF, DCF and providers have done a better job educating families about PRTF, the expectation of family involvement in treatment, and the goal to stabilize and return youth to their homes and communities with follow-up supports as needed.
- One member asked if there are plans developed for youth discharged from PRTF to community-based care. Presenters said that all PRTF members develop such a plan and Beacon ensures that this transition is prepared for ahead of the PRTF discharge.
- One member asked whether youth who are discharged from PRTF end up back in inpatient treatment, or readmitted to a PRTF over time. Sharing that data would allow us to look at the quality of treatment and whether youth are stabilized and getting better, given shorter ALOS.
- One member asked whether there are ever problems with getting families to the PRTF to participate in treatment and see their child while in PRTF. Presenters said that efforts are made to ensure transportation and family involvement.
  - A member indicated the importance of ensuring that youth discharged from PRTF who do not have family involvement need homelessness prevention services at discharge.

- One member noted that it would be helpful to see outcome data alongside utilization metrics like enrollment and ALOS (e.g., acuity level at discharge, trended over time).
  - Presenters agreed, but indicated that there is outcome data for these youth is scarce.
- PRTF at Solnit has seen an increase in ALOS compared to 2015. The 36 youth in discharge delay at Solnit are experiencing a much higher number of days in delay. This is likely because they are waiting for school board approval, foster care placement, or residential/group home.
  - One member asked whether there are efforts to prevent the high number of days in delay at Solnit PRTF. Presenters said they are putting supports in place to have Beacon join their utilization review meetings to help facilitate the discharge of youth, and to share their data and trends over time.
- One member indicated the need to review outpatient data in this meeting, since most kids in treatment are served at the outpatient level of care. Beacon indicated that outpatient data review would require claims data (rather than authorization data).

#### **Update from Consumer and Family Advisory Council-** Mary Held and Deb McCusker

- CFAC formed 3 community teams to lead opiate forums in Meriden, Waterbury, and Bridgeport.
- They developed a new logo, designed by youth members
- Final stages of planning iCAN conference. All presenters are in place. They are still accepting sponsors and have tables/booths available. Registration is open and filling up quickly.
- They are aligning their subgroups with the BHPOC and subcommittee structure and in alignment with the Alliance on Children's Mental Health (joint goals and planning)
- Working on outreach to Spanish speaking community
- The CFAC leadership just finished some strategic planning and is planning to have a retreat in late July to do some additional planning.
- The Joint meetings of CFAC with BHPOC and subcommittees continue to meet and do some excellent planning and recommendations. Families have felt welcomed and invited to be a part of the BHPOC and subcommittee meetings.

#### **New Business and Announcements:**

Co-Chair Steve Girelli asked for any questions, comments, new business, or announcements. There being none, he announced the next meeting for Wednesday, November 15, 2017 at 2:00 PM at Beacon Health Options in the Hartford Conference Room on the third floor and then adjourned the meeting approximately at 3:30 PM.

**Next Meeting: Wednesday, November 15, 2017 @ 2:00 PM, 3rd Floor, Hartford Conference Room, Beacon Health Options in Rocky Hill, CT**