



Behavioral Health Partnership Oversight Council

Child/Adolescent Quality, Access & Policy Committee

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Co-Chairs: Steve Girelli & Jeff Vanderploeg

Meeting Summary
Wednesday, July 18, 2018
2:00 – 4:00 p.m.
Beacon Health Options
Rocky Hill, CT

***NOTE: August Mtg. CANCELED: Next Committee Meeting Date and Day are changed to: Thursday, September 20, 2018 at 2:00 PM at Beacon Health Options in the Hartford Conference Room- Third (3rd) Floor in Rocky Hill, CT**

Attendees: *Dr. Steve Girelli (Co-Chair), Dr. Jeff Vanderploeg (Co-Chair), Carrie Bourdon (Beacon), Elliot Brenner, Tammy Freeberg, Gabrielle Hall (Beacon), Susan Kelley, Beth Klink, Lisa Otto, Ann Phelan (Beacon), Kelly Phenix, Bert Plant (Beacon), Donyale Pina (DCF), Maureen Reault (DSS), Erin Saylor, Kathy Schiessl, Tara Scrivano, Dr. Stephney Springer (DCF), Lori Szczygiel (Beacon), and Nathalie Szilagyi*

Introductions:

Co-Chair Steve Girelli convened the meeting at 2:07 PM, and introductions were made. He reminded participants to sign in.

Follow-up to meeting of April 18, 2018

There was no follow-up discussion.

CT Medicaid BH Emergency Department Utilization and User Characteristics – Bert Plant, Ph.D. (Beacon)



ChildAdolQAP7-18-1
8BHEDUtilization.pdf

Bert Plant (Beacon) presented and said that much of the information in the report was supported and shared by Committee Co-Chair Jeff Vanderploeg from Child Health Development Institute (CHDI) for details see above icon.

- ED utilization among youth with behavioral health (BH) needs is closely intertwined with the rest of the BH system.

- Issues related to high rates of ED utilization, quality of care, discharge delays, and connection to care are not unique to CT; this is a national issue.
- CT has been working with EDs to address these concerns for several years, largely through the CTBHP. CT has made significant measurable progress on a number of issues related to ED utilization among youth with BH needs.
- Medicaid covers about 40% of all youth, and the CTBHP has the best data on ED utilization. Although Medicaid data does not represent all youth, it is an important proxy for the state.
- Overall number of ED visits has increased in recent years, in absolute terms and in terms of the per 1,000 rate among all child Medicaid members.
- Youth in Medicaid that use the ED for BH reasons are more likely to be older, male, white, live closer to the ED, and involved with DCF. The percentage of youth admitted from ED to inpatient has decreased over same timeframe, and that percentage varies widely by hospital.
 - A member questioned whether the Office of Healthcare Strategies is receiving data from the hospitals specific to the number of youth presenting to the ED.
- Another hospital member indicated that many hospitals maintain data, but did not believe there was a centralized data reporting portal or process in place for all hospitals.
- A member indicated that if a hospital ED has an inpatient BH unit, they are likely to admit.
- However, Bert indicated recent evidence that adding inpatient beds does not necessarily reduce presentation to EDs.
- Numerous members indicated that there are opportunities to use community-based resources more effectively to reduce ED utilization at the front end.
 - CT has been identified as a national leader in evidence-based intensive in-home services. School based health centers, Wraparound Care Coordination, and other parts of the service delivery system are critical partners.
- The issue of frequent ED visitors (4+ visits in a 6-month period) is more of an issue with adults than children. The number of youth that are frequent visitors has remained stable over the last three years.
 - Frequent visitors to the ED were more likely to be older, white, female, diagnosed with autism, and also a history of asthma.
- About 1 in 4 youth presenting to an ED for a BH need present again to an ED within 30 days. Statewide, the 7 and 30 day readmit rates have been stable for children over the last three years, and rates vary widely by hospital.
- Rates of connecting to community based care (and billed to Medicaid) within 30 days of an ED visit were about 65%. This rate has remained consistent for children over the last three years, and rates vary widely by hospital.
 - There was no difference in connect to care rates based on race/ethnicity
- A member asked whether these data points could be broken down by type of Husky program, as well as by DCF involvement. Bert indicated that Beacon has looked at this and noted that DCF involved youth presenting to an ED tend to have more complex presentations, and DCF involved youth tend to be disproportionately represented among high ED utilizers.
- A member asked whether DCF could produce data from their system on ED utilization among all children with behavioral health needs, beyond those that are enrolled in

Medicaid and therefore captured by Beacon's data collection. This member noted the importance of being able to look at ED utilization among all children involved at varying levels with DCF (DCF committed and receiving DCF grant funded services).

- Members noted that the data we do have, through the CTBHP, gives us very reliable data to draw conclusions and inform system-wide improvements.
- Beacon will be implementing a DSS funded initiative to provide intensive care management to youth enrolled in Medicaid with intellectual and developmental disabilities and Autism.
- The total number of youth that are stuck in an ED follows a seasonal pattern and has been trending down slightly since 2014. Additionally, the average number of days stuck among those that are stuck has been slightly increasing.
- Members commented on the role of social determinants in contributing to ED utilization. Timely access to primary, preventive, and community-based services was also identified as important.
- Members commented on the important role of access to step-down services including psychiatrists (and other prescribers) and other community-based clinical providers.
- Awareness among ED professionals of what is available within their community was also noted as important, particularly for hospitals that do not have their own continuum of step-down care.

Update from Consumer and Family Advisory Council (CFAC) - Kelly Phenix

Kelly Phenix reported that the fourth annual iCAN Conference will take place on Thursday, September 27, 2018 at the Artist's Collective at 1200 Albany Avenue in Hartford from 8:30 AM to 2:00 PM. The theme will be "*Step Up and Stand Out- Taking Action and True Partnership*". There will be five breakout sessions which will include: Fatherhood Initiative, Young Adults and Suicide Prevention, Adult Services, Faith-Based Talk, and Wellness Discussion. They are still looking for donations and sponsorship from vendors by purchasing tables. If anyone is interested, please contact Yvonne Jones at Beacon Health Options in Rocky Hill, CT. Kelly encouraged members to use the CFAC as a focus group to obtain consumer input.

New Business and Announcements, and Adjournment:

Steve Girelli noted that a few CAQAP attendees received an invitation to comment on the reasons for lower-than-desired recent attendance at CAQAP meetings. In the coming months, the committee co-chairs will reach out to other CAQAP attendees for input. A summary of input will be shared with the CAQAP participants upon completion.

Next, Steve thanked Bert for his presentation and then he announced that the August 15, 2018 meeting was canceled and the next meeting date and day was changed to Thursday, September 20, 2018 at 2:00 PM in the Hartford Conference Room at Beacon Health Options in Rocky Hill, CT. He wished everyone a good remainder for the summer and adjourned at 3:42 PM.

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