



## **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)

---

*Co-Chairs: Steve Girelli & Jeff Vanderploeg*

**Meeting Summary**

**Wednesday, May 15, 2019**

**2:00 – 4:00 p.m.**

**Next Committee Meeting Date: Wednesday, June 19, 2019 at 2:00 PM at Beacon Health Options in the Harford Conference Room- Third (3rd) Floor in Rocky Hill, CT**

**Attendees:** *Dr. Steve Girelli (Co-Chair), Dr. Jeff Vanderploeg (Co-Chair), Lindsay Betzendahl (Beacon), Elliot Brenner, Annie Calamari, Michelle Chase, Tammy Freeberg, Beth Garrigan (Beacon), Brenetta Henry, Susan Kelley, Beth Klink, Mickey Kramer (OCA), Kenneth Layones (Beacon), Donyale Pina (DSS), Kelly Phenix, Erika Sharillo (Beacon), Kathy Schiessl, Karen Siegel, Dr. Stephney Springer (DCF), and Gregory Simpson (Beacon)*

### **Comments and Discussion from the February Meeting**

There were no follow-up questions or comments to the last CAQAP meeting in February 2019.

### **Discussion of Proposed CAQAP Purpose Statement- Steve Girelli and Jeff Vanderploeg**

Members reviewed the draft purpose statement. There was support for including state and federally grant funded work in CAQAP presentations. Other members noted that presentations reflect a “whole system” approach since all pieces of the children’s behavioral health system work in conjunction with one another. With those comments noted, the committee approved the purpose statement as written.

### **Discussion of Meeting Frequency Recommendation- Steve Girelli and Jeff Vanderploeg**

The committee considered a proposal to transition to every-other-month meetings given lower attendance at CAQAP meetings over the last two years. Multiple members noted that, given the number of concerns in the community around access, quality, and gaps in the service system, CAQAP should be able to fill an agenda every month. One member suggested collecting information about possible presentations at the beginning of each year; another encouraged CAQAP to engage in outreach to grass-roots community organizations that support the health and well-being of youth. CAQAP chairs will ask current members to identify those organizations and a contact person within each to receive agendas, meeting minutes, and invitations to meetings. Another member suggested updating the standing CFAC agenda item to read, “Update from Consumers and Families, CFAC, and Joint Workgroup.” Other members suggested

ensuring that all CAQAP presentations are linked to system improvement recommendations. Another member asked for a consistent approach of team presentations that include system representatives (e.g., state agencies, Beacon, etc.), providers, and family members.

## **Access Mental Health Updates- Beth Garrigan (Beacon)**



ChildAdol5-15-19AC  
CESS Mental Health C

Access Mental Health is in its fifth operational year and was developed to help address the shortage of child and adolescent psychiatrists nationwide, as well as the reality that primary care physicians are the sole treater of many children with behavioral health conditions. Access Mental Health is available in primary care settings to all children with mental health needs, regardless of insurance type. The model includes phone consultation with a psychiatrist, care coordination/peer support, face-to-face diagnostic assessment (by a psychiatrist, within two weeks, when the primary care provider is expected to be the treater and patient acuity/symptom severity warrants a face-to-face psychiatric assessment), linkage to care, and training for the provider network. There are three hub teams in CT (i.e., Hartford Hospital, Wheeler Clinic, and Yale Child Study Center), each of which covers a pre-determined service area. The CT model is one of two in the U.S. that includes a family peer specialist.

Each hub has between 100 and 160 practice sites enrolled in their program. The total of 379 pediatric practices enrolled represents about 86% of all pediatric primary care and family practices. Those who are not enrolled either have behavioral health integrated in their practices, or have a relationship with a clinic or psychiatrist in the community that meets their needs. Among those enrolled, about one-third have used the Access Mental Health program at least once per quarter over the past year.

Since program inception, 4,600+ unique children and their families have been served. A member asked about racial/ethnic proportionality, and Garrigan noted that utilization among white non-Hispanic and Black non-Hispanic youth is slightly higher than what would be expected based on the overall statewide population, while Hispanic and Asian youth are disproportionately under-represented. Members asked about other primary care settings not enrolled in Access Mental Health. Garrigan indicated that federally qualified health centers (FQHC) are enrolled, but do not use Access MH extensively; and that school based health centers (SBHC) are not enrolled. Further, 60% of youth served are commercially insured and 40% are enrolled in Medicaid. PCP satisfaction rates are extremely high; other data indicate increased use of behavioral health screening measures and higher reported comfort with prescribing some psychotropic medications.

Garrigan noted a number of next steps, which included expansion opportunities (e.g., young adults, adults, pregnant women, ED physicians, FQHCs, SBHCs) and establishing protocols for billing Medicaid and commercial insurance providers. Members suggested a future presentation that focuses on system interventions that can ensure that primary care physicians make full use of the Access Mental Health program and receive other training in trauma and behavioral health

screening, intervention, and referral to care.

**Update from Consumers and Families, CFAC, and Joint Workgroup- Michelle Chase and Yvonne Jones (Beacon)**

Bill Halsey presented at the last CFAC meeting on the new telehealth initiative. Michelle Riordan-Nold also presented on the CT Data Collaborative. A presentation on State Health Improvement Program was also received. The annual iCAN conference is scheduled for Sept. 26, and the theme will be “Sustaining True Community Partnership.”

**New Business, Announcements, and Adjournment**

A member noted a concern about a huge gap in treatment options for youth (particularly girls) under 17 that do not have access to detox and recovery services. DCF suggested a future presentation on the continuum of available adolescent outpatient services for substance use, including gender-specific services.

**Next Committee Meeting Date: Wednesday, June 19, 2019 at 2:00 PM in the Hartford Conference Room- Third (3rd) Floor, Beacon Health Options, Rocky Hill, CT**