



## **Behavioral Health Partnership Oversight Council**

### **Child/Adolescent Quality, Access & Policy Committee**

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[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, January 19, 2022**

**2:00 – 4:00 p.m.**

**Next Committee Meeting Date: Wednesday, February 16, 2022 at 2:00 PM via Zoom**

**Attendees:** *Dr. Steve Girelli (Co-Chair), Dr. Jeff Vanderploeg (Co-Chair), Dr. Lois Berkowitz (DCF), David Borzellino, Jaya Daptarder, Kim Davis OHA), Melissa Deasy, Marshall Demorest, Ken DiCapua, Tammy Freeberg, Andrea Goetz (Beacon), Brenetta Henry, Dr. Irv Jennings, Jason Lang (CHDI), Tanja Larsen, Ellen Mathis, Donyale Pina (DCF), Kelly Phenix, Brenda Sabato, William Savanelli, Erika Sharillo (Beacon), Amy Soto (DPH), Howard Sovronsky, Dr. Stephney Springer (DCF), Ashley Starr Frechette, Janessa Stawitz (Jud), Antonio Thomas, Rod Winstead (DSS)*

### **Introductions**

Dr. Vanderploeg (Jeff) opened the meeting at 2:01 PM and welcomed the participants. He notified participants that the meeting was being recorded and requested that all introduce themselves with name and organization using the chat function.

### **Comments and Discussion from the December 2021 Meeting**

There was no carryover discussion from our last meeting.

### **Follow up on Proposed CAQAP Goals and Metrics**

Co-Chair Dr. Jeff Vanderploeg explained that he and Co-Chair Dr. Girelli (Steve) had assembled the attached draft document based on past discussions in meetings as well as emailed input from various participants. This document was screen-shared throughout the discussion. Jeff highlighted that the approach was to narrow our focus to a finite set of goals/themes in order to increase our effectiveness as a committee. He briefly summarized them for the group.

One participant pointed out that what were identified as goals for the committee were, in fact, not within the committee's ability to achieve and that we should be sure to articulate specific deliverables that we can achieve, perhaps thereby contributing to attainment of the overall goal by the Council (or others). For example, our reports back to the BHPOC could consistently emphasize recommendations to the Council for systems changes.

Jeff reflected that as a committee we often experience tension between breadth and depth, tending to favor the former at some expense to our effectiveness. Several participants endorsed this observation.

In discussing the first goal of increasing access to behavioral health services, Jeff pointed out that in some ways the goals overlap and all might be considered related to access. Another participant reflected that an underlying issue with regard to access is inadequate funding of services and that this should be our focus. The point was made that some improvements to access could occur without associated costs (e.g., telehealth). The general consensus, though, was that funding is an important factor in access issues.

Jeff turned to the second goal of reducing ED utilization and ED discharge delays. There was a robust discussion about how to best assess the problem. What metrics are needed to evaluate service capacity and access issues? Ideas included waitlists and out-of-state placement frequency. One suggestion was to approach decisions about metrics hierarchically, starting with more global metrics and using them to inform decisions about specific data, rather than trying at this time to outline all of the data we would like to access. A decision was made to make a primary step in the plan to be establishing how to assess the extent of the problem.

There was a briefer discussion of the last goal on monitoring and improving behavioral health services in light of the impact of COVID.

An observation was made that all three goals are very ambitious, and that focusing on a single goal might lead to greater impact. The idea of addressing only goal and even promoting that the other committees and the Council itself adopt the same goal drew much support from the group. An observation that we are not a committee of members but rather a forum of participants led to a general consensus that as the two co-chairs, Jeff and Steve are responsible to making these decisions and finalizing the plan. Jeff and Steve concurred, but emphasized that today's group input was critical to the process being successful.

The plan is for the agreed upon goal/s to inform the main agenda item of each meeting with other issues unrelated to the primary goal/s as possible secondary agenda items, to which we would relegate less time. We will retain the other, standing agenda items.

## **CFAC Update**

Antonio Thomas and Erika Sharillo provided the update. CFAC held its annual closed meeting on January 13<sup>th</sup> to address the following:

- a. Functioning in a virtual environment during COVID-19 and review of the CFAC Mutual Agreement Guidelines
- b. CFAC Chair Elections in February for 2 Chair positions: Adult/Parent HUSKY member and a Youth/Young Adult HUSKY member.
- c. Agents of Change Advocacy Training (emerging leadership training opportunities)
- d. Review of CFAC Workgroup Mission and Goals
  - i. iCAN Conference,
  - ii. Fatherhood and Parenting
  - iii. DEI
  - iv. Youth/Young Adults

## **Other Business, Announcements, and Adjournment**

Howard Sovronsky reported that Connecticut Children's and Hartford Hospital are participating on a panel to provide expertise and guidance to the greater Hartford community following the death of a student to fentanyl. He emphasized that enrollment at the Sports and Medical Sciences Academy are not limited to Hartford residents, and that many come from the surrounding communities of East Hartford, Manchester, Glastonbury, and New Britain, and encouraged providers serving these areas to do as much as they can if asked to help.

Dr. Berkowitz announced that the BHPOC-CFAC Joint Workgroup will present on its work to the BHPOC at its meeting on February 12.

Steve reminded participants that the next meeting of this group will be on Wednesday, February 16, 2022, 2:00 – 4:00 PM, via ZOOM.

Jeff adjourned the meeting at 3:19 PM.

*Purpose Statement: This committee brings together family members, advocates, providers, state agencies, and other partners to maximize the combined impact of services and supports funded by Medicaid and managed by the Behavioral Health Partnership (BHP), and other grant funded services within the children's behavioral health service system. The CAQAP identifies and addresses key issues of concern to consumers and providers with a focus on enhancing quality and access to services. The committee reviews data that measure the effectiveness of the initiatives, policies, and services of the behavioral health system under the BHP and addresses the needs, strengths, and gaps in the behavioral health service system. The committee reports to the Council on findings and issues and makes recommendations within the purview of the Council's authority. The CAQAP, in collaboration with the Adult QAP Committee, also works through the Council to provide input to the State's plan for federal health care reform and other emerging mental health policy and program developments.*

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