DRAFT
Behavioral Health Partnership (BHPOC)
Child & Adolescent Quality, Access, and Policy Subcommittee (CAQAP)
2022 Goal, Metrics, and Presentations

Goal: The CAQAP will receive presentations and monitor selected metrics on access to behavioral health services and will make recommendations to the BHPOC for system and service delivery improvements to enhance access.

Metrics

The CAQAP will be guided by metrics selected to track to the group's primary goal around access to services for children and adolescents enrolled in Medicaid. When possible, data elements will be disaggregated by race, ethnicity, primary language, service area, ID/DD, diagnosis/presenting problem, DCF involvement, or other factors. Note that Beacon will likely not be able to disaggregate systematically by all these factors for every analysis.

Primary Metrics. Available and considered of primary importance to the CAQAP's goal
- Utilization rates and total days in ED; ED discharge delay
  - Beacon has specific dashboards that track ED utilization and ED overstay, but overstay data rely to some degree on hospital self-report. Beacon can also track the percentage of members that have used a particular service (had at least one encounter) during a year.
  - Does CHA or OHS have relevant data points?
- Inpatient Utilization
  - Total licensed beds, beds that are open and available (for all youth regardless of insurance type), including information on beds taken off line (e.g., un-staffed beds, beds kept open for COVID containment, etc.) with reason/duration of unavailability.
  - Rate of inpatient utilization; rate of inpatient discharge delay; levels of care recommended for those in inpatient delay status.
    - At least some of these metrics are already available in dashboard format through the ASO. Some of these data elements would be more reliably connected using Open Beds or a similar bed tracking technology.
  - Does CHA or OHS have relevant data?
- Deep Dive on intermediate levels of care as emblematic of system-level issues
  - Closely track available slots, funding, utilization, workforce availability, acuity level ratings of referred clients.
  - Beacon would only have utilization and other data for Medicaid members.
  - Beaon data could be combined with provider-level data and information about accessibility for Medicaid and across insurance types. Multiple providers providing data would offer a statewide view.

Secondary Metrics. Available, but considered of secondary importance to the CAQAP's goal. As a result, these data will not be reported regularly in CAQAP.
- Outpatient utilization rate
  - Population profile rates for multiple levels of care. Source – Population Profile. Beacon has this for 2018 through 2020 and 2021 will be available mid to late 2022. Beacon also

has this by each major level of care (e.g., IOP, PHP, in-home, inpatient, etc.) and can compare lower level to higher level rates of utilization.
- o Tracking telehealth, as an important factor in access, would also be valuable.
- Youth sent out-of-state for inpatient psychiatric hospitalization and other levels of care (e.g., Four Winds Hospital).
  - o Consider running this data point once or twice a year for tracking.
  - o This data point could be most relevant if we could determine the out-of-state placements that occurred because the appropriate placement was not available in CT.
  - o Note, however, that an out-of-state option might be closer, might improve access, could be related to equity/diversity).
    - ▪ Bert. We have the data on out of state hospitalizations and also have data on DCF out of state residential placements but those are not Medicaid reimbursed services so we would need permission of DCF to include that data.

Data Development. Most or all of the requested data are not available. If the data were available, the metric might be of primary or secondary importance.
- Treatment barriers (e.g., distance to appointment, internet coverage for telehealth). Over time, Beacon plans to build capacity for geo-access reporting, density ratios, but will not be available until about 2023.
- Wait lists at various levels of care, including key services (e.g., psychiatric evaluation, outpatient care, mobile crisis). May need to be aggregated from providers and other sources. Would be useful to have, there are likely to be numerous validity and reliability issues, as discussed at the Data Integration Workgroup meetings. Open Beds or a similar technology, if adopted, might also help here.
- Rates of referral from one level of care to another. Beacon does not have complete data, so would likely require provider reporting.
- Availability of services needed vs. services referred. Only available at Beacon for some higher levels of care.
- Whether a referred service was actually utilized. Not available, Open Beds or a similar technology, if adopted, could help here.
- Rates of cancelled appointments/no-shows. Beacon does not have these data.

No action recommended. Not considered to be of considerable importance to the CAQAP and/or not closely related to its primary goal.
- Services Covered/Available by Insurance Carrier
- Insurance Affordability

Presentations
A primary presentation (around one hour inclusive of questions and discussion) will be focused on the access goal, and when possible, will include data relating to one or more of the group's primary metrics. Secondary presentations (around 30 minutes inclusive of questions and discussion) may also be scheduled. This secondary presentation will be generally relevant to CAQAP's charge even if not related directly to the primary goal of access. Note that Beacon has data in some of these areas, but not all. Presenters might be Beacon, might be other stakeholders. The list below is not exhaustive and is not yet prioritized and organized by theme.

- HUSKY 101: Process for accessing Medicaid services among enrollees

- Impact of workforce challenges on access
  - Consider a DPH presentation on licensing issues
- Identifying and addressing access barriers, including racial/ethnic factors
- Medicaid service utilization, population profile characteristics
- School-Based Health Centers & School-Based Mental Health
- Telehealth
- ECC expansion
- Behavioral Health and Health Care Integration
- Impact of COVID
- Regulatory, paperwork processes that may be barriers to access