

Meeting Summary for BHP Child/Adolescent Quality, Access & Policy Committee Zoom Meeting

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Quick recap

The meeting covered various aspects of behavioral health services, including Medicaid funding, urgent care centers, and increasing acuity levels in referrals. Participants discussed challenges in care coordination, workforce retention, and the need for a more integrated system to better match families with appropriate services. The conversation ended with updates on upcoming events and a remembrance of a mentor and advocate, Beresford Wilson who had passed away.

Next steps

- DSS: Prepare information about Medicaid funding allocation for behavioral health services to present at the November meeting
- CHA: Present data and analysis on ED and inpatient utilization at the October meeting
- CFAC: Send out formal invitation and registration instructions for the iCAN Conference scheduled for September 25th at the Artist Collective in Hartford
- Co-Chairs Steve Girelli and Melissa Green to organize UCC-focused agenda item for September meeting to discuss education and promotion of UCC services

Summary

Meeting Setup and Attendance Updates

The meeting was recorded live on CT-N and that recent updates to Zoom may affect recording capabilities. Steve requested participants to introduce themselves with their organization and role in the chat. The meeting was scheduled to start at 2 o'clock, but due to the steady stream of attendees, Steve suggested waiting a few more minutes before beginning.

Behavioral Health Care Integration Planning

The group discussed several key topics, including Medicaid funding for behavioral health services, which DSS expects to provide more information on in late fall. They also planned to focus on urgent care centers in the September meeting and confirmed that the Connecticut Hospital Association would join the October meeting to present data on ED and inpatient utilization. The main topic of discussion was the increasing acuity levels of referrals to various levels of care, with Dr. Jennings suggesting that these issues are interconnected and should be addressed as part of an integrated plan rather than in silos.

Program Discontinuation and Service Alignment

Dr. Jennings expressed concerns about the discontinuation of successful programs like safe homes and a two-week stay program without proper discussion, questioning how such decisions are made. He highlighted issues with the alignment between the acuity levels of referrals and the services provided, particularly in group homes, and emphasized the need for better planning and funding for programs to address these challenges. Dr. Jennings also noted that the IICAPs program seems to manage acuity better than other programs, possibly due to higher staffing quality and salary.

Crisis Center Resource Consolidation Discussion

Brenetta Henry raised concerns about the creation of multiple overlapping crisis centers and health plans, questioning if resources could be better consolidated to serve children more

effectively. Dr. Versa, representing Carelon, clarified that UCCs are not in competition with emergency departments and serve different purposes. Maria Brereton highlighted the lack of coordinated planning in behavioral health services in Connecticut, citing examples of system fragmentation and poor decision-making based on incomplete data during the pandemic.

IICAP Funding and Communication Challenges

Maria expressed concerns about the distribution of funding for IICAPs programs and questioned how information gathered at meetings is communicated to DCF for budget submissions and expansion options. Steve explained that feedback to DCF is provided through DCF representatives at meetings, the Oversight Council, and direct communication. Kenneth Lacilla shared his experience with IICAPs, highlighting its effectiveness and the importance of partnerships with ECCs and outpatient clinics. He also discussed the challenges faced during the "great resignation" and the need for a robust service array and risk management team to address long wait times for IICAP services.

Behavioral Health Care Coordination Challenges

The discussion focused on challenges in behavioral health care coordination and continuity of care, particularly around transitions between different levels of care. Kenneth described how his agency has developed intra-agency collaboration to better manage acute care situations through case conferences and multidisciplinary meetings, while Jessica Belen highlighted the administrative challenges faced by outpatient clinics dealing with patient waitlists and continuity of care issues. Both agreed that a more coordinated system would reduce administrative burden and improve patient outcomes, with Kenneth specifically suggesting the addition of a care coordinator or case manager attached to ECCS to enhance oversight and treatment planning.

Child Healthcare Services Integration Discussion

Kenneth discussed the need for increased support and services for families with acutely ill children, emphasizing the importance of maintaining care until IICAPs can provide services. He suggested exploring crisis add-on codes and extending UCCs as cost-effective solutions. Jennifer Nadeau shared CHR's success with care coordinators in outpatient clinics, highlighting the benefits of coordinating care for both children and their caregivers. Both speakers agreed on the need for a more integrated system to better match families with appropriate services.

Rising Mental Health Care Acuity

The meeting focused on the increasing acuity of patients in mental health care settings, particularly in inpatient units and UCCs (urgent care centers). Cynthia Wilson and Jessica Belen discussed how the acuity has risen significantly over the past five years, possibly due to societal changes, the pandemic, and shifting social determinants of health. Dr. Jennings emphasized the need to focus on effective treatments rather than speculating on the causes of the increased acuity. The group also touched on the relationship between hospitals and UCCs, with Dr. Jennings noting that while they are not meant to compete, they are both vying for patients in the mental health system.

Healthcare Workforce Retention Strategies

The meeting focused on workforce challenges in healthcare, particularly the difficulty of recruiting and retaining staff. Participants discussed strategies to address these issues, including better pay and benefits, improved handling of aggression and racism, and creating a positive organizational culture through activities like intern seminars and training programs. Kenneth and Jennifer highlighted the success of their organizations in increasing their bilingual workforce and retaining staff through additional training and a supportive work environment. The group also

touched on the impact of changes in healthcare policies and remote therapy models on the workforce.

iCAN Conference and Updates

The meeting covered updates on the upcoming ICANN Conference on September 25th at the Artist Collective in Hartford, Connecticut, which will feature an opening panel discussion, six workshops, and a surprise guest. Ellen Mathis announced the release of the second CFAC Newsletter and the annual leadership retreat, while Brenetta highlighted the conference's 10th anniversary and called for sponsorship to support the consumer-driven event. ctbhpcfac@carelon.com here is another way to connect with CFAC.

The group remembered Beresford Wilson, a mentor and advocate who passed away, and Steve confirmed the next meeting's date as September 17th, with details to be shared in advance.