

October 21, 2026 BHP Child/Adolescent Quality, Access & Policy Committee Zoom Meeting

Quick recap

The meeting focused on reviewing youth behavioral health emergency department utilization data presented by Jackie Cook from Carelon Behavioral Health Connecticut, covering ED visit volumes, connection to care rates, and youth considered "stuck" in emergency departments for 8+ hours post-medical clearance. The data showed Connecticut Children's Hospital had the highest volume of behavioral health ED visits at over 4,600 in 2025, followed by Yale New Haven Hospital with 1,748 visits, and revealed that 31% of youth with primary mental health concerns had two or more ED visits compared to 18% with primary medical concerns. The presentation also highlighted that 2,831 stuck episodes were reported in 2025-2026, with youth with autism spectrum disorders spending an average of 7 days stuck compared to 4 days for others and discussed interventions including intensive care management and provider collaboration efforts. The committee concluded by debating whether to maintain monthly meetings or move to every other month, with members suggesting focusing on making specific recommendations to the Behavioral Health Oversight Council and potentially incorporating provider panels for future presentations.

Next steps

Erika Sharillo

- Take back the request to investigate if there is a way to track trending for "stuck" youth data by quarter, specifically for the non-ASD/ID population.
- Take back the request to investigate if there is a way to track referral sources to the ED and the correlation between where youth are coming from and how long they are stuck.

Jackie Cook

- Follow up with Sarah to provide the total N for utilization (total number of unique members) for the behavioral health ED visit volume data.
- Bring back to the quality team and analysts the request to explore data showing the first service that is not an assessment code (connection to first treatment session) for future presentations.
- Explore if the "stuck" data can be broken down by what level of care youth with ASD/ID are recommended for (e.g., inpatient, PRTF, etc.).

Hector Glynn

- Work over the next month to bring in a presentation or overview of the legislative report regarding all oversight committees and their charges to identify overlap and alignment.
- Prepare the November meeting as a planning meeting to determine the committee's focus for the next calendar year and decide on the frequency of meetings.

Collaboration

- All committee members: Be prepared to vote on the frequency of meetings (monthly vs. every other month) at the November meeting.

Summary

Youth Behavioral Health ED Utilization

Jackie Cook from Carent Behavioral Health presented data on youth behavioral health emergency department utilization in Connecticut for calendar year 2025. She reported that Connecticut Children's was the highest volume provider with over 4,600 ED visits, followed by Yale New Haven Hospital with 1,748 visits. The data showed that 31% of youth with primary mental health concerns had two or more ED visits, compared to just over 18% for those with primary medical reasons. Regarding connection to care following ED visits, the presentation revealed that 51.5% of visits successfully connected to behavioral health care within 7 days and 69% connected within 30 days, with these rates remaining stable over the past four years.

Youth ED Connection to Care Data

The team discussed data on youth connections to care following emergency department visits, with most connecting to outpatient behavioral health and school-based services. They reviewed statistics on "stuck" youth in emergency departments, defined as those waiting 8+ hours post-medical clearance, noting 2,831 reported episodes in 2025-2026 affecting over 1,800 unique members. The discussion included an analysis of average length of stay (over four days) and discharge patterns, with 71% recommended for inpatient psychiatric care and 83% of those ultimately admitted.

ASD Youth ED Stay Patterns

The team discussed emergency department (ED) data focusing on youth with autism spectrum disorder (ASD) and their length of stay compared to non-ASD youth. Jackie presented data showing that youth with ASD spend significantly longer in EDs (over 7 days on average) compared to non-ASD youth (just under 4 days), with a consistent difference observed since 2024. Sarah Eagan raised concerns about admission policies at certain hospitals limiting access to inpatient care for DCF-involved children with ASD, particularly those without identified discharge plans or foster homes, which contributes to extended ED stays. The team agreed to explore creating a quarterly view table for the ASD data and to investigate what specific care recommendations are made for ASD youth who become stuck in EDs.

Youth Healthcare Support Initiatives

The meeting discussed interventions and initiatives to support youth in healthcare, including Intensive Care Manager (ICM) support, daily outreach to emergency departments, and provider analysis and reporting programs. Participants highlighted the need for improved communication and collaboration throughout the network, with recommendations for implementing a universal standardized assessment tool and increasing specialized programming for youth with specific needs. Bernetta Henry raised concerns about individualized treatment for children with ASD, and Erika explained that the intensive care management program treats cases individually while working with families to collect necessary information. The group also discussed the potential for presenting aggregate data on pain points from ICM programs at a future meeting.

ED "Stuck" Youth Data Review

The committee discussed concerns about increasing ED "stuck" youth data, with Sarah analyzing trends showing higher instances despite consistent length of stay around 70% discharged within four days. Dr. Springer explained that the definition of ED stuck was changed several years ago to include both medically cleared and psychiatrically assessed patients, which may have affected data comparability. The group debated meeting frequency, with Hector proposing a move to every-other-month meetings while noting the committee's unique role in focusing specifically on

Medicaid issues. The November meeting was designated as a planning session where members will vote on the final meeting frequency based on their willingness to take on specific topics for the coming year.