



## **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, December 21, 2016**  
**2:00 – 4:00 p.m.**  
**Beacon Health Options**  
**Rocky Hill, CT**

**Next Meeting: January 18, 2017 @ 2:00 PM**  
**at Beacon Health Options, Rocky Hill**

**Attendees:** *Dr. Steve Girelli (Co-Chair), Dr. Jeff Vanderploeg (Co-Chair), Chris Bory, Eliot Brenner, Sarah Crowell, Beth Garrigan (Beacon), Susan Graham, Dr. Irvin Jennings, Yvonne Jones (Beacon), Susan Kelly, Beth Klink, Ann Phelan (Beacon), Donyale Pina (DCF), Lynne Ringer (Beacon), Kathy Schiessl, Dr. Sherrie Sharp (Beacon), Janessa Stawitz (DOJ), and Dr. Laurie Vanderheide (Beacon)*

#### **Introductions:**

Due to some technical difficulties, Co-Chair Steve Girelli convened the meeting at 2:10 PM.

#### **Celebration of Dr. Karen Andersson's Retirement from DCF**

Dr. Karen Andersson was absent from the meeting due to illness but was able to join for a time by conference call. In order to accommodate this change the meeting agenda was reordered to lead with her retirement celebration. Several members of the committee offered Dr. Andersson their thanks, praise, reflections, and well wishes. All expressed sadness over the loss represented by Dr. Andersson's retirement. Dr. Andersson spoke briefly and thanked the members of the committee for their dedication, hard work, and wisdom with regard to children's behavioral health services.

#### **Quarter 1 and Quarter 2 2016 Utilization Data: Ann Phelan (Beacon) and Lynne Ringer (Beacon)**



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16Q1&Q2-16UtilRpt.r

Lynne Ringer and Ann Phelan of Beacon Health Options presented a wide range of utilization data using a new reporting application called Tableau. Lynne opened by explaining and

demonstrating some of the Tableau capabilities, especially a feature that allows for readily changing variables and tables in real time during presentations. This feature was particularly useful in responding to questions from committee members that required the ability to make new data tables available “on-the-fly.”

Data included the fact that children and youth make up 38% of the state’s Medicaid population. Of these very few are DCF-involved. The majority of DCF involved members are CPS or Committed. Voluntary Services has decreased markedly in recent years as a result of reductions in residential treatment placements. The proportion of CPS and Committed youth continues to grow. Of not, all of the groups within this population have more whites than blacks with the exception of Juvenile Justice for whom the reverse is true.

Inpatient utilization has been relatively flat over time, as has average length of stay, attributable in large part to the success of the bypass program, wherein Beacon collaborates with hospitals and allows those that meet thresholds on a variety of metrics to “bypass” the requirement for concurrent reviews in favor of 7-day authorizations for inpatient stays. Five of the seven hospitals with children’s services are in the bypass program, which has existed since 2008. Discharge delays during this period were under 10%, and there has been a decrease in the average length of delays.

There continues to be a problem of kids remaining “stuck” in hospital emergency departments. This group is characterized by youth on the autism spectrum, with developmental disabilities, and who are highly aggressive. The need for services for autism spectrum disorder far exceeds capacity, though there is much greater capacity for diagnostic evaluations than treatment services. Of note, 30% to 40% of diagnostic evaluations don’t confirm a diagnosis of autism spectrum disorder. A concern was raised that inadequacy of reimbursement rates may be a significant factor in the in the service gap. Some providers in the meeting indicated that reimbursement rates have been too low for them to provide these services. There was a decision to schedule more time in a future meeting to discuss in greater detail the inadequacy of services for those on the spectrum

Beacon indicated that they will be looking at “emerging adults” (age 18-26) to determine what services they are receiving versus services that are needed but unavailable.

There was some discussion about the trend away from congregate care and the marked reduction in recent years in available beds and congregate care utilization. Several attendees indicated that the outpatient clinics they operate are strained by the high acuity of referrals, as children and youth who were historically served at higher levels of care are now being referred to outpatient services. They voiced great concern about this trend, especially as regards safety, as well as liability and financial impact.

**Update from Consumer and Family Advisory Council: Yvonne Jones (Beacon) and Sue Graham**

Yvonne Jones (Beacon) and Sue Graham provided an update on the work of the group that is working to increase communication between the BHPOC and its committees and the consumers as represented by the Consumer and Family Advisory Council. The group will be meeting tomorrow (December 22, 2016) to approve a mission, develop a meeting frequency and schedule, and to identify individuals who will function as liaisons between the Consumer and Family Advisory Council and the various entities of the BHPOC.

**New Business and Announcements:**

Co-chair Steve Girelli asked for any question, comments, new business, or announcements. He announced the next meeting will be on Wednesday, January 18, 2017 at 2:00 PM at Beacon Health Options on the third (3<sup>rd</sup>) floor. He wished everyone a happy holiday season and then hearing no new business, he adjourned the meeting at 3:59 PM.

**Next Meeting: Wednesday, January 18, 2017 @ 2:00 PM, 3rd Floor, Hartford Conference Room, Beacon Health Options in Rocky Hill, CT**