

Behavioral Health Partnership Oversight Council (BHPOC) Zoom Meeting

Meeting summary

Quick recap

The Behavioral Health Partnership Oversight Council meeting focused on two main presentations: the Subacute Crisis Stabilization Program (SACS) and the Carelon contract services. Amy Samela and Dave Gallagher from The Village presented on SACS, which provides short-term crisis stabilization services for youth with behavioral health needs, while Carrie Bourdon and her team from Carelon Behavioral Health detailed their administrative role in managing behavioral health services under HUSKY Health. The meeting also included updates from various committees, including Child Adolescent Quality Access and Policy, which reported on hospital discharge delays, and Adult Quality Access and Policy, which discussed Certified Community Behavioral Health Clinics. The conversation ended with a brief update from the Connecticut State Department of Education on professional development opportunities for school mental health professionals.

Next steps

- [Amy Samela: Send the SACS program referral form, frequently asked questions, and brochure to the council/attendees for dissemination to families and providers.](#)
- [Tammy Venenga \(DDS\): Reach out to Amy Samela \(and coordinate with Kristin at the UCC\) to arrange a conversation between their teams about the SACS program for DDS staff.](#)
- [Interim Co-Chair Janine Sullivan-Wiley: Formulate and send a more detailed question to Carrie Bourdon/Carelon regarding the scope of direct care/clinical services provided under the Carelon contract for response at next month's meeting.](#)
- [Carrie Bourdon/Carelon: Prepare information for next month's meeting on collaboration with NEMT \(non-emergency medical transportation\) and dental services, including how co-management works with these services and the medical ASO.](#)
- [Child Adolescent Quality Access and Policy Committee: Request and review information on the justice-involved waiver implementation from partners for discussion at next month's meeting.](#)

Summary

Behavioral Health Council Meeting Update

Interim Co-Chair Janine Sullivan-Wiley announced that Terry DiPietro had resigned from the Behavioral Health Partnership Oversight Council due to health reasons and would serve as the interim chair. The meeting was set to be recorded live on CTN and would include Spanish translation services. The meeting was about to begin with two presentations, and Janine encouraged members to speak and ask questions during the meeting, while guests could submit questions via chat.

Subacute Crisis Stabilization Program Overview

Amy Samela, Vice President of Intensive Programs at the Village, presented an overview of the Subacute Crisis Stabilization Program (SACS), which began in December 2023. She explained that SACS is funded through ARPA funds and serves as a bridge between UCCs and other crisis care services. The program accepts referrals from six sources, including inpatient hospitals, emergency departments, mobile crisis, UCCs, ECCs, and CCBHCs. Amy emphasized that SACS provides "active respite" for at-risk youth with significant behavioral health issues, including self-harm and suicidal ideation. The program operates on a short-term basis, with stays ranging from 1 to 14 days, and requires a discharge plan and family involvement for success.

SACS Program Overview Presentation

Amy presented an overview of the SACS program, highlighting its use of the Zones of Regulation to help youth identify and manage their emotions. She discussed the program's data, including the number of youths served, average length of stay, and treatment outcomes. Amy also explained how SACS works with foster care agencies and other providers to support youth transitions and stabilize placements. The presentation concluded with examples of creative problem-solving transitions between levels of care. Heather Gates thanked Amy and the Village staff for their support in opening a new subacute program in Norwich.

Specialized Program for Disabled Children

The discussion focused on a specialized program that serves children with intellectual disabilities and behavioral health needs. Amy explained that the program accepts referrals for children with intellectual disabilities and autism and works closely with CCMC to facilitate discharges from the emergency department. Tammy Venenga (DDS) expressed interest in referring more clients to the program and requested that Amy speak with her team about it. Frank Gregory, a senior administrator at DCF, confirmed that the program is funded through state funds rather than ARPA, and Janine inquired about the financial continuity plan.

Crisis Stabilization Program Referrals

The meeting focused on the referral process and access to a short-term crisis stabilization program, which is designed to be clinical and therapeutic, with referrals coming from specific sources such as outpatient therapists and mobile crisis teams. Amy explained that the program is statewide and supports youth in school or with the school system, emphasizing its role in preventing emergency department visits or inpatient care. Janine clarified that the program is a step-down option for those who do not require inpatient care, and she encouraged questions from the audience. After addressing concerns about geographic access and program eligibility, Janine introduced the next presentation on the Carelon contract, which was to be delivered by Carelon from the Connecticut Behavioral Health Partnership.

Connecticut Behavioral Health Partnership Overview

Carrie Bourdon introduced the leadership team of Carelon Behavioral Health, including Dr. Paulo Correa, Erika Sharillo, and Dr. Bonni Hopkins. She provided an overview of the Connecticut Behavioral Health Partnership, established in 2005, and its evolution to include the Department of Mental Health and Addiction Services in 2011. Carrie explained the role of the Administrative Service Organization (ASO) as improving access and quality of behavioral health services for HUSKY Health members through clinical programs, quality initiatives, and collaboration efforts. She highlighted Caroline's local presence in Connecticut, their recovery-friendly designation, and their commitment to meeting 15 performance standards that ensure a seamless experience for providers and members.

Carelon Behavioral Health Innovation Programs

Erika Sharillo, who oversees the clinical team at Carelon, presented innovative programs focused on system and member-level interventions, which were co-designed with CTHP to improve access, strengthen quality, and advance health equity. She highlighted key focus areas, including integrated substance use disorder treatment, system throughput management, and value-based pediatric payment, as well as clinical programs like inpatient bypass and utilization management. Erika also introduced the Proactive Engagement Program (PEP), which includes the Wellness Resource Line, RISE (Resilience through Intervention, Support, and Education), and Behavioral Health Services Health Stress Score Program, all aimed at proactive care coordination and prevention of avoidable behavioral health escalations. She emphasized the importance of collaboration with state agencies and providers and noted that Carelon Behavioral Health Connecticut was the first of the parent company's contracts nationally to implement the full PEP model.

Husky Health Network Provider Updates

The meeting focused on provider support and access within the HUSKY Health Network, highlighting a 40% increase in credentialed providers over five years. Carrie discussed challenges in specialty populations and emphasized efforts to enhance the network, particularly for autism and substance use disorder services, with an interactive map on their website being used over 2,000 times. Erika provided context on membership trends, noting a slight decrease in 2024 but maintaining higher levels than pre-pandemic, with children and young adults being the largest age groups. The meeting also covered the Consumer and Family Advisory Council's role in providing feedback and recommendations on service delivery and member engagement initiatives.

Behavioral Health Service Utilization Data

Dr. Paula Correa, medical director for the Behavioral Health Partnership with Carelon Behavioral Health, presented data on behavioral health service utilization among HUSKY Health members for calendar year 2024. He noted that 30% of members used behavioral health services, with similar rates among youth (29.3%) and adult populations. The data showed a gradual increase in

healthcare expenditures since 2020, with an 11% increase from 2023 to 2024, largely driven by outpatient services. Dr. Correa also highlighted that while adult utilization was higher than youth, both populations showed a similar 12% increase from 2023 to 2024, with outpatient services remaining the most utilized modality.

Behavioral Health Data Analytics

Bonni Hopkins, Connecticut's SVP of Quality Analytics and Innovation, described her team's work in analyzing behavioral health data for Husky Health members. The team uses a variety of data sources, including behavioral health authorization data, medical claims, and pharmacy information, to create interactive dashboards that help drive performance improvement and support providers. They have developed predictive models to identify high-risk members after hospitalization and conducted analyses on medication adherence. Bonni also highlighted their work on CMS standardized measures, noting that Connecticut performs better than national and New England rates for most indicators.

Behavioral Health Outcomes Review Meeting

The meeting focused on reviewing behavioral health outcomes and initiatives across various programs. Erika highlighted improvements in discharge delays for youth, with a 62.6% decrease since 2008, and discussed the reduction in inpatient days and average length of stay. Carrie presented outcomes from the Changing Pathways pilot, which showed a 90% reduction in opiate overdoses for participants initiated on medication for opiate use disorder. Paulo discussed the implementation of the 1115 SUD demonstration waiver, which expanded services for substance use disorder under HUSKY Health and adopted the ASAM criteria for better care coordination. The conversation ended with updates from various committees and departments, including the Certified Community Behavioral Health Clinics planning grant and professional development opportunities from the state education department.

CSDE update: There are a series of free professional development opportunities for mental health professionals:

Registration is available for the spring Student Support Series webinars. The purpose of the Student Support Series is to provide regular, free professional development for school mental health professionals. Topics are chosen based on trends in youth mental health and needs identified by schools. Pending approval, webinars also offer 1.5 continuing education credits from the NASW/CT, which are valid for LCSW, LMSW, LPC, LMFT, and licensed psychologists.

Supporting Anxious Students: Practical Strategies for Schools (3/19). As of March 11, 887 people have registered.

Beyond Behavior: Strategies for Supporting Emotional Regulation in School (4/24)

Youth Suicide Prevention: Recognizing and Responding to Students at Risk (5/21)

If interested, the registration page for the series is [Student Support Series Tickets, Thursday, Mar 19 at 9 am to Thursday, May 21 at 10:30 am EDT | Eventbrite](#). That also includes a description of each webinar and the presenter information.