

Children's Behavioral Health Advisory Committee (CBHAC)

Thirty one appointed members
(Fifty-one percent to be parents)
Twenty-seven appointments filled, currently five vacancies
Statewide Advisory Council appointments currently four vacancies
Legislative appointments currently one vacancy
(Maj. Leader of the House Appt. Christopher Donovan)

Appointments. By State Advisory Council:

Co-Chair: Dave Tompkins (01/06/06-01/06/09), **Lolli Ross and Marie Capiris** (02/04/05-02/04/09),
Grace Nelson (10/07/05-10/07/09), **Sincilina Beckett, Patricia Gaylord, Darcy Lowell, Norma Irving, Neil Quatrano,**
Tabor Napiello and Debbie McCusker (09/06/07 – 09/06/09)

Governor's Appointments:

Parent-**Cathy Adamczyk** (01/23/06-06/30/10), Provider-**Cara Westcott** (08/11/05-11/03/06)

Legislative Appointments:

Pres. Pro Tempore Appt. Donald Williams - **Margaret (Peggy) Ayer** (08/15/05-08/15/09), Speaker of the House Appt. James Amann-**John McGann** (12/14/05-06/30/08), Maj. Leader of the Senate Appt. Martin Looney-**Chet Brodnicki** (08/09/05 – 08/09/09), Min. Leader of the Senate Appt. Louis Deluca-**Marcy Kane** (04/07/05-06/30/08), Min. Leader of the House Robert Ward-**Kimble Greene** (06/07/06-Term does not expire)

State Department Commissioner Designees:

Department of Children and Families - **Tim Marshall**, Department of Social Services - **Tim Bowles**,
Department of Education - **Scott Newgass**, Department of Mental Health and Addiction Services - **Nikki Richer**,
Department of Developmental Services-**Mona Tremblay**

Court Support Services, Chief Court Administrator Designee - **Cathy Foley Geib**

Office of Protection and Advocacy, Executive Director Designee - **Rachel Sherman**

Meeting Minutes from March 07, 2008

Appointed Members in Attendance:

Cathy Adamczyk, Margaret (Peggy) Ayer, Sincilina Beckett, Tim Bowles, Tammy Garris, Marie Capiris, Patricia Gaylord, Kimble Greene, Norma Irving, Marcy Kane, Darcy Lowell, Tim Marshall, John McGann, Tabor Napiello, Grace Nelson, Neil Quatrano, Rachel Sherman, Dave Tompkins, Mona Tremblay and Cara Westcott

Excused Appointed Members:

Debbi McCusker, Nikki Richer, Cathy Foley-Geib, Scott Newgass

Unexcused Appointed Members:

Members of the Public in Attendance:

Annemarie Perkins, Gabrielle Hall, George McDonald, Allen C Monroe, Ms. Neva Coldwell, Cindy L. Thomas, Sitha Bromell, Wanda Roberson, Debra Gannon, Brenda Wilcox, Allyson L. Nadeau, Barbara Sheldon, Lorna Grinois, Amy O'connor, Marilyn Cloud, Tim Cunningham, Becki Jackson

The Meeting was called to order by Co-chair, Dave Tompkins

**Children's Behavioral Health Advisory Committee
(CBHAC)**

Co-chairs report:

Dave Tompkins:

We need to have a discussion in order to come up with a plan on how we are going to respond to a bill that has been raised. First, I wanted to make sure that we had some information to share and any updates that are important from our committee reports.

ACTIONS: TAKEN:

ACTION: The members unanimously voted to recommend Mary Martinez to the SAC as a member of CBHAC.

Recommendations:

Following consultations between Dave Tompkins, Kimble Green, CBHAC co-chairs, Marilyn Cloud, DCF State Child Planner, a decision was made to reduce the multi-Culturalism allocation. The decision was based on a lack of expenditures in this category to date and currently no plans for upcoming initiatives.

RECOMMENDATION: That the co-chairs contact the co-chairs of the SAC, the Commissioner of DCF and the co-chairs of the Human Services Committee to make sure they understand our concerns.

Presentation on new Behavioral Health Services (Voluntary Services Program):

Sara Lourie (DCF) and Tammy Garris (DDS):

Tammy Garris:

We are doing all children and let's not forget children with mental retardation. Department of Developmental Services went to an agreement with the Department of Families and Children to provide voluntary services to kids with mental retardation. Voluntary services is a program for kids who have behavioral health or mental health needs. Our department is now the lead agency for those kids with mental retardation who have behavioral health or mental health needs. We currently have approximately 360 children in our program. Most of those were transferred over from DCF services to our services. This fiscal year we have accepted 71 new referrals into the program and that excludes 43 we transferred from DCF. We are expecting many more and right now we have 16 outstanding applications. To refer to our voluntary services program is the same as DCF services, you call the HOTLINE. That referral comes directly to myself or the Administrative Assistant. We make sure that child is a client of our department and if they are a client of our department we send out the application. When we receive the application and supporting documents, we determine eligibility and DCF has nothing to do with that case. The kids who are on our voluntary services program have no open case with DCF. If they end up going to protective services or getting treatment through DCF we close our voluntary services case. We both can't have services in place at the same time or voluntary services. So we have approximately 40 kids in out of state residential facilities, group homes, community training homes, professional parents and therapeutic foster homes and most our services are in home support services. Those services are given to our families under our waiver and are reimbursed from our federal government. We also provide respite for families, behavioral assessments, and provide training for the families. Our goal is to keep kids at home as long as possible and we strongly support working with the family to get children back to their homes.

Question:

Do kids with autism fall under voluntary services?

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Tammy Garris:

If they have mental retardation and just the diagnosis for autism is not going to make them eligible for voluntary services. They have to show that they have a behavior health or mental health need that the family needs assistance with. Just the diagnosis itself will not make you eligible.

Question:

Behavioral Health need does not necessarily equate to mental retardation?

For our program at DSS is only for kids for mental retardation. DCF does provide voluntary services to kids that do not have mental retardation and also does kids under the age of 8 because there is no appropriate testing to test for mental retardation until around the age for 8. DCF will take those kids if their predetermined or determined eligible for us and are put on our transfer list and then they transfer to our services.

Question:

What qualifies a person for out of state residential? You have 40 out of state residential.

Tammy Garris:

Most of those kids we inherited and were transferred to us in these current placements. Right now we have 4 and the rest we inherited. They were placed before transferred to us. The whole system in home supports had to be tried and found not able to work. We look at the quality of services firms, hours of service, which provided the service and do we need other service providers. They come to a children's services committee. That children's service committee is made up of the office of the child advocate, DCF, DDS, parents, and Bureau of Special Ed. The case manager comes and presents the case which means that we have a tool that is called level of need shows that they have this level of need. The case manager will inform us what services are in place but why it's working and why its not. What additional supports and services have been trialed tried, what additional supports and services of parents refused, if the parents are accepting the services or not. The committee recommends other additional supports and services. If the committee is in agreement that the child needs an out of home placement that recommendation is given to our commissioner. Only our commissioner can approve placement. I bring the commissioner all the information and then he decides if he is going to approve an out home placement. A letter is sent to the family either approving or not approving and for us the commissioner's decision is final.

Question:

I understand out of home placement. I am asking more specifically about out of state residential placement which is in much more specific and maybe diagnosis related issue and I am wondering what that kind of criteria?

Tammy Garris:

There is no specific criterion because it all individualized to that child and that family and their needs. Right now there is not in-state residential facility in Connecticut. If somebody needs residential treatment, they are going out of state.

Sara Lourie:

Both DCF and DDS have historically have been using out of state residential treatment facilities for a lot of children with mental retardation and autism because there are few in-state providers who can respond to their level of need. DCF and DDS have done a joint RFP for a Center for Excellence so that we can develop a program in state. We try to keep kids as close to home as possible and it is DCF's goal to be able to provide even intensive residential services in Connecticut.

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Question:

Since there is no instate residential for this population is relationship building still part of that. Is transportation paid for the parents to go visit to keep that relationship open.

Tammy Garris:

We have a policy that we will reimburse transportation and an overnight one night of month for parents. What we try and do is work with the residential facility as part of the treatment planning for that child. What they put in their treatment plan as appropriate for family involvement we will support that.

Sara Lourie:

DCF is able to do this as well; they may help with transportation or even take families for visits.

Tammy Garris:

A lot of the places we use they have agreements with local hotels. Some of the facilities allow letting families stay in the campus.

Sara Lourie:

We started the Voluntary program with DDS in July 2005. One of the main reasons for the change was because we felt that DDS has the expertise to work with children with mental retardation. Although this change was related to voluntary services, we anticipate a positive impact on the system as a whole which will be noticeable over some period of time as our area offices at DCF work more in collaboration with DDS and share resources and both provide and receive consultation. We see this as a healthy collaboration of agencies that is long overdue. Because DCF has regular voluntary services program for children with behavioral health needs, and we don't transfer kids until they are at least 8, DCF also has voluntary cases for children with mental retardation and we are providing the same range of services. There is some variability depending on the area of the state, the relationships they develop with specific providers and what they have available to them through their Flex Fund budget. My role in DCF is as a liaison to DDS. A lot of problem situations do come to me and people are certainly welcome to get in touch with me if I can be of assistance.

Question:

How do you address the educational piece of these kids who are out of state? How does that work?

Tammy Garris:

That is still the LEA's responsibility and most of these programs have school.

Question:

In terms of children who are on the mental retardation spectrum and autistic, what state agency is responsible?

Sara Lourie:

I believe there is some difference of opinion about whether autism is considered a behavioral health diagnosis or not. If a child with autism also has another behavioral health diagnosis they will be eligible for voluntary services with DCF. In some areas of the state if a family applies for voluntary services with just autism as a diagnosis they will get denied. I usually suggest to parents that they appeal the decision. In general the policy is written fairly broadly and I recommend that the focus be on need vs. on diagnosis, so parents really need to make their case based on need. At the present time, there are certainly children with autism working with DCF.

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Question:

I know when a child is in DCF voluntary services there is an individual who is responsible for taking care and making sure what is the best interest of the child. In contrast, when they go to DMR voluntary services there is not such position to really safeguard the child and the child's best interest?

Sara Lourie:

What I think people are referring to is that any DCF voluntary case has oversight in the Probate Court. The social workers have to bring treatment plans to the probate court for review. DDS does not have that same requirement.

Question:

I heard that was a concern and that this kind of safeguard for children was not in place when they transferred to DDS?

Sara Lourie:

The DCF requirements are written into statute but the Probate court does not have that same authority over DDS.

Tammy Garris:

When we transfer cases and they have an open probate court, we are there. We are in court all the time than we ever have been in the past. We follow court orders and try implement what the court suggest and they do look at what we have in place and services that are being provided and who is providing it and how often. They listen to the parents if we are meeting their needs or not. By statue the probate court can order us to do anything and that is absolutely true, however if the probate court asks us to do something we are going to do it. We are also trying to look out for the best interest of the child. We are going trough some growing pains with this. The court is used to dealing with DCF and not with us. This gives us a good way to communicate with each other and help each other in finding appropriate resources and services.

Committee Reports:

Nominating and Membership:

Marcy Kane/ Marie Capiris

Marcy Kane

- Mary Martinez nomination for membership
- State Advisory Council seat to be filled

Local System of Care

Tabor Napiello/ Hal Gibber

Hal Gibber

Quarterly statewide meeting of systems of care:

Focusing on three different areas:

- Best Communication on state-wide basis

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- Advocacy plan
- Resource sustainability

CVH - Lee Auditorium

March 28, 2008

9:00AM - 12:00PM

Small grant called Citizen Reviews panels - provide oversight and recommendations to child protection or child welfare workers of the department.

Dave Tompkins

Standards for State Funded Behavioral Health Programs

Scott Newgass/ Vacant

Marilyn Cloud - Extended Day Treatment

Revised Practice Standards for Extended Day Treatment

- The review occurred over a period of almost 2 years.
- A multidisciplinary committee was convened and included providers, consumers, DCF area office staff including EDT gatekeepers, DCF central office staff and CTBHP members
- The standards were updated to reflect changes in the delivery system and to improve practice standards.
- Major areas of change included adding the CT BHP roles/responsibilities, strengthening the partnership with families through all aspects of care, supporting evidence-based clinical services, and correcting outdated information.

The Mission of the Extended Day Treatment Practice Standards remains the same: To provide effective community-behavioral health services for children and youth with psychiatric disorders and their families, in partnership with the system of care, to achieve optimal functioning and strengthen families.

Marilyn requested that CBHAC provide feedback to the committee within the next few weeks so that these standards may be finalized and implemented.

Mental Health Block Grant

Kimble Greene/ Vacant

FFY 2008 Award

State of Connecticut - Final Award \$4,385,316.

The Final represents a 1.3% state reduction from the initial federal notification which was the basis for budget development and the State Allocation Plan, due and submitted in August 2007.

The decrease was due to federal formula reduction that impacted all states. The resulting reductions for the State of Connecticut are, as follows:

- DMHAS \$41,572
- DCF \$17,818

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Status Report: Mental Health block Grant FFY 208

- System of Care Workforce Development & Training
- Respite for Families
- FAVOR, Inc. - Family Advocate Services
- Youth Suicide Prevention & Mental Health Promotion
- Extended Day treatment (EDT): Model Development and Training
- Trauma Initiative - Dialectical Behavior Therapy
- Other Community Kid Care

Recommendations:

Following consultations between Dave Tompkins, Kimble Green, CBHAC co-chairs, Marilyn Cloud, DCF State Child Planner, a decision was made to reduce the multi-culturalism allocation. The decision was based on a lack of expenditures in this category to date and currently no plans for upcoming initiatives.

Behavioral Health Services – BHP Interface

Debbie McKusker/ Sarah Becker

Sarah Becker

Met as a sub-committee and had a productive meeting.

Area of discussion:

- Population of kids (not focused kids and over focused kids)
- Our DD kids, and JJ kids
- Objectives pointed out by the hearing committee process
- Modification and recommendations on the objective language
- As a sub-committee we agreed to try and expand the objectives
- Achieving and understanding the broad gaps in Behavioral needs and services in Connecticut
- To explore issues of consistency and uniformity

Sub committee will meet this Monday at 10:30AM here at the Partnership.

Raised Bill No. 340

An Act Establishing an Early Childhood integrated System of Care for Children and Families.

Goal: To coordinate and enhance services for high risk young children and families to promote healthy development and close the achievement gap.

Motion for CBHAC to endorse and support Bill No. 340 - motion approved

Multiculturalism

Sincilina Beckett/Vacant

No recommendations at this time

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Ad Hoc Committees:

Mentoring & Respite

Mona Tremblay/ Neil Quatrano

No recommendations at this time.

Transitioning Youth Initiative

Tim Bowles/ Lolly Ross

Updates:

- Facilitate the first steps with this process - Adult Mental Health Council
- Reprioritizing initiative
- Inventory of all efforts, initiatives and organizations
- What is needed in better coordinating all efforts
- Parent and children involvement in planning process

Announcements:

Dave Tompkins

Discussion regarding the facts about the Raised Bill 174 and status of CBHAC going forward:

- Report done by Legislative Program and Review Investigating Committee
 - Recommendation was to integrate CBHAC into the State Advisory Council to be more effective
 - Intent is to strengthen the role of CBHAC, strengthen the role of parents by integrating it more fully into the State Advisory Council
- The raised Bill 174 takes out of statute any reference to CBHAC and eliminates our entire body as of June 30, 2008. It will then give the responsibilities that we are overseeing back to the State Advisory Council

Kimble Greene

Limited in our ability to change language - we do want to brainstorm to come up with some ideas about who to contact so that if we can make some changes or have input and say that we would like to have that opportunity.

Marilyn Cloud

One piece has changed from sub-committee to committee and they added the sentence that states " they committee shall pointed by the person of the council and show consistent individuals who are knowledgeable about issues relative to children and youth in behavioral health services and family supports including but not limited to parents and guardians of children and youth in mental health.

Kimble Greene

So what this says is that CBHAC will be eliminated and that the State Advisory council to establish a new committee under their provision.

Peggy Ayer

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Is there a possibility to change the wording?

Amy (NAFI)

Network of Care Website:

<http://connecticut.networkofcare.org/mh/home/index.cfm>

Marcy Kane:

Mary Martinez has been nominated by CBHAC chairs to move forward for CBHAC appointment. Application will be sent to the State Advisory Council for approval.

ACTION: The members unanimously voted to recommend Mary Martinez to the SAC as a member of CBHAC.

RECOMMENDATION: That the co-chairs contact the co-chairs of the SAC, the Commissioner of DCF and the co-chairs of the Human Services Committee to make sure they understand our concerns.

The meeting was adjourned at 12:18PM

Meeting notes respectfully submitted by Lorena Emanuel