

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

Thirty one appointed members  
(Fifty-one percent to be parents)  
28 appointments filled, currently three vacancies  
Statewide Advisory Council appointments currently one vacancies  
Legislative appointments one vacancy  
Governor's appointment no vacancies

### ***Appointments. By State Advisory Council:***

**Co-Chair: Dave Tompkins** (01/06/06-02/04/11), **Lolli Ross** (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) **Karen Smith, Co-Chair: Doriana M. Vicedomini,** (02/28/2008  
- 02/28/2010) **Mary Martinez, George McDonald** (10/08/2008 - 10/08/2010) **Mary Held** (03/31/2009 - 03/31/2011)

### ***Governor's Appointments:***

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

### ***Legislative Appointments:***

Pres. Pro Tempore Appt. Donald Williams - **Margaret (Peggy) Ayer** (08/15/05-08/15/09), Speaker of the House Appt. Christopher  
Donovan - **John McGann** (12/14/05-06/30/10), Maj. Leader of the Senate Appt. Martin Looney-**Chet Brodnicki** (08/09/05 –  
08/09/09), Min. Leader of the Senate Appt. John McKinney-**Marcy Kane** (04/07/05-06/30/10), Min. Leader of the House Larry  
Cafero - **M. Jeffrey Spahr** (09/03/09-06/30/2011) Maj. Leader of the House Appt. Denise Merrill - **Robert Franks** (02/20/09 -  
06/30/2010)

### ***State Department Commissioner Designees:***

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

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

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

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## **Meeting Minutes from August 7, 2009**

### **Appointed Members in Attendance:**

Sincilina Beckett, Robert Franks, Cathy Foley Geib, Tabor Napiello, Rachel Sherman, Karen Smith, Dave Tompkins, Norma Irving, Marcy Kane, Darcy Lowell, George McDonald, Nikki Richer, Rachel Sherman, Karen Smith

### **Excused Appointed Members:**

Cathy Adamczyk, Margaret (Peggy) Ayer, Chet Brodnicki, Tim Marshall, Doriana M. Vicedomini, Cara Westcott

### **Unexcused Appointed Members:**

Lolli Ross, Mary Held, Mary Martinez, Debbie McCusker, John McGann, Grace Nelson, Scott Newgass, Neil Quatrano, Patricia Gaylord

### **Members of the Public in Attendance:**

Velveta Scott, Cindy L. Thomas, Neva Coldwell, Wanda Roberson, Lynn Roberson, Margaret Roberson, Susan Williamson, Hal Gibber, Lorna C. Grivois, Lesbia Martinez, Deirdre Cotter Garfied, Muriel Tower, Ginny Gerena, Sally Gaston, WM. Anderson, Amy O'Conner

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

**Mission:** The mission of CBHAC is to promote and enhance the provision of behavioral health services for all children in the State of Connecticut.

***The Meeting was called to order by Co-chair, Dave Tompkins – 10:11 am***

**Co-chairs report:**

***Dave Tompkins***

***Feedback from the State Advisory (SAC) Committee meeting?***

- No feedback - non one was able to attended
- Next meeting will be held on September 09, 2009 at the Connecticut Association of Foster and Adoptive Parents (CAFAP)

***Housekeeping:*** Please use bathrooms and facilities out on the hallway and please don't wander through the Partnership due confidential information and offices.

**Committee Reports:**

**Nominations Committee**

Marcy Kane

- Fully embodied and we have two applications for approval for the State Advisory Committee

**Mental Health Block Grant**

Peggy Ayer/ Karen Smith

***Presenting on Trauma Focus Cognitive Behavioral Therapy (TF-CBT) - Bob Franks***

TF-CBT is a form of treatment delivered in the outpatient setting for kids who have experienced trauma.

- 10 agencies across the state
- 6 more agencies this year

**Marilyn Cloud:** DCF has been able to support the TF-CBT initiative through the use of block grant funds that we have been able to carry over and support this three year initiative.

**Why does DCF support and fund TF-CBT?**

- Prevalence of Trauma is very high and higher in the foster care population
- Studies show that 1-4 is likely to experience one traumatic event by the end of 16
- 4-10 report being exposed by domestic violence
- The rate for post traumatic stress disorder in the foster care population is as high is 25%
- That means that Everyone 1 and 5 children in our population in Connecticut is likely to need some type of trauma face services.
- We have adopted a child welfare trauma toolkit - all our new workers are required to take this training
- Our goal is to bring more of these evidence based treatments to outpatients community based settings
- Focused on residential care - Training staff
- One of the most effective treatment for kids - a model treatment by the Federal Government
- 12 month training initiative
  - To increase access to kids and families to the Trauma treatment

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- To build the organization capacity in each of these clinics

**Bob Franks:** One of the challenges is that we want to build the capacity of outpatient providers to meet the needs of children and families. Looking for a way to this the Institute for Health Care Improvement is a national organization has used method called learning collaborative approach to disseminate mainly in health care practices. For example programs in schools and home nursing programs. They have used this method over a year in process in order to be sustained overtime.

- **Training Staff over a period of a year**
  - Senior leaders - brainstorming to address issues
  - Supervisors - how to supervise the practice
  - Clinician - how to deliver the practice
  - Family Partner - engages with the team (family input and implementation)
- **Action Periods**
  - Agencies are meeting weekly with their teams
  - Engaging in consultation phone calls with the external faculty
  - Intranet website in which questions can be posted
  - Trains in multiple ways in which it addresses not only clinical issues, but also family issues, agency issues to try and assure that the practice will be sustained over time

Due to some Traumatic events that were occurring in Pittsburg, Dr. Judith Cohen and others developed and tested the Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), an evidence-based treatment for sexually abused and multiply traumatized children.

**Studies shows:**

- Kids PTSD symptoms improve
- Depression symptoms improve
- Parents depression symptoms improve along with their kids

**Components of Treatment**

- Teaches children and parents skills on how to retain control and remain compose when they have traumatic memories or reminders
  - Relaxation
  - How to deal with negative emotions
  - Restructure their thinking
  - How trauma affects them
  - Allow child to tell their stories and help cope with the corresponding feelings that come from remembering the terrible things that happened to them
  - About a 6 month process
- In Connecticut studies have shown an 80% reduction in PTSD symptoms
- The goals of the collaborative is to implement this practice across the state to try and create a sustainable learning community across provider organization and to build the capacity in those provider organization so once we are gone they can continue to this.
- These services are billed as outpatient services and you do not need a DCF referral.
- These services is also used with young adults

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**Presenting on Extended Day Treatment An Enhanced Model of Care - Marilyn Cloud**

**Program Purpose**

- To evaluate and treat children with behavioral health needs and their families for the purpose of improving mental health and overall functioning at the home, at school, and in the community.

**Treatment Focus**

- System of Care Values and Principles
- Theoretical Foundations: Child Development, Family Systems, Ecological Systems, Attachment, Social Learning, and Positive Youth Development
- Child-focused, Family-Centered Care

**Program Description**

- A milieu-based, multi-modal clinical intervention
  - 52 weeks/years
  - 3 hours day/5 days week
- For Children and adolescents, ages 5-17 who have emotional and behavioral disorders, and their families?
- An Intermediate Level of Care, per CT BHP guidelines
- Delivered by a Multi-Disciplinary Treatment Team

**Program Goals**

- Stabilize the child/adolescent
  - Reduce acute symptomatology
- Improve mental/emotional/social well-being
- Improve overall functioning
  - Home, School, Community
- Strengthen the family system

**Core Clinical Services**

- Comprehensive biopsychosocial assessment
- Treatment planning, goal setting
- Structured therapeutic milieu
- Psychiatric evaluation and medication management
- Emergency services and crisis intervention
- Individual, group and family therapies
- Multiple family groups
- Therapeutic recreation and expressive therapies
- After-care planning

**Treatment Team**

- Program Director (Licensed MH Practitioner)
- Child and Adolescent Psychiatrist
  - Psychiatric oversight of programs/team
- Clinicians (Ph.D., Psy.D., Masters Level)

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- Staff Ration: 1 to every 8 clients
- Mental Health Counselors (Associate/Bachelor's Level)
  - Staff Ratio: 1 to every 4 clients
- Other Staff (Site Specific - Optional)
  - Art therapist: Recreation Therapists; Case Managers
  - Student interns

**Service Capacity**

- 14 Providers  
22 program sites
- Statewide services capacity (FY 08)
  - 427 DCF-Funded contract slots
  - 459 DCF-licensed bed capacity
- Statewide DCF Grand Funds (FY 09)
  - \$7,026,508

**Darcy Lowell** - a new Robert Wood Johnson Foundation grant that I just received for replication of the Child FIRST early childhood system of care model in CT

**Child FIRST (Child and Family Interagency Resource, Support, and Training)** this model first started as a home based model for early childhood system of care that works to decrease the incidence of serious emotional disturbance, developmental and learning problems, and abuse and neglect among high-risk young children and families in Greater Bridgeport, Connecticut. This intervention is between parent and child - starting prenatally to the age of 6.

- Five teams will be simultaneously trained including Bridgeport, New Haven and Hartford
- Medicaid reimbursable services for home-based treatment

**Local System of Care**

*Tabor Napiello/ Hal Gibber*

No recommendations

**Multiculturalism**

**Behavioral Health Services – BHP Interface**

*Hal Gibber/ Marcy Kane*

**Ad Hoc Committee Reports**

**Transitioning Youth Initiatives**

**Announcement:**

**Legislative Updates: Amy O'Conner**

**Governors' proposed budget -**

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

- Office of child advocate will transferred to attorney general office
- Restored definition medical necessity by legislature
- Placing psychiatric drugs in the states preferred drug list
- Children's trust fund would incorporated into DSS
- Increase in premium in Husky B
- Does not fund raise the age
- The appropriations committee budget proposes to move adolescent behavioral health from DCF to DHMAS

**Karen Smith:** Youth In Crisis Law (SHB6567) - targets the needs of our mental health children above the age of 14 - a court can order youth to attend schools or other educational programs and obtain mental health services. This would be a wonderful way for us to serve the families and children of that 14 year old and up.

***Orientation is available every month at 9:30am before the CBHAC meeting at the cafeteria***

*The meeting was adjourned at 12:01PM*

Meeting notes respectfully submitted by Lorena Emanuel