

## ***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), **Alice Farrell, 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**

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## **Meeting Minutes from February 01, 2008**

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

Cathy Adamczyk, Margaret (Peggy), Ayer, Sincilina Beckett, Chet Brodnicki, Marie Capiris, Tammy Garris, Patricia Gaylord, Cathy Foley-Geib, Kimble Greene, Norma Irving, Marcy Kane, Tim Marshall, Debbie McCusker, John McGann, Grace Nelson, Neil Quatrano, Nikki Richer, Lolli Ross, Rachel Sherman, Dave Tompkins, Mona Tremblay, Cara Westcott

### **Excused Appointed Members:**

Scott Newgass, Cara Westcott, Alice Farrell, Tim Bowles, Tabor Napiello

### **Unexcused Appointed Members:**

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

Jill Jensen, Dorian Vicedomini, Michelle Riordan, Mary M. Martinez, Nancy Dumont, Amy O'Conner, Ginny Lawless, Linda Spills, Laura Hadder, Bert Plant, Mary Held, John Paige, Lesbia Martinez, Barbara C. Sheldon, George McDonald, Brenda Wilcox, Virginia Gerena, Martha Miller, Debra Gannon, Ann Phelan, Sandy Becker, Karen Andersson, Yadirah Haddock, Sally Gaston, Frank Gregory, Amy Evison, Denise Tillman

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

### **Introductions:**

Dave asked for everyone to introduce themselves and identify their role at the table.

**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.

**Approval of Minutes:**

January minutes were voted on and approved.

**Co-Chairs Report:**

*Dave Tompkins*

**Dave Tompkins:**

Presentation from Jill Jensen and Michelle Riordan from the Legislative Program review and investigations committee. They provided an overview of their recommendations and our opportunities as providers and parents. The overview talked about some of the rationale behind it and understand the process.

The role of this committee is to understand the behavioral health system for children in the State of Connecticut. We can then be in a good position to make recommendations to the State Advisory Committee. To have a more in depth understanding of their report and all the work that they have done really support the work that we do as a committee.

**Jill Jensen - Chief Analyst for the Legislative Program Review & Investigations Committee:**

Michelle and I are part of the non partisan professional staff to the program youth committee. Which is the bipartisan committee of the general assembly? We have six democrats and six republicans, our chairs are also one of each party one from each chamber. The whole purpose of the committee is to look over different state policies and programs and see how well they are working. See if any changes are needed to improve performance or make the outcomes better. Make recommendations to the whole general assembly and provide information and our recommendations can be both for legislative changes and to the state agencies and improvements in the administrative aspect of what they are doing. It's a pretty broad mandate that has been around for more than 30 years.

**PRI Study of DCF Monitoring and Evaluation: Next Steps**

The Legislative Program Review and Investigations Committee authorized a study to assess comprehensively the internal and external efforts to monitor and evaluate the Department of Children and Families in April 2007. Past program review committee studies have examined DCF and how the agency carries out its child welfare, juvenile justice, behavioral health, and prevention services mandates. The current study seeks to improve outcomes agency wide by ensuring DCF makes policy decisions and manages programs for children and families based on results information.

For more details:

- Final report with official agency response (DCF and OCA)
  - Available on PRI staff office website Feb. 2008 [www.cga.ct.gov/pri/year2007studies.htm](http://www.cga.ct.gov/pri/year2007studies.htm)
- Legislation based on PRI report recommendations
  - PRI public hearing late FEB/early March 2008
  - Bill information (go to: [www.cga.ct.gov](http://www.cga.ct.gov))

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The next step is for our committee to raise legislation to implement the recommendations that require statutory changes. We are working with our bill drafters now to develop that language and put that together and have a public hearing that is required by legislation. The programs review investigations hearing will be the end of February or the beginning of March. For three years following a study our committee does our own compliance report and report on that on our annual report.

**Bert Plant:**

One thing that I wanted to say is that one of the recommendations is to take the various advising bodies and put them together. One of the things that I would advise, from my point of view, is that there is some danger in doing that because what I have found is that the department has multiple mandates, child protection, juvenile justice, behavioral health, adolescent substance abuse and when you combine all of these mandates into a single body, it is very difficult to insure that all get the appropriate amount of attention. I think there is a value to having separate bodies that can bring focus to each issue. You need to think carefully and insure that the different advisory bodies maintain significant and separate focus on behavioral health as well as juvenile justice, prevention and child protection.

**Dave Tompkins:** Each of our subcommittees should take a look at the report and review it and then consider the recommendations that pertain to their committee. We would like to get your feedback based on the report and the section or recommendation that pertains to your committee.

The other way we could use this information would be to distribute all information to the legislators or other officials that you are representing. This would make sure they are getting the reports and they understand our recommendations so when it get to the full body, they have that information coming from us which is what their mandate is to do.

**Questions and Answers**

**Chet Brodnicki:**

Could you elaborate a little bit about the matter of this single advisory committee? You stated that there should be individual advisory committees for each of the state facilities. For me it means that there has to be some body that pulls together all these advisory committees if they are going to continue to exist. One would be information for single advisory committee and how does your recommendation address that matter, because for me that seems like a significant amount of staffing to get recommendations from different groups on an ongoing basis to one single advisory group.

**Michelle Riordan:**

We did recommend for DCF to set up of communication mechanism for all the groups to communicate with each other. The recommendation on one advisory group was so that the department has one place where they can go which would be representative of all stakeholders. We do recommend having staff or resources to support that one advisory group.

**Beresford Wilson:**

I do support the report and the recommendations. There is not enough emphasize on parent representation and involvement and equitable representation in these agencies. We also tend to ignore the language in the mandate to involve parents in every aspect, from conceptionization to development, to delivery of services. We need to emphasize more parent involvement.

**Marie Capiris:**

What is the official name of your community or agency?

What is the role of Julia Wasserman and Senator Meyer?

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**Jill Jensen:**

The official name is "Legislative Program Review & Investigations Committee. Julia Wasserman and Senator Meyer are our Committee Co-chairs. Representative Wasserman is our Republican council chair and Senator Meyer is our Democrat chair.

**Lolli Ross:**

What role did parents play in the data collection? Did you interview a lot of families?

**Jill Jensen:**

We met with the advisory groups and with representatives of FAVOR, CAFAP and we met with several area advisory councils such as Bridgeport, Norwich, Hartford and Manchester. It would have been great if we had done more of the field work.

**Michelle Riordan:**

At our public hearing, it was recommended by an Attorney for an Advocate for the kids and parents. The initial of treatment plan be more coordinated between DCF and the court to establish a pilot program. That was one of our recommendations that came out of a public hearing.

**Marcy Kane:**

Your recommendations recommended to DCF that the new advisory body report rather than take a look at what was working in the systems and what committees are already working and building on those blocks to create committee.

**Jill Jensen:**

Our report looked at the models that were working well and we built on that.

**Jeff?:**

Regarding the Criminal justice, I agree with you 35%, it's not good. I wonder if you had data for other states so you could give us a comparison as to how Connecticut does in relation to the rest of the country.

**Jill Jensen:**

We did not develop a lot of information and did not come across anything right out of the bat. That is an area that needs more looking at.

**Beresford Wilson:**

Let's not confuse talking with parents to getting feedback and involvement from parents. System works better when you involve parents and inform them.

**Dave Tompkins:**

**The final report of the committee structure**

Next Steps:

- Member of CBHAC chair each of the subcommittees. We would like to have a parent as a co-chair. We would like to have parent representation on each sub-committee
- Each of our members by our by-laws needs to be serving on one of the sub-committees. Members will be spread out so that we will have equal representation
- Community members include our guests
- We have chosen a primary committee that a CBHAC member will serve on.

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**Kimble Greene:**

We are still looking for co-chairs for our multiculturalism committee. We will give an updated list similar to the one you have in addition to the time place and location of all meetings. So can which to come and attend at your own leaser.

***Parent concerned with accessibility to getting to the meetings.***

**Dave Tompkins:**

That is why we would like to have an updated list with the time and date of each meeting. This way you can decide which meeting you can sit on based on your accessibility. FAVOR provides stipends to the families to attend the CBHAC meetings. We will approach Hal about how we can extend that to our sub-committees as well. CBHAC does not have a budge.

**Neil Quatrano:**

I can ask Families United if they could do something along the same lines.

**Question:**

If there was one state body would there be a recommendation that there would be a link between the local Collaboratives and the state body? Some kind of formalized link?

**Jill Jensen:**

Yes. We would like to see that. When you read back in the history of where the state advisory council and the area advisory council came from, there was an effort to get everybody in the table on an area and state wide level and have the area councils feeding into the state council. What we found is that they were not even charring minutes; they did not know when the meeting was held. DCF has a great website, so why don't you have a blog so that people can share their minutes and talk to each other. We would see is a strong wide state advisory council that is at par with the department, working with the department and also overseeing it. Having groups of parents there to that can broadly representative of a particular area and provide feedback on that.

**Committee Reports:**

**Nominating Committee:**

*Marcy Kane/ Marie Capiris*

**Marcy Kane:**

We had a member resign, Foster Crawford. His seat is vacant and is a state advisory council seat. We would like to start the nomination process on a new nominee. The way the nomination process works is:

- Fill out application
- Attendance of registration an orientation process
- Regular attendee of public of these meetings

After the sub-committee feels that the applicant has met those basic requirements. They then have a conversation in terms of evaluating the actual applications and they also take in consideration the order the application came in. We then make an announcement at the meeting who is up for nomination. There is a thirty day period where the members and the public can give confidential feedback on the person who is up for nomination. They can give that feedback to the co-chairs and or can give it to me as the chair of the nominating committee. The nominating committee then evaluates that applicant with

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all of the feedback at the end of the thirty day period. The persons name goes to secret ballot to all the CBHAC members to vote on. Once that person is voted through secret ballot and approved by our committee and it goes to the State Advisory Committee for approval.

We have to applications that are equally as competitive so to speak. So we would like to act on the application that first came in. We are putting fort Mary Martinez's name for the next thirty days we will be accepting feedback and at the next meeting we will most likely be voting to secret ballot to whether or not to appoint Mary.

**Question from parent:**

How much longer is going to take SAC to give you answer about the members that are here? We have been deliberating about this for a very long time.

**Marcy Kane:**

Nominations went to them in August for the very first time. The letter most recently in asking them to act again on these names was also carbon copied to the Commissioner of DCF. We drafted a letter to the Commissioner that basically expressed our dissatisfaction with the process. Dave and I were invited to the State Advisory Council meeting. We thought we had a very productive conversation and they asked us to resubmit the three names of the parents that were rejected the first. We resubmitted the application and we are waiting in the process.

**Beresford Wilson:**

I think that this has gone to long. That is why I agree with the recommendation about one state advisory body. I am not interested in taking advice from SAC on what our process should be. They way they disrespect our advice or recommendations that we pass forward. The scrutiny just needs to stop. Over the years that it does take a long time and I am not surprised how long it takes for them to respond. To keep it going and not gets anything concrete or any reasoning behind does not make any sense.

**Margaret (Peggy) Ayer:**

Who is the State Advisory and how many members does it have. Could we have a list of people who sit on the SAC.

**Mary Kane:**

Eight appointed people on the SAC. Dr. Irvin Jennings and Virginia Del Monaco are co-chairs.

**Dave Tompkins:**

The next thing we could do is I can send an e-mail to Dr. Jennings and Ginny copying the Commissioner saying of this day we have heard no response on either and what is the plan. Anyone as a citizen of Connecticut who would like to contact the Commissioner they are also welcomed to do that.

**Local System of Care**

*Dave Tompkins/ Hal Gibber*

**Dave Tompkins:**

We had a meeting to plan continuing to schedule the quarterly meetings of the 25 community collaborates. On Friday, March 28<sup>th</sup> at 9:00 o'clock is our next quarterly meeting of the 25 community collaborates. It will be at Lee Auditorium as CVH from 9:00 to 12:00. We do have a least one break out room assigned and are trying to get a second one. The steering committee that is working on what the agenda will be for that day. What we are planning on doing is continuing the SAMSA grant opportunity.

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We had five page summary written about how we would like to move forward with the state wide council. We are going to take that document, merge that with all the recommendations and working goal settings that we have done over the last year or two and continue to create business plan on how we are going to this. Our business plan is not dependent on anyone person funding it, but then we have a business plan to go out for anybody to fund it. That is our continuing goal for that quarterly meeting.

**Norma Irving:**

Did we ever send out a letter to the Connecticut Health Foundation asking for the funds and was there an outcome?

**Dave Tompkins:**

Yes. We are having conversations with them at this point.

**Beresford Wilson**

Report on Hartford/West Hartford Collaborate:

We did a proposal for SAMSA grant. We received funding grants from the Connecticut Health Foundation. These are the type of resources that we have the opportunity to support and work with now. Showing up care coordination on our collaborates and hopefully we can continue and get advice from this table and suggestions so that we will have more successful collaborates.

**Standards for State Funded Behavioral Health Programs**

*Scott Newgass/ Vacant*

**Cathy Adamczyk**

The emphasis was on family involvement on all levels.

**Mental Health Block Grant**

*Kimble Greene/ Vacant*

No recommendations

**Behavioral Health Services – BHP Interface**

*Debbie McKusker/ Sarah Becker*

**Dave Tompkins**

We do have a topic such as the restructure within ASO bring at this point in time. This would be the subcommittee that would be reviewing, reporting and having information.

**Karen Andersson – DCF Director of the Partnership**

I am joined today by Ann Phelan who is Vice President of Recovery at the CT Behavioral Health Partnership. We work closely together, and spend a good deal of time overseeing the operations of Connecticut Behavioral Health Partnership. The Partnership is moving into its third year of operation and we have taken the time to review various practices to identify areas that might require change or enhancement. The Partnership has employed eight system managers to work with local communities to get to know the families, providers, communities and the DCF area offices. The goal of those activities has been to help design local area development plans which serve as blueprints for future service development and service enhancements. This aspect of systems development was a very novel and unique aspect of the particular contract that the state has with the ASO. There is not really another ASO in the country that is organized around this type of community development and outreach activity. After

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two years of development and partial initiation of strategies, the feedback received from the community providers, some family members and DCF area office staff members was that there had been a lot of work putting the plans together with little tangible results. In exploring the concerns we realized that each Local Area Development Plan had many goals and collectively there were over 170 across the state. Given the resource available to address each of these goals (8 Systems Managers) it was soon evident that the plans, while filled with excellent ideas for community organization and service improvement were overly ambitious and difficult to achieve. We decided to cluster the goals into categories and two of the primary themes that emerged were access to care and quality of care. We began to think about how we can make this aspect of the contract more focused and results oriented. With that in mind we decided that as we enter the third contract year it was time to take a good look at the resources that we had available and match them to one or to key areas of concern. We know from conversations with parents, and providers that inpatient care which is a very costly and restrictive service requires much attention in terms of promoting discharge plans, and ensuring that parents are given appropriate information about their child's care, are encouraged to participate in treatment, participate in discharge planning and feel prepared when the child is ready to step down to less restrictive levels of care. Because managing inpatient care is such a large piece of the ASO business, DCF, DSS and ValueOptions decided to focus the efforts of the Systems Managers on inpatient units. We want to get kids in and out of our inpatient units quicker. We want to make sure that when kids are discharged families feel supported and that they understand what's happened during that stay, that they feel connected with their outpatient providers, that they understand the medications their children are on and that they make sure their questions are answered. We also want to take a look at why our kids are getting stuck in inpatient. The more often kids are stuck on inpatient units because they can't access what they need, the harder it is to get somebody who needs inpatient care into those beds. We also want to focus on quality of care issues within the inpatient units. We want to see shorter lengths of stay on inpatient units and more children being diverted from inpatient to community based services. Because inpatient care is such a large issue, the leadership within the Partnership decided to focus the work of the Systems Managers on this service area. Another area that Leadership thought required a focused and targeted attention was that of the performance of the Enhanced Care Clinics. We decided that we needed additional staff resource to make sure that the enhanced care clinics are indeed doing what they promised regarding access to emergency, urgent and routine care. Given these two pressing service needs we decided to redirect and refocus the work that the Systems Managers are engaged in. As such we decided to restructure the contract to move the systems manager's positions into quality assurance division where they will have access to various data reports that will help them work with both the inpatient units and the Enhanced Care Clinics.

**Ann Phelan:**

To actually support that work, we have reorganized our internal infrastructure at the ASO. We have grouped our workforce into geographic teams. Historically we had these teams but they were structured around the DCF area offices. We are developing new teams that will focus on Facilities, Collaboratives, ECC's as well as DCF area offices. We are going to end up with six geographic teams that will be facilitated by these new positions; network managers. Those six geographic teams will be supported by all the departments within the service center. The teams will be made up of Intensive Care Managers, Clinical Care Managers, the Peer and Family Specialist and Residential Care Team. All the activity will bring resources back to the community so that we are interfacing with facilities, local communities and DCF area offices. This allows us a much better chance to bring more resources back out to the communities with a better understating of what is needed and what we are doing. This will allow communication within the community collaborates and the facilities that we are working with. We will be working with the Hospitals to have discussions about resources, discharge planning and a general review of what do kids need to return to their home. What do the family needs to bring these kids home?

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**Dave Tompkins:**

Will we still have representation at our local Collaboratives and will that continue.

**Ann Phelan:**

That is the expectation; the Network Managers will continue to attend as the collaboratives have been identified as one of the most value interfaces with the community.

**Sarah Becker:**

The ICM will be able to take a more active role in the MSS process as well as the inpatient unit. Next month I can provide a breakdown of all of the Geographic teams.

**Cathy Adamczyk:**

We did the 2007 Local Area Development Plan under the assumption that we would build on that plan and develop a new one for 2008 and beyond. Parents and providers were not involved in the decision to make the 2007 plan the last one. Our area Director didn't know about this change until last Thursday. Information from Central Office needs to be filtered down to the Area Offices. There is a communication disconnect. Parents were asked to volunteer their time to be at the table when the plan was being created because the system is supposed to be youth and family driven. Why weren't we at the table when the decision was made to end the planning process for the 2008 Local Advisory Development Plan? I think we should have been informed of what was going on. Our next step in our plan was supposed to be data collection. We were hoping to use that data to put services in place to prevent children from having to go to a residential placement or foster care. We can't just work from the top down, we have to work from both ends and squish in the middle somewhere in order to be effective. We need more communication from DSS, DCF and from Value Options so we all know what is going on. The providers and parents were blind-sided at the meeting we went to. We never would have spent those hours developing that plan if we knew that it was not going to be continued.

**Sincilina Beckett:**

I work directly with my families and I have a parent that has a child in inpatient who went to residential. This parent wants her child home and all she is asking for is the support system to be put in place for her child to come home. That has been the hardest thing to happen; she has been getting a lot of excuses. We need to combine services for this child to be able to come home. These services need to be available in home to keep children out of these residential facilities. What can we do know to make a better system for our kids and families? How will this work for our families?

**Bert Plant:**

I agree with your comments and frustrations. The piece that is sort of the bigger picture is why CBHAC was established and why KIDCARE was launched and why all of this was being done. There was a report then years ago that showed where Connecticut is spending our money and how. The report said that we are spending too much on residential and inpatient care and not enough in the communities where families have the children in their home and need support. This is to say that a lot of dollars are being wasted in inpatient care and if we devote some resources in figuring out home many of the kids are stuck there and what we can do, we can better spend those dollars. This effort will release dollars to fund the other pieces of the system. That has been one of our fundamental principles and what the partnership has been founded on. It has been a struggle. We have to solve that problem. I agree we need to figure out how we can get more of these resources into our communities.

**Multiculturalism**

*vacant/vacant*

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No co-chairs

**Ad Hoc Committees:**

**Mentoring & Respite**

*Mona Tremblay/ Neil Quatrano*

No recommendations at this time.

**Transitioning Youth Initiative**

*Tim Bowles/ Lolly Ross*

No recommendations at this time.

**Announcements:**

**Joint Mental Health Planning Council**

**FAVOR**

**02/08/2008**

**From 10:00 AM to 12:00**

***Dave Tompkins:***

If someone comes here looking for services, under announcements would be the most appropriate place to do that. If you could state what services you are looking for and where you live and after the meeting ask folks who could help them stay after the meeting and talk to them a little bit.

***Nancy Dumount:***

I am a parent and have been put in the hospital a couple of times and have needed to cancel surgery. I have a nine year old son and have no adequate care for him. I am looking for information and services.

***Neil Quatrano:***

The children center of Hamden has a two week care program.

*The meeting was adjourned at 12:04PM*

Meeting notes respectfully submitted by Lorena Emanuel