

## ***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 one vacancy

### ***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: Dorian 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-**Vacant**, 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-**Vacant** (06/07/06-Term does not expire) 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 - **Tim Bowles**,  
Department of Education - **Scott Newgass**, Department of Mental Health and Addiction Services - **Nikki Richer**,  
Department of Developmental Services-**Tammy Garris**

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 June 05, 2009**

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

Margaret (Peggy) Ayer, Sincilina, Beckett. Robert Franks, Tim Marshall, Mary Held, Norma Irving, Darcy Lowell, John McGann, George McDonald, Tabor Napiello, Nikki Richer, Dave Tompkins, Dorian M. Vicedomini, Cara Westcott, Mary Martinez

### **Excused Appointed Members:**

Tim Bowles, Chet Brodnicki, Tammy Garris, Marcy Kane, Cathy Foley Geib, Neil Quatrano, Debbie McCusker, Karen Smith

### **Unexcused Appointed Members:**

Lolli Ross, Patricia Gaylord, Grace Nelson, Rachel Sherman

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

Lesbia Martinez, Etta Hemingway, Alma Raz, Velveta Scott, Susan Williamson, Laura da Silva, Doretha Dayton, Chrystal Moore, Melodie Slocum, Neva Caldwell, Hal Gibber, Elly Wright, Troy Williams, Michelle Chase, Lynn Robeson, Margaret Roberson, Wanda Roberson, Giana Livingston

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

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***The Meeting was called to order by Co-chair, Doriana Vicedomini – 10:15 am***

**Co-chairs report:**

***Dave Tompkins/ Doriana Vicedomini***

***Dave Tompkins:***

- HOUSEKEEPING –
  - BHP has requested that to use this conference room that we must use this room and not wander around the floor – if you need to use a restroom please use the one out in the hallway and please use the cafeteria downstairs.

***Legislative Updates – Dave Tompkins***

On May 28<sup>th</sup>, the Governor released her latest budget reductions, which include deeper cuts to many state departments and behavioral health services for kids and families.

**Department of Children and Families - Tim Marshall:**

- Close Riverview Hospital
- Suspend Intake to Voluntary Services for the Biennium
- Reduce Flex Funds for Non -DCF involved children
- Eliminate State support for the Wilderness School

***Dave Tompkins:***

Our role is to make recommendations and we have a budget in front of us that cuts out some very needed services. I thought we could have a few minutes discussion and have a recommendation to get back to everyone in the state.

**Sincilina Becket:** This budget is setting up families for failure with so many cuts.

**George McDonald:** If they eliminate voluntary services, then the child protective cases are going to increase tremendously.

**Hal Gibber:** The Governor is trying to reduce a \$10 million dollar deficit and in my opinion she needs to balance between cuts and raising taxes.

**Mary Martinez:** I feel that we are putting our children to fail. Families need to speak out and vote.

**Sincilina Becket:** It is really hard for parents to focus when they have a family crisis and worry about what is going on with this budget crisis.

**Dave Tompkins:** By taking the time to make a phone call to your Senator or Representative it is very powerful especially from parents.

**Amy O'Conner:** If Riverview closes and children will have to transition to general hospitals how is that going to happen?

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**Dave Tompkins:** What would likely happen is that private hospitals would have to open up more beds.

**Amy O'Conner:** On the table I have left a letter from the Child Advocate, Jeanne Milstein regarding this issue such as Riverview.

**Member of the Public (Concerned Parent):**

- No plan for closing Riverview
- Negative impact on Families

**Robert Franks:** Comment - most effective will be a clear message

- Address cuts
- Most important values of this group
- Full continuum of care

**Dave Tompkins:**

- review cuts from every agency
- make a recommendation
- focus on continuum of care
  - **Department of Social Services cuts**
    - Suspend Family Crisis Grants
  - **Department of Developmental Disabilities cuts**
    - Respite Services
    - Suspend Family support services

**Dave Tompkins:** SB 877 number six that eliminated us is no longer in it.

**Cara Westcott** : With state employees abstaining we make a motion that the members of CBHAC unanimously support the recommendation to support the continuum of care and to support the implementation of community based services such examples would be:

- **Suspend voluntary services**
- **Reduce flexible funding**

**Approval of Minutes:**

May minutes were voted on and approved at 11:18AM.

**Member Handbook:**

Member Handbook is available on the DCF website:

<http://www.ct.gov/dcf/cwp/view.asp?a=2558&Q=440616>

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**Committee Reports:**

**Nominations Committee**

Marcy Kane

- Letter was sent to Representative Cafero's and Governor Rell's office for reappointments. No news.
- We are accepting applications for membership as we may have a few SAC openings as a number of people are up for reappointment in September.

**Standards for State Funded Behavioral Health Programs**

Scott Newgass/ Debbi McCusker

- **No recommendations**

**Mental Health Block Grant**

Peggy Ayer/ Karen Smith

**Marilyn Cloud:**

**Mental Health Block Grant**

- MHBG State Plan for FY 2010 is due at CMHAS on 9/1
- DMHAS staff will need our final plan by mid August at the latest
- Draft plan/budget will be prepared and sent electronically to CBHAC members at the end of June, for review and discussion at the 7/09 CBHAC meeting
- Joint Council will discuss the combined plans (Children/Adult) at the 8/12 meeting

**MHBG Annual Conference**

- Annual MHBG/Data Conference will be held on 6/17 - 6/19 in Washington
- Marilyn Cloud and Dorian Vicedomini will be attending
- Conference focuses on block grant requirements, national outcome measures, and state of the mental health system

**Local System of Care**

*Tabor Napiello/ Hal Gibber*

- Had quarterly meeting with great turnout
- Presentation from DDS services - Tammy Garris
- Draft of Systems of Care
- Survey to all Collaboratives
  - Out reach training

**Multiculturalism**

*Mary Martinez / Mary Held*

- **No report**

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**Behavioral Health Services – BHP Interface**

*Hal Gibber/ Marcy Kane*

**Hal Gibber** - working on three things:

1. State budget
2. Enhanced family involvement and family experience
3. Enhanced care clinics

**Ad Hoc Committee Reports**

**Transitioning Youth Initiatives**

**Summary**

**Transitional Youth/Young Adult Recommendations**

Youth and young adults provided a strong voice on behalf of young people ages 16 to 25. They want information about services and other resources, more meaningful choices in services that include supportive connections with other youth and young adults and help with real life tasks, a “seat at the table” in determining their services, opportunity to have their voices heard about how services are working or not working and what is worthwhile to them, opportunity to have their own service issues addressed, healthy inclusion of family, and connections with one another to foster mutual help and understanding, outreach to others in need, and advocacy. Youth and Young Adults want to create a partnership with providers in order to reach these goals.

**1. Help with Real Life Tasks**

- Teach **life skills**- could be on or off campus (One YA said “we don’t get the basics- It’s like driving a car without the wheels”), need to know how to get some money and then how to budget it,
- Help to get needed **education and training** so support oneself, help with learning disabilities that get in the way of school
- Help with **careers and employment**, job coaches, mentors, no permanent hamburger flipping – to be used as stepping stone only, how to get a job when admitting a mental illness, how to find jobs that are supportive
- Make sure that Y/YAs get **basic life needs met**- food, a place to stay, etc
- Help with **getting along with others**, addressing explosive issues, make friends,
- Help with **getting along with oneself**, motivating
- Help with **taking care of your baby**, how mothers and fathers should relate to each other and the baby
- Help in **getting a car**, drivers license
- **Opportunity to learn coping skills and communication skills**, don’t want pity, treated with “kid gloves”, want to be taken seriously and given real help, help us because we have something to offer
- **Encouragement** with all of the above
- **Real help with real life problems**, don’t want a ‘holding pen” attitude, just going through the motions, treated as a lost cause

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- Help for **the whole person**; there is a big impact at this age if something is missing
- Help **right away to keep from dropping out of everything**- school, jobs, losing friends, pushing away from family
- Help to regain **social contacts and friends**, help in knowing how to make friends after having a mental illness, often lose "every friend I ever had" because of a breakdown
- Help when still **in the youth system with preparation for becoming an adult** which will arrive very soon, need a **quality education while in DCF and DMHAS**
- **Need information so that we can help ourselves**

**2. Information about Services and Other Resources**

- Provide information about **services that exist, about what is out there in all parts of the state, and how to access services**
- Make the values clear regarding the intent of the services and make the services **value-driven** to really mean something,
- Provide information **to high schools and colleges** to both students and guidance counselors, to young **people in DCF and those who were never in DCF**, – need consultants who go out specially to provide information to Y/YAs, need community service announcements,
- **Inform Y/YAs and families in DCF about DMHAS services** so that they know how to get DMHAS services before leaving DCF , Train Y/YAs and families about what to expect in **the adult system**, where services are voluntary, and YAs can just walk away
- Provide information about **all the groups that exist for Y/YAs and groups for families**; need to know what groups are for mental health only, for substance abuse only, and for both
- Provide information about what services are supposed to offer, who to contact for information and **who to get in touch with when things are not working, when something goes wrong**, a point person
- Provide information on **how to advocate** and advocacy groups
- **Develop dedicated website for Y/YAs and blogs** and other networking opportunities to share information
- **Have someone to come out to the Y/YA groups** when they want help or information
- Train Y/YAs about **rights, benefits, insurance**
- **Provide information about diagnosis, medications, treatment options, management of illness**

***3. Supportive Connections with Other Youth/ Young Adults***

- A **network of small support systems** that provide ways to connect with each other, a place to go when you have a bad day, where people listen to me and can give me feedback, for example, tell me how I sound.
- Want opportunities for **connections with one another to foster mutual help and understanding, outreach to others in need, and advocacy.**
- Y/YAs want **connections with other Y/YAs**, want groups for their own age (don't put Y/YAs with consumers who are older), Y/YA-driven groups, networking opportunities with other groups, website, blogs, share ideas from different geographic areas
- **A youth center** where people with mental health, behavioral health, or social problems can share interests like music and help each other, opportunities to learn, follow interests, keep off the streets
- Develop Y/YA groups and connections that don't just focus on mental health, **don't call it "mental health"**

***4. Inclusion of Family***

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- Families **have to understand** why Y/YAs are acting the way they are, parents have to get up to speed about young adults
- Get families involved, **keep families in the loop, help family members know how best to support the Y/YA**, don't "divide and conquer" (Y/YAs talked about the value of having their parents involved)
- Provide some type of family-like support for Y/YAs who don't have family, make it easier for kids without parents to find help and information, to advocate for self and not need parental signature for everything
- Provide **family therapy if needed**
- Need better staff training **about how to talk with Y/YAs and family** and how not to treat Y/YAs like children, how to identify strengths and assets of Y/YAs
- Train staff and about **different cultures**
- Train staff and parents who are conservators about what **conservatorship** means
- **Don't assume that everyone has parents** who can be there for them and do the legwork for helping us (it's a lot of work to set up a kid with mental illness and if you have a 9 to 5 job you may not be there) Make sure we can find our own help and make sure everyone is connected so that we can pull together.
- **Support family involvement and growing independence of young adult** from family at same time, how to resolve the contradiction of working towards independence when you need family the most
- We **need family** just like "normal people"; many of us couldn't have made it without them; we also need to learn to advocate on our own for what we feel we need

**5. A "Seat at the Table" in Determining Their Services**

- Y/YAs want to be at the table, **to help shape services** so that they have choices that are meaningful to them,
- Y/YAs want **to give feedback** on the services they receive or need, to have their voices heard about how services are working or not working and what is worthwhile to them
- Y/YAs want the opportunity **to have their own issues addressed** when they have services or people who are not working for them, who to call
- Y/YAs want opportunities **to develop leadership**, ways to help each other, ways for Y/YAs to reach back and help others who are where they used to be
- **Include Y/YAs** in trainings for staff (need better training for **lots of different staff** - transition coordinators, disabilities people, high school guidance counselors, and residential and group home staff, DMHAS YAS staff)
- Y/YAs identified many service issues to address, such as not so much residential services in the youth system, look carefully at what **meds** are prescribed and explain medications to Y/YAs (One YA said, "I had six times the meds needed- four for the same reason."), make services **age-appropriate** (don't put Y/YAs with consumers who are older), more **help during transitions** – very risky times (One YA said person almost lost life twice at a time of transition."), **safe discharge planning, quick access to help, coordination of care, better training of staff,**

**6. Create a Partnerships with Providers:**

Both Y/YAs and family members want to partner with providers in the following ways:

- Identifying **problems**, barriers, access, and concerns
- Identifying **recommendations**, seeking solutions, and working for change
- Understanding **what is working and not working** now and what is most worthwhile to Y/YAs
- Conducting focus groups, interviews, and survey to **gather feedback** from Y/YAs and families about how services are meeting their needs.
- Develop a way to make sure that we develop **Youth, Young Adults and Professional**

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**Partnerships Working for Change"**

**7. Early Help and Reduction of Stigma**

- **Need help when you are young**, a lot of people demonstrate odd behavior because of a mental illness at a young age and are mocked by peers and this affects them and affects their ability to do their school work, get jobs, need educators who can intervene sensitively
- **Need more understanding** – many of us, when we were younger, were yelled at or punished for behavior that, if people dealing with us (including teachers, parents, etc.) were better educated about signs of disorders- and there were a proper system for commenting that we may have a disorder or learning disability – might have caught things earlier and we could have been helped earlier instead of being ignored, or worse, punished and mocked for some of our behaviors
- **Education**- shouldn't be too hard to work Mental Health into Health Education in Middle Schools as a unit, just like Sex Ed
- **Stigma within agencies** should be addressed first
- **More life skills training, education, and preparation for jobs, and living independently in DCF and residential settings**

*The meeting was adjourned at 11:53AM*

Meeting notes respectfully submitted by Lorena Emanuel