

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

Thirty one appointed members  
(Fifty-one percent to be parents)  
Twenty-nine appointments filled, currently two vacancies  
Statewide Advisory Council appointments currently one 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) **Karen Smith, Doriana M. Vicedomini,** (02/28/2008 -  
02/28/2010) **Mary Martinez, George McDonald** (10/08/2008 - 10/08/2010)

### ***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-**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 November 7, 2008**

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

Margaret (Peggy) Ayer, Sincilina Beckett, Marie Capiris, Cathy Foley Geib, Kimble Greene, Marcy Kane, Darcy Lowell, Mary Martienz, Debbie McCusker, George McDonald, John McGann, Tabor Napiello, Nikki Richer, Karen Smith, Doriana M. Vicedomini, Cara Westcott

### **Excused Appointed Members:**

Cathy Adamczyk, Dave Tompkins, Neil Quatrano, Scott Newgass, Tim Bowles

### **Unexcused Appointed Members:**

Lolli Ross, Chet Brodnicki, Tammy Garris, Patricia Gaylord, Rachel Sherman

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

Lesbia Martinez, Susan Williamson, Mary Held, Laura Hadder, Sarah Becker, Denise Tillman, Amy O'Connor, Hal Gibber, Lorna Grivos, Ginny Gerena, Neva Caldwell, Etta Hemingway, Sally Gaston, Wm Anderson, Curtis Willey

### **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, Kimble Greene***

**Approval of Minutes:**

October minutes were voted on and approved at 10:16AM.

**Co-chairs report:**

*Dave Tompkins/ Kimble Greene*

***Kimble Greene:***

Per request from last meeting, we have resumed our morning nine o'clock leadership advisory meeting which consists of all the co-chairs of the CBHAC sub-committees. Our main discussion is primarily about the sub-committees and we will re-distribute a list of the committees, co-chairs and the members at the next meeting. Currently we do not have any vacancies for the committees although the Mental Health Block Grant, Cathy Adamczyk was the parent co-chair. Please see me if any parent is interested in co-chairing the Mental Health Block Grant Committee. All the co-chair positions have been filled with the exception of Respite and Mental Health Block Grant. Every CBHAC member is required to be an active member of a sub-committee. Dave and myself are going to be more active to make sure that committee meetings are taking place monthly and that the people who are involved are attending. We are also going to include on every Agenda the sub-committee co-chairs, their phone numbers and e-mails, the day, time and meeting place. We are really going to try and get that in motion again and support everyone in getting things back to where they have to be.

***Denise Tillman - Parent:***

Recommended the incorporation of conference calls during the CBHAC meetings and how that may be helpful in bringing more parents to the table who cannot physically attend a meeting?

***Kimble Greene:***

One of our tasks is to make sure that what takes place in this meeting is specifically related to children's behavioral and health and the tasks of CBHAC in general. Beginning next month, if you have a flyer with information or brochure or business card and it hasn't been approved to present at CBHAC please feel free to bring that information and we will be using the back table to lay out that information providing that it is appropriate. Don't be afraid to approach Dave and myself and ask if something can be specifically addressed during this committee meeting and we will let you know if it falls under our guidelines.

***Flex Fund Update - Tim Marshall***

Flex Fund guidelines and balance sheets. If you turn to the last page and if you see that total starting balance state wide is \$1,390,650. Each year the starting figure it goes up or down slightly depending on the cost associated with the contract administrating it. This year, our starting balance was about \$10,000 more than last. The starting balance for every collaborative is basically about the same as it was last year. The formula for that is based on the number of families served through care coordination. We added last year a separate line item, it was not new dollars, and it was carved out dollars for the specific intent and purpose of Family Support. As a result we have actual support groups in various stages of development for 24 of 25 community collaboratives. The 25<sup>th</sup> is in process. We are still looking to get feedback about where those support groups are at and how they are developing.

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The amount of money totaled \$125,000 dollars. For this year we are setting aside the same amount of money in an effort to get the "Child and Adolescent Support Groups" off the ground. The guidelines are very similar to the parents support group. How you access the dollars is the same way we have always accessed it. (As the result of the child and family specific team.)

There needs to be at least one child or adolescent that a care coordinator is working with in your local community that needs a support group in the community that does not exist. That care coordinator can put in for the request for the support group. You need a local fiduciary agent who would agree to manage the money and you need some facilitators.

One other additional item that is added this year, we have expanded this year the use of the dollars to include the family advocates who have indirectly been using those dollars as a partner to the care coordinators.

You can see the ending balance for June 30. The five thousand dollars that is available to your collaborative as a "Child and Adolescent Support Group" and the definition for that includes the possibility of a sibling support group. We would like to see that zero balanced out by every collaborative by June 30<sup>th</sup>. It means that your community collaborative really needs to support the work of the care coordinators.

***Karen Smith:***

What is a guideline for a qualified person to assist the collaborative member in running that support group? I know that in our existing group we have had several families that have wanted that for their kids but have not been able or qualified to do that.

***Tim Marshall:***

It is not a clinical group, it is a support group. You can get the Flex fund guidelines from the care coordinators or the care coordinator supervisor.

***Marie Capiris:***

Last year we saw the five thousand dollars for the first time and as a result support groups were formed. Is there a cut off for that or those that change that? In other words what happens to those groups? Are they replaced by the Child and Adolescent support groups?

***Tim Marshall:***

If you read the definitions, the Family Support Group dollars, are one time start up dollars. The notion would be to try and make that go for as long as possible and after the money is gone you have created a situation in the local community that could be sustained by other agencies or volunteers to continue.

So last years five thousand dollar was one time only seed dollars to do that. Many people haven't spent that money yet but that money is gone. The Child and Adolescent Support Group dollars are one time only money.

***Debbie McCukser:***

Could that be like a coffee house for autistic children?

***Tim Marshall:***

That would be up to your community. A specialized population I am not sure about. You will see in the definitions that the community collaborative would have to support and adopt that concept. The bottom

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line is that it would have to be beneficial to a child that is currently receiving care coordination.

**Marie Capiris:**

Could you just clarify; the family advocates can now access funds? Is that part of the groups?

**Tim Marshall:**

No, the line item "FAVOR Short term Family Advocacy Intervention - \$1,537.93" for the local FAVOR family advocate who belongs to that community collaborative. Hal Gibber has just passed out a handout of a brief definition.

**Karen Smith:**

Does the advocate from FAVOR have to sign a memorandum of agreement to attend the collaborative meetings to access these funds? If there is a FAVOR advocate for the area that does not participate on a regular basis in the collaborative will they still get funds?

**Tim Marshall:**

You have to understand that there are only 10 family advocates and 26 collaboratives, each family advocate is assigned by geographic regions and are not able to get to every meeting all the time. But they are still assigned doing work in your geographic area.

If there is any group that is interested in a sibling support group. There is a program in the Southeast that is called "Sibs Shops" which would be a great model for folks. I would like to have the model developer come and do a presentation for a couple of collaboratives, if people are interested. The proposal goes to the care coordinators supervisor from the collaborative.

I will send out to all the chairs a copy of the Flex Report, if Hal sends me the family advocacy definition, and a copy of the child and adolescent support groups.

**Hal Gibber:**

Our top priority is to be visible, and helpful at systems of care. FAVOR and its partners are very committed to providing support to the development and ongoing work and training to family groups of all kinds.

**Committee Reports:**

**Behavioral Health Services – BHP Interface**

*Doriana M. Vicedomini / Sarah Becker*

**Sarah Becker:**

- Dorian M. Vicedomini has agreed to be the parent co-chair in this sub-committee.
- DCF has a new data collection system called PSDCRS. Currently the program managers of DCF have met with the various levels of cares at monthly meetings. At those meetings they are trying to gather input from all the particular providers. One of the goals is to have fewer data elements that need to be collected and fewer redundancies between the various data collection initiatives. There are three spaces for parents in an implementation committee for data collection and they have asked CBHAC for a member as well to participate.

**Debbie McCukser:**

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I think that it should be sent out to all members as an open invitation.

**Sarah Becker:**

I can provide more additional information about the commitment information regarding the implementation committee at the next months meeting and additional information regarding the Data Initiative.

**Standards for State Funded Behavioral Health Programs**

*Scott Newgass/ Debbie McCusker*

*No Recommendations*

**Mental Health Block Grant**

*Kimble Greene/ Karen Smith*

**Review of FFY 2008 Implementation Report - Marilyn Cloud**

**Marilyn Cloud:**

**MENTAL HEALTH BLOCK GRANT  
Community Mental Health Services**

**Implementation Report FFY 2008**

**Areas of Improvement**

- Increased access to community-based behavioral health services
- Re-design/expansion of Emergency Mobile Psychiatric Services
- Re-design/expansion of Short-Term Assessment and Respite (STAR) Homes
- Re-design/expansion of substance abuse programs (*Family-Based Recovery Services; Family Substance Abuse Treatment Services; Multi-Systemic Therapy - Building Stronger Families*)
- Expansion of Therapeutic Group Homes (44 homes)
- Expansion of Enhanced Care Clinics (37 clinics with 100 sites statewide)
- Increased # of families served through Intensive In-Home Child and Adolescent Psychiatric Services  
*598 Families in SFY 2006 to 1035 Families in SFY 2008 - 73%*
- Increased # of families served through Family Support Teams  
*336 Families in SFY 2006 to 464 Families in SFY 2008 - 38%*
- Increased # of families served through Functional Family Therapy  
*108 Families in SFY 2006 to 427 Families in SFY 2008 - 295%*
- New Family/Consumer Partnership Wrap-Around Project for At Risk Juveniles
  
- Decreased unnecessary lengths of stay in higher levels of care
  - Multiple initiatives by CT BHP - Intensive Care Managers; Targeted Reports; Focused Communication Strategies; Discharge Planning Focus Groups; Discharge Toolkits
  - Establishment of 6-bed Child and Adolescent Rapid Emergency Stabilization (CARES)

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- Program
  - Steady reduction in # of children residing in residential settings
  - Re-design of statewide Therapeutic Foster Care Program
- Improved planning efforts and collaboration to achieve an integrated system of care
  - Developed a DCF Strategic Plan
  - Increased collaboration between DCF/DMHAS, DCF/DDS, DCF/CSSD and other agencies
- Increased family involvement in macro/micro levels of care
  - Solicited family input in re-designing services (EMPS, Therapeutic Foster Care, Discharge Planning)
  - Solicited family participation on review teams for re-procurement of behavioral health services and
    - Selection of providers for training in evidence-based treatments (TF-CBT; ECC; EMPS; EDT)
  - Planned Stakeholder Implementation Workgroup for new behavioral health information system
  - Promoted a family-based model of care inclusive of family partners for EDT program
- Increased clinical competencies and overall quality of clinical care
  - Implemented initiatives to strengthen the behavioral health workforce (DBT; TF-CBT; SOC Training; Supervisory Competencies; Intensive Home-Based Services Curriculum; Trauma-Informed Planning)
  - Identified families as critical partners in the workforce (Parent Leadership Training)
- Increased efforts to improve the behavioral health services information system
  - Initiation and development of new behavioral health information and reporting system
  - Focus on child/family and system outcomes (Example: Ohio Scales Training)

**Performance Indicators**

- 82% of Performance Measures Achieved \*
- 18% of Performance Measures Partially Achieved \*\*
- ✓ Increased the # of children/adolescents served through public system by 5 % (28,815 clients) \*
- ✓ Increased the # of evidence-based treatments from 8 in SFY 2007 to 11 in SFY 2008; and
- ✓ Increased the # of clients receiving evidence-based treatments by 54% \*
- ✓ Increased the # of families receiving Family Advocacy Services by 21% (5390) \*
- ✓ Provided suicide prevention and crisis response training to 716 individuals \*
- ✓ Provided safe housing for 447 children/youth in Short-Term Assessment and Respite Homes

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- ✓ Provided a stable or less restrictive setting for 90% of children receiving Care Coordination \*
- ✓ Increased or maintained attendance for 75% of children/youth receiving Care Coordination \*  
(3% increase from SFY 2007 and 5% increase from SFY 2006)
- ✓ Increased or maintained the # of children/youth who are court-involved and receiving Care Coordination by 16.7% \*
- ✓ Achieved a 1.27% recidivism rate for # of clients re-admitted to Riverview Hospital within 30 Days of discharge;\* and
- ✓ Achieved a 3.38% readmission rate for # of clients re-admitted to Riverview Hospital within 180 days\*\*
- ✓ 64% of families reported positively about outcomes of care \*

**Local System of Care**

*Tabor Napiello/ Hal Gibber*

***Tabor Napiello:***

Update: I am available to meet briefly after today's CBHAC meeting to update those interested in the follow-up plan that a small group of us came up with this morning. A small work group from the larger Statewide SOC sub-committee got together on October 17<sup>th</sup>. We reviewed our progress and assigned some tasks to work towards the blueprints that we have been talking about for the state wide systems of care. At this time, folks from that work group have some assignments they are working on and they will send that information via-email for feedback. We don't have the next larger group meeting date set at this point. Anyone who is interested in helping us look at some of the pieces that we are trying to put together for the blueprint providing feedback on those, please contact me (860) 793-3551 or [tnapiello@wheelerclinic.org](mailto:tnapiello@wheelerclinic.org).

***Hal Gibber:***

We would like to have the blueprint finished by the end of the year. I would also like to let everyone know that the feds have put out an RFP for systems of care SAMSA grant.

**Nominating Committee:**

*Marcy Kane/ Marie Capiris*

- The State Advisory Council did formerly appoint George McDonald and Mary Martinez
- One vacant State Advisory Council seat
- Two Applications 30 days period of feedback
- Vote on December CBHAC meeting
- Applicants - Hal Gibber and Mary Held
- Applications will be available at every meeting at the table
- Christopher Donovan has not appointed a member for the Majority Leader of the House. I have contacted

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- his secretary twice and left a message regarding this issue.
- We should do a better job advertising the service of a Spanish translator available at every CBHAC meeting

**Multiculturalism**

*Debbie McCusker/ Mary Held*

We have to set up the meetings - No recommendations

**Ad Hoc Committees:**

**Mentoring & Respite**

*VACANT/ Neil Quatrano*

No recommendations

**Transitioning Youth Initiative**

*Tim Bowles/ Lolli Ross*

No recommendations

***Karen Smith:***

Could Tim submit some kind of an update to us?

***Kimble Greene:*** Dave and I will be restructuring how we are monitoring the sub-committees and so that is something that we can consider.

***Mary Capiris:***

We have to take a look at the membership, because our by-laws clearly say that about missing three consecutive meetings.

***Tim Marshall:***

Please be aware that there is a difference between excused and unexcused

**Announcements:**

***Kimble Greene:***

**Meeting dates for next year: three changes**

January 2<sup>nd</sup> to January 9<sup>th</sup>  
July 3<sup>rd</sup> to July 10<sup>th</sup>  
September 4<sup>th</sup> to September 11<sup>th</sup>

**Opportunities for Parents:**

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***Kimble Greene:***

Co-chair parent position is still vacant. At this point we have all of the sub-committee co-chair vacancies filled. We will distribute this information next month. Please contact Dave or I if you need any information regarding the parent co-chair seat.

We will add to the Agenda the availability of Stipends, Spanish translator and transportation.

***Lorna Grivois:***

One thousand dollars available for your collaborative to stipend five family members to participate in a Statewide Parent Leadership Training - "Agents of Transformation". For further information you can contact Lorna or Sherry at Families United, 860-343-7330 or [email@familiesunited.org](mailto:email@familiesunited.org).

*The meeting was adjourned at 11:45AM*

Meeting notes respectfully submitted by Lorena Emanuel