

STATE ADVISORY COUNCIL
May 12, 2008
MINUTES

MEMBERS

PRESENT:

Dr. Irv Jennings, Co-Chair; Ginny DelMonaco, Co-Chair; Barbara Sheldon; Molly Cole; Maureen Price-Boreland; Laurie Landry; Lorna Grivois; Dr. Michael Lustick; Judge Joseph Marino; Atty. Cathy Holahan; Fernando Muniz, DCF;

MEMBERS

ABSENT:

Barbara Ellison; Pamela Brissett-Campbell

INVITED

QUESTS:

Pam Trotman, OPM; Carolyn Signorelli, Commission on Child Protection; Dr. Janet Williams, DCF; Josh Howroyd, DCF

Department Utilization of Child Psychiatrists

In response to concerns regarding the utilization of child psychiatrists throughout the state, Dr. Janet Williams, Medical Director for the Department, was asked to clarify the issues raised. Dr. Williams has been the Medical Director since 2006; previously a professor at UConn Health Center and Director for Effective Practice at the Connecticut Health Development Institute. Dr. Williams explained that a great deal of resources have been developed to assist the medical services unit. Reporting laws have been strengthened across the states and there are approximately a half million children in foster care or out-of-home care across the U.S. Dr. Williams explained the many health issues as well as mental health issues arise for children in out-of-home care. She discussed the many challenges the Department faces in providing medical and mental health care and how we have addressed these challenges. The Department is in the process of designing a database to track committed youth on medical and mental health information that we can share with providers and practitioners. There are three DCF medical regions overseen by psychiatrists who provide medical consultation to CPS staff on difficult cases. Additionally, we have 10 at Riverview Hospital and 3 at each facility. In the past, that consultation came from the community but now we are able to utilize in-house staff. The Department has been working with the Connecticut Community Providers Association but have found many do not accept insurance or Medicaid.

It was suggested that Dr. Williams introduce the new procedures to community providers and later reach out to the medical directors of Child Guidance Clinics to follow-up and see how these procedures are actually working. The question was raised as to medical unit's role if there is a difference of opinion coming from a community provider. Dr. Williams explained that if there is real disagreement, decisions are made by an administrative hearing or through the court process. The courts rely on evidence submitted.

Please see the attached document disseminated by Dr. Williams.

Legislative Update

Josh Howroyd provided members with a Preliminary Legislative Summary for 2008. The decision by the Legislature to not proceed with budget issues effected many of the bills submitted for consideration. No new program dollars put a damper on a lot of potential changes. One noteworthy change effective 10/1/07 is the FWSN (Families With Service Needs) bill -- children under the age of 16 who have run away without cause, are truant or beyond control of parents or school. This law authorizes juvenile court judges to place FWSN children under the supervision of a juvenile probation officer or commit them to DCF and with specific conditions to be met. This law also extends the FWSN Advisory Committee from July 1, 2008 to July 1, 2010.

Public Act 08-46 was also approved which extends access to the Child Abuse Registry for other agencies to screen potential employees.

The bill implementing the recommendations of the Legislative Program Review and Investigations Committee died without any action. No action was due to the time issue. There were several recommendations in the report that the Department did agree with.

- ❑ There will be no changes to the Children's Behavioral Health Advisory Sub-Committee.
- ❑ The Department is in the process of developing a strategic plan which will be submitted to the SAC for input

It is our intention to include the SAC, Area Advisory Councils and other external and internal groups to DCF to seek their input on next year's legislative proposals. (It was suggested that this might be a role of the Citizen Review Panel.)

Emergency Mobile Psychiatric Services (EMPS) RFP

Commissioner explained that release of the RFP was delayed in order to clarify changes to the procurement requirements. Subcontracting will be allowed and the RFP will be re-posted shortly with the same review panel being utilized. The Commissioner clarified that a few hospitals brought concerns to her attention which she looked into and thus amendments have been made.

Address by Carolyn Signorelli, Chief Child Protection Attorney

Ms. Signorelli discussed challenges her department has encountered with DCF and attorneys, that being communication. The role of her agency is to improve the legal representation of children and their parents in juvenile matters in child protection matters. Every case before court is assigned a lawyer. The juvenile court appoints the *Guardian Ad Litem*. Before these attorneys are paid, they must submit notes on cases and indicate that they have met with their clients.

Issues she has experienced include:

- ❑ the level of legal representation provided was not adequate and sufficient;
- ❑ low pay for attorneys and high caseloads -- was able to increase pay to attract and retain a higher caliber of attorneys.
- ❑ standards of practice are used to determine the length of time spent on a case. She received funding for 2 pilot programs with offices in Waterford and Waterbury.
- ❑ Communication with DCF -- attorneys try to represent clients but need to know what's going on in a case. Attorneys need to be able to go out and meet with clients but sometimes do not follow up.
- ❑ training -- there was little in child welfare law. Her agency provides as much training as possible in legal and subject areas that reflect practices.

