

Transformation Workgroup # 2
Mental Health Care is Consumer and Family Driven
March 29, 2006
1:30-4:00 PM

Convener: A. Bidorini, K. Kangas

Major Topics/Discussion Points:

- We reviewed the agenda for the day, which included a synopsis of our last meeting and what we accomplished in that meeting.
- We found that profound and real change desired by the members of the group
- We revisited concerns that early childhood and elderly populations were not getting enough attention.
- There is concern that private service providers not be overlooked
- Three presentations were given on current transformation efforts

Larry Davidson from DMHAS presented an overview of where the Transformation Grant is today and where we are headed.

- Goal 1:
 - 1.2 As a result of training of first responders in light of 9/11 there has been some integration of crisis response and mental health issues
- Goal 2:
 - 2.1 DMHAS redraft on self-determination is waiting for the review; federal grant from NIMH on person centered planning; discussion of automated individualized recovery plan
 - 2.2 CT has done well for the past ten (10) years with adult self-advocacy
 - 2.3 Service integration is taking part as part of the Medicaid rehabilitation option
 - 2.4 Thanks to the good work of Senators Dodd and Lieberman there has been significant reduction of the use of restraints; so far a 75% reduction; the process of promoting and encouraging consumers to exercise their rights outside of hospital settings needs to continue.
- Goal 3: Cultural Disparities
 - 6 years ago cultural competence began to take shape in the adult service system
 - On the addiction side there has been some work accomplished for Hispanic and African-American populations but overall more work needs to be done.
 - More has been done to promote Gender responsive services for women, including trauma informed treatment
 - DMHAS developed young adult services w/DCF
 - Not much progress with elderly issues
- Goal 4: No promotion among young children
 - Anti-bullying campaigns and other health promotion/social development initiatives don't address mental illness
 - There are pre-schoolers at risk of expulsion who are not getting services
 - PIP (Pre-school Intervention Program) program from birth to three - parents with mental health issues are given parenting lessons
 - 4.3 Co-occurring screening instrument are being developed

- 4.4 No current practice has been developed for developing screening in primary health care settings
- Goal 5:
 - CT institution of higher education are doing a lot of research on mental health issues; these are being catalogued by workgroup #5
 - 5.2 CT has implemented evidence-based programs; need to look at outcomes.
- Goal: 6 Undeveloped area
 - Northeast region of the state looking into telehealth
 - 6.2 Veterans Administration has offered electronic records system to CT
 - HIPPA concerns about creating an electronic medical record system
 - Interest in developing a resource library
- Goal 7: Training and education of providers is branching out

Tim Marshall of DCF presented on the community-based model of practice for children's behavioral health and reviewed the Kid Care Initiative that assisted in moving the mandate forward.

- Monthly collaborative meeting with community based wrap around services
- Emphasis on family advocacy
- 1500 families serviced per year
- DCF funded services are mostly targeted to Level III children. The Practice Standards loosely describe children's behavior as a level I, level II or level III based on DSM IV diagnosis and number of providers/systems that may be involved.
- Assistance is sought from service providers at the local community level instead of on a state or federal level.

Robin Wood of DMR presented on DMR's program for consumers to manage their own care

- For DMR Self Determination means people have Freedom, Authority, Support, and Responsibility
- All 14,000 individuals served by the department have option for individual budget, with about 1,000 clients using the self-determination funds
- Provides choice in services; clients and their families have a budget to hire and manage their own services through providers or hire own service staff

Barriers/Problems Identified:

- Service available in CT are not well publicized
- Need for centralized electronic library with available mental health services in CT
- Continued disparity in services available for early youth and elderly
- Continued cultural disparities in provision of services

Ideas/Recommendations

- It was decided that we would form break out committees on:
 - Sub Goal 2.1 Consumers & Family Empowerment
 - Sub Goal 2.2 Consumers & Families Involved in Planning, Evaluation & Services
 - Sub Goal 2.3 Improve Access and Accountability

- Sub Goal 2.5 Protect and Enhance Rights of People with Mental Illness
- The committees will meet during the first half of the regularly scheduled meeting of the Consumer and Family Driven Work Group

Transformation Activities in Connecticut Discussed in the Meeting:

- Extensive information about transformation activities in Connecticut was given by the three presenters at this weeks meeting
- Details of activities they discussed can be found under the first section of these minutes "Major Topics/Discussion Points"

To Do/Tasks:

- Each member of the Work Group will sign up for one of the Sub Goal Committees
- These Sub Group Committee meetings will take place during the first half of the regularly scheduled meetings of the Consumer and Family Driven Work Group from 1:00-2:30 PM

Next Meetings:

April 12th and 26th, May 10th and 22nd from 1:30-4:00 PM at Middlesex Community College, Chapman Hall, Multipurpose Room, 2nd floor