



## **Behavioral Health Partnership Oversight Council**

### **Child/Adolescent Quality, Access & Policy Committee**

Legislative Office Building Room 3000, Hartford, CT 06106  
(860) 240-0346 Info Line (860) 240-8329 FAX (860) 240-5306

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*Co-Chairs: Sherry Perlstein, Hal Gibber, & Robert Franks*

#### **Meeting Summary**

**Friday, November 16, 2012**

**2:00 – 4:00 p.m.**

**Value Options**

**500 Enterprise Drive, 4th Floor Huntington Conference Room  
Rocky Hill, CT**

**Next Meeting: Friday, January 18, 2013 @ 2 PM at Value Options,  
Rocky Hill**

*Attendees: Co-Chair Robert Franks, Co-Chair Sherry Perlstein, Karen Andersson, Marilyn Cloud, Christian Connell, Sharon Dexter, Jacquelyn Farrell, Alice Formeister, Sara Frankel, Elizabeth Garrigan, Bill Halsey, Irvin Jennings, Jason Lang, Bill Kania, Elizabeth Murdoch, Kim Nelson, Joan Neveski, Ann Phelan, and Alyssa Rose*

#### **Opening Remarks and Introductions**

Co-Chair Robert Franks commenced the meeting at 2:06 PM, welcomed everyone and introductions were made.

#### **Update on DCF's Request for Waiver of Scheduled Re-bidding of Grants for Out-Patient Psychiatric Services for Children- Dr. Karen Andersson- DCF**

Karen reported that OPM accepted the waiver. Cindy Butterfield, CFO for DCF is the contact person for more official information. She also talked a little on Child Guidance Clinics but will have a further report in depth at a future meeting.

## **Update on Statewide CONCEPT Trauma Initiative and Dissemination and Outcomes of Trauma-Focused Cognitive Behavioral Therapy**



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Co-Chair Bob Franks introduced the presenters, his colleagues Jason Lang of CT Center for Effective Practice, CHDI, Marilyn Cloud of DCF, and Christian Connell of Yale Consultation Center. He reported that in October of 2011, DCF was awarded a 5-year grant from the federal agency the Administration for Children and Families (ACF) for \$3.2 million to implement the statewide CONCEPT trauma initiative. The focus is two-fold: To enhance DCF's capacity to identify and respond to children who have experienced trauma; and to disseminate trauma-focused evidence-based practices for children on the child welfare system and the greater community. Presenters provided an overview of the initiative, results from the planning year, and a summary of baseline evaluation data that was collected by the Yale Consultation Center.

### **Discussion**

Dr. Lang reported that 71% of all children in the child welfare system have experienced 1-3 traumatic events in their lives and 60-80% of children treated by child guidance agencies have at least one experience with trauma. The average is 8 traumatic events per child. It is evident that trauma is a major public health issue across the nation and here in Connecticut.

The target population for the CONCEPT initiative are children, aged 5-18 already involved in the child welfare system, however providers trained in the evidence-based models will also serve non-DCF involved children. The initiative has involved creating policy and practice changes at DCF, including introduction of a new universal trauma screener to be use by DCF workers, as well as training providers in evidence-based trauma-focused assessment and intervention models. In addition to the existing 16 TF-CBT providers, this initiative will train an additional 12 providers in TF-CBT, and 10-12 additional providers in the Yale model, CFTSI, over the next four years. A learning collaborative approach is being utilized to train both provider agencies and DCF staff in trauma-focused practice. It is estimated that at the conclusion of the initiative, thousands of families across the state will have access to trauma-focused services that have been demonstrated to be highly effective in treating both traumatic stress reactions and depression.

Christian Connell from the Yale Consultation Center provided a summary of a range of baseline data that was collected during the first year, including surveys of DCF and provider agency staff. Please see attached slides for details.

Participants discussed the need for trauma-focused services across the state and the success of the TF-CBT model. Concerns were raised about the challenges of delivering an evidence-based model including additional costs for ongoing staff training, fidelity and supervision. Questions about the possibility for enhanced reimbursement rates for the delivery of EBPs were discussed. In addition, challenges associated with regressing to “business as usual” without sufficient ongoing quality assurance and training were discussed.

### **New Business and Announcements**

Co-Chair Bob Franks made the announcement that there would be no December meeting and the next meeting would be on Friday, January 18, 2013 at 2:00 PM in the same room at Value Options. Upon hearing no comments or questions, he adjourned the meeting at 4:06 PM.

**Next Meeting: Friday, January 18, 2013 @ 2 PM at Value Options, Rocky Hill**