



Behavioral Health Partnership Oversight Council

Child/Adolescent Quality, Access & Policy Committee

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

Meeting Summary

Friday, January 18, 2013

2:00 – 4:00 p.m.

Value Options

**500 Enterprise Drive, 3rd Floor Hartford Conference Room
Rocky Hill, CT**

**Next Meeting: Friday, February 15, 2013 @ 2 PM at Value Options,
Rocky Hill**

Attendees: Co-Chair Sherry Perlstein, Karen Andersson, Sarah Becker, Jamey Bell, Lois Berkowitz, Lindsay Betzendahl, Jeana Bracey, Jacquelyn Farrell, Elizabeth Feder, Elizabeth Garrigan, Steve Girelli, Mary Gratton, Janice Gruendel, Irvin Jennings, Colleen Kearney, David Klein, Beth Klink, Elizabeth Murdoch, Joan Narad, Joan Neveski, Ann Phelan, Kristen Pracitto, Lynne Ringer, Alyssa Rose, Michelle Sarofin, Kathy Schiessl, Lori Szczygiel, Hillary Teed, and Laurie Van Der Heide

Opening Remarks and Introductions

Co-Chair Sherry Perlstein commenced the meeting at 2:05 PM and welcomed everyone. Members re-introduced themselves to the Committee and guest speakers. Sherry expressed her appreciation to Deputy Commissioner Gruendel and Michelle Sarofin, Superintendent of the Solnit Center for taking the time to provide an update on the Solnit Center.

Consolidation of Riverview Hospital and Connecticut Children's Place into the Solnit Center: Progress and Challenges



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Deputy Commissioner of DSS, Janice Gruendel presented an overview of the status and plans for future programming of the two campus (Riverview Hospital and Connecticut Children's Place) consolidation into the Albert J. Solnit Children's Center.

Providing context for the changes that have been implemented and those that are planned at the new Solnit Center, she provided a detailed review of the “Fostering the Future” papers, the agency’s new Strategic Plan, and several other documents that describe changes at DCF. The attached document provides the slides for the full presentation.

Deputy Commissioner Gruendel noted that when DCF Commissioner Joette Katz took over the Department two years ago, the agency had an \$880 million budget. Over the period, February 2011 through November 2012, an intensive review of operations of the Riverview Hospital for Children and the Connecticut Children's Place was conducted. A first report was published in April 2011, entitled *The Future of Riverview: Ten Steps Forward*. A second report was published in June 2011, entitled *Interim Consolidation Report: A near Final Report on the Consolidation of Riverview Hospital for Children and Youth with the CT Children's Place*. The third and final report was published in March 2012, entitled *The Albert J. Solnit Children's Center Final Consolidation Report*. *These three reports are all accessible to the general public on the DCF website.*

The Ten Action Steps:

1. Administrative Consolidation of Riverview & CT Children's Place into Solnit Children's Center
2. Integration of pediatric services across the new consolidated Solnit Center (North and South Campuses) and the CT Juvenile Training School
3. Design changes: 6 rather than 8 inpatient hospital units and 6 sub-acute/residential treatment units across the North and South Campuses; 120 day targets Length of Stay
4. Improve linkages to DCF regions/Area Office
5. Facility oversight to new CO unit
6. Continue as a Teaching Hospital
7. Strategic Interagency Partnerships
8. Participate in DCF Academy for Family and Workforce Knowledge and Development
9. Facility guidelines on restraint and seclusion
10. Apply implementation science and RBA (Results Based Accountability)

At the same time there was a concurrent revision of the **DCF Mission Statement**

In partnership with families and communities, we will advance the health, safety and learning of the children we serve both in and out of school, identify and support their special talents, and provide opportunities for them to give back to their communities and to leave the Department with an enduring connection to a family.

DCF Agency-Wide Cross-Cutting Themes

- Implement strength-based family policy, practice, and programs
- Apply the neuroscience of child, adolescent, and young adult development
- Expand trauma-informed practice and culture
- Build new community and agency partnerships
- Improve leadership, management, supervision, and accountability
- Become a learning organization

Principles to Guide Change of the DCF Continuum of Care Partnership

- Increase attention to the health, well-being, and educational success of all children and youth in the DCF system, based on demonstrable outcomes
- Increase attention to meeting the needs of younger children so as to reduce the pipeline of middle childhood and adolescent youngsters needing a long-term engagement with DCF
- Family -based regional and community services are the presumptive service context
- Expand early and proactive use of in-home family and child supports to prevent the need for placement and to promote children's well-being
- Expand the use of family foster care, especially relative care, decreasing the use of congregate care stings overall, especially for young children, and systematically returning youngsters from out-of-state placements
- Increase the direct participation of youth, parents, and family members in the case process from entrance to exit
- Achieve compliance with case planning and service requirements of the Juan F Consent Decree
- Redesign and realignment of agency resources over time to address changes in agency policy and to improve program results, including reinvestment of resources from congregate care to family-based community services and supports
- Invest in essential infrastructure, including data systems development and use for strategic planning, communications and accountability, and expanded training partnerships.

Deputy Commissioner Gruendel concluded, "If DCF is successful, children will be healthy, safe, smart, and strong".

Returning to the discussion of the Solnit Center, Deputy Commissioner Gruendel noted "The name change was a significant first step forward." She noted that the educational system and the mental health system will be linked through interagency relationships and agreements. Michelle Sarofin, Superintendent of Solnit Center, said that the consolidation of the two campuses led to the integration of resources that were heretofore never used. She highlighted steps being taken to improve practice in safely managing high risk situations. She indicated that when the occasion arises, hand holds are permitted but restraints never allowed.

Committee members expressed concern about the closing of the beds for children age 12 and under, with one member emphasizing, "the best hospital in the state is no longer available to children 12 and under". Deputy Commissioner Gruendel expressed the strong opinion that young children should rarely be hospitalized, and if needed, hospitalization should not be far from home (i.e. at Solnit Center), where family involvement is hampered by transportation barriers. She expressed the strong preferences for resolving problems for young children with family support and community resources, and if any placement is required it is preferable to seek alternatives, such as family members and close family friends. Karen Andersson highlighted the advantages of better understanding the needs of the population through enhanced, integrated data collection between VO, DSS and DCF.

It was agreed that the committee and DCF would identify opportunities to work together to look at the needs and resources for children 12 and under and their families, who are challenged by serious emotional and behavior disturbances and other stressors that contribute to the problems.

Discussion: Future Presentations on Lessons Learned from the Sandy Hook Response:

Deputy Commissioner Gruendel emphasized that significant work is underway to look at the response at Sandy Hook. Co-Chair Sherry Perlstein framed this discussion around the appropriate role of the committee in reviewing relevant recommendations that will come from the state committees. She noted that the focus of the governor's and legislative committees is on reducing risk of mass killings at schools, and promoting a more organized mental health response to potentially traumatic incidents that impact large groups of children and families in a community.

Community based mental health agencies and private providers responded; some invited in and others simply appearing and offering to help. Top leadership from DMHAS and DCF, as well as representatives from federal agencies were on site. A lot of effective work has been done, with primary focus on the families of those who were killed, first responders, those from the Sandy Hook School and the other Newtown schools. However, there appears to be a significant need for a more organized approach with a clear leader to manage a high level response. It was also noted that significant needs continue for people in the immediate and surrounding communities who continue to be deeply impacted by this violent tragedy. Deputy Commissioner Gruendel asked if data could be collected on the providers who are treating the Sandy Hook community. It was noted that the local agency is small and does not have sufficient staffing. A Newtown Coordinating Committee has been established. Lori Szczygiel offered the resources of Value Options to help out with this initiative.

New Business and Announcements

Co-Chair Sherry Perlstein announced that the next meeting would be on Friday, February 15, 2013 at 2:00 PM in the same room at Value Options. Upon hearing no comments or questions, she adjourned the meeting at 4:14 PM.

Next Meeting: Friday, February 15, 2013 @ 2 PM at Value Options, Rocky Hill