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, June 21, 2013
2:00 – 4:00 p.m.
Value Options
500 Enterprise Drive, 3rd Floor Hartford Conference Room
Rocky Hill, CT

Next Meeting: Monday August 12, 2013 @ 3 PM at Value Options, Rocky Hill

Attendees: Co-Chair Dr. Robert Franks, Co-Chair Sherry Perlstein, Martha Stone, Dr. Bob McKeagney, Dr. Karen Andersson, Dr. Laurie Van Der Heide, Beth Klink, Sara Brdr, Kathy Schiessl, Brunilda Ferraj, Alyse Chin, Jonathan Simpson, Beth Garrigan, Kate Maldonaldo, Kristin Pracitto, Dr. Irv Jennings, Kim Haugabrook, Katie Rock, Dr. Waqar Azeem, Carrie Bourdon, Rick Calvert, John Torello, Sara Becker, Stella Ntate, Heidi Pugliese, Steve Girelli, Bill Halsey

Opening Remarks and Introductions

Co-Chair Robert Franks commenced the meeting at 2:05 PM. Members and guests of the committee took their seats and introduced themselves.

Disproportionate Minority Contacts of Children in the Juvenile Justice System- Martha Stone, Center for Children's Advocacy

Martha Stone provided an overview of ongoing initiative the Center for Children's Advocacy has been conducting for the past two years.

Specifically, the initiative has examined the issue of disproportionate minority contact in Hartford, Bridgeport and New Haven. Waterbury will be examined in the fall.

The goal of the initiative is to both understand why children of color appear to be disproportionately referred to and engaged in the juvenile justice system as well as identify strategies for preventing this from occurring.

Data collected has shown that 40% of all juvenile arrests come from Hartford schools, with Hartford High School leading all schools. The leading reason for arrest is breach of peace (a misdemeanor). The highest numbers of children being arrested in residential care were those in a therapeutic group home placement.

A disproportionate number of African American youth were being referred to detention and tend to spend on average longer amounts of time in detention.

Other issues identified included discharge delays for minority youth awaiting placement from detention. The average ranges from 55-71 days and in some cases is over 100 days due to the CANS (Child and Adolescent Strengths and Needs Instrument) process.

The issue of difficulty referring children for placement was discussed, including the challenge that in many cases their referral information or "packet" often portrayed the child as being difficult to place, but that when interviewed the child was often a desirable candidate with many strengths. On average, African American children have a disproportionate number of denials from programs.

After presenting other summary data Martha Stone concluded that her goal is to raise awareness around this problem. As a system of care we need to identify the needs of minority youth earlier and ensure that they are not being disproportionately referred to juvenile justice programs. Efforts at diversion and graduated sanctions appear to be working through programs such as the School-based Diversion Initiative (SBDI). We need to attend to this problem on "both ends" of the system: when children are first identified and referred and after they enter the system to ensure that they receive appropriate supports and services and are not experiencing unnecessary delays or access to needed services due to their race or ethnicity.

Clarification Between 2nd Plan Amendment (Behavioral Health Home) and Innovation Grant- Karen Andersson, DCF

Karen Andersson from DCF provided the subcommittee with some clarification of the Behavioral Health Home initiative and how it differs from the Health Home and Medical Home. She described the Behavioral Health Home as being embedded within the Health Home and in Connecticut is focused primarily on the adult system (although some children will be reached). CMS dictates that the Health Home must include the lifespan and therefore must include children. There are no current plans to have a separate plan targeting children. The state plan must be submitted in September 2013.

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