



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, August 12, 2013
3:00 – 5:00 p.m.
CCPA
Rocky Hill, CT

Next Meeting: Friday September 20, 2013 @ 2 PM
at Value Options, Rocky Hill

Attendees: Co-Chair Dr. Robert Franks, Co-Chair Hal Gibber, Co-Chair Sherry Perlstein, Dr. Karen Andersson, Dr. Kathleen Balestracci, Lindsay Betzendahl, Carrie Bourdon, Rick Calvert, Jessica Dubey, Jacquelyn Farrel, Brunilda Ferraj, Elizabeth Garrigan, Dr. Steve Girelli, Tracey Gonzalez, DCF Dep. Comm. Janice Gruendel, Bill Halsey, Kim Haugabrook, Colleen Kearney, Mickey Kramer, Bob McKeagney, Regina Moller, Morna Murray, Kim Nelson, Mary Anne O'Neill, Carl Schiessl, Kathy Schiessl, Johnathan Simpson, Henrietta Small, Gary Steck, Lori Szczygiel, and two others

Opening Remarks and Introductions

Co-Chair Sherry Perlstein commenced the meeting at 2:59 PM and thanked members for a good showing in August. She thanked the DCF officials for taking the time to provide updates regarding key DCF mental health initiatives, and then members and guests introduced themselves.

DCF Deputy Commissioner Janice Gruendel, Bob McKeagney, DCF Administrator, Division of Clinical and Community Consultation and Support, and Dr. Karen Andersson, DCF Director of the CT BHP

1. Draft Plan for the CMS Innovation Grant (Round 2)

Bob McKeagney indicated a joint decision was made by key leadership at DCF, DSS and DMHAS, to support the submission of the Clifford Beers Proposal to CMS for the Innovation Grant, on behalf of the state. Karen Andersson noted the proposal is based on a Medical Home / Connect to Care Model utilizing an integrated network of mental health, medical, and social services to bring integrated care in New Haven for children and families who have had significant trauma.

The Department would hope to readily replicate the program in the other four regions of the state. Morna Murray of CCPA asked if the State was partnering in any way, emphasizing that in round 1, the proposals with a strong state role were more likely to be funded. Karen replied that DCF would submit the Clifford Beers Proposal on behalf of the State of Connecticut; and DCF Deputy Commissioner Janice Gruendel confirmed that the state agencies will not apply individually. She noted that DSS collected and reviewed other initiatives prior to making this joint decision. They all dealt with an intensive wrap-around model with a focus on good health; she also noted that the national competition is strong and the odds are slim given the very limited number of proposals that will be funded nationally. The application for the innovation grant is August 15, 2013. Co-chair Sherry Perlstein asked if this would be posted and Janice replied that she was not sure but it is public information. Janice also noted with a short amount of time the Departments and DCF could not put together their own proposal and felt the Clifford Beers proposal is well thought out.

2. DCF Behavioral Health Allocations/Plans for the Development of the Legislatively Mandated Mental Health Services in PA 13-184 (Newtown Legislation)



ChildAdolIQAPDCFCo
py of SFY 2014 8-12-

Bob McKeagney and Karen Andersson presented an overview to the programs the Department plans to support with the \$10 million set aside for enhanced services appropriated by the legislature as part of the Newtown Legislation as detailed here:

New Program Funding SFY 2014

Program	Appropriation	Allocation
Regional Behavioral Health Consultation		
Gun Violence Prevention and Children Safety		
Primary Care/Mental Health Consultation (Access Mental Health)	\$ 1,810,000	\$ 1,810,000
Grants for Psychiatric Clinics for Children		
Expand Trauma Focused Cognitive Behavioral Therapy (TF-CBT)	\$ 1,500,000	\$ 1,500,000
Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH-ADTC)	\$ 1,000,000	\$ 1,000,000
Other Trauma Treatments (distribution to be determined)	\$ 1,000,000	
Parent Child Interaction Therapy (PCIT) for conduct disordered children		TBD
Preschool PTSD		TBD
CBT Behavioral Intervention for Trauma in Schools		TBD
Board and Care - Foster Care		
Expand Foster and Adoptive Support Team Services to Kinship Care Families (Caretaker Support Services)	\$ 3,000,000	\$ 3,000,000
Community Kidcare		
Expand In-Home Behavioral Health Services (Gun Violence Prevention)	\$ 2,000,000	
IICAPS expansion for non-Husky families (\$1.2M)		\$ 1,200,000
MST		\$ 400,000
MST-Problem Sexual Behavior		\$ 400,000

DCF has not yet determined the internal allocations for PCIT, Preschool PTSD, and CBT for Schools. The final bill contained no particular instruction for the actual distribution

among these programs and DCF needs to figure out how best to configure three effective program enhancements within the \$1 million limit. For IICAPS, there are no plans to fund new teams; money will be used to support services for families who are not HUSKY beneficiaries and have not been able to receive this service. DCF calculates this to be at least 100 non-HUSKY families, and funds will be designated to existing teams based on the geographic distribution of the families requiring the services. Mickey Kramer, Acting Child Advocate, asked if foster and kinship families will receive concrete support. Bob emphatically replied yes, that support can mean beds as well as therapy; comprehensive tangible and non-tangible support. Co-chair Sherry Perlstein asked if this funding will be ongoing and whether there be a competitive process for the initial grants. Bob said that this should be funded annually, but like all ongoing grant funds, it would be depended on the DCF fiscal budget. He noted that DCF is exploring with OPM options for different programs regarding when a competitive process will be required, and under what circumstances the Department can award a contract to an agency with a specific expertise that matches a need in a community. Mickey Kramer asked about the time-line for implementation. Bob indicated different programs would roll out at different times between October 1, 2013 and January 1, 2014. As the Department emphasized their interest in continuing to support implementation of Evidence Based Treatments a suggestion was made that the cost of maintaining EBTs after implementation needs to be addressed, and the efforts of CHDI to develop data on costs associated with maintaining TF-CBT were noted by Bob Franks. Bill Halsey indicated that this would be addressed in the discussions underway in the Operations Committee of BHPOC as part of the ECC / Outpatient Redesign.

3. Mental Health Implementation Bill PA13-178

Janice Gruendel provided a brief overview to the Implementation Bill highlighting that it directs DCF, in consultation with families, advocates and providers, to present a plan to the legislature for a comprehensive plan, “across state agency and policy areas, for meeting the mental, emotional, and behavioral needs of all children in the state, and preventing or reducing the long term negative impact of mental, emotional, and behavioral issues of children.” She noted that the Continuum of Care Partnership will be working with the Department on developing this plan and that the “Guiding Change” Document provides a foundation for this work. Hal Gibber, this committee’s co-chair, highlighted the work FAVOR is doing in obtaining state wide family input. Some of the issues that needed to be addressed highlighted in the discussion at this meeting included:

- The bill does not, at this time, provide for any additional funds
- Important to look at both the private and public payer system and the needs of the uninsured
- The need to bring commercial payers to the table
- The imperative of obtaining and utilizing reliable data
- Address issues of timely and geographic access
- Looking at Infra-structure needs
- Sustaining EBTs

The Department is directed to present a progress report to the legislature in February, and

a full report no later than April 15, 2014. On September 16th the Continuum of Care Partnership will convene at Value Options to begin moving this forward. Other opportunities for input from providers, families, youngsters, and advocates will be announced.

New Business and Announcements

Hearing no new business, comments, or issues, Co-Chair Sherry Perlstein reminded the committee that the next meeting will be Friday, September 20, 2013 at 2:00 PM in the same usual room at Value Options. She thanked the DCF representatives for their presentation and for the work the Department has done to date in this area and adjourned the meeting at 4:40 PM.

Next Meeting: Wednesday, September 20, 2013 @ 2 PM
at VO, Rocky Hill