



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, November 15, 2013
2:00 – 4:00 p.m.
Value Options
Rocky Hill, CT

***Attendees:** Co-Chair Dr. Robert Franks, Co-Chair Hal Gibber, Co-Chair Sherry Perlstein, Regina Moller, Ebony McDaniel-Gladding, Henrietta Small, Paul Cancro, Jessica Dubey, Tim Marshall, Kristie Scott, Lindsay Betzendahl, Jeana Bracey, Dr. Bob McKeagney, Dr. Steven Girelli, Annie Calamari, Mary Cummus, Jacques Farrell, Kathy Schiessl, Kathleen Balestracci, Kim Nelson, Bert Plant, Dr. Lois Berkowitz, Jennifer Barba, John Torello, Sharon Dexler, Terri DiPietro, Dr. Laurie Van Der Heide, Beth Garrigan, Vickie Alston, Carrie Bourdon, Joan Narad, Heidi Pugliese, and Kim Haugabook*

1. Overview of Changes at DCF and Areas of Responsibility and Preliminary Priorities for the Clinical Program Directors

Bob McKeagney provides an overview of some of the changes and reorganization at DCF following the departure of Janice Gruendel. Michael Williams recently replaced Janice as Deputy Commissioner. Michael is working with DCF Leadership to develop a plan and structure for moving forward including a clear strategy for working at the regional and statewide level. Bob describes a DCF system that will ultimately be driven at a local level. Michael hopes to implement a greater emphasis on consumer feedback as an important factor in determining how resources will be allocated in the future. Bert Plant's former position was never filled. Bob has assumed many of those roles as well as some responsibilities in child welfare. Of the remaining clinical program directors, Tim Marshall has been taking the lead in the Department's behavioral health work, community based services, system of care development and activities related to PA 13-178. Marilyn Cloud continues to have responsibility for outpatient services, EDT and trauma services. Mary Painter is responsible for substance abuse services. The goal is to create a behavioral health team with shared responsibilities. The team will work closely with Karen Andersson. At Sherry's request, Bob McKeagney makes a commitment to provide a revised organizational chart and plan once it is available.

2. Presentation on the School-based Diversion Initiative (SBDI)

Dr. Jeana Bracey from CHDI provides an overview to SBDI including background data, statistics on school-based arrests, details of the SBDI program, outcomes and resources. Primary goals of the SBDI are to 1) reduce the numbers of discretionary arrests in schools 2) to build knowledge and skills among schools staff to manage behavioral health crises 3) to link to community-based services. This service is available to any student in the participating schools. 21 schools across Connecticut have been served to date. SBDI has three tiers of intervention: intensive, targeted, and universal. One of the primary community-based services SBDI links to is EMPS. Outcome data shows an overall decrease in court referrals by 19% and an increase to EMPS referrals by 44%. Expulsions and suspensions are dropping. School staff are reporting an increased awareness of community-based resources. Outcomes also show that EMPS reduces future court involvement. Dr. Bracey also provided an overview of the SBDI toolkit that is a more universal approach that is available to all schools. The issue was raised about the increased reliance on EMPS and the need to potentially expand this service in response to the growing demand. Further discussion focused on how EMPS can be potentially reimbursed by private insurance.

3. Update on Access Mental Health (PA 13-184) and other PA 13-178 Initiatives

Mental Health Access; \$1.8 million program that was legislatively mandated to be operated by Value Options. DCF is in the process of executing the contract with Value Options. The primary goal is to setup a psychiatric consultation model with primary care providers. The program is being modeled after the Massachusetts model. There will likely be a 3 person team (including a psychiatrist, behavioral health clinician, and care coordinator) that are a part of 3 hubs intended to cover the entire state. Targets will be to all children in Connecticut. The consultants will respond to primary care providers primarily on the use of psychotropics as well as other mental health issues. It will probably take 6 months after the contract execution to begin the consultation service. Bob M adds that from a DCF perspective it will be important to educate the provider community about this resource. Resources will be devoted to marketing the program. PA 13-178- The children's mental health law that was sponsored by Senator Bartolomeo and Rep. Urban. In response to the aspect of the law that calls for the development of a statewide behavioral health plan, Michael Williams explains that the Department is looking at all existing planning processes and attempt to integrate into all existing plans and create an effective planning process. DCF wants to "do it right" and is stepping back to try organize a process that will be comprehensive and inclusive. DCF is exploring partnering with CHDI, CHF and FAVOR. DCF has met with legislators and other stakeholders and has received positive feedback about moving forward. The law mandates collaboration among several state agencies and that work is ongoing. Sherry expressed the importance of getting input and feedback from schools.

DCF's Primary Goals:

- 1) Inclusive but not burdensome
- 2) Transparent
- 3) Include all children in Connecticut (private and public partnership—not just DCF)
- 4) Wants plan to address racial disparities and be culturally competent

4. Update on CONNECT Federal statewide system of care planning grant award

Tim Marshall and Jeana Bracey give update on CONNECT system of care grant. Explains the history of system of care development in Connecticut and provided an overview of the one year federally funded (SAMHSA) planning grant. Within the next year, Connecticut will be developing the infrastructure to implement the grant and develop a comprehensive statewide system of care plan. The plan would enable the State of Connecticut to apply for additional \$5 million over five years of federal funding to implement the plan. Tim Marshall described the proposed plan for creating a local, regional and statewide system of care and break down existing silos.

Future agenda items:

- 1) EMPS Utilization
- 2) Project MATCH
- 3) REACT