



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
www.cga.ct.gov/ph/BHPOC

Co-Chairs: Sherry Perlstein, Jeff Vanderploeg & Hal Gibber

Meeting Summary
Wednesday, November 20, 2015
11:00 AM – 1:00 PM
Value Options
Rocky Hill, CT

Next Meeting: December 16, 2016 @ 2:00 PM
at VO, Rocky Hill

Attendees: Sherry Perlstein (Co-Chair), Jeff Vanderploeg (Co-Chair), Karen Andersson (DCF), Lois Berkowitz (DCF), Mary Cummins, Steve Girelli, Kerri Griffin, Sarah Lockery, Dr. Bert Plant (VO), Michael Patota, Donyale Pina, Maureen Reault, and Knute Rotto

Update on CT Network of care Transformation (CONNECT) Grant and the Care Management Entity (CME) - Dr. Jeana Bracey (CONNECT Project Director-CHDI) and Tim Marshall (DCF)



ChildAdol11-20-15Mi
ndingtheGapsinSubst:

1. CONNECT

- SAMHSA grant, currently in second year of implementation; goal is to develop integrated network of care across child-serving systems
- Based on “No Wrong Door” concept whereby youth receive services regardless of how they enter the system
- Results of first System of Care Readiness for Implementation Measure (SOC-RIM) resulted in profile of strengths, limitations, and future growth opportunities
- Organizational structure includes a steering team working toward 51% family membership, and six teams/committees that accomplish objectives throughout the year. Six committees include:
 - Workforce Development; Data Integration; Network of Care Analysis; Cultural/Linguistic Competence and Health Equity; Social Marketing and Communications; Family Engagement Action Team (FEAT)
- How does CONNECT work with existing system of care (SOC)?
 - The CONNECT/CME will work in coordination with existing DCF-funded SOC; however, the existing SOC, based on DCF’s contracted scope of services, is not

permitted to provide care coordination services to non DCF-involved youth, whereas the CONNECT initiative will focus on infrastructure for delivery to a broader population of youngsters with intensive complex service needs

- CONNECT initiative is a highly relevant to the overall goals of the Children's Behavioral Health Plan, and relevant BH Plan implementation efforts (including the CME and other initiatives)

2. Care Management Entity (CME)

- Funded by federal CONNECT grant funds and state (DCF) grant funds
- The team-based, regional staffing model of the CME includes Network of Care Manager, Intensive Care Coordinator, and Family Peer Support Specialist. The staffing and service delivery model of the CME is influenced strongly by Wraparound philosophy, values, and principles
- CME services will focus first on population of youth in congregate care to support their re-integration to home and community settings, with appropriate services and supports
- A second population that is served by the CME is frequent utilizers of the ED, regardless of system involvement or insurance type
- Questions raised as to how the CONNECT and CME initiatives may or may not overlap with the existing Community Collaborative/System of Care
 - CME will focus on youngsters who are in a congregate care placement, are DCF involved and/or have complex needs requiring intensive Care Coordination. The existing SOC, based on DCF's contracted scope of services, is not permitted to provide services to non-DCF-involved youth
 - The idea is not for CONNECT/CME to supplant existing efforts, it's about integration of efforts under one umbrella. The philosophy of care coordination will be based on System of Care principles and CONNECT will work to build on the existing Community Collaboratives developed through System of Care

DCF Grants that Target Substance Abuse: (1) Improving Access, Continuing Care and Treatment (IMPAACT), (2) Adolescent Screening Brief Intervention and Referral to Treatment (A-SBIRT), and (3) Substance Exposed Infant In-Depth Technical Assistance (SEI-IDTA) - Melissa Sienna, Research Associate: UCONN Health Center/Consultant to DCF



ChildAdol11-20-15Ab
stractSYT-PDraft5.pdf

- Reviewed three federally funded initiatives in adolescent/family substance abuse, each of which are operating out of DCF

1. IMPACCT

- Two-year planning grant (through September 2017) funded by SAMHSA; focused on 12-17 year olds (young adults 18 and older included in effort but not reported to feds)

- Focused on all youth, not just DCF-involved
 - Governance will operate through Interagency Council (existing group, not new)
 - Focus is on aligning finance, policy, systems development and practice
 - The IMPACCT and CONNECT projects will be integrated under the umbrella of DCF-involved system development and integration efforts
 - Integrated family engagement, integrated financial analysis, integration of implementing CLAS standards at state system and clinic levels
2. Adolescent Screening Brief Intervention and Referral to Treatment (A-SBIRT):
- Will disseminate a common screening measure (the CRAFFT measure) and linkage to services via the EMPS and other system providers
3. KID Project (for substance-exposed infants)
- System development and infrastructure development project; unfunded federal grant with free technical assistance to develop a system
 - Examining what is currently available
 - Particular attention to infants exposed to alcohol prenatally
 - Will create a financial map of funded substance use services

New Business and Announcements

- CTBHP-OC has asked for each committee to develop goals. We will discuss at Dec. meetings
 - At that meeting, we should consider impact on system of drastic BH budget reductions
- BHP-OC will ask DCF for clarification on decision to delay expansion of EMPS. A letter is being prepared by BHP-OC to talk about impact of delays and cuts on service delivery

Next Meeting: December 16, 2015 @ 2:00 PM
3rd Floor, Hartford Conference Room, VO in Rocky Hill