



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: Steve Girelli & Jeff Vanderploeg

Meeting Summary
Wednesday, September 21, 2016
2:00 – 4:00 p.m.
Beacon Health Options
Rocky Hill, CT

Next Meeting: October 19, 2016 @ 2:00 PM
at Beacon Health Options, Rocky Hill

Attendees: *Steve Girelli (Co-Chair), Jeff Vanderploeg (Co-Chair), Dr. Karen Andersson (DCF), Rebecca Beebe, Dr. Lois Berkowitz (DCF), Eliot Brenner, Sean Cronin, Susie Divietro, Erin Eikenhorst-Fearn (Beacon), Beth Garrigan (Beacon), Mikaela, Honhongva, Bonnie Hopkins (Beacon), Susan Kelly, Sharon Langer, Tim Marshall (DCF), Joan Narad, Erika Nowakowski, Mary Painter, Ann Phelan (Beacon), Donyale Pina, Heidi Pugliese, Maureen Reault (DSS), Knute Rotto (Beacon), Kathy Schiessl, Sherrie Sharp (Beacon)*

Introductions:

Steve Girelli convened the meeting at 2:08 PM and introductions were made. Steve reminded participants to sign in.

I. Intimate Partner Violence, a DCF Overview:

Mary Painter, DCF Director of IPV, Substance Use, Treatment and Recovery, and Rebecca Beebe and Susie DiVietro, CCMC Injury Prevention Center



20161017124424531
.tif

The presenters utilized a PowerPoint and provided a handout. Areas of focus included the following:

- About 20% of all intake reports at DCF include an official indication of IPV
- DCF has been implementing a vision and system development for addressing IPV since the Office of IPV and Substance Abuse (SA) was established in 2012
- DCF's funded initiatives include Fathers for Change, IPV-FAIR, MOMS Empowerment, SAFE DATES, and a new adaptation of Multisystemic Therapy (MST-IPV; seeking funds to implement).

- The CCMC Injury Prevention Center manages an evaluation of DCF's IPV system efforts including an analysis of the IPV-Family Assessment Intervention Response (IPV-FAIR) program:
 - For DCF involved families only; a group therapy approach; whole-family; care coordination and family navigation; evidence-based clinical treatment; strengths-based; individualized treatment plans; safety plans using the VIGOR model, etc.
- IPV-FAIR Data
 - 168 families served; 113 discharges (58% of which met all treatment goals)
- Outcomes indicate significant reduction in emotional regulation difficulties, increases in parental reflective functioning, reductions in hostile automatic thoughts, reductions in PTSD symptoms, significant reductions on the Abusive Behavior Inventory. Among youth, significant improvements on Strengths and Difficulties Questionnaire
- Question: Is this a post adjudication or court diversion program?
 - It's available to any family with DCF involvement who may or may not have IPV charge.
- Question: Are these Differential Response System or open cases for DCF?
 - These are families receiving services voluntarily, but under an open DCF case
- One member noted concerns that the IPV-FAIR providers may soon be required to submit additional data to DCF to develop and evaluate the model and create a manual.
- One member asked about the outcomes compared to other similar IPV programs
 - DCF responded that there are no other comparable programs because most others only look at re-arrests as the primary (or only) outcome measure.
- One member noted that potential participants initially placed on a wait list are required to obtain treatment fairly quickly, usually within a couple of weeks.
- How did the model land on a 4-6 month treatment window?
 - DCF reported this was based on other models and advice from experts in this area.
- Is part of the evaluation to follow-up months or years after the intervention ends?
 - They would like to do that in time but it is not currently planned or funded.
- One member requested more information on the families that do not engage in treatment

II. DCF Update on Children's Behavioral Health Plan Implementation:

Tim Marshall, DCF



ChildAdol9-21-16(2)B
eaonIPVFAIR.pptx

Tim provided attendees with the Progress Report submitted by the Implementation Advisory Board on September 15, as well as summary of the Progress report, both of which he referred to in his presentation.

- The report summarizes the first two years of implementation of "the Plan" and was submitted by the Implementation Advisory Board, not the DCF Commissioner
- The Advisory Board commented to DCF that the report does not include issues or areas in which limited or no progress has been made on the Plan. State agencies will do this in

next year's report, but the Board would need to be much more active in information collecting and report writing for that to occur

- An overarching goal to create a more integrated and de-siloed system would require additional resources; however, everyone recognizes that these are very difficult budget times
- DCF will identify those activities that are state funded and annualized, vs. those that are federally funded and/or time-limited. They will also identify whether services are only accessible to children in certain systems, geographic locations, or age groups
- DCF plans to re-constitute the community conversations and open forums to gather family input
- Advisory Board requested more emphasis on wellness and health promotion, not just services. They also requested more emphasis on longer-term support not just time-limited interventions.
- What has been the biggest success or area of progress?
 - There are a number of services available, but most recent legislation (PA 15-127) requires all child-serving state agencies to work together to implement the system.
 - There is more funding and infrastructure needed to oversee a system of integrated behavioral health dollars
- Judicial, DCF, DDS, DSS (excluding Medicaid) spending about \$300 million or more on children's behavioral health issues. This does not include spending on special education, much of which is related to behavioral health spending.
- What is the trajectory for addressing outstanding issues identified by Advisory Board?
 - Advisory Board and advocates will need to work with legislators to fully fund the implementation of the plan

New Business and Announcements:

Steve highlighted the fact that next month's meeting is scheduled for Friday, October 14, not its usual day, and will be at 2:00 PM at Beacon Health Options in the Hartford Conference on the third floor. (EDITOR'S NOTE: The October meeting date has been switched back to Wednesday, October 19, 2016).

Steve also reminded a participant that tomorrow is the 2nd Annual iCan Conference, hosted by the Behavioral Health Partnership Consumer and Family Advisory Subcommittee. This conference had been discussed in previous meetings. There are still openings, and Steve encouraged people to attend.

Steve asked for any question, comments, new business, or announcements. There being none, he adjourned the meeting at 3:45.

Next Meeting: Wednesday, October 19, 2016 @ 2:00 PM, 3rd Floor, Hartford Conference Room, Beacon Health Options in Rocky Hill, CT