



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, February 17, 2021

2:00 – 4:00 p.m.

Next Committee Meeting Date: Wednesday, March 17, 2021 at 2:00 PM via Zoom

Attendees: *Dr. Steve Girelli (Co-Chair), Dr. Jeff Vanderploeg (Co-Chair), Dr. David Aversa (Beacon), Dr. Lois Berkowitz (DCF), Maria Brereton, Sandra Czunas, Kim Davis (OHA), Tara Ferrante, Tammy Freeberg, Bet Gailor, Sarah Gibson, Andrea Goetz (Beacon), Jessica Guite, JoShonda Guerrier (DCF), Brenetta Henry, Jill Holmes Brown, Tiffany Hubriss-Wheeler, Jen Jencks, Irv Jennings, Beth Klink, Errol Mesquita, Mickey Kramer, Maria LaPorto, Tanja Larsen, Valerie Lilley (OCA), Keri Lloyd (DSS), Ken Mysogland (DCF), Maureen O'Neil Davis, Kelly Phenix, Donyale Pina (DCF), Kristen Pracitto, Kathy Schiessl, Kristie Scott, Erika Sharillo (Beacon), Howard Sovronsky, Dr. Stephney Springer (DCF), Ari Steinberg, and Jonathan Watts*

Introductions

The meeting was called to order at 2:02 pm. Co-Chair Jeff Vanderploeg reminded participants that the meeting was being recorded and will be posted to the CTBHP Website. Co-Chair Steve Girelli welcomed participants and asked them to introduce themselves using the Chat function in Zoom.

Comments and Discussion from the January 2021 Meeting

There were no follow-up questions or comments on last month's presentation

Updates on Connecticut's Family First Initiative

JoShonda Guerrier & Ken Mysogland

Department of Children and Families (DCF)



ChildAdol2-17-21Fa
mily First Update -Fin.

The presenters began with an overview of Family First legislation and its requirements. Family First began with federal legislation: the Family First Prevention Services Act (FFPSA). FFPSA legislation opens up opportunities for Title IV-E reimbursement for states to pay for evidence-based services that prevent foster care placement. Access to these funds requires that states

submit a prevention plan which would need to be approved by the federal government. Areas of emphasis in FFPSA include delivery of evidence-based services, family-centered care, implementation of “kinship navigator” programs, and new requirements for treatment delivered to youth in congregate care settings (Qualified Residential Treatment Programs, or “QRTPs”). The presenters underscored that Family First is just one component of the state’s broader prevention-oriented system. Family First in Connecticut is about how values drive system transformation, which drive collaboration and partnerships, which in turn drive re-alignment of resources to match values.

There is a Governance Committee charged with final decision-making relating to what goes in to Connecticut’s FFPSA prevention plan. Several committees feed information up to Governance, including: Candidacy, Kinship and Foster Care, Program and Service Array, Infrastructure Practice and Policy, Fiscal, and Intensive Treatment and QRTP. There have been more than 250 partners contributing to Connecticut’s FFPSA planning efforts up to this point.

The federal government has allowed states to create their own definition of candidates that will be eligible for Family First reimbursement, although proposed candidates are subject to federal review and approval. The federal legislation does state that these populations should be those at risk for imminent foster care placement. In Connecticut’s plan, proposed Family First candidates include both DCF-involved and non-DCF (community-based) populations. There was intentional effort to identify a number of populations of youth and caregivers who may be at-risk for foster care placement, and to engage these populations in early intervention.

The presenters updated on the proceedings and outcomes for several of the FFPSA workgroups. The Kinship and Foster Care group is working on a Caregiver Practice Model and is in the process of developing a Kinship Navigator program. The Intensive 24/7 & QRTP group is developing clear level of care requirements, a trauma-informed practice model, accreditation requirements, and will require that QRTPs provide six months of aftercare following discharge. The Infrastructure/Practice/Policy group has been discussing the characteristics of an external care management entity for Family First, a key feature of which will be to live outside of DCF’s child welfare system whenever possible. Other elements include eligibility determination, screening and assessment processes, child-specific prevention plans, case review processes, workforce development, and data/quality improvement processes. The Program and Service Array group is looking at the existing service array, as well as new services that may be needed. Finally, the Fiscal group is looking at all other workgroup recommendations to determine financial needs for supporting Family First in Connecticut.

The presenters noted that meeting minutes and other information are on the state’s Family First website. They also noted that a number of “Parents as Experts” Facilitated Discussions have been scheduled to get further input on the Family First prevention plan. Dozens of family members have already signed up for these discussions, which will be facilitated by consultants from Chapin Hall. It is expected that Connecticut’s final plan will be submitted to the federal government in early May. There are additional deadlines for implementing the plan over time.

Members asked a number of questions about the presentation:

- One member asked whether the candidacy populations could be modified at the federal level. Presenters indicated that the federal government could possibly request clarity around Connecticut's candidacy definitions, though there are few examples of this occurring with other states, to date.
- Another member asked whether caregivers with a previous substantiation of abuse or neglect could be approved as kinship caregivers for children. The presenters indicated that there is an appeals process in place that doesn't necessarily relate to Family First, and noted that, in recent years, DCF has more strongly emphasized formal kinship foster care placements and informal relative placements.
- A member asked whether QRTP would be new programs. The presenters indicated that QRTP requirements will be a new certification process within existing foster care licensing.
- A member asked if FFPSA would impact the ability of school districts to arrange for placement (alternative educational placements) of youth with a high degree of need. The presenters indicated that a separate initiative at DCF will provide additional supports to schools to engage in earlier intervention and reduce the number of calls from schools to the Careline, since only 5% of calls are ultimately substantiated.
- One member asked whether six months of aftercare could be provided by other services besides QRTPs (e.g., Extended Day Treatment, IICAPS). The presenters indicated that the Governance committee would be responsible for some of these decisions that would go into the plan, but other decisions would take place in the implementation phase after plan submission.

Update from Consumer and Family Advisory Council (CFAC)-Kelly Phenix

Kelly Phenix noted that CFAC met last week, where Co-Chairs Steve Girelli and Jeff Vanderploeg presented to a group of family members and youth on the Behavioral Health Partnership, its Oversight Council, and its subcommittees. Phenix noted that the presentation was well-received by CFAC members. Phenix said that the CFAC planned for the upcoming iCAN conference. Phenix discussed the basic format of the iCAN conference, some of its planned presentations, and a planned focus on diversity, equity, and inclusion.

Other Business (Behavioral Health ED Volume)

Howard Sovronsky from Connecticut Children's Medical Center (CCMC) talked about the volume of youth with behavioral health needs presenting to emergency departments (ED). Sovronsky noted that there is a pandemic around children's mental health needs. He noted that CCMC currently receives about half of all the state's children that present to EDs for behavioral health needs. He noted higher rates of positive screening results on their suicide risk screener, higher numbers of youth presenting with highly acute needs, and more children presenting with serious eating disorders. Sovronsky noted shortages in the community for aftercare coming out of the ED, and that pediatricians are seeing a higher number and percentage of youth presenting with behavioral health needs. Sovronsky noted that children are presenting for a variety of presenting concerns and diagnoses, and that many families no longer want to use telemedicine

for behavioral health. One member noted that Therapeutic Group Homes could be utilized for the population of youth that present to EDs with acute needs, but currently are under-utilized because they are considered a congregate care setting. Another member noted that early discussion of the Family First initiative included a review of rightsizing congregate care and specialty levels of care. Another member suggested that some intensive in-home service providers have not transitioned back to home-based service delivery, which may contribute to higher rates of ED use. Some members noted that there is frequently not agreement among ED staff, community-based providers, state agencies, and authorizing entities around whether youth are appropriate for admission to congregate care settings. Other members noted that short-term crisis stabilization units may be needed as a level of care between acute ED visits and longer-term congregate care settings. The Co-Chairs indicated that they would look for opportunities to return to this discussion.

New Business and Adjournment

There being no new business or announcements raised, Co-Chair Steve Girelli thanked everyone for their participation and told them to stay for the next snow storm. He then adjourned the meeting at 4:01 p.m. and announced the next meeting will be on Wednesday, March 17, 2021, 2:00 – 4:00 PM via ZOOM.

Next Committee Meeting Date: Wednesday, March 17, 2021 at 2:00 PM via ZOOM