



Behavioral Health Partnership Oversight Council

Child/Adolescent Quality, Access & Policy Committee

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Co-Chairs: Steve Girelli & Jeff Vanderploeg
Meeting Summary
Wednesday, June 16, 2021
2:00 – 4:00 p.m.

Next Committee Meeting Date: Wednesday, July 21, 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), Stephanie Bozak, Kim Davis, Sharon Davis, Melissa Deasy, Marshall Demorest, Riddhi Doshi (Beacon), Andrea Duarte (DMHAS), Sarah Eagan, Tammy Freeberg, Bet Gailor, Jessica Guite, Brenetta Henry, Dr. Irv Jennings, Bill Kania (Beacon), Beth Klink, Mickey Kramer (OCA), Jen Krom (Beacon), Tanja Larsen, Valerie Lilley (OCA), Keri Lloyd (DSS), Tim Marshall (DCF), Maureen O'Neill Davis, Lisa Otto, Donyale Pina (DCF), Kelly Phenix, Eric Schwartz, Brian Smith (DDS), Dr. Stephney Springer (DCF), Antonio Thomas, and Dr. Pieter Joost van Wattum*

Introductions

Co-Chair Steve Girelli opened the meeting at 2:04. He announced that the meeting will be recorded and asked participants to introduce themselves via the Zoom chat function.

Comments and Discussion from the May 2021 Meeting

There were no further questions or comments.

Overview of DDS Services and Supports for Youth with Autism Spectrum Disorder



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Brian Smith from the CT Department of Developmental Services (DDS) presented an overview of DDS services and supports for youth with Autism Spectrum Disorder (ASD) and intellectual/developmental disabilities (ID/DD). Brian described various eligibility criteria and the application process and encouraged families with questions about which diagnosis or condition was appropriate to check off boxes for both intellectual disabilities and Autism on the application form. That allows DDS to assess eligibility for one or the other program. Brian noted that DDS would assess and consider individuals for either ID or ASD services but not both. He also noted that DDS had an appeals process available.

Brian noted that DDS had transitioned their Autism Waiver service program over to DSS a few

years ago; however, they remain responsible for the Autism eligibility determination process as described above. That has been maintained in order to ensure that individuals can complete the eligibility determination process through a single agency in instances where the most appropriate diagnosis is not initially clear. Brian noted that the wait list for the ASD Waiver services program is around 1,500 to 1,800 individuals (across all ages). One participant noted that it is important for families to ensure they are on the wait list for services, despite the long wait, which Brian indicated is consistent with DDS's message to families as well. A participant noted the need to increase capacity to provide services as early as possible and reduce the wait list. Brian ended the presentation with a list of resources and service providers across the state including a camp, a family grant program, family support workers, self-advocacy groups, transition advisors, and clinical team consultations.

One participant asked about how services at DDS described today relate to the Behavioral Health Partnership. Some participants responded that DDS was not technically a member of the Behavioral Health Partnership (which includes DSS, DCF, and DMHAS); however, DDS has a membership seat on the Behavioral Health Partnership Oversight Council and presents regular updates to the Oversight Council particularly around areas where DDS services may overlap with the Medicaid membership and service delivery. Another participant asked how school-led eligibility redeterminations work with the DDS processes. Brian responded that districts can be uneven in their adherence to the redetermination process guidelines and that youth have a right to a full battery evaluation conducted every three years. He noted that disability advocates can be helpful in understanding and protecting families' rights for a redetermination assessment at their school district.

Statewide Youth Suicide Prevention Initiatives



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Andrea Iger Duarte from the CT Department of Mental Health and Addiction Services (DMHAS) presented an overview of suicide prevention initiatives in Connecticut, particularly those coordinated by the statewide Suicide Advisory Board (SAB), for which she is a tri-chair with Tim Marshall from DCF and Tom Steen from the CT Chapter of the American Foundation for Suicide Prevention. Andrea described the regional network of suicide prevention coalitions and the lead agency for each. She shared a number of resources available through the SAB including the five goals of the SAB's state plan. She invited participants to look at the plan and goals to identify ways these goals and activities may overlap with their agency's work. Andrea noted that the SAB periodically puts out public health alerts when they identify an increase in suicide or suicide risk factors. She also noted that frequently providers and family members are aware when an individual is exhibiting suicide risk factors and noted the importance of notifying a clinical professional in these circumstances. For youth, she noted that the CT School Health Survey collects annual data from a large sample of school-aged youth and identified that around 31% of youth indicate feeling sad or hopeless, almost every day, for two weeks or more. She also noted that report rates of connections to caring adults in school, and access to services, are lower than desired given these prevalence rates.

Andrea then turned to best practice approaches available in Connecticut. She discussed how the

SAB uses the Comprehensive Approach to Mental Health Promotion & Suicide Prevention framework for ensuring all relevant components of effective suicide prevention are represented. She also indicated that the Zero Suicide initiative is being implemented in many health care systems through a learning community that meets every other month. Best practice elements included screening and assessment tools, engagement, treatment, and transition planning. She noted that SAB was working with CT Children's and Yale New Haven Children's Hospitals on the Zero Suicide initiative and they have approached the CT Association of School Based Health Centers to consider participation as well. Other best practices included the Question, Persuade, Refer (QPR) system, the Ask Suicide-Screening Questions (ASQ), and the Columbia Suicide Severity Rating Scale (C-SSRS). She noted that CT Children's is conducting universal suicide screening for every patient (physical and behavioral health).

Andrea noted that the statewide Mobile Crisis service for children provides suicide screening, assessment, and interventions and works to keep youth out of the hospital whenever that is a safe and effective approach. Lethal means restriction was identified as a best practice, as was safety planning. Templates are available at the SAB website. Gizmo, and *Gizmo's Pawesome Guide to Mental Health* (www.Gizmo4MentalHealth.org) was identified as a home-grown innovation for educating and promoting mental health and preventing suicidality. A public service announcement and pledge is also available on the Gizmo website, as is a proactive mental health plan. Andrea displayed a number of resources and services for helping youth in crisis or who may be experiencing suicidal ideation. She also noted that federal 9-8-8 legislation will ultimately result in 9-8-8 becoming the statewide phone number for accessing crisis mental health and other mental health services (for children and adults), which will include text and chat functions. 24/7 face-to-face mobile response, emergency department alternatives, and non-hospital crisis respite services are also likely to be future enhancements to Connecticut's service array. A participant asked whether the CT SUICIDE ADVISORY BOARD: Zero Suicide Learning Community was open to other agencies. Andrea indicated that it was, and Tim Marshall noted that active participation in doing the initiative work was recommended for all participants in that initiative. Both Andrea and Tim Marshall from DCF expounded on possible new enhancements to the crisis continuum for youth and the planning work going on in the state to prepare for these enhancements.

Consumer Family Advisory Council (CFAC) Update

Antonio Thomas, CFAC's youth representative to CAQAP, updated the group on recent CFAC proceedings. He noted that the iCAN conference will be on September 23, and an email will be sent out in about a week. The theme will be on breaking through systematic racial injustices. He also noted that vaccination vans are available, and more information was available from Yvonne Jones at Beacon Health Options.

Other Business, Announcements, and Adjournment

Co-Chair Steve Girelli notified the group that there will not be an August CAQAP meeting. There being no other new business or announcements, the meeting was adjourned at 3:55 p.m.

The next meeting will be on Wednesday, July 21, 2021, 2:00 – 4:00 PM, via Zoom.

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