DCF Psychotropic Medication Advisory Committee
Monthly Meeting Notes
Feb. 1, 2008,
Riverview Hospital for Children and Youth
Middletown, CT

PRESENT:; Lesley Siegel, MD, DCF Regional Medical Director; Jacqueline Harris, MD, DCF Regional Medical Director; Joan Narad, MD, DCF Regional Medical Director; Irv Jennings, MD, FCA; Curtis Harmon, APRN, CMCU; Aurele Kamm, APRN, CMCU;; Anastasia Konienski, APRN; Beth Muller APRN, HCH; Jean Hagen, MD, Riverview Psychiatrist, Carlos Gonzalez, MD; Patricia Cables, APRN, Wheeler; Janet Williams, DCF Medical Director

GUESTS: Lois Berkowitz, PhD, Director of Special Projects, CTBHP; Karen Andersson, DCF Director of the CTBHP; Lauri DiGalbo, DSS.BRS: Kathy Reddington, DDC; John Loomis, Center for Children with Special Needs
The meeting was called to order at 1:25 PM in the RVH AB Conference Room.
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1. Set date/time of next meeting: The next meeting is scheduled for **March 7, 2008, 1:00 PM Riverview Hospital AB Conference Room.** Future meetings are as follows: April 4; May 2; June 6; July to be announced; August 1; September 5, October 3, November 7, and December 5, 2008.
2. Announcements:
    a. Aurele announced that Chris Malinowski, APRN started today as the CMCU Nurse Practitioner for the Western Region.
3. Minutes: The minutes of the January meetings were accepted with minor changes.

4. Kathy Reddington, Autism Coordinator for the Department of Developmental Services, came to talk about the new pilot project being run by the Department of Developmental Services for eligible adults with Autism Spectrum Disorder (ASD). She passed out a handout for her program plus handouts on the prevalence rate of Autism in CT. According to statistics from the CT State Department of Education, 1 out of 166 K-12 students in CT have Autism Spectrum Disorders. When school ends, and if they're not mentally retarded, there are no services available for this population. As a result, legislation was enacted (Section 37 of PA 06-188) to establish a small pilot project to help eligible adults (age 18 or over, and exited from school) with autism spectrum disorder (Autistic Disorder, Aspergers, PDD, NOS; Rett Syndrome, or Childhood Disintegrative Disorder) without mental retardation (IQ of 70 or over) who are not receiving services from DDS. The objective of the pilot is to document the pilot implementation and short-term costs and effects, in order for policy makers and program providers to determine future steps and initiatives. Another goal will be to determine whether it makes sense to write a Medicaid waiver for this population. The pilot will take place in the Greater New Haven area, and there will be a control group in Hartford. For these qualified individuals, DDS will be offering a coordinated

system of supports and services. Kathy also explained that DDS already offers other services for non-MR clients, for example the Birth-to-Three program. Individuals can apply for this pilot by calling 860-418-6078 to obtain an applicant packet.

5. Laurie Digalbo, from the Department of Social Services, Bureau of Rehab Services (BRS), gave a presentation on the services BRS has to offer for eligible clients. Essentially BRS has a vocational rehabilitation program for individuals with significant physical and/or psychiatric disabilities which impair their ability to work. They generally serve individuals age 14 and above. Referrals could be considered for patients at Riverview Hospital who have succeeded in the on-grounds work program and are above age 14 and want to work. Once clients are referred, BRS makes their own determination about whether a work assessment is needed. BRS often works with the school department, and their services are often part of the IEP. There currently is a new Walgreens distribution center being built in Windsor, CT, and the owner would like to see 1/3 of their employees be disabled individuals from the ASD project (the VP has an autistic child).
6. John Loomis from the Center for Children with Special Needs in Cromwell gave a very short presentation on his group (given the time.) He can be reached at: jloomis@autismct.com.
7. Karen Andersson and Lois Berkowitz gave a presentation on some of the findings of the CT-BHP, which is now in its third year. The contract will be extended another two years before it needs to be re-bid (the initial contract took 5 years to write and then bid). Overall, Karen felt that the Department has learned a lot about the quantity and quality of services offered across the state, both inpatient and outpatient. They are now beginning to work with individual hospitals on their lengths of stay, quality issues, etc. A specific project that she and Lois presented was the Foster Care Disruption study. The purpose is to identify relationships between the use of behavioral health treatment and outcomes for DCF Youth placed in foster care for the first time. The underlying hypothesis was that the use of behavioral health services might lead to less disruptions in foster care. They've been studying DCF first removals from home and placement in either foster care, relative care, or special study homes between July 1, 2006 and December 31, 2006. They ended up with 1,078 members. Of these, 776 (72%) went into foster care, and 28% were placed in relative care or "special study" homes. 74% of the children were between the ages of 0 and 9. 38% were AA, 30 % were Caucasian, and 25 % were Hispanic. The definition of disruption was looked at in 3 ways: any disruptions or move; a negative disruptions (from foster care to DCF facility, etc;); and negative and unplanned disruption (negative moves after first 7 days of placement). They discovered that foster care youth experienced disruption significantly more than youth in relative care or special study homes, and that most disruptions occur within the first 7 days of removal. Older youth were more likely to experience disruption, and there was a slightly higher rate of disruption for Hispanic youth in foster care. They also discovered that foster care youth who received some type of BH service

prior to placement were more likely to experience disruption (although this might just indicate that they were more behaviorally disturbed). The Foster Family Focus Groups discovered that foster parents want more coaching services, particularly around helping with acting out children; respite programs including structured after school and summer programs; BH assessments and care that is more immediate and preferably in the home; and improved information on available local services. As far as some of the recommendations and next steps, CT BHP is currently conducting a literature review to identify Best Practice programs/interventions to prevent disruptions, they will be working to develop resource materials for foster parents; and they are exploring the feasibility of developing foster care expertise within the Enhanced Care Clinics as part of their requirement to develop areas of specialization.

8. Irv Jennings stated that he is co-chair of the State Advisory Council (SAC) which makes recommendations to the Commissioner regarding programs, legislation, or other matters which will improve services for children and youth. The SAC is one of the three legislatively-mandated Citizen's Review Panels (the other two are run by FAVOR). Irv said the SAC is thinking of surveying CT Child Psychiatrists and APRNs about their relationship with DCF. **This topic was tabled to the March meeting** due to time.
9. The subject of the goals for a statewide Pediatric Psychopharmacology meeting was tabled to the **March meeting**.
10. The last topic from the January meeting was the subject of psychotropic medication approval still coming through the managed care organizations as opposed to being centralized through the ASO. The group thought that Governor Rell changed this rule last month. Hopefully, Aurele (who previously sat on this statewide subcommittee) can address this at the **March meeting.**

Respectfully submitted,

Lesley Siegel, MD
Regional Medical Director, Southern Region, DCF