

Draft



MINUTES

1/10/08

10AM TO 12PM

COMMISSION ON THE DEAF AND HARD OF HEARING

<b>MEETING CALLED BY</b>	Joan Law and Tesha Imperati
<b>TYPE OF MEETING</b>	Monthly
<b>NOTE TAKER</b>	Laura Knapp
<b>ATTENDEES</b>	Laura Knapp, Karen Zrenda, Jen Carroll, Molly Cole, Cindy Stramandinoli, Joan Law, Robyn Trowbridge, Sheila Harris, , Lisa Sheppard, Tesha Imperati, April Dipollina, Mona Tremblay, Ann Gionet, Terry Cote, Sylvia Gafford-Alexander, Alice Buttwell, Sara Reed, Christina Ghio, Amanda Leibenhaut, Mary Schierberl, Tom Brooks, Vicki Veltri, Mike Fuller, Joy Liebeskind, Lucille Taylor

10:00 -10:15

INTRODUCTIONS

<b>DISCUSSION</b>			
<b>CONCLUSIONS</b>			
<b>ACTION ITEMS</b>	<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>	

10:15 -11:00

COMMITTEE UPDATES

<b>DISCUSSION</b>	<p><b>DD Council Funding:</b> The Council has approved dollars to fund a staff person to the CTFSC. The staff person would coordinate events, address membership to the CTFSC, and represent the CTFSC at meetings. Karen Zrenda will send a description of responsibilities out to the Council via list serve.</p> <p><b>Money Follows the Person:</b> Although there has been not intent to exclude children there has been no specific discussion about children who could qualify.</p> <p>Concerns are:</p> <ol style="list-style-type: none"> <li>1. The outreach only speaks to adults in a skilled nursing facility.</li> <li>2 The only children considered were the few in DCF custody and placed in a Medicated funded facility.</li> <li>3. How will the MFP staff engage families and will there be transition coordinators for children?</li> <li>4. Work force issues need to be addressed. Many children are in these facilities due to lack of resource/workforce.</li> </ol> <p>Workforce is also a concern for the MFP planning committee. If workforce is placed as an outcome and the goal is not accomplished than they risk funding. The committee agreed to look into this issue. The committee needs data on how many children are in Medicaid funded facilities.</p> <p><b>FSC/FSN Outreach:</b> Research of the Health Care System is being conducted by several groups, senator Myer and Speaker Amman are a few. Once the outcomes from the research are generated the FSC and FSN will follow up with informational paperwork. A forum late fall will be planned.</p> <p><b>Health First Authority:</b> is receptive to the FSC and health care committees. The focus has been healthcare access</p> <p><b>CSHCN Collaborative:</b></p> <p><b>The Catastrophic Relief Fund</b> is a priority. A group is working with the Catalyst Center to provide research and cost analysis. New Jersey indicated that employers are not opposed to the Fund and in fact felt the Fund has made the workforce more productive.</p> <p>Concerns are:</p> <ol style="list-style-type: none"> <li>1. The dept incurred by families can affect their credit scoring which results in higher mortgage rates.</li> <li>2. How will employers regard being mandated to contribute to the fund?</li> <li>3. The fund is not a solution to the problem.</li> </ol> <p>The Collaborative acknowledges the Fund is not a solution but it will assist some families. Families will be needed to testify.</p> <p><b>FSC/Oversight Council:</b> Legislators commented that they do not want another council or oversight entity. The Collaborative is perusing funding for the FSC that is built into a piece of legislation.</p>
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	<u>Family opportunity Act</u> : this should be in a position to peruse next year.	
<b>CONCLUSIONS</b>	Comments can be made on the protocols and e-mailed to Dawn Lambert within the next few weeks. The committee meets the first Friday of every month. The Transformation Grant is addressing workforce it may be possible to have someone speak at a Council meeting.	
<b>ACTION ITEMS:</b>	<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>

11:00- 11:15

**FSC BREAKFAST AND REPORT**

**DMR**

<b>DISCUSSION</b>	<p><b>FSC Report:</b> Council members can make comments to put into the report.  <b>FSC Breakfast:</b> The Theme is underinsured. It was suggested to home an agency or specific people who support the work of the Council. A press release will go out and invitations to all legislators. Families are needed to speak on the identified issues.  <b>Priorities:</b> This is a short session.</p> <ol style="list-style-type: none"> <li>1. Families are underinsured.</li> <li>2. Health Insurance options and access.</li> <li>3. FSC/Oversight Council</li> <li>4. Catastrophic Relief Fund.</li> <li>5. The Family Opportunity Act</li> </ol>	
<b>CONCLUSIONS</b>	The issues not focused on at the Breakfast should be included in the report. Council will finalize Breakfast on 2/14/08	
<b>ACTION ITEMS</b>	<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>
e-mail comments to Karen or Tery.		

11:15- 11:30

**AGENCY UPDATES**

<b>DISCUSSION</b>	<p><b>DPH:</b> the new consumer information person is Mike Fuller.  <b>OHA:</b> has a new employee, Lucille Taylor. Lucille is an RN.  <b>DCF:</b> The Heart Gallery Exhibit kicked off in New Britain. The Galley displayed pictures of children in DCF care who are waiting for homes. The pictures are accompanied with a paragraph written by the child.</p>	
<b>CONCLUSIONS</b>		
<b>ACTION ITEMS</b>	<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>

11:30-12:00

**BRAIN INJURY ASSOCIATION**

**CARRIE KRAMER**

<b>DISCUSSION</b>	<p>The BIA is a non profit agency and has been in existence for 25 years. The Association has been active in the community. They have a toll free information and referral line. There are three full time community advocates who have a masters degree and a part time lobiest. The advocates answer phone calls. The amount of calls has increased. The advocates have found that if a person is not on a brain injury waiver they tend to "fall through the cracks". Service delivery and lack of services are main issues. The calls come from brain injury survivors, social workers, discharge planners, doctors and folks from the educational system.</p> <p>What the Association provides;</p> <ol style="list-style-type: none"> <li>1. Individual consultations to providers, parents, schools, PPT, and individuals with a brain injury.</li> <li>2. Work with DDS to better serve those with brain injuries. This population has different needs than those with Developmental Disabilities.</li> <li>3. Collaborate with the Department of Correction on addressing the issues related brain injury.</li> <li>4. Group presentations. A meeting may be held to dispel the myths and provide education.</li> <li>5. There are several support groups around Connecticut. These groups have a facilitator and an individual with a brain injury. Yale rehab is in the process of developing a support group for parents.</li> </ol>	
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	<p>6. The State Department of Education has a screening tool for schools. The ABI waiver is reaching capacity. Many individuals do not qualify for the waiver but need assistance with finances and activities of daily living. Several individuals who have a brain injury end up in prison and/or have substance abuse issues.</p>		
<b>CONCLUSIONS</b>			
<b>ACTION ITEMS</b>	<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>	

<b>RESPECTFULLY SUBMITTED BY:</b>	Laura Knapp