Children's Mental Health Advisory Committee
August 4, 2014
1:00 pm – 3:00 pm
Value Options, Hartford Room
Advisory Committee Highlights

Advisory Committee Members Present: Abby Anderson, Patricia Baker, Tanya Barrett, Jennifer Bogin, Dan Connor, Anne Melissa Dowling, Sarah Eagan, Pamela Ferguson, Hector Glynn, William Halsey, Allon Kalisher, Mark Keenan, Steven Korn, Andrew Lustbader, Judith Meyers (Co-chair), Morna Murray, Bert Plant, Charlene Russell-Tucker, Stephen Tracy, Victoria Veltri, Doriana Vicedomini (Co-chair), Jesse White-Frese

Members Absent: Ronald Angoff, Winston Johnson, Myra Jones-Taylor, Nelba Marquez-Greene, Melissa Mendez, Janet Ortiz, Peter Panzarella, Pat Rehmer, Ann Smith, Fred Volkmar, Celeste Warner, Mark White, Elaine Zimmerman

Others Present: Kevin Flood, Michael Hoge, Susan Graham, Mark Schaefer, Kristina Stevens, Michael Williams

Attachments

- Agenda
- A template for plan recommendation structure
- Timeline for Completion of Children's Mental Health Plan
- Connecticut State Innovation Model Test Grant Application - Abstract
- The Task Force to Study the Provision of Behavioral Health Services for Young Adults: Executive Summary
- Table 1: Recommendations of the Task Force to Study the Provision of Behavioral Health Services for Young Adults

Proceedings

A. Presentations

1. Plan Overview

After a welcome from Doriana Vicedomini, Co-Chair, and a round of introductions, Jeff Vanderploeg provided a summary of the themes that will be addressed in the plan, which included the following:

- Health promotion, prevention, early identification and early intervention
- Access to a comprehensive continuum of services
- Continuity, coordination, and integration of care
- Disparities in access to culturally appropriate services
- Family and youth engagement
- Workforce development
- Data-driven accountability for access, quality, and outcomes
- System organization and financing

In addition, Jeff Vanderploeg shared a template that will be used to format the recommendations to be included in the report (see attachment) and described the proposed report structure that will identify 2-3 key recommendations within each of the eight themes (above), with additional categorizations of each

recommendation according to its timeframe (short-term, long-term) as well as its cost (no/low, moderate, high). Finally, the group reviewed the timeline for writing and reviewing drafts of the plan assuming a final report delivery date of October 15 to the Legislature.

Following this presentation, brief presentations were delivered on three current or recent initiatives with high relevance to the children's behavioral health plan.

2. The State Innovation Model (SIM) Test Grant Application

Mark Schaefer, Ph.D., Director of Healthcare Innovation in the Office of the Healthcare Advocate, presented on the State Innovation Model (SIM) Test Grant Application. A summary of the SIM Application is attached, summarizing the Purpose, Statewide Goals, Targeted Goals, Budget, and Projected Total Cost of Care Savings of the initiative.

3. The Task Force to Study the Provision of Behavioral Health Services for Young Adults

Daniel Connor, M.D., Chief of the Division of Child and Adolescent Psychiatry at the University of Connecticut Health Center, presented on the report of the Behavioral Health Task Force for Young Adults, which he co-chaired. A summary of the report is attached, summarizing the background of the Task Force, main findings, and recommendations.

4. Update on DCF Initiatives

Kristina Stevens, LCSW, Director of Clinical and Community Consultation and Support at the Department of Children and Families, presented on recent DCF initiatives with relevance to the children's behavioral health plan. Ms. Stevens reiterated that the overall goal of the plan is to address the mental health needs of *all* children in the state, requiring all state agencies and stakeholders to work collaboratively and to minimize distinctions among youth based on system involvement.

The presentation further suggested that DCF data do not support a correlation between changes in DCF policy and increases in emergency department (ED) utilization. Ms. Stevens indicated that Connecticut has a history of being higher than the national average on utilization of congregate care settings. Area Offices with congregate care placement rates above 15% are required to seek Commissioner approval for any further placements in these settings. Ms. Stevens noted that only a small number of offices are over this threshold, and that the Commissioner has not denied any placement requests since the policy went into effect.

Diversion of youth with mental health needs from ED utilization was highlighted with specific attention given to the importance of early intervention to prevent children from having to show up in the ED including the role of Emergency Mobile Psychiatric Services (EMPS). Other expanded community-based care alternatives highlighted included Access Mental Health, the Modular Approach to Therapy with Children for Anxiety, Depression, Trauma, and Conduct (MATCH-ADTC), and Trauma Focused Cognitive Behavioral Therapy (TF-CBT).

B. Discussion

Following each presentations there were discussions facilitated by the Advisory Co-Chairs, Judith Meyers and Doriana Vicedomini. The main points of the discussion are summarized below.

1. Plan Overview

- Several members expressed significant concerns about the tight deadlines for producing the final report and the limited time for various parties to review the findings and provide substantive feedback
- Some expressed concern that 16-24 recommendations may be too many, and suggested further prioritizing recommendations and/or grouping into phases (year one, year two, etc.)
- Members recommended developing a clear decision-making protocol for determining which recommendations are/are not included in the final plan
- CHDI agreed to let Advisory Committee members know when the report draft is posted to the plan website at www.plan4children.org so that members can send an email to their listserv and invite and encourage review and feedback. The expected posting period is 9/5-9/12.
- One member suggested that we consider posting all feedback forms received from the public to the plan website

2. SIM Presentation
   - Recommendations for alignment with the children's mental health plan included the following:
     - High degree of alignment with prevention and early identification
     - The role of establishing connections to primary care providers
     - The importance of developing behavioral health metrics
     - Members of the Advisory Committee may submit recommendations for consideration as to quality indicators that should be included in the area of children's mental health and in pediatric care, which are to be completed by the end of the calendar year
     - The SIM task force plans to continue to collaborate with DCF and DSS to examine how the SIM aligns with their medical home initiatives
     - Although Council membership for SIM process are identified, ad hoc teams are still being determined and opportunities may exist for additional members to participate in the planning and implementation process.

3. Task Force on Behavioral Health Services for Young Adults
   - Dr. Connor indicated an extensive information gathering process and tight timelines for the plan development and review. Report drafting alone took the Committee about 6 months.
   - Several principles guiding the plan were similar to those of the children's behavioral health plan: A developmental approach; prevention among at-risk families; multidisciplinary teams; scaling up effective practices; access to a comprehensive continuum of care regardless of payer.
   - Other Areas of Relevance to Children's Behavioral Health Plan:
     - Fragmentation. A lot is being done to address mental health; the problem is that the services are grant funded and/or fragmented within a particular system
     - Universal screening in the health care sector, not the educational sector
     - Models for primary care/behavioral health integration: **co-management** (pediatricians have enhanced access to a behavioral health provider who is located elsewhere) vs. **co-location** (a behavioral health professional located within the pediatrician's office)
     - Workforce: Task Force did not determine if it was a **quantity** or a **quality** problem. Do we have enough providers? Do we use the providers we have in the most efficient manner? Are the providers appropriately distributed geographically?
     - Family-friendly system: Ideal to get one-stop shopping from a professional like a care coordinator.

- Children and young adults in educational system: Recommendations called for Local Education Authorities to have connections with primary care through development of MOUs or other vehicles

- Next Steps for the Report is currently unclear as it was delivered to legislative leadership after the 2014 Legislative Session had adjourned. The expectation is that the report will be examined again in the next legislative session and may be viewed in conjunction with the children's mental health plan.

4. Update on DCF Initiatives
   - A key challenge is building a "right-sized" system at all levels of care to meet the need
   - Need to build out evidence-based practices at Outpatient level of care; DCF will work with DSS and other agencies who are managing this level of care to do so
   - CT-BHP Operations Committee will soon re-convene an Outpatient workgroup to look at rate adjustments for outpatient care
   - Regarding reinvestment of savings from reductions in congregate care and out-of-state placements, there is a need to examine how funds are re-allocated not just to service categories but also to the more flexible and individualized Wraparound-oriented plans
   - One member indicated a need to ensure that DCF's policy regarding congregate care is intertwined with this report's recommendations as it relates to expansions of community-based care
   - Another member indicated that treatment itself (early intervention, medical home model) can be a diversion from deep-end treatment later in life and needs to be considered

C. Next Steps

The primary objective in the coming days and weeks is report preparation; review by Advisory Committee, DCF, and the public; and steady progress toward meeting the milestones identified in the plan timeline. Advisory Committee members were urged to pay close attention to email updates and to begin to identify times on their calendars to review report drafts and provide feedback later this month.

D. Important Dates

Please note there are **two Advisory Committee meetings** scheduled in September:

- Monday, September 8 (1 pm – 3 pm) at ValueOptions, 3rd Floor
- Monday, September 22 (1 pm – 3 pm) at ValueOptions, 3rd Floor