

Children's Mental Health Advisory Committee
June 17, 2014
10:00 am – 12:00 pm
Value Options Conference Room
Advisory Committee Highlights

Co-Chairs Present: Judith Meyers, Doriana Vicedomini

Advisory Committee Members Present: Ronald Angoff, Patricia Baker, Tanya Barrett, Jennifer Bogin, Anne Melissa Dowling, Sarah Eagan, William Halsey, Myra Jones-Taylor, Allon Kalisher, Mark Keenan, Andrew Lustbader, Melissa Mendez, Peter Panzarella, Bert Plant, Charlene Russell-Tucker, Ann Smith, Stephen Tracy, Victoria Veltri, Fred Volkmar, Mark White, Jesse White-Frese

Members Absent: Abby Anderson, Daniel Connor, Pamela Ferguson, Hector Glynn, Winston Johnson, Steven Korn, Nelba Marquez-Greene, Morna Murray, Janet Ortiz, Pat Rehmer, Celeste Warner, Elaine Zimmerman

Attachments

1. PowerPoint presentation from meeting
2. Summary of emerging themes from Facilitated Discussions – presented by Michael Hoge

Proceedings

A. Presentations

After a welcome from Judith Meyers, co-chair and round of introductions, Jeff Vanderploeg provided a summary of the Information Gathering Process. (See Slides 2 & 3 in attached Power Point Presentation for Meeting Agenda and Summary of the methods used to gather information.) Over 900 people provided information across the various methods.

Bob Franks presented the overarching framework that will guide the development of the plan. (See Slide 4).

Michael Hoge presented a summary of the preliminary findings and emerging themes from the 12 Facilitated Discussions. (See Slide 4 and attachment for Facilitated Discussion Summary.) His presentation addressed strengths, concerns, and general comments on seven themes:

1. Prevention, early identification, and early intervention
2. Comprehensive continuum of services
3. Access to services
4. Continuity, coordination, and integration of care
5. Financing
6. Data on access, quality, and outcomes
7. Workforce

Joy Kaufman and Susan Graham presented a summary of themes from Community Conversations with parents and youth (to be posted to the website).

B. Discussion

Following the presentations, Co-Chair Doriana Vicedomini facilitated a discussion, the main points of which are organized and summarized below.

1. Development of the Plan/ Plan Structure and Process

- Retain a structure by which the public can continue to provide feedback on how the system is working and not working for them, as is occurring in this process with the website and open forums
- Identify a number of quantitative indicators to help us monitor the implementation and outcomes of all future improvement efforts
- Ensure that the final report identifies the immediately actionable recommendations in addition to medium- and long-term recommendations
- Take advantage of opportunities to integrate existing systems, not just build new systems.
- Consider articulating a “logic” around how people get into the system and ensure that the plan address the multiple ways this happens.
- Consider a theory of change in the plan that articulates how the plan will be rolled out, the priorities, the sequencing of action steps, the integration of existing systems, and other factors
 - Make sure we have more than just the *content* for stimulating change; we also need the *process* for stimulating change.
- Structures that drive change are important; must promote accountability, integrated financing mechanisms, culturally and linguistically appropriate services
- Through collaboration with the Department of Insurance, we should ensure that commercial insurance providers have the opportunity to review the plan
 - Highlight the opportunities to save money and get better health outcomes through the use of evidence based practices.

2. Recommended Resources and References

- Include in the report quantitative data (e.g., data on the prevalence of mental health problems in CT and the current distribution of service providers and services).
- Examine other related legislation that also speaks to development of the children’s mental health system
- Examine other states and jurisdictions (e.g., Massachusetts) that have gone through comprehensive reform efforts and benefit from their lessons learned, with attention to how states have been able to integrate across payers
- Strongly consider the literature on Care Management Organizations
 - Care Management Organizations are the implementers of the theory of change; they are local/regional in nature; they work to integrate funding

- streams, are an embodiment of system of care values and principles, and reduce fragmentation in the purchasing and delivery of services.
 - See work by Sheila Pires, some of which is on the DCF website, for more information
- Integration with the State Innovation Model (SIM) effort should be part of this process
 - The SIM has been working on ensuring integration with primary care, integration of commercial insurance providers as well as employer-insured and self-insured.
 - The areas of commonality between the publicly and commercially funded systems are around: 1) building an adequate network of high-quality providers, and 2) ensuring continual use of data to monitor and improve implementation and outcomes
- ctjuststart.org, is a user-friendly website developed through the Disproportionate Minority Action Network that does an excellent job of educating the public to the issues and serves as a good example.

3. Specific Content Recommendations

- Document the obstacles to working together (across various payers) in CT, including regulatory barriers that might suggest possible legislative action
- Ensure that commercial insurance is included in this process and that the plan and recommendations ensure the development of a system for all youth
- Need for a fiscal analysis to be conducted with the plan or identified as a future goal
- Ensure that family members are part of the development of this plan at every step
- Families want integration across systems in the ways that services are funded and delivered in order to promote more equitable access
- Communities should share in the responsibility to promote the social and emotional health of their youth
 - Parents and communities need help navigating this system
- There should be a strong focus on workforce development
 - We have had many promising professionals in this state that have ultimately left for elsewhere. Why do they leave, and how can we keep them here in Connecticut?
- Consider the importance of promoting universal screening as part of a comprehensive prevention approach
- Consider bullying prevention as part of any school-based mental health recommendations
 - Connecticut Safe Schools/Healthy Students grants can provide lessons learned and ideas about state and local management teams
- Consider including recommendations on mental health stigma reduction (e.g., in school settings as part of health education curricula); make this part of the prevention strategy

C. Next Steps

Jeff Vanderploeg summarized the next steps in the process to meet the goal of a final report by October 1. (See Slide 6 in PowerPoint Presentation.)

D. Important Future Dates:

- The Public Hearing on Progress on the Children's Mental Health Plan has been rescheduled for **Thursday, July 24th, 1:00 pm - 3:00 pm** at the LOB - Room 2C
- The next **Advisory Committee meetings** are scheduled for:
 - Monday, August 4 - 1:00 - 3:00 - at Value Options - 3rd floor
 - Monday, September 8, 1:00 - 3:00 - at Value Options - 3rd floor