Children's Mental Health Advisory Committee
Committee Meeting Summary
September 22, 2014 (1:00 - 3:00 pm)
Value Options, Hartford Room

Advisory Committee Members Present: Abby Anderson, Patricia Baker, Jennifer Bogin, Daniel Connor, Anne Melissa Dowling, Pamela Ferguson, Hector Glynn, Winston Johnson, Mark Keenan, Steven Korn, Andrew Lustbader, Melissa Mendez, Judith Meyers, Bert Plant, Charlene Russell-Tucker, Ann Smith, Stephen Tracy, Victoria Veltri, Doriana Vicedomini, Fred Volkmar, Mark White, Jesse White-Frese, Elaine Zimmerman

Members Absent: Ron Angoff, Tanya Barrett, Sarah Eagan, William Halsey, Yoellie Iglesias, Myra Jones-Taylor, Allon Kalisher, Nelba Marquez-Greene, Janet Ortiz, Peter Panzarella, Pat Rehmer, Celeste Warner

Others Present: Jim Farnam, Susan Graham, Michael Hoge, Joette Katz , Joy Kaufman, Tim Marshall, Scott Newgass, Kristina Stevens, Julie Tacinelli, Jeff Vanderploeg, , Michael Williams

Attachments:

- Agenda
- Summary of Comments Received on the CT Children's Behavioral Health Plan
- Proposed Modifications to the CT Children's Behavioral Health Plan

Proceedings:

A. **Welcome and Introductions** – Doriana Vicedomini called the meeting to order and welcomed members.

B. **Summary of Public Input -** Jim Farman gave a summary of the 115 feedback forms received from September 5-12, 2014 from members of the public in response to the draft *Connecticut Children's Behavioral Health Plan*. The full review of these comments can be found in the attached Summary of Comments Received on the *Connecticut Children's Behavioral Health Plan*. Mr. Farnam summarized the key themes from the public feedback forms, including:
    - Making the plan more action-oriented;
    - Importance of integration with other systems and SIM;
    - Concerns about administrative infrastructure and ensuring the Plan is not overly bureaucratic
    - The need for a timeline and implementation priorities;
    - Importance of data and outcomes to monitor implementation;
    - Call for Birth to Three to incorporate social-emotional components;

- Concerns that behavioral health providers face significant problems with low reimbursement rates;
- The need to build capacity to provide screening and assessment;
- The importance of schools in addressing behavioral health needs, and the need to ensure schools are sufficiently supported to do so;
- The need for a skilled and culturally representative workforce;
- Importance of community-based services and supports

The Advisory Committee discussed whether the public comments received should be posted to the Plan website (www.plan4children.org) in their entirety or if a summary of the comments would be sufficient. Several members believed it would be a violation of privacy to post the comments in their entirety unless they were completely de-identified. There were some concerns that de-identifying input forms could compromise the credibility of comments. The Advisory Committee ultimately decided that input forms should be de-identified and posted on the Plan website, recognizing this may not be done until after the plan is completed.

C. Revisions to Plan - Jeff Vanderploeg reviewed changes that were being made to the draft *Connecticut Children's Behavioral Health Plan* based on public feedback. He highlighted the following list of revisions:

Revisions to Sections I-III (Introduction, The Current System, Conceptual Framework for the Plan)

- Recast the introduction in a broader framework of promoting the well-being of children rather than responding to the deficits of children
- Included additional quantitative data to describe the current system, and included data from commercial insurance providers
- Included a graphical depiction of universal, selective, and indicated prevention
- Include a graphical depiction of the children's behavioral health system

Revisions to Section IV: Implementation Plan by Thematic Area

Section A: System Organization, Financing, and Accountability

- Include additional description of the purpose, structure and functions of a care management entity, but in a non-prescriptive way that will allow its ultimate implementation to fit Connecticut's needs
- Acknowledge the importance of needs assessment but ensure that they are conducted quickly and efficiently, drawing on existing information, and not at the expense of service expansion
- The description of the process for reviewing concerns with commercial insurance coverage for behavioral health conditions identifies the various partners involved in this process without identifying lead entities

Section B: Health Promotion, Prevention and Early Identification

- Expand prevention language to include children across the age span, not just the early childhood population

Section C: Access to a Comprehensive Array of Services and Supports

- Stronger language recommending service expansion
- Role of congregate care acknowledged as important for children who need it
- Role of existing network of service providers emphasized
- Emphasis on ensuring there are alternatives to the emergency department for children
- Importance of the role of community-based providers in implementing school-based mental health initiatives to ensure access to a full service array and continuity of care during the after school hours, and during the summer

Section D: Pediatric Primary Care and Behavioral Health Care Integration

- Additional emphasis on alignment with SIM

Section E: Disparities in Access to Culturally Appropriate Care

- Additional language added to include LGBTQ youth

Section F: Family and Youth Engagement

- No major changes

Section G: Workforce

- This section was added based on input from the public and from DCF identifying the many challenges associated with the behavioral health workforce and in recognition of the number of strategies throughout the Plan related to workforce development

D. Commissioner Katz addressed the Advisory Committee to thank them for their work in guiding the development of the Plan. She assured Advisory Committee members that this Plan marks the beginning of a long-term commitment to improving children's behavioral health systems and outcomes. She said one of the most important parts of this plan is building a system where there is "no wrong door" for families. Whether they access the system through school, a pediatrician, the juvenile justice system or DCF, they will be connected to the services they need. Commissioner Katz also discussed concerns expressed about DCF policies on congregate care, and described data relating to congregate care utilization and the characteristics of children that use emergency departments for behavioral health care.

E. Discussion

Advisory Committee members discussed Plan revisions and the process for finalizing the Plan before submission to the legislature on October 1. A summary of key points raised and responses from the planning team member follows:

- A request to see youth engagement more prominent, in addition to family

engagement.
    - *The last draft included youth engagement in many places, but that can be strengthened.*

- A request for more information on the role and purpose of care management entities.
    - *The current draft includes much more information on the role, structure, and function of care management entities and includes literatures citations on their outcomes in other states. It was noted that it was beyond the scope of this Plan to be prescriptive about the possible design of a care management entity or to decide its design without further engagement of all stakeholders. It was also noted that care management entities are part of the system of care concept and its implementation.*

- A comment was shared on the importance of building the case for additional system infrastructure by describing the historical context of systems development efforts and the elements of past plans that were not implemented. There was a request to include an affirmative statement describing the connections among the Plan and other initiatives including SIM, DSS, PCMH.
    - *The planning team indicated that some historical context can be added to the draft.*
    - *A commenter mentioned that during the input gathering process parents said they were not impressed with the current system's ability to meet the needs of youth with behavioral health needs and have a strong sense of the fragmentation of the current system.*
    - *The latest version does a much better job addressing how the Plan connects with SIM and other initiatives, while noting that SIM is still at the stage of a proposal in Connecticut.*

- The planning team was asked if the draft plan and summary of feedback would be translated into Spanish.
    - *The final Executive Summary will be translated into Spanish and posted to the Plan website.*

- There was concern about confusion that might come from including early childhood interventions in the title for Section B when early interventions are listed in section C.
    - *The title of Section B was changed and some universal promotion and prevention activities are in Section IV-B (Promotion and Prevention), and other preventive interventions were moved to Section IV-C (Access to Comprehensive Array of Services and Supports).*

- A request was made to see the plan address more about the specific needs of males.

- *We can add information on gender-specific interventions.*

- In looking at overall health, a lot of other reforms are already in motion so how can we make sure children's mental health is not left out of these larger system changes that are happening outside of this plan?
  - *Section IV-A (System Organization, Financing and Accountability) talks about breaking down silos beyond DCF, collaboration across systems, and incorporation with other initiatives. It was noted that the larger system is bigger than DCF and all stakeholders need to make sure they continue to work closely together.*

- A comment expressing concern that the call for school-based mental health services will end up being an unfunded mandate.
  - *The Plan is much stronger on the need for schools to be supported in addressing students' behavioral health needs.*

- It was asked if there were revisions addressing concerns with accountability, results and outcomes.
  - *These concerns were addressed in the revised draft.*

- It was noted that the PA 13-178 legislation calls for DPH and DCF to coordinate around family engagement in medical homes.

- A question was asked pertaining to how the Plan plays into strategic planning and budgeting for this year, and what that means for seeing action on the plan soon.
  - *DCF has had the benefit of seeing the recommendations for the system throughout the process and has been able to strategically plan and budget for certain elements of the Plan.*

- Concern was expressed with the lack of providers in the current system and a feeling that the plan did not do enough to address this concern. The commenter felt that an expansion of outpatient services is needed as the primary strategy for reducing high rates of emergency department utilization. There was discussion as to whether the plan's strategy for in-depth needs assessment combined with strategies to deliver existing resources more efficiently was adequate to address this issue.

- A second commenter echoed this concern and said that there are not enough providers and that has caused youth to be served in levels of care that are not intensive enough to meet their needs; this results in "cycling back up" through the system.

- A suggestion was made to work together with the resources we have to deliver service more effectively.

- The commenter who first expressed concern for a lack of providers called for an expansion of outpatient services to add three clinicians per district. This would help the state serve 6,000 more kids a year, which would help alleviate the high utilization of emergency departments. Then, we could collect data to determine if that was effective and make adjustments.

- Judith Meyers asked Commissioner Katz if she wanted to comment on how this plan will be different from other plans.
    - *Commissioner Katz said this plan is more reflective of partnerships and persistence. She quoted Voltaire "Don't let perfection be the enemy of the good" and noted the need to take reasonable, decisive action and make adjustments over time. She noted the need to change how people think. For instance it will take a lot of work to get people to call EMPS instead of going to the emergency department, however we have made progress already…. schools used to call police, now many call 211. She noted that 70% of congregate care beds are currently empty.*

- A comment was shared from a parent's perspective: the voicemail message of mental health providers is to call 911 and we need to address that to reduce the number of youth in emergency departments.

F. Communications strategy – Kristina Stevens reported that DCF would present the plan at a public hearing at 11:00am on October 1. She invited members of the Advisory Committee to attend and support the plan. Discussion included:

- A suggestion to think about how the plan relates to the State budget and to include representation from all state agency Commissioners, not just DCF.
- It was re-iterated that this was not DCF's plan but the State of Connecticut's plan.
- The www.plan4children website will continue to be used to collect ongoing public feedback as the plan is implemented.

G. Wrap Up and Adjournment – Judith Meyers and Doriana Vicedomini thanked everyone for their commitment of time and expertise. Their feedback and guidance in developing the *Connecticut Children's Behavioral Health* Plan was tremendously helpful and said they hoped members of the Advisory Committee would continue to support the plan as it moves toward implementation.