

Children’s BH SOC Service Array Workgroup

**Meeting date, time and location:** 06/03/2021, 3pm, Microsoft teams conference

**Meeting Facilitators/Presenters:** Jason Lyon

**Attendees:** Rosemary Reilly-Chammat (RIDE) Carlene Casciano-McCann (St. Mary's Home for Children), Jennifer Levy (RIDOH), Sue Bruce (Optum with United Healthcare Medicaid), Joe Robitaille (VP Children's Services Trudeau Center), Rosaly Cuevas (BCBSRI), Kyle Edward (Kyle Edward Neighborhood Health Plan of RI), Valentina Laprade (VP of Programs, Children's Friend), Nidhi Turner (Northeast Family Services), Sandy Peltier (Director HBCS Trudeau Center), Rebecca Silver (Bradley Hospital Early Childhood Collaborative), Gabriel Soden (Child & Family), Charlotte Kreger (EOHHS), Melissa Ross-Clinical Director (Ocean State Behavioral), Kelci Conti Clinical (Director of Behavioral Health CCAP), Seena Franklin (VP of Program Development for CCAP), Tara Hayes (RI Parent Information Network (RIPIN)), Jenna Nelson (Family Service of RI), Ashlee Gray (Northeast Family Services), Joe Carr (LICSW DCYF Early Childhood Resource Specialist), Jason Lanzillo (Director of Children Services The Frank Olean Center), Cheryl Dill (LMFT from Family Service of Rhode Island - Director of Community Service)

Agenda Item	Speaker/Facilitator	Meeting Notes
Introductions , Welcome	Jason Lyon	<ul style="list-style-type: none"> <li>Charlotte will email Faulkner report which is open to public comment</li> <li>Review key points from last meeting</li> </ul>
System of care		<ul style="list-style-type: none"> <li>Community based network to support families</li> <li>Joseph Carr (DCYF) - discuss what community based network is. It is what neighborhood based supports can help families access behavioral health needs</li> </ul>
Primary Prevention	Jason Lyon	<ul style="list-style-type: none"> <li>Discussion of what primary prevention would really look like</li> <li>Is it related to SDOH? Can we discuss what it means</li> <li>Seena Franklin: Thinks about Healthy Families America/Parents as teachers – programs we already have. But also family support centers – national support network, which includes linkages to behavioral health and concrete resources such as food and housing (hard to take care of family well without these basic needs</li> <li>Joseph Carr: Think about neighboring states, how supports live in school and ed environment (models to look at?)</li> <li>Rosemary Reilly-Chammat (RI dep of Ed): Wrap-around programming like engaging kids in schools, helping parents understand development, feeling connected in itself is strategy for connection</li> </ul>

		<ul style="list-style-type: none"><li>• Seena Franklin: national family support network has research tied to their prevention that has numbers about how much they save through prevention</li><li>• Jason Lyon: Glad you said it's legislatively backed – how can state influence cities and towns... do people know how the influence happens?</li><li>• RLaRocco (South Bank): legislated need to make sure that families have access to services – key! Worked in other states. *We have to be open to bringing in models that exist and work and not just invent something new. We're already years behind MH in systems of care so we need to play catchup</li><li>• MA can be a model</li><li>• Jason: what responds well to primary prevention: help with rent? Food insecurity? What to target</li><li>• RLaRocco: hub person for family – centralized help, family preservation is highest goal (however family unit is defined). Everything is helpful. And we have to be prepared to just help with whatever (ex. Helped fix dishwasher) - open to being flexible with family's needs.</li><li>• Jason: What does primary prevention look like and who's there? Let's get specific</li><li>• Rosemary Reilly-Chammat: At clinical level and beyond (macro level is multiple levels working together – what's shared vision and shared role)</li><li>• Benedict Lessing: There have been versions of all of these resources across decades in RI. The issue is we don't take advantage of what's right in front of us in terms of how we organize them. Don't facilitate collaboration well enough. Not just how to define resources but also where they sit and how to access. Used to publish table for DCYF workers of where to get certain resources. Basic needs is badly funded – how do we fund, who funds, what organizations are used to distribute these resources. How to organize and fund consistently. Not need fancy education program, just want to deal with basic utility needs, kids behavior. TLDR: How to organize, where to put, how to collaborate</li><li>• Jason: Where do we envision these services being distributed? Importance of pride factor. People don't want it to be the state. Likes idea of CAP agencies</li><li>• Benedict: CAP agencies – whatever need is it gets addressed, for a range of needs. If you see an issue a family is having how do you get them to the next resource. How to teach everyone to make referrals</li></ul>
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		<p>effectively. Worked in Mass in DSF – brought organizations together locally to make them talk to one another around individual family situations with fam in room so they can advocate for their needs.</p> <ul style="list-style-type: none"> <li>• Veronica Bourget: Has been out of field for 10 years and feels like coming back now nothing has changed. Suggestion: food bank (Martin Luther King in Newport) worked with private donors to start traveling to ppl in Newport county and distribute food. This is a solution to ensure sustainability of program rather than just rely on grants without being able to sustain the program once the grant ended. How can we recreate this and make it sustainable? We’re recreating what existed already but funding ended so service ended and now we’re looking for the same services.</li> <li>• RLaRocco: We need insurance to pay for this (not community resources but MH services). They would pay the team who’s servicing the family and the team would go out and get the resources and introduce them – they’re the person who should pay for the intensive family resources. Framework of how we help families must be centralized. We need select system of care that insurance companies can get behind</li> <li>• Veronica: Shouldn’t insurance companies be here</li> <li>• Susan Bruce (social worker, works for insurance company): wanna be in community and give treatment where possible and fix the minor things. How do we keep healthcare costs growing slowly? The larger community uses AEs (prefer needs met in community to inpatient) - in ideal world good if providers work under bundled rate and do their work but administrators feel burden with quality reporting... is there an opportunity from a funding standpoint that state could do to help support administrative part of AE (reporting and quality tracking – data showing needs being met)</li> <li>• Veronica: We have to talk beyond medicaid</li> <li>• Susan: need to spread burden of quality and measuring from just being on the provider.</li> <li>• RLaRocco: In Mass, insurance companies in charge of tracking that (with representatives from providers). I get there’s a burden but quality is a priority</li> <li>• Veronica: Let’s not create something new. Let’s take what Mass is doing, examine and decide what we want to keep</li> </ul>
CBHI: Services in	Nidhi Turner (MSW, LICSW)	<ul style="list-style-type: none"> <li>• Out of lawsuit (Rosie vs Romney) of Mass for quality and service delivery</li> </ul>

<p>MA that touch on primary prevention</p>		<ul style="list-style-type: none"> <li>• One CSA per DCYF: BA or masters level <b>intensive care coordinator</b> working with family to empower them to take control of their treatment. Connect them with needs (free furniture, security deposit assistance, etc). Very comprehensive case manager, coordinator of care. Pt 2 is <b>family partner</b> caregiver (parent with experience in this area trained to help make sure voice is heard)</li> <li>• Clinician and paired professional – intensive family therapy at home (between siblings, parents, parent and child) - not seeing once or twice a month and handoff, there’s intensive clinical family therapy</li> <li>• In home behavioral services: Individualized behavioral support plans, parent training to change behavior of youth. They come to the home whenever your need is, very hands on (morning or evening, etc). Avg 7 hours/ week</li> <li>• Peer closer to kid’s age helping youth practice skills in real-world setting (how do they handle losing, how do they handle including other people.</li> </ul>
<p>Closing</p>	<p>Jason Lyon</p>	<ul style="list-style-type: none"> <li>• Will continue to discuss in next meeting</li> <li>• Got to discuss funding – that’s really important. Yes, Mass health insurances fund their program but state is funding them.</li> <li>• Joanne Quinn: we already have a lot of these programs here in RI (working to get parent consultants, we have mentors) - the difference is the state is sustainably funding in MA. Also we need more parent input. There’s very few parents on this call. We’ve already been here and done things. Let’s improve on what we have through better training and funding. This whole meeting is what we’ve already talked about (Cedar?)</li> <li>• Veronica: Are we just going backwards? We’ve been here before.</li> <li>• RLaRocco: We have the services. But how does each agency work together in harmony. Each agency siloed and we need to learn to work together.</li> <li>• Joanne: we need to find out what everyone does so we know where to refer people. Can we use already created resource guide so that we keep track of what everyone is doing. We need more family voices telling us what they need. And then we can hire staff for living wage.</li> <li>• Naiommy Barent (PSNRI): Programs exist but the money ends so they can’t go as far. Funding ended so programs fell apart. Good programs would have worked if we had put the money into it. Eg. Unite RI –</li> </ul>

		<p>makes referrals, track referrals. Use resources we have right now and be more collaborative. Need to bring all these individuals together because we're all talking about the same thing.</p> <ul style="list-style-type: none"> <li>• RLaRocco: can only meet families where they're at and make this sustainable if insurance companies will fund. It's a worthwhile investment in the longterm. Spend now but save longterm.</li> <li>• Joseph Robataille: need to map system out</li> <li>• Jason: Goal is to have these core teams, build relationships and try to create something that we all collectively like. Will look at Faulkner report before next meeting. How can this assist with mapping?</li> <li>• Charlotte Kreger: Statewide system review that shows gaps. This could provide structure to think about even though it doesn't just focus on kids. Can look at Kids Count too and United Way for outlining the services.</li> <li>• Denise Achin: ACT, etc. (CHECK)</li> <li>• Charlotte: So many resources exist, can someone take on actually developing that map? Design map</li> <li>• Joseph Robitaille: Can everyone within their own department make a comprehensive list of their services</li> <li>• Charlotte: let's figure out end goal. Jason and Charlotte can map out for EOHHS and reach out to other state agencies. But let's make sure we capture beyond just state offerings.</li> <li>• Jason: committed to start ball rolling and see how exhaustive he can get</li> <li>• Rosaly Cuevas: From blue cross of RI – are you also interested in what blue cross is offering?</li> <li>• Jason: Yes 100%, can you send?</li> <li>• Joseph Robitaille: Let's do shared google doc that we can all add to. Create permanent product we can share. Tabs? Everyone adds what they know. Where is the map? Where does the money need to go? What's missing?</li> <li>• RLaRocco: We can fill in resources later. We need to fill out how RI handles a child coming to and exiting system. Trace child through the system. Where do we want to see child and their family go. We need a roadmap and then fill in resources</li> <li>• Kelci Conti: Can reach out and get some actual families perspectives</li> <li>• Jessica Boettger: two roadmaps – what's ideal, what do we have, hold up and compare to see where money needs to go and what we're missing</li> </ul>
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	<ul style="list-style-type: none"> <li>• RLaRocco: Need MCOs to follow suit from MA</li> <li>• Jason: Try to create shared platform to start mapping specific services and resources. We need to get these 7 groups back together. There's 23 care coordination organizations in state – it's not coordinated!</li> <li>• Rosemary: If we did project AWARE in every part of county that would be great already</li> </ul>
Zoom chat	<p>[15:09 PM] Kreger, Charlotte (OHHS) reports here under EOHHS: <a href="https://eohhs.ri.gov/reference-center/research-analysis">https://eohhs.ri.gov/reference-center/research-analysis</a> survey for feedback here: <a href="#">Request for Public Comment On Behavioral Health System Technical Assistance Draft Report (surveymonkey.com)</a> <a href="#">[surveymonkey.com]</a> Public Comment: Behavioral Health System Review Draft Report. Comments can be submitted via this survey form until June 11, 2021.</p> <p>[15:10 PM] Naiommy Baret -PSNRI (Guest) Naiommy Baret statewide family leadership coordinator and behavioral health education coordinator at parent support network of Rhode Island</p> <p>[15:20 PM] Jennifer Levy (Guest) Parent support and education on resiliency for families</p> <p>[Yesterday 3:22 PM] Souza, Carolyn Connecticut also has what Sena is talking about. Centers located in schools</p> <p>[15:25 PM] Carr, Joseph (DCYF) Yes, childandfamilyagency.org is a good resource for SE CT school based programs.</p> <p>[15:27 PM] Seena Franklin (Guest) This conversation parallels a conversation we are having in the RI Coalition for Children and Families where I co chair the Family Support workgroup. I think there are ways to do this via collaboration - community action agencies often cover the basics, health services, etc . There are other agencies that provide specialized services and can have 'office hours' at a neighborhood center of some sort.</p> <p>[15:33 PM] Tara Hayes (Guest) Community Health Workers that are embedded in communities</p>

		<p>[15:34 PM] Jennifer Levy (Guest) Includes (Universal) Family Visiting and well child visits with pedi/family MD. screening for and addressing SDOH and other social/behavioral/mental health needs</p> <p>[15:37 PM] Reilly-Chammat, Rosemary (Guest) It could be driven by what makes sense for each community. Like the HEZ's one coordinating organization. Some COZs are operated by schools and some are CAP operated. 39</p> <p>[15:39 PM] Seena Franklin (Guest) MLK Center is not a CAP agency.....great agency but they can't tap into CAP funding....EBCAP is the CAP agency in Newport County</p> <p>[15:41 PM] Carr, Joseph (DCYF) Much of what is mentioned may relate to Collective Impact. Some good information at: <a href="http://clearimpact.com">clearimpact.com</a></p> <p>[15:42 PM] Seena Franklin (Guest) But insurance won't pay for true prevention.....there is no dx and you wouldn't want to do a dx.....</p> <p>[15:43 PM] Reilly-Chammat, Rosemary (Guest) True, I think that i why ph models like the HEZ could be a way to think about this.</p> <p>[15:45 PM] Seena Franklin (Guest) And some CAPs have HEZs too.....I agree with that PH perspective. The research is there too.....giving families what they need - health, basic human needs, etc will ultimately decrease mental health issues in their kids and decrease child abuse / neglect.</p> <p>[15:45 PM] Jennifer Levy (Guest) United, BCBSRI and NHP are here</p> <p>[15:48 PM] naiommy baret PSNRI (Guest) Unite Rhode island has a data base system they created for community organizations where community parthners can essily refer clients to local services and rack thier refferals</p> <p>[15:49 PM] naiommy baret PSNRI (Guest) track thier refferals</p>
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