RI Children's Behavioral Health System of Care Workgroup Meeting Minutes

Meeting Date, Time and Location: June 10, 2021, 2:00 p.m. to 3:00 p.m., Zoom Conference

Meeting Facilitators/Presenters: Chris Strnad and Susan Lindberg (DCYF)

Attendees:

Meeting Notes		
Agenda Item	***Facilitator(s)***	***Meeting Notes***
Welcome & Introductions	**Chris Strnad and Susan Lindberg**	Review of goals for care coordination workgroup and introduction of co-lead; Jessica Waugh (Director for Community and Home Therapeutic Services) Overview of Agenda Care Coordination – need for robust intensive care coordination for complicated situations; both formal and informal systems needed. High Fidelity Wraparound being delivered by FCCP.
Care coordination feedback from last workgroup meeting		1. System needs: One, centralized system and access point (do have KidsLink) • Culturally and linguistically sensitive services overall • Ability to know where there is capacity to take referrals • School involvement • MCO buy in and involvement • Front end prevention • Universal releases • Services that are not stopped while still needed due to time limits • Really good parent education • Solutions for workforce challenges 2. Family Engagement • Based on family voice and choice, not what providers think a family need • Culturally and linguistically sensitive • Must build up natural supports - coach, big brother, etc. • Must ensure care coordinator is prepared ahead of time. • Relationship building is critical to discovering what a family really needs • Need right fit and connection

		• Need to avoid overwhelming a family with services • Helps when families don't have to tell story over and over 3. Other Elements of Care Coordination • Care coordination should be provided by whomever is addressing family's biggest need • More than just case management and arranging for services • Need quarterback to keep everyone on point when things get complex • 6 months may be too short to help families with children with serious behavioral health needs • Need care plan to follow child for an extended period and living documents that can follow family • Having a lived experience is really useful in providing care coordination • Need follow through with services • Need timeliness, proactive not reactive - Rob Archer – one centralized system and access point – idea of one system is important but in larger groups concern about how to do that in terms of families calling in crisis. A phone number wouldn't meet all the needs. - Chris – needs to be an easy access point and can't be the only. - Veronica – ex of one access point – like the shelters, crossroads - Chris – something like kidslink is a potential - Rob LaRocco – Gatekeeping more than access is where the concern lies, where can families look and see what's available and who has beds. Likes multiple centralized access points - Jessica W – when we talk about one access point it's not the only way but who has all the information of what's out there, what's available. Needs a running list of what services have openings.
Breakout group discussion: think of a family in crisis and how care coordination could help		Breakout Groups (5) **Think about a situation with which you are familiar that involved a child or youth and family in crisis who could have benefited from care coordination.**
Group Report Outs	Group 3	• How did or how could intensive care coordination help prevent this crisis or minimize the intensity of the crisis? • Becky: In crisis 24/7 with 4 adoptive kiddos, new plan with ABA, HBTS (fighting between themselves) they have brought billing issues which are not the concern nor appropriate. Used

		CEDARR back in the day but when they merged had to sit for hours with all registration and information etc. Worker had to ask for information again after already spending a lot of time - Kept having to re-tell story and information. • Marti – Something could have been great and why wasn't it, how could we fix this? What's the real problem – he could have been the right person • Becky: kept speaking to me as if they never heard the information before. So many rolls to play, its hard to just be "mom". Goal to keep all kids home. Tides is in place, some aspects wonderful and some not. Reaching voicemails during crisis is not helpful, what to do. • Marti – has to be 24/7, Beth, care coordinators in your office – how do you manage them better than Becky's lived experience • Beth- Becky's story highlights the fractures, office/private office who has nurse it would be a doctor on call. They might not have all the resources Becky needs but during the day they'd be able to coordinate. Patient called in crisis the other day, Care coord. Picked up gift cards for patients. Many peds office that are like this and hope to be the link in between the CEDARRs. • Jessica – CEDAR are more of a referral source rather than care coordination. Looking more towards FCCP. Limited resources and high caseloads, would need to expand case management to be effective. Needs centralized database. • Sarah – systems being linked and having all of the same information accessible, centralized database • Becky – Created a tri-fold for kids and anyone who works with kids receives a copy along with triggers, things that keep them calm, what they are allowed to do etc. This way everyone had the same information about all 4 kids. Being referred to 911 and waiting hours for a psych eval is not helpful and traumatizes everyone. Need to have a person who has all of this information and can assist rather than being directed to 911. Creating giftbags for family in ER to assist. • What additional resources were or would have been necessary for intensive care coordination to help the child or youth and family? • Marti – Pediatrician offices • Beth – nurse care managers work but most don't have them, needs resourcing. At Aubin they have RIPIN and Nurse case mgr. All together has been successful • Becky – newly developed Strides ABA does 6 hours per day 1:1. Rachel (was at momentum). 3 staff for that program and then two HBTS workers who are knowledgeable and helpful. • Jessica – Lots of staff put in the extra, need to not burn them out and retain them – pay them more • What strengths already exist in the system that did support or could have supported the intensive care coordination?

		• In general, who should be receiving intensive/enhanced care coordination and in what situations? • Becky: depends on parents' ability to navigate the nonsense. • Beth – every family needs it. Do parental classes for things like anxiety • Jessica – everyone can utilize it, we need flexibility.
	Group 1	• Jessica W: Whoever is providing Care Coordination need to provide all services available, central point is not of access but of information. All information in one spot rather than telling the story over and over. • Maria: Makes sure to assess and gather trauma information, well trained and how to connect families. Need coordinated system – one platform and one very skilled trained worker to take information and make appropriate connections as to what the family needs. Important to have those agencies feeding into the system, networking.
	Group 2	• Laura: #1 Making sure right people are at the table, able to think outside the box and make things happen quickly and being very flexible. What does the family want? Voice and Choice. Looking at this as opportunity to give families hope. • #2: Having one-point person who understands family and the family is provided by. Could even be peer. Need for housing services to be at the table and MCO's being more flexible on reimbursement. Schools at the table as needed and part of the whole process, very helpful • #3 FCCP still exists, family focused, peer support • #4 Who should receive? Started at everyone who needs it should. Everyone should have the ability to access but out system is overloaded, always a need to be expedited.
	Group 4	- Marie: There's no one answer, developing a robust care coordination system will help but not solve all needs. Whatever is designed needs to be designed for long term with family. Looking at the bigger picture. Post crisis system needs to be ramped up after initial response. Need training and support for families on how to ask for what they need. Education forms offered on a regular basis so family is educated and comfortable.
Closing remarks and next steps		Helpful & productive. Next workgroup July 8 from 2-3pm. Any after throughs please email Chris Strnad, we can add to the meeting notes. Great feedback from many different perspectives. Quality of Care coordination and how to access is critical!
Adjourn		6/10/21 @ 3:03pm