

**Meeting date, time and location:** 7.8.21, 3pm, videoconference

**Meeting facilitators and presenters:** Jason Lyon

**Attendees:** Denise Achin (BHDDH), Jessica Boettger (The Groden Center), Seena Franklin (Comprehensive Community Action (CCAP)), Joe Robitaille (VP of Children's Services at Trudeau), Kelci Conti (CCAP), Valentina Laprade (Children's Friend), Jessica Clark (St Mary's Home for Children, filling in for Carlene McCann), Ashlee Gray (Northeast Family Services), Ellie Rosen (OHHS), Maayan Rosenfield (EOHHS), Jennifer Levy (RIDOH), Melissa (Ross-Ocean State Behavioral), Tara Hayes, Elizabeth Thompson, Jason Lanzillo (Frank Olean Center), Cristina Almeida, Wendy Sousa (ARI Child & Family Support)

Introduction and discussion	Jason Lyon	<ul style="list-style-type: none"><li>• Jason: created inventory brainstorming what exists, who's payer, Rosemary added Ride components. Denise shared guide. Not exhaustive list, but effort.</li><li>• Seena Franklin: BDDH presented two new programs related to substance use and mental health, both adolescent age<ul style="list-style-type: none"><li>○ Homebuilders: a DCYF contracted program currently with 10 slots. DCYF is not looking to expand at this time.</li><li>○ DCYF just signed a contract with CYC for Strong African American Families.</li></ul></li><li>• Denise Achin: doesn't know about this, wonders whether part of federal or general funds</li><li>• Seena: doesn't know, was confused by it</li><li>• Denise: can follow up and find out what they are and who oversees them</li><li>• Seena: another question: on DCYF list are these services that are already being contracted – she didn't know those as programs (early childhood nurturing) and has been working here for a long time</li><li>• Jason: Understanding that those are current services in DCYF. Anyone from DCYF here to confirm? Will follow up.</li><li>• Tara Hayes: thanks Denise for sharing guide, working on updating in English and Spanish. RI medical home portal is not guide but way to access resources. Website is <a href="http://RI.medicalhomeportal.org">RI.medicalhomeportal.org</a></li><li>• Denise: also working on updating</li><li>• Jason: In existing service array, what's working? Or even what would we not want to change?</li><li>• *Long pause*</li><li>• Rosemary Reilly-Chammat: has been thinking about system of care – how does this service array maps out on that grant. In slides that have been shared it's been</li></ul>
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		<p>more global, but now with more detail mapping to that.</p> <ul style="list-style-type: none"><li>• Jason: with a smaller group we're mapping out in more detail</li><li>• Wendy Sousa: I do child and family supports w adoption RI. A lot is working but where something is working well trouble accessing outside of where they're funded. Silos around age and specialty. Primarily during COVID using primarily outpatient services. Was good until they then lost all the other services. Those therapists are not necessarily tied to the programs FCCP knows about. Lot of good work but not ability to make handoffs and smooth transitions.</li><li>• Tina Spears: system not working, elements may be helpful to families but not system. Families and kids get partially what they need. We're not 100% confident we're doing what we can and should be doing. Spreading resources to meet some of as many children's needs as possible.</li><li>• Jason: commitment of service array to families and flexibility to take on more than they can handle is positive but doesn't mean system is working. Dedicated workforce, dedicated service providers. What's not working.</li><li>• Seena Franklin: lack of parenting education. Part of prevention array is parental education and support meetings (unless meet very specific criteria for one program). Need a bigger workforce, more funding for workforce</li><li>• Valentina Laprade: we need more resources to support families where grandparent or other family member is working as parent. Some fam just need support navigating system, others accessing basic concrete resources, others need support in understanding child development, kids who act out and are traumatized by removals (who have been kicked out) still minimal ability to support kids around guardian arrangement, foster care in general. Need more skilled clinicians across the board and need to pay them well.</li><li>• Rosemary Reilly-Chammat: are there certain leverage points or initiatives we should prioritize if there were more funding or effort.</li></ul>
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		<p>not. Another aspect not helping system of care being effective?</p> <ul style="list-style-type: none"><li>• Tina: yes, puts a lot of administrative burden on organizations. If good clinical rationale, shouldn't have these 12 weeks and then kick out. The more flexibility the better. As a regulator outcomes should be a focus.</li><li>• Jason: what about tying authorizations to outcomes – measured outcomes</li><li>• Tina: that's the goal but if underfunded service model, it won't work. Must make sure paying the right price for that outcome and each unit of service involved in getting there</li><li>• Jason: This goes along with authorization idea - you can be reimbursed on a weekly basis if agree to do this – min service delivery units. Thoughts about minimum service units per week? In the past just say # of hours going to deliver</li><li>• Wendy: that works if there's a system in place where ppl can ethically transition families to lower or higher level of care. Often transitions happening without knowledge of consistent way to titrate care with families</li><li>• : Concern of if you only get paid at all if all of the planned meetings happen – sometimes families don't show up, etc. - would be losing money if provided half the services and don't get paid at all then</li><li>• Jason: I was creating a simplistic scenario but maybe if there's some grey and could be good reasons for not achieving benchmark. There's also the danger on the other side if you go above and beyond won't get paid enough.</li><li>• Nidhi: so much variability per week but if meeting quality data in ACO format per every half year that could work better and reduce variability.</li><li>• Jason: so that's the correction</li><li>• Tina: fragility of system – is there a need for structural, stable payments for organizations paying for needs in community. In order to be stable need some predictability in model - how to achieve. MCOs have obligation to maintain access – we are the access so how do we structure to make sure access is there?</li><li>• Nidhi: I'm thinking about the long term assuming this system is implemented and the rates are reasonable,</li></ul>
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Chat		[3:39 PM] Jennifer Levy (Guest) So assessment at certain time intervals - is there improvement so far and expected to be continued improvement if continued service