Meeting date, time, location: 8.5.21, 3-4pm, teams meeting

Leader: Jason Lyon

Participants: Maria Terrero-kamara (DCYF), Sue Bruce (UHC Medicaid and Optum), Ruth Tureckova, Frank Olean Center, Melissa Santoro (St. Mary's Home for Children), Kelci Conti (CCAP), Susan Lindberg (DCYF), Joe Weeks (Northeast Family Services), Veronica Bourget (Parent Support Network, Manager, Child & Family Statewide Program), James DiNunzio (NHPRI), Rosemary Reilly-Chammat (RIDE), Maayan Rosenfield (EOHHS intern), Joe Robitaille (VP Childrens Services - Trudeau Center), Becky Almeida (parent), Rosaly Cuevas (BCBSRI), Nicole Saunders (The providence center), Melissa Ross (Ocean State Behavioral), Gabriel Soden (Child & Family), Tara Hayes (RIPIN), Jennifer Levy (RIDOH), Margaret Holland (McDuff FSRI)

Review and summary	Jason Lyon	• 10 main categories
		  o Rate improvement
		  o Relax prior authorization requirements/lengths of authorization
		  o Improve access to clinical services
		  o Improved case management
		  o Family resource centers
		  o Expand services in schools
		  o Flexible service array
		  o Clear SOC outcome measures including quality benchmarks (Tools, CANS,etc)
		  o Virtual Resource portal (updated weekly by providers)
		  o Families being more informed consumers
		• Thoughts?
		• Jamie (neighborhood health): missing how we coordinate with eachother - would be nice to see current care used more to see where kid is already in care
		• Jason: do you have experience that could speak to current care?
		• Jamie: lots of kids not on that and we're trying to get it utilized more, happy legislation came up to improve
		• Rosemary: documented diff grants related to MH and schools before – Bradley is parter, have School Health Advisory Council with partners, as part of LEAP recommendation that RIDE produced for using ARPA funds reccs include requirement for schools to do academic, social emotional BH screening on all students – with School Health Advisory Council looking for universal screeners so don't have to replicate work across districts
		• Tara Hayes: tough to figure out how to use Current Care bc parent cant access kid over 10's PHI like sexual health, etc - talk to Scott Young and one other person. The new opt out instead of opt in legislation will likely promote this

		• Jamie: when change health plans don't always have coverage history • Jason: any other tools to put on radar? • Rosemary: done lots of work with national center for MH under U Maryland – SHAPE assessment, district, state etc level. Assessment to identify what exists and what needs are in MH. Based on comprehensive MH program – what do we already have and what should next steps be to meet needs of kids+families - has been useful in districts with grant funds • Margaret: screen for SDoH – identified lots of homeless kids in school who didn't know about before – provides individual and aggregate data point. Use Health Link's tool and added 2 additional questions – I can send you a copy • Denise Achin: modified ACES that includes 10 questions and 6 additional • Susan Lindberg: had similar convo in crisis continuum workgroup – ideal is standardized screening and assessment across system. Suicide risk – Columbia Suicide Severity • Susan: also maybe intensive in home services – HBTS, CIS – are lacking to keep people out of higher level of care • Margaret: more flexible, customizable billing – less rigid about hours. Also in home services, mobile response • Denise: least qualified people were providing most intensive services • Margaret: that goes back to rate reform – get paid more for outpatient than in home but maybe that should be flipped structure • Jason: as far as outpatient is better revenue producing model – say in home rates were increased and there are people who wanted the services. But do you think there would be a workforce issue? Do ppl not want to go to homes? • Margaret: there is a subset of clinicians who have been doing that work for over 20 years and love the work and would stay if they could do more – its not everyone but for those who love the work just wanna get paid more • : looking for higher rate • Denise: We had someone from HT center, CCA started family group from participants. One of the comments was I didn't know there are other families like me with these same issues – shocking that one family didn't know there were other families struggling the same way – are there things we can do that about • Denise: education and support groups • Margaret: when we say improved case management make sure we include time for everyone to be able to do the coordination. Medical director spends a ton of her own time

		coordinating with other teachers and everything – it's imp for progress of that family that in rates staff have time to do that • Melissa (Saint Mary's): Are we looking at insured families? Bc have lots of uninsured and underinsured families and need more funding for that and for different language. Also tiered rates bc many levels of qualifications in system • Jason: case management track at CCRI? • There was but not sure anymore • Tara (RIPIN): need ppl of color, bilingual – include racial equity and diversity in service array. Could case management care coordination be a track for community health workers • Jason: should call out CHW and peer supports • Rosemary: sometimes if funding is driving the convo it can limit creativity bc such a constraint, helpful to lift out of that and think while we garner political will to move towards it
		[3:23 PM] Jennifer Levy (Guest) Clinicians also use PHQ2/9 for depression and GAD7 for anxiety in adolescents [3:23 PM] Jennifer Levy (Guest) Screening