

Scribes Notebook--Sarah Bate's Notes w/LE edits

Service Gaps and Alignment

11:00 - 11:10 - Introductions

1. Jill Flanders, Massachusetts Elementary School Principals Assoc.
2. Joan Schuman
3. Laura Conrad, MassHealth
4. Kate Roper, Dept. of Public Health
5. Christy Moulin, Boston Public Health Commission
6. Kimyatta Campbell, Boston Public Health Commission
7. Emily Taylor, Dept. of Elementary and Secondary Education
8. Gina Mittel, United Way of Massachusetts Bay and Merrimac Valley
9. Ann Flynn, Guild of St. Agnes
10. Desiree Lalbeharie-Josias, CES
11. Safire DeJong, CES - facilitator

11:15 - 11:25 - Group brainstorm: Add to Challenges

Notes/comments upon review of challenge questions and examples:

- (Christy Moulin) Theme of having common language came up
- (Laura Conrad) Where are the families? What is their choice, what is their voice?
 - Shared language will help - families don't understand the language and what it means
- (Kate Roper) Easier to medicalize when it's all professionals talking -
- (Kristy Malin) It's a resource problem to have families at the table
- (Desiree) Staff time is also a resource challenge to offer evening and weekend programs for parents
 - Need flexibility and incentive to have clinicians there

FINAL ORDER (of Challenge Questions)

TOP 3 Challenge Questions (most dots each):

1. How can we develop a statewide strategic plan to achieve what kids, providers, educators need? - **7 dots**
2. How can we make IECMH services available where concerns come up? (EC Primary Care Offices) - **5 dots**
3. How can we increase skills of EC workforce in handling/understanding trauma? - **5 dots**

Middle group of challenge questions (received 1-3 dots)

- How can we ensure there is a billing mechanism for preventive services? - **3 dots**
- How do we increase funding for services? IECMH consultation cut 75% between 2005-2016 - **2 dots**
- How do we create service continuity when a child turns 3 (*Desiree added 0 - 5)? (EG. EIV SPED) - **2 dots**
- How can we create more age appropriate expectations for Kindergarteners? - **2 dots**
- How can we develop shared language among different disciplines? - **1 dot**

Last group of challenge questions (received 0 dots)

- How can we ensure consistency of services and benefits as kids change programs?
- How can we ensure IECMH services reach all children?
- How can we decrease waiting lists for bilingual therapists?
- How can we increase EC and school leadership around integrating SEL?
- How can we develop/change policies to support and allocate funding for building social emotional competency?
- How can we increase access to services for bilingual children and families?
- How do we increase support and funding for EI and other professionals to attend trainings?
- How do we reduce stigma of “mental health services” so more families seek and utilize support?

EXAMPLES (of top Challenges)

How can we make IECMH services available where concerns come up? (EC Primary Care Offices)

- (Ann Flynn) They had a discussion of children's mental health and commented that there is a shortage of PCP's
 - High need, less time - fewer services, less revenue
- (Kate Roper) Pilot with Masshealth: Reduces social/emotional risk and parental stress and pediatricians feel better about their work because after the 15 min appointment they can then hand it off to a team that can stick with the family until the issue is resolved and the team will then let the pediatrician know how it got resolved.
 - She put dot on preventative services because they haven't found a way to sustain the pilot
 - Commercial insurance does pay for initial behavioral screening, but the issue is what you do after it - the challenge is what to do with the findings and how you work with the family - who do you know who to refer them to
 - (Kristy Malin) The model could work anywhere
 - Mcpap - PCP can call psychiatric consultant
- Other challenges: Reimbursement, offset of costs
- (Laura Conrad) Another challenge: find a trained IECMH clinician to work in the PC offices
 - Who are also culturally and linguistically able to support

How can we develop a statewide strategic plan to achieve what kids, providers, educators need?

- (Emily Taylor) Coordination between state departments (DPH, ESE, and EEC) and getting the correct decision-makers in the room
 - (Kate Roper) They did this before but didn't have enough high level decision-makers in the room
- Not having health insurance companies and legislatures in the room
- Training for teachers, doctors, etc.
- (Laura Conrad) How does this fit into other priorities (opioid crisis has pushed this priority down) - need to help people make the connection between the two - they are not separate priorities

How can we increase skills of EC workforce in handling/understanding trauma?

- (Kate Roper) They trained trainers and developed curriculum but don't have the resources to maintain
- Need onsite coaching - training is not enough
- Time for PD

- High turnover
- Don't get paid to go to trainings
- Family daycare
- (Emily Taylor) Focus on trauma can create issues related to addressing all children's SEL needs
 - Using the term "mental health" can create stigma
- (Kristy Malin) Trauma-informed training
 - A kid came in week ago put in classroom and wasn't behaving appropriately so put him in lower classroom
 - Linked challenge: "How can we develop shared language among different disciplines?"

| SOLUTIONS to: CHALLENGE QUESTION #1: How can we increase skills of EC workforce in handling/understanding trauma? | | | |
|--|---|---|--|
| PROMOTION SOLUTIONS | PREVENTION SOLUTIONS | TREATMENT SOLUTIONS | UNCATEGORIZED SOLUTIONS |
| Recognize the role of racism and oppression in communities experiencing trauma (2) | Need continuity across systems and whole family approach - models for community - connecting across disciplines (0) | - Money for training/coaching - Look into foundations Wallace, Davis, Gates - Funding for release time (2) | Training in self-care - helps prevent turnover (0) |
| Acknowledge and respond to the needs of the adults in work force who experience trauma (3) | Difficult prevent trauma - recognizing trauma understanding impact (0) | Evidence-based treatment (EBT) exist and BH providers have been trained by DCF - find way to fund costs not reimbursed associated through EBT (7) | |
| Recognize the manifestations of trauma (0) | ESE has this Social Emotional focus (SPED ED) - interested in cross agency partnerships (0) | | |

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| Education campaign acknowledge trauma and impact of trauma - what is it; normalizing (4) | Support (time, money, leadership) trauma informed culture and collaborations built across and within service systems for young children and families (7) | | |
|--|--|--|--|

| SQUEEZE TEST: CHALLENGE QUESTION #1 (if money is no object....) | | | | |
|--|---------------|-----------------|-----------------|-------------------|
| How can we increase skills of EC workforce in handling/understanding trauma? | | | | |
| Solutions | Doable | Powerful | Scalable | Measurable |
| 1) Evidence-based treatment (EBT) exist and BH providers have been trained by DCF - find way to fund costs not reimbursed associated through EBT - 7 dots (Note on red check: Right now this is only for Masshealth insured children. Would need mandate and money to be scalable (if its grant funded it can be insurance-blind). It also requires a cultural shift). | Green | Green | Red | Green |
| 2) Support (time, money, leadership) trauma informed culture and collaborations built across and within service systems for young children and families - 7 dots Trying to have trauma-informed care as part of the culture and collaborations across and within service organizations - requires more systems changed and cultural shift Note on red check _ not substantial enough of a solution. | Red | | | |
| 3) Education campaign acknowledging trauma and impact of trauma - what is it it? Notes:-Leadership and money are again issues -Get it into legislation, discipline codes (Joan S.) | Green | Red | Red | Red |

Compost Bin:

SOLUTIONS to CHALLENGE QUESTION #2: How can we develop a statewide strategic plan to achieve what kids, providers, educators need?

| PROMOTION SOLUTIONS | PREVENTION SOLUTIONS | TREATMENT SOLUTIONS | UNCATEGORIZED SOLUTIONS |
|--|--|--|-------------------------|
| Need high level decision makers at state level and LEA sups to buy in (4) | Is there a way to use public schools for resources and referrals (0) | Legislative representation - support for the work from elected officials (1) | |
| ESE understands many agencies must be at the table - there is an inter-agency workgroup - needs to get higher level decision makers involved (0) | Stop looking at each piece of the spectrum as discrete pieces of the puzzle (0) | Lots of groups seem to be working on this topic - can we get them together? Can we work across lifespan? (1) | |
| There is a model - Boston and 3 more communities (6 yr. Pilot) (2) *Also Prevention | Look at Federal policy, spec. ESSA (Every Student Succeeds Act) + it's impact of EC (5) - Need a non-academic measure (e.g. SEL) | Additional money to LEA to address ECMH - support SEL (0) | |
| Parents / caregivers missing from the question / challenge (0) *Also Prevention | | Recognize the role of racism and oppression in plan and process (2) | |
| Need family, parent, youth feedback and input to process (5) | | To keep interagency workgroup going - pass a law that mandates a permanent commission for purpose of | |

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| | | finding solutions to SE health of children and families (6) | |
|--|--|---|--|

SQUEEZE TEST: CHALLENGE QUESTION #2

How can we develop a statewide strategic plan to achieve what kids, providers, educators need?

| Solutions | Doable | Powerful | Scalable | Measurable |
|--|--------|----------|------------|------------|
| 1) To keep interagency workgroup going - pass a law that mandates a permanent commission for purpose of finding solutions to social emotional health of children and families (6) Need high level decision makers at state level and LEA sups to buy in (4) | Green | Orange | Orange | Green |
| 2) Creating process for including Family / Parent / Youth input. | Green | Green | Green | Green |
| 3) Look at Every Student Succeeds Act -Look at to see what opportunities exist and the impact on EC. | Green | Orange | Orange/Red | Green |
| Compost Bin: | | | | |

SOLUTIONS to CHALLENGE QUESTION #3: How can we make IECMH services available where concerns come up? (EC Primary Care Offices)

| PROMOTION SOLUTIONS | PREVENTION SOLUTIONS | TREATMENT SOLUTIONS | UNCATEGORIZED SOLUTIONS |
|--|---|---|---|
| Having a family being part of a discussion / decision about what they need would help *Prevention as well (7) | Reimbursement for IECMH prevention via insurers, state budget (6) | ECMH providers communicate back with providers (integrating different systems). E.g. EI communicated with PCP if child was assessed (1) | Integrate family partner and ECMH clinician into primary care settings - Replication tool test for Launch My Child model (7) |
| Replicate Housing Authority drop-in parent child group and homework help with Norwood Public Schools (1) | | Crosswalk DC 0-5 diagnostic classification so that services are developmentally appropriate and reimbursed (2) | |
| Online resources to find places to get support and information. Also act as a conduit for social marketing (0) | | Utilize “school-based” clinicians in PCP settings (0) | |
| Training on IECMH to include other places like churches, Y’s, food pantry (0) | | Recognize role of racism and oppression in how services are made available (3) | |

SQUEEZE TEST: CHALLENGE QUESTION #3**How can we make IECMH services available where concerns come up? (EC Primary Care Offices)**

| Solutions | Doable | Powerful | Scalable | Measurable |
|--|--|-----------------|-----------------|-------------------|
| 1) Replicating the toolkit or Launch / My Child model to integrate ECMH clinician and family partner into primary care setting | Green | Green | Green | Green |
| 2) Having family being part of discussion on what they need | Green | Green | Green | Green |
| 3) Reimbursement for IECMH prevention through insurance companies and state budget *Add with state law | Orange: need state legislation or law - doable with that | Green x 2 | Green | Green |
| Compost Bin: | | | | |

Deep Dive

| Solutions | Action Steps | Policy recommendations |
|---|--|--|
| <p>Replicating the toolkit or Launch / My Child model to integrate ECMH clinician and family partner into primary care setting</p> <p>*Include family voice and participation</p> | <ul style="list-style-type: none"> ● Identify funding sources ● Making the business case ● Get data that can show cost savings in all of the silos ● More public awareness of the effectiveness of the model ● Get buy-in from division of insurance (they oversee commercial insurance policies) ● Public awareness of the PCP's and how it's beneficial to them ● National Academy of State Health Policy - TA ● Extrapolate data on the cost statewide ● ● Challenge: Probably saving money for the SPED system, but the costs are in the healthcare system | <ul style="list-style-type: none"> ● Use the results from work with National Academy of State Health Policy to inform new policy ● Measures, payment models, data ● ● State law to mandate that commercial insurance pay for these type of services (Launch / My Child program model) so it's accessible to more than just Masshealth and Medicaid |