

Connecticut Department of Children and Families  
 Bureau of Behavioral Health and Medicine

**Children's Outpatient Learning Community (OLC)**  
**Legislative Office Building - Hearing Room 2C**  
**June 10, 2010**

**Minutes**

<b>ATTENDEES</b>	There were 92 participants representing a broad array of stakeholders including families, advocates, providers, and state agency staff. For details please refer to attached attendance list.
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<b>TOPICS</b>	<b>PRESENTATION</b>
1. Introduction/Acknowledgements	<ul style="list-style-type: none"> <li>▪ The following staff were introduced by Dr. Robert Plant.               <ul style="list-style-type: none"> <li>○ Peter Mendelson, DCF Bureau Chief/Behavioral Health and Medicine</li> <li>○ Mark Schaefer - DSS Director/Medicaid</li> <li>○ Stephen Grant - CSSD Director/Family Services</li> <li>○ Lori Szczygiel - Value Option/CEO</li> <li>○ Lois Berkowitz- DCF Director/Special Projects (Enhanced Care Clinics)</li> </ul> </li> <li>▪ Highlights of remarks included:               <ul style="list-style-type: none"> <li>⇒ Acknowledgement and appreciation for the tremendous amount of outpatient work that occurs across the state by all stakeholder groups - families, advocates, providers, CT BHP, DSS, DCF, and CHDI;</li> <li>⇒ Acknowledgement of case complexities and challenges as well as systemic barriers and issues;</li> <li>⇒ Critical role that outpatient care plays in overall continuum of services, particularly diverting children from higher levels of care, managing children's transitions from hospitals and residential settings back to communities, filling the gaps in care, and maintaining children;</li> </ul> </li> </ul>

TOPICS	PRESENTATION
	<ul style="list-style-type: none"> <li>⇒ Importance of applying a Results-Based Accountability framework as we move forward (Questions to be answered include: how much are we doing; how well are we doing it; is anyone better off (outcomes); and are clients satisfied with services?);</li> <li>⇒ Embarking on a process of partnership and collaboration as a first step, and building on the strong multi-agency collaborations that now exist; and</li> <li>⇒ Need to challenge ourselves to get better at what we do, which includes the expansion of cutting-edge evidence-based practices.</li> </ul>
<p>2. PowerPoint Presentation - OLC: A collaborative process towards service improvement</p> <p>Robert Plant, Ph.D. Director Community Services &amp; Programs</p>	<ul style="list-style-type: none"> <li>▪ Outpatient care is a significant resource, serving more children than any other service type.</li> <li>▪ There is a need for an ongoing collaborative process focused on outpatient care to align goals, coordinate activities and improve the use of resources.</li> <li>▪ This initiative represents a major challenge, given the complexity of the children's behavioral health system including the array of providers, regulatory and payor systems, and multiple populations served.</li> <li>▪ Recommendations from two reports - the CHDI Outpatient Report and the DCF Behavioral Health White paper will guide our work, and the new behavioral health data system (PSDCRS), the TF-CBT Initiative, and the Results-Based Accountability framework provide opportunities to shape our work.</li> <li>▪ Today' meeting represents the kick-off for the establishment of an Outpatient Learning Community, which is intended to be a long-term planning, implementation and evaluation process that involves all stakeholder groups.</li> <li>▪ The intent is to focus on two priorities initially, to measure/evaluate progress, continue dialogue, and then refine priorities.</li> <li>▪ Dr. Jeffrey Vanderploeg from CHDI/CCEP briefly highlighted the CHDI report, including the two consensus priorities - Family Engagement and Data Collection, Reporting and Analysis. Other key issues include: evidence-based practices; enhancing collaboration; case management; client flow; standardized screening &amp; assessment; and workforce development.</li> <li>▪ The <i>Learning Community</i>, comprised of all stakeholders will meet quarterly to dialogue and review progress; the <i>Coordinating Committee</i>, comprised of state agencies, Value Options, the</li> </ul>

TOPICS	PRESENTATION
	<p>tri-chairs (family, provider, and state representatives) of each work group, CBHAC, and CCPA plus CHDI as consultant will meet monthly or as needed to identify priorities and establish work plans; and the <i>Work Groups</i> will meet monthly or as needed to study issues and make recommendations to the Coordinating Committee.</p>

STAKEHOLDER COMMENTS/RECOMMENATIONS
<ul style="list-style-type: none"> <li>▪ Some stakeholders report that service volume is a critical issue to address.</li> <li>▪ It is recommended that Department of Developmental Services (DDS) be added as a stakeholder, given the increasing numbers of children with developmental disorders/autism spectrum disorders.</li> <li>▪ It is recommended that the Department of Education (DOE) be added as a stakeholder.</li> <li>▪ Focusing on a life span perspective, not just an exclusive child/adolescent perspective is recommended.</li> <li>▪ Collaboration with other state agencies, such as UCONN for training to work with special populations or establishing a statewide Center for Excellence would reap many benefits. Everyone does not, and should not be expected to be an expert in all areas.</li> <li>▪ Immigration issues require attention, i.e. legal issues; access to care; how to pay. It was noted that a challenge will be how to prioritize all of these issues.</li> <li>▪ There are many issues regarding availability of and access to mental health services for those with commercial insurance, and how to involve commercial insurance companies as partners to address reimbursement and other issues.</li> <li>▪ Academic institutions should be invited to assist the statewide mental health system with minority workforce recruitment.</li> <li>▪ Some stakeholders felt that it will be difficult to engage families without addressing capacity issues. Currently intakes are not done the way that is desired, given the Medicaid regulations and related documentation burdens and time constraints.</li> <li>▪ Language barriers are another challenge. It is important to have translators at the OLC meetings and other venues in order to assist non-English speaking families.</li> <li>▪ Minimal data is collected regarding the parents of the children in the system, yet their problems are significant and impact service delivery to children/adolescents. It was noted that a balance was sought regarding how much to collect in PSDCRS, with consideration of how it would be used.</li> <li>▪ It would be useful to have a "watchdog" who can advise us about what is happening on the national scene regarding health care reform. It was noted that Mark Schaefer has such contacts and may be of assistance. .</li> </ul>

- Apply lessons learned from implementation of an enhanced Model of Care for the statewide Extended Day Treatment program.
- An examination of regulatory barriers to service delivery would be beneficial.
- Capacity issues has resulted in "doors being shut" on those with commercial insurance, including military families in some areas of the state.
- It would be more efficient to have one unified data system. It was noted that, given the federal requirements and differing populations and resources needed, it may be impossible to have only one system, however we can do a better job of coordinating data, for example, between PSDCRS and CT BHP.
- Due to the recent Medicaid audits, documentation requirements have been a focus of attention and time, resulting in low morale. It was suggested that sharing information across clinics regarding more effective, streamlined practices and novel solutions may be helpful.
- Tackling data is a complicated issue. There is a need for good assessment tools, integration of data and program staff, etc. This is a major, costly business investment.
- Care must be taken to select the right outcome measures for use by all stakeholders including legislators to demonstrate our successes.

Respectfully,  
Marilyn E. Cloud, LCSW  
Behavioral Health Clinical Manager

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