

CT MHT Excellence in Mental Health Care Workgroup (#5)
Wednesday, April 26, 2006
9:30 – 11:30 a.m.

Major Topics/Discussion Points:

Discussion of handouts, including scope and nature of recommendations to be made by this specific workgroup. Basic parameters include: infrastructure focused, based on New Freedom Commission goals and recommendations, directed across the lifespan at the population of the state, culturally, gender, and developmentally responsive, and based on input of consumers and people in recovery.

Two breakout groups to begin to formulate recommendations on: 1) getting the right services to the right people in the right place at the right time, including increasing the quality of care through translation of research into practice and the conduct of pilot or developmental research into newer areas and 2) create a “meta-system” of care management that crosses agencies and covers the life span, especially for multiple-need clients and families.

- 1) an initial draft of barriers to access and quality and recommendations to address each was distributed, and participants will submit feedback and suggestions back to enhance and elaborate the draft; in addition, a step back to a more conceptual level is required to identify and address basic parameters of practice, such as reimbursement, institutional practices, categorical funding, and other factors influencing what is paid for, for whom, under what circumstances, etc.
- 2) priorities are reducing number of people with mental illness who are unnecessarily entering criminal justice system; developing through pooled state agency resources a meta-state agency care management structure for multiple-use clients to identify gaps and recommend solutions; reduce reliance on nursing homes by developing a process to refer people with mental illnesses back to the community and to identify ways to prevent people from needing higher levels of care to begin with, including the possible use of “medical” or “clinical homes.”

Additional Barriers/Problems Identified:

Barriers to access: Lack of responsiveness to culture, race, ethnicity, age, etc.

Barriers to quality: Lack of responsiveness to culture, race, ethnicity, age, etc.; Lack of research available on specific issues to inform practice (e.g., early intervention).

Additional Ideas/Recommendations: Provide education to legislators and DSS around MH services and related spending.

To Do/Tasks: Get feedback to drafters of subgroup reports.

Next Meeting: Wednesday, May 3rd, 2006, 9:30 – 11:30 a.m. at CVH, Page Hall, Room 212 (the room in the back of 2nd floor).