


R.I. Children's Cabinet

AUGUST 29, 2016

10:00AM-11:30AM – DOA CONFERENCE ROOM A

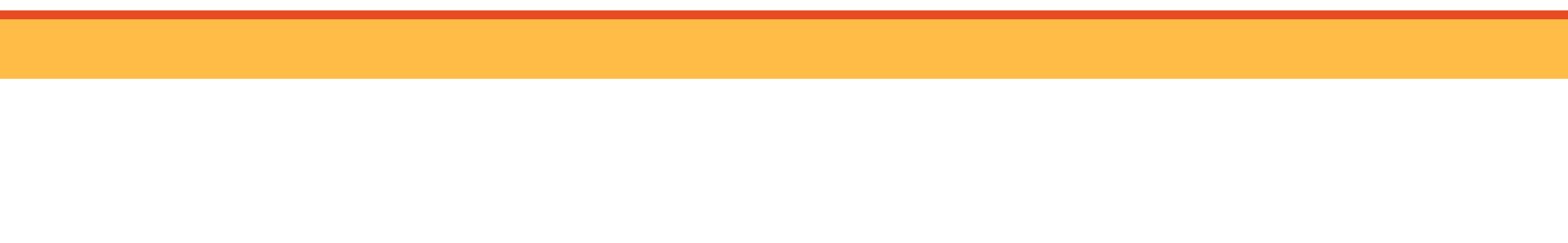


Meeting Agenda


- Call to Order
 - Children's Behavioral Health Discussion
 - Public Comment
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Children's Behavioral Health

Children's Cabinet Dashboard Indicators (2015):

- **2,744** children under 18 hospitalized with primary diagnosis of mental disorder.
 - **26.4%** of HS students reported feeling depressed, sad or hopeless in the last two months.
 - **11%** of children under 18 report attempting suicide one or more times in the last year.
 - **24%** of high school students report using marijuana in past 30 days.
 - **26%** of high school students report current alcohol consumption.
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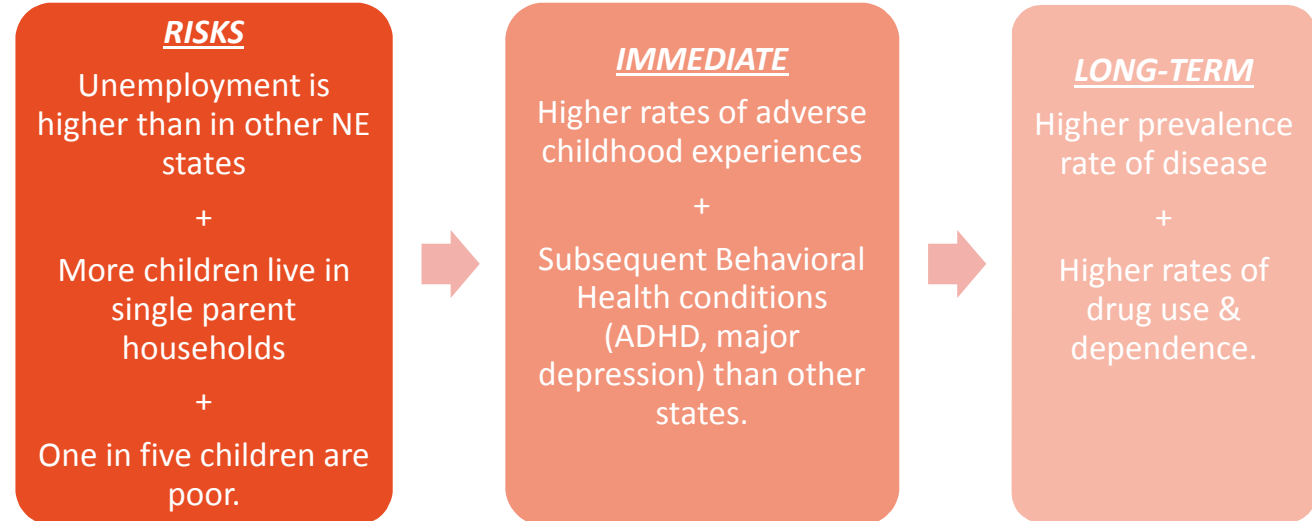
Discussion: Aligning Terms

- **Population Health:** Physical and behavioral health of the population.
 - **Children's Behavioral Health:** Mental health and substance abuse of children ages 0-21.
 - **Children's Behavioral Health Services:** Prevention, residential and community-based treatment, and other community-based, social-emotional supports.
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Truven Report (September, 2015)

Finding:

Children in RI face greater economic, social and familial risks for developing mental health and substance use disorders than children in other New England states and the nation.



Truven Report (September, 2015)

Recommendations

- Reduce Risks
- Increase use of evidence-based, community-based prevention and intervention services.
- Promote a population health approach to behavioral health care.

REDUCE RISKS

Reduce impact of parental mental health and addiction issues on infants and child development

+

Increase access and early responses

+

Increase supply of supports.



RESPONSIVE SERVICE MODELS

Targeted responses to high rates of overdose.

+

Increasing utilization of community based services.

+

Expanding prevention and discharge supports



POPULATION HEALTH APPROACH

Monitor the impact of behavioral health on population health outcomes to inform service delivery system.

Short-List Of Current Activities

REDUCE RISKS

- Real Jobs RI + WIOA
- NAS & ACE workgroups
- Home Visiting
- Early Intervention
- First Connections
- Getting to Kindergarten
- SIM Child Psychiatry
- DCYF Caseworker Expansion



RESPONSIVE SERVICE MODELS

- Governor's Overdose Task Force
- Certified Community Behavioral Health Center Expansion
- DCYF Outcome-Based Procurement
- RIDE's Multi-Tiered Systems of In-School Support
- DOH School-Based Behavioral Health



POPULATION HEALTH

- SIM Interagency Population Health Planning
- Cross Agency Service and Funding Mapping

Information Gathering: CC Cross-Agency Mapping

Key System Mapping Questions

- What programs and services do we provide?
 - Which populations do they reach?
 - What outcomes do they achieve?
- What grants and other funds do we utilize to shape and/or assess our overall system of supports?

Strategies:

- Convene Cross Agency Advisory Team
- Map services and grants across agencies

Next Phase Questions

- Are we satisfied with our current system of supports?
- How can we expand and improve our system of supports to improve child and adolescent outcomes?

Strategies:

- Stakeholder Input
 - SIM (payers + providers)
 - EOHHS TF (all 5 EOHHS agencies and community stakeholders)
 - CC Stakeholders (all 10 CC agencies and community stakeholders)

“When service gaps exist in the behavioral healthcare continuum, the costs to other business sectors and state agency budgets such as labor, healthcare, housing, and criminal justice are directly impacted.” -Truven Report

Discussion

- How can we improve our system of supports to improve child and adolescent outcomes?

PUBLIC COMMENT

Please contact Dacia Read, with questions,
concerns or comments.

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