

InCK - DESIGN GROUP - System of Care Meeting Agenda and Action Items 2021

	System of Care Design Group	Thursday, July 1, 2021
Meeting Purpose	Meeting #3	Meeting Time 9:30-11:00am
	Materials: InCK SoC DG PPT	<p>JOIN WEBEX MEETING</p> <p>https://cliffordbeers.webex.com/cliffordbeers/j.php?MTID=m0a00104b1220f125c182e1dc94ec525b</p> <p>Meeting number (access code): 132 177 1891</p> <p>Meeting password: cbc123</p>

Invited Attendees			
	Name	Role - Organization/Agency Name	Role - Clifford Beers
✓	Giselle Carlotta-McDonald	Project Access-Executive Director ✓ Seth Poole	Director of Systems of Care
✓	Erica Garcia-Young	DSS ✓ Kitty Tyrol	Training Manager
✓	Amy Marracino	DMHAS - Adolescent/Young Adult Services ✓ Jennifer Richmond	VP of Population Health
	Cheryl Burack	Family Centered Services of CT ✓ Xiomara Cuevas	Acting InCK Project Administrator
✓	Jacqueline Farrell	Family Centered Services of CT Melanie Rossacci	Chief Business Development Officer
	Kellyann Day	New Reach ✓ Luz Ramos-Ortega	CHO
	Victoria Hwang	New Reach ✓ Taylor Smith	CHO
	Paul Kosowsky	Youth Continuum ✓ JoAnne Wilcox	CHO

	Addys Maria Castillo	CityWide Youth Coalition Charles Dawkins	CB - Care Coordination Supervisor
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Smruti Vartak Beacon Health Options -ASO Lisa McKnight Parent/Community Caregiver Kendra Carr Beacon Health Options -ASO Tim Marshall DCF

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Welcome	<ul style="list-style-type: none"> ● Giselle opens & Welcomes SLIDES 1-24 ● Seth leads intros SLIDE 3 - Name, Affiliation and ONE essential component of CARE you have received ● Seth - agenda overview SLIDE 4
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Overview

Kitty

- Recaps
- Meeting Cadence & Logistics
 - 1 JUL 2021, THU @9:30 – 11am
 - 29 JUL 2021, THU @ 9:30 – 11am
 - 2 AUG 2021, MON @ 10:30am – 12pm
 - 24 AUG 2021, TUE @ 1 – 2:30pm

Join Zoom Meeting

[https://zoom.us/j/8424051175?pwd=eDFWak1hSkIHVXhkVERSSGZp](https://zoom.us/j/8424051175?pwd=eDFWak1hSkIHVXhkVERSSGZpTG5jdz09)

[TG5jdz09](https://zoom.us/j/8424051175?pwd=eDFWak1hSkIHVXhkVERSSGZpTG5jdz09)

[TG5jdz09](https://zoom.us/j/8424051175?pwd=eDFWak1hSkIHVXhkVERSSGZpTG5jdz09)

Meeting ID: 842 405 1175

Passcode: cbc123

Kitty - System of Care

SLIDE 5 - Meeting Steps - Dates and Priority topics

Recapped meetings 1&2

- use meeting timetable with topics to recap first two meetings
- established priority focus for remaining 3 meetings
- Internal meetings are happening in order to keep the work moving.
- Final submission due July's end
- Might need more meetings
- We've looked at best practices for medical home model, looking at those standards of care, and WrapCT and care coordination model to build standards for better outcomes for young people.
- What are the critical factors essential for that level of care?
- Technology, and how that fits in
- Quality assurance modeling
- Needs Conversation work group informs the system of care, they are moving successfully along
- Might be a follow up survey to capture stakeholder ideas
- **Note that the 7/29 and 8/2 meeting are very close to each other**

SLIDE 6 from NOFO - award - Integrated Care Coordination

	<ul style="list-style-type: none"> ● Integrated Care Coordination <p>Service Integration Goals</p> <p>SLIDE 7 from NOFO - award - Service Integration Goals</p> <ul style="list-style-type: none"> ● Demonstrate that we are moving towards an integrated care system of care. ● Engaging service providers who may not already be in the billing network that may want to provide care coordination ● “Children with needs with impacted functioning.”
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2 | Kitty Tyrol, Training Manager | CB InCK

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	<ul style="list-style-type: none"> ● Provide coordination across health and behavioral and mental health services. ● SIL one single care coordination contact ● Increase care within the community ● Emergency should be last resort, both for the benefit of the family and the health care system.
InCK Providers	Kitty - Eligibility-save for another day SLIDE 8 - Determined by Medicaid Authority - in next 4-6 weeks

Terms & Conditions

Seth - Terms & Conditions for InCK

Providers (based on PCMH/PCMH+ and NCQA)

- Context: focus only on InCK providers from MEDICAL and MENTAL HEALTH, including Dentists
- Ask “What are we expecting from them in terms of :
 - service delivery
 - care expectations
 - performance
 - compliance?

SLIDE 9 - Discussion - elicit specifics from group members

- Partner with community partners
- Take and play a part in the many aspects of quality care
- Learn to rely on community partners to address all of those components
- Recognizing that not everyone has a care team, how can the InCK program play a part in looping in those partners to build that team?
What would exclude them?
- Yale provides the vast majority of medical care, how do WE hold them accountable to a standard of care?
- In person care is a big ask. How do we manage that?
- Medical home model helps to frame the steps ahead
 - The team is composed of multiple stakeholders, including the medical provider.
 - Who builds the team?
- What are some of the other essential elements in order for that team?
- What information does the team need in order to function best?
 - Care Coordination is assessment driven and goals driven, centered on the family, get everyone on the same page with that.

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	<ul style="list-style-type: none"> ○ Family identifies who is on the team, helped with mapping out with providers, in order to meet their goals. ● Other team based care models: <ul style="list-style-type: none"> ○ Strategies and benchmarks to see progress
	<p>Seth - facilitate discussions on each domain</p> <ul style="list-style-type: none"> ● Team-Based Care and Practice Organization ● Knowing & Managing your Patients ● Access, Care Management, and Referrals ● Performance Measurement and Quality Improvement ● Information Technology ● <u>Other domains to consider?</u> <p>Seth</p> <ul style="list-style-type: none"> ● Team-Based Care and Practice Organization <p style="text-align: right;">SLIDE 10 - Domains</p> <p style="text-align: right;">SLIDE 11 -</p> <ul style="list-style-type: none"> ● “Physician Champion” to encourage Care Coordination as a viable partnership/ It is not a place it is an approach (PCMH), many pediatricians have taken the approach ● Internal discussion to determine who will be responsible to lead and navigate or be the “navigator of the ship” on the Person centered

	<p>medical home concept...Barriers include competing priorities, if not officially following the PCMH standards</p> <ul style="list-style-type: none">● Single Practitioners to take a team-based approach to care (regardless of size) & How can InCK support them to rise to the occasion? Does inability to do so exclude them? Some smaller
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	<p>practices do not enroll because they do not see the return on investment</p> <ul style="list-style-type: none"> ● Team is assembled by the Care Coordinator and the provider is a member of the team ● Essential members of the team? Cadence of the team? What information is shared? Care Coordination is assessment driven and centers the family and brings everyone to the same page. Friends family members and providers, make everyone aware of the families needs and goals, Benchmarks and progress annotated as related to referrals, ● Set-up of Care Coordination can help organizations build connection and retain ● Health fairs to raise awareness and make connection ● Team must listen to the individual patient and must be captured by the Care Coordinator, advocating on behalf of the patient, shared language and understanding of roles and of care, <p><u>Kitty used Annotation feature of zoom to add text from discussion.</u></p> <ul style="list-style-type: none"> ● Knowing & Managing your Patients ● Access, Care Management, and Referrals <ul style="list-style-type: none"> ● Responsibilities of family or friend on a care team: <ul style="list-style-type: none"> ○ What that individual identifies and ensures that that centers the work for everyone involved ○ Honored, captured, that's the direction ○ Advocate to support that individuals needs and goals ○ Shared learning and language with the individual in order to <u>support the plan</u>
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if time allows - opt. save for next meeting	<ul style="list-style-type: none"> ● Performance Measurement and Quality Improvement
if time allows - opt. save for next meeting	<ul style="list-style-type: none"> ● Information Technology
as time allows	<ul style="list-style-type: none"> ● Other domains to consider?
Next Steps	<p>Meeting dates/topics</p> <ul style="list-style-type: none"> ● Everyone has the powerpoint and is aware of the domains ● Kitty sends email with Agenda/Notes in Word doc <p>Resource/Material Sharing</p> <ul style="list-style-type: none"> ● Kitty sends survey (google form) to all members to elicit written suggestions
Walk-Ons...	<ul style="list-style-type: none"> ● Jo suggested convening a Panel of medical providers (from YNHH)
Action Steps Close	<p>Next Meeting: ● July 29th @ 9:30AM v zoom</p> <ul style="list-style-type: none"> ● Aug 2nd @10:30 v. zoom

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1. Outreach to potential members	Seth, JoAnne, Giselle, CHOs	4/30 - continued
2. Schedule co-chair prep/fb meetings: Giselle, Seth, Kitty and CHOs	Kitty	5/4 - in progress
3. Continue SOC DG write-up revisions	Kitty	5/6 - in progress
4. Prep Agendas, PPTs, materials for future meetings	Kitty	5/9 - completed
5. Finalize Meeting Notes and save to g-drive/email in MS docs to members	Kitty	4/30 - completed
6. Doodle poll for May meeting dates/times	Shayla	4/28 - completed
7. Determine May dates/times - Email Members; calendar invite, set up virtual link	Shayla	5/5 - completed

1. Identify dates/times for DG to schedule meetings/topics - elicit from Erica & Giselle	Kitty, Giselle, Seth	4/23 - complete
2. Continue revisions to SOC DG one-pager and PPT	Kitty	4/30 - in progress

1. SOP draft presented to PC	Seth, Kitty, Giselle	TBD, 2021
2. SOP Service Integration draft to CMS	Jennifer	July 30, 2021
3. FINAL SOP Service Integration to CMS	Jennifer	October 30, 2021

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SoC Design Group Member Contact List

Name Agency/Organization Core Child Service EMAIL PHONE Giselle Carlotta-McDonald Project Access New Haven Exec Director Clinical Care (physical/behavioral) Giselle.Carlotta-McDonald@ynhh.org (203)688-4603 Erica Garcia-Young DSS/Medicaid/CHIP State/DSS Behavioral Health erica.garcia@ct.gov

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