

**CCCS Health and Well Being Workgroup
December 12, 2014 9am Meeting Agenda**

Dept of Health Professions Bd Rm 3 (9960 Mayland Drive, Henrico, VA 23233)
And via conference call 866-842-5779 with pass code 4399398107

- I. Welcome and Introductions
- II. Discussion of Scope and Timeline for the Workgroup
 - DBHDS Behavioral Health Transformation Team Update
 - Oral Health Coalition Update
- III. Overview of Social Determinants of Health, Racial Disparities and Poverty in the Commonwealth
- IV. Discussion of Survey Results and Workgroup Priorities
- V. Planning for January Meeting

Next Workgroup Meeting: January 15, 2015 at 1pm in Conference Room 3 of the Patrick Henry Building

Next CCCS Meeting: January 15, 2015 at 3pm in East Reading Room of the Patrick Henry Building

**Commonwealth Council on Childhood Success
Health and Well Being Workgroup
December 12 Meeting Notes**

Welcome and Introductions

Lisa and Catherine introduced themselves as the Co-Chairs, and then everyone else introduced themselves.

In Person Attendees:

Catherine Hancock, DBHDS Early Intervention Coordinator (Co-Chair)
Lisa Specter-Dunaway, Home Visiting Consortium (Co-Chair)
Johanna Schuchert, Prevent Child Abuse Virginia
Ipek Taffe, The Planning Council
Amber Haley, VCU Center for Society and Health
Emily Keenum, Health Initiative Coordinator, VECF
Cristy Gallagher, Parent Representative from NAMI Virginia
Marty Kilgore, VA Foundation for Healthy Youth
Becky Bowers-Lanier, VA Association of School Nurses
Linda Redmond, Virginia Board for People with Disabilities
Katherine Libby, VA Oral Health Coalition

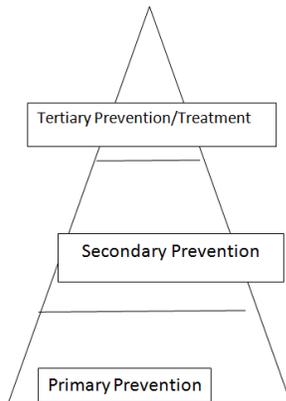
Conference Call Attendees:

Marissa Levine, Dept of Health Commissioner
Michele Chesser, Joint Commission on Health Care

Discussion of Scope and Timeline for the Workgroup

Lisa and Catherine discussed the timeline for the workgroup, which will provide a status update to the full Council on January 15th and must have final recommendations prepared for the full council in May, as a final report is due to the Governor on June 1.

The group discussed two aspects of children's health that are the focus of work in other venues, specifically mental health and oral health. They then heard briefly about the current DBHDS behavioral health transformation teams and from the Oral Health Coalition about their work on early childhood. The group decided to continue to hear from these groups but not spend a prolonged amount of time on either of these issues.



teaching for all parents on parenting.

Overview of Social Determinants of Health, Racial Disparities and Poverty in the Commonwealth

Lisa began the conversation with a discussion of the three levels of interventions: primary, secondary and tertiary.

Tertiary: fewer people, most expensive, treating complications once they've occurred, ie NICU; helping families after a child experiences abuse; Medicaid money is focused here rather than prevention.

Secondary: efforts for at risk populations not universal interventions, screening for high risk behaviors.

Primary: population measures, lowest cost per capita, slower ROI, harder to sell, seeing outcomes and collecting data is most difficult here, despite lots of research to demonstrate efficacy. I.e.: resource,

Members then went around and provided a bit of background on the types of work their organizations do in each of these three categories. Notes from those updates are below:

Prevent Child Abuse VA: All three levels of interventions. Tertiary: prenatal screening; intervening with families at risk of poor outcomes for child welfare. Secondary: helping those at risk of poor outcomes. Primary: resources and teaching for all parents on parenting.

VCU: Their work is focused on the social and community factors and balancing those with health needs. Goal is to appropriately target populations and ages for interventions.

School nurses: help coach and manage conditions, prevent complications, surveillance for risk.

VA Foundation for Healthy Youth: primary prevention focus, neighborhood based

VA Board for People with Disabilities: fund early intervention projects

Norfolk Planning Council: chronic disease prevention, eliminating hunger, school readiness

VA Dept of Health: All about prevention. How and where changes need to take place. Look at data and focus on priorities and regional differences. Interested in primary prevention, but need to demonstrate better success in language decision makers can understand.

Joint Commission on Health Care: Focus is on legislative and policy changes outside this pyramid

Autism Society: Data supports earlier interventions, moving in that direction

Discussion of Survey Results and Workgroup Priorities

The group then briefly discussed the results of the Google Survey which was circulated to members prior to the meeting ([available online here](#)).

It was noted that quality of services vs. quantity of services is another layer of consideration.

There was also a bit of discussion on data and the need to make data driven decisions but not always having the right data for those decisions and the tension between short and long term data results.

Planning for January Meeting

The group agreed to meet for 2 hours before the next full Council meeting. In the interim another Google survey will be circulated to collect additional reports and/or recommendations relevant to this work; and for input from members on the following:

- Where is the good data? Where are we lacking data?
- What are the best practices in your field?
- What work has been done to quantify service ability, gaps and assets?

Type of Health	Report Name	Relevant Recommendations
Behavioural Health	DBHDS (2011): A Plan for Community-Based Children's Behavioral Health Services in VA	<p>1) Define and promote through DBHDS the full comprehensive service array as the goal for children's behavioral health services in every community; this would allow for children across Virginia communities to be served closer to home; earlier interventions would lessen the severity of conditions and strengthen community and family supports, as well as create better collaboration between other agencies that also provide services. 2) Expand the array and capacity of services to assure a consistent base level of services for children and families statewide; consider having contracts or private entities who could provided: mobile child crisis response services, in-home crisis stabilization support services, emergency respite care placement services and/or crisis stabilization unit(s) for children; create funding for Case Management and Intensive Care Coordination; increase/ have greater availability in psychiatric services and in-home services. 3) Establish a children's behavioral health workforce development initiative to be organized by DBHDS. 4) Continue the current role of the Commonwealth Center for Children and Adolescents (CCCA) for the foreseeable future, and until more adequate community-based services are in place. 5) Establish quality management mechanism to improve access and quality in behavioral health services for children and families; improve quality and accountability in the provision of Medicaid services- DBHDS should continue active involvement with DMAS.</p>
Behavioural Health	Early Childhood Mental Health Policy Summit Recommendations (2012)	<p>1) Integrating Early Childhood mental health into the children's mental health "system of care" in Virginia: 1- Universal screening and earlier interventions, certification/endorsement in mental health in part C and other early childhood programs, a single point of entry for early childhood mental health. 2) Financing and sustaining the early childhood mental health system in Virginia, 1: review available data to inform work, results from CSB ECMH survey, review JMU fiscal analysis, 2: do a comprehensive financial scan of ECMH, decide on format of financial document (simple, integrity), 3: consider social emotional component in VSQI, 4: embed social emotional component in other areas, 5: training on social emotional topic, 6: Medicaid and insurance providers, look at ways insurance providers and Medicaid can support more services such as a prevention model in addition to treatment, need a continuum of service delivery and reimbursement options to support ECMH. 3) Supporting the family and the parent/child/provider relationships in Virginia, 1: universal strategy, information and screening/assessment on social emotional development for all parents, 2: targeted strategies, mental health screening in home visiting program, emphasize social emotional goals in part C and other early childhood program services, educate part C and other early childhood providers on how to identify and serve social emotional needs.</p>

Behavioural Health	Voices for VA's Children (2011): Children's Mental Health in VA: System Deficiencies and Unknown Outcomes	1) Overall better data collection in regards to children's mental health needs with a focus on children's outcomes-- there being no systematic effort currently in place to determine whether children receiving mental health treatment across the various systems are achieving positive outcomes is something that needs to be addressed as well. 3) Addressing ways to inconsistent use of research-based best practices. 4) more localities developing state-of-the-art systems of care for children with mental health disorders. 5) improving data collections a key element to analyzing system gaps and inefficiencies and working towards improved outcomes for children.
Behavioural Health	Voices for VA's Children (2012): Intensive In-Home Services for Children's Mental Health in VA: Time to Focus on Quality	1) improve the consistency and quality of intensive in-home services in VA-- by developing VA's practice models and replicating existing models of excellence, 2) in addition, improving the quality of in-home services must be part of developing a more robust array of services to reduce over-reliance on IHS. 3) to ensure the services are leading to positive outcomes for kids and families, VA must develop outcome measure on well-being of youth served. 4) Finally, VA must be vigilant to ensure access to services through the transition to Medicaid care coordination.
Health	Virginia Board for People with Disabilities (2014): Assessment of the Disability Services System in Virginia	1) Early intervention: to provide front-loaded supports that maximize positive outcomes for infant and toddlers and offer the highest potential for long-range cost avoidance, Virginia's early intervention services must be delivered at the earliest juncture possible. 2) Crisis intervention system that ensures service access regardless of diagnosis(as), type of disability, age, or locality of residence; crisis services for children should be developed and implemented without delay. 3) Develop a strategy to eliminate the institutionalization of individuals under the age of 21 and task the DMAS and the DBHDS with the responsibility to develop processes that ensure adequate service are provided to these youth and their families.
Health	Joint Commission on Health Care (2012) Shaken Baby Syndrome and Abusive	1) Departments of Health, Social Services, Behavioral Health & Developmental Services, Rehabilitation Services and Education collaborate with other public and private sector stakeholders to identify current best practices, state-wide programs, surveillance and data, initiatives and interventions dedicated to addressing infant mortality in Virginia.
Health	Joint Commission on Health Care (2010) Opportunities for Early Identification and Preventive Care for	1) Department of Medical assistance services report to JCHC regarding recommended options for addressing the chronic care needs of Virginia's Medicaid and FAMIS enrollees. 2) Request that the Department of Human Resources Management report to JCHC regarding the costs and benefits of the recently implemented COVA Connect pilot program for State programs.

Health	Prevent Child Abuse VA (2012) Healthy Families VA: Statewide Evaluation	1) Restore the almost \$200,000 dollar funding cuts that the Healthy Families Virginia initiative experienced during FY2011-FY2012 2) Foster high-quality programs that are capable of producing strong outcomes by providing full-time funding for all of the technical assistance/quality assurance staff 3)Strengthen families by connecting and reconnecting father with their children to promote safe, stable, and successful families. 4) Conduct an epidemiological study to estimate the number of participating mothers who are experiencing depression and begin to understand the impact of depression on parenting and home visiting service delivery.
Health	VDH 2015 Maternal and Child Health Block Grant	Conduct a statewide needs assessment every five years that shows the need for 1) preventive and primary care services for pregnant women, mothers and infants; 2) preventive and primary care services for children; and 3) family-centered, community-based services for children with special health care needs and their families. Maintain or make available a state toll-free number to provide parents with information about health care providers who provide services under Title XIX and other relevant health related information.
Health, Behavioural Health	Early Childhood Advisory Council (2013) Family Support and Wellness Task Force	<p>4. Promote and utilize service delivery improvements which maximize resources and minimize overlap in administrative costs.</p> <p>a. Examples- Central referral/intake for home visiting; Expand the service area of existing programs into unserved geographic areas in lieu of creating brand new programs</p> <p>5. Enhance family/child level information sharing across agencies and programs for referrals and initiating services.</p> <p>a. Create a workgroup to identify points of entry, gaps in service provision, lack of interconnectedness</p> <p>b. Identify strategies to improve documentation/data sharing across agencies and programs (ex. require standard core application/enrollment form for all state funded services)</p> <p>6. Incorporate cross-disciplinary education around physical, social/emotional, and behavioral health for medical and oral health care students, as well as in-service training for currently licensed health care providers.</p> <p>7. Integrate Early Childhood Mental Health Initiative & Infant Mental Health Competencies into the Children’s Mental Health System of Care Plan, including universal screening and earlier interventions, certification/endorsement in Mental Health in Part C and other programs and single point of entry for early childhood mental health.</p> <p>8. Review opportunities to integrate children’s mental health data with other data systems, collaborate to identify a consistent set of key early childhood mental health data indicators and identify means of implementing integrated data collection.</p>

Health	2015 Early Childhood Unified Agenda	Fully fund comprehensive home visiting programs, CHIP of Virginia and Healthy Families. Despite successes helping families gain employment and meet children's developmental needs, our statewide home visiting network only reaches 12% of need. Fully fund early intervention (IDEA Part C) for infants and toddlers with developmental delays. Each year local systems must balance budget decisions with providing timely access to developmental therapies.
Health	Joint Commission on Health Care (2013) Annual Report	JCHC Members were briefed on CHIP's activities and funding, as a result JCHC members introduced budget amendments to restore \$900,000 in state funding to CHIP that had been eliminated

Health and Well Being Workgroup Background Documents and Resources

RELEVANT REPORTS:

Impact of Toxic Stress

Center on the Developing Child, Harvard University; Tackling Toxic Stress

http://developingchild.harvard.edu/resources/stories_from_the_field/tackling_toxic_stress/

Impact of Trauma on Children

National Child Traumatic Stress Institute: The Impact of Complex Trauma

http://www.nctsn.org/sites/default/files/assets/pdfs/impact_of_complex_trauma_final.pdf

Two-Generation Approaches

Annie E Casey; Creating Opportunity for Families: A Two-Generation Approach

<http://www.aecf.org/resources/creating-opportunity-for-families/>

A new KIDS COUNT policy report makes the case for creating opportunity for families by addressing the needs of parents and their children simultaneously

Aspen Institute; Gateways to Two-Generations: The Potential for Early Childhood Programs and Partnerships to Support Children and Their Parents Together

<http://www.aspeninstitute.org/publications/gateways-two-generations-potential-early-childhood-programs-partnerships-support>

Virginia Department of Health Resources

VDH, Virginia Health Equity Report (2012)

<http://www.vdh.virginia.gov/OMHHE/2012report.htm>

VDH's Health Opportunity Index

<http://atlasva.org/blog/health-opportunity-index/>

VIRGINIA DATA SNAPSHOTS:

KIDS COUNT Data: A project of the Annie E. Casey Foundation, KIDS COUNT is the premier source for data on child and family well-being in the United States. Access hundreds of indicators, download data and create reports and graphics on the KIDS COUNT Data Center at www.datacenter.kidscount.org

Infant Mortality, by race (2006-2010)

<http://www.datacenter.kidscount.org/data/tables/7427-infant-mortality-by-race-per-1000-live-births?loc=48&loct=2#detailed/2/any/false/133,38,35,18,17/13,107,133,4/14508,14507>

Low Birth weight Babies (2008-2012)

<http://www.datacenter.kidscount.org/data/tables/3252-low-birthweight-babies?loc=48&loct=2#detailed/2/any/false/868,867,133,38,35/any/12515,6708>

Children in Poverty by Age (2009-2013)

<http://www.datacenter.kidscount.org/data/tables/5650-children-in-poverty-by-age-group?loc=48&loct=2#detailed/2/48/false/36,868,867,133,38/17,18,36/12263,12264>

Kids Who Received Preventive Dental Care in the Last Year (2007 – 2012)

<http://www.datacenter.kidscount.org/data/tables/6033-children-who-have-received-preventive-dental-care-in-the-past-year?loc=48&loct=2#detailed/2/48/false/1021,18/any/12689,12690>

Health and Well Being Workgroup Survey Results

Home Visiting

- Scale up home visiting – requires resources (this was the most frequently mentioned item on the survey)

Health

- Improve vaccination rates, education of parents
- Ensure all babies are born at terms (lower prematurity rates)
- Health homes for all children (including dental)
- Access to health insurance coverage and a medical home

Children with Developmental Delays and Disabilities

- Increased screenings – fully fund system for follow up
- For children on the autism spectrum, early diagnosis early intensive intervention
- There should be a formal systematic follow up for NICU babies at 3, 6 and 12 months to ensure these children are receiving adequate supports.
- Increased education and training of health professionals with respect to identifying disabilities as early as possible (such as but not limited to autism spectrum disorders), making appropriate referrals, and working effectively with children and families. This should begin in the school setting (medical, nursing, dental, PA, etc.) and be continuing education effort.
- Promotion of medical homes for children who have special health care needs to ensure an interdisciplinary approach to health care, therapies and other services.

Childhood Hunger and Obesity Prevention

- Data and best practices available; can be scaled up through collaborations, and existing networks.
- These efforts should include children with disabilities who are often not directly targeted in mainstream efforts.

Behavioral Health

- Education of teachers and pre-screening for mental health for children