Conference Call Notes

October 27, 2017

Rep. James Cantwell

Ray Tomasi

Tracy MacMillan

Erica, HPC (David Seltz)

I: Outlining the framework for a proposal

a. Focus population, including age group

- Making program go from birth-18
- Looking for suggestions as to what age group to focus on
- To really get at prevention, no better place to start than at birth
- 50% of those with diagnosed behavioral or mental health issues could have been diagnosed by age 13
- Narrow focus
- Identify the sources of mental illness
- Suggest that programs start before the point of diagnosis
    - Diagnosis identifies the condition
    - Prevention would be most effective if it came before the diagnostic stage

b. Target disorders and/or issues

- Put all behavioral health disorders together: indicators are presented in first grade/kindergarten are not diagnosable but predictive of future diagnoses and carry with them
    - Psychiatric stressors
    - Parental concerns
    - Behavior issues
    - Family history
- Being able to develop interventions at this point on the continuum would have the greatest long term effect
- School based programs (life skills training/guiding good choices): develop skills kids need to be resilient or manage their stressors/traumas
- Focus on indicators of later diagnoses
- Risk and protective factors have very strong evidence based connections to later outcomes of violence/substance use/mental illness

c. Desired short, medium, and long term outcomes and impact

- Positive outcomes will take a long time to realize; it is an investment
- How do schools measure their effectiveness?
    - Fewer disciplinary events
    - Academic progress

    - Number of counseling sessions
    - Needs a sense of objectivity
- Behavioral Health index (used in primary care)
- We should make use of the existing data present in schools
    - Able to determine behavioral issues
    - How many IEPs are for behavioral issues rather than academic
- Pride Surveys collect data
- Make a compendium
- Measure reduction in using the health care system at 1 year/5 year/10 year intervals
- Expect to see better attendance, less substance use, less behavioral issues
- Create a validity to the science around mental health, which currently is not very precise or exact

d. Level of intervention (individual, family, community, state)

- Real success will come from focusing on all levels of intervention
- Community level programs combined with individualized programs and family based programs help social emotional learning
- Community based coalitions help make a difference on the local level and help set an example

II: Option; building infrastructure; strengthening community-based prevention

1. Primary Funding Focus

Schools: Going in and working with students that are identified as “troubled”

- How is that circle then widened to the rest of the school/age group
- How do we reach the kids who aren’t labeled yet
- Expanding to families and other levels of community
- Engage business, law enforcement, healthcare sectors
- Change the norms for the community

Community coalitions may be a good place to start because there are already resources there to work with

- More of a process level approach
- However underneath it we can do multiple family/medical/educational programs

Conflicting desires: making sure we have a statewide indicator to show success and making sure local communities can create their own coalitions

- State regulations shouldn’t dictate the local community groups but guide them
- Provide evidence based programs and show them how to do it

2. Statewide Youth Health Survey (Communities that Care Model)

- Ensure continuing funding
- Existing Surveys only measure outcomes
- Communities that care would survey predictive factors: would help create programs to prevent these outcomes

- We kind of need both of these programs to accurately measure the effects of prevention programs
- Not enough funding to do a statewide survey
- Having a statewide survey that measures each community may raise concerns of privacy; DPH and other parties have been advocating for statewide mental health survey
    - Privacy issues can be solved through redactions or going county based rather than smaller communities
    - Communities that care work for communities as much as 50,000-100,000
        - Would measure earlier indicators so communities could intervene earlier
    - Smaller community samples may reveal individuals who are experiencing these issues and violate privacy

Look up Preventure Program in Plymouth (also used in Canada):

- All students are invited to participate, keep it fun, kids answer questions in profile
- Shows which students are followers, prone to impulsive decisions, at risk for risky behavior or drug related activities

Keeping the focus on prevention rather than treatment (funding wise)

Create a firewall to prevent money used for prevention from going towards treatment

Group had looked at several programs and discussed once again the need to focus on one area of behavioral health prevention/promotion and one system of study or engagement re-emphasizing data assessment and working with vulnerable populations

3. Menu of Evidence Based Programs

Show what's already being done in the state and with other states and what's working

Rate programs by cost and effectiveness

Let communities set up their own infrastructure and then choose from a "menu" which programs they'd like to use

Need to provide data/proof that if money is getting put into this, more money will be saved

II: Additional Funding Buckets

- Seizure money
- Pharmaceutical money; assessment on pharmaceuticals
- Meet with Attorney General's office to discuss marijuana revenue
- Marijuana revenue

III: Next Steps

- Administrative Finance (Pay for Success Bonds)
    - Meet with Attia and have him present to subcommittee first and then whole commission
- How ACO's can be an avenue for funding promotion/prevention work
- Recommend reaching out to Kevin Wicker: either agree to present/give more info/direct to better contact
- Develop rough proposal for part 1 based on discussion today
- Gather more data on communities that care

- Do more research on potential assessments