

# Meeting of CSA Child Psychiatrists Minutes

Date: December 14, 2009

*Present:*

John VanDenBerg, PhD (Presenter)	Mathieu Bermingham, MD Children’s Services of Roxbury	Phil Allard Family Service Association of Fall River	Jayne Bannish, MBHP Jean Thraen, MBHP John Straus, MD, MBHP	Jennifer Hallisey MassHealth Mark Strecker, MD Riverside
Peter Metz, MD (Presenter)	Gabriela Velcea, MD CCBC	Christopher Ezzo Gandara (via phone)	Patrick McCabe, MBHP Steven Feldman, MD MBHP	Robert Ziegler, MD The Guidance Center
Russ Livingston, MD, BAMSI	Gordon Harper, MD DMH	Bart Main, MD HES Cape Ann	Steven Feldman, MD MBHP	John Sargent, MD Tufts Medical Center
Victor Komry, MD Bay State Community Services	Iva Pravdova, MD, DMH	Steven J. Wieder HES Haverhill	Tara Fischer, MBHP Jane Morse, MBHP	James M. Uhl, MD, Wayside
Steven Bonauto, MD Beacon Health Strategies	John H. Backman, MD DMH	Phillip Hernandez, MD Home for Little Wanderers	Sam Kelley, MD, MSPCC Michael Murphy, MD MSPCC Lowell	Ludmilla Tonkonogy, MD Y.O.U., Inc.
Barry Sarvet, MD, BHN	Toni E. Cleaver, MD, DMH	Karen Hacker, MD, MPH Institute for Community Health	Lauren Falls Network Health	Gisela Morales-Barreto, EdD MBHP
Marina Radisic-Basovic, MD Child & Family Services of New Bedford	Ken Mitchell, MD, DMH	Jenn Miguel, JRI	Tyrone Scott North Suffolk Mental Health Association	Emily Bailey Beacon Health Strategies
Anne Bauer, MD Children’s Friend and Family Services, Clinical & Support Options (via phone)	Miriam Ornstein, MD DMH	Chris Mink, MBHP		Joan Mikula, DMH
	John Swanson, MD, DMH	Donald Sherak, MD MBHP		
	Sangita Mallick, MD, Eliot			
	Jack Simons, PhD, EOHHS			

Item #	Item	Discussion	Action	Responsible Person
1.	Power Point Presentation: Overview of High Fidelity Wraparound Process and Implications for Psychiatrists in the Process – by John VanDenBerg, PhD	<p><u>Topics covered:</u> Wraparound process; collaboration and integration; list of 10 Principles of Wraparound; list of phases of Wraparound; activities and skill sets; training and coaching; theory of change for Wraparound; what/who are natural supports; implication for psychiatry. <i>Please see PP presentation for more detail.</i></p> <p><u>Highlights:</u> What’s called Wraparound has varied across the country and a lack of standards/fidelity has resulted in a lack of consistently positive outcomes. Development of standards gained backing by Bush Administration in 2/07.</p> <p>Wraparound is not a service but a process of supporting youth/families through following 10 principles and is done in four phases. It should include evidenced-based practice.</p>		

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		<p>Collaboration and integration support the development of a single care plan – not a single piece of paper.</p> <p>Recommended that Child Psychiatrists ask: Whose need is this?; Did the family identify the need?; Are we moving toward independence and skill building or doing something “to them?”; Where are natural supports?; Is integration taking place?</p>		
2.	<p>Power Point Presentation: Roles and Responsibilities of the Child and Adolescent Psychiatrist in the CBHI CSAs: Options and Opportunities – by Peter Metz, MD</p>	<p><u>Topics covered:</u> Values, principles, and practice of System of Care (SOC); role as trainer to CSA staff; role of consultation to CSAs; client-centered consultation; availability, affability, and utilization; interface with OP, Hosp, Resi, MCI; outreach to community; working with family partners; system participation. <i>Please see PP presentation for more detail.</i></p> <p><u>Highlights:</u> Staff are eager for training around diagnosis/psychotropic meds/other clinical considerations.</p> <p>Consider asking about family future vision, culture, strengths, and needs as well as psych hx records.</p> <p>Avoid starting with chief complaint.</p> <p>When acting as consultant – come from stance of raising options to the team and family.</p> <p>Consider ways to increase availability/co-locate/use e-mail/open office hours/be informal.</p> <p>Get to know the family partners.</p> <p>Psychiatric input can be part of the team even when you’re not physically present.</p>		
3.	<p>Question/Answer/ Discussion</p>	<p>Psychiatrist Report:</p> <ul style="list-style-type: none"> <li>• They would like to meet on a regular basis for support and standardization (some are meeting already regionally). The evaluation form included survey to assess best way to continue to meet (see enclosure).</li> <li>• They are not being used due to billing structure.</li> <li>• Meeting with CSA administrators might be a productive way to develop a plan around maximizing their time.</li> <li>• They have established linkage with DMH regional Psychiatrists.</li> <li>• Bridge visits may occur – they are encouraged to contact MCEs with access to psychiatry issues.</li> </ul>	<p>F/U at January CSA Regional Network TA meetings</p>	<p>TA Teams</p>

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