

System Table Group:

CRC FAB

Date: 5/4/16

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Systems Table Communication Form

Briefly describe or list the major concerns/themes that have been discussed in your meetings. What are the factors influencing these specific concerns/themes and how are individuals, families, and communities being impacted?

The following are the questions asked of the CRC to CRC FAB in May:

1. RE: Visit to ER conversation -
Why are families overusing ER and what has been done as far as follow up?
CRC and EMPS will be meeting with DKH and we want to bring concerns but also suggestions about during the visit, discharge and follow up from ER.
2. What community programs have you used.
3. Did they help?
4. Would you use them again?
5. Would you recommend them?
6. Were there barriers or fears. (ex. not being honest in reporting due to fear of DCF)

What are any possible actions, on a local or state level, that could affect positive change on these concerns/themes?

CRC FAB Responses

ERs:

ERs need to have more communication with the family
Parents feel judged when at ERs
Families use ERs because they don't know how to use systems or have contacts

EMPS:

EMPS was unable to deescalate due to child's level of need
EMPS felt the child's need was more than they can handle and parents had to call 911
EMPS is just not fast enough

Solutions:

Dig deeper. What cause this? (Past trauma, neglect...)
There should be team meetings at all tables – this includes at the ER and includes the family
There should be incentives to open more programs in the NE
Change the funding stream
More parent trainings for physicians and mental health providers

Briefly describe or list any current service provisions or programs that have been successful in addressing these concerns/themes?

Parents felt that telling their stories can change/have changed the way providers see their programs when hearing it from the family perspective