Proposed Modifications to the Connecticut Children's Behavioral Health Plan based on Public Feedback

Overall and by Thematic Area

This document summarizes the major modifications made to date in the draft Children's Behavioral Health Plan released September 5, 2014 based on a review of the 110 written comments received through the www.Plan4Children.org web site.

The comments contained many conflicting perspectives as well as suggested changing wording and corrections of facts across 73 pages of text. The planning team sought to balance the conflicting perspectives as fairly as possible in consultation with DCF staff based on our interpretation of the data available, the substantial input form the planning process, and the prior planning reports and literature.

The next step is for the DCF Commissioner to review the next draft, make any changes she deems necessary, and submit it to the Legislature as required. After that, there will be further opportunities for all participants to weigh in with the legislature on how well the plan has addressed their perspectives.

Overall

We recast the introduction in a broader framework of promoting the well-being of Connecticut's children.

Commenters expressed concerns about (1) too many planning processes and task forces are proposed, and (2) the plan lacks timelines for these and other activities. The reality is that the complex process required to accomplish the major new directions in this plan -- reforming the financing process, establishing a Care Management Entity, and dramatically enhancing the array of services and supports available to children and families -- will require significant design work that was beyond the scope of this planning process.

We are working to make the plan more action focused wherever possible and will propose timelines for the most significant activities.

We incorporated references to children with mental health needs involved in other systems (e.g. juvenile justice, child welfare, Birth To Three).

Proposed Changes by Thematic Area

A. System Organization, Financing, and Accountability

Goal A.1 Redesign the publicly financed system of mental health care for children to direct the allocation of existing and new resources.

- This section is related to Goal C.1 where we describe the full array of services and supports.
- Clarify that that we are looking at both evidence-based practices and innovative approaches with the promise to become evidence-based.

Goal A.2 Create a network of regional "care management entities" to streamline access to and management of services in the publicly financed system of mental health care for children.

- The CME concept will be fleshed out with more specifics and concerns about multiple CMEs for a small state will be addressed.
- While the Plan anticipates a design phase before implementation, we are adding specific proposed functions of the CME that may include:
  - Performing key administrative and service delivery functions of the system of care;
  - Implementing a value-based purchasing approach that emphasizes reimbursement for service quality and outcomes;
  - Improving the family's experience of a system as having "no wrong door" by centralizing and coordinating administrative and service functions, and improving family's access to information and care.

Goal A.3 Systematically examine the major areas of concern regarding commercial insurance for children's behavioral health.

- Many of the same concerns expressed during the planning process were reiterated in comments. The proposed targeted planning process is required to develop a workable solution to these identified issues in a timely way so we propose no change to the recommendation.

Goal A.4 Develop an agency and program wide integrated behavioral health data collection, management, analysis and reporting infrastructure across an integrated public mental health system of care.

- Aside from incorporating a number of specific suggestions, the direction in this section remains the same.
- The connection of this role and work to the CME will be strengthened.

B. Health Promotion, Prevention, Early Identification, and Early Intervention

Goal B.1 All children will receive age appropriate periodic standardized screening for developmental and behavioral concerns as part of a comprehensive system for screening, assessment, and referral for services.

- We will move this below Goal B.2 to reflect the sequence of training the workforce first and then screening
- Strategy B.1.3 to expand screening with the ASQ:SE will be broadened to reflect a broader set of screening tools
- Will refine the understanding that this is across all ages.

Goal B.2 Ensure that all providers and caregivers who work with children demonstrate competency in promoting social and emotional development in partnership with families, recognizing risk factors and early signs of social-emotional problems and mental illness and connecting children to services appropriate for their stage of development.

- Reworking this section to focus on training of the workforce (Strategy B.2.1) to identify and screen for behavioral issues and refer and link to appropriate services and moved the more general prevention strategy to new Goal B.3.

- We are developing a new **Goal 3** related to overall strategy to develop prevention programs statewide in a systematic fashion in a public health approach. This will focus on school-based climate and curriculum interventions as well as community level work.

C. Access to a Comprehensive Continuum of Care

Goal C.1 Build and adequately resource a continuum of mental health care services that is appropriate to child and family needs, accessible to all, and equally distributed across all areas of the state.

- We are refining and strengthening the presentation of the array of services and supports that need to be available in the system and making a stronger statement about the need to enhance the array across many service categories.
- Combined the planning of the array of services in Strategy C.1.2. with the concept of ongoing local and regional needs assessments into Strategy C.1.1.
- In the second strategy, focused on expanding the array of services
- Changed the way we present the elements of the array of services and supports requiring expansion:
  - Prevention
  - Early Childhood Interventions
  - Non-Traditional/Non-Clinical Services and Supports
  - Care Coordination
  - Behavioral Health Treatment Options
    - Evidence-based treatments
    - Intensive treatment models (home and community-based)
    - Crisis response services (expanded in Goal C.2)
    - Child and adolescent psychiatry (evaluation and medication management)
    - Services and supports for children with autism
    - Substance use services

Goal C.2 Expand crisis-oriented behavioral health services to address high utilization rates in emergency departments.

- Added reference to concept of crisis stabilization units: *Strategy C.2.3. Connect expansion of EMPS with an expansion of crisis respite beds* *<u>and crisis stabilization units</u> throughout the state*
- Added: *Strategy C.2.4. Pass legislation that allows schools, police, and providers to refer youth experiencing a behavioral health crisis to crisis respite and crisis stabilization units*.

Goal C.3 Strengthen the role of schools within the continuum of mental health services to address the mental health needs of students

- We are developing a new focus on the need to define the “gold standard” for school-based behavioral health services and a process to move all schools toward that standard with program alignment, incentives and training.

D. Pediatric Primary Care and Mental Health Care Integration

Goal D.1 Strengthen connections between pediatric primary care and mental health services.

- We will be refining some of the details in this section to ensure a clear understanding of the role of the pediatric care team in relation to the behavioral health professionals and systems established through the plan.

E. Disparities in Access to Culturally Appropriate

Goal E.1 Develop, implement, and sustain standards of culturally and linguistically appropriate care.

- No significant changes in this section.
- We are exploring combining Goal 1 and Goal 2 into one overall goal.

Goal E.2 Enhance availability, access, and delivery of services and supports that are culturally and linguistically responsive to the unique needs of the service population across the service continuum.

F. Family and Youth Engagement

Goal F.1 Include family members of youth with mental health needs, youth, and family advocates as core members in the governance of the mental health system.

- We will amend Strategy F.1.3 to refer generally to parent training rather than to a particular model: *Increase the number of parents who are trained in parent leadership curricula to ensure that families develop the skills to provide meaningful and full participation in system development.*

G. Workforce

Workforce strategies are distributed across the other thematic sections.

- We will be refining the cross-referencing of the goals and strategies in the plan that involve workforce considerations with this section.
- We are considering including some overall system goals and strategies here based on feedback and the results of the planning process.