CONNECTING CHILDREN AND FAMILIES TO CARE

CONNECT 2016

CONNECT
Network of Care Analysis

Vision: Supporting the goal of integrating all child serving systems into a Network of Care to equally and effectively serve children and families.

Goal: Conduct an analysis of the Network of Care to examine the level of integration and collaboration between service sectors, providers and family members.

Key strategies:

1. Conduct a Network of Care analysis to assess the integration and collaboration among behavioral health programs.
2. Conduct a survey and focus group to assess the integration and collaboration among Pediatric primary care provider practices.
3. Conduct an assessment of the integration and collaboration among schools and behavioral health services.

Current work plan:

1. Please refer to Network of Care Analysis timeline.

Annual Updates:

1. The workgroup has met 8 times in the past 12 months (October 2015-September 2016).

2. Participants included Beacon Health Options, the Child Health and Development Institute (CHDI), Connecticut Children's Medical Center (CCMC), the State of Connecticut Department of Children and Families (DCF), the Connecticut Hospital Association (CHA), East Windsor Public Schools, family members, FAVOR, Inc., the United Way/211, Wheeler Clinic, the Yale Consultation Center and individual members of the Public Act 13-178 Advisory Committee. The meeting is facilitated by Beacon Health Options.

3. CONNECT partners (Beacon, CHDI and Yale) also participated in monthly data calls in order to consult with one another and have the opportunity to discuss anything relevant to Data Integration or Network of Care Analysis Workgroup activities.

4. Starting agenda items and discussion points for early meetings included:
   - A history of Network of Care Analysis aims;
   - The vision for Connecticut's networks of care per the CONNECT System of Care (SOC) grant and PA 13-178 legislation/Children's Behavioral Health Plan;
   - A review of the CONNECT SOC grant needs;
   - A review of PA 13-178 and the Children's Behavioral Health Plan needs; and,
   - Reasons to combine the PA 13-178 and CONNECT committees into one statewide workgroup.

In March 2016, the Workgroup focused on determining which agencies should be engaged to participate in a network of care analysis project, the logistics for administering surveys, and the types of survey questions to be used. The Network of Care Analysis timeline was drafted based on the workgroup's input and four cohorts were identified to be included in the analysis:

- Cohort 1 – Behavioral health programs;
- Cohort 2 – Pediatric primary care provider practices;
- Cohort 3 – Schools; and,
- Cohort 4 – Family/Parent champions and stakeholders

5. The April meeting resulted in a review of the service categories and survey design for the behavioral health and medical cohorts. The group also had a planning and strategy discussion to support the messaging for the upcoming Children's Behavioral Health Advisory Council (CBHAC) meeting. The Network of Care Analysis timeline was reviewed and continuously updated throughout subsequent meetings.

6. Since May, the workgroup has supported the successful planning and implementation of the collaboration survey for the behavioral health cohort in every region as well as the planning of the pediatric primary care provider's cohort survey. The United Way/211 ran regional program density reports based on criteria determined by the workgroup. Once the reports were approved, each regional Network of Care manager (NCM) led the process of generating an inventory of potential survey participants for the behavioral health cohort collaboration survey. This was completed by garnering consensus input from leadership and community stakeholders in their respective region. Due to wide variation in volume of each of the geographic region's inventory, each list was presented to and reviewed by the workgroup in order to determine the best course of action for each area.

7. Future meetings were dedicated to providing updates and monitoring the progress of the behavioral health cohort regional collaboration surveys. The workgroup chose to use a staggered approach to roll-out the survey statewide with the South Central and North Central regions going live in August, followed by the Southwest and Western regions in early September, and the Eastern, and Central regions in mid-September. This sequence allowed time for each Network of Care Manager to vet the list from their respective regions with local regional stakeholders and receive final approval by the workgroup. It also provided an opening for the later regions to benefit from process improvement opportunities identified and incorporate by the earlier regions.

8. The next phase of the Network of Care Analysis workgroup may include but not be limited to the following:

   - Completion of the quantitative portion of the project (i.e. all regional surveys completed and analyses drafted for the behavioral health cohort);
   - Presentation of the behavioral health cohort collaboration survey analysis results to the workgroup and discussion of analysis findings;
   - The design and plan for sharing the behavioral health collaboration survey results with each region;

- Implementation of the pediatric primary care provider cohort survey statewide;
- Planning and implementation of the qualitative portion of the project (regional behavioral health Community Conversations and regional pediatric primary care provider meetings);
- Presentation of the pediatric primary care provider cohort survey analysis results to the workgroup and discussion of analysis findings;
- The design and plan for sharing the pediatric primary care provider survey results statewide;
- Planning and implementation of the school cohort survey; and
- Compilation and review of all findings in order to determine next steps and strategy recommendations

				2016								2017	
			OWNER	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB
Behavioral Health Cohort	1	Conduct scan & develop draft provider list for each region	NCM										
	2	"Quality check" the lists w/each region	NCM/FSM + regional champions										
	3	Finalize regional lists & send to YCC	NCM/FSM + regional champions										
	4	Send email to CEO/Executive level contact to determine frontline staff who will complete survey	NCM										
	5	10 days prior to survey link being ready- email will go out to both agency staff letting them know survey link is coming	NCM										
	6	Develop survey - 1 per region	Yale CC										
	7	Survey distributed & completed *(rolling 4-6 week window)*	NCM										
	8	Email all agency contacts 10 days after survey link was distributed reminding to complete	NCM										
	9	Email all agency contacts 20 days after survey link was distributed reminding them to complete	NCM										
	10	Email all agency contacts 28 days after survey link was distributed reminding them to complete	NCM										

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	11	Survey closes at 30 working days	Yale CC										
	12	Survey findings completed and regional reports generated	Yale CC										

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				2016								2017	
			OWNER	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB
Medical Cohort (Pediatric Primary Care)	1	IRB Exemption Application	CCMC										
	2	IRB Determination	CCMC										
	3	Send online Readiness survey to Pediatricians	CCMC										
	4	Recruit Pediatrician Mental Health Action Group (MHAG) participants	CCMC										
	5	Recruit Mental Health stakeholders for MHAG in consultation with 13-178/CONNECT subcommittee	CCMC										
	6	Analyze Readiness Survey data, Prepare preliminary report, & share with subcommittee	CCMC										
	7	Conduct two meetings of each of the 8 regional MHAGs using System Support Modeling and Creation of an Action Priority Matrix	CCMC										
	8	Aggregate/Analyze Systems Support Maps	CCMC										
	9	Create Draft Report for 13-178 Advisory Council	CCMC										
	10	Share Draft Report with 13-178 Sub-committee	CCMC										
	11	Finalize Report	CCMC										

School	1												
	2												

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	3												
	4												
	5												
	6												
	7												
	8												
	9												

CONNECT
Data Integration

Vision: Improve statewide data sharing through a user-driven process across child serving sectors to drive planning, policy, budgeting and decision making to transform local, regional and statewide networks of care.

Goal: Provide an opportunity for families, providers and state agency partners to share and identify data needs, measure strength, gaps and opportunities to build an integrated statewide system.

Key strategies:

1. To collaborate with Office of Policy and Management to support the Governor's Open Data Policy Executive Order and the development of the Open Data Portal website.
2. To collaborate with Office of Policy and Management to support the CT Data Collaborative and the development of a statewide behavioral health data dashboard.
3. To create an open, accessible, transparent and publically available data system that is useful, understandable and user friendly.

Current work plan:

1. Identify data needs by state agencies their partners and constituents.
2. Recruit and retain trained family and community participants.
3. Bimonthly meetings will alternate between statewide meetings and local outreach to be inclusive of each region.

Annual Updates:

1. Total of 10 meetings in the past 12 months (October 2015-September 2015).
2. Workgroup meetings are chaired and co-facilitated by FAVOR, a statewide family advocacy organization and the State of CT Office of Policy Management (OPM) with TA/program management provided by Beacon Network of Care managers (Intensive Care Coordination program).
3. Meetings include an opportunity for family participants to identify data needs at the state and local levels.
4. To support family and community members to be full participants in meetings, the workgroup hosted a Data 101 Training on 4/16 to train and engage them around basic data concepts. The workgroup has encouraged ongoing participation of trained family and community participant and continues to work towards recruitment and retention of these members.
5. Three regions have since received the Data 101 Training: (South Central, North Central, and Western) and special Data 101 presentation was customized for the CBHAC.
6. To promote awareness of data integration efforts, each region and the statewide Connecticut Behavioral Health Partnership (CTBHP) Consumer and Family Advisory Board have received a CONNECT Grant update and Data Dashboard presentation.
7. The workgroup continues to further develop the Data Work Plan (see attached) with state agencies and families with the goal of more data being posted on the CT Open Data Portal (https://data.ct.gov) and the CT Data Collaborative website/CONNECT Dashboard (www.ctdata.org & www.connect.ctdata.org).

Data Integration Team State Department Data Requests							
Category	**Dataset**	**Agency**	**Date Available By**	**Interval** mthly anly	**Update Frequency** mthly,qrtly anly	**Disaggregation - **All by Town or Zip code**	Notes
General	Population by Age by Town (Census ACS)	Census			NA	age range, race, ethnicity, sex	
Child Welfare	Abuse and Neglect Reports	DCF	Posted	Annual	Annually	age range, race, ethnicity, sex	
Child Welfare	Children in Placement	DCF	Posted	Monthly	Annually	Placement type, age range, race, ethnicity, sex	Disaggregation by DCF Region & Office
Child Welfare	Abuse and Neglect Reports - Categorized as unable to care	DCF	TBD	Annual	Annually	age range, race, ethnicity, sex	Currently assessing the feasibility of Town level data due to sample size
Community	DDS Consumers by Residence Type	DDS	at the end of each quarter (September 30, December 31, March 31 and June 30)	Quarterly	Quarterly	Two different displays: - DDS consumers by Residential Program and Age Range - Where People live (Residence type and region)	This information is captured in our quarterly Management Information Report (MIR). We provide statewide and regional counts (NR, SR, WR). We are currently unable to provide a breakout by race and ethnicity.

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Community	DDS Consumers by Day Program Type	DDS	at the end of each quarter (September 30, December 31, March 31 and June 30)	Quarterly	Quarterly	Two different displays: - DDS consumers by Day Program and Age Range - Work and Day Services (Day Program type and region)	This information is captured in our quarterly Management Information Report (MIR). We provide statewide and regional counts (NR, SR, WR). We are currently unable to provide a breakout by race and ethnicity.
Community	DDS Medicaid Waivers	DDS	at the end of each quarter (September 30, December 31, March 31 and June 30)	Quarterly	Quarterly	Waiver type, region and Residence Type	This information is captured in our quarterly Management Information Report (MIR). We provide statewide and regional counts (NR, SR, WR). We are currently unable to provide a breakout by race and ethnicity.
Community	DDS Residential Waiting List	DDS	at the end of each quarter (September 30, December 31, March 31 and June 30)	Quarterly	Quarterly	Residence Type and Region	This information (Residential Waiting List) is captured in our quarterly Management Information Report (MIR). We provide statewide and regional counts (NR, SR, WR). We are currently unable to provide a breakout by race and ethnicity.
Law Enforcement	Uniform Crime Reports	DESPP	October, 17	Annually	Annually		
Health	Substance use admissions	DMHAS	October, 17	Monthly	Annually	drug of choice, # of admissions by town	

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Health	Admissions by type of treatment	DMHAS	October, 17	Monthly	Annually	age range, race, ethnicity, sex	
Health	Diagnostic Categories	DMHAS	October, 27	Monthly	Annually	age range, race, ethnicity, sex	
Health	Asthma Related ER Visits	DPH	Published	Annual	Annually		Census Tract
Health	Elevated Blood Lead Levels	DPH	November, 1	Annual	Annually		
Health	Child Blood Lead Levels	DPH	November, 1	Annual	Annually		
Health	Drinking Water Violations	DPH	November, 1	Annual	Annually		By Water System
Health	Vital Statistics - Births	DPH	November, 1	Annual	Annually	race, ethnicity, sex	
Health	Vital Statistics - Deaths	DPH	November, 1	Annual	Annually	age range, race, ethnicity, sex	
Health	Cancer Incidence Rates	DPH	November, 1	Annual	Annually	age range, race, ethnicity, sex	
Schools	School Based Arrests	Judicial	TBD	Annual	Annually	age range, race, ethnicity, sex	by School/District: Judicial Branch not covered by E.O. 39, working to formulate participation mechanism
Community	Foreclosure Mediation Statistics	Judicial	TBD	Annual	Annually		Judicial Branch not covered by E.O. 39, working to formulate participation mechanism
Community	Family Case Statistics	Judicial	TBD	Annual	Annually		Judicial Branch not covered by E.O. 39, working to formulate participation mechanism

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Community	Family violence	Judicial	TBD	Annual	Annually		Judicial Branch not covered by E.O. 39, working to formulate participation mechanism
Community	Probation	Judicial	TBD	Annual	Annually		Judicial Branch not covered by E.O. 39, working to formulate participation mechanism
Child Welfare	Birth to Three Cohort	OEC	October, 31	Annual	Annually	Referred & Served by town (age range: Birth to 3 years)	
Child Welfare	Birth to Three Annual	OEC	October, 31	Annual	Annually	Referred & Served by town (age range: Birth to 3 years)	
Child Welfare	Home visiting	OEC	March, 30	Annual	Annually	# of families served by program type	
Child Welfare	Early Care & Education (School Readiness, Smart Start, Child Day Care, Preschool Development Grant)	OEC	Oct 31, Jan 30, Apr 30, July 31	Monthly	Quarterly	Capacity by space type & age group, by town	
Community	Care 4 Kids	OEC	Oct 31, Jan 30, Apr 30, July 31	Monthly	Quarterly	age group, setting type, by town	
Child Welfare	Childcare Licensing Inspections	OEC	January, 30	Annual	Annually	Per facility	by Facility
Child Welfare	Hospitalization & ER Statistics	OHCA	TBD	Annual	Annually		Not Covered by E.O. 39

CONNECT

Category	Dataset	Agency	Date Available By	Interval (monthly or Annual)	Update Frequency (Monthly, Quarterly, or Annually)	Disaggregation - **All by Town or Zip code unless otherwise indicated in Notes**	Notes
General	School Enrollment	SDE	March, 30	Annual	Annually	grade, race, ethnicity, sex	by School
Schools	Sanctions by Race	SDE	September, 30	Annual	Annually	race only	by School
Schools	Suspension Rate by Race	SDE	October, 17	Annual	Annually	race, ethnicity, sex	by School
Schools	CMT/SBAC	SDE	October, 3	Annual	Annually	grade, race, ethnicity, sex	by School
Schools	Special Education Expenditures	SDE	September, 30	Annual	Annually		by District
Schools	Per Pupil Expenditures	SDE	September, 30	Annual	Annually		by District
General	Population by Age by Town (Census ACS)	Census			NA	age range, race, ethnicity, sex	
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Child Welfare	Abuse and Neglect Reports -	DCF	TBD	Annual	Annually	age range, race, ethnicity, sex	Currently assessing the feasibility of Town level data due to sample size

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	Categorized as unable to care						
Community	DDS Consumers by Residence Type	DDS	at the end of each quarter (September 30, December 31, March 31 and June 30)	Quarterly	Quarterly	Two different displays: - DDS consumers by Residential Program and Age Range - Where People live (Residence type and region)	This information is captured in our quarterly Management Information Report (MIR). We provide statewide and regional counts (NR, SR, WR). We are currently unable to provide a breakout by race and ethnicity.
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Health	Child Blood Lead Levels	DPH	November, 1	Annual	Annually		
Health	Drinking Water Violations	DPH	November, 1	Annual	Annually		By Water System

CONNECT

Health	Vital Statistics - Births	DPH	November, 1	Annual	Annually	race, ethnicity, sex	
Health	Vital Statistics - Deaths	DPH	November, 1	Annual	Annually	age range, race, ethnicity, sex	
Health	Cancer Incidence Rates	DPH	November, 1	Annual	Annually	age range, race, ethnicity, sex	
Schools	School Based Arrests	Judicial	TBD	Annual	Annually	age range, race, ethnicity, sex	by School/District: Judicial Branch not covered by E.O. 39, working to formulate participation mechanism
Community	Foreclosure Mediation Statistics	Judicial	TBD	Annual	Annually		Judicial Branch not covered by E.O. 39, working to formulate participation mechanism
Community	Family Case Statistics	Judicial	TBD	Annual	Annually		Judicial Branch not covered by E.O. 39, working to formulate participation mechanism
Community	Family violence	Judicial	TBD	Annual	Annually		Judicial Branch not covered by E.O. 39, working to formulate participation mechanism
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Schools	CMT/SBAC	SDE	October, 3	Annual	Annually	grade, race, ethnicity, sex	by School
Schools	Special Education Expenditures	SDE	September, 30	Annual	Annually		by District

CONNECT

Schools	Per Pupil Expenditures	SDE	September, 30	Annual	Annually		by District

Cultural and Linguistic Competency Development Workgroup

Vision: To develop, plan and implement a statewide process for incorporating enhanced Culturally Linguistically Appropriate Services (CLAS) standards within the children's Network of Care in Connecticut.

Goal: To partner with families and network of care leaders in order to promote health equity, racial justice and cultural and linguistic competence across all behavioral health services at the local, regional and state levels.

Key strategies:

1. CONNECT will partner with behavioral health organizations in order to incorporate racially just, Cultural and Linguistically Appropriate Services (CLAS) standards into the delivery of services.
2. A five phase strategy will assist agencies with the Assessment and implementation of CLAS standards including the following:
    a) Phase 1: Commitment to Health Equity assessment by Leadership
    b) Phase 2: Agency-wide Health Equity Assessment
    c) Phase 3: Priority Area Planning Development
    d) Phase 4: Health Equity Plan Implementation and
    e) Phase 5: Evaluation Outcomes and Services.
3. Improve linguistic accessibility to materials in the preferred language of the youth and families served in each region.

Current work plan:

1. A second cohort of children's behavioral health has been selected to begin their six month commitment ending on May 1st, 2017.
2. A Statewide Workgroup is in development to assist in identifying Connecticut's strengths and needs and subsequent populations of focus based on the Behavioral Health Disparities Impact Statement .

<u>Annual Update for FY 2016:</u>

1. Twelve children's behavioral health agencies made a voluntary six month commitment (January-June) to address their agency's need for a health equity plan and to adopt the National Standards for Culturally and Linguistically Appropriate Services in health and health care.
2. Disseminated over 750 surveys to their child and family serving staff. On June 28, 2016 twelve agencies completed a health Equity Plan in the areas of racial justice, and cultural and linguistically responsive service delivery.
3. The Cultural and Linguistic Competency Development Team worked closely with agencies to provide guidelines in identifying **<u>priority work areas.</u>** All agencies have identified priorities to focus on for their health equity plan development. All committed agencies have completed work on first draft/updates for their agency's health equity plan. All agencies have initiated work on timeframes for implementation of priority work to begin.
4. **<u>Draft Health Equity Plans</u>** that yielded specific recommendations for enhancing culturally and linguistically responsive agency policy and service delivery enhancements.
5. All agencies have agreed to support ongoing evaluation of health equity plan and to make updates regularly. All agencies will be offered training and support around the Results Based Accountability (RBA) process which is a method for planning, accountability, and budgeting and performance measurement.

CONNECT

Social Marketing and Communications

Vision: The Connecting to Care communications strategy increases awareness of the Network of Care and its principles as well as increasing awareness of behavioral health needs and services.

Goal: Implement social marketing strategies to create awareness of a statewide Network of Care's ability to increase service access, reduce gaps in the service array and improve quality of service.

Key strategies:

1. Develop CONNECT brand identification and unified messaging throughout the integrated local, regional, and statewide Network of Care
2. Develop and disseminate culturally responsive and linguistically competent materials that promote the Network of Care development and System of Care values and principles
3. Expand the WRAPCT.org website into a fully integrated statewide communication and distribution web portal

Current work plan:

1. Continue dissemination of enhanced branding through printed materials in English and Spanish (e.g., CONNECTing Children and Families to Care cards, folders, and other products).
2. Subcontract with a website design company to redesign WrapCT.org website to fully incorporate CONNECT branding and enhanced functionality.
3. Submit Mental Health Awareness Month activities from 2016 to the ECCO Awards.
4. Expand scope of statewide Mental Health Awareness Month activities for 2017 through collaborations with other statewide initiatives, including CT Strong (Healthy Transitions grant) and IMPACCT (adolescent substance abuse grant).

Annual Update for FY 2016:

- Social Marketing and Communications met 11 times during this fiscal year (October 2015-September 2016).
- Collaborated with CTSTRONG (SAMHSA Healthy Transitions) and IMPACCT (SAMHSA Adolescent Substance Use) grants for integrated approach to awareness and outreach statewide.
- Submitted entry to Excellence in Community Communications and Outreach (ECCO) awards of 2015 mental health awareness month activities.
- CONNECT Network of Care Manager (Annie Petitti) was a judge for the national ECCO awards.
- Social Marketing Workgroup participated in and hosted the ***Persuasive Storytelling*** Train-the-Trainer training held in CT in January 2016, offered by SAMHSA Technical Assistant experts. The training was attended by family members and providers in CT as well as representatives from other New England SOC grantees.
- Mental Health Awareness month in May 2016 was very successful (see attached list below).
- Connecticut's ***2014 CONNECT Social Marketing Plan*** was recognized in the July 2015 SAMHSA TA Telegram as a model plan for other grantees.
- CONNECT Social Marketing team leader (Annie Petitti) and statewide ***Youth Engagement Specialist***,(Taylor Ford) offered a webinar to assist local Community Collaborative co-chairs to better utilize the ***www.wrapct.org site*** as the primary website for CONNECT activities.
- Worked with Vanguard on transitioning new CONNECT materials for long term sustainability beyond the SAMHSA SOC grant. New theme: ***CONNECTing Children and Families to Care***
- Added an additional array of social marketing cards with enhanced brand.

- CONNECT Social Marketing Team support the planning and implementation of the second annual statewide iCAN Conference for family and youth consumers held here in CT in September 2016.
- CONNECT also served as a Gold Star sponsor of the iCAN conference.
- Submitted conference proposal that was accepted to **National Federation of Children's Mental Health** conference to be held in November 2016 on ***"Engaging Youth and Families through Social Media Efforts through Lessons Learned."***

Mental Health Awareness Month
Connecticut's CONNECT Social Marketing Activities
Mental Health Awareness Day/Month 2016 Outreach Report

Southwest Region

1) 5/13/16 – ***Laugh for the Health of It*** – Bridgeport, CT
   - People reached: 30
   - Materials distributed:60
2) 5/13/16 - ***Laugh for the Health of It***-Bridgeport, CT
   - People reached: 10
   - Materials distributed: 20

South Central Region

1) 4/28/16 – PTA Council's ***4th Annual Health and Wellness Fair***- Bailey Middle School West Haven CT
   - People reached: 200-250
   - Materials distributed: 150-200
2) 5/9/16- ***Drug Awareness for Parents: Opioids 101***- Shelton, CT
   - People reached: 5
   - Materials distributed: 20

Eastern Region

1) 5/21/16 - ***Family and Community Expo*** – Willimantic, CT
   - People reached: 100
   - Materials distributed: 42 Bags, 68 Pens, 30 Folders, 20 Highlighters
2) 5/11/16 – Comedy Night – Groton, CT
   - People reached: 80
   - Materials distributed: 20 Bags, 40 Pens, 15 Folders, 18 Highlighters

North Central Region

1) 5/7/16 – ***Zumba Flash Mob-*** Hartford, CT
   - People reached: 25
   - Materials distributed: 50

Western Region:

1) 4/30/16 - ***#ChalkWalk*** – Middlebury, CT
   - People reached: 25
   - Materials distributed:15

Central Region

1) 5/7/16 – ***Community Health Center of Meriden 5k 10k*** – Meriden, CT
   - People reached: 10
   - Materials distributed: 20

Statewide Events:

1. 5/5/16 - ***Mental Health Awareness Live***- Rocky Hill, CT
   - People reached: 5
   - Materials distributed: 15
2. 5/21/16 - ***NAMI Walk*** – Hartford, CT
   - People reached: 60
   - Materials distributed: 300
3. 5/13/16 - ***School Based Health Centers Conference*** – Southbury CT
   - People reached: 50
   - Materials distributed: 200

Total: 625 people reached; 1129 materials distributed

Workforce Development

Vision: Supporting and mentoring youth and family champions. Expanding opportunities to share knowledge and expertise in the development of family driven and youth-guided care.

Goal: Ensure that families/caregivers, and youth are full partners in all aspects of the planning and delivery of their own care/services and in the policies and procedures that govern care for all children and youth in their community.

Key strategies:

1. Employ CONNECT Youth and Family Engagement Specialists
2. Support parent and youth capacity to be full partners through participation in leadership development
3. Identify local youth and family leaders/champions
4. Support the continued family/youth active involvement and decision making process at NOC tables

Current work plan:

1. Provide education and support to families through Network of Care- Agents of Transformation (NOC AOT), Persuasive Story-telling and Data 101 trainings
2. Curriculum and training material development
3. Expand family trainer network
4. Identification and mentoring of youth and family champions

Workforce Development Workgroup Annual Updates for FY 2016

- Network of Care-Agents of Transformation (NOC-AOT) curriculum was revised into trainer's manual
- NOC AOT translated into Spanish and developed trainer's manual
- Training of Family Trainers
  - 55 family members completed Training of Trainers
  - 30 family members were certified as trainers (English)
  - 7 family members were certified as trainers (Spanish)
- 20 NOC AOT trainings completed (Statewide)
- 359 CHAMPIONS trained (Statewide)
- CONNECT Workforce Development Team created and meeting monthly
- Developed collaborative workforce-development partnerships with:
  - Parent Leadership Training Institute (PLTI)
  - AMERICORPS -Foster Grandparents Program
  - CONNECT CLAS Standards Workgroup
  - Future Health Professionals (HOSA) – (Youth)
  - Youth Mental Health First Aide (Youth)
- Develop & Support Family Engagement Action Teams (FEAT)
- Training in and development of a Persuasive Storytelling curriculum and training materials
  - Persuasive Storytelling: 2 trainings held; 10 trained
- Training in and development of a Data 101 curriculum and training materials
  - Data 101: 4 sessions held; 69 trained

CONNECT

- Trainer’s Checklist developed, attendee tracking developed
- Development of marketing strategies and materials
- Integration with WrapCT calendar for training information
- Meeting with Clifford Davis regarding curriculum development
- iCAN Family Champion Panelists

CONNECT-*Youth Engagement Project:*
Engaging Youth through collaboration with school-based organization
(HOSA- Future Health Professionals)

Vision: To increase Future Youth Health Professionals mental health awareness by partnering with high schools students affiliated through HOSA, Inc. with the goal of integrating youth voice into the statewide Children's Behavioral Health System

Goal: To engage and connect with local Future Health Professionals (HOSA) groups through-out the state in order to expose high school students to behavioral health occupations.

HOSA is a national organization with state and local chapters. HOSA is a powerful instructional tool that is integrated into the Health and Science related curriculum and classroom. It is led primarily by high school students who are interested in becoming Future Health Professionals.

Key strategies:

- Connect to the approximately 18 HOSA groups throughout the state;
- Prepare presentation on CONNECT workforce development goals and its connection to Youth voice;
- Complete presentations to 14 afterschool clubs and 4 curriculum based track HOSA programs throughout the state;
- Prepare individual mental health informational packets for 500 involved HOSA students
- Support student-led HOSA activities and interests related to mental health awareness to larger student body.

Current Work Plan:

1. Overall activities include;
   - Presentation to numerous HOSA advisors on CONNECT goals and principles;
   - Sponsorship of several HOSA conferences focused on increasing mental health awareness;
   - Outreach and meeting with local advisors to describe CONNECT goal sand ;
   - Identification of continued opportunities to support student-led HOSA activities.

2. Will present to additional state HOSA advisors on 10/6/16 and seek to schedule planning meetings with the other HOSA advisors from 9:30 am to 10:15 am at 175 Birch Street, Waterbury Sponsor the HOSA state conference at Gateway College in New Haven scheduled for 10/25/16.

3. CONNECT will sponsor the statewide HOSA conference – with a minimum contribution of $1,000.
   - An additional $100 youth participation stipend per collaboration site will be made available to the statewide HOSA chapter

4. Have outreached and scheduled to meet HOSA student chapters for a 45-60 minute presentation/activity/training for on-going partnership

South West – 3 South Central – 2 Eastern -0 North Central – 2 Western – 3 Central – 1

CONNECT

HOSA Affiliated Schools	Geographic Region	Student Population/Outreach Goal	Activities through CONNECT/HOSA collaboration
East Haven High School	South Central		Collaboration with high school nurses-aid program on the CONNECTing youth presentation. Integration of CONNECT principles on YMHFA curriculum (spell out what YMHFA stands for)
Waterbury Career Academy High School	Western		
Hill Regional Career High School New Haven New Advisor	South Central		
New Milford High School	Western		
Stratford High School	South West		
Brookfield High School	Western		
Health Careers Exploration Hartford Public High School Nursing & Health Science Academy	North Central		
Brien McMahon High School, Norwalk	South West		
Manchester High School	North Central		
Central High School, Bridgeport	South West		
Wallingford Public Schools (possible)	Central		

PLAN FOR COMMUNITY CONVERSATIONS 2016

Vision: To engage family members, children and youth in a continued conversation about Connecticut's behavioral health system for children and families.

Goal: To receive follow-up information to the 2014 Community Conversations that occurred for the development of Connecticut Behavioral Health Plan for Children and delivered to Connecticut legislators October 1, 2014.

Key Strategies:

1. Host at least a total 30 community conversation (6 per region) from October 1, 2016 through January 31, 2016.
2. Collaborate with Family System Managers, Family Peer Support Specialist, Youth Engagement Specialist, Network of Care Managers, Family Champions and DCF to ensure a successful and meaningful community conversation.

Current Work Plan:

1. See attached table.

Annual Updates FY2016:

Community Conversations Lead Organization:
FAVOR Statewide Family Organization assisted and supported by Beacon Health and DCF

- ***Family System Managers*** will facilitate Community Conversations with established groups with whom they currently have relationships with. Sizes will vary from approximately 5-30 participants.
    i. ***Family Peer Support Specialist*** may participate as note-takers and support any logistical needs.
    ii. Two Spanish speaking ***Family System Managers*** (Manny and Nydia) along with identified Beacon staff will complete the Spanish Speaking community conversations.
    The logistics of the Spanish speaking conversations will become clearer when the Beacon participants have been identified.
    iii. The ***Youth Engagement Specialist*** (Taylor Ford) will work with youth leaders and FSM staff to do at least 1 youth conversation per region and assist in posting flyers to social media and WrapCT.
    iv. ***Family System Managers*** will engage 6-12 family champions to work with them as Flipchart note takers and support logistical needs.
    v. The ***Family System Manager supervisor*** (Denetra) will manage the RSVP lists for English-speaking community conversations from WrapCT RSVPs.
    vi. Spanish speaking facilitators (Manny, Nydia, and identified Beacon staff) will manage the RSVP lists for Spanish-speaking community conversations from WrapCT, emails, and voice messages/phone.
    vii. ***All staff*** involved in the CONNECT grant and all FAVOR staff will send out flyers and recruit participants.

viii. All RSVP lists will be given to the Family System Manager supervisor.

Family Engagement Specialist and ***Family Champion***

i. ***Statewide Family Champion*** Susan Graham (along with FAVOR staff: Denetra & Beresford) will assist and support local Community Conversation as needed.
ii. ***Statewide Family Champion*** will engagement other local groups who may have been un-identified for possible additional community conversations.
iii. ***Statewide Family Champion*** will assist in recruiting participants.
iv. ***Statewide Family Champion*** will work with FAVOR staff in identifying and training family champions in the flipchart process.

Network of Care Managers from Beacon Health

i. Attend all community conversations in assigned region
ii. Complete note-taking responsibilities at each community conversation

Additional Local Community Family Champions

i. Help identify established groups in the communities that could participate in a community conversation in their region.
ii. Assist in the community conversation process by writing notes on a flipchart while the conversation is happening.

DCF

i. Identified DCF staff such as System Development Directors, Regional Administrators or other key staff will attend the conversations in their assigned regions.
ii. Introduce themselves as a "***listening and compassionate presence"*** to the participants to help lend additional credibility, support and trust to the community conversation process.

Facilitators, Data Collectors, and Logistics person

- Data Collection and Note Taking training from Yale Consultation team (grant evaluators)
- Family Champion flip chart training from Facilitators and Note takers
- Project Logistics-each local team should review: who does what, why, where
- Food—light refreshments will be available
- Gift Cards—will be available for family champions who help with logistics, flip chart or data collection.
- Childcare—will not be available unless the group already provides the childcare for its participants.
- ***All notes taken, all flipcharts filled out will be typed up, collected, and prepared for data analysis. Final notes will be given to the Family System Manager Supervisor and then given to Yale Consultation Center.***

CONNECT

CONNECTING CHILDREN AND FAMILIES TO CARE

Calendar for the Planned Community Conversations -10/1/16 to 1/31/17 (as of 1/13/17)

Geographic Region	Session I Date time location	Session II Date time location	Session III Date time location	Session IV Date time location	Session V Date time location	Bilingual Session I	Bilingual Session II	Other (Youth)
Southwestern CT Region (1)	11/30/16, 5:30pm Stamford Community Action; Stamford CT	TBD, January Family Reentry, Bridgeport, CT	1/28/17, 12:30p Bethel AME Church, Stamford, CT	TBD Bridgeport Parent Center; Bridgeport CT		1/20/17, 9am School Support Group; Cesar Batalla School, Bridgeport, CT		TBD Youth Workforce; Bridgeport, CT
South Central CT Region (2)	10/25/16, 6pm Lower Naugatuck Valley Support Group; Derby, CT	11/10/16, 4pm Wellness Support Group; New Haven	TBD, December Children's Center of Hamden Parent Support Group; Hamden, CT	TBA, December Parent support West Haven		1/25/17, 6p Spanish support group West Haven		1/10/17, 6:00p YAB, DCF New Haven
Eastern CT Region (3)	11/1/16, 6pm Middletown Support Group; First Church of Christ Middletown, CT	11/2/16, 6:00pm Dayville Support Group; United Services Dayville, CT	11/3/16, 6:30pm Waterford Support Group; Waterford Country School Waterford, CT			1/26/17, 9am Adult Edu, Windham High School, Willimantic, CT		12/8/16 - 4pm YEG Support Group; Our Piece of the Pie Norwich, CT
North Central CT Region (4)	TBD, January Destiny Outreach Support Group East Hartford	11/2/16, 6:30pm NCCC Parent Support Group Suffield CT	12/1/16, 5:30p Grandma's Hands Support Group Hartford CT	TBD; January FPSS Families; Urban League, Hartford, CT		TBA Ready To Go Support Group Hartford, CT		1/17/17, 5p Hartford Proud Drill Team Hartford CT
Western CT Region (5)	11/17/16, 9:30am Volunteer Foster Grandparents – NOW, Waterbury, CT	12/1/16, 7p SEPTO Terryville/Plymouth, CT	12/5/16, 6p Canaan Support Group – Canaan, CT	12/14/16, 6p Center for Youth and Families, Support Group Torrington, CT	TBA, Autism Parent Group; Bethel, CT	10/16/16, 3pm Padres Unidos Support Group; Bethel, CT		11/30/16, 5p Youth Group– WYSS, Waterbury, CT
Central Region (6)	12/5/16, 7pm NAMI Canton; Community Center, Collinsville, CT	12/13/16; 10am FPSS Families; Meriden Library, Meriden, CT	1/12/17, 7p NAMI Newington, Joseph Doyle Senior Center Newington, CT	TBD Child Guidance families, Meriden Library, CT		1/26/17, 11a Inspiration Support Group; SCOW-Wallingford, CT	TBD Child Guidance families, Meriden Library, CT	TBD, Klingberg Family Center, New Britain, CT

Key: WHITE = Completed; GREEN = Confirmed; YELLOW = Agreed, but still putting logistics in place; BLUE = Initial conversations started.