State of Connecticut
Children's Behavioral Health Plan

Report to the Advisory Committee
Preliminary Findings & Emerging Themes
from Facilitated Discussions

June 17, 2014

Below are selected themes regarding strengths and concerns expressed about Connecticut's system and services for children's behavioral health. These are a sample of some of the comments made during facilitated discussions hosted by the Child Health and Development Institute between March and June of 2014. Participants included: individuals with behavioral health conditions; parents and other family members; advocates; providers; insurers; academicians; state agency staff and administrators; and other members of the public. This information was presented to the Advisory Committee on June 17, 2014.

The statements represent the opinions expressed by participants. This document reports those opinions but does not support or challenge and specific statement made. The comments are organized around a number of themes that emerged from these discussions. Those themes are:

1. Prevention, early identification, and early intervention
2. Comprehensive continuum of services
3. Access to services
4. Continuity, coordination, and integration of care
5. Financing
6. Data on access, quality, and outcomes
7. Workforce

Within the sections below, comments are organized under sections for "strengths" and "concerns". Within each of these sections, there are general comments, followed by those specific to the following topics: evidence-based practices; substance abuse; infant and early childhood mental health; crisis response and management; the education system; juvenile justice; autism; insurance. Since this document presents selected comments, not all subsections are represented in each section below.

Prevention, Early Identification, and Early Intervention

STRENGTHS

General

a. The importance of these came up often, starting with the first Facilitated Discussion on Juvenile Justice. "If they get to juvenile justice services, then we are far too late. We must intervene earlier."

Infant and Early Childhood Mental Health – most of our strengths in CT are in this area. Examples include: Child First, Early Childhood Consultation Partnership, Help Me Grow, Nurturing Families, and Head Start

CONCERNS

General

a. A lack of adequate focus on prevention and early intervention.
b. Universal screening for mental health problems across the age continuum is not done routinely.
c. There are inadequate services to refer to once children's needs are identified through screening.
d. There are not enough services for "at risk" youth.

Substance Abuse

a. Lack of public awareness about the size of the substance abuse problem.
b. Absence of an adequate response to prescription drug abuse.

Education System and Mental Health

a. Children receive little education about mental health in the schools.

Juvenile Justice and Mental Health

a. Major need for pro-social community activities that help children avoid delinquent activities.

Autism

a. Only about 38% of children in Connecticut are screened for autism.

Comprehensive Continuum of Services

STRENGTHS

General

a. Broad array of children's behavioral health services in the state, including: acute care, subacute, emergency departments, intensive outpatient, standard outpatient, residential, school-based health clinics and home-based care.
b. Relative strengthen in *community-based* services.
c. The state has supported continual development of new programs and pilot programs.
d. The Administrative Service Organization (ASO), currently managed by Value Options, is a major strength.

Evidence-Based Practices

a. One of the strongest, evidence-based, intensive community and family based intervention systems for children and adolescents in the nation (e.g., MST).

Crisis Response and Management

a. EMPS (Emergency Mobile Psychiatric Services) as a strong asset.

Juvenile Justice and Mental Health

a. Increasing evidence-based services and a constant drive for quality improvement of mental health services by CSSD.

Education System and Mental Health

a. School-based mental health clinics and innovative school programs as a major strength.

Autism

a. There have been significant improvements in access to services over time.
b. Greater public awareness, acceptance, and inclusion of people with autism.
c. Children with autism are receiving services earlier.
d. Children with autism are receiving more structured education.

CONCERNS

General

a. Many towns or regions lack services and don't have an organized continuum: northeast, northwest, and southwest corners of the state.
b. Some families are caught in the dilemma of staying in their home community without services or moving to another town that has services.
c. Treatment services are particularly limited for young children.
d. There are not enough providers in the Medicaid networks.
e. Older adolescents returning from long-term residential care and juvenile justice settings need better transition services, such as vocational programs and employment opportunities.
f. Many schools do not have school-based mental health centers or adequate mental health staffing.

Access to Services (service availability and access to those services)

CONCERNS

General

a. Lack of information about available services among the general public, including parents and providers.
b. The system lacks capacity, resulting in large waiting lists for many services.
c. Access to services must be de-linked from a child's or family's status with DCF or the Juvenile Justice System.
d. Access to many intensive services, whether through DCF, CSSD, or Commercial Insurance, requires extreme levels of need, which should not be required to obtain services.
e. Barriers to service include cost, transportation, service hours, and service quality.

Evidence-Based Practices

a. Most of Connecticut's children cannot access intensive evidence-based practices. The best and most intensive services for children are only available to those covered by Medicaid and/or served by DCF or CSSD.

Substance Abuse

a. There is no recovery-oriented system of care for children with substance abuse as there is for

adults.

Infant and Early Childhood Mental Health

a. The infant and early childhood system lacks adequate capacity to serve all children and family members in need.
b. Artificial limits on services result in longer-term child and family needs not being met.

Crisis Response and Management

a. EMPS is not available 24/7.

Law Enforcement and Mental Health (YCSC and CIT)

a. Most communities do not have substantive Law Enforcement collaborations with mental health.

Education System and Mental Health

a. In a recent year, 2000 children under age 6 were suspended, which is a problem (the concern is that alternative approaches should have been available and used).

Autism

a. The system of care for people with autism is overly complicated in this state. It is shared by too many programs and agencies (Birth to Three; the schools, DDS).
b. There is often a 6-month wait to see an expert on autism.
c. There is a dire need for services for individuals with autism who turn 18 or are older than 18. They are "graduating into nothing", retreating to their rooms, and losing the gains that they have made with supports received prior to becoming 18. They need transition services and supports around employment, housing, life skills, social skills, and driving.

Continuity, coordination, and integration of care (this includes general collaboration)

STRENGTHS

General

a. Strong system for transitioning young adults from DCF to DMHAS.
b. The ASO promotes continuity of care.
c. Increased use of care coordinators, patient navigators, peer specialists, and family peer specialists to reduce barriers to service and coordinate care.
d. Programs funded by the Department of Public Health support care coordination.

CONCERNS

General

a. Despite efforts at coordination, there are many strong silos between state agencies and providers that impede continuity of care and coordination of care. Families experience these firsthand and are the most vocal about their negative impact.
b. The state lacks an adequate network with a single point of access and control.
c. Pediatricians are the least knowledgeable about available services.

Crisis Response and Management

a. Parents struggle to navigate the system when their children are in crisis.

Financing

STRENGTHS

Evidence-Based Practices

a. Substantial Medicaid reimbursement for evidence-based practices.
b. Joint contracting for intensive evidence-based practices by DCF, CSSD, and DMHAS.

Autism

a. Medicaid waiver to expand the pool of those eligible to receive autism services and to expand the range of services they can receive.

CONCERNS

General

a. There are fragmented efforts at purchasing services among different state agencies.
b. The legislature's reduction in the Department of Public Health's budget will have major negative effects on coordination of care for children with special needs.
c. Reimbursement does not adequately cover the costs of care coordination, case management, and information sharing.

Commercial Insurance (additional detail is contained in the handout on Commercial Insurance that will be posted)

a. Lack of coverage for selected services (intensive, in-home/community evidence-based practices; emergency mobile psychiatric services; other home and school-based services)
b. Lack of adequate coverage/services for selected conditions (autism, substance abuse).
c. Overly restrictive medical necessity criteria and utilization management procedures.
d. Lack of adequate provider networks.
e. Cost shifting to individuals and the state.

Data on Access, Quality, and Outcomes

STRENGTHS

General

a. Strong quality monitoring systems for intensive community and home-based services (e.g., MST).
b. The ASO generates rich data that is used to manage the HUSKY program.

CONCERNS

General

a. Children and families are not tracked across the continuum in terms of services utilized or outcomes.
b. The DCF data infrastructure is significantly out of date and understaffed.
c. There is an absence of a strong Results Based Accountability (RBA) approach within DCF.

Workforce

STRENGTHS

General

a. Many committed direct care staff, agency leaders, and advocates.

CONCERNS

General

a. There is a major shortage of clinicians who are skilled in providing services to children and their families.
b. There is a major shortage of child and adolescent psychiatrists.
c. There is a lack of racial and cultural diversity in the workforce, which may contribute to disparities in access and outcomes.
d. There is a lack of providers who speak languages other than English.
e. Mental health and social staffing in schools in insufficient.
f. Workforce shortages often stem from inadequate pay.
g. Pediatricians and dentists are overprescribing opiates to children, contributing to addiction to these drugs.
h. Families, in general, need more education about identifying problems and helping their children.

Education System and Mental Health

a. Connecticut does not meet national recommended standards on the number of social workers and mental health counselors in the schools.