

CONNECTICUT CHILDREN'S BEHAVIORAL HEALTH PLAN



2020 Annual Report

The Connecticut Children's Behavioral Health Plan Implementation Advisory Board ("Advisory Board") submits this annual report as mandated by Connecticut General Statutes Section 17a-22ff.¹ Developed in the wake of the Newtown tragedy, and informed through extensive input from families, providers, and other stakeholders, the Connecticut Children's Behavioral Health Plan ("Plan") remains a timely and comprehensive blueprint for promoting the emotional wellbeing of all children in our state (plan4children.org).² This year's report is purposefully focused on the needs that have emerged and been amplified through the experiences of the state agencies, providers, and families addressing the unprecedented challenges presented by the novel coronavirus (COVID-19) since March 2020. As the state continues to respond to the myriad needs of its residents in the face of COVID-19, we must ensure that resources are available to prevent or reduce the current and long-term adverse impact of this global pandemic on the mental, emotional, and behavioral health of Connecticut's children. We must also develop action steps to address racial and social inequities that, while recently highlighted by the COVID-19 outbreak and national unrest, have been extensively documented as adversely affecting Black children in many of our communities. Given these challenges, the work of the Advisory Board in promoting realization of the goals of the Plan is more important now than ever.

Over the past five years, the Advisory Board has coordinated significant contributions that have helped to improve the system, and developed a uniform approach to understanding the financing, structures, and services that are in place or still needed. Key examples include:

- ***Review of fiscal data submitted by state partners revealed key areas for further analysis and greater standardization.*** It was identified that not all state agencies were defining data elements in a way that allowed for comparison, and only two state partners were collecting data to facilitate review of services according to race and ethnicity. Increased uniformity in data collection is critical for leveraging existing resources to enhance outcomes for all children and families within the children's behavioral health system.
- ***Creation of a visual representation of an optimal children's behavioral health system resting on a foundation that acknowledges the role of social determinants of health:*** <https://www.plan4children.org/wp-content/uploads/2019/02/CBHP-OnePager-Final.pdf>. Quality education, stable employment, safe homes and neighborhoods, and access to

¹ Connecticut General Statutes Section 17a-22bb (Public Act 13-178)

² Connecticut General Statutes Section 17a-22ff (Public Act 15-27)

preventive services are key factors that impact family stability essential to child wellbeing and more equitable lifetime health outcomes.

- ***Development of an inventory of validated screening tools for detecting children's behavioral health needs to promote a more coordinated approach and better connection to services:*** <https://www.plan4children.org/wp-content/uploads/2020/10/screening-and-identification.pdf>. By utilizing well-researched measures across the system, children's behavioral health needs can be identified earlier and more effectively matched to the appropriate interventions to address those needs.

Current examples of state partners working together on initiatives that will improve the children's behavioral health system include:

- The Office of Early Childhood (OEC), in collaboration with the Department of Mental Health and Addiction Services (DMHAS), Department of Children and Families (DCF), and Department of Public Health (DPH), was recently notified of a grant award from the Centers for Disease Control and Prevention (CDC). The "data to action" proposal will expand resources in Connecticut to collect and utilize data to enhance targeted primary prevention efforts to reduce Adverse Childhood Experiences (ACEs) in vulnerable populations. The tri-chairs submitted a letter of support for this proposal and the work ahead will be enhanced by Advisory Board support of implementation efforts and ongoing review of progress on the project. The ACEs project reflects the underlying recognition that children's behavioral health rests on a foundation of family stability and wellbeing, and will provide additional data to help monitor the impact of targeted community education and prevention activities. The implications of a multigenerational understanding and approach to reducing childhood adversity will be far reaching for all of Connecticut's residents, systems, and economy.
- There has been extensive collaboration on the development of Connecticut's Families First Prevention Services Act (FFPSA) Plan for submission to the federal government to improve outcomes for children by strengthening families and reducing out-of-home placement. DCF has been diligent in ensuring broad representation of state departments that serve children and families, as well as the participation of providers, parents, advocacy groups and other stakeholders so that Connecticut will develop a prevention plan that enhances the current behavioral health system and maximizes Title IV-E funding within the newly defined parameters under FFPSA.

These accomplishments and ongoing initiatives reflect steady progress and momentum as our state moves closer to realizing the comprehensive vision of the Plan. Acknowledging that current crises have created new and far-reaching strains on child and family wellbeing, Advisory

Board members were asked to share with their fellow members their three most critical areas of focus in the year ahead. Through this process, Advisory Board members identified the following three priority areas:

1. **Ensuring access to targeted behavioral health services (in addition to primary care supports) during and in the aftermath of COVID-19** (i.e., addressing the negative effects of the pandemic on children and their parents, including but not limited to psychosocial stress, anxiety, isolation, loneliness, stress/anxiety to return to school and increased depression/suicidal ideation). This will require increased screening for behavioral health concerns in critical access points for children (e.g. schools, pediatric practices, daycare) to ensure identification of needs. It will also require continued reimbursement for both telemedicine and telephonic service delivery to promote and facilitate family access to behavioral health supports.
2. **Addressing disparities** in child and family wellbeing that have been exacerbated and laid bare by COVID-19. It will be critical to ensure that there is coordinated consideration of the financial and practical disruptions created by the pandemic and the supports needed by families to recover and regain stability.
3. **Reducing silos** in planning, financing and service delivery. Persisting in efforts to reduce silos in state systems, including legislatively appointed oversight, advisory and planning boards, councils and workgroups touching child behavioral health is essential for the efficient utilization of existing resources, reduction of barriers to accessing services, and positioning of Connecticut to take advantage of opportunities to attract new resources.

In the face of the ongoing pandemic and beyond, Connecticut must intensify its efforts to promote child and family emotional wellbeing. The Plan offers several essential elements that provide a foundation for Connecticut's response. A *Children's Behavioral Health Visioning Discussion* ("Visioning Discussion") is being organized by DCF, in partnership with other Advisory Board members, to ensure focused and coordinated action to address ongoing and new challenges for implementing the vision articulated in the Plan. Given the urgency of the work of the Visioning Discussion and the challenging road ahead, the Advisory Board respectfully submits the following recommendations:

- Require participation in the Visioning Discussion by a representative with decision-making authority from each of the 12 legislatively mandated state partners of the Advisory Board.
- Extend invitations to, and encourage the participation of, representatives from the Office of the Governor and Office of Policy and Management (OPM) to attend the Visioning Discussion and future Advisory Board meetings in order to provide guidance and support to the Advisory Board and to further enhance interagency coordination of the data and resources necessary to achieve the goals of the Plan.

- Continue efforts to expand engagement of commercial health insurance carriers in discussion and planning to create an optimal Connecticut children’s behavioral health system.
- Consider how the Families First Prevention Services ACT (FFPSA) Plan that is currently in development may best be aligned with specific action steps that emerge from the Visioning Discussion.
- Provide Advisory Board support for Connecticut’s interagency Adverse Childhood Experiences (ACEs) federal grant through appropriate partner collaboration on activities aligned with the Plan and ongoing review of project progress.

Respectfully submitted,

CBHPIAB Tri-Chairs:

Elisabeth Cannata, Ph.D.
Carl Schiessl, JD
Ann Smith, JD, MBA

STATE AGENCY PARTNERS:

Department of Children and Families (DCF)	Connecticut State Department of Education (CSDE)
Department of Developmental Services (DDS)	Office of Early Childhood (OEC)
Department of Social Services (DSS)	Office of the Child Advocate (OCA)
Department of Public Health (DPH)	Office of the Healthcare Advocate (OHA)
Department of Mental Health and Addiction Services (DMHAS)	Judicial Branch Court Support Services Division (JBCSSD)
Connecticut Insurance Department (CID)	Commission on Women, Children and Seniors (CWCS)