



**C<sup>o</sup>NNECTing**

*Children and Families to Care*

# System of Care Expansion and Sustainability Grant (Connect III)

# CONNECT Phases

## **CONNECT I**

Planning Grant

7/1/2013 to 12/31/14

## **CONNECT II**

Infrastructure Building

10/1/15 to 9/30/19

## **CONNECT III**

System of Care Expansion and Sustainability

10/1/19 to 9/30/23



# Where it started



- PARK Project 2002-2008 Bridgeport School-Based SOC
- Mental Health Transformation State Incentive Grant MH-TSIG 2005-2009
- Family and Community Partnership Wraparound or Wraparound Project (Bridgeport and Farmington 2007-2009)
- Building Blocks 2008-2011 Southeastern CT Early Childhood SOC
- CONNECT Planning Year 7/1/2013 to 6/31/2014 (NCE 12/31/14)
- CONNECT II Implementation Award 10/1/14 to 9/30/18

# Connecticut Network of Care Transformation (CONNECT) Goals



**Goal 1:** Create a youth and family driven local, regional, and statewide infrastructure for system of care expansion and implementation.

**Goal 2:** Implement a youth-guided, family-driven, and culturally competent approach to statewide system of care planning, expansion, and implementation.

**Goal 3:** Develop a comprehensive CONNECT Statewide System of Care Strategic Plan.

**Goal 4:** Develop a comprehensive statewide data system to promote integration & quality.

# CONNECT II Activities



- Implement/sustain a statewide infrastructure
- Ensure that all NOC decision-making and governance authorities to have 51% membership of families/youth
- Implement/sustain a culturally responsive and linguistically competent social marketing and strategic communications campaign
- Implement/sustain targeted intensive care coordination for youth in or at-risk of congregate care placements
- Provide integrated regional dashboard reports to document progress

# CONNECT II Outcomes

- **Regional Network of Care Development**
- **Culturally and Linguistically Appropriate Services (CLAS)**
  - CONNECTing with CLAS
  - Training Institute Presentation July 2018 (SAMHSA recognition)
  - Over 40 CT agencies completed Health Equity Plans
  - Development of CONNECT CLAS Tool Kit
  - Launching 'CLAS Crash Course': Learning Communities
  - Statewide Steering Committee Initiation
  - Alignment with DCF Racial Justice Committee
- **Data Integration**
  - Increased access to public data
  - Integrated data dashboards on CT Data Collaborative
  - Increased data literacy



# CONNECT II Workgroups

- **Family Engagement Action Teams**

- Outreach to and development of family and youth action teams

- **Network of Care Analysis**

- Survey information obtained from families, providers, pediatric/primary care, and schools
- 101 Community Conversations with 886 adults and 378 youth between 2016-2019
- Behavioral Health Collaboration Survey
- Pediatrician Survey and System Support mapping. 84 pediatricians surveyed, 6 focus groups
- School system support mapping with 62 respondents

- **Trauma Informed School Mental Health**

- Dissemination of “Developing a Common Language in Connecticut: A Dictionary of Terms Related to Trauma-Informed Schools”
- Statewide Symposium on Trauma-Informed School Mental Health 2.0 in Oct 2019



# CONNECT II Workgroups

- **Social Marketing/Communications**

- Mental Health Awareness Month activities
- Marketing materials and social marketing activities
- Excellence in Community Communications and Outreach (ECCO) awards
- Informational videos: CONNECTing Children and Families to Care, CLAS, Language Matters, Communication Matters
- Website Development: [HealthyLivesCT.org](http://HealthyLivesCT.org) and [ConnectingtoCareCT.org](http://ConnectingtoCareCT.org)

- **Workforce Development**

- Development of training curriculum in Agents of Transformation, Data 101, Persuasive Story-telling, CONNECTing Youth
- Trainings for families and youth
- Wraparound and System of Care trainings for providers and general public



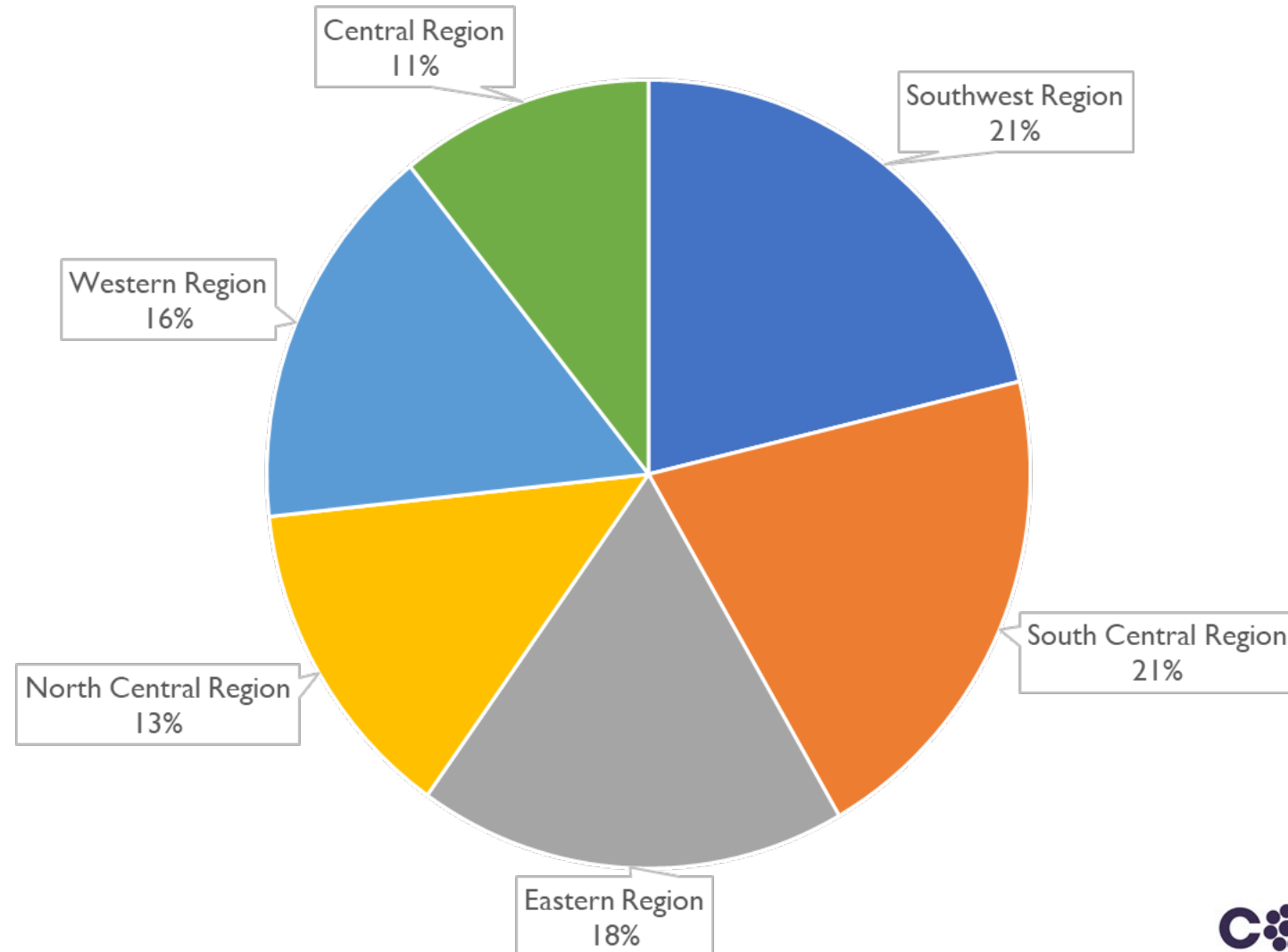


# Care Coordination Outcome Data Measures

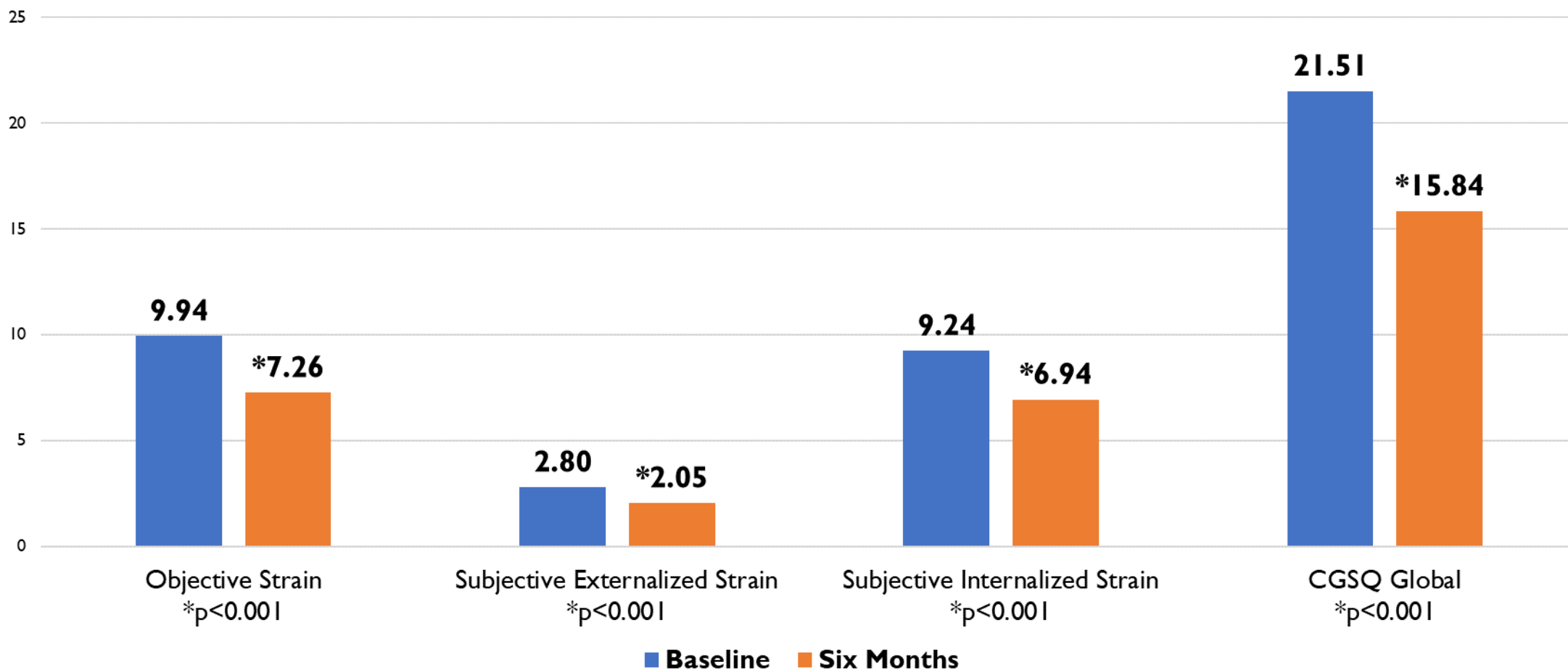
- **Pediatric Symptom Checklist.** Standardized measure that assesses youth behaviors and emotions (17 items; youth & caregiver report)
- **Caregiver Strain Questionnaire.** Standardized measure that assesses strain associated with caring for a children with severe emotional or behavioral difficulties (13 items; caregiver report)
- **Columbia Impairment Scale.** Standardized measure that assesses youth functioning across 4 domains: interpersonal, school/work, leisure, broad psychopathological (13 items; youth and caregiver report)
- **Ohio Scales.** Standardized measure that assesses problem behaviors, functioning and satisfaction with services (48 items; youth, caregiver & worker report)



# Number Served by Region (n=1,965)

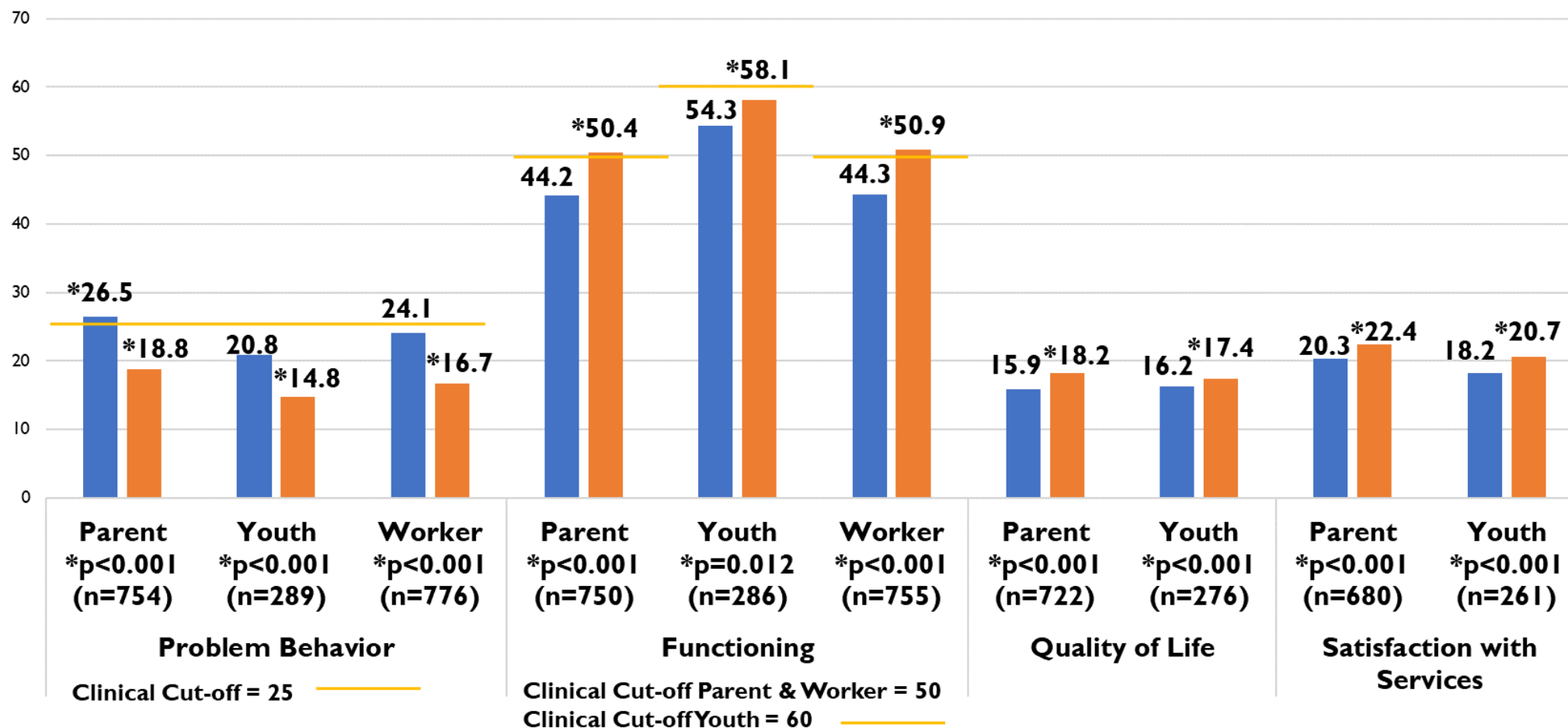


# Caregiver Strain Questionnaire (n=856)



# Ohio Scales

Parent (n=754), Youth (n=289) & Worker (n=776)



# Website Highlights

## Connecting to Care

<https://www.connectingtocarect.org/>

## Plan4Children

<https://www.plan4children.org/>

## HealthyLivesCT

[healthy-lives-ct.org](https://www.healthy-lives-ct.org/)



# CONNECT III



Geographic Area: Statewide

Population Focus: includes **all Connecticut (CT) youth with serious emotional disturbance (SED)** at risk for: inpatient hospitalization, admission to PRTFs, use of EDs for behavioral health crisis, suicidal ideation, clinical high risk for psychosis or early/first episode psychosis.

# CONNECT III Partners



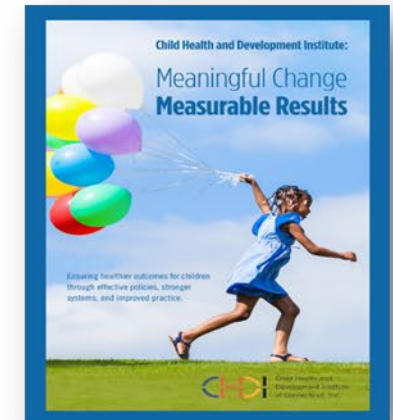
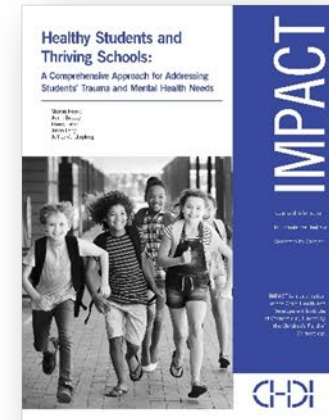
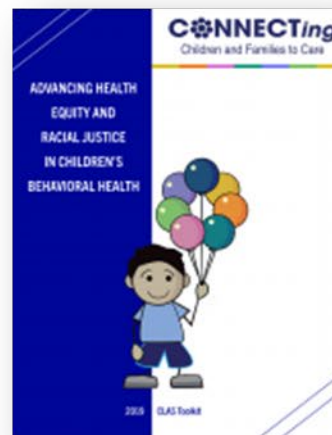
Yale





# Child Health and Development Institute

- *Mission: To ensure healthy outcomes for all children in Connecticut by advancing effective **policies**, stronger **systems**, and innovative **practices**.*
- Work in close partnership with the state's leading medical schools, children's hospitals, policymakers, state agencies, child-serving organizations and advocates to achieve these goals.
- Serves as Statewide Coordinating Center for CONNECT



CHDI is a non-profit subsidiary of the Children's Fund of Connecticut, a public charitable foundation

[www.chdi.org](http://www.chdi.org)

**CONNECTing**  
Children and Families to Care



# Yale Evaluation Team

Joy Kaufman – Lead Evaluator

Elizabeth McGee – Evaluation  
Coordinator

Kate Clark – Data Manager

Kaylyn Taylor – Evaluation  
Assistant



# Roles & Functions



## **Family Peers**

- FAVOR

## **Family System Managers**

- FAVOR

## **Care Coordination**

- Statewide

## **Network of Care Managers**

- Beacon Health Options

# Family Peer Support

*Family Peer Support Specialists (FPSS) are parents of children who have behavioral mental health or neurobiological challenges*

## **Our Goals in working with families:**

- To help families and providers work together to improve the quality of life for all families in our community.
- To assist and support families at any meeting regarding their child and family
- To help identify and obtain appropriate services needed in the school setting and the community
- Ensuring the family's voice is heard and an integral part of their child's educational plan
- FPSS will support, educate, and empower families to learn how to advocate for themselves
- Empower families by giving them the knowledge and confidence they need to continue advocating on their own



# Family Systems Managers

Working with both families and service providers, Family Systems Managers offer education, training, and mentoring to assist in the development of family-driven, youth-guided policies and practices and to facilitate family participation in all levels of system activity and policy development.



Southwest (1)	Shereffia Francis	203-521-7953
Southcentral (2)	Jacquese Patterson	203-707-0740
Eastern (3)	Lisa Girard	860-333-7127
Northcentral (4)	Sami-Kaie Milling	860-706-4454
Western (5)	Patricia Gaylord	203-598-6272
Central (6)	Transition	203-623-0378



# Care Coordination

- 10 Statewide Care Coordination Providers
- Wraparound Approach to Care
  - Strength Based
  - Family Driven
- Trainings
  - Coaches/Trainers
  - Trainings posted on the Connecting to Care (WrapCT) website



# Network of Care Managers

- Network of Care Managers (NCM) work with the systems of care to increase access and enhance care for all families in Connecticut.
- NCM staff provide technical assistance and support for regional Network of Care development and expansion.
- NCM staff provide local/regional leadership and are involved with the statewide teams for cultural and linguistic competence, social marketing and workforce development.



# CONNECT III Goals

**Goal 1:** Increase access to CT's service array for youth with SED through enhanced collaboration and communication between schools, Primary Care Providers, behavioral health agencies and families.

**Goal 2:** Recruit, train, and support youth and families to participate as full partners & leaders in CT's behavioral health system.

**Goal 3:** Expand and sustain youth and family-driven local, regional, & statewide NOC infrastructure.

**Goal 4:** Enhance and sustain comprehensive data system to promote integration and quality.



# Highlights of CONNECT III Activities

## Goal 1

- Develop CareHubs
- Increase referrals to Mobile Crisis from PCP's and schools

## Goal 2

- Expand and sustain youth and family leadership opportunities
- Train communities and providers through WrapCT

## Goal 3

- Implement/sustain CLAS Learning Collaboratives
- Expand and sustain the NOC infrastructure

## Goal 4

- Expand and sustain youth and family driven quality assurance process
- Continue examination of Medicaid cost savings resulting from decreased ED visits, PRTF utilization, and inpatient days





# CONNECT III Evaluation Activities

## Service level data

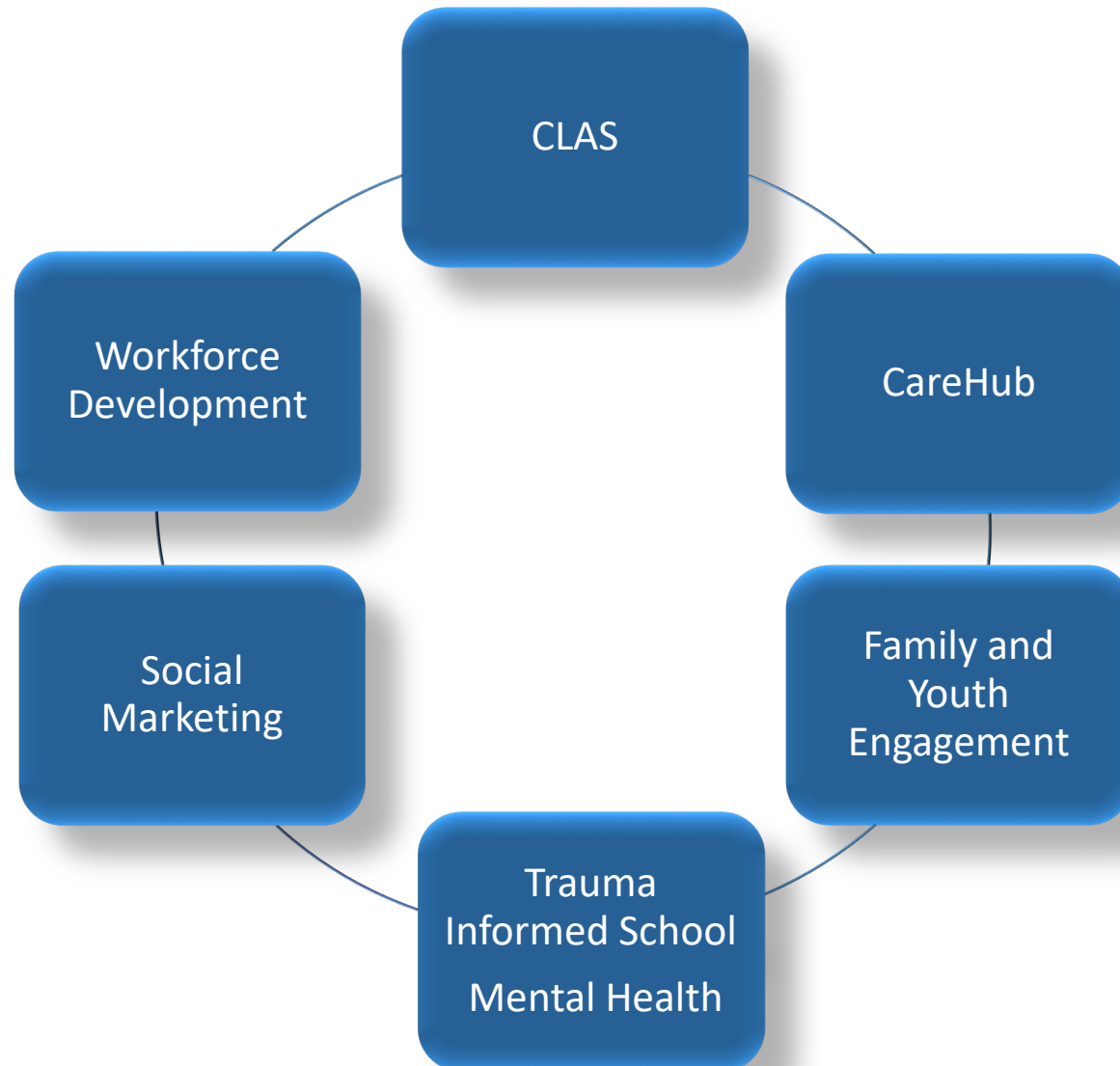
- Utilization of services
- Disparities in service access by service type

## Youth and family outcomes

- Outcome data collected from families participating in care coordination
- Satisfaction data collected from families receiving care coordination and other services
- Disparities in service outcomes for care coordination



# CONNECT III Workgroups



# CONNECT III Workgroups

## Social Marketing and Communications

This workgroup increases awareness of the system of care and array of services and works to reduce stigma related to mental illness.

## Trauma Informed School Mental Health

This workgroup integrates behavioral health services with school and community supports.

## Cultural and Linguistic Competency

This workgroup develops and implements a statewide process for incorporating enhanced CLAS standards within the Network of Care.

## Workforce Development

The Workforce Development workgroup supports and mentors youth and family Champions to help ensure that all the planning and delivery of care are family-driven and youth-guided.

## Youth and Family Engagement

This workgroup ensures that a diverse group of families and youth are involved as full partners to drive the transformation of the behavioral health system.



# CareHub Implementation

- Builds on existing infrastructure and service system
- Designed to enhance collaboration and coordination
- Links local pediatric primary care, behavioral health providers, schools, and families
- Reduces ED visits, use of PRTFs, inpatient hospitalization, and suicide among youth/young adults



# CONNECT Steering Team



- Assist and support the implementation and enhancement of policy and practice at local, regional and statewide levels
- Provide technical assistance, support and feedback for ongoing system of care development
- Oversight is shared between
  - **Children's Behavioral Health Advisory Council (CBHAC)**
  - **Children's Behavioral Health Implementation Advisory Board (PA13-178)**
- Meets quarterly starting March 23,2020

# Oversight Structure

Children's Behavioral Health Implementation  
Advisory Board (PA13-178)

Children's Behavioral Health Advisory Council  
CBHAC

CONNECTing Children and Families to Care  
Steering Team

Supervisors

Workgroups



# Project Management

- **Tim Marshall, LCSW**

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Mental Health: Department of  
Children and Families

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# Next Steps and Questions

