The proposed integrated CareHub approach builds on our previous 2014 SOC grant, which fostered development of six regional Networks of Care statewide.

The CareHub model is designed to enhance collaboration and coordination in the existing infrastructure and service system for youth that will result in reduced behavioral health visits to EDs, utilization of PRTFs, and inpatient utilization, and reduced suicide among youth/young adults.

It is estimated that through high fidelity Wraparound provided by all state-funded care coordinators, 1,300 children, youth, and family members will be served each year for a total of 5,200 impacted over the four-year grant period.

The following **four goals** and 24 objectives will expand and sustain the necessary infrastructure and access to services in Connecticut to further **advance integration of our statewide system of care to equally and effectively meet the needs of all our children, youth, and families.**

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

1.1 Develop and sustain 6 CareHubs per year (24 Hubs in 4yrs) that facilitate collaboration between behavioral health providers, PCPs, schools, and families within all 6 NOC regions
1.2 By the end of Y1, as a result of the CareHubs, schools and PCPs will increase referrals to Mobile Crisis, care coordination and outpatient care by 15% (40% increase in 4yrs)
1.3 By the end of Y1, as a result of the CareHubs, schools and PCPs will increase referrals to caregiver peer support by 10% (33% increase in 4 years)
1.4 Develop 1 FEP Learning Collaborative (6 agencies) and 1 CHR-P Learning Collaborative (6 agencies) statewide to meet 3 times annually
1.5 Promote health and decrease/prevent suicide among youth age 21 and under by training 150 people annually (600 trained in 4yrs) in Question, Persuade, Refer (QPR) curriculum, and distribution of at least 1000 suicide prevention materials annually (4000 total in 4 years)
1.6 Receive quarterly technical assistance, coaching, and mentoring support from National System of Care leaders targeted toward sustaining CT's integrated service system

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

2.1 Hire Lead Family Coordinator and Project Director (PD) within first 60 days of award
2.2 Within 30 days of hire, Lead Family Coordinator and existing Youth Engagement Specialist will develop work plan to support CareHub development
2.3 Expand and sustain youth and family SOC leadership opportunities through the FAVOR Family Learning Collaborative by training approximately 450 youth and family members annually (1800 total in 4years) across six curricula offered in English and Spanish

2.4 In Y1, train 450 community providers to support the integration of youth and families as System of Care leaders through WrapCT Learning Collaborative's nine curricula (1800 trained in 4 years)

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

3.1 All decision-making governance and authorities will remain at least 51% families and youth
3.2 Project Director will attend 90% of monthly meetings with tri-chairs of legislated Children's Behavioral Health Plan Implementation Advisory Board to integrate work on shared goals
3.3 Develop and sustain 6 CareHubs per year (24 Hubs in 4 years) that facilitate collaboration between behavioral health providers, Primary Care Providers, schools, and families within all 6 Networks of Care regions
3.4 Implement quarterly CLAS Learning Collaborative meetings with at least 4 participating organizations per region (24 agencies annually, 144 in 4 years), with each CareHub represented
3.5 Expand and sustain activities related to implementation of CLAS standards for at least 50 community-based agencies annually (200 agencies in 4 years)
3.6 Expand Beacon Health Options to support expansion and sustainability of the statewide Network of Care by employing 3 regional Network of Care Managers within 60 days of award
3.7 Expand and sustain the Network of Care structure through participation of NOC Managers in at least 75% of Network of Care meetings to promote 51% youth/family engagement at decision-making tables
3.8 Finalize integrated strategic financing plan by the end of Y2 and implement by end of Y3

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

4.1 Expand and sustain youth and family driven quality assurance process through implementation of 30 annual community conversations (4year total 120 conversations) by 6 trained FAVOR staff
4.2 Continue development of data competency for 50 families trained annually in English & Spanish (200 families in 4years) in Data 101 & develop Data 201 training by end of Y1
4.3 Increase family access to CT Data Collaborative web-portal by 10% annually (40% in 4 years) to support family partnership in guiding CONNECT
4.4 Continue examination of Medicaid cost savings resulting from decreased ED visits, PRTF utilization, and inpatient days through expanded annual fiscal mapping process and reporting
4.5 Continue bi-annual enhancement of DCF PIE data system to increase use of data in decisions regarding resource allocation for behavioral health services
4.6 Continued utilization of federal and local data in a continuous quality improvement (CQI) process to guide NOC management and decision-making through quarterly/annual reporting