

CONNECTICUT CHILDREN'S BEHAVIORAL HEALTH PLAN



2021 Annual Report

The Connecticut Children's Behavioral Health Plan Implementation Advisory Board (Advisory Board) submits this annual report (Annual Report) as mandated by Connecticut General Statutes (CGS) 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) continues to stand as a comprehensive blueprint for promoting the emotional well-being of all children in our state (plan4children.org).² The Advisory Board comprises representatives from a broad group of twelve executive, legislative, and judicial branch agencies, one commission, and offices that have a role in the children's behavioral health system, along with family members, providers, and various other stakeholders. Last year, the Advisory Board established three priority areas including (1) ensuring access to targeted behavioral health services for children, (2) addressing disparities in child and family well-being, and (3) reducing silos in planning, financing, and service delivery.³ This year's report outlines efforts underway to address these three priority areas, highlighting agency initiatives and legislative action.

During 2021, the Advisory Board continued to focus on the unprecedented challenges to state agencies, providers, and families posed by the novel coronavirus (COVID-19) and its variants since March 2020. As we endeavor to accommodate the needs of our citizens, 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 take steps to address racial and social inequities that have been extensively documented

¹ CGS Section 17a-22bb (PA 13-178)

² CGS Section 17a-22ff (PA 15-27)

³ Acknowledging that current crises have created new and far-reaching strains on child and family well-being, Advisory Board members identified 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 well-being 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) Reduce 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 work groups 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.

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 should remain among the top state priorities.

Our 2020 annual report mentioned a visioning discussion that was being organized by the Department of Children and Families (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. These discussions culminated in a summit meeting of state agencies held on May 10, 2021 entitled *Advancing the Children's Behavioral Health System in Connecticut* (Summit Meeting). This convening of key leaders in state agencies was a call to action to ensure continued progress toward a comprehensive integrated and efficient children's behavioral health system inclusive of all children and families across the state.

The Summit Meeting afforded agency leaders with an opportunity to affirm the overarching goals of the Plan to eliminate fragmentation and services gaps, enhance accountability and decrease disparities, and achieve quality assurance, robust data, and improved outcomes. These affirmations were timely and critical, given the commitment of federal and state funding to modernize the public health and human services infrastructure. The event also featured a discussion of short-term measures to expand access to acute care services and child-serving mobile crisis services. The leaders also discussed the consideration of behavioral health urgent care centers, an urban trauma intervention model, and comprehensive integration of primary care medical and behavioral health services. The Summit Meeting concluded with the establishment of three operational work groups addressing (1) alternative payment methodologies and measurement based care, (2) data integration, including consideration of expanding current initiatives underway at the Department of Social Services (DSS) and Office of Policy and Management (OPM), and (3) behavioral health urgent care centers and crisis stabilization units. In early October, a fourth work group was established to specifically address the immediate crisis pertaining to the increasing numbers of young people seeking behavioral health services in Emergency Departments. Recommendations are expected from these four work groups by the close of 2021.

In addition to the Summit meeting, the Connecticut General Assembly enacted several new laws in 2021 to strengthen behavioral health services for children consistent with the goals of the Plan. An array of new commissions, task forces, and work groups were created that intersect with children's behavioral health in some manner. Public Act (PA) 21-35 declared racism to be a public health crisis in the state and established a Commission on Racial Equity in Public Health, which is charged with the development of a strategic plan to eliminate or reduce health disparities and inequities in various areas. PA 21-46 establishes a task force to study the comprehensive needs of children in the state and the extent to which needs are being met by educators, community members, and local and state agencies. PA 21-37 established a Commission on the Disparate

Impact of COVID-19 to identify the cause of any disparate impact of COVID-19 and the federal and state responses to it on different racial, ethnic, gender, and socioeconomic groups, including a working group that will consider public health needs. PA 21-125 establishes a task force to study ways to encourage mental health service providers to participate in provider networks. Most of these groups must report findings and recommendations by January 1, 2022. As these new groups begin to engage in their work, it is important that they consider the goals and priorities of the Plan, the needs of all of Connecticut children and families for behavioral health services, and ongoing initiatives to improve the children's behavioral health system.

Advisory Board members were invited to contribute information for this Annual Report on significant current activities to advance Connecticut in the direction of establishing an aligned and sustainable system of children's behavioral health. Board members representing eleven state agencies and seven other organizations and interests submitted reports highlighting particular projects and activities. Most of the reported activities were closely aligned with one or more of the identified priority areas from the 2020 Annual Report, with 47% identified as addressing disparities, 43% assuring access, and 27% related to reducing silos. Many of the reported activities reflect efforts to directly address hardships experienced by so many families in connection with the COVID-19 pandemic.

In addition to the four operational work groups cited above, we highlight additional examples of state partners working together on initiatives that will improve the children's behavioral health system.

The Preventing Adverse Childhood Experiences (ACEs) Data to Action Grant. The Office of Early Childhood (OEC), in collaboration with the Department of Mental Health and Addiction Services (DMHAS), DCF, the Department of Public Health (DPH), and the University of Connecticut have been partnering with multiple other Connecticut stakeholders in the implementation of the data to action ACES 3-year grant awarded to Connecticut by the Centers for Disease Control and Prevention (CDC). The negative impact of ACEs on child emotional and physical health are well documented, and there is an extensive body of research identifying the lasting negative impact of ACEs on health and well-being well into adulthood. The grant work is underway, with extensive efforts to develop a coordinated and comprehensive data portal for surveillance of the prevalence of ACEs to inform system development and to monitor progress on initiatives that aim to reduce ACE-related stressors and adversities. Public education campaigns to promote children's behavioral health and increase family awareness of the earned income and child tax credits are also under development. Regular progress reports on grant deliverables are provided to the Advisory Board, which provides oversight to the project.

Connecticut Families First Prevention Plan. Since last year's annual report, DCF has spearheaded an ambitious and inclusive process to develop a plan for submission to the federal

government in response to the 2018 Families First Prevention Services Act (FFPSA). The planning process established by DCF leadership enlisted feedback from hundreds of participants representing state departments, providers, advocates, and youth and family voice. Connecticut's Family First Prevention Plan was submitted in July of 2021 and is currently under review by the federal government. Once accepted, Connecticut may apply for reimbursement under Title IV-E for certain existing services that meet the criteria for inclusion under FFPSA. The goals of FFPSA and the programs and services that may be considered for federal reimbursement are directly tied-in to evidence-based practices that strengthen family stability by promoting child and family behavioral health.

These accomplishments and other ongoing initiatives reflect steady progress and momentum as our state moves closer to achieving the comprehensive vision of the Plan. The growing realization that is reflected in these initiatives is that the development of an effective and sustainable children's behavioral health system must be comprehensive, coordinated, and reach across and between existing public and private service providers and funders in order to elevate families and get the necessary behavioral health supports to children where and when they need them. Families must be included at all stages of the development of an optimal children's behavioral health system. While there are examples of family and youth participation in advisory groups within the system, more must be done to ensure, enable, and encourage authentic family, youth, and community contribution of diverse perspectives at policymaking tables.

Looking ahead, 65% of the responding board members identified the importance of continuing to reduce silos (i.e., increase cross-system collaboration and coordination of initiatives and reduce redundancies). A quarter of the respondents specifically referenced the critical importance at this time of identifying and implementing funding strategies to maximize resources (with some underscoring sustainability as part of this timely and essential planning and coordination). Multiple respondents underscored the importance of maintaining focus to ensure that there is a similar array of behavioral health services accessible for all of Connecticut's children, including populations with developmental needs and children covered by commercial health insurance.

The success of our system, and progress in implementing improvements to the service array depend on an adequate and skilled workforce. Across levels of care and across settings, providers are unanimously identifying that Connecticut is facing dramatic shortages of behavioral health specialists at every level, including child and adolescent psychiatrists, psychologists, nurses, and master's level clinicians of all disciplines. The Advisory Board recognizes that concerted efforts must be made to address these shortages and resolves to include considerations of workforce recruitment and training in our efforts to implement the system. Overall funding and reimbursement rates are critical to addressing this workforce shortage and supporting recruitment, retention, and training efforts.

Given the urgency of the work being done by the entities created by the General Assembly, the work groups established following the Summit Meeting, and the challenging road ahead, the Advisory Board respectfully submits the following recommendations:

1. **Consolidate advisory and oversight efforts**

Determine and implement the most expedient vehicle to consolidate existing advisory and oversight authority in order to advance development of a seamless, coordinated, and integrated children's behavioral health system. Achieving an optimal system that addresses the emotional, behavioral, and mental health needs of *all* of Connecticut's children will require efficient delivery of a comprehensive array of effective services and the maximizing of all available government and commercial resources.

2. **Amend the statute to expand Advisory Board membership**

Amend Connecticut General Statutes Section 17a-22ff to expand the membership of the Advisory Board to include representatives of additional state agencies, offices, or other entities whose role in the children's behavioral health system has changed, been identified as integral, or were created subsequent to the enactment of the statute in 2015 that established the Advisory Board.

We renew last year's recommendation to add members representing the Office of the Governor and the Office of Policy and Management (OPM) to the 12 state entities originally designated as Advisory Board members. In addition, we recommend adding members representing the Department of Correction, the Department of Labor, additional members representing commercial health insurance carriers, and at least one representative each from the newly created legislative entities referenced above.

3. **Maintain a dual focus on leveraging temporary funding**

Pursue cross-system opportunities to coordinate the influx of federal COVID-19 relief funding with other funding mechanisms and initiatives to (1) expand temporary supports to stabilize children and families experiencing the current challenges of the pandemic and (2) invest in collaborative activities that will help position Connecticut to provide the services and supports that will be needed by children in the intermediate and long-term, including sustaining those short-term investments made available through temporary COVID-19 funding that improve the system.

4. **Aggressively tackle behavioral health workforce shortages**

Take immediate steps to retain existing skilled behavioral health professionals and expand the pool of qualified clinicians from all disciplines. Suggested actions include:

- a.) Adjust grant funding levels and reimbursement rates to support competitive compensation packages.
- b.) Eliminate regulatory requirements that create barriers to entry not necessary to maintain clinical integrity. A prominent example is intermediate licensing requirements that prevent new master’s level clinicians from entering the workforce upon graduation.
- c.) Develop new partnerships and strategies to increase behavioral health workforce diversity to be more reflective of the children and families seeking services.

Respectfully submitted,

CBHPIAB Tri-Chairs:

Elisabeth Cannata, Ph.D.
 Carl Schiessl, JD
 Ann R. 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, Seniors, Equity and Opportunity (CWCSEO)