

CONNECTICUT CHILDREN'S BEHAVIORAL HEALTH PLAN



ANNUAL REPORT OCTOBER 1, 2019

The Children's Behavioral Health Plan Implementation Advisory Board ("Advisory Board") submits the following report summarizing initiatives and activities undertaken to advance the recommendations outlined in the Connecticut Children's Behavioral Health Plan ("Plan"), which was originally submitted to the General Assembly on October 1, 2014.¹ This year's report reflects on the most salient accomplishments of the Advisory Board to date, and provides recommendations to direct the important work ahead. The report highlights the partnership among the twelve appointed state agencies, particularly in promoting substantial progress on two critical Plan goals that were selected by the Advisory Board as areas of primary focus: **fiscal mapping** and **screening and identification**. Several activities were undertaken to enrich our understanding of the complexity of the financial foundation of our children's behavioral system and to improve early detection and facilitate entry into services for children with behavioral health needs. The selected goals are equally important to promoting and maintaining high quality children's behavioral health services.

The Plan envisions a system that addresses the behavioral health needs of all of Connecticut's children regardless of demographics such as race, ethnicity, language, geography or income, and regardless of which service system door through which they enter. Achieving the Plan's vision for the Connecticut children's behavioral health system increasingly calls for a public health model that considers the social determinants of child and family well-being. Findings from the Advisory Board's work on implementing the Plan reveal that, while our current system has some strong components of the Plan, the system lacks certain elements that are critical for full Plan implementation.

Achieving the goals of the Plan requires a fully informed decision-making process that considers potential implications throughout the system before changing policies, financing, or programming. Through this process, Connecticut will be better equipped to leverage opportunities to optimize funding, decrease disparities, and improve outcomes for children with behavioral health needs and their families. The work of the Advisory Board has progressed because of the high level of interagency, cross-functional, and multi-sector collaboration among more than a dozen stakeholders. The Advisory Board's multi-faceted foundation, combined with the understanding of fiscal and programmatic interdependencies of the children's behavioral health system in Connecticut gained over the past five years, provides a platform for development of the remaining critical elements needed to fulfill the vision of the Plan.

Details of activities, programs and initiatives that have contributed to the evolving system of children's behavioral health in Connecticut over the past five years may be obtained through perusal of the annual reports that the Advisory Board has provided to the

¹ 1 This Report is mandated by Public Act 15-27. On or before September 15, 2016, and annually thereafter, the board shall submit a report, in accordance with the provisions of section 11-4a of the General Statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to children.

legislature and are available at www.plan4children.org. Given the scope and ambition of the Plan, progress on specific targeted areas was accomplished through workgroup activities and individual and collaborative efforts of the twelve legislatively appointed state partners and other stakeholders. Each year, specific new strategies and initiatives were reported, reflecting progress in improving Connecticut's system of behavioral health for children pursuant to the vision of the Plan.

System-wide progress on several of the most ambitious goals of the plan was greatly facilitated by dedicated resources through grant funding. Specifically, the Department of Children and Families (DCF) dedicated resources from its federally funded CONNECT demonstration grant to develop a fiscal mapping template and tools for network analysis that have been foundational to the work of the Advisory Board. Listening sessions were conducted with families and youth to help to examine progress and identify continued areas of need within the children's behavioral health system from the perspective of those most impacted. Private funding from the Connecticut Health Foundation further supported progress on Plan implementation by providing funding for administrative staffing to help collect and organize information from the twelve state agencies appointed to partner in implementation of the plan, with a targeted focus on fiscal mapping and screening and early identification of behavioral health needs through a health equity lens.

As a result of these coordinated efforts, an expanded fiscal map was created in 2018 that included financial contributions to the children's behavioral health system from all twelve state agencies, which helped to crystallize a shared conceptualization of health equity (see attached diagram from the 2018 Annual Report). Based on this fiscal mapping, areas were identified for further analysis and for developing more shared definitions and methodologies for data collection. As a follow-up to the 2018 fiscal map, further analysis of spending by race and ethnicity is currently underway with data from DCF and the Department of Social Services (DSS), where more in-depth analysis is most feasible within current data collection practices. The Advisory Board will continue to develop frameworks that will facilitate broader system analyses across all departments interfacing with children's behavioral health. An Advisory Board workgroup also completed an inventory of children's behavioral health screening tools used across the system, and vetted such tools according to current best practice screening standards. The attached document includes the inventory and recommendations for early identification and screening. This resource will inform screening practices and planning across the state in different child-serving contexts.

In addition to strong participation by the twelve appointed agencies, the tri-chairs and other members of the Advisory Board have worked to coordinate efforts with other state boards, advisory groups, commercial insurance plan representatives and legislative bodies to continue to promote the vision of the plan. These efforts have included representation at workgroups of the Juvenile Justice Policy and Oversight Committee, the State Advisory Council, Early Childhood initiatives, and meetings to explore strategies and methodologies to expand contribution of expenditure data and other information from commercial insurance providers to inform ongoing system evaluation. Briefings were held with and materials were disseminated to legislative and executive branch representatives, including newly appointed officials in several of the state departments. The continuing messaging in these outreach efforts has been to build cross-department, cross-workgroup, and system-wide responses to

better serve Connecticut's children and families. This approach reflects the vision of Governor Lamont for enhanced partnerships among state agencies, and better positions Connecticut to avail itself of opportunities at a national level, such as through the Families First Prevention Services Act, and other federal legislation and associated funding opportunities to strengthen families and promote healthy child development.

While progress on the ambitious vision of the Plan has been noteworthy over the past five years, the need for continued system improvement to promote the wellbeing of Connecticut's children and their families is no less essential now than following the tragedy at Sandy Hook that precipitated the Plan legislation. The goals of the Plan will best be achieved through coordinated efforts and careful planning to ensure that strategy, advocacy and legislative initiatives are not working at cross-purposes with each other. With the intention of continued enhancements of the children's behavioral health system to improve child and family outcomes in the most efficient and cost-effective manner, the Advisory Board respectfully submits the following recommendations to build upon the collective achievements to date to advance implementation of the Children's Behavioral Health Plan:

1. Continue to build a fiscal map for the children's behavioral health system with the addition of expenditures made by commercial insurance providers, and enhancement of fiscal analyses to identify and eliminate fiscal inequities to ensure equity of access to all services for all children in need of services.
2. Work through the Governor and the General Assembly to formalize and strengthen structures for statewide administrative coordination of all system planning and development initiatives that intersect with children's behavioral health.
 - Inventory all workgroups, councils, advisory boards, task forces, and similar legislatively appointed initiatives that are addressing aspects of the children's behavioral health system, including the behavioral health needs of children in specific subgroups (for e.g. juvenile justice, early childhood, transition age youth, children with autism, etc.).
 - Work with leadership of existing initiatives to ensure coordination of efforts to implement common/intersecting goals with the broader Children's Behavioral Health Plan. This will not only create efficiencies, but also ensure a more comprehensive and thoughtful approach to system improvements.
3. Identify opportunities to maximize state and federal revenue to expand access to effective behavioral health services and capitalize on Connecticut's national preeminence in policy and implementation of effective interventions.
 - Explore opportunities for blending and braiding funding across state agencies and seek access to new sources of revenue to support expansion of children's behavioral health services.
 - Include the Advisory Board in the state's review of the Family First Prevention Services Act and associated reforms to the federal child welfare financing streams,

Title IV-E and Title IV-B of the Social Security Act, and work collaboratively to develop a plan for Connecticut that achieves the improved outcomes for children intended by this legislation. There are aspects of the financing parameters that will require careful review, potential legislative advocacy, and careful cross-agency planning to ensure that Connecticut may leverage these reforms to enhance our child-serving systems.

4. Pursue public and private resources to support the ongoing efforts of the Advisory Board to achieve a coordinated approach to improving children’s behavioral health and family wellbeing outcomes.

Respectfully submitted,

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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) Office of the
Department of Public Health (DPH)	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)