

CONNECTING CHILDREN AND FAMILIES TO CARE

Public Act 13-178 and CONNECT Activities

PA 13-178 and CONNECT activities are integrated and coordinated when able. All systems development information is shared with the Statewide Advisory Committee

Public Act 13-178 and 15-27

...Not later than September 15, 2016, and annually thereafter, the board shall submit a report,.... shall detail (1) the status of the execution of the implementation plan, (2) the level of collaboration among the agencies and stakeholders involved in the execution of the implementation plan, (3) any recommendations for improvements in the execution of the implementation plan or the collaboration among such agencies and stakeholders, and (4) any additional information the board deems necessary and relevant to prevent or reduce the long-term negative impact of mental, emotional and behavioral health issues on children.

Additional state departments & others: DCF, DDS, DSS, DPH, DMHAS, SDE, CID, OEC, CAO, HAO, CSSD and CoC.

September 2016 Report: Over 100 activities, programs and strategies reported using original report structure:

- A. System Organization, Financing and Accountability
- B. Health Promotion, Prevention and Early Identification
- C. Access to a Comprehensive Array of Services and Supports
- D. Pediatric Primary Care and Behavioral Health Care Integration
- E. Disparities in Access to Culturally Appropriate Care
- F. Family and Youth Engagement
- G. Workforce

Additional issues raised by the Advisory Board:

1. Fiscal Climate
2. Reallocation or expansion of funds is necessary
3. Child Exposure to Violence
4. Long Term and Life Long Chronic need not addressed
5. Over lay the view of a healthy system

Health and Wellness Promotion Prevention Support and Care Treatment Aftercare and Recovery

System Development Workgroup Updates

1. Statewide Network of Care Analysis Workgroup

- a. Behavioral Health Analysis
- b. Primary Care Analysis
- c. School Analysis
- d. Community Conversations for Family and Youth Analysis
- e. Fiscal Analysis (DCF and Beacon not workgroup)

2. Data Integration Workgroup

- a. **CT Data Portal-OPM; CT Data Collaborative**
- b. **CONNECT local Data Dashboard Development**
- c. **Data 101 and CT Data academy for Families**

3. CLAS Workgroup (Implementation of the National Culturally and Linguistically Appropriate Service standards)

- a. Cohort 1 -Twelve Behavioral Health Providers Health Equity Plans completed June 30, 2016
- b. Cohort 2 Fourteen Behavioral Health Providers Health Equity Plans February 28 2017
- c. Quarterly Learning Community for TA and Support for Implementation of Health Equity Plans

4. FEAT Workgroup (Family and Youth Engagement Team)

- a. Community Conversations 2014 Updating end of 2016

5. Workforce Development Workgroup

- a. Network of Care-Agents of Transformation
- b. Persuasive Story Telling
- c. Data 101

6. Social Marketing and Communications Workgroup

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The Connecticut Suicide Advisory Board (CTSAB) for more information see: www.preventsuicidect.org

Since January 2012, the CTSAB has functioned as the single state-level suicide advisory board in CT that addresses suicide prevention and response across the lifespan. It is cooperatively co-chaired by the DCF and DMHAS and has been legislatively mandated under DCF since 1989.

Mission: *The CTSAB is a network of diverse advocates, educators and leaders concerned with addressing the problem of suicide with a focus on prevention, intervention, and health and wellness promotion.*

Vision: *The CTSAB seeks to reduce and eliminate suicide by instilling hope across the lifespan and through the use of culturally competent advocacy, policy, education, collaboration and networking.*

Priority Areas:

1. *Raise statewide awareness of suicide prevention through “1 WORD, 1 VOICE, 1 LIFE...Be the 1 to start the conversation” campaign;*
2. *Develop a Statewide Network that links state-level with grass-roots local efforts;*
3. *Promote Evidence-Based, Best-Practices for Suicide Prevention & Response; and*
4. *Revise CT Strategy for Suicide Prevention.*

Membership: *The CTSAB is made up of state and local agencies, profit and non-profits, community and faith-based organizations, hospitals, military, schools, higher education, towns, private citizens, students, survivors, and advocates.*

Updates

1. **Join the Network**

2. **CTSAB meets the second Thursday of the month at the Major General Maurice Rose Armed Forces Reserve Center, 375 Smith Street, Middletown, CT from 9-11 AM.** Reminders, agenda and minutes are emailed via the listserv a week prior to the meeting.

3. **State of Connecticut Suicide Prevention Plan 2020** see: www.preventsuicidect.org

4. 2015 CT had 386 deaths by suicide-8 under age 18.

Generally CT has 4th fewest deaths per 100,000 (2014 CT ranked 47th -lowest)

5. **Garrett Lee Smith** Co-Directors of DMHAS, DCF and DPH.

Connecticut to establish a Statewide Network of Care (SNC) for suicide prevention, intervention and response, and implement an intensive community-based effort to reduce non-fatal suicide attempts and suicide deaths among at risk youth age 10-24.

A. Statewide Network of Care

- OCME notifies OCA, DMHAS, and DCF.
- DCF notifies EMPS-Mobile Crisis
- DMHAS notifies RAC (Regional Action Councils)
- Coordinated outreach response
- Statewide Coordinator UW211
- Local Coordinator CHR Manchester

B. Manchester Intensive Community Based Effort:

United Way 211; Community Health Resources; Manchester-Public Schools; Manchester Police Department; Manchester Community College; Eastern CT Health Network; and the UConn Health Center as evaluator.

6. **TA to CT and New England Campuses** to assist and support applications to SAMHSA – GLS funding: