

**Children's Behavioral Health Plan  
Facilitated Discussion Notes  
Keep the Promise Coalition  
March 20, 2014**

Below are notes distilling the comments made by participants during a Facilitated Discussion of this topic. Generally, the comments are made in the order in which they occurred. Redundancy with respect to comments has not been eliminated. This information will be combined with input from other sources and will inform development of Connecticut's Children's Behavioral Health Plan. If you have comments about these notes, please email project staff at: [info@plan4children.org](mailto:info@plan4children.org).

General Notes

- Hosted by the Keep the Promise Coalition, Children's Committee
- Location: CCPA Office, Rocky Hill
- 20 people in attendance

Question 1: Strengths

- Effective School-Based Health Centers
  - There are 88 School-Based Health Centers that are funded by the Department of Public Health
  - Each has a licensed mental health clinician right in the school.
  - Families have easy access and are also connected with community providers for other services if needed.
- Behavioral Health Partnership is working well.
  - Authorization goes well when working with the schools
- School- Based Diversion Initiative
  - Great Initiative-Reducing School-Based Arrests
- Systems of Care
  - Infrastructure that can be built upon
  - CONNECT is a big part of consolidating the SOC framework
- The establishment of the Office of Early Childhood
- Medicaid payments have increased somewhat, which improved access
- DCF
  - Has the Differential Response in place
  - DCF Voluntary services is helpful, but there are still some barriers
  - DCF has made some more improvements in working with families that have members with mental health diagnoses. In the past they had made some inappropriate decisions in working with such families
  - DCF decided to hire new staff that have Social Worker degrees in order to improve the quality of service
  - Bringing the family voice to the table by having Family System Managers (at FAVOR)
- Emergency Mobile Psychiatric Services
  - Utilization of EMPS instead of 911 in the school systems
- TFCBT- CHDI
  - CT is very good with evidence based models such as TFCBT
- CCSD
  - Is doing great work in identifying kids with mental health needs and using diversion initiatives.

Question 2: Concerns

- DCF Voluntary Services barriers
  - It is problematic that kids in the Juvenile Justice System can't access these services unless there is a waiver from the Commissioner.
- School-Based Health Centers
  - Are having a great deal of difficulty with students who are hospitalized and then are transitioning back to school due to no notification to the schools about the discharge date or plan
  - More early identification and early intervention is needed; Universal screening in the school setting by utilizing the school-based health centers
  - Programs like this increase partnerships with families

- Early focus on Mental Health (prevention)
- Greater investment is needed in childhood interventions like Child First
- Schools are still having problems understanding mental health
  - More opportunities to develop mental health services in the school setting by utilizing the school building and providing these services in after school programs
  - Schools are still having problems understanding mental health – educate all school personnel across all schools and school programs
  - Consider using a program such as Mental Health First Aid; however some participants noted that MHFA is crisis focused and we may need more prevention
  - Incorporating restorative practices in schools
  - Need for more School Psychologists and School Social Workers
  - All school staff including secretaries, custodians, need to be trained in mental health
  - Identify and build on protective factors
- There needs to be more work and awareness on Cultural Competence
  - Especially when working with children of color
  - DMC report showed that there is disparity involving kids of color being sent to detention facilities instead of Riverview/Solnit
  - Need to look at implicit and explicit biases when making decision on children
- There needs to be more work on data collection
  - Looking at data to see how well kids and programs are doing
  - Looking at recidivism among kids in DCF care
  - Better data sharing among DCF, hospitals, and community providers (some concern around how this will work due labeling of children)
  - Dissenting opinion expressed about the risks to individuals of sharing data between agencies and systems (child is “identified” and “labeled”), risks involving breach of confidentiality
- Concerns about major DCF policy changes without adequate data to support the changes, or assess their impact
- Need to stop the decline in congregate care in the absence of increasing community services
- Huge problem with kids in DCF care aging out the system and then becoming homeless.
  - Better transitions among services within DCF and DMHAS
  - “Out of sight and out of mind” – once discharged no one follows the child or assumes responsibility.
- Infrastructure is not working well. There are so many new programs but not enough funding on the existing great programs available
- If you want schools to provide behavioral health services then the state should fund it

### Question 3: Recommendations

- DCF Voluntary Services- Change in policy to allow inclusion of children and adolescents that are involved in the Juvenile Justice System
- School-Based Health Centers Recommendations- When kids are released from hospitals there needs to be better communication from hospitals to providers and to schools to get these students transitioned successfully back to school. The discharging facilities should have a plan in place and be in communication with the school when child is returning.
- Restructure and pool financing for children’s behavioral health to eliminate cost-shifting: include all state agency funding, local funding, and private funding.
- Put in place a requirement that DCF will have the responsibility to be involved in the process when kids are hospitalized and discharged.
- There is a great need for programs for transition-aged youth.
- Expansion of SBDI to all Schools
- Data collection
  - DCF needs modern computers/systems in order to have better data and data sharing
  - Collect data for assessing programmatic outcomes
  - Develop an action plan for the individual child from all the data collected by data sharing and taking a real look at the quality of care and services provided to the child

- Provide funding on the existing grant programs available rather than starting (and paying for) new programs
- Have participation from Commercial Insurance to address the insurance issues many families are facing
- Track recidivism for juvenile offenders
- Improve the transition from youth services to adult services (only 17% of youth transitioning from DCF to DMHAS had a transition plan)

#### Additional Ideas:

- Take a look at research done on family skills-development
- Create a system that provides family supports and provides more assistance to parents
- Create a system that supports evidence based services AND non -traditional services
- A system that recognizes that evidence based services sometimes do not work for all families and children
- Concern about the quality of care provided by trainees and the lack of continuity of care as they constantly turn over at agencies
- None of these ideas are new – simply more funding is needed to provide adequate services and supports
- Look at all the costs being created by not spending adequately on prevention and treatment
- Every new service funded in the state has been met with cuts elsewhere
- “Connecticut is a ‘Kingdom of Pilot Programs’ with no sustainability plan.”

#### Participant Comments on this Facilitated Discussion

- Positive comments about the Facilitated Discussion process and content
- Making public the trends and themes found in these discussions
- Sharing some notes prior to the report being finalized. Would like to see what are other people are thinking
- Posting some of the summary comments on the website from the facilitated discussions