Behavioral Health Network Analysis
Qualitative Data Summary: All Regions
Facilitators, Barriers, and Community Needs

June 2019

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The **Con**necticut **Ne**twork of **C**are **T**ransformation **(CONNECT)** is a statewide system of care expansion that integrates efforts across child-serving sectors, including early childhood, child welfare, mental health, juvenile justice, substance abuse, and education. The Connecticut Department of Children and Families (DCF) leads the implementation of CONNECT and has four primary goals: 1) Implement and sustain the youth and family driven local, regional, and statewide infrastructure for the integrated Network of Care; 2) Implement and sustain a youth-guided, family-driven, and culturally responsive approach to statewide network of care (NOC) expansion and implementation with youth and families as full partners; 3) Implementation of the services and activities of the integrated Connecticut NOC; and 4) Enhance comprehensive statewide data system to promote integration and quality.

CONNECT has a Network Analysis Workgroup that seeks to gather information to increase understanding of the NOC with the goal of continuing to enhance and strengthen the network. This Workgroup supports the implementation of network analyses from the perspective of four stakeholder groups: 1) caregivers and youth receiving services in the NOC; 2) behavioral health service providers; 3) pediatric primary care providers; and, 4) school personnel.

The behavioral health provider network of care analysis was conducted at two points in time, the fall of 2016 (Time 1) and late winter of 2018 (Time 2). As part of these assessments providers across the six regions were asked to respond to three open ended questions: 1) what facilitates collaboration in your region, 2) what are the barriers to collaboration in your region, and 3) what else is needed in your region to support children with behavioral health difficulties and their families in your region. While the results of these data have been provided at the regional level, this report provides a summary of the results of the content analysis that was conducted on the responses to these open-ended questions *across* the six regions.

Facilitators of Collaboration

Behavioral health providers were asked to identify the factors that facilitate collaboration within their region at two timepoints the fall of 2016 (Time 1) and late winter of 2018 (Time 2). What follows are the themes that emerged from the analysis of this data at both timepoints across the six regions.

Strong Relationships. Survey respondents at both time points indicate that strong relationships with other providers are key to facilitating collaboration. When these relationships include open and effective communication, mutual respect, cooperation, and true partnership, collaboration between agency providers at the system and at the family level is most effective. Providers report that these relationships are built through agency staff attending interagency meetings or trainings held at the local, regional or statewide levels where staff have the opportunity to meet and work with other providers.

Shared Approach to the Work. Respondents at both time points expressed that system of care and wrap-around trainings that have occurred statewide have provided a shared vision and approach to working with families that has enhanced collaboration at the local, regional and state-wide levels. At Time 2, a few respondents uniquely noted the importance of cultural competency in the service role as supporting collaboration. At Time 1 and Time 2, some respondents noted that families and clients who have needs that are best served across multiple organizations enhances collaboration between providers.

Knowledge of Resources and Ease of Referral. Staff at both time points report that having knowledge of other agencies and a good understanding of the services they offer is essential for collaboration. This information is shared through local, regional and state-wide network of care meetings, resource fairs, interagency service teams, presentations at other agencies, and listservs which give providers and families opportunities to learn about the services available within their communities. Respondents report that obtaining information about other agencies including services offered, enrollment criteria, service openings, and contact information for a point person within each program can facilitate referrals, accelerate response times between providers, identify duplication or gaps in services and help streamline efforts within the network of care. Staff also report that it is important that information on services remain ongoing and up to date.

Resource Availability. Some respondents at both time points noted that shared funding opportunities such as shared grants and contracts supports collaboration within their regions. At Time 2, survey respondents more often emphasized the importance of having dedicated time, funding, and staff to support collaborative efforts. At Time 2 some respondents reported that shared efforts to support families was a natural response to limited resources within organizations, pointing to the added benefit of collaboration for overburdened systems.

Barriers to Collaboration

Behavioral health providers were also asked to identify barriers to collaboration within their regions. What follows are the themes that emerged from the analysis of this data across the six regions at the across the two surveys.

Resource Limitations. When asked about barriers to collaboration, providers at Time 1 and Time 2 frequently reported that a lack of funding and resources restricts collaboration. When funding and other resources are scarce, caseloads are high and waitlists are long, limiting the time that staff have to attend meetings where they can network, build relationships with other providers, and learn about services offered in their area. Moreover, providers that can only bill for direct service may be discouraged from committing time to collaborative efforts. There was an increase in the number of respondents noting a lack of time and resources from Time 1 to Time 2. Providers also expressed a greater appreciation of the many implications of a limited funding environment at Time 2; limited time makes it more difficult to collaborate with other providers who are also providing care to families, while limited funding promotes an environment that encourages competition, and providers may be less willing to refer clients out due to fears of giving business away.

Logistical Issues: More providers at Time 2 noted logistical issues than at Time 1. Providers across the state report that these logistical issues impact family access to services and therefore the opportunity to collaborate with other providers. Location of services and transportation are reported to be issues across the six regions. In the urban areas of the state, providers report that transportation options can limit access to services while in the more rural areas the location of some service providers make accessing services difficult and for some families impossible. In addition, the times that appointments are available may make it impossible for working parents to get their children to appointments. Finally, there is a need for some agencies to adopt a more family friendly approach to scheduling services with the goal of reducing the number of times per week that families have to travel to receive care.

Communication. Survey respondents at both time points report that limited communication is a barrier to collaboration. This includes providers not returning phone calls or emails and time-lags between receiving a referral for services and receiving documentation that supports the referral. Lack of a point person or personal contact with another agency also creates difficulty in communicating, and this issue is exasperated by high turnover in agency roles. At Time 1, some respondents noted a lack of networking and meeting opportunities that would promote communication. In contrast, at Time 2 respondents more often expressed perceptions that "break downs" or inconsistent communication with contacts with other agencies impede collaboration. Finally, at Time 2 a few noted that meetings were too frequent and/or ineffective.

Lack of Information about Available Resources. Across Time 1 and Time 2, agency staff report that a lack of knowledge about other agencies and the services they provide creates a barrier to collaboration. Survey respondents report that education regarding services available in their region including eligibility criteria and the process for families to access these services is lacking. Without this information, staff are less likely to refer families for services, limiting options for families and decreasing opportunities for providers to collaborate. In addition, providers report that if families are not aware of the services in their community, this lack of awareness may make them feel less comfortable to enroll in services at a given agency.

Systems and Agency-Level Policies. System and agency-level policies that act as a barrier to collaboration were reported at similar rates at Time 1 and Time 2. Providers report that policies can impact their ability to work collaboratively either through impacting their time or their ability to collaborate with other providers. The following barriers to collaboration were reported:

- Contractual issues and system policies that may limit the number of services a family receives not only causes a lack of continuity of care for families but can also limit opportunities for providers to work collaboratively;

- Complicated referral procedures can impact opportunities to collaborate. Some respondents reported that agency policies requiring multiple steps to accept a referral or to have a referral approved not only impacts access to services for families but is also a barrier to collaboration;

- While protective, policies regarding confidentiality (e.g., HIPAA) limit the ability of providers to share information or cause delays in sharing information, restricting opportunities to collaborate.

Difference in Values. There was a slight decrease from Time 1 to Time 2 in the level of respondents reporting that the lack of a shared values in the work impacts the ability to collaborate. At both time points respondents reported that providers who do not prioritize the need to understand the perspective of the family when developing service plans makes it difficult to collaborate with these providers. They also reported that willingness to collaborate was tied to territorial or competitive organizational environments that may discourage collaborative attitudes. At the organizational level, some viewed lack of support for collaboration by leadership as a limiting factor.

Client and Family Factors. Providers identified client and family factors as barriers to collaboration consistently across Time 1 and Time 2. Distrust, often tied to lack of knowledge about an agency, can lead to parents being unwilling to follow up with a referral. In addition, lack of insurance coverage or ability to pay for services can limit access to needed services. A similar number of respondents at each time point also noted that shortages in culturally competent and bilingual services and service providers in their region made collaboration difficult.

Community Needs

Survey respondents were asked what else is needed in their community to support children with emotional and behavioral difficulties and their families. At both Time 1 and Time 2, increased services and staff were the largest area of identified need. At Time 2 respondents emphasized the need for prevention and prosocial activities for youth in their region as well as care coordination, case management, and an improved 211 system in order to increase awareness and access for families and their children about services.

More Services and Providers in the Continuum of Care. Survey respondents indicated that what is most needed to support children and families is more services. Respondents frequently reported a need to expand the continuum of care across the state. Respondents indicated that families need access to all levels of care and that currently, not all are available in every region. Service recommendations consistent across both time points included:
- assistance obtaining basic needs such as access to safe housing, food and reliable transportation;

- increased access to medication management;
- improved access to in-home programs including the provision of these services for families with commercial insurance and a re-evaluation of the policies that dictate strict time-limits;
- early identification and universal screening need to be more readily available;
- providers trained in infant mental health;
- providers who are trained to work with older youth and staff who can assist youth as they transition to adult services;
- providers trained to work with youth who have high levels of acuity and greater access to residential programs for youth who need that level of care;
- support for families as youth transition between levels of care;
- substance use treatment programs including smoking cessation;
- services that offer intermediate levels of care such as intensive outpatient programs (IOP), partial hospital programs, and more intensive in-home services and supports;
- recreational programs, mentoring programs, respite programs, before and after-school care, educational supports, outreach to gang involved youth; and,
- specialty care including autism support and support for families impacted by domestic violence.

At Time 2, unique service needs that emerged or were emphasized more among providers included:
- culturally responsive and linguistically competent staff to provide services across the full continuum of care;
- an improved and interactive 211 system to increase access and connect the region;
- prevention services, including early intervention and prosocial activities for teens;
- trauma-informed services and providers;
- shelters and therapeutic foster homes for youth;
- more staff for care coordination and case management;
- technical assistance for agencies; and,
- non-traditional community supports and services, including more advocates to assist families as they transition between levels of care.

Funding. The need for new services and providers coincides with the need for more funding. While identified by providers at both time points, close to twice as many providers from Time 1 to Time 2 noted the importance of funding as a mechanism to improve capacity across all regions, integrate care, and provide wrap-around services. Other gaps identified by providers include funding for collaborative meetings, non-traditional services, and to address many of the barriers for families accessing services such as transportation (e.g., bus tokens).

Address System-level Barriers to Service. At both time points, providers frequently reported that improved access to health care and community-based services for families and their children was needed. Respondents report that Medicaid and the following policies restrict access to care: the inability to bill for tele-psychiatry services; the restriction on APRNs signing off on diagnoses or assessments; and lack of third-party reimbursement for mentoring. Addressing restrictions in insurance coverage and the number of providers available to take insured families or pay-per-service was also noted by some providers at both Time 1 and Time 2. Providers advocate for transportation and increased flexibility in the days, hours, and locations of services to increase access to services for families. In addition, staff recommend consideration of a single point of entry for families where staff

from multiple agencies are co-located, allowing families to access a broad array of services and providers to work collaboratively in providing care to families.

Community-level Outreach and Engagement. Across Time 1 and Time 2, providers spoke of the need for community-level educational campaigns to provide education about behavioral health with the goal of reducing stigma. Providers also suggest that engaging with natural supports in the neighborhoods as a potential method to engage with families. They report the need to provide outreach to families in community locations such as schools, community centers, libraries and churches with the goal of engaging families in the settings that they choose. Providers also suggest promoting programs that enhance caregiver skills in advocating for their families, teach families how to navigate the system of care, and increase awareness of the resources available in the community. Respondents indicate the need to support families as they increase their engagement with natural supports both in their communities and in the service planning process.

Formalize Collaboration Strategies. Providers recommend across Time 1 and Time 2 that relationships between agencies be formalized (e.g., MOUs or formal contracts) with the goal of prioritizing collaboration. It is also recommended that agencies policies be adjusted to provide staff with dedicated time to network. Finally, it is suggested that the Regional NOCs work to develop mechanisms through which agencies can share information about the services and supports offered. Some respondents at both time points mentioned the importance of communication between collaborating agencies and families.

Road Map of the Behavioral Health Network. Some survey respondents at Time 1 and Time 2 suggest creating a road map of the behavioral health network that provides up to date information on the services available and explains to families how they can transition between levels of care. This road map would help families and staff to better understand the service array and goes hand in hand with recommendations to improve information access from 211.

Work Towards Uniform Policies and Procedures. At both Time 1 and Time 2 some suggested that working toward more uniform policies and procedures across agencies would enable more integration for family level service planning and would make it easier to share information between agencies. These uniform policies and procedures could include: universal releases of information; universal intake process; and shared electronic medical records. These resources would enhance collaboration and reduce the burden on families to tell their story multiple times.

Increase Accountability for Agencies Delivering Services. At Time 1, some providers identified a need for increased accountability for the agencies delivering services and for the community collaboratives. Some recommend evaluating outcomes data to differentiate those programs that are most effective and making this information available to families to inform their choice of provider.

Cross-Agency Training. While mentioned by few at Time 2, respondents at Time 1 recommend the provision of cross-agency trainings with the goal of increasing the diversity and availability of training opportunities. These trainings would also provide additional opportunities for providers to build relationships across agencies which would result in increased collaboration and knowledge of the services provided across the network.