

CONNECTICUT CHILDREN'S BEHAVIORAL HEALTH PLAN



Annual Report October 2023

The Connecticut Children's Behavioral Health Plan Implementation Advisory (Advisory Board) submits this annual report (Annual Report) as mandated by Connecticut General Statutes (CGS) Section 17a-22ff.¹ The Connecticut Children's Behavioral Health Plan (Plan), developed in the wake of the Newtown tragedy and as a response to Public Act 13-178, continues to serve as a comprehensive blueprint for promoting the emotional wellbeing of all children in our state (<https://plan4children.org>).²

The General Assembly affirmed the key role of the Advisory Board by enacting Public Act 22-47, which codified a recommendation included in our 2021 report to expand the membership of this Advisory Board to include representatives of additional state agencies, offices, and 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 Advisory Board's enabling statute in 2015.

New Advisory Board members include designees from the Office of the Governor and the Office of Policy and Management (OPM), the commissioners of the Department of Correction (DOC) and Department of Labor (DOL), a representative of commercial health insurance carriers who shall be appointed by the Governor³, one representative each from the Commission on Racial Equity in Public Health, the Commission on the Disparate Impact of COVID-19, the task force concerning mental health service provider networks, and the task force on children's needs. The new law also directed the Commissioner of Children and Families to appoint six behavioral health clinicians, including a psychiatrist, a marital and family therapist, a psychologist, a clinical social worker, a professional counselor, and an advanced practice registered nurse. These new members have fortified and enhanced the existing Advisory Board, which already includes 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 significant representation from family members, providers, and various other stakeholders.

¹ CGS Section 17a-22bb (PA 13-178)

² CGS Section 17a-22ff (PA 15-27)

³ The original Advisory Board included the appointment by the DCF Commissioner of a representative of a commercial insurer. This new appointment will fortify and codify the inclusion of insurance carriers in this work.

It is important to highlight that the Plan reflects extensive input from multiple stakeholders, including substantial contribution to the vision for our system from Connecticut families. The Plan is guided by core values that our state's children's behavioral health system be *family-driven and youth guided, community-based, culturally and linguistically appropriate* and *trauma informed*. It is organized around seven thematic areas of focus:

- **System Organization, Financing and Accountability**
- **Health Promotion, Prevention and Early Identification**
- **Access to a Comprehensive Array of Services and Supports**
- **Pediatric Primary Care and Behavioral Health Care Integration**
- **Disparities in Access to Culturally Appropriate Care**
- **Family and Youth Engagement**
- **Workforce**

The foundation and collective vision of the Plan continues to provide a meaningful framework for the ongoing and new development of the optimal system across the many departments and stakeholders that contribute to, and are invested in, promoting health and wellbeing for all children and families in Connecticut.

Our 2022 Annual Report provided an extensive overview of the sizable body of work that had been conducted to achieve the vision of the Plan since its inception. It also highlighted specific challenges to achieving the vision of the Plan that were created or exacerbated by the extended impact of the COVID-19 pandemic on children, their families, and on the behavioral health workforce. The report identified specific work of the Advisory Board partners and resources to draw from to address those challenges. Three specific recommendations were offered in the report as critical for addressing the most pressing needs of the system:

1. ***Coordination of effort*** across many advisory and oversight bodies and state departments directly intersecting with children's behavioral health
2. ***Addressing the workforce crisis*** that was and continues to impact service availability at every level of care.
3. ***Heightened attention to developing optimal funding paradigms*** for progress and sustainability of the children's behavioral health system.

Since the last report, the full advisory board met on four occasions, Dec. 12, 2022, January 23, 2023, March 13, 2023 and May 15, 2023 in addition to workgroup activities that have been ongoing and the Tri Chairs providing [testimony](#) to inform legislative initiatives in the past session related to children's behavioral health. This Annual Report serves as an update on the work and activities related to the 2022 recommendations that have been underway over the past year, highlights some significant advances in critical areas of the children's behavioral health system, and highlights resources and Advisory Board work-products that can guide current and new efforts to improve the system.

2022 Recommendation 1: Align oversight and advisory efforts

The Tri-Chairs of the Advisory Board offered testimony and advisement in several public forums and through communication with several legislators championing behavioral health and wellbeing for all of Connecticut's children. Our focus was to underscore the foundation provided by the Plan and to urge efficiency in continued efforts to address several areas of concern within the current system. The complexity of the children's behavioral health system was depicted graphically on page 23 the 2022 Annual Report and updated as Addendum 1 on page 9 of this report.

With the launching of the Transforming Children's Behavioral Health Policy and Planning Committee (TCBHPPC) on July 10, 2023, the members of the Advisory Board remain committed to collaboration and urge coordination of efforts to ensure that there is expediency in addressing current challenges that create barriers to the full achievement of the vision of the Plan. With 27 overlapping members serving on the two bodies (see Addendum 2 on page 10), we continue to underscore the importance of moving forward to build upon the contributions of board member agencies and workgroup products that provide explicit guidance for the work ahead. Most specifically, products from the Advisory Board are suggested as foundational to the work of the newly forming Workgroups for the TCBHPPC. In that regard, we respectfully propose the following resources are utilized by each of the workgroups to fast track the work (TCBHPPC proposed workgroups identified in boldface). It is noted that the scope of each of these workgroups is interdependent and cross-informed:

Strategic Planning Workgroup - Coordinate system efforts and ensure that the different bodies associated with improving the children's behavioral health system are working in a well-coordinated manner to expedite system enhancement. Allow the core values and areas of focus of the Plan guide current efforts, identifying the areas for continued or new development in light of the progress and unanticipated challenges that have impacted full implementation of the Plan since its development. Recommendations included in the 2022 Advisory Board Report still need immediate legislative attention, as they reflect the urgency required to address the fiscal realities resulting from workforce challenges. Addressing service gaps, developing new programming for identified underserved needs, and maximizing return on investment of programming expenditures will depend on specific strategies to recruit and retain a skilled and adequate workforce.

Infrastructure Workgroup – A Fiscal Mapping template was developed through the Advisory Board to capture all fiscal contributions to levels of care in the children's behavioral health system. As the TCBHPPC is seeking to ensure that resources are maximized and to identify where resources are needed, this template can provide a foundation that will expedite the process. The Fiscal Mapping template provided a vehicle for defining levels of care and a way to classify expenditures related to children's behavioral health that are contributed to by different departments through public funding. Information about commercial insurance coverage of different levels of care and specific programs that are essential to the children's behavioral health system would be important to informing system efficiencies and identifying potential gaps in service access. Enhancements to the system since the last full fiscal mapping, include the recent launch of four

Urgent Crisis Centers for Children⁴ and programming that will be implemented through Connecticut's [Family First Prevention Plan](#) (and eligible for Title IV-E federal funding) could be included in infrastructure planning associated with spending. The opportunities posed by blended and braided funding can be identified through more coordinated fiscal mapping across the different budgets and funding sources contributing to the system. Additionally, recommendations from the [Alternative Payment Strategies Workgroup report](#) connected to the Advisory Board completed in December 2021 should be considered in current system planning efforts.

Also critically important to inform the Infrastructure Workgroup, is the progress that has been made to develop a data sharing system across various departments, programs and services. The Data Integration Workgroup of the AB initially met during 2021 and culminated with the development of a system-level dashboard framework for children's behavioral health in Connecticut as well as broader recommendations for strengthening data integration across the agencies responsible for children's behavioral health in the state (see [report](#)). At the close of the initial workgroup's timeline, there was interest to continue the workgroup meetings to implement recommendations from the report. The second phase of the workgroup has been facilitated by staff from FAVOR and the Office of Policy and Management with staff support from the Child Health and Development Institute (CHDI). It has met quarterly to review progress toward implementation of a system dashboard. Progress includes: (1) assessment of indicators across the system framework regarding their timeliness and accessibility, as well as availability of disaggregated demographic data; (2) identification of a short-, intermediate- and long-term vision for implementation; (3) selection of social determinants of health indicators for inclusion in the dashboard; (4) consideration of common service-level indicators that would increase understanding of access and throughput across the system; and (5) development of a framework for a children's behavioral health data landscape. It is expected that next steps will include: (1) implementation of the system-level dashboard; and (2) continued engagement with workgroup members to identify common data elements to be aggregated across DCF-contracted behavioral health services.

Services Workgroup - Given the extensive input received from a broad base of stakeholders, including the families of children with behavioral health needs, in the original development of the Plan, the Advisory Board recommends that identification of service needs be considered in the context of the values and principles guiding the original development of the Plan and build upon the existing service array that has been enhanced and expanded since inception of the Plan, and which is being further enhanced through care coordination and expanded access to services related to Connecticut's *Family First* plan.

Prevention Workgroup - Here too a foundation from the Plan already exists to guide this workgroup as it develops its priorities, particularly in the areas of behavioral health and primary care integration. Since the development of the Plan, [Access Mental Health](#) has expanded to provide direct consultation and support to pediatric practices to help address children's behavioral health needs, including expansion of consultation services for transitional age youth 18-22 and in July

⁴ The funding and implementation of these Urgent Crisis Centers for Children was in response to recommendations from an Advisory Board workgroup that was convened to address the crisis in Connecticut's emergency departments ([see report](#)).

2022 expansion of consultation for primary care to identify and address the behavioral health needs of pregnant and postpartum mothers.

The work of the Advisory Board has underscored the importance of children's behavioral health resting on a foundation of wellbeing, where children and families have access to basic needs and community resources to thrive (see [system of care diagram](#)).

School Based Workgroup – Fully aligned with the value of community-based availability of services and a trauma-informed system, and in the theme of enhancing prevention and increasing access to behavioral health services, as outlined in the Plan, the continued collaboration of efforts to enhance a school-based approach to promoting children's behavioral health is critical.

Currently, the Trauma-Informed School Mental Health Task Force aims to promote equitable access and outcomes for students and families within a statewide trauma-informed infrastructure that integrates behavioral health services, school, pediatric primary care, and community supports. The Task Force engaged in a range of activities this year including, but not limited to: supporting the ongoing mission of school-based mental health initiatives (e.g., Project AWARE, SHAPE, SBDI, CT Safety Center, RESC Trauma Coordinators, School-Based Health Centers), facilitating resource fairs, providing outreach presentations to pediatric primary care partners, and promoting the use of Mobile Crisis and the SHAPE System within school districts.

- Average of 19 participants each meeting, including state agency partners, school district leads, behavioral health providers, school-based health centers, and families
- Provided outreach presentations to 17 districts to support awareness and integration of school-based trauma-informed efforts
- Provided 203 outreach presentations to health providers/pediatric primary care regarding trauma-informed care integration, though collaboration with the Family Care Connections workgroup
- Supported 53 districts using the SHAPE System to assess their school mental health quality and sustainability
- Electronically disseminated a trauma-informed Comprehensive School Mental Health (CSMH) framework and resources through the plan4children website (329 hits to Task Force landing page), including a CSMH logic model (17 downloads), dictionary of trauma-informed terms for schools (12 downloads), and promotion of CHDI's policy brief on SHAPE (345 website downloads and 864 visits to landing page)

Also of note, the work of the three-year PACEs grant that fell under the auspices of the Advisory Board (that was completed this year) has laid a foundation for monitoring system impact through the expanded collection of the Youth Risk Behavior Surveillance (YRBS) in schools and through system analysis of information collected through the YRBS and other sources. Through the data-to-action platform that was established through the PACEs grant at CT Data, the system will be able to continue to assess both the presence and impact of Adverse Childhood Experiences (ACEs) and Positive Childhood Experiences, incorporating information collected in school.

2022 Recommendation 2: Aggressively address behavioral health workforce shortages

In December 2022 CHDI was commissioned by the Connecticut Department of Children and Families to facilitate an Advisory Board subgroup and gain stakeholder feedback to identify solutions to the significant behavioral health workforce shortages that are dramatically impacting service capacity across all levels of care in the system. The focus and planned activities were initially presented to the Advisory Board in May. Several workgroup meetings were held, and a comprehensive review of national and out-of-state initiatives, interviews with experts in the field, and a survey of stakeholders was completed to identify the most significant barriers and potential solutions to the crisis. The work was additionally informed by *The Annapolis Framework for Workforce Planning in Behavioral Health (2022, Annapolis Coalition)*.

The publication culminating from this work, *Strengthening the Behavioral Health Workforce for Children, Youth, and Families: A Strategic Plan for Connecticut*, is produced as an Advisory Board collaboration with CHDI, with funding from DCF. The plan includes recommendations for short- and long-term solutions to strengthen the pipeline, diversity, recruitment, retention, and competencies of the workforce.

The current crisis of the children's behavioral health system is inextricably tied to the substantial shortages of behavioral health professionals across every level of care. The shortages impact both capacity, and the quality and stability of services provided. The recommendations of the workgroup report highlight the urgency of addressing reimbursement rates and grant funding to allow providers to recruit and retain a skilled workforce as well as strategies to expand the diversity of the workforce to reflect the Connecticut population as well as to expand supports to families through expanding a trained peer support network. The full plan can be found [here](#).

2022 Recommendation 3: Develop and Implement a Sustainable Model For Funding and Delivering Children's Behavioral Health Services

Grant funding for children's behavioral health programming and service reimbursement rates by insurance (Medicaid and commercial plans) are insufficient to allow for providers to increase salaries and offer incentives to existing and prospective employees to address the behavioral health workforce needs that were identified above. After many years of flat state grant funding for children's behavioral health programming, the 5% Cost of Living Adjustment (COLA) in SFY 2023 and 2.5 % COLA in SFY 2024 and 0% in SFY 2025 do not raise funding sufficiently to create competitive salaries.⁵ The modest increase of 4% to Medicaid reimbursement rates in November of 2021 was the first increase since January of 2012. In 2023, there was a 15% Medicaid increase to the rate for Intensive In-Home Psychiatric Services for Children (IICAPS) only, which also was insufficient to address workforce shortages to that widely sought program which does not receive other funding through state grants.

Given the urgency to combat workforce shortages at every level of the children's behavioral health system to address immediate needs, but also to maintain continued programming excellence and the adequacy of the children's behavioral health service system, it is critical that Connecticut

⁵ Note, in contrast, that in the last legislative session Connecticut community non-profits requested a 9% increase for SFY2024, followed by 7% increase in SFY 2025 and to index future increases to inflation.

continue to develop strategies to optimize spending and maximize contributions from all accountable parties to the system.

The recommendations from the Alternative Payment Methodology workgroup should be considered in current planning and policy development. Opportunities for maximizing Title IV-E reimbursement through the *Family First* plan should also be considered. Analysis of contribution to the funding of Connecticut's prioritized evidence-based programs and services for children's behavioral health is also critical to ensure equal access and equitable contribution to the robust system of care that has been developed.

Highlights of Other Children's Behavioral Health System Updates Since the 2022 Annual Report:

- SFY 2023 Children's Mobile Crisis Intervention Services (MCIS) expanded to a 24-hour in-person response capacity. The 9-8-8 Planning Workgroup also launched 9-8-8 as a means to access MCIS services, creating an opportunity to gain federal reimbursement support to the crisis system.
- Based on the [recommendations](#) from the Advisory Board workgroup that was convened to develop a model for urgent crisis care for children in Connecticut, *Children's Behavioral Health Urgent Care Centers* were funded and recently launched in four locations across the state.
- Through *Connecting to Care* federal grant funding, DCF sponsored the development of a tool designed to assist in the matching of children's behavioral health services to the specific intervention needs of a child. [The Assisted Intervention Matching \(AIM\) Tool](#) was initially launched to help families and those who refer families make sense of the array of in-home evidence-based treatment programs for diverse needs. The expanded AIM Tool is currently being finalized, and will provide an expanded resource to help match youth not only to in-home services, but also to clinic-based treatment for specific behavioral health needs and to help families and those who refer families to understand different levels of care and how to access services.

Advisory Board Recommendations for 2024

The 3 recommendations from last year's report by the Children's Behavioral Health Plan Implementation Advisory Board (CBHIAB) were to:

- 1) Coordinate Efforts of Advisory Bodies;
- 2) Address the Workforce Crisis; and
- 3) Develop optimal funding paradigms

Each of these recommendations remains a high priority in our 2024 report.

This year's report highlights several instances of Advisory Board recommendations and workgroup products that have advanced the goals of the Connecticut Children's Behavioral Health Plan. One recent example are the 4 Children's Behavioral Health Urgent Care Centers (UCCs) that were funded and launched across the state as a result of recommendations by an Advisory Board workgroup. Adoption of the UCCs is a timely demonstration of how the Advisory Board's knowledge and understanding of the complex Connecticut children's behavioral health system continues to advance the Connecticut Children's Behavioral Health Plan goals for improving the delivery of behavioral health services for all of Connecticut's children. Another current example of the Advisory Board's efforts to further improvement of the children's behavioral system is the recent collaboration with CHDI on a Workforce Development Strategic Plan Report.

The Transforming Children's Behavioral Health Policy and Planning Committee (TCBHPPC) has a robust legislative mandate and aggressive timeline that also seeks to improve Connecticut's children's behavioral health system. We urge that the efforts of the TCBHPPC and the CBHPIAB be closely coordinated so that we maximize our resources to move the children's behavioral health system beyond continued shortages of needed services for children, and the increasing stress on families.

As the Tri Chairs of the Advisory Board we welcome the opportunity to provide consultation and partnership in moving towards an optimal behavioral health system for Connecticut's children.

Respectfully submitted,

Elisabeth Cannata, Ph.D.

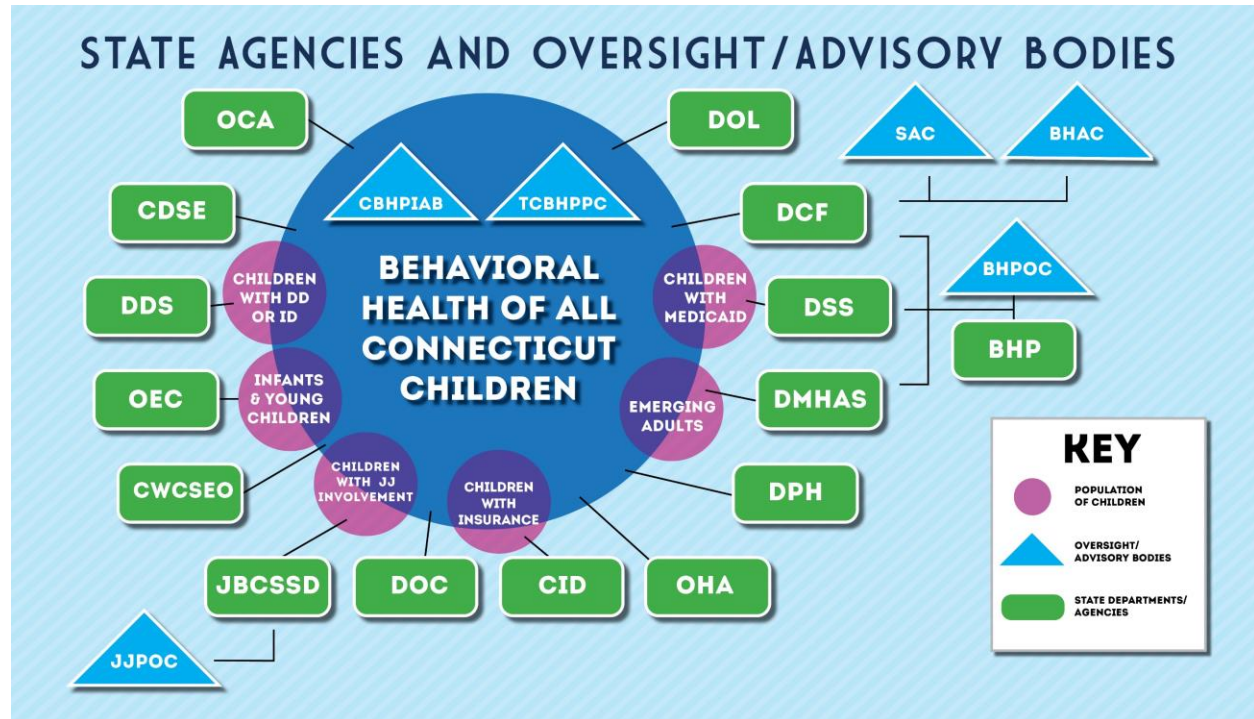
Carl Schiessl, JD

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STATE AGENCY PARTNERS

Department of Children and Families (DCF)	Office of the Governor
Department of Developmental Services (DDS)	Office of Policy and Management (OPM)
Department of Social Services (DSS)	Connecticut State Department of Education (CSDE)
Department of Public Health (DPH)	Office of Early Childhood (OEC)
Department of Mental Health and Addiction Services (DMHAS)	Office of the Child Advocate (OCA)
Connecticut Insurance Department (CID)	Office of the Healthcare Advocate (OHA)
Department of Corrections (DOC)	Judicial Branch Court Support Services Division (JBCSSD)
Department of Labor (DOL)	Commission on Women, Children, Seniors, Equity and Opportunity (CWCSEO)

Addendum 1: Connecticut Children’s Behavioral Health System: State Agencies and Oversight/Advisory Bodies



STATE AGENCIES

- DCF** - Department of Children and Families
- DDS** - Department of Developmental Services
- DSS** - Department of Social Services
- DPH** - Department of Public Health
- DMHAS** - Department of Mental Health and Addiction Services
- CID** - Connecticut Insurance Department
- DOC** - Department of Corrections
- DOL** - Department of Labor
- CSDE** - Connecticut State Department of Education
- OEC** - Office of Early Childhood
- OCA** - Office of the Child Advocate
- OHA** - Office of the Healthcare Advocate
- JBCSSD** - Judicial Branch Court Support Services Division
- CWCSEO** - Commission on Women, Children, Seniors, Equity and Opportunity
- BHP** – Behavioral Health Partnership (includes DCF, DMHAS and DSS)

OVERSIGHT/ADVISORY BODIES

- BMHPOC** – Behavioral and Mental Health Policy and Oversight Committee
- CBHPIAB** – Children’s Behavioral Health Plan Implementation Advisory Board
- JJPOC** – Juvenile Justice Policy and Oversight Committee
- BHPOC** – Behavioral Health Partnership Oversight Council
- SAC** – State Advisory Council on Children and Families
- BHAC** – Children’s Behavioral Health Advisory Council

Addendum 2: Comparison of the membership of the Children’s Behavioral Health Plan Implementation Advisory Board (CBHPIAB) with the new Transforming Children’s Behavioral Health Policy and Planning Committee (TCBHPPC)

