



# STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES

Public Hearing Testimony

Committee on Children

February 24, 2015



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## S.B. No. 841 AN ACT CONCERNING THE IMPLEMENTATION OF A COMPREHENSIVE CHILDREN'S MENTAL, EMOTIONAL AND BEHAVIORAL HEALTH PLAN

The Department of Children and Families **offers the following comments regarding** S.B. No. 841, An Act Concerning the Implementation of a Comprehensive Children's Mental, Emotional and Behavioral Health Plan.

This bill would create an Implementation Advisory Board to help guide implementation of the Connecticut Children's Behavioral Health Plan. The plan, submitted to the General Assembly on October 1, 2014, is a comprehensive, integrated plan to promote well-being and meet the mental, emotional and behavioral health needs of all children in Connecticut. The plan fulfills the requirements of Public Act 13-178, which was passed by the Legislature in the wake of the Newtown tragedy.

The Plan was funded through a public private partnership involving the Department of Children and Families, the Connecticut Health Foundation, the Children's Fund of Connecticut and the Grossman Family Foundation. DCF selected the Child Health and Development Institute of Connecticut (CHDI), an organization with specialized expertise in children's health and behavioral health, to draft the plan. CHDI and DCF established an Advisory Committee and a Steering Team and launched an extensive input-gathering process as the cornerstone for the preparation of the plan. Input was gathered from close to 1,000 families, youth, advocates, health and behavioral health providers, state agency representatives, researchers, educators, and members of the public through six open public forums, 26 family and youth "community conversations," 12 facilitated discussions with topical experts, and input submitted through [www.Plan4Children.org](http://www.Plan4Children.org). A draft of the plan was posted for public comment on the website on September 5, 2014, and 115 people submitted written feedback. The final plan can be found at <http://www.plan4children.org/final-plan/>

The plan represents major changes for Connecticut's behavioral health system, including fundamentally reforming financing by pooling existing state agency funds. The plan also calls for greater coordination and enhancing the array of services and supports available to children and families across a full continuum of care (health promotion, prevention, intervention, treatment and follow-up). It recommends building a well-coordinated and integrated system with "no wrong door" for families, whether they enter through their day care, school, doctor, a state agency or a hospital.

The Connecticut Children's Behavioral Health Plan identifies seven areas of focus that will result in significant improvements to the children's behavioral health system, including: 1) system

organization, financing and accountability; 2) health promotion, prevention, and early identification; 3) access to a comprehensive array of services and supports; 4) pediatric primary care and behavioral health care integration; 5) addressing disparities in access to culturally appropriate care; 6) family and youth engagement; and 7) workforce development.

A set of goals and strategies to be implemented over the next five years are included for each of these areas. Highlights include:

- Enhance the ability of caregivers, providers and school personnel to promote healthy social and emotional development for children of all ages;
- Implement a statewide system of screening and early intervention and connection of children and youth to appropriate resources and services;
- Expand school-based behavioral health services, including school-based health clinics, behavioral health screening for students and training for school personnel;
- Integrate pediatric primary care and community based behavioral health services as well as provide training and support for pediatricians to address behavioral health concerns;
- Allocate funding to expand evidence-based behavioral health services for children to prevent and treat social/emotional disorders as early as possible;
- Create a "Care Management Entity" to coordinate care and improve outcomes and accountability
- Create a pooled financing system to "de-link" services from insurance status, system involvement and other factors, and provide children access to services based on needs;
- Develop a financing strategy to adequately resource a comprehensive array of behavioral health services and ensure those services are culturally and linguistically competent, and accessible in all communities;
- Convene a Children's Behavioral Health Implementation Team that will agree on a common set of behavioral health outcomes and track and regularly report on implementation progress and results.

While DCF supports working toward the implementation of the provisions within the plan, we suggest that the Committee address the following concerns with the bill as written. First, the Board is authorized to "execute and oversee" the implementation plan and "adopt" standard definitions for episodes of care, among other duties. We believe that the Advisory Board should more appropriately be defined in the context of advising the various implementing agencies. We would also request the Committee consider a termination date for the Board and change the frequency of required meetings from monthly to bi-monthly or quarterly. Finally, there are some potential unbudgeted fiscal and administrative resources that may be required for various state agencies and consideration should be given to which entity will be responsible for providing administrative support to the Board.

As always, we are happy to work with the Committee on Children to identify the best way to move forward.