



Child Health and Development Institute of Connecticut, Inc.

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## **Testimony for Mental Health Services Working Group**

### **Bipartisan Task Force on Gun Violence Prevention and Children's Safety**

Submitted by: Judith C. Meyers, PhD, President and CEO, Child Health and Development Institute  
Robert Franks, PhD., Vice President for Mental Health Initiatives, CHDI

### **Improving Connecticut's Capacity to Address Children's Mental Health Needs**

We commend Connecticut policymakers for examining the capacity of the state's children's mental health system to identify and support all children with mental health needs. To be truly effective, changes to Connecticut's mental health systems must be well informed and derived from the latest evidenced-based research, build on what is already in place and working in Connecticut, and include strategies that address children from birth to optimize social and emotional development and allow for the earliest possible identification and treatment.

CHDI has worked in collaboration with state agencies and academic partners to develop high quality, research-based children's mental health programs and systems. We hope legislators will take the opportunity to familiarize themselves with these CT efforts in considering improvements and enhancements to the children's mental health system. Bringing these efforts to scale to fully meet the needs of children and families may be the most effective and cost-efficient approach.

### **Build on What's Working in Connecticut**

**1) Support a child's optimal social-emotional development from birth.** The most cost-effective approach to optimal mental health is to start in the earliest years to promote healthy brain development and strong and nurturing attachments. This is happening in CT through the following:

- **A public/private partnership** (State Department of Education, William Caspar Graustein Memorial Fund, Children's Fund, local funders) that supports communities across the state to develop comprehensive plans for early childhood systems to assure that children's full range of developmental needs, including social-emotional, are met at home and in early care and education settings
- The CT Infant Mental Health Association has an approach for training and endorsing professionals at all levels who interact with children in a **competency-based approach** to promote infant mental health.
- A number of strong outreach, screening, prevention, and clinical mental health programs for our youngest children including Child FIRST, Early Childhood Consultation Partnership (ECCP), Early Head Start, Home Visitation programs and Help me Grow.

**2) Promote early screening and identification of children with mental health concerns**

- **Educating Practices in the Community** (EPIC), funded by the Children's Fund of CT and operated by CHDI, trains pediatric providers throughout the state to screen children for a variety of health and mental health issues (developmental and behavior problems, trauma

and autism) at well-child visits and connect them to further evaluation and intervention services when needed.

- **Mid-Level Assessment** fills a gap in the child health system, connecting at-risk children to early therapeutic health and mental health services more efficiently, without having to wait for sometimes unneeded comprehensive evaluations for which there are a dearth of appropriate providers. It was recently piloted at three Connecticut sites with excellent results.
- 3) **Build a Statewide System of Trauma-informed Care** available to families across the state experiencing sustained traumatic stress reactions. Key components include:
- A network of more than 20 mental health centers trained in **Trauma-Focused Cognitive Behavior Therapy (TF-CBT)**, an evidence-based treatment for child traumatic stress and post-traumatic stress disorder
  - The statewide **Emergency Mobile Psychiatric Services (EMPS)** whose staff, as first responders trained in Psychological First Aid, were instrumental in responding in the immediate aftermath of the Newtown shootings and are quickly on site for more than 8,000 children with mental health needs annually throughout the state
  - **Workforce development and training** on identifying and responding to child trauma is available for pediatric primary care providers, school personnel, police and child welfare workers
  - **A plan for systematic trauma screening** for all children seeking behavioral health treatment or involved in the child welfare system
- 4) **Improving Community-Based Mental Health Care.** Connecticut has worked over the past decade to build capacity and improve access to community-based care and decrease reliance on out-of-home congregate care.
- CHDI, in partnership with state agencies and academic partners, has raised the standard of mental health care by **disseminating a range of evidence-based and best practice models** (e.g., TF-CBT, Community-based Wraparound, Multisystemic Therapy (MST), Child FIRST) that result in improved outcomes for children and families and efficient use of state mental health resources
  - **Quality Assurance** methods are in place to ensure improved treatment outcomes for children and families. CHDI has spearheaded these efforts for EMPS services and Child FIRST.
  - Establishment of the statewide **EMPS** system to be a first response for children under 18 experiencing a mental health crisis, accessed through the 211 system.
- 5) **Diverting At-Risk Children in Schools to Mental Health Services**
- The **School-Based Diversion Initiative (SBDI)**, funded by SDE, DCF and CSSD, identifies children at risk of arrest and refers them to mental health services in their community. SBDI is currently in 17 schools across the state with excellent results.
- 6) **Raising Public Awareness and Offering Resources for Families**
- Parents and caregivers can find mental health information and resources in Connecticut on [kidsmentalhealthinfo.com](http://kidsmentalhealthinfo.com).

### **Policy Recommendations**

In addition to bringing some or all of the programs listed above to full capacity, we suggest the following policies for consideration:

### **1) Support Optimal Social-Emotional Development from Birth**

- Identify children at risk at the very youngest age and ensure that families have access to necessary mental health services
- Ensure that systems serving children and families collaborate, share information, and work together to provide continuity of care based on the family's identified needs
- Require Enhanced Care Clinics under the Behavioral Health Partnership to have at least one clinician endorsed in Infant mental health
- Enhance *Birth to Three* to better assess for and address mental health needs in young children.

### **2) Implement Universal Screening and Early Detection**

- Follow the Massachusetts example and support universal screening for mental health concerns at all well-child pediatric visits
- Ensure that all mental health and developmental screening is reimbursable for pediatric providers
- Expand access to immediate and efficient screening and assessment for at-risk children (Mid-Level Assessment)
- Promote school-based early identification and screening efforts

### **3) Increase Access to and Utilization of Mental Health Services**

- Build the capacity of community-based mental health providers to serve more children with evidence-based practices
- Support care coordination in primary care medical homes, which has been shown to increase utilization of mental health services
- Support local systems of care and community collaboratives to increase access to care
- Provide adequate reimbursement for home and community-based children's mental health services
- Fully fund and sustain EMPS as it expands throughout the state
- Fund SBDI and other school-based initiatives to reach all schools with high rates of at-risk children and youth
- Fully implement requirements for mental health parity in commercial insurance coverage

### **4) Improve the Quality of Care**

- Provide higher reimbursement rates and financial incentives to providers who deliver evidenced-based children's mental health treatments to cover their actual costs for delivering care
- Allocate 10% of direct service program budgets to Quality Improvement (QI) and require mental health agencies to engage in rigorous QI initiatives to obtain enhanced reimbursement
- Continue to support and sustain CT's growing statewide system of trauma-informed care
- Increase use and dissemination of new evidence-based models of mental health care

### **5) Provide Workforce Development and Professional Support**

- Fully implement the infant mental health competencies and workforce development plan to ensure an adequate number of professionals who can promote social and emotional development for young children and their families and address their mental health needs.
- Allocate funding for schools to train and support their staff to identify and address mental health issues and develop a plan for connecting at-risk students to community mental health

services

- Support enhanced training for pediatric primary care providers
- Develop a system of ready access to mental health consultation for primary care providers
- Expand the capacity of the early childhood consultation partnership for mental health consultation to serve all publicly funded early care and education programs
- Increase training in evidence-based mental health models to providers across the state

CHDI staff are available to provide the best researched-based information and the benefit of our years of experience working to improve children's health and mental health systems in Connecticut. Please feel free to call upon us if we can be helpful in informing your deliberations.

Judith Meyers – 860-679-1520  
[meyers@adp.uchc.edu](mailto:meyers@adp.uchc.edu)

Bob Franks – 860-679-1531  
[rfranks@uchc.edu](mailto:rfranks@uchc.edu)