Connecticut Children's Behavioral Health Plan: Progress Report

Prepared pursuant to
§ 17a-22bb of the Connecticut General Statutes (Public Act 13-178)
And Submitted to Connecticut General Assembly

October 1, 2015

Submitted by:
Joette Katz, Commissioner
Connecticut Department of Children and Families

The Connecticut Department of Children and Families (DCF) is submitting this Connecticut Children's Behavioral Health Plan Progress Report in fulfillment of the requirements of Section 17a-22bb(a)(I)(4) of the General Statutes (Public Act 13-178). On or before October 1, 2015, and biennially thereafter through and including 2019, the department shall submit and present progress reports on the status of implementation, and any data-driven recommendations to alter or augment the implementation in accordance with section 11-4a of the general statutes, to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to children and appropriations.

During the development of the Children's Behavioral Health Plan (CBHP) and following its submission on October 1, 2014, the Department of Children and Families in collaboration with key stakeholders continued to advance the recommendations that had been outlined in the plan. This Progress Report offers an update on those activities.

The following is intended to offer a summary of activities that have occurred to date and the progress of many others. The Children's Behavioral Health Plan and its recommendations are grounded in 7 thematic areas which are:

A. System Organization, Financing and Accountability
B. Health Promotion, Prevention and Early Identification
C. Access to a Comprehensive Array of Services and Supports
D. Pediatric Primary Care and Behavioral Health Care Integration
E. Disparities in Access to Culturally Appropriate Care
F. Family and Youth Engagement
G. Workforce

A. System Organization, Financing and Accountability

DCF activities:

- As recommended in the plan, DCF formed a Children's Behavioral Health Implementation Team (appendix A) in March 2015. In June 2015, tri-chairs were identified and appointed. The team is comprised of other state agencies named in the original legislation, family members, providers and advocates. The Implementation Team is further supported in legislation passed in the last session in the form of Public Act 15-27, An Act Concerning the Implementation of a Comprehensive Children's Mental, Emotional and Behavioral Health Plan.

The larger group has begun to establish four work groups in the following areas:

1. **Logic Model/Theory of Change-** to develop a statement of purpose inclusive of the vision and guiding principles laid out in the plan.

2. **Fiscal Analysis/Mapping-** to identify the amount of money in the children's behavioral health system, across state agencies and other payers, and where/how it is spent.
3. **Network Analysis-** to gain a better understanding of the significant ways in which the major partners in the behavioral health system (e.g. state departments, community-based providers, hospitals, pediatric primary care providers, schools) are fully coordinated and integrated.
4. **Data Integration-** to identify an integrated data agenda to reduce fragmentation and to be sure that current quality data is shared across the behavioral health system.

- Another key recommendation in the plan was to design and implement a Care Management Entity (CME) to create an effective care coordination model based on proven Wraparound and child and family teaming models, with attention to integration across initiatives and trainings. Effective March 2015, DCF executed a contract with Value Options to establish Connecticut's first CME. Given this is the state's first effort the CME is focused on children and youth involved with DCF currently in congregate care and those at risk of needing a higher level of care.

The plan had aspirational and important goals of ultimately creating a larger system inclusive of children connected to the commercially insured and self-insured population. In an effort to demonstrate the effectiveness of this coordinated approach, in addition to the children and youth involved with DCF, the CME will work with a cohort of frequent visitors to Emergency Departments regardless of the payee. It is expected this will further inform ongoing discussions with between Medicaid and those covered through commercial and self-insured plans.

- As part of the fiscal analysis and mapping working group, DCF has agreed to develop a template that would be completed by each of the State agencies. This would include identifying the fiscal resources by amount and type (e.g. state, federal, discretionary grants, block grants, etc.) that each state department is expending on children's behavioral health.

Other State Department Activities:

- DSS has put forth a sample quality measure set (see Appendix B) for the children's behavioral health plan that could be used across all payers to see how the state is doing on a set of uniform quality measures for children.

- The Connecticut Insurance Department (CID) is charged in Public Act 15-5 with convening a working group to develop recommendations for behavioral health utilization and quality measures data that should be collected uniformly from state agencies that pay health care claims, group hospitalization and medical and surgical insurance plans established pursuant to section 5-259 of the general statutes, the state medical assistance program and health insurance companies. The purposes of such recommendations include, but are not limited to, protecting behavioral health

parity for youths and other populations.

The work group consists of: the Commissioner of CID, the Healthcare Advocate, the Commissioners of Social Services, Public Health, Mental Health and Addiction Services, Children and Families and Developmental Services and the Comptroller, or their designees, and representatives from health insurance companies, behavioral health providers and the consumer community.

The work group shall determine the data that should be collected to inform analysis on:

- Coverage for behavioral health services;
- The adequacy of coverage for behavioral health conditions, including, but not limited to, autism spectrum disorders and substance use disorders;
- The alignment of medical necessity criteria and utilization management procedures across such agencies, plans, program, companies and centers;
- The adequacy of health care provider networks;
- The overall availability of behavioral health care providers in this state;
- The percentage of behavioral health care providers in this state that are participating providers under a group hospitalization and medical and surgical insurance plan established pursuant to section 5-259 of the general statutes, the state medical assistance program, or a health insurance policy or health care contract.

By January 1, 2016, the Commissioner of CID is required to submit a report of the recommendations of the work group to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to insurance, human services, public health and children. It is expected that the work of this group will provide useful data to the Children's Behavioral Health Advisory Board.

B. Health Promotion, Prevention and Early Identification

DCF activities:

- Since spring of 2013, DCF has supported six Infant Mental Health series trainings in five of its six respective regions. The final region has scheduled the series for the Fall of 2015. Participation has included DCF, Early Headstart and Headstart, Birth to Three and other early childhood partners. To date this commitment has resulted in 205 participants. In FY 16, two additional statewide series will be also be supported by DCF.

- DCF has supported community based training of Circle of Security Parenting, a relationship based early intervention program designed to enhance attachment security between parents and children. In March 2016, DCF will launch additional training to providers including those delivering Triple P. In addition, The Department of Mental Health and Addiction Services (DMHAS) has been training staff in the Young Adult Services programs across the state in the Circle of Security since 2013.

- DCF is facilitating the Elm City Project Launch (ECPL) grant. ECPL is a federally funded 5-year grant that will use a public health approach to promote children's health and wellness with efforts that promote prevention, early identification and intervention. ECPL will promote the wellness of young children from birth to 8 years by addressing the physical, social, emotional, cognitive and behavioral aspects of their development. A major objective of this grant is to strengthen and enhance the partnership between physical health and mental health systems at the federal, state and local levels.

- The Connecticut Suicide Advisory Board (CTSAB) co-chaired by DCF and DMHAS is a diverse, collaborative network of over 250 people and 100 agencies representing advocates, educators, leaders, and survivors concerned with advancing and sustaining efforts to eliminate suicide across the life span.

The state of Connecticut Suicide Prevention Plan 2020 was issued in December 2014 and officially released as part of National Suicide Prevention Week in September 2015.

In 2014, over 40,000 people in the US died by suicide and in Connecticut 353 died by suicide-almost one person per day. Although Connecticut has one of the lowest rates of suicide in the United States, even one death is too many. The plan establishes five goals and 21 objectives for Connecticut to initiate state prevention activities and is aligned with the National Strategy for Suicide Prevention and Healthy People 2020.

Other State Department Activities:

- The Department of Social Services (DSS) is strongly committed to continued support of prevention programs and currently covers several evidence based in-home rehabilitation services. DSS also pays for developmental screenings and behavioral health screenings separately from the well-child visit with a primary care provider. In addition, DSS recently issued a policy transmittal requiring that developmental screenings resulting in a positive screen must be submitted with a modifier in order for DSS to track whether positive screens result in connection to treatment.

- DSS has been considering how to best utilize the Medicaid preventive services authority to implement services that directly address and reduce the likelihood of childhood trauma. DSS will be working collaboratively with other state agencies as part of the planning process relative to adverse childhood experiences within a two-generation model.

- In 2012, DMHAS received a 5-year grant from The Department of Public Health to provide a perinatal support program to young parents engaged in services through the DMHAS Young Adults Services program.

- Since 2013, DMHAS' Young Adult Services program has participated in the TANF program. The focus is to prevent and reduce the incidence of out of wedlock pregnancies by identifying the risk and providing interventions to lessen the risk.

- DMHAS worked collaboratively with DCF to apply for a "Now Is the Time" - Healthy Transitions grant and was successful as the recipient of the CT STRONG, five-year grant from the SAMHSA. The purpose of this grant is to work within the communities of Milford, New London and Middletown to identify and engage youth and young adults between the ages of 16 to 25 who have, or are at risk for, behavioral health disorders and connect them to high quality care. The project coordinates public awareness, outreach and engagement strategies, as well as works to increase access to appropriate treatment, services and supports.
- DMHAS also participates on the Children's' Behavioral Health Advisory Committee (CBHAC) and the Joint Planning Council that combines the CBHAC and the Adult Mental Health Planning Council.

- Since 2013, DMHAS has been providing Mental Health First Aid trainings to youth and to adults to increase awareness and the ability to intervene.

- DMHAS/ABH received funding to provide training to police and crisis intervention teams in order to teach them how to identify someone who needs diversion to services verses someone who requires incarceration.

- The Connecticut Safe Schools/Healthy Students (SSHS) project is an $8.6 million dollars; four-year grant awarded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to create safe and supportive schools and communities statewide. The Project utilizes the SSHS model and framework tool to expand and enhance improvements in school climate, access to behavioral health and other supports, reduce substance use and exposure to violence in students Pre-K through 12.

The Project is administered by DMHAS, State Department of Education (SDE), and Court Support Services Division (CSSD) with strong collaboration from DCF and the three Local Educational Agencies (LEA): Bridgeport Public Schools, Middletown Public Schools, and the Consolidated School District of New Britain.

- DMHAS has joined, DCF, CSSD and SDE in supporting the School Based Diversion Initiative (SBDI) in an effort to reduce school based arrests and identify and provide alternatives and appropriate interventions to youth. In the 2015 legislative session, as part of the Governor's Second Chance Society, $1,000,000 per year for two years was appropriated to SDE to support the expansion of SBDI in three to four schools in each of six districts for a total of 48 schools over the 2016 and 2017 school years.

The LEAs are fully implementing the SSHS model and have put into action evidence-based practice and strategies to prevent violence and violent behavior, bullying, and

mental and substance use disorders. A process and outcome evaluation of the initiative is being conducted to determine progress towards objectives and whether adjustments are needed.

- The SDE supports a systematic and comprehensive delivery of services, programs and practices to meet the physical and mental health needs of all students. This approach will help reduce the health and educational disparities facing Connecticut students and ensure that all students have the opportunity to achieve academically and become healthy productive citizens. The SDE has been successful in leveraging federal resources to address behavioral health issues as noted below.

- The SDE School Climate Transformation Grant (SCTG) initiative focuses on the enhancement and expansion of a statewide system of support for, and technical assistance to, LEAs and schools implementing an evidence-based, multi-tiered behavioral framework (MTBF) for improving behavioral outcomes and learning conditions for all students. The SCTG will use PBIS as the indicated multi-tiered process to provide differing levels of support and interventions matched to student needs. This three-tiered proactive approach emphasizes teaching and reinforcing students' appropriate behaviors while consistently responding to inappropriate behaviors across all settings and staff in a school.

This project will have a statewide impact, directly supporting six new schools over the next five years with initial developmental and subsequent rollout trainings. This project will review and evaluate all CT schools currently implementing this framework (i.e., approximately 350 schools) and will provide recommendations for supplemental, booster trainings to ensure framework sustainability and maintained implementation fidelity.

- SDE applied for a second State Personnel Development Grant (SPDG) to foster the implementation of an "integrated model" of literacy instruction and behavior supports. This initiative aims to improve the academic achievement of all learners in 79 participating schools, with specific attention to the achievement of students with disabilities, students of color, and students acquiring English.

- Office of Early Childhood (OEC) submitted to the Connecticut General Assembly in December 2014, the Connecticut Home Visiting Plan for Families with Young Children. The purpose of the plan is to support greater collaboration and coordination among the various home visiting programs and services in the state. The plan includes information about the population of families served by home visiting programs, the benefits of the services, and recommendations for enhanced collaboration and systems development. The plan was established by a multidisciplinary workgroup convened by the OEC.

- OEC provided funds to the Child Health and Development Institute (CHDI) for the purpose of enhancing and increasing mental health training for pediatricians and

health care providers. The funding led to the development of several training modules and on-site training for health care practitioners. In addition, CHDI established a web site that provides information for parents, early care and education providers, and on-line training opportunities for health care practitioners. The web site can be accessed at www.kidsmentalhealthinfo.com

- OEC provided funds to Eastern Connecticut State University to develop training materials about children's the mental health for early care and education providers. The training materials include videos and supplemental handouts that can help early care and education providers to better understand the mental health needs of children and respond to challenging situations in their classrooms.

- OEC has also been actively involved with the state's Early Childhood Comprehensive Systems grant. The OEC Commissioner has served as co-Chair of the grant advisory committee and has lent agency staff and resources to the development of comprehensive plan to strengthen developmental screening efforts for all children in the state.

- OEC is funding the services of the Early Childhood Consultation Program to provide children's mental health support to 53 preschool classrooms under its Preschool Development Grant.

C. Access to a Comprehensive Array of Services and Supports

DCF activities:

- DCF in partnership with Safe Home providers redesigned this service type to better align with the needs outlined in the Children's Behavioral Health Plan. An area noted by many during the information gathering process was the importance of additional crisis stabilization resources. Over the last few months, the Department has worked with providers to develop the Short Term Family Integrated Treatment (S-FIT) model that mirrors much of what is delivered through the Crisis Stabilization programs. The S-FIT also has a strong emphasis within its practice model on family engagement and participation. Effective September 1, 2015, Value Options will provide centralized gatekeeping for these slots.

- DCF has been working closely with the EMPS Providers and the State Department of Education to fulfill the requirement in subsection (b) of section 17a-22bb that EMPS providers "*shall collaborate with community-based mental health care agencies, school-based health centers and the contracting authority for each local or regional board of education throughout the state, utilizing a variety of methods, including, but not limited to, memoranda of understanding, policy and protocols regarding referrals and outreach and liaison between the respective entities. These methods shall be designed to (1) improve coordination and communication in order to enable such entities to promptly identify and refer children with mental, emotional or behavioral*

health issues to the appropriate treatment program, and (2) plan for any appropriate follow-up with the child and family." To date, 53 MOU's have been executed. The SDE is preparing a communication to Superintendents to highlight the importance of this requirement and the benefits of meaningful collaboration with EMPS providers in supporting students and families.

- DCF is in the process of amending the current EMPS contracts to increase staffing to support increased volume and additional hours of mobility.

- In SFY 15, DCF contracted with four school based health centers in Bridgeport to implement Cognitive Behavioral Intervention for Trauma in Schools (CBITS) an evidenced based treatment model for children suffering from post-traumatic stress symptoms as a result of trauma experiences in their lives. The Department is in the process of expanding access through a Learning Collaborative to other schools across the state.

CBITS is delivered through 10 group sessions as well as individual sessions for each student in the group while in the school setting. An increasing number of children and youth are experiencing traumatic events including exposure to community violence and family/interpersonal violence. CBITS includes a screening process to identify children with elevated stress reactions and brings an evidenced based treatment to schools for traumatized students.

CBITS reduces PTSD symptoms including anxiety, depression, low self-esteem, behavioral problems and impulsive behaviors. CBITS builds student resiliency, peer and family support. Grades and classroom behavior improves. CBITS also increases school staff knowledge of trauma and helps educators reframe some children's behaviors as traumatic stress responses.

- DCF is collaborating with DMHAS and the Judicial Department's Court Support Service Division (CSSD), in developing a comprehensive plan for adolescent substance use treatment over the next two years.

This includes a three year SAMHSA planning grant, DCF- along with DMHAS, CSSD, and other key stakeholders -will develop a comprehensive statewide strategic treatment and communications plan to improve prevention, screening, treatment, and recovery support for CT youth with substance use disorders.

This effort will also respond to the PA 14-7, which tasks DMHAS and DCF with the development of a similar plan. This collaborative effort identifies important gaps in Connecticut's systems and addresses issues of access to the multiple treatment systems related to unequal distribution of services and lead to improvements that enhance statewide coordination of the multiple treatment and continuing care systems for youth in support of better access to and retention in high quality care.

Efforts include:

- Partnering with existing statewide youth and family groups to inform policy, program and effective practice;
- Identifying strategies to expand the capacity of the substance use and mental health disorders treatment and continuing care workforce;
- Developing pragmatic funding and payment strategies for EBPs;
- Increasing screening for youth in diverse settings;
- Enhancing existing data infrastructure to improve access to administrative data;
- Improving collaboration across state agencies and branches of government;
- Expanding an existing provider collaborative

Other State Department Activities:

- DMHAS working closely with DCF entered into a CT SBIRT (Screening, Brief Intervention, and Referral to Treatment) MOA to expand substance use screening for adolescents. DCF will select, train and implement an adolescent SBIRT screening tool statewide, initially within their EMPS Mobile Crisis services. To ensure sustainability of these efforts, implementation plans include consultation and technical support to develop a "train- the-trainer" model, and to enhance current workforce training modules to include SBIRT components.

- DSS is currently working on amending the original Medicaid State Plan for ASD services to conform to the January 2015 Medicaid mandate to provide coverage of Autism Spectrum Disorder (ASD) services for individuals under the age of 21.

This will allow DSS to better meet the needs of Medicaid members with ASD. The revised SPA, regulation, and fee schedule will be issued by September 30, 2015.

- DSS, in partnership with DMHAS and DCF, has applied for the Certified Community Behavioral Health Clinics (CCBHC) planning grant and demonstration grant opportunity for the state. Certified clinics will be paid using a prospective payment system, similar to Federally Qualified Health Centers (FQHCs). These clinics will have to provide a wide array of both children's and adult behavioral health services, including care coordination.

- In addition, from DDS, attached in appendix B, is a catalogue of Medicaid covered services for the adult and child populations.

- The CT Hospital Network (CHN) operates a specialized Intensive Care Management (ICM) service for women who are pregnant and who test positive for substances. The goal of this specialized service is to ensure the pregnant woman is in substance use treatment.

- DMHAS had made a concerted effort throughout the years to establish a comprehensive array of clinical and support services including education and employment for young adults throughout the state.

- DMHAS funds a supported education program at CCSU and has developed supported education programs at many of the community colleges in CT.

- DMHAS has also established three ACCESS centers throughout CT that offer services to youth who would not necessarily be identified as needing the intensive level of care provided by Young Adult Services. One of the goals of this service is to connect youth with appropriate treatment and community support services.

- DMHAS YAS staff participates on the PREP Advisory Board with DCF, DPH and other providers, which focuses on how to deliver psycho-education to young people on preventing pregnancies and how to establish healthy relationships.

- DMHAS, with DCF, co-leads a statewide initiative for statewide planning to address Fetal Alcohol Spectrum Disorder through the development of a statewide plan to for early detection, prevention, screening, assessment of Fetal Alcohol Syndrome in order to provide prenatal care and services to any child exposed to FASD.

- Public Act 15-232 amended 10-220a of the Connecticut General Statutes to require the State Board of Education, within available appropriations and utilizing available materials, to assist and encourage local and regional boards of education to include trauma-informed practices for the school setting to enable teachers, administrators and pupil personnel to more adequately respond to students with mental, emotional or behavioral health needs. The SDE is developing guidance for distribution to districts.

D. Pediatric Primary Care and Behavioral Health Care Integration

DCF activities:

- In June 2015, DCF implemented ACCESS Mental Health. ACCESS MH is a program designed to ensure that all youth under 19 years of age, have access to psychiatric and behavioral health services through contact with their primary care providers (PCP), irrespective of insurance coverage. The program is designed to increase PCP's behavioral health knowledge base to better identify and treat behavioral health disorders more effectively and expand their awareness of local resources. As such three psychiatric hubs were established across the state.

By June, 2015, 483 pediatric and family care practices statewide were identified as being eligible for enrollment by Hub Teams with approximately 79% of these practices having enrolled.

In the first year, the program provided 5,133 consultative activities and consultation for 1,234 unduplicated youth presenting with mental health concerns with a median age of 13 years old. This first year far exceeded the annual statewide targets.

Insurance coverage for these youth was varied, noting that 34% involved youth with Husky, 17% Anthem Blue Cross/Blue Shield, 13% Cigna, 8% Aetna and 16% captured as "other commercial".

- DCF has worked closely with CCMC and Yale NHH emergency departments to have the EMPS providers be more responsive on children who are on delayed discharge or overstays.

Other State Department Activities

- DSS strongly supports integrating primary care and behavioral health services as evidenced by several Medicaid initiatives to facilitate improved coordination between primary care and behavioral health services, including Health Homes and the State Innovation Model.

E. Disparities in Access to Culturally Appropriate Care

DCF Activities:

- DCF through the CONNECT federal SAMHSA grant developed a Cultural and Linguistic Competency work group. The workgroup outlined a plan for Connecticut's behavioral health system to more effectively implement the National Cultural and Linguistically Appropriate Services standards. The plan calls for all state departments and their contracted behavioral health providers to develop an internal, organization, self-reflection assessment and process that will inform their Health Equity Plan. The Health Equity Plan will be data driven and address identified racial justice issues.

Other State Department Activities:

- DMHAS Young Adult Services has been working on insuring that youth are included in all aspects of programs development. Youth advisory boards have been established at the young adult program sites. Staff have received and continue to receive training on youth culture and issues that impact youth's access to care.

F. Family and Youth Engagement

DCF Activities:

- DCF has made parents, young adults, youth, other family members and family advocacy groups' key members of the Children's Behavioral Health Plan Implementation Advisory Board. They were central to the input gathering process which informed the Children's Behavioral Health Plan and it is essential they remain strong and active participants through its implementation and beyond.

- DCF has made family and youth involvement a priority in both the implementation of the CME and the CONNECT federal grant. The CONNECT grant requires that all committees and workgroups are no less than 50% family members. FAVOR and

African Caribbean American Parents of Children with Disabilities or AFCAMP, have played a major role in the implementation of the CME.

- Additionally, the CONNECT grant supports six Family Engagement and Action Teams (FEAT). The role of the FEAT teams is to coalesce and motivate the diversity of the family support and advocacy groups throughout the state into an umbrella of unified family voice.

Other State Department Activities:

- The CT Adult Mental Health Planning Council provided funds from the Mental Health Block Grant to South-West Regional Mental Health Board to create a technology-based approach to engaging youth and young adults in the mental health/recovery services. The project is youth driven and managed and the result has been a web-based resource for access to answers regarding mental health issues, sharing of stories and resources for help. The project is in the process of mapping the behavioral health and wellness services and supports aimed at youth and their families that exist in CT.

- SDE is implementing the United States Department of Education's Dual Capacity-Building Framework for expanding school-family partnerships, including components that (1) describe capacity challenges that must be addressed so as to cultivate effective home-school partnerships; (2) articulate the conditions necessary to ensure successful family-school partnerships initiatives and interventions; (3) identify intermediate capacity goals that should be the focus of family engagement policies and programs; and (4) describe the capacity-building outcomes for schools and families. The guiding principles of this initiative ensure that policies and programs are linked to learning; build respectful and trusting relationships between home and school; build the intellectual, social, and human capital of stakeholders, learning communities and networks; and are systematic and integrated with other school-based activities. The SDE, in collaboration with the State Education Resource Center, the Connecticut Commission on Children and other key partners, convened a statewide family engagement conference for school personnel, families, family engagement professionals and community leaders titled: High-Impact Strategies for Family School Partnerships. At this event there was commitment from partners that this would be a first step in a coordinated effort for family engagement in schools under the SDE leadership.

G. Workforce

DCF Activities:

- DCF through the CONNECT federal SAMHSA grant developed a workforce development committee. That committee has developed and implemented the ***Network of Care-Agents of Transformation (NOC-AOT)*** training curriculum. This one-day curriculum trains volunteer parents, caregivers and other family members

to be comfortable and competent in behavioral health system development issues. They are trained to be able to "have a seat at the table" as full partners in the development and implementation phase of the behavioral health system.

Other State Department Activities:

- DMHAS Young Adult Services (YAS), in collaboration with UCONN, has received a grant from Health Resources and Services Administration (HRSA) to provide internships for 18 second year or advanced placement master level social workers in young adult programs for the next 3 years. DMHAS and UCONN will be providing training for these social workers in an effort to establish a skilled workforce for youth with mental health and substance use issues.

In summary, five state Departments have contributed over fifty activities currently underway to support the seven thematic areas of the Children's Behavioral Health Plan. These activities and the thematic areas are grounded in the belief that Connecticut will achieve a truly integrated behavioral health system that cares equally for all children, youth and their families, (regardless of race, ethnicity, insurance status or income) through a multi-state department and multi-stakeholder partnership with families, children and youth as equal partners in all system transformation efforts.

Appendix A

Children's Behavioral Health Plan Implementation Advisory Board

Name	Title	Organization
Patricia Baker	President & CEO	Connecticut Health Foundation
Tanya Barrett	Sr. Vice President	211 Health and Human Services United Way of CT
Josephine Bennett	Family Member	
Elisabeth Cannata *	Vice President	Wheeler Clinic
Kendell Coker	Assistant Professor/Advocate	University of New Haven, Henry C. Lee College of Criminal Justice & Forensic Sciences
Brunilda Ferraj	Senior Public Policy Specialist	Connecticut Community Provider's Association
Karen Foley-Schain	Director, Family Support Services	Office of Early Childhood
Hector Glynn, MSW	Vice President- Outpatient & Community Services	The Village for Families & Children
William Halsey	Director, Behavioral Health	Department of Social Services
Jo Hawke	Executive Director	FAVOR
Susan Graham	Family Member	
Grace Grinnell	Family Member	
Phil Guzman	Provider/Retired	
Allon Kalisher	Regional Administrator	Department of Children and Families
Mark Keenan	State Title V CYSHCN Director	Department of Public Health
Theresa Kane	Superintendent	East Windsor Public Schools
Steve Korn	Medical Director	Anthem
Sharon Langer	Advocacy Director	Connecticut Voices for Children
Carol Poehnert	Family Member	
Nikki Richer	Director of Operations	DMHAS Young Adult Services
Steve Rogers	Attending Physician,	Division of Connecticut Children's Medical Emergency Medicine Center
Knute Rotto	CEO of CT Operations	Value Options
Charlene Russell-Tucker	Chief Operating Officer	State Department of Education

Carl Schiessl *	Director, Regulatory Advocacy	CT Hospital Association
Diane Sierpina	Program Director	The Tow Foundation for Justice Programs
Ann Smith *	Executive Director	AFCAMP
Karen Snyder	Consultant	Office of the Child Advocate
Jeff Vanderploeg	Vice President for Mental Health	Child Health and Development Institute of Connecticut
Doriana Vicedomini	Family Member	
Mark White	Juvenile Probation Services, Reg. Manager	Judicial Branch, Court Support Services Division
Valerie Wyzykowski	Nurse Case Manager	Office of the Health Advocate
Jesse White-Frese	Executive Director	School Based Health Centers
Katherine Wade	Commissioner	CT Insurance Department
Beresford Wilson	Family Member/FSM	FAVOR
Robin Wood	Director, Family Support Strategies & Advocacy	Department of Developmental Services
Elaine Zimmerman	Executive Director	CT Commission on Children

*** - Tri-chairs**

Appendix B

SERVICES	DESCRIPTION	Husky A Covered	Husky B Covered	Husky C & D Covered
INPATIENT - PSYCHIATRIC				
Psychiatric Hospitalization	Inpatient psychiatric hospitalization	Y	Y	Y
CHILD AND ADOLESCENT RAPID EMERGENCY SERVICE (CARES)				
C.A.R.E.S. Outpatient (Evaluation) - Hartford Hospital	C.A.R.E.S. - Treatment Room - Evaluation	Y if age 5-17	Y if age 5-17	Y if age 5-17
C.A.R.E.S. Inpatient - Hartford Hospital - Crisis Stabilization Unit	C.A.R.E.S. - All Inclusive Room & Board			
OBSERVATION SERVICES				
23 Hour Observation	23 Hour Observation	Y	Y	Y
PSYCHIATRIC RESIDENTIAL TREATMENT SERVICES				
Psychiatric Residential Treatment Facility (PRTF)	Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem	Y if age < 21	Y if age < 21	Y if age < 21
DCF RESIDENTIAL SERVICES (DCF INVOLVED YOUTH)				
DCF Residential Treatment Center	DCF Funded Residential Care	DCF Involved Youth	DCF Involved Youth	DCF Involved Youth
DCF Group Home - 2.0	Therapeutic Group Home - Intensive Staffing	DCF Involved Youth	DCF Involved Youth	DCF Involved Youth
DCF Group Home - 1.5	Therapeutic Group Home	DCF Involved Youth	DCF Involved Youth	DCF Involved Youth
DCF Group Home - 1.0	Group Home - without therapeutic services	DCF Involved Youth	DCF Involved Youth	DCF Involved Youth
DCF Foster Care-Treatment Foster Care	Treatment Foster Care	DCF Involved Youth	DCF Involved Youth	DCF Involved Youth
DCF Foster Care-Therapeutic Foster Care	Therapeutic Foster Care	DCF Involved Youth	DCF Involved Youth	DCF Involved Youth
DCF Foster Care-Professional Parents	Professional Parents	DCF Involved Youth	DCF Involved Youth	DCF Involved Youth
DCF One-to-One Support	One to One Support to Client in DCF Residential or Group Home Setting	DCF Involved Youth	DCF Involved Youth	DCF Involved Youth
EMERGENCY MOBILE PSYCHIATRIC SERVICES				
Emergency Mobile Psychiatric Services (EMPS)	Mobile Crisis Unit Response - initial evaluation	Y age < 21	Y age < 21	Y age < 21
	Mobile Crisis Unit Response -follow-up			
INTERMEDIATE CARE PROGRAMS				
Partial Hospitalization (PHP)	Partial Hospitalization - Mental Health/Substance Use	Y	Y	Y
Intensive Outpatient (IOP)	Intensive Outpatient - Mental Health/Substance Use	Y	Y	Y
Extended Day Treatment (EDT)	Extended Day Treatment	Y	Y	Y
MEDICAL PSYCHIATRIC THERAPY - ELECTROCONVULSIVE TREATMENT THERAPY				
Electroconvulsive Therapy (ECT)	Electroconvulsive Therapy	Y	Y	Y
HOME BASED SERVICES				

Home Based Services (IICAPS)	Intensive In Home Children and Adolescent Psychiatric Services	Y if age < 21	Y if age < 21	Y if age < 21
Home Based Services (MST)	Multi-systemic therapy	Y if age < 21	Y if age < 21	Y if age < 21
Home Based Services (MDFT)	Multi-dimensional family therapy	Y if age < 21	Y if age < 21	Y if age < 21
Home Based Services (FFT)	Functional family therapy	Y if age < 21	Y if age < 21	Y if age < 21
SCREENING				
Behavioral Screening	Developmental Screen and Score	Y	Y	Y
	Developmental Testing; extended with interpretation and report			
	Brief emotional/behavioral Assessment			
AUTISM SPECTURM DISORDER SERVICES				
Comprehensive Diagnosis & Evaluation	Behavior identification evaluation, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report	Y	N	Y
Assessment/Treatment	Behavior Assessment	Y	N	Y
	Mental health service plan development			
	Skills and Training Development, per 15 minutes			
PSYCHOLOGICAL-NEUROLOGICAL TESTING				
Psych Testing - Neuropsych Testing	Psychiatric Services Evaluation	Y	Y	Y
	Psychological Testing			
	Neuropsychological Testing			
NEUROBEHAVIORAL STATUS EXAM				
Neurobehavioral Status Exam	Neurobehavioral Status Exam	Y	Y	Y
OUTPATIENT SERVICES				
Outpatient Services	Psychiatric Evaluation	Y	Y	Y
	Individual Psychotherapy			
	Family Psychotherapy			
	Group Psychotherapy			
	Medication Management			
	Preventative Counseling Group - Smoking Cessation			
SMOKING CESSATION				
Smoking Cessation	Smoking and tobacco use cessation counseling visit	Y ***	Y ***	Y ***
	Smoking and tobacco use cessation group counseling; 1 unit per day			

*** Coverage available for all HUSKY A, C and D members, but restricted to only pregnant HUSKY B members.

INDIRECT SERVICES

Case management	Case management, per 15 minutes, coordination of health care services	Y if age < 19	Y if age < 19	Y if age < 19
EARLY AND PERIODIC SCREENING, DIAGNOSITC & TREATMENT				
Early and Periodic Screening, Diagnostic and Treatment (EPSDT) - Behavioral Health	Special services - These are all single case agreements.	Y	Y	Y

SERVICES	DESCRIPTION	Husky A Covered	Husky B Covered	Husky C & D Covered
INPATIENT - PSYCHIATRIC				
Psychiatric Hospitalization	Inpatient psychiatric hospitalization	Y	Y	Y
INPATIENT DETOXIFICATION				
Inpatient Detox	Detoxification in an inpatient hospital	Y	Y	Y
23 Hour Observation	23 Hour Observation	Y	Y	Y
INTERMEDIATE CARE PROGRAMS				
Partial Hospitalization (PHP)	Partial Hospitalization - Mental Health/Substance Use	Y	Y	Y
Intensive Outpatient (IOP)	Intensive Outpatient - Mental Health/Substance Use	Y	Y	Y
Extended Day Treatment (EDT)	Extended Day Treatment	Y	Y	Y
MEDICAL PSYCHIATRIC THERAPY - ELECTROCONVULSIVE TREATMENT THERAPY				
Electroconvulsive Therapy (ECT)	Electroconvulsive Therapy	Y	Y	Y
ADULT GROUP HOME SERVICES				
Mental Health Rehabilitation in Adult Group Home Setting	Rehab Services in Adult Group Home	Y	N	Y
METHADONE MAINTENANCE				
Methadone Maintenance	Methadone Maintenance (includes methadone detoxification)	Y	Y	Y
PSYCHOLOGICAL-NEUROLOGICAL TESTING				
Psych Testing - Neuropsych Testing	Psychiatric Services Evaluation Psychological Testing Neuropsychological Testing	Y	Y	Y
NEUROBEHAVIORAL STATUS EXAM				
Neurobehavioral Status Exam	Neurobehavioral Status Exam	Y	Y	Y
SCREENING				
Behavioral Screening	Developmental Screen and Score Developmental Testing; extended with interpretation and report Brief emotional/behavioral Assessment	Y	Y	Y
AUTISM SPECTURM DISORDER SERVICES				

Comprehensive Diagnosis & Evaluation	Behavior identification evaluation, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report	Y	N	Y
Assessment/Treatment	Behavior Assessment	Y	N	Y
	Mental health service plan development			
	Skills and Training Development, per 15 minutes			

OUTPATIENT SERVICES

Outpatient Services	Psychiatric Evaluation	Y	Y	Y
	Individual Psychotherapy			
	Family Psychotherapy			
	Group Psychotherapy			
	Medication Management			
	Preventative Counseling Group - Smoking Cessation			

SMOKING CESSATION

Smoking Cessation	Smoking and tobacco use cessation counseling visit	Y ***	Y ***	Y ***
	Smoking and tobacco use cessation group counseling; 1 unit per day			

***Coverage available for all HUSKY A, C and D members, but restricted to only pregnant HUSKY B members.

HOME HEALTH AGENCY SERVICES

Home Health Agency Services	Nursing assessment / evaluation (1 per year)	Y	Y	Y
	Nursing, in home			
	Services of a qualified nursing aide			
	Physical Therapy Evaluation			
	Physical Therapy			
	Occupational Therapy Evaluation			
	Occupational Therapy			
	Speech Pathology Therapy Evaluation			
	Speech Pathology Therapy			
Medication Administration Tech	Home Health Aide or Certified Nurse Assistant	Y	Y	Y

HOME HEALTH - MEDICATION BOX MONITORING

Medication Box Monitoring	Medication reminder service, non-face-to-face	Y	Y	Y