



State of Connecticut Behavioral Health Plan General Assembly Public Act 13-178

The 2013 legislative session ended with the General Assembly passing Public Act 13-178, which directs the Department of Children and Families to produce a children's behavioral health plan for the state of Connecticut by October 2014. The Act requires the plan to be comprehensive and integrated and meet the behavioral health needs of all children in the state and to prevent or reduce the long-term negative impact for children of mental, emotional, and behavioral health issues.

KEY STRATEGIES

- 1) Employ prevention-focused techniques with an emphasis on early identification and interventions
- 2) Ensure access to developmentally appropriate services
- 3) Offer comprehensive care within a continuum of services
- 4) Engage communities, families, and youth in the planning, delivery, and evaluation of mental, emotional and behavioral health services
- 5) Be responsive to racial, ethnic, and cultural diversity by reflecting awareness of race, culture, religion, language, and ability
- 6) Establish a results-based accountability system that measures and tracks progress toward these goals and objectives
- 7) Apply a data-informed quality assurance program
- 8) Integrate school and community-based mental health services

KEY ACTIVITIES

DCF is contracting with the Child Health and Development Institute (CHDI) to facilitate and assist in the development of this plan. CHDI along with external consultants will solicit input from a diverse group of consumers, providers and other stakeholders by convening public forums around the state. CHDI will also work with key stakeholders to collect, analyze, and synthesize relevant research, data, and resources.

FUNDING PARTNERS

This process is being supported through a public/private partnership including DCF, and a major contribution from the Connecticut Health Foundation that strives to improve the health and well being of people all across the state. Additional support is being provided by the Children's Fund of Connecticut and the Grossman Family Foundation.

PLAN DEVELOPMENT PROCESS

The development of the statewide plan will include three phases of activity:

PHASE I

January - August 2014

Phase I will include two main areas of activities:

1) Solicitation of input from consumers, families, content experts and state and local stakeholders through the following steps:

- Consumer and family members will provide input through existing regional Family Engagement Teams. Team meetings will be expanded to include public participation and the engagement of local stakeholders.
- Key stakeholders with specific areas of expertise will be invited to provide input to the plan in writing and by participating in public forums.
- An Advisory Committee will be organized and convened to inform the development of the plan.

Forums (12 or more) will be held across the state to gather input on a range of topics including but not limited to the following:

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| • Early Identification | • Family Engagement |
| • Prevention and Intervention | • Evidence-based Practices |
| • Crisis Response and Management | • Role of Commercial Insurance |
| • Access to Community-based Services | • Substance Abuse and Recovery |
| • Child Welfare and Mental Health | • Network of Care |
| • Juvenile Justice and Mental Health | • Data Systems and Infrastructure |
| • Education and Mental Health | • Autism and Disabilities |
| • Cultural Competence | • Other Special Populations |

2) Data Collection, Analysis and Synthesis

Existing data reports and other information will be collected and analyzed to develop a comprehensive picture of the system including strengths, weaknesses, needs and gaps. This information will be integrated with that collected from the stakeholder input process to develop the draft plan.

An initial draft of the plan will be completed by the end of August.

PHASE II

September - October 2014

The primary activity during Phase II will be the review and revision of the draft plan. The draft plan will be shared with key stakeholders for review and comment. Revisions will be made and the plan will be finalized and prepared for sharing with the public in October 2014. The plan is intended to be a work in progress that will be expanded and refined in subsequent years.

PHASE III

October 2014 - October 2019

- The Comprehensive Statewide Behavioral Health Plan will be refined and improved in response to legislative, stakeholder and consumer input.
- In collaboration with the General Assembly, an implementation plan will be developed based upon recommendations made.
- Progress reports will be made on a biennial basis to the legislature and the implementation of the plan will be closely monitored.
- CHDI and external consultants will assist DCF in their efforts to implement the plan and will continue to provide consultation and technical assistance in the development of an effective behavioral health system for children and families. These efforts will be in alignment with the goals and provisions of PA 13-178.

