Approaches to Children's Mental Health: Making a Difference in CT

Behavioral Health Services for Young Adult Task Force

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MISSION

Advance and inform sustainable improvements through:

- Programs
- Practice
- Policy

Strategy

- ✓ Long term systemic change
- ✓ Sustainable innovations and improvements
- ✓ Partnerships
  - Providers
  - Policymakers,
  - Academic institutions
  - State agencies

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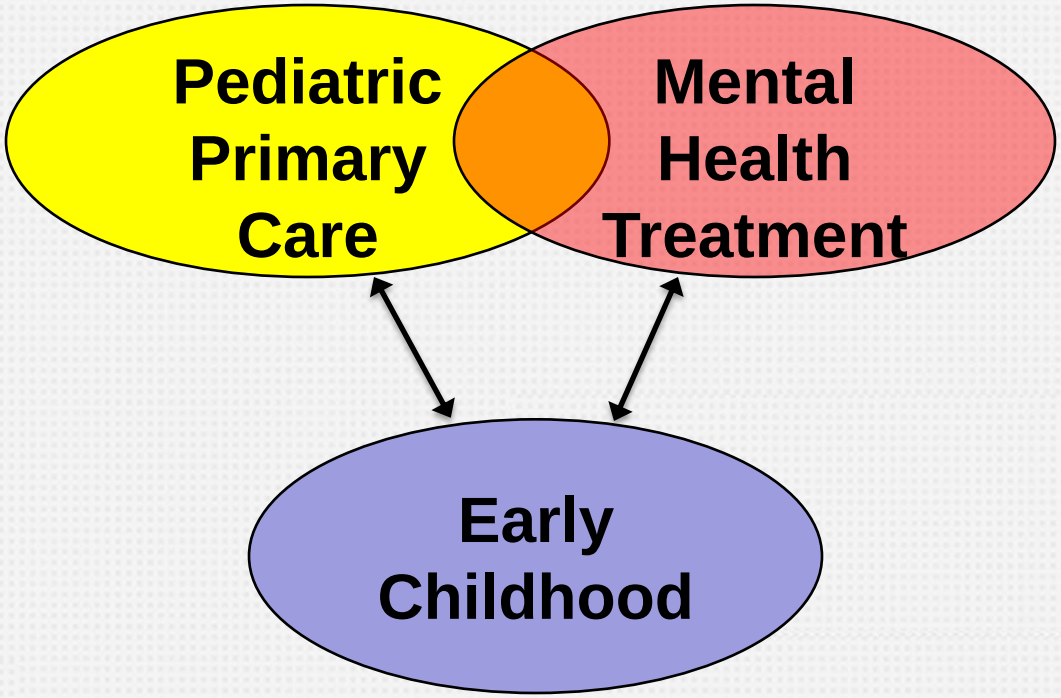
KEY AREAS



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Strategies for Meeting the Mental Health Needs of Children/Youth in CT

- ✓ Integrating primary care and mental health
  - Co-management
  - EPIC
- ✓ Trauma-informed care
  - TF-CBT
  - CONCEPT
- ✓ School mental health

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The Importance of Integrating Care

- >75% of children with psychiatric disorders seen in primary care
- 25% of youth seen in primary care have developmental, behavioral, and psychosocial problems
- Half of pediatric office visits involve behavioral health, psychosocial or educational concerns
- Primary care providers write as many as 85% of prescriptions for psychotropic medications for children
- Primary care providers have little training in mental health

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Goal of Improving Mental Health in Primary Care

- Enhance ability of pediatric PCPs ability to:
  - promote healthy social and emotional development
  - screen, diagnose (early detection)
  - treat children with mental health disorders
  - connect to other services as needed (care coordination)
  - monitor/follow-up

- Strengthen collaborative partnerships between PCPs and child mental health specialists to enhance delivery of mental health care for children (co-management)

Strategies to Integrate Behavioral Health into Primary Care

- Enhance capacity of pediatric practitioners through training, support, consultation
  - EPIC
  - Co-management project on anxiety/depression
  - Access CT
- Develop funding and reimbursement strategies
- Integrate information into pre-professional medical, nursing, psychiatry and psychology curriculum
- Provide opportunities for parent education and support

Trauma as Key Factor

- Outpatient Child Guidance Clinics
  - 22,344 children served per year
  - 53% report history of trauma
- Juvenile Justice System
  - 10,000 children (0-16) served per year
  - 2,200 admitted to detention
  - >80% report history of trauma
- Total in these systems alone estimated to be 20,000 children per year in Connecticut

Creating a Trauma-informed Child Welfare System

CONCEPT: $3.2 million 5 year federal grant to DCF to improve and expand trauma-focused care in the child welfare system

- Workforce development (trauma-informed care)
- Universal trauma screening & referrals
  - Screening by DCF staff
  - Assessment & Treatment: by Community Providers
- Dissemination of Trauma-focused Treatment
  - Trauma-focused Cognitive Behavioral Therapy (TF-CBT)
  - Child & Family Traumatic Stress Intervention (CFTSI)

Funding for the Connecticut Collaborative on Effective Practices for Trauma (CONCEPT) was provided by the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #0169

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TF-CBT in CT

- 2,600 children served since 2007
- 22 agencies trained
- Average age = 11.5 years old (range from 3 – 21)
- Living situation:
  - 65% with one or both biological parents
  - 19% in a foster or adoptive home
- 14% African American; 27% Latino; 46% Caucasian
- 32% have DCF involvement
- Most common “worst” traumatic events were sexual abuse, physical abuse/injury, death of a loved one, and separation from caregiver
- different types of trauma exposure

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School Mental Health

- School Based Diversion Initiative
  - 17 schools in 9 communities
  - Tool kit for other communities
- Report on School Mental Health
  - Classroom Approaches
  - Crisis Response
  - Transition Supports
  - Home Involvement
  - Community Outreach
  - Student/family Assistance

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"We have learned to create the small exceptions that can change the lives of hundreds. But we have not learned how to make the exceptions the rule to change the lives of millions."

Lee Schorr

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