DRAFT TCB September Workgroup and Feedback Survey Results

On September 2023, TYJI surveyed TCB members and members in the community to gather insights concerning TCB workgroups and priority areas they should focus on. This feedback will be pivotal in shaping the committee's strategic workplan and guiding the workgroups to build their annual agenda effectively.

Organizational Chart Feedback
- Make sure org chart connect to the work
- Well organize and easy to understand
- Need for finance workgroup
- Develop a data sharing workgroup
- Consider services as one workgroup with subgroups, as needed for specific types eg. School-based and secondary/ tertiary prevention
- TCB should focus on service, payment, system(s) reform
- Primary prevention, resilience and wellbeing should be considered, however on the lower on the list of priorities
- Communication and collaboration occur on routine as well as "needed" bases across workgroups to ensure the coordination efforts
- The challenge will be to ensure that the years of work done are not duplicated
- Group should be focused on real change/improvements to our systems of care

Questions:
- Is each subgroup tasked with different areas to concentrate their efforts on, and report back to the larger group?
- What is the purpose of the subgroups?
- How will DSS/DCF be integrated into the structure?
- How will the committee incorporate the voice of the parents/caregivers/consumers?
- Multiple groups are currently engaged in some of this work, including the subcommittees within the Behavioral Health Oversite Council, Regional Advisory Committees, LISTs, CBAC, and Community Collaboratives. How will information, communication, and current long-standing committees be included or eliminated?
- Will each workgroup and/or subgroup have an email list?
- Will workgroup and sub-group meetings happen at LOB/Zoom?

DRAFT Feedback Topics

Finance and Funding:
- o Funding for transportation for clients and infrastructure.
- o Barriers related to the cost of services need to be addressed that lead to delay/ avoiding care.
- o Nonprofit financial sustainability and value-based payments for services are essential.
- o Medicaid reimbursement rates require attention.
- o Examine payment: rate setting, parity, use of grant dollars
- o Secure funding for BH services for youth under 21 through DDS.
- o Optimize cost-effective, impactful programs like the Wraparound Model and ACCESS Mental Health for diverse settings.
- o Raise reimbursement rates to cover the expenses of delivering children's behavioral healthcare services
- o Increase funding with inflation and guidance of sustainability with expectations and increased costs
- o Establish a payment mechanism within the Connecticut Medicaid program for reimbursing peer support services, aligning with practices in other states
- o Back ongoing efforts to create an Alternative Payment Methodology (APM), ensuring collaboration with children, families, providers, payers, and agencies throughout each stage of APM development

Whole Child Approach
- o To address the impact of adverse childhood experiences, a holistic approach involving both the child and the family is recommended
- o Need for public Engagement
- o Integrate lifespan approach offering services and linkages to care for the entire family

Equity and Diversity
- o Acknowledge and address racial and ethnic disparities in state policy affecting children and families.
- o Need to allocate ample resources to address state policy disparities impacting minority and low-income families, avoiding half-measures

Information and Data
- o Prioritize data infrastructure development before considering services
- o Implement robust data collection and utilization of KPIS.
- o Create a plan for all the data,
- o Establish a comprehensive data management plan to reduce strain on the entire system, alleviating stress for consumers, direct care staff, supervisors, quality assurance personnel, data entry staff, IT, and electronic health records.
- o Streamlining data and reporting requirements to minimize duplication and administrative loan on clinical staff.

School-Based Services
- Improve access to mental health services in schools.
- Easy access to wrap-around services based out of schools
- Hiring school-based staff to address social emotional needs
- Use Medicaid in school-based health to improve access to services.
- Incorporate health education in K-12 as a preventative measure in CT.
- Ensure all school districts integrate trauma-informed approaches that provide equitable academic, social, emotional, behavioral, physical well-being by engaging with School Based Health programs and parent organizations.
- Advocate for more state funding to sustain current SBHCs and provide opportunities for expansions as well as compete within growing workforce needs.
- Provide strategies and information for schools and students to address ADHD/hyperactivity, which can help prevent depression, anxiety, and drug use.

Collaboration Among Committees & Existing Services
- Promote collaboration with organizations like CASBHC for alignment with a focus on optimal resource allocation, cost efficiency, and ongoing monitoring.
- Continue the CBHPIAB Data Integration Work Group's efforts to develop a comprehensive data infrastructure for system integration, enabling program evaluation and quality improvement.
- Leverage the efforts of the CT Children's Behavioral Health Plan Implementation Advisory Board and its workgroups.
- Build connections with resources across the state to strengthen relationships.
- Promote service integration and WrapAround services
- Coordinate systems (OEC, SDE, DDS, DSS, DCF) for a comprehensive children's BH system.
- Identify potential areas of expertise for collaboration in developing successful new programs.

System Gaps and Sustainability
- Identify Early Childhood barriers for mental health services
- Consider asset mapping to identify gaps and needs town by town, region by region.
- Compare asset map to spectrum of services needed by level of care and age groups.
- Focus on preventative mental health screenings.
- Need to address adequate prevention to limit / reverse the need for services.
- Enhance intermediate care options in CT for children not suited for outpatient care.
- Promote prevention through a well resource system of integrated primary care in pediatric practices.
  - Wok on reducing the stigma of family engagement in mental health care
  - Enable pediatric practices to conduct comprehensive mental health and substance use disorders, having a colleague on-site who can assist immediately with further assessment, brief intervention and triage as required.
- Address waitlists for immediate care

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Workforce and Access
- Address workforce recruitment, shortage and retention
- Supply is increasing- needs are growing and outpacing demand for service providers
- Ensure state grant funding supports competitive salaries and benefits to attract new professionals to the field.
- Maintain salaries at or above comparable state positions and periodically increase them to retain and reward experienced staff.
- Extend temporary changes to licensing regulations during the workforce crisis, considering eliminating intermediate licensing barriers.
- Cultivate diversity in the behavioral health workforce through partnerships and strategies reflecting the needs of children and families
- Newly degreed behavioral health professionals providing clinical services must practice under the supervision of licensed independent practitioners until such time as they are eligible and pass independent licensing examination
- Create opportunities for family and peer support specialists in the behavioral health workforce, with reimbursement mechanisms for peer support services through the Connecticut Medicaid program
- Provide incentives for students to pursue employment in promoted programs (e.g., EBTs, crisis intervention, community-based) and agencies committed to CLAS standards

Recommendations for TCB workgroups:
- Establish a data sharing workgroup to coordinate stakeholder data sharing, storage and consent from patients to access records across the spectrum of providers/contractors/state agencies/ research etc.
- Ensure committee members have relevant experience and interest in line with the group's mission.
- Committee should have individuals with life experiences related to workgroup's mission
- Schedule meetings at a time individuals can meet eg. Evening.
- Solicit input from consumers and providers, offering flexible/ virtual options
- Oversight, regular progress reports especially that of implementation of any legislative/policy changes.

Special Populations
- State of foster care appropriate funding for qualified recruitment and retention of qualified staff
- System gaps for youth with consistent and chronic substance abuse and complex behavioral needs.
- Access to meaningful high quality respite opportunities for families parenting children with ongoing complex needs

Questions
- How is it determined inventory of all money allocated?
- Is there a room set-up that would encourage more dialogue/ exchange among the committee members? If not possible, is the subcommittee set up encouraging dialogue which will spark ideas/brainstorming?