DEPARTMENT OF PUBLIC HEALTH
INFORMATIONAL SURVEY - 2014
HEALTH RESOURCE PLANNING FOR BEHAVIORAL HEALTH SERVICES

Children's Friend and Family Services Response

1. How do you anticipate health resource planning for Behavioral Health to help you in your work? How do you expect to use the information resulting from the effort?

The information might increase access for individuals in need who are outside of our area of practice. In addition, it will assist with increased collaboration with the Federally Qualified Health Centers. Information may lend itself to increased preventative care and identification of emerging developmental challenges and issues that young children may be experiencing.

2. Are there specific services within Mental Health & Substance Abuse that you would like to see studied, and were not already included in the list of services on page 6? Please describe with as much specificity as possible. Please indicate how they can be addressed through health resource planning.

- Home based work (i.e. In-Home Therapy and Therapeutic Mentoring): information about best practices, safety, evidence-based practice models, etc.
- Early Childhood (i.e. consultation, prevention, intervention): best practices, models for collaborative care with early childhood education settings, parenting education and support, etc.

3. Given the importance of prevention and also "post-acute" services for mental health & substance abuse, what critical evidence-based services & programs are available, should be expanded, or need to be developed? Are there specific models you suggest we study?

Evidence based practice models, particularly those related to trauma-informed care such as TF-CBT, are critical. Studying attachment and its impact on development and relationships is key. Some models, which are evidenced based include the Parent Child Psychotherapy. The Massachusetts Child Trauma Project has proven to be a wonderful resource in terms of creating an intensive learning community. It would be very positive if this initiative could be expanded to include additional organizations as well as additional evidence based practice models.

4. Obtaining capacity, workload/volume, and demand data for outpatient & community mental health & substance abuse services is a challenge. Do you have ideas for data sources or suggestions for collecting data now or in the future? Are there specific "data gaps" that you feel are important for future data collection?

This is indeed a challenge. For children, the amount of case management that outpatient clinicians need to do is significant and under the current system is non-reimbursable. It would be useful to take a fresh look at the scope of work that individuals in this area are doing to inform future rate adjustments. In addition, staffing has become increasingly challenging. Data about the workforce, in particular bilingual/bicultural staff, would assist organization in their recruitment and retention efforts. Average retention rates for our field would be useful.