Initial Report: Single Integrated Children's Behavioral Health Agency

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Group 3 Charge

*(ee) analysis of the **feasibility** and **effects** of creating a single integrated children's behavioral health agency (SICBHA)*

We're not quite there yet ☺

Need to ensure that a single integrated agency is a solution to specific high priority problems, and not a solution in search of its problems

Example goals (based on Working Group 2) could include:

- Establish a unified, child- and family-centered access system for behavioral health services – a **single point of entry, i.e., front door**.
- Improve meaningful **cross-agency and cross-sector collaborations** among health care (physical and behavioral), child welfare, schools, juvenile justice, and payors (Medicaid, private insurers), etc.
- Implement a **coordinated workforce strategy** to address provider shortages and improve culturally responsive care

Are these the right goals by which to assess a single integrated children's behavioral health agency or are there others?

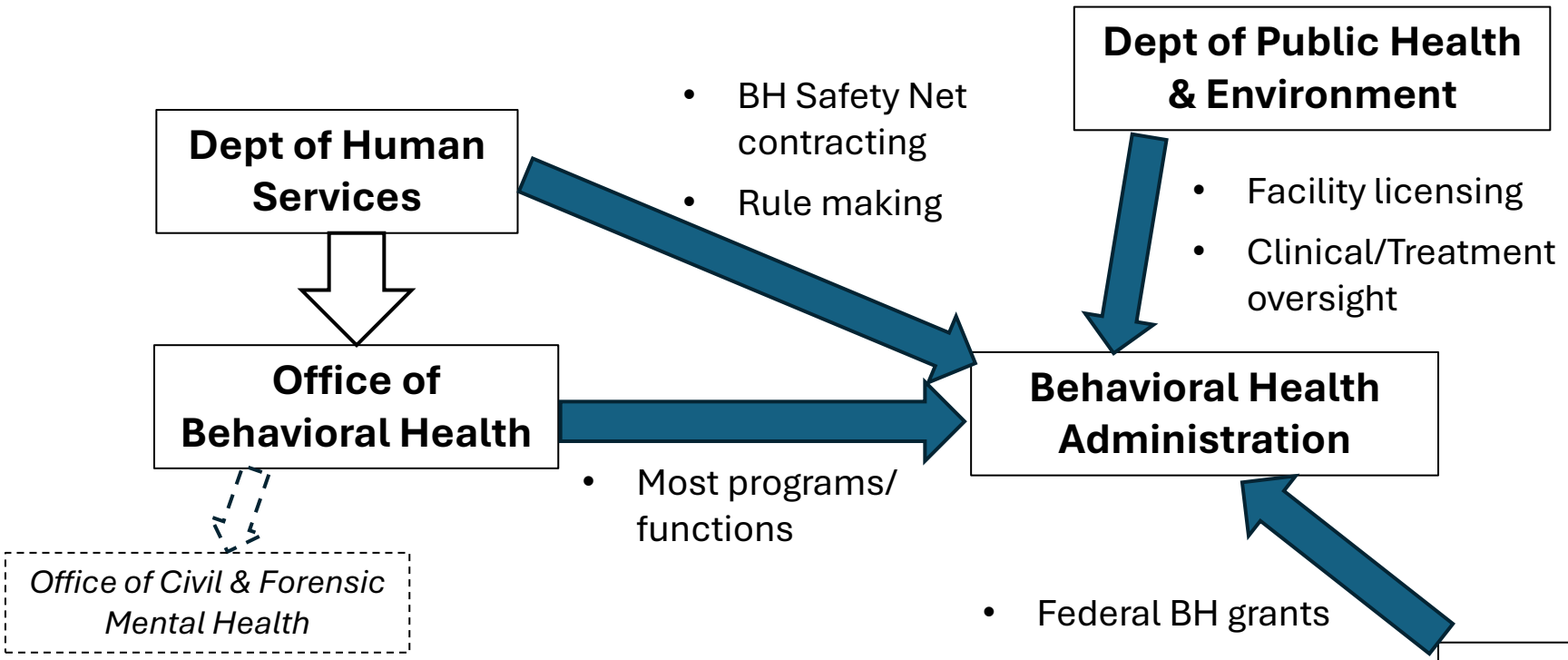
Additional considerations re: feasibility and effects

- **Degree of integration** (e.g. all under one commissioner/secretary vs. coordinated)
- **Potential scope re: populations and functions** (e.g. mental health, substance use disorder, autism, intellectual disability, complex medical conditions, age, any BH needs vs. more intense needs, child protective services, licensing, grant management, etc)
- **Potential costs, risks, and timeline**

For additional context in helping to answer these questions, we offer three high level examples:

Colorado	Connecticut	New Jersey

Colorado: An integrated behavioral health agency

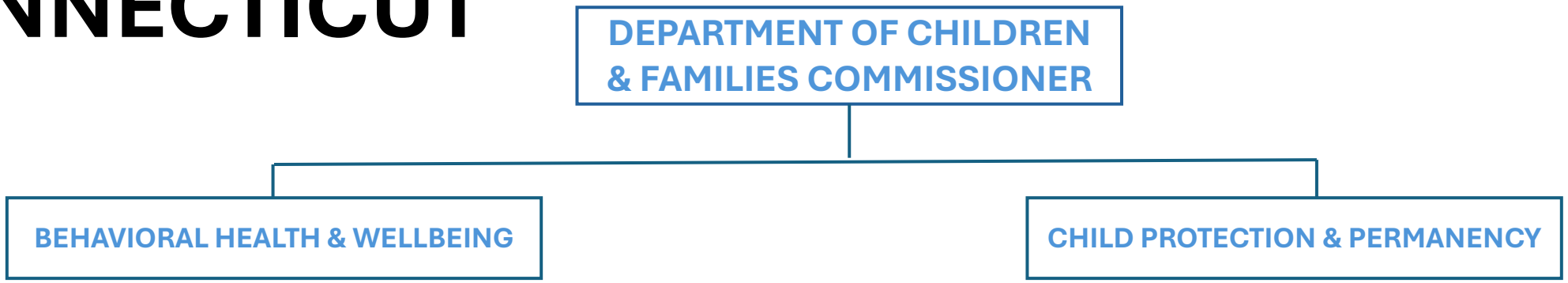


- 4/2019- Governor directed creation of BH Task Force
- 9/2020- Task force releases blueprint
- 4/2021- Governor signs bill authorizing development of Behavioral Health Administration (BHA)
- 5/2022- Bill signed into law, creating BHA (cabinet-level)
- 7/2022- BHA formally launches

- 4 Commissioners since 7/2022 (currently Lt Governor)

[9/2020- Blueprint for Reform]
[11/2021- Plan for Creation of BHA]

CONNECTICUT



STRUCTURE

- model is fully integrated
- statutory responsibility for both child protection and children's behavioral health
- responsible for prevention services, the oversight of juvenile justice education and diversion
- all responsibilities are placed under different executive leads

DEGREE OF INTEGRATION

- fully integrated

IMPACT

- in practice, child welfare is the pressing priority due to emergent cases
- child welfare children, juvenile justice children, families not involved in either system. No one is excluded
- Admission criteria/eligibility can be adjusted for children involved with child welfare
- children involved in child welfare access services at the expense of non-involved children

New Jersey

At present the Children's System of Care is a Division within the Department of Children and Families; in one sense the CSOC is a single integrated children's behavioral health agency (or close to it), and in another sense DCF is.

The CSOC integrates services and supports for children/youth with:

- moderate/complex BH needs;
- intellectual disabilities;
- substance use challenges;
- involvement with child protection;
- involvement with juvenile justice;
- any/all crises.

New Jersey

In addition to housing the CSOC, the wider Department of Children and Families integrates:

- Division of child protection
- Division of Family/ Community Partnerships (early childhood services, family support services, school-linked services)
- Office of Education (runs and contracts for residential programs and schools)
- Office of Family Voice (shared leadership and codesign)
- Division on Women
- Office of Adolescent Services (transition to adulthood)
- Office of Advocacy

NJ Key System Components

Contracted System Administrator	• PerformCare is the single portal for access to care available 24/7/365
Care Management Organization	• Intensive Care Coordination that focuses on Child Family Teams and Wraparound
Mobile Response & Stabilization Services	• Crisis response and planning available 24/7/365
Family Support Organization	• Family-led support and advocacy for parents/caregivers and youth
Children's Interagency Coordinating Council	• Local planning and community engagement.

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New Jersey

Evidence of Impact:

- Robust systems utilization (number of kids/families accessing services has grown steadily)
- Steady reduction of children in residential settings

Worth Noting:

- The public education system was not involved in the initial roll-out, and only fairly recently (after 20+ years of implementation) has there been more proactive engagement of districts and schools

Discussion

- How would the Commission members advise our working group on assessing the feasibility and effect of a single integrated behavioral health agency, as it relates to:
  - Top priority goals for this agency to address in Massachusetts
  - Scope re: populations and functions

- As Working Group #3 further evaluates other state examples, would Commission members propose any additional questions we should try to answer?