

Child and Family Behavioral Health Policy and Planning Committee
Areas to Address in 2006 Report

This is a biennial report – follow up on legislative session

What kids received and didn't receive

Issues – Evidence-based practice as theme

- a. Link primary care with behavioral health care (medical home)
- b. Autism spectrum disorders (4,749 as identified by the schools from December 1st child count). Prevalence rates estimated at 2000% increase between 1990 and 2005.
- c. Youth substance abuse
- d. MR
- e. Collaboration with CSA
- f. Prevention – SA, child A/N, early childhood, DOH
- g. MH in schools
- h. Co-location
- i. Co-occurring disorders – MH/MR/SA
- j. Transition services
- k. Youth involvement – advisory group
Internal vs. external? Youth satisfaction?
- l. Sexual offenders (MR)
- m. Kids sent out of state and high dollar kids in state – collaborative project with CSA
Theme: How to restructure and use funding better
Support for siblings and those left behind and reintegration
- n. Partnering with private insurance

Summary of the key areas for the 2006 report:

1. Linkages and relationships with schools and primary care
2. Evidence based practices, doing things differently for certain populations
3. Re-focusing how we use our dollars
4. Process issues, for example, youth involvement
5. Under-identified/underserved populations