

**Barnstable County Department of Human Services
 Children’s Behavioral Health Work Group
 Recommendations and Action Plan
 FY 2024
 5/22/23**

Mission Statement: Conceived in February 2019 as a grass roots effort, the Children’s Behavioral Health Work Group (CBHWG) of Barnstable County DHS endeavors to understand, plan for, and address the gaps and enhance the strengths for the Cape and Islands behavioral health (BH) system of care for children ages 0-21. Membership includes representatives from Barnstable County Human Services, other Cape based human services agencies, school districts, emergency mental health services, health care providers, community health centers, Children’s Cove, the Department of Children and Families, NAMI, the “Keep Them Coming Program” of the District Attorney’s Office, the MA Department of Mental Health and staff from Senator Cyr’s office. The CBHWG meets monthly on the third Wednesday from 3-4 pm.

I. Develop well-documented understanding of behavioral health needs of Barnstable County youth ages 0-21.			
Recommendations	Primary Strategy	Action Items/Tasks/ Members Responsible (if applicable)	Status (New/ Prioritized/ Ongoing/ Complete)
a. Complete Children's Behavioral Health Baseline Needs Assessment in collaboration with hired consultant.	1. Use CBHBNA Scope of Work to drive decisions.	1. Refer to CBHBNA Scope of Work.	PRIORITY-ONGOING
II. Address Behavioral Health Provider work force and capacity issues.			
Recommendations	Primary Strategy	Action Items/Tasks/ Members Responsible (if applicable)	Status (New/ Prioritized/

			Ongoing/ Complete)
a. Increase provider treatment capacity by facilitating training and skill building in treating youth/consumers with specific presenting problems, e.g. traumatized children/families, as well as children displaying sexually problematic behaviors in their homes, schools and in the community. This relates to the Juvenile Justice Provisions in an Act Relative to Criminal Justice Reform (Chapter 69 or the Acts of 2018).	1. Build the capacity of providers to utilize trauma informed, evidence based, or evidence informed modalities of treatment with children/teens and their caregivers by facilitating information and training (i.e. ARC-Attachment, Regulation, Competency Model, and TF-CBT-Trauma Focused Cognitive Behavioral Therapy.)	1. Utilize CBHBNA data to assess level and type of training needs.	PENDING
b. Increase provider treatment capacity by facilitating training and skill building in treating youth/consumers with other specific presenting problems, i.e. grief and loss, LGBTQ issues.	1. Facilitate education and training via information sharing and offering educational opportunities individually or in partnership with other agencies.	1. Utilize CBHBNA data to assess level and type of training needs.	PENDING
c. Evaluate the extent to which telehealth is being used as of 2023-2024, and understand the pros and cons of its use.	1. Elicit provider feedback on the pros and challenges of using tele-behavioral health. 2. Continue to support the presence of a School Based Tele-Behavioral Health Pilot Project on the Cape by disseminating information and advocacy.	1. Utilize CBHBNA data to assess level and type of training needs.	PENDING
d. Research opportunities for loan forgiveness.	1. Identify potential funding opportunities including HRSA, rural, state and local programs.	1. Disseminate information to stakeholders.	ONGOING
e. Decrease barriers for provider licensure.	1. Advocate for the sensible and responsible revision of licensure regulations and policies that will remove unnecessary barriers to	1. Receive update from Allied Health Board Chair	ONGOING

	<p>licensure for master’s level clinicians.</p> <ol style="list-style-type: none"> Maintain regular communication with legislators and chair of the Allied Health Professionals licensure board. Monitor any changes brought about by the transfer of the Allied Health Licensure Board to DPH. 		
f. Periodically review behavioral health position vacancies and length of time open.	<ol style="list-style-type: none"> Check in with CBHWG members and other partners. 	<ol style="list-style-type: none"> Disseminate and promote open positions. 	ONGOING
g. Monitor behavioral health provider compensation and insurance reimbursement issues.	<ol style="list-style-type: none"> Elicit member feedback. Support work group member advocacy. 		ONGOING
III. Support Best Practices, Provide Advocacy for Needed Services and Professional Collaboration			
Recommendations	Primary Strategy	Action Items/Tasks	Status (New Prioritized/ Ongoing/ Complete)
a. Advocate for Partial Hospitalization Program	<ol style="list-style-type: none"> Prioritize most urgent needs, and problem solve how to manage the variable level of need given our population. 	<ol style="list-style-type: none"> Continue advocacy efforts. (a-g.) Utilize Needs Assessment data for prioritization and action planning. (a-g.) 	PRIORITY-ONGOING (a-j.)
b. Advocate for Increased Outpatient Treatment	<ol style="list-style-type: none"> Prioritize most urgent needs, and problem solve how to manage the variable level of need given our population. 		
c. Advocate for Acute In-Patient Treatment	<ol style="list-style-type: none"> Prioritize most urgent needs, and problem solve how to 		

	manage the variable level of need given our population.		
d. Advocate for Intensive Outpatient Program (IOP) in school and after-school settings	1. Prioritize most urgent needs, and problem solve how to manage the variable level of need given our population.		
e. Advocate for Long Term In-Patient Beds	1. Prioritize most urgent needs, and problem solve how to manage the variable level of need given our population.		
f. Advocate for Structured Outpatient Program (SOAP)	1. Explore Gosnold programs		
g. Advocate for Mental Health Urgent Care	<ol style="list-style-type: none"> 1. Monitor time in ED and discharge outcome, including the availability and provision of recommended services. 2. Establish if discharge planning protocols are currently mandated and/or in place. 3. Examine discharge planning process with relevant care providers. 		
h. Increase coordination and information sharing between DMH, DCF, schools, and BH agencies and providers.	<ol style="list-style-type: none"> 1. Explore and understand where communication gaps exist. 2. Participate in relevant meetings; build partnerships and facilitate communication networks. 		
i. Enlist representation from all four community health centers in Barnstable County.	1. Outreach to each organization.	<ol style="list-style-type: none"> 1. Include in CBHWG electronic communications. 2. Directly contact via phone. 	

		3. Request meetings as necessary.	
V. Assess on an ongoing basis school based BH services in Barnstable County to determine how services and supports are provided within school districts.			
Recommendations	Primary Strategy	Action Items/Tasks	Status (New Prioritized/ Ongoing/ Complete)
1. Maintain communication with school counselors.	1. Conduct monthly meetings with Cape Cod School Counselors throughout the school year		PRIORITY-ONGOING (a.-f.)
2. Research resources and share with counselors.	1. Utilize CBHWG meetings as the forum.		
2. Support professional development opportunities.	1. Facilitate educational opportunities 2. Share relevant professional information via email group		
3. Engage School Counselors with Systems of Care Meetings and the community-wide behavioral health system.	1. Work collaboratively with JRI		
4. Improve sharing of pre/post clinical discharge information between behavioral health providers and schools, so that schools can facilitate student's plan for safe return to school.	1. Utilize CBHWG meetings as the forum.		
5. Support increased engagement and collaboration between school counselors and community behavioral health providers.	1. Utilize CBHWG meetings as the forum.		