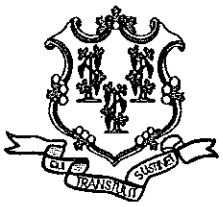
STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES

2011 Federal CMHS Block Grant Testimony

Appropriations, Public Health & Human Services Committees
September 22, 2010



Good morning distinguished members of the Appropriations, Public Health and Human Services Committees. My name is Karl Kemper and I am the Chief of Staff of the Department of Children and Families.

I thank you for the opportunity to present to you the Department's proposed 2011 Spending Plan for the children's portion of the Federal Community Mental Health Services Block Grant. The Department proposes to use the funds from this Block Grant congruently with its vision for a comprehensive community-based behavioral health service system for children and their families.

DCF has been partnering with the Department of Mental Health and Addiction Services through the Mental Health Block Grant and the Mental Health Transformation State Incentive Grant. For example, through the Mental Health Transformation State Incentive Grant, implementation of a Community-Based Wrap-Around Model for youth involved with the juvenile justice system is now underway in two communities. This will be complemented by workforce development and training initiatives, funded through the Mental Health Block Grant. These federal dollars are an integral part of creating a transformed behavioral health system in Connecticut that results in positive outcomes and allows children to realize their fullest potential.

The services and supports under the Block Grant are important components of the foundational elements that DCF has embraced through the System of Care model, which is to maintain children with serious emotional disturbances in their homes and communities through the efforts of local consortiums, and through the CT Behavioral Health Partnership. In collaboration with the fourteen (14) DCF Area Offices, community providers, state agencies and families, the Department is working to ensure that children and their families receive the care and services that they need. Similar to years past, the Block Grant continues to provide families with access to local, community-based services and supports that have typically been unavailable through traditional, categorical funding models.

Consonant with the Department's goals, DCF proposes to use the FFY 2011 Block Grant, in the amount of $ 1,534,177 to support the following services and activities:

- Home-Based Respite Care for Families $ 425,995

This program is a vital community-based service that supports children and families receiving behavioral health care in their community. Respite offers families temporary relief from the continuous care of a child with serious emotional disturbance and provides opportunities for age appropriate social and recreational activities. Between intake and discharge, parents in families that received the respite service showed a reduction in stress (on average, as measured by two standardized measures; Parenting Stress Index and Stress Index for Parents of Adolescents).

- Family Advocacy Services $ 467,300

This service provides support, guidance and educational resources to families caring for a child or youth with mental health needs. Family advocacy assists parents with accessing and effectively participating in services that aid in maintaining their children in the home and the community. This service is an integral part of advancing an outcome oriented behavioral health agenda that is based upon family strengths. The proposed 2011 allocation will support the consortium of diverse family advocacy organizations to aid service and system development including local, grass-root family advocacy efforts. Between intake and discharge, parents in families that received Family Advocacy Support (including brief interventions and support in conjunction with care coordination) showed a reduction in stress (on average, as measured by two standardized measures; Parenting Stress Index and Stress Index for Parents of Adolescents).

- Youth Suicide Prevention & Mental Health Promotion $ 50,000

These funds are targeted to support important prevention and early intervention efforts in the community. Suicide prevention training, and proposed school or other community-based programming that target at risk youth are projects that will be occurring with these dollars. These funds supplement state funds that the Department has committed to assist with Connecticut's youth suicide prevention initiative. A total of 353 individuals were trained in methods of suicide prevention as a result of MHBG dollars for the FFY 2009-2010 including DCF social workers, community providers, foster parents, parents, school nurses and students. As a result of the training, participants reported being able to identify risk factors and warning signs for suicide and had a better understanding of how to assess risk and manage a crisis. CT shows a downward trend in reported adolescent suicide attempts between 2005 and 2009 in aggregate and for both males and females as reported by the Center for Disease Control Youth Services Survey. The CT total rate of self-reported attempts is not significantly different from the national rate.

- System of Care (CT KidCare) Workforce Development & Training/Culturally Competent Care $ 70,000

This allocation is targeted to assist with ensuring accountable, quality services for the provision of community-based care for children. These funds support activities that maintain and/or enhance providers' competencies and allow for the implementation of family-centered, strengths-based, culturally competent behavioral health care practices. During 2011, the Department is seeking to enhance the work of the 25 local System of Care Community Collaboratives by offering technical assistance, infrastructure support, training and consultation to Care Coordinators and other stakeholders, and leadership development for family advocates and caregivers. Data on Care Coordination for the most recent fiscal year indicates that a majority of youth that receive the service show clinically significant reductions in problem severity.

- Extended Day Treatment: Model Development and Training $ 60,000

The Department is implementing a standardized, clinically effective model of care in Extended Day Treatment (EDT) programs across the state. EDT is an essential component within the continuum of care for emotionally troubled children, adolescents and their families. It provides a less expensive alternative to inpatient services and maintains participants in the least restrictive family-based setting. The Department has been engaged in a multi-year initiative to improve provider competencies and skills in engaging families in all aspects of treatment, improving clinical services to children and adolescents, and implementing child/family outcome measures

to evaluate the effectiveness of services. Training will continue to be provided with a focus on family engagement protocols, trauma-based, relational milieu treatment, therapeutic recreation resources, and Ohio Scales for measuring outcomes. Under this initiative, the following results have been obtained:

- Family Engagement - Families now participate in over 92% of initial assessments and treatment plan reviews, and attend 68% of scheduled family therapy sessions.

- Trauma Sensitivity - EDT staff trained in "Risking Connections" demonstrated significant improvements in beliefs, attitudes and behaviors favorable to Trauma-Informed Care that were sustained 1 year post training.

- Outcomes - A majority of children served demonstrate a clinically significant reduction in problem severity between intake and discharge.

- Trauma Training: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) $ 53,198

The Department will continue to provide ongoing support for all of the 16 clinics that successfully completed the TFCBT Learning Collaborative and are currently delivering this trauma-specific treatment through their TF-CBT Teams. This ongoing support will provide each agency and TF-CBT Team with technical assistance, data collection, and training opportunities to sustain and expand the TF-CBT program. Through contract with the Connecticut Center for Effective Practice as the Coordinating Center to oversee sustainability, these funds will support an annual TF-CBT conference, monthly metric reports, TF-CBT Assessment Database, Google Group, two-day Introduction to TF-CBT Training for new team members, and site-based technical assistance, as needed. As a result of this initiative (primarily funded by the block grant):

- 194 outpatient clinicians, 36 supervisors, and 26 senior leaders have been trained across the state
- 95% of all agency intakes are now screened for trauma exposure
- Nearly 1,000 children and families have been engaged in TF-CBT to date
- Approximately 250 - 300 children receive TF-CBT each month
- Outcomes for the first 120 children who completed TF-CBT include:
    - 43% reduction in child-reported PTSD symptoms (UCLA PTSD-RI)
    - 52% reduction in child-reported depression symptoms (SMFQ)
    - 50% reduction in parent-reported child depression symptoms (SMFQ)

- Outpatient Care: System Treatment & Improvement Initiative $ 284,890

Outpatient care is a critical component of the overall continuum of services. The outpatient care system serves more than 19,000 clients annually. The Outpatient Learning Community, comprised of a diverse group of stakeholders was convened in June 2010 to begin a process over time to improve system and service delivery. Two key areas of initial focus are family engagement and data collection/reporting/analysis. These funds will support targeted activities such as training and implementing family engagement protocols including co-construction treatment with families and training/education to create a data quality culture. If applications for foundation funding are successful, these funds may be utilized to implement evidence-based treatment services in outpatient clinics.

- Co-occurring Services: Screening & Assessment $ 40,000

The Department requires Enhanced Care Clinics to administer the Global Appraisal of Individual Needs - Short Screener (GAIN-SS). This is a standardized screening tool that is initially administered at intake to quickly and accurately identify clients who need referral to, or treatment from, some part of the substance use and/or behavioral health treatment system. This portion of MHBG funds will be utilized for ongoing training and consultation to support implementation and sustainability.

- Best Practices Promotion & Program Evaluation $ 62,794

These funds support consultation and technical assistance to identify best practices for specific populations and to evaluate existing models and services to improve the community-based system of care. Areas of focus may include outpatient psychiatric services, intensive in-home services, and the system of care/care coordination, particularly applying what has been learned from the wrap-around initiative. Similar initiatives in the past supported improvement plans for Extended Day Treatment, and Emergency Mobile Psychiatric Services (EMPS) where under the redesigned program:

- EMPS volume has nearly doubled
- the percentage of EMPS calls that receive a mobile response in the community has increased from 50% to over 85%
- parent and worker ratings of youth functioning and problem severity show statistically significant improvement from intake to discharge.

- Other CT Community KidCare Activities $ 20,000

These funds support the involvement of community stakeholders in strategic planning, implementation and assessment of the system of care. Further, congruent with federal legislation that requires review of the state's Mental Health Block Grant by Connecticut's Mental Health Planning Council, the Department proposes to use a modest amount of funding to support their activities. In particular, these dollars are identified to support the convening of the Planning Council meetings, and allow for broader, diversified participation into the service planning and Mental Health Block Grant review activities of the Council.

TOTAL $ 1,534,177.

In closing, congruent with the federal mandate to "transform" the state's mental health system and create a comprehensive care agenda, these funds are incorporated into the Department's overarching strategy and vision for a broad array of quality, accountable, family-centered and culturally competent services for children with complex behavioral health needs and their families. The services and activities funded through the Mental Health Block Grant are integral to the Department's ongoing efforts to reduce reliance on residential levels of care and augment the continuum of services available to state-funded outpatient providers.

The FFY 2011 allocations for the Mental Health Block Grant will join with state funding to augment the activities of existing community-based services, the Community Collaboratives, the CT Behavioral Health Partnership, and the workgroups under the Mental Health Transformation State Incentive Grant to create an integrated system of care for Connecticut children with serious emotional disturbance and their families. The Department thanks the General Assembly for its vision for behavioral health care in Connecticut, and its continued support to DCF in implementing this important mandate.