STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES

2012 Federal CMHS Block Grant Testimony

Appropriations, Public Health & Human Services Committees
September 27, 2011

Good afternoon members of the Appropriations, Public Health and Human Services Committees. My name is Dr. Robert Plant, Director of Community Programs and Services for the Department of Children and Families.

Thank you for the opportunity to present the Department's proposed 2012 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 works in partnership with the Department of Mental Health and Addiction Services to execute the state plan for the Mental Health Block Grant. These federal dollars play a critical role in strengthening the behavioral health system in Connecticut. This 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 DCF Regions, 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 supports and resources that are not funded by Medicaid or other sources. These resources include access to local, community based family supports and resources to enhance the quality of existing community based services. In this way, Block Grant dollars are "blended" with other state and federal resources to increase their impact and improve outcomes for children and families.

Consonant with the Department's goals, DCF proposes to use the FFY 2012 Block Grant, in the amount of $ 1,850,693. to support the following Services and Supports, & Performance Improvement/Implementation Supports:

SERVICES AND SUPPORTS

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

This program is a vital community-based service that supports children 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. Data indicates that respite reduces parenting stress, a known factor in parent's ability to support children with serious emotional disturbance.

Family Advocate 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 2012 allocation will support the consortium of diverse family advocacy organizations to aid service and system development including local, grass-roots family advocacy efforts.

PERFORMANCE IMPROVEMENT/IMPLEMENTATION SUPPORT

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.

CT Community KidCare (System of Care) Workforce Development & Training/Culturally Competent Care **$ 65,000**

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 2012, the Department is seeking to enhance the work of the 25 local System of Care Community Collaboratives by adopting strategies and techniques promoted by the Substance Abuse and Mental Health Services Administration's National System of Care Initiative. These funds provide technical assistance, infrastructure support, training and consultation to Care Coordinators and other stakeholders, and leadership development for family advocates and caregivers.

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 use of the Ohio Scales for measuring outcomes.

Trauma Training: Trauma-Focused Cognitive Behavior Therapy (TF-CBT) Sustainability Activities **$ 62,000**

The Department will continue to provide ongoing support for the 16 clinics that successfully completed the TF-CBT Learning Collaborative and are currently delivering this trauma-specific treatment through their TF-CBT Teams. This ongoing support is intended to provide each agency and TF-CBT Team with technical assistance, data collection/reporting, 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.

Mental Health/Juvenile Justice Diversion **$ 15,000**

DCF, in partnership with the Court Support Services Division (CSSD) will fund an innovative school-based approach to preventing youth with mental health problems from entering or proceeding further into the juvenile justice system. Developed in Connecticut under the MacArthur Foundation's Juvenile Justice/Mental Health Initiative, this program supports schools to intervene more effectively and earlier with children who have mental health problems.

Outpatient Care: System Treatment & Improvement Initiative **$ 378,426**

Outpatient care is a critical component of the overall continuum of services. The outpatient care system serves more than 23,000 clients annually. The Outpatient Learning Community, comprised of a diverse group of stakeholders was convened in June 2010 to begin a process to improve system performance. Key areas of focus are family engagement and retention in care, data collection/reporting/analysis, and exploring evidence-based individual, family and group treatments for children with serious emotional disturbance. DCF is working with clinics to identify specific evidence based models and methods of implementation support that will produce the most robust outcomes. Examples include model specific training, data development, management of program fidelity, collaborative resource exchanges, uses of technology to support practice, etc.

Best Practices Promotion and Program Evaluation **$ 131,972**

These funds will be used to align community mental health services with new directions and priorities identified by DCF leadership. The focus is upon improving community services to children under 12 who would otherwise have been served in congregate care, and building a more family oriented congregate care system with stronger connections to community based care. These funds will provide support to identify and implement specific evidence based practices for children 7-12 with disruptive behavioral disorders (the single largest group of children and families served in outpatient clinics) and enhance integration between communities and congregate care providers by adopting components of the National Building Bridges 4 Youth Initiative.

Outcomes: Performance Improvement and Results-Based Accountability **$ 100,000**

As DCF moves to strengthen practice and system oversight at the regional level, new tools and reports will be required to provide feedback to stakeholders at multiple levels (families, advocates, local DCF System Managers, etc.) Data needs to be tailored to the specific needs of each region and provider system. To monitor the effectiveness of community-based services and programs, at the statewide, regional, and individual program/provider level, outcome measures will be improved and organized into user-friendly data dashboards. The outcomes will include system, provider and child/family outcomes, as identified by the broader stakeholder community.

Workforce Development: Higher Education In-Home Project **$ 75,000**

These funds support the development of a more informed and skilled workforce who have interest and solid preparation to enter positions within evidence-based in-home treatment programs. Block Grant funds will be utilized to expand the number of graduate-level faculty and

programs prepared to deliver a specialized curriculum that teaches the concepts and principles of in-home treatment models.

Other CT Community KidCare Activities **$ 20,000**

These funds support the involvement of community stakeholders in strategic planning as well as 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 **$ 1,850,693**

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, culturally competent, and trauma-informed 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 2012 allocations for the Mental Health Block Grant will join with state funding to augment the activities of existing community-based service providers, the Community Collaboratives, and the CT Behavioral Health Partnership. 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.

Community Mental Health Services Block Grant

Children's Portion – Department of Children and Families

Federal Goals of the Community Mental Health Services Block Grant

- Fund those priority treatment and support services that;
  - Are not covered by Medicaid or Medicare or private insurance
  - Are effective
- New emphasis
  - More supports and improvements of existing services
  - More support for innovation and new more effective services

Goals for CT Children's System

- Fund Family Supports and Services not reimbursable through other means
- Improve child and family outcomes for the existing service system

Examples

- FAVOR – Statewide Family and Youth Advocacy Organization
- Respite Services – direct supports to families with children with serious emotional disturbance
- Performance Improvement Activities
  - Sustain Trauma Focused Cognitive Behavioral Therapy
  - Improve Family Attendance and Participation in Extended Day Treatment and Outpatient Treatment
  - Support of Evidence Based Services in Outpatient Care

Implementation Science

- 4 CT Presentations at the first Global Implementation Conference in D.C.
- Service to Science Gap
  - 15-20 year implementation Gap
  - 100s of effective programs, few with adequate implementation supports
  - Proven Practices are not effectively implemented without implementation supports
  - IMPLEMENTATION, IMPLEMENTATION, IMPLEMENTATION