

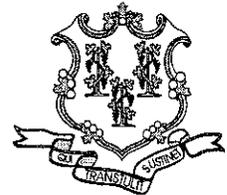
# STATE OF CONNECTICUT

## DEPARTMENT OF CHILDREN AND FAMILIES

Public Hearing Testimony

Public Health Committee

March 20, 2013



### ***S.B. No. 1136 AN ACT CONCERNING MENTAL HEALTH SERVICES***

The Department of Children and Families (DCF) offers the following comments regarding S.B. No. 1136, An Act Concerning Mental Health Services.

DCF **is concerned** that section 1 of this legislation fails to recognize DCF's responsibility to provide mental health services for children under age 18 by omitting the Department from the planning process for young adult services. The model program referenced in the bill, the Australian Headspace National Mental Health Foundation, is designed to serve youth ages 12 to 25.

Since 1975, DCF has been statutorily charged with the responsibility to provide for children's mental health services. The Department operates two facilities that serve adolescents in need of residential behavioral health services, the Albert J. Solnit Psychiatric Center - South and North Campuses (formerly Riverview Hospital for Children and Youth and the Connecticut Children's Place). Through Connecticut Community KidCare, the department also provides funding for a broad array of clinical and other services in the community, including Child Guidance Clinics, Extended Day Treatment Programs, Emergency Mobile Psychiatric Services, Respite Care, Family Advocacy and Intensive Case Management.

Children and families can access state-operated or state-funded community services directly or through referrals from providers in the mental health system. Services are provided on a sliding fee scale, and the majority of service providers are affiliated with a variety of health insurance plans.

Over the past two years, Commissioner Katz and her team have worked to remove the "silos" from the vast array of children's services under the purview of the Department of Children and Families (*see overview of DCF behavioral health services below*). The Department is committed to continuing to enhance community-based behavioral health services and is working collaboratively with our sister state agencies in improving the transition of youth into the adult service system.

DCF wants to ensure that the General Assembly does not enact legislation which **could potentially fragment the delivery of mental health services for children**. We welcome the opportunity to educate members of the Public Health Committee regarding our recent initiatives and our plans moving forward.

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## Overview of DCF Behavioral Health Services

### DCF Community Behavioral Health and Substance Abuse Services

Service	Episodes
Psychiatric Outpatient Clinics for Children	22,000+
Emergency Mobile Psychiatric Crisis Service (EMPS)	13,000+
Intensive In-home Child and Adolescent Psychiatric Services (IICAPS)	2,000

Numerous Federal grants and research partnerships

- \$3.2 million Trauma Services in Child Welfare grant (Federal ACF)
- 2 National Institute on Drug Abuse (NIDA) funded research projects on effectiveness of adaptations of evidence-based models (MST and MDFT).
- 2 federal SAMHSA Service to Science Awards in collaboration with Yale and CHDI
- \$5 million, 5-year ACF funded Supportive Housing grant

### DCF Voluntary Services

- The Voluntary Services Program (VSP) is a DCF operated program for children and youth with serious emotional disturbances, mental illnesses and/or substance dependency.
- The VSP emphasizes a community-based approach and coordinates service delivery across multiple agencies.
- Parents and families are critical participants in this program and are required to participate in the planning and delivery of services for their child or youth.
- The VSP is designed for children and youth who have behavioral health needs and who are in need of services that they do not otherwise have access to. Parents do not have to relinquish custody or guardianship under this program.
- 1,569 families (unduplicated count) were served in FY 2012.

### In-Home/Community-Based Behavioral Health Services

#### **Outpatient Psychiatric Clinics for Children**

- A multi-disciplinary team of psychiatrists, psychologists, APRNs, clinicians and case managers at 26 contracted outpatient clinics provide psychosocial assessments, psychiatric evaluations/medication management, and clinical treatment through individual, family and group therapies
- In FY 2012, the outpatient clinics served 22,402 children and their caregivers.

#### **Emergency Mobile Psychiatric Services (EMPS)**

- EMPS Crisis Intervention Service is Connecticut's crisis intervention service for children and their families. More than 90% of children are seen at their home, at school or in the community - 85% are seen within 45 minutes of receipt of the crisis call.

- More than 13,814 calls were made to the EMPS system in FY 2012, which developed into 10,560 episodes of care.

#### **Intensive In-Home Child & Adolescent Psychiatric Services (IICAPS)**

- A 6-month home-based intervention addressing psychiatric disorders of the child, problematic parenting and other family challenges that affect the child's and family's ability to function. Teams of professionals average 4 to 6 hours per week of intervention with the child and caregivers to prevent hospitalization or to return the child to community based outpatient care.
- Serves approximately 2,000 families annually.

#### **Care coordination**

- Care coordination uses an evidenced-based child and family wraparound team meeting process to develop a plan of care that uses both the formal and informal network of care to meet the identified needs of the child and family.
- Serves about 1,200 families annually.

#### **Family advocacy**

- Family advocates provide support and assistance to the parent/caregiver of a child with a serious mental or behavioral health need. The family advocate works with the care coordinator (above) in the child and family wraparound team meeting process and focuses on providing support to the parent/caregiver.
- Capacity to serve more than 400 families annually.

#### **Extended day treatment**

- A multi-disciplinary team of psychiatrists, APRNs, clinicians and direct care staff at 19 program sites deliver an array of integrated behavioral health treatment through individual/family/group therapies, therapeutic recreation, and rehabilitative support services, for a minimum of 3 hours per day/5 days per week through a milieu-based model of care.
- In FY 2012, this program served 1,134 children/youth and their caregivers.

#### **Community Bridge**

- Youths and families receive intensive in-home therapeutic support on a 24/7 basis from a clinical team of licensed clinicians and paraprofessional mental health support workers. The clinical team engages with family members and provides necessary support to the youth in all aspects of community functioning for up to 2 years. Youth without adequate family resources are served in foster homes. The community based service is supplemented by the availability of brief residential placement for purposes of assessment and behavior stabilization.
- This prototype, run by the Village for Children and Families in Hartford, has provided clinical interventions to 20 youth and families in its first five months of operation.

#### **Respite care**

- Respite care is a non-clinical intervention, which provides stress relief to parents of children and youth who have serious mental or behavioral health needs. Community or home-based respite is provided for up to 4 hours per week for 12 weeks.
- Annual capacity: 250 children

#### **Functional family therapy**

- An empirically grounded, family-based intervention to improve family communication and supportiveness while decreasing negativity.
- 519 youth and their caregivers received services in FY 2012.

#### **Multi-dimensional family therapy (MDFT), including “special population”**

- Family-based intensive in-home treatment for adolescents with significant behavioral health needs and either alcohol or drug related problems, or who are at risk of substance use. Provides individual, caregiver and family therapy, and case management.
- 713 families received services in FY 2012.

#### **Multi-systemic therapy (MST)**

- Intensive family- and community-based treatment program that addresses environmental systems that impact chronic and violent juvenile offenders -- their homes and families, schools and teachers, neighborhoods and friends.
- 215 families received services in FY 2012.

#### **Multi-systemic therapy (MST) for special populations**

- Special populations include problem sexual behavior, transition age youth, and parole youth re-entering the community.
- 112 youth and families received services in FY 2012.

#### **Multi-systemic therapy (MST) “Building Stronger Families”**

- Intensive in-home treatment for families with maltreatment and substance abuse issues.
- 24 families received services in FY 2012.

#### **Re-entry and family treatment**

- MDFT for parole youth with substance abuse treatment needs.
- An estimated 75 youths received services in FY 2012.
- **Recovery case management for families with substance abuse**
  - Intensive recovery support services for families with children at risk for removal or at the point of removal.
  - Annual capacity: 330 families
- **Family-based recovery**
  - Intensive in-home family treatment combining evidence-based substance abuse treatment with a preferred practice to enhance parenting and parent-child attachment.

- Annual capacity: 144 families
  
- **Juveniles Opting To Learn Appropriate Behaviors (JOTLAB)**
  - Rehabilitative treatment for youth with problem sexual behaviors that provides comprehensive clinical evaluation, individual psychotherapy, family counseling, psycho-educational therapy groups, and social skills building groups.
  - In FY 2012, 99 children and their caregivers received services.
  
- **Integrated family violence program**
  - In-home and clinic-based services for families where domestic violence has been identified. Core services include safety planning for survivor and child, trauma focused work with children, interventions focused on repairing and healing relationships, and batterer interventions.
  - Annual capacity: 360 families
  
- **Adolescent substance abuse outpatient**
  - Substance abuse screening/evaluation, individual, group and family therapeutic interventions in a clinic based setting.
  - 358 adolescents received services in FY2012.