



STATE OF CONNECTICUT  
DEPARTMENT OF CHILDREN AND FAMILIES

2014 Federal CMHS Block Grant Testimony

Appropriations, Public Health  
& Human Services Committees

September 3, 2014



Good Morning distinguished members of the Appropriations, Public Health and Human Services Committees. My name is Tim Marshall. I am a Clinical Manager at the Department of Children and Families (DCF).

I thank you for the opportunity to present the Department's proposed 2015 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. 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 financed with Block Grant funds 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 collaboratives, and through the CT Behavioral Health Partnership. In collaboration with the DCF Regional 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 supports and resources that are not funded by Medicaid or other sources. These 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 2015 Block Grant, in the amount of \$1,443,715 to support the following Services and Supports, & Performance Improvement/Implementation Supports:

### **SERVICES AND SUPPORTS**

- **Home-Based Respite Care for Families**

\$ 425,993

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 a 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 a family-centered, outcome-oriented behavioral health system that is based upon family strengths. The proposed 2015 allocation will support a statewide family advocacy organization to aid service and system development including local, grass-roots family advocacy efforts.

**PERFORMANCE IMPROVEMENT/IMPLEMENTATION SUPPORT**

• **Youth Suicide Prevention & Mental Health Promotion** \$ 100,000

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 supported with these dollars. These efforts are aimed at reducing suicide among Connecticut children and youth and the entire population of Connecticut.

• **CT Community KidCare (System of Care) Workforce Development & Training/Culturally Competent Care** \$140,000

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. These funds provide coaching, training, technical assistance and consultation to Care Coordinators, Family Advocates, caregivers and other stakeholders.

• **Extended Day Treatment: Model Development and Training** \$ 45,000

The Department provides support to sustain 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 combination of clinical and recreational support within the community 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: outreach and family engagement; trauma-based, relational milieu treatment; therapeutic recreation resources, and use of the Ohio Scales tool for measuring outcomes.

• **Evidence Based Programs for early SMI/SED** \$72,186

In line with the Department's strengthening families case practice model, DCF is expanding an evidenced based, trauma informed cognitive behavioral therapy model. The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program is an individual intervention designed to reduce symptoms of posttraumatic stress disorder (PTSD), depression, and behavioral problems; improve peer and parent support; and enhance coping skills among students exposed to traumatic life events, such as community and school violence, physical abuse, domestic violence, accidents, and natural disasters. It is for youth who have been exposed to multiple traumas who meet the criteria for SED. This funding is blended with state dollars designated for workforce development to support the training and coaching model. The money is designated for an independent model developer that will conduct performance and quality assurance and assist providers in early identification or first time SED diagnosis.

• **Outpatient Care: System Treatment & Improvement Initiative** \$234,470

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 disseminating evidence-based individual, family and group treatments for children with serious emotional disturbance. DCF continues to work with clinics to identify and disseminate specific evidence based models and methods of implementation support that will produce the most robust outcomes. In addition to expansion of Trauma Focused Cognitive Behavioral Therapy, DCF is supporting the dissemination of the evidence-based Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, and Conduct Disorders (MATCH-ADTC). Through a learning collaborative approach, clinical staff will be trained in evidence-based treatments to address these common childhood disorders and receive ongoing clinical consultation and contextualized feedback to guide treatment.

• **Best Practices Promotion and Program Evaluation** \$176,992

These funds support the work related to Public Act 13-178, and the development of a children's behavioral health plan for the state of Connecticut. Additionally, these funds will support the development of a criteria-based, training and workforce development certification process and a mechanism for tracking Family Advocates and Care Coordinators who become certified in intensive Wraparound-Child and

Family Team meeting process. This would position CT for the future possibility for those services to become Medicaid reimbursable.

- **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.

- **Emergency Crisis** \$160,282

This Crisis Intervention Service will provide clinicians to be located in the emergency departments of hospitals serving children to avoid delays in discharges and assure children/youth are referred to the most appropriate, least restrictive level of care.

- **Ohio Scales Outcome Study** \$14,000

This is a continuation of an allocation for a brief study to analyze child/family outcomes from the Ohio Youth Problems, Functioning and Satisfaction Scales (Ohio Scales) and other key variables to determine the extent, and in what ways children, youth and families are "better off" following services based on the Results-Based Accountability framework, and to recommend performance measurement targets for selected service/program providers.

**TOTAL** \$1,931,223

In closing, congruent with the federal mandate to "transform" the state's mental health system and create a comprehensive, integrated system of care, 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 Community Mental Health Block Grant are

integral to the Department's ongoing efforts to reduce reliance on residential levels of care and augment and enhance the entire continuum of services available to the children and families of Connecticut.

The Department thanks the General Assembly for its vision for behavioral health care in Connecticut, and its continued support of DCF in implementing this important mandate.