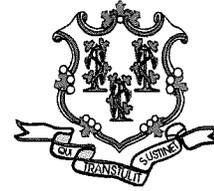




STATE OF CONNECTICUT  
DEPARTMENT OF CHILDREN AND FAMILIES



2016 Federal CMHS Block Grant Testimony

Appropriations, Public Health  
& Human Services Committees  
September 28, 2015

Good morning Senator Bye, Senator Moore, Senator Gerratana, Representative Walker, Representative Abercrombie, Representative Ritter and distinguished members of the Appropriations, Public Health and Human Services Committees. My name is Tim Marshall. I am the Director of the Office of Community Mental Health at the Department of Children and Families (DCF).

I thank you for the opportunity to present the Department's proposed FFY 2016 Spending Plan for the children's portion of the Community Mental Health Services (CMHS) Block Grant.

The Department proposes to use the funds from this Block Grant to further our vision for a comprehensive community-based behavioral health service system for children and their families. Additionally the planned use of these funds is fully consistent with the *Children's Behavioral Health Plan* that Commissioner Katz delivered to the Legislature on October 1<sup>st</sup> of last year.

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 collaboratives, 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. Funding is used to promote access to local, community-based family supports and provide 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.

DCF proposes to dedicate \$2,029,178 from the FFY 2016 CMHS Block Grant, supplemented by prior year carryover funds, to support the following services and supports:

\$50,000 under **Mental Health/Juvenile Justice Diversion** to support a tutoring project for children with serious emotional disturbances who may or may not have involvement in the juvenile justice system, and who frequently are suspended, expelled or miss a large number of school days.

\$103,000 under **Outcomes: Performance Improvement Data Dashboard Development** to support federally required client level data reporting enhancements, as well as expanding the outcome measures collected via DCF's Provider Information Exchange (PIE) data system.

The FFY 2015 allocation of \$467,300 under **Family Peer Support Services** (formerly Family Advocate Services) will be supplemented by an additional \$69,700 intended to support the development of a training and certification program for recruiting and preparing volunteer family leaders to support other families who have children with behavioral health care needs. This will support families in areas of the state not currently served by Family Peer Specialists.

\$100,000 under **Youth Suicide Prevention and Mental Health Promotion** will assist and support the Connecticut Suicide Advisory Board in developing a regional structure for tracking suicides in order to foster greater responsiveness in prevention, intervention, and postvention (intervention conducted after a suicide) activities. Activities will also be undertaken to promote the adoption of the Zero Suicide approach within health care facilities in Connecticut. The Zero Suicide model relies upon data-driven quality improvement and is based on the realization that suicidal individuals frequently fall through the cracks in complex healthcare systems.

\$80,000 under **Outpatient Care: System Treatment and Improvement** will be utilized to continue technical assistance and support for the rollout of the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct (MATCH-ADTC) initiative. This is a reduction from the prior year, and reflects the fact that the initiative is entering its third year of implementation. \$96,000 under this same service category will support Access Mental Health, which provides child and adolescent psychiatric consultation to primary care physicians who are prescribing psychotropic medications.

A \$200,000 allocation under **Best Practices Promotion and Program Evaluation** will allow for the completion of tasks recommended within the Children's Behavioral Health Plan (PA 13-178), including: fiscal analysis, data integration, Network of Care system analysis, and implementation of national standards for culturally and linguistically appropriate services (CLAS). One-time initiatives supported from last year's allocation plan have been completed, including: the development of a certification program for Care Coordinators and Family Peer Specialists, and finalization of the Children's Behavioral Health Plan.

An \$85,000 allocation under **Emergency Crisis** will assist in the development of standards of practice aimed at reducing trauma to children who have been exposed to an arrest. A three year partnership between DCF, EMPS-Mobile Crisis providers, and law enforcement (formally known as REACT or Responding to Children of Arrested Caregivers Together) would like to continue to work to reduce trauma of children in Manchester. The U.S. Department of Justice-Office of Justice Programs (OJP) has acknowledged the program as a promising practice. Block Grant funding will be utilized to provide technical assistance, clinical consultation, logistical, and coordinating support for this initiative.

Last year, funding was approved under the Emergency Crisis category to assist CT Children's Medical Center and Yale-New Haven Hospital in working with complex children who were on discharge delay in their emergency departments. Continued support for these services will be provided with **state funding**.

Under **CT Community KidCare** a new allocation of \$75,000 is proposed to assist in the development of a Family Learning Collaborative. This has been a formal recommendation of the Children's Behavioral Health Advisory Committee to the DCF Commissioner. The purpose of the Collaborative is to assist in preparing families who are consumers of the child and family service system to "have a seat at the table," and to have a stronger voice and say in developing and improving the behavioral health service array.

A prior allocation (\$65,000) for the WrapCT Learning Collaborative is continued to offer coaching and training to community-based behavioral health providers who work with non-DCF involved families. Its aim is to assist these providers in enabling families involved in the behavioral health system to create family-specific solutions using formal and informal supports. Data analysis and evaluation efforts related to disproportionate minority contact with the behavioral health care system the development of data reporting mechanisms that were supported in last year's allocation plan have been completed.

Support for the **5% required "set-aside" for evidence based programs to address SED/SMI** remains the same as in the previous year, at \$72,186. This supports a Cognitive Behavioral Intervention for Trauma in Schools (CBITS) initiative.

\$20,000 continues to be allocated under **Other CT Community Kidcare** to provide support for translation services and facilitate training opportunities for families and providers.

An allocation under **Ohio Scales Outcomes** is discontinued, reflecting completion of a study analyzing child/family outcomes following the receipt of services.

Finally, the following family-based, multi-year initiatives are proposed to be funded at the same level as approved in the FFY 2015 allocation plan:

- **Respite Care Services**, at \$425,992;
- **Extended Day Treatment (EDT)**, at \$45,000;
- **Workforce Development: Higher Education In-Home Curriculum Project**, at \$75,000.

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.

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 proposed FFY 2016 allocations will augment the activities of existing community-based service providers 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.