Update on Community Based Services

- Extended Day Treatment
  - Program Description
  - Program Improvement Plan
  - Proposed Performance Incentive Plan
  - Funding/Level of Care

- EMPS
  - Status of Re-procurement
  - Call Center Design and Operations

- Care Coordination and Enhanced Care Coordination
Extended Day Treatment
EDT - PROGRAM
DESCRIPTION

• A milieu-based, clinical intervention (individual, family, group therapy)
  ➢ 52 weeks/year
  ➢ 3 hours day/5 days week

• For children and adolescents, ages 5-17 who have serious emotional and behavioral disorders, & their families

• An Intermediate Level of Care, per CT BHP guidelines

• Delivered by a Multi-Disciplinary Treatment Team
CORE CLINICAL SERVICES

- Comprehensive biopsychosocial assessment
- Treatment planning, goal setting
- Structured therapeutic milieu
- Psychiatric evaluation and medication management
- Emergency services and crisis intervention
- Individual, group and family therapies
- Multiple family groups
- Therapeutic recreation and expressive therapies
- After-care planning
EDT SERVICE CAPACITY

- 14 Providers (22 Program Sites)
  - (Includes Middletown – 12/8/08 Start-Up)

- Statewide Service Capacity (FY ’09)
  - 427 DCF-funded contract slots = 854 Clients
  - 458 DCF-licensed bed capacity (31 private pay)

- Statewide DCF Grant Funds (FY’09)
  - $7,026,508
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EDT – Program Improvement Plan

• Collaborative Process
  – DCF
  – Providers
  – Families/Advocates
  – Connecticut Center for Effective Practice
  – Other Stakeholders

• Performance Improvement Targets
  – Family Engagement
  – Quality of Care: Project Joy, Risking Connections, PMT
  – Outcomes: Ohio Scales Implementation

• Resources/Investments
  – CCEP Consultation
  – CTBHP Rate Increases
  – CMH Block Grant Funding
  – Proposed Performance Incentive Program
Proposed Performance Incentive Plan

- $120,000 allocated according to the following formula:
  - Goal Attainment X # of DCF Funded Slots (Max of $280 per slot/year)
- Performance Targets
  - Implementation of Multiple Family Groups/Increased Family Engagement
  - Training in Project Joy and Incorporation into Group Treatment
  - Training in Risking Connections and Implementation in the Milieu
  - Use of Ohio Scales and Demonstration of reduced problem severity/improved functioning
Funding/Level of Care
(CTBHP DCF Advisory Committee)

- Insure Continued Regulatory Compliance
- Resolve lack of clarity in Intermediate Level of Care Guidelines
- Maximize Federal Reimbursement
- Establish rate for EDT/IOP
- Adjust Grants to cover rate increases
Emergency Mobile Psychiatric Service

Procurement & 211 Call Center
EMPS Procurement

• Phase I
  – Complete for Greater Hartford & East
  – Wheeler (Subcontract: Child Guidance of Central CT) and United Community & Family Services (Subcontract: Community Health Resources)
  – Went Live with 211 FOR THESE AREAS ONLY – 12/22/08 (9:00 AM)
EMPS Procurement

• Phase II
  – Complete for Western & Greater New Haven Service Areas
  – Wellpath & Clifford Beers (Subcontract with Bridges) Selected
  – Go Live with 211 in March 2009
EMPS Procurement

- Phase III (Southwest - Norwalk, Stamford, Bridgeport; Central - Manchester, Middletown)
  - Active Procurement
  - RFP Released 11/21/08
  - Anticipated Go Live – May 2009
211 Call Center - Advantages

• Ease of Access
  – Single Number for Entire State vs. 11 Access #s
  – 3 digits vs. 11 digit 800 number
  – No confusion about which number to call

• Improved Marketing/Public Awareness
  – 1 Marketing Plan for 1 Service vs. 11 Plans for 11 Services
  – Master Set of Marketing Materials
  – Statewide Branding W/Local Branch

• Screening for Information and Referral Calls
211 Call Center - Advantages

- **Uniform Data Capture**
  - Will be Web-Based & Link with PSDCRS (new DCF data collection system)
  - EMPS Providers will be able to immediately access data entered by the call center
  - Improved Accountability for Call Management

- **Follows National Trend**
  - CT Leader in Establishing 211
  - 41 States Have Established 211 Systems (72% of Population)
  - New York City (311)
  - National Legislation Proposed

- **State of the Art Technology**
  - Has Call Tracing Technology for Lost Calls
  - Business Continuity Plan
  - Immediate Linkage with Translation Services
211 Call Center - Advantages

- Flexibility to Accommodate Family, Referral Source, and EMPS Provider Needs
- Opportunity for Cost Savings
- Accountability
- Access (translation services)
- Marketing
- Ease of use, predictable resource
211 Call Center - Operations

- Caller Dials 211 and Presses “1” for Crisis
- Call is Routed to Crisis Call Specialist
- Trained in Suicide Assessment & Supported by FT Clinician
- Collects Basic Information
- Triage Decision – 911, Information & Referral (I&R), or EMPS
  - 911 - Contact 911 for Immediate Police or Medical Intervention
  - Provide I&R Information from database
  - EMPS - Contact EMPS Provider & Conference with Caller (warm line transfer)
211 Call Center - Operations

- Flexibility to Accommodate Various Situations
  - Caller Contacts EMPS Provider Directly
  - Caller is Seeking Deferred Mobile Response
  - Caller is Already Engaged with EMPS
211 Initial Implementation to Date

- Fully Staffed – Call Specialists, Clinical Supervisor, Tech. Support, Administration
- 64 Calls 12/22/08 through 1/10/09
  - Average between 3-4 minutes to triage and transition to EMPS
  - 1 Call routed to 911
  - 12 Calls went direct to provider and registered with 211
- All Initial Calls Transferred Successfully
- Modifications Made to Improve Performance
  - Press 1 for Crisis
  - Transition with from Old to New Numbers
  - Clarification of Call Lists
- Development of Marketing Materials
- Community Outreach ~ each EMPS provider outreaching to schools, ED’s, local systems of care, etc.
Care Coordination

- Original KidCare Service Component
- Provides Support and Coordination of Care for children with SED and their families who are recipients of multiple services
- Operate according to System of Care Values (Child Centered, Family Driven, Culturally Competent, Community Based)
- Paired with family Advocates
Care Coordination

- Activities
  - Assess Family & Child Needs
  - Convene Child Specific Team
  - Coordinate Service Delivery
  - Support Family/Coordinate with Family Advocacy
  - Identification of Natural Supports
  - Development of Integrated Plan
  - Access to Flexible Funding
  - Crisis Intervention
  - Transition Planning
Care Coordination

- 64 Positions Statewide
- Recently re-contracted with new rate as part of unbundling from Enhanced Care Coordination and EMPS
- 6 Month Length of Service
- Targets families not engaged with DCF or transitioning from DCF care.
- Capacity limits ability to accept cases with lower severity of needs
Enhanced Care Coordination
Enhanced Care Coordination

- 23 Positions Statewide
- Funded through the bundled EMPS, Care Coordination (CC) & Enhanced CC Contract
- Linked to MSS
- Primary Function to facilitate/support youth returning from residential care
Enhanced Care Coordination

• Unbundled from EMPS with separate contract as of 1/1/09
• Management of Service Moved to Bureau of Child Welfare
• Gary Minetti – Contract Manager