

Department of Children and Families

Behavioral Health Services

Implementation of PA 13-178

Robert McKeagney
Administrator, Clinical and Community Services

Tim Marshall
Clinical Director, Community Behavioral Health

The department shall plan, create, develop, operate or arrange for, administer and evaluate a comprehensive and integrated state-wide program of services ...

DCF Funded Behavioral Health Network

- Prevention
- Treatment
- Aftercare
- Support and care follow-up

- Least Restrictive to most restrictive

- Developmental approach
 - Infant MH, early childhood, childhood, youth, adolescents, transition age youth and young adults, young parents

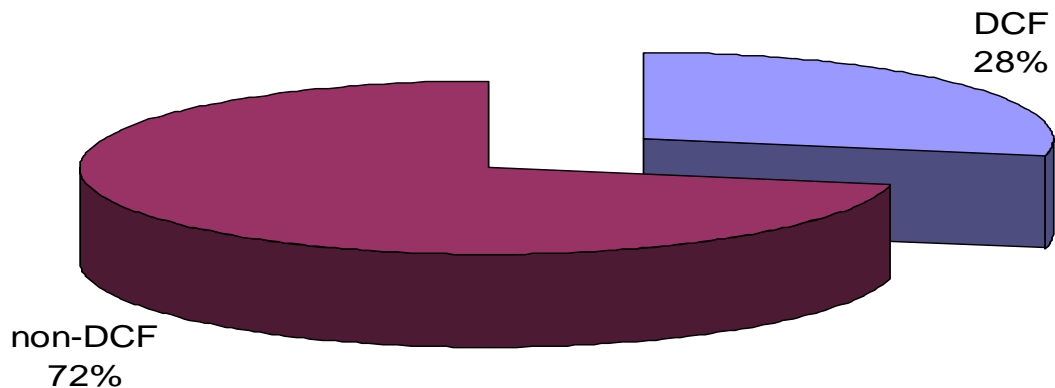
- Child Welfare
- Juvenile Justice
- Voluntary Services
- Medicaid Service array
- All other at-risk youth and families

DCF Service Network

- 450 community contracts
- 850 therapeutic foster homes
- 80 group homes
- 10 in-state residential treatment facilities
- 2 state operated psychiatric facilities
- More than 70 discrete service models
- Evidence based models

Status of Children and Youth Receiving DCF Behavioral Health Services

- Well over 50,000 youth or families receive service annually
- More than \$200,000 invested in community services



Two large programs provide services to nearly 40,000 families annually

<u>Service</u>	<u># Served</u>	<u>State Funds</u>
• Out-Patient Clinic Services	23,760	\$12.0m
• EMPS Mobile Crisis Intervention	15,574	\$10.5m

Evidence Based Treatment Models

<u>Service</u>	<u># Served</u>	<u>State Funds</u>
• IICAPS	2,200	\$ 20.0m Medicaid
• MST	1,525	\$ 4.8m
• MDFT	1,500	\$ 10.4m
• FFT	575	\$ 1.8m
• FBR	130	\$ 2.9m

Other Core Services

<u>Service</u>	<u># Served</u>	<u>DCF Funds</u>
• Extended Day Treatment	1,100	\$ 6.5m
• Care Coordination	1,200	\$ 5.0m
• Respite Care	250	\$ 0.8m
• Family Advocacy	400	\$ 0.9m
• Child First	670	\$ 3.7m
• Early Childhood MH Consultation	1,800	\$ 2.3m
• Community Support for Families (FAR)	2,700	\$ 7.9m

Federal Grants

Program Development Initiatives

- CONCEPT (Trauma Grant)
- CONNECT (Systems of Care Development)
- Supportive Housing
- SAFERS (Substance Abuse Family Evaluation, Recovery & Screening)

2013 Funded Program Enhancements

- Access MH \$ 1.8m
 - Psychiatric consultation to primary care physicians
 - 3 regional hubs
 - Administered by Value Options
- Expansion of trauma focused treatment capacity \$ 3.5m
 - Enhance participation and support to TF-CBT Clinician Learning Collaborative
 - Expand JJ access through partnership with CSSD
 - Financial incentives to providers for use of EBPs
 - Enhanced school based service capacity in southwestern shoreline area
 - Implement MATCH to best apply 32 EBPs to individual youth and family needs
- Expand in-home behavioral health services \$ 2.0m
 - IICAPS (non-Husky)
 - MST
- Expand caretaker supports for kinship families \$ 3.0m

PA 13-178

An Act Concerning the Mental, Emotional and Behavioral Health of Youths

- To identify, prevent, address and remediate the mental, emotional and behavioral health needs of all children within the State of Connecticut
- To coordinate and expand services that provide early intervention for young children, specifically home visiting services and the CT Birth to Three program
- To expand training in children's mental, emotional and behavioral needs for school resource officers, pediatricians, child care providers and mental health professionals
- To understand whether the lack of appropriate treatment for children and young adults may lead to placement within the youth or adult justice systems
- To seek funding for public and private reimbursement for mental, emotional and behavioral health services

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DCF Mandate

October 2014

develop a comprehensive MH Implementation Plan – with broad interagency and public participation – to meet the mental, emotional and behavioral health needs of all children and youth in Connecticut.

April 2014

progress report is due to the Governor and the General Assembly

Beginning in October 2015

biennial status reports are to be presented to the Governor and the General Assembly, including any “data driven recommendations” for changing the plan

PA 13-178

Reference Points

- Prevention-focused techniques that emphasize early identification and intervention, including specific interagency efforts
- Access to developmentally appropriate services
- Comprehensive care within a service continuum
- Engage communities, families and youths in planning, delivery and evaluation of services
- Sensitivity to race, culture, language and ability
- Establish Results Based Accountability (RBA) measures to track progress toward the Act's goals and objectives
- Apply data-informed quality assurance strategies

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Reference Points

- Improve school and community-based mental health integration.
- Enhance early interventions, consumer input, and public accountability
- Family and youth engagement in medical homes
- Data collection on each program's results
 - (a) treatment response times,
 - (b) provider availability
 - (c) access to treatment options,
- Collaboration with each state funded program that addresses mental, emotional and behavioral services
- Awareness of the 2-1-1 Info line in collaboration with the Department of Social Services.

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DCF Implementation

- Build on the findings and recommendations of previous studies and reports
- Engage consumers, advocates, providers, and professional communities
- Consult with diverse interests
- Collaborate with and support other state departments
- Incorporate the thinking and recommendations of other concurrent reviews, studies, and projects
- Examine current data about consumer need, system performance, and infrastructure
- Identify systems gaps and shortcomings
- Define a strategic framework for a complete children's behavioral health system
- Quantify costs and benefits of opportunities and additional needs to be met