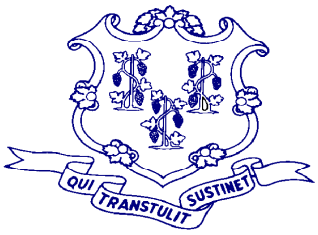

Connecticut Behavioral Health Partnership

STATUS REPORT

CONNECTICUT COMMUNITY KIDCARE
A
Quarterly Report Submitted to

THE CONNECTICUT GENERAL ASSEMBLY

January 15, 2003

CT Department of Children and Families
Kristine D. Ragaglia, J.D.,
Commissioner

CT Department of Social Services
Patricia Wilson-Coker, J.D., MSW,
Commissioner

CT Department of Mental Health and Addiction Services
Thomas A. Kirk, Jr., Ph.D.
Commissioner

Purpose:

This document serves as the second quarterly report issued by the Departments of Children and Families, Mental Health and Addiction Services and Social Services who comprise the Behavioral Health Partnership, regarding the status of the children's behavioral health program, Connecticut Community KidCare. As required by PA. 01-2 this document serves to update the General Assembly on the progress of this system reform.

Programmatic Update:

As indicated in the previous report issued in October 2002, all Emergency Mobile Crisis teams are operational providing coverage throughout the state. In addition, all 60 Care Coordinators have been hired and are serving children and families throughout the state. Additional KidCare related services include Extended Day Treatment and In-Home Services, which are also in place throughout Connecticut.

Mobile Crisis teams responded to almost 1200 calls during the first full quarter of operation (July-September) with an additional 1500 calls received during the second quarter of service (October-December). Approximately 60% of the calls received were from families with no prior or current involvement in the DCF system and almost half of the calls received required direct contact, and follow-up intervention, (as opposed to referral/triage to existing providers).

Care Coordinators are currently working with over 450 families across the state and are receiving specialized training in strength based needs assessment and treatment planning.

As KidCare services continue to evolve throughout the State, providers, in collaboration with DCF and parents, are identifying training/technical assistance needs to help all involved enhance skills and knowledge base around behavioral health issues and new service delivery models. In-home services have commenced with a new set of contracts that have allowed providers the opportunity to become trained in new, evidenced based models of practice. These models have proven outcome based curriculums (or, are in the process of developing such curriculums) and include the Yale Intensive In-Home Psychiatric Services model, Functional Family Therapy model and Multi-Dimensional Family Therapy model. There are currently 22 providers involved in the new in-home service programs.

2002 Status Report on Local Systems of Care:

The Annual Status Report on Local Systems of Care (Community Collaboratives) was released and reflects significant progress within the 27 existing collaboratives. Continued work in the areas of parental involvement and cultural competency are reflected in the report. However, given the tremendous growth of services over the past year and the concomitant work by the collaboratives to embrace new treatment programs and various members of the service community (e.g. schools, faith community, Youth Service Bureaus) much progress has been made. The report can be accessed on the DCF website under the KidCare icon.(www.state.ct/dcf)

Outreach to Education and Juvenile Justice:

SDE and DCF distributed a resource guide with a brief description of KidCare, useful facts, and phone numbers in December to all 169 local school authorities with a cover memo from Commissioners Ragaglia and Sergi encouraging local school personnel to become acquainted with the local community collaboratives and the services currently available in their immediate communities. The Educator's Guide to KidCare can be accessed through the aforementioned DCF website under the KidCare icon. A similar

process is now underway to educate juvenile probation officers and to encourage their participation in local treatment planning activities for youth in the juvenile justice system who may demonstrate significant behavioral health challenges.

Impact of State Layoffs/Budget Deficit:

Although there has been much progress on the KidCare initiative over the past three months, state layoffs have resulted in the loss of all five regional System of Care Coordinators and many regional community contracts staff and community organizers. This is an unfortunate result of the current fiscal situation in Connecticut. However, to date, no direct service dollars have been impacted. Regional and Central Office staff will continue to strategize around how best to address the impact that loss of personnel will have on regional operations.

Behavioral Health Partnership Update:

Under the Behavioral Health Partnership, the Departments continue to work together to provide access to a more complete, coordinated and efficient system of community-based behavioral health services and supports. The Departments have made progress in their efforts to enhance the current system of care in order to improve access, quality of care and individual outcomes.

The Departments had two objectives in SFY03, both of which are nearing completion. We are close to completing the actuarial analysis to aid in the analysis of the overall economic viability of the proposed organizational and financial accountability process financial reforms and the completion of a proposed cross-agency budget and accounting structure. The second objective is the procurement of an Administrative Service Organization to facilitate the integration of administrative activities across agencies and funding streams. The ASO procurement has proceeded according to schedule. The RFP was released on October 7, 2002 and three proposals were received by the December 20th deadline. The proposals are currently under review by a core review committee and technical review teams with parent, consumer and advocate representation. Final selection in expected to occur by March 2003.

Given the uncertainty of the state's fiscal status, the Departments are prepared to make necessary changes to the scope and timing of Partnership activities for the biennium consistent with the Governor's plan. However, such changes will not compromise the core principles of the Partnership which include integrated administration across agencies, the delegation of clinical management responsibility to DCF and DMHAS, coordinated policy making, the gradual elimination of grant silos to permit dollars to follow the recipient, and the maximization of federal revenue.

Next Steps:

The Department of Children and Families is currently finalizing contracts for Crisis Stabilization beds in the North Central and South Central regions of the State. Additional beds will be funded as programmatic and fiscal issues are resolved.

Additional training for probation officers is planned within this next quarter.

ASO procurement continues with an executed contract planned for mid-April 2003.

A new KidCare workgroup designed to develop levels of care for residential treatment will commence on January 30, 2003. The group will consist of providers, parents, and DCF staff.

A Final Note:

The Department of Children and Families is saddened by the imminent departure of Commissioner Kristine Ragaglia who has served as a champion for children's mental health services since her arrival to the Department in 1997. Connecticut Community KidCare is the result of her vision, leadership and commitment to the needs and strengths within Connecticut's families. The Behavioral Health Partnership will miss her active participation in these important behavioral health reforms.