

Mental Health Transformation State Incentive Grant  
Update: April 2007

The Mental Health Transformation State Incentive Grant Work Groups developed and presented proposals to address initial areas of focus. Specifically Work Group 1 convened by James Siemianowski of DMHAS and Work Group 5 convened by Robert Plant of the Department of Children and Families and Steven Grant of the Court Support Services Division of the Judicial Branch proposed changes to Connecticut's Mental Health system through the implementation of evidence-based practices.

Work Group 1 proposes to prevent suicide and increase mental health awareness through health education in schools. The plan utilizes the State's existing suicide prevention network and initiatives (the Interagency Suicide Prevention Network, Youth Suicide Advisory Board and DMHAS' CMHS funded Suicide Prevention Initiative) to participate in planning, hosting, (as appropriate) and implementation of training in order to align strategies. The initial strategies are identified by the group as the starting point for statewide suicide prevention activities with hopes of expanding in subsequent years to include other groups across the lifespan. The group's proposed strategies are designed to:

- Increase the knowledge base among school personnel, parents, caregivers, and community leaders as it relates to mental health, suicide and mental illness by addressing myths, misconceptions, and informing these groups about the range of evidence-based programs.
- Improve infrastructure related to suicide prevention by strengthening school and community policies, procedures and response mechanisms needed to promote health and reduce suicidal behaviors.
- Increase the individual capacities and skills of students and caregivers to effectively respond to persons in need of assistance.
- Develop statewide, institutional expertise in evidence-based interventions and programs in order to sustain suicide prevention efforts.
- Reduce stigma and barriers associated with seeking help through linkage to broader Transformation communication strategy.

The strategies largely involve training and education directed at schools and schools systems, school and community personnel, family members and other caregivers, and high-school age students. The strategies comprehensively address the group's recommendation by building on existing interagency collaborations and activities, enhancing systemic infrastructure as it relates to suicide prevention, and building individual skills and capacities to respond to persons in need of assistance and finally, by building institutional capacity for sustaining suicide prevention efforts. Specifically, the proposal includes assessment of current education about mental health; wellness; suicide; the level of adherence to Dept of Education suicide prevention guidelines; schools' willingness and interest to adopt evidence-based prevention programs; attitudes and orientation toward mental health and suicide; and openness to having survivors, family members come to speak to students.

In addition the group proposes assessing readiness to adopt programs, establish baseline to gauge changes over time, and help increase awareness of suicide prevention in schools by providing schools with options for evidence-based prevention program(s) to enhance the State infrastructure for suicide prevention.

Work Group 5's task was to create a strategy to prevent youth from becoming involved in or having repeated involvement in the juvenile justice system through the use of evidence-based practices. Their proposal aims to divert children and youth from involvement in the juvenile justice system through a focused implementation of Community Based Wraparound, a proven effective approach to addressing the needs of children and families. Wraparound is a truly **transformative** approach to delivering care that places the family at the center of decision making and shares the concepts and values of the adult Recovery Movement and other approaches that build upon the natural resilience of children, families, and communities.

Previous efforts to implement Wraparound relied primarily on training to change the way that the system served families. The State's extensive experience with multiple models of evidence based practice has demonstrated that for programs to be effective, training must be supported by coaching in the field and quality assurance processes to insure that service is being delivered as designed. As detailed below, this proposal includes funding for coaching, fidelity assessment, and implementation of a quality assurance system.

Successful implementation of Wraparound requires tangible administrative supports in addition to training, access to service and other system components. The importance of administrative supports in implementing wraparound at the local level has been well documented. Local community collaboratives that are at the core of the Wraparound implementation in Connecticut, need a level of administrative supports (e.g. minute taking, bylaw preparation, photocopying, communication networks, etc.) that have often been lacking in previous implementations.

Interventions must demonstrate their positive impact on meaningful outcomes in order to secure adequate funding and achieve sustainability. Previous implementations have failed to carefully evaluate the impact of wraparound on key outcomes such as keeping families intact, reducing arrests and convictions, improving school performance, etc.

In light of the lessons learned, workgroup #5 has developed a plan to support a full implementation of the Community-Based Wraparound Model in two pilot communities that serve a significant proportion of youth involved with the Juvenile Justice System. The Community Based Wraparound Model was selected due to its effectiveness in serving a wide range of children and families and because Wraparound embodies the values and approach to **Transformation** described in the President's New Freedom Commission Report on Mental Health.