



# Connecticut Behavioral Health Partnership

## STATUS REPORT

### CONNECTICUT COMMUNITY KIDCARE

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### Quarterly Report Submitted to

### THE CONNECTICUT GENERAL ASSEMBLY

April 1, 2003 – June 30, 2003

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**Purpose:**

This document serves as the fourth 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 PA01-2, this document serves to update the General Assembly on the progress of this system reform.

### **Programmatic Update:**

All community-based services funded through the Connecticut Community KidCare (“KidCare”) allocation are fully operational and providing services throughout Connecticut.

**Emergency Mobile Crisis Service** units served over 5,000 children during the last full year of operation (FY’02-03). This service, available to all children irrespective of DCF involvement, is serving children of all ages who are experiencing a behavioral health crisis. A review of data from the 16 programs, which provide statewide coverage, indicates that the majority of referrals came from schools (27%) and families (34%) and that depression and thoughts of suicide are the most frequent reason for contact. The majority of children served within this program are 13 years old or older, although a surprising number of calls were received regarding children under the age of 6 years (185). Approximately 64% of the children served during this first year of operation had no previous or current involvement with DCF and 30% had private insurance. Notably, only 12% of the children seen and followed for crisis intervention and triage for services required hospitalization.

During FY02-03, **Care Coordination** was provided to over 710 families of children with complex behavioral health service needs who warrant specialized treatment planning and collaboration with multiple service systems. Care Coordinators serve as the focal point for treatment planning across service providers and systems. Data from the past fiscal year indicates that boys comprise 71% of the caseload and that the average age for boys is eleven, while girls tend to be identified at age 12 for this service. Most children who require care coordination services require this form of assistance for at least six months. Of the 222 children who were discharged from care coordination services, 77% did not require hospital level care while involved in this intensive community-based service planning and coordination process.

**Intensive Home based Treatment** is an important component within the KidCare continuum of services. It is designated to assist families in understanding their child’s causes of behavioral problems and to develop new strategies for helping their children. Dollars from the DCF budget and from the Community Mental Health Strategy Board have been used to train and supervise teams of clinicians to offer this service using evidenced based practices or treatment curriculums that show promise for becoming evidenced based. During the past year, 380 eligible children have participated in this service. In addition, almost 1000 family members have participated in treatment (parents, siblings, foster parents, and other caretakers). These services have helped avert hospital and residential admissions and have supported children returning from these settings.

Two new **Crisis Stabilization** programs have opened. These community-based programs are designed to assist youth in crisis who do not meet criteria for hospital level care, but who need a comprehensive behavioral health evaluation before they can safely return home. Wheeler Clinic in conjunction with the University of Connecticut Health Center (8 beds) and Children’s Center in Hamden (8 beds) are the two providers of this

service. Pending finalization of the budget, DCF hopes to be able to develop a third program to provide full state coverage for crisis stabilization services

### **KidCare Evaluation:**

The Child Health and Development Institute has issued its first report on its independent evaluation of KidCare. This initial report describes KidCare and outlines the evaluation process. As the report indicates, the evaluation will be focusing on the following issues:

- Are the new KidCare services being implemented as planned?
- Are services family- and child –centered?
- Are families satisfied with the services they are receiving?
- Are system capacity and responsiveness improving?

The full report can be accessed on line at [www.chdi.org](http://www.chdi.org) or at the Behavioral Health Partnership website [www.ctbhp.state.ct.us](http://www.ctbhp.state.ct.us). It is anticipated that reports will be issued bi-monthly, providing updates on the issues articulated above. Summaries of future reports will be provided in the quarterly KidCare reports.

### **The Behavioral Health Partnership:**

DCF, DSS and DMHAS have begun implementing the Behavioral Health Partnership.

The departments have an aggressive schedule of regulation development for providers reimbursed under the Medicaid program. The Departments design includes consumer, parent and provider input into the regulation development process through the Children's Behavioral Health Advisory Committee and the DMHAS Provider and Consumer Advisory Councils. This input occurs during the drafting of the regulation, well in advance of publication in the Connecticut Law Journal and the formal comment process. The draft authorization regulation is nearly complete and is expected to be published in early fall. A draft of the new mental health/behavioral health clinic regulation is also nearing completion. Additional regulations are scheduled for development or revision during the next year including mental health group homes, substance abuse residential, private non-medical institutions, psychiatric residential treatment facilities, hospital outpatient, licensed clinical social workers, and licensed marriage and family therapists.

DCF and DSS are in the process of redesigning contracts for intensive home-based services and extended day treatment services to provide for FFS reimbursement through the Medicaid Management Information System. The departments are also preparing for the introduction of new community services including behavioral consultation and behavior management services, which includes some models of therapeutic mentoring. The goal is to make all of these services available statewide to Child Specific Teams as service options for inclusion in the individual service plans of children with complex behavioral health needs.

DMHAS and DSS are working on expanding Medicaid coverage to include selected adult rehabilitation services. The work at this time is focused on mental health group homes

and substance abuse residential treatment. Mental health group homes are expected to begin fee for service billing under Medicaid by January 1, 2004.