



Connecticut Behavioral Health Partnership

STATUS REPORT

CONNECTICUT COMMUNITY KIDCARE

A

Quarterly Report Submitted to

THE CONNECTICUT GENERAL ASSEMBLY

April 24, 2003

CT Department of Children and Families

Darlene Dunbar, MSW

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 third quarterly report issued by the Departments of Children and Families, Mental Health and Addiction Services and Social Services (the Departments) 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.

New Leadership at DCF:

The Behavioral Health Partnership welcomes Commissioner Darlene Dunbar, MSW and her executive staff, Deputy Commissioner Joyce Taylor, MA, MCW, Deputy Commissioner/Chief of Staff, James Carr, MSW and Assistant Commissioner, Karen Snyder, MA. The Partnership looks forward to working with this new leadership team and wishes Commissioner Dunbar much success in her new role.

Programmatic Update:

As the children's Emergency Mobile Crisis units complete their third quarter of statewide coverage, approximately 474 calls were responded to between January 1, 2003 and February 28, 2003. To date, the mobile crisis units for FY'03 have responded to 3,219 calls. In addition, Care Coordinators are currently providing services to approximately 374 children with complex behavioral health needs. A more complete analysis of this quarterly data is currently under review and will be available at the DCF KidCare website in early May. Statewide demographic information, follow-up care and outcomes of treatment will be among the variables reported within this more comprehensive report.

All community-based services continue to evolve with new emphasis placed on technical support and training for those involved in this initiative. Intensive In-Home Services are now available with 22 contracted agencies currently receiving training and providing treatment in at least one promising practice or evidenced -based model of intervention: the Yale Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS), Functional Family Therapy (FFT), or Multidimensional Family Therapy (MDFT).

Care Coordination is a critical component within KidCare that provides comprehensive treatment planning to address the strengths and needs of the targeted children.

As Care Coordinators become fully immersed providing assistance to families of children with complex behavioral health needs, additional training around treatment planning is scheduled for those who provide supervision to the Care Coordinators and those who monitor the quality of the treatment plans. Kristine Mika, Ph.D., will provide this training from the Village for Children and Families in Hartford.

Connecticut currently has 26 Community Collaboratives that provide local forums for providers, school personnel, parents and community leaders to identify and address the behavioral health needs of children and families in their respective neighborhoods.

Through a cooperative effort by DCF, the Child Health and Development Institute, the Connecticut Health Foundation and FAVOR (the statewide Family Advocacy network), a 2-day training will be provided to key members of all 26 Community Collaboratives (Systems of Care) to foster team building, cultural sensitivity and family inclusion within the administrative functions of the Collaboratives. The primary focus of this training is to help the Collaboratives develop and sustain the infrastructure necessary for success within their respective communities.

The KidCare training curriculum is designed to introduce participants to the philosophical tenants within the KidCare model and to various treatment needs and services for children with severe emotional challenges. Almost 1700 people have received the 4-day KidCare Training to date. It is

anticipated that by June 30, 2003, when the training contract for this initiative ends, 2500 people will have received this essential training. Plans are underway to transfer the responsibility of this training initiative to the DCF Training Academy, which will provide future courses on a limited basis throughout the upcoming years.

In an effort to further integrate mental health programming with juvenile justice, an orientation to KidCare was completed for all juvenile probation officers in March, 2003. Follow-up dialogue between DCF behavioral health staff and staff from Court Support Services is scheduled for May 21, 2003.

KidCare Residential Workgroup:

As DCF begins to address the role that residential treatment will play within the KidCare service continuum, the need for dialogue and assistance from those most involved in this treatment modality was identified. As a result, a group of 25 residential treatment providers, parents and staff from DCF and DSS have met three times over the past quarter to discuss and develop residential levels of care based on client acuity and clinical need. The group has reviewed existing documents from other states that have moved to a level of care approach and is in the process of modifying programmatic parameters for use within Connecticut's proposed system which will allow for administrative oversight regarding eligibility, length of stay, clinical programming and discharge planning.

Crisis Stabilization Beds:

Two contracts for brief residential treatment services designed to stabilize children in crisis who do not meet criteria for hospital level care have been finalized. Wheeler Clinic will open an 8 bed unit on the grounds of the University of Connecticut Health Center in May to serve children from the North Central region. Children's Services in Hamden will provide similar services for 8 children in the South Central region of the state and is scheduled to open in June. DCF's budget for FY04 is anticipated to include funding for another crisis stabilization unit to be implemented during that time period.

KidCare Evaluation:

An independent evaluation of Connecticut Community KidCare, conducted by the Human Services Research Institute and the Technical Assistance Collaborative (both out of Massachusetts) through a subcontract with the Child Health and Development Institute, is nearing its first stage of completion. The "process evaluation" designed to evaluate DCF's performance in procuring key services, as well as progress developing the infrastructure necessary to insure KidCare's success, is near completion. Results of the evaluation will be shared with the three Departments during a Behavioral Health Partnership Policy meeting in April and a separate report will be issued to the legislative committees of cognizance shortly thereafter. The report will be available on the BHP website when completed.

Budget Update:

The Governor's proposed budget for FY'04-'05 restores the current million dollar rescission to the KidCare line item which will allow for all existing KidCare contracts to be funded within existing contractual parameters during the upcoming biennium. (It is important to note, that DCF was able to

meet current rescission demands without disrupting existing KidCare services by returning unspent startup costs to the General Fund, thereby avoiding any disruption to existing services.)

The Governor's budget proposes that the implementation date for the Administrative Services Organization be delayed to July 1, 2004. The additional time will be used by the Departments to complete additional pre-implementation activities related to:

- Medicaid behavioral health regulations
- Interagency protocols for financial transfers and payments
- Protocols for recoupments and mass adjustments
- Rate setting
- Level of care guidelines
- Provider certification and readiness, and
- Coordination of audits.

This implementation date will also provide the Departments with additional time to accommodate the changes brought about by layoffs, early retirement, program reductions and administrative restructuring.

The proposed budget also supports enhanced Medicaid rates for mental health clinics and hospital outpatient clinics that meet enhanced care requirements. These requirements will be designed to encourage the provision of timely, flexible and cost-effective services to children, adolescents and adults. These requirements will be developed by the Partnership during the next fiscal year.

One of the primary goals of the Partnership is to integrate the administration of behavioral health services covered under Medicaid fee-for-service, HUSKY A, HUSKY B, the DCF Voluntary Services Program and the DMHAS General Assistance Behavioral Health Program (GABHP). The governor is proposing to eliminate the State Administered General Assistance program. The budget also allows for a reduction in funding for GABHP. GABHP will not be included in the Partnership if this program is converted to grants from fee-for-service.

Behavioral Health Partnership Update:

The Departments are finalizing the selection of the successful bidder to serve as the Administrative Services Organization (ASO) for the Partnership. It is anticipated that the successful bidder will be selected by mid-May.

Implementation of the Partnership is scheduled for July 1, 2004, approximately 9-months later than previously scheduled. This change in the implementation date will allow the three Departments and the chosen ASO to develop the procedures and protocols necessary for the success of this significant shared undertaking.