Connecticut Behavioral Health Partnership

STATUS REPORT

CONNECTICUT COMMUNITY KIDCARE
A
Quarterly Report Submitted to

THE CONNECTICUT GENERAL ASSEMBLY

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Overview of Initiative:

In June 2001, the Connecticut State Legislature adapted statutory language (Public Act 01-2, Sec. 42-49) that defined the parameters around which DCF and DSS were to design and implement a new publicly funded children's behavioral health delivery system, known as Connecticut Community KidCare. "KidCare" is the result of three years of planning between the Departments and is based upon a nationally recognized System of Care model that places children with behavioral health service needs and their families at the center of the treatment planning process. In addition, Kidcare strives to provide comprehensive behavioral health services to children and youth that reflect and respect the various cultures within Connecticut and provides new opportunities for children to receive help in their communities, rather than receive treatment through unnecessarily long stays in residential facilities or psychiatric units.

KidCare reflects a statewide effort to realize these goals by enhancing publicly funded children's behavioral health services, changing the manner in which those services are delivered and developing new fiscal strategies to maximize federal reimbursement. Fiscal accountability, care management, measurable outcomes, comprehensive data collection/analysis, and shared administrative oversight are among the administrative features within the KidCare model. A comprehensive review of the evolution of KidCare can be found by referencing earlier Legislative reports, including "Delivering and Financing Children's Behavioral Health Service in Connecticut", a report to the Connecticut General Assembly, February 2000, "Request for Information to Reform the Delivery and Financing or Children's Behavioral Health Services in Connecticut, August 2000, "Connecticut Community KidCare: A Plan to Reform the Delivery and Financing of Children's Behavioral Health Services in Connecticut", January 2001, and "Connecticut Behavioral Health Partnership: Developing an Integrated System for

Financing and Delivering Public Behavioral Health Services for Children and Adults in Connecticut", April 2002. This last report, documents the formation of an integrative partnership between DCF, DSS and the adult provider agency, the Department of Mental Health and Addiction Services (DMHAS) who have joined to form an integrative system for behavioral health care for both children and adults. These reports and additional information can be accessed by visiting the DCF website at www.state.ct.us/dcf and clicking on the KidCare icon or by visiting the Behavioral Health Partnership website at www.CTBHP.state.ct.us

In addition to the statutory endorsement contained within PA. 01-2, DCF received $23 million in the FY02 and FY03 budget to begin implementation activities. Legislation requires that DCF and DSS submit quarterly reports on the progress of this important initiative and this document serves as the vehicle by which to report on progress made to date. As KidCare is now part of the newly formed Behavioral Health Partnership, this report is issued by all three Departments.

New and Enhanced Services:

Through a series of competitive statewide request for proposals issued between 2001 and 2002, over $21 million have been committed to contract, for new or enhanced behavioral health services. These specific KidCare related services cover the entire state and include:

- Emergency Mobile Crisis Services
- Care Coordination Services
- Extended Day Treatment Services
- Home-Based Treatment Services
- Crisis Stabilization Services (awards pending)

- Therapeutic Mentoring (Request for Proposal pending)

These services comprise the heart of the KidCare service delivery system model. Additional services such as behavioral health consultation and comprehensive global assessments may be added to the menu of services as the model evolves and additional dollars are redirected from residential and hospital levels of care.

Eligibility:

All children enrolled in HUSKY A and B, Medicaid fee for service (FSS), and the DCF Voluntary Services Program will be eligible for behavioral health services under KidCare. It is anticipated that KidCare will replace the current arrangement in which the HUSKY behavioral health benefits are administered by the HUSKY MCOs by July 1, 2003. All children in the care and custody of DCF and most children in the DCF child welfare and juvenile justice systems are eligible for Medicaid under the HUSKY or FFS programs and thus will be eligible for services under KidCare. DSS and DCF will jointly fund and administer a state operated behavioral health benefit for children who have historically received services under the Medicaid program. Children with serious emotional disturbance, who are eligible for help from DCF through the Voluntary Services program, will also become eligible to receive KidCare Services. As the fiscal design of KidCare evolves, attention will be focused on developing mechanisms for costs sharing with parents of children in the Voluntary Services program and parents of children with private insurance coverage to allow for greater access to children who do not qualify under existing eligibility rules.

Community Collaboratives (Systems of Care):

Currently there are 25 active Community Collaboratives covering over 150 towns throughout Connecticut. These collaboratives form the backbone of the KidCare service delivery system and are comprised of parents, behavioral health and social service providers, Care Coordinators, and a variety of other community leaders who meet monthly to discuss childrens'service needs within a specific community. Moreover, these groups comprise the service network from which the Care Coordinators help families construct Individualized Service Plans. The 2002 Annual Report on the Status of Local Systems of Care, is due for release in October 2002 and provides extensive detail on the activities within the Community Collaboratives.

Training:

Through a contract with the Child Health and Development Institute of Connecticut and the Human Services Collaborative (Washington, D.C.), and with the help of a statewide

steering committee comprised of parents, providers, staff from DCS, DSS, State Department of Education, University of Connecticut and Yale University, a state of the art four day training curriculum was developed to help all parties interested in children's behavioral health understand the philosophical shifts within the KidCare model. The curriculum serves to educate participants in various issues pertaining to children with serious emotional disturbance and also provides activities for team building, and joint problem solving. The opportunity to share divergent perspectives on the problems confronting families, and the solutions available is key to the success of the training and of the new service delivery model. Based on a "train the trainer model" groups of 25 people from various walks of life (DCF child welfare staff, providers, parents, educators, probation officers, etc) meet together to learn how to make the child centered, family focused treatment-planning model a reality. To date over 700 people have participated in the training. Classes are also held in Spanish for those whose primary language is not English.

Specialized training has occurred for all Care Coordinators to help them fully understand the scope of their work as" treatment planning experts" and similar specialized training is anticipated to address the needs of Mobile Crisis teams as they confront their daily challenges.

Family Advocacy:

A state-wide family advocacy organization, known as FAVOR has been funded to help parents with children who struggle with behavioral health issues, so they are better educated about the new service delivery system and the specific resources made available to them. FAVOR represents a collaboration between four existing advocacy organization: the National Alliance for the Mentally Ill (NAMI-CT), the Federation of Families, Padres Abriendo Puertas, and the African Caribbean American Parents of Children with Disabilities (AFCAMP). Funding for this initiative was made possible through the reallocation of Community Mental Health Block Grant funds. In addition, funds allocated to FAVOR support eight specially trained family advocates who assist specific families who are receiving services through their local community collaboratives (systems of care). It is anticipated that over 1000 families annually, will benefit from the educational and advocacy services provided within this newly formed network.

Behavioral Health Partnership

In August 2001, DCF, DMHAS and DSS formed the **Connecticut Behavioral Health Partnership** ("the Partnership") to plan and implement an integrated public behavioral health service system for adults, children, and families. The primary goal of the Partnership is to provide enhanced access to a more complete and effective system of community-based behavioral health services and supports and to improve individual outcomes. Secondary goals include better management of state resources and increased federal financial participation in the funding of behavioral health services. The Partnership's activities are focusing on a range of changes in service administration and financing to support the KidCare reforms and to support similar changes in the adult service system.

During the next two years, the Partnership is pursuing two major changes in the organization and financing of public sector behavioral health services—changes that will support the goals of better care and better care management. These changes include

1. *administrative integration* and
2. *expanded coverage of community services under a Medicaid rehabilitation option*.

The involvement of DMHAS through the Partnership will greatly improve the ability to provide care for families served under KidCare and to support the needs of youth in transition to the adult service system.

KidCare Workgroups:

Throughout the past year, The Partnership has organized workgroups comprised of DCF/DSS/DMHAS staff, providers, parents, staff from other interested state agencies (i.e., State Department of Education, Judicial, DMHAS) and national experts to contribute to the design of KidCare. These workgroups focused on issues related to eligibility, service system design, care management, school involvement, and the Medicaid Rehabilitation Option. Reports and recommendations from these workgroups have been used to further craft administrative, fiscal and service design features within the KidCare model.

Commitment to Cost Neutrality:

The Departments have committed to cost-neutral reforms in the administration and financing of public sector child behavioral health services. The success of this commitment depends in large measure on the ability to redirect care from institutions to communities. To assist the Partnership in developing a financial model for the new system, the Departments have contracted with Mercer and Associates, a private actuarial

firm, to conduct an actuarial analysis of the existing systems and the impact of the proposed KidCare related reforms. The comprehensive analysis, including a chart review on a sample of youth residing in residential and sub acute hospital settings is scheduled for completion this calendar year.

Next Steps:

The Partnership is currently working on the design and the procurement of the Administrative Services Organization. Additional information about this significant activity will be forthcoming in the next quarterly report.