



# CHILDREN'S BEHAVIORAL HEALTH SYSTEM

*Prepared for:  
Juvenile Justice Policy  
Oversight Committee  
July 21, 2022*





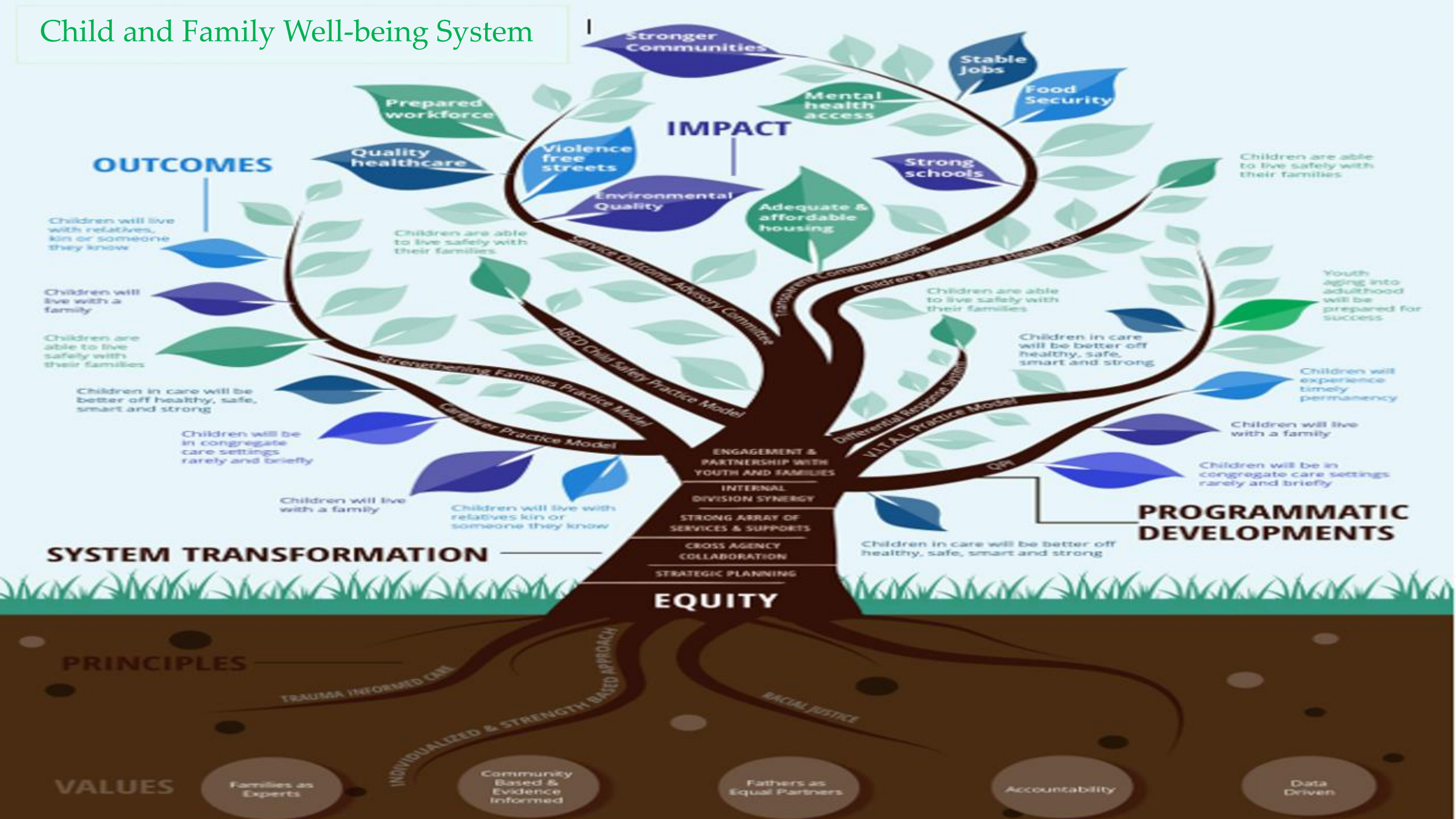
# CT DCF Mission

Sharpening the safety focus through prevention across the child welfare system





## Child and Family Well-being System





# CT DCF Key Results

What are we aiming to deliver for children & families?

What is our aspirational target?

1

Children are able to live safely with their families

>70% of DCF children are served in their own home

2

Children will live with relatives, kin, or someone they know

For children who cannot stay in their own home, >70% will be in kinship or relative care

3

Children will live with a family

>90% of children in care will be in a home setting; with at least 2.5 beds available per child coming into care

4

Children will be in congregate care settings rarely, and briefly

<10% of children in care will be in congregate care settings; with average length of stay of <60 days

5

Children will experience timely permanency

>60% children in care will achieve permanency within 12 months

6

Children in care will be better off

>90% of children in care will have their needs met on medical/dental, academic achievement, mental health  
**<2% will experience repeat maltreatment**

7

Transitional Aged Youth will be prepared for success

TAY : >85% will graduate from high school, >60% will be employed or enrolled in post secondary education, >95% have defined positive adult in their life, <5% will go into homelessness



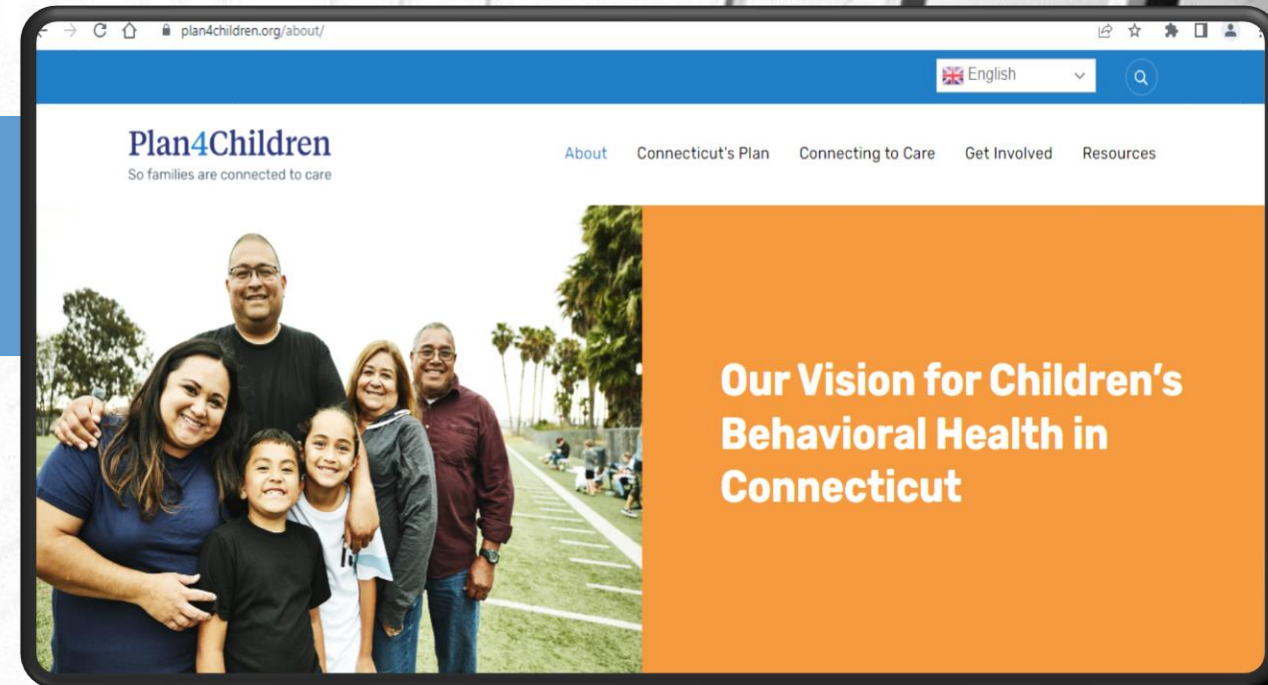


**THE CONNECTICUT  
CHILDREN'S BEHAVIORAL  
HEALTH SYSTEM:  
WHERE WE'VE BEEN...  
WHERE WE'RE HEADED**



# HIGH-LEVEL TIMELINE

Plan4Children





# IMPORTANT CONTEXT IN THE CT STORY

DEC 14<sup>TH</sup> 2012

Public Act 13-178



MARCH 8<sup>TH</sup> 2020



CT Covid-19 Response

Public Act 22-47

**Substitute House Bill No. 5001**

Public Act 22-47

**Substitute Senate Bill No. 1**

Public Act 22-81

**Substitute Senate Bill No. 2**

# Children's Behavioral Health System Vision Statement

"An integrated, accessible system of effective services supporting **all** youth and their families that addresses individualized needs, social determinants of mental health and produces equitable, positive outcomes."







# Values and Principles



## Community-based

The locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level



## Family-driven Youth guided

Family voice informs all aspects of the service system



## Trauma informed

All services must be trauma informed, with recognition that unmitigated exposure to adverse childhood experiences including violence, physical or sexual abuse can cause serious, chronic health and behavioral health problems. ACEs are associated with increased involvement with the criminal justice and child welfare systems

**FULL BH System Integration**



# Values and Principles



## Racial Equity and Justice

All services will be measured and evaluated with a health equity and racial justice perspective with the explicit intent of ultimately eliminating disparities and injustice.



## Culturally & linguistically appropriate services

Reflect the cultural, racial, ethnic, and linguistic diversity of populations served including native, rural and undocumented



## Intentional focus on LGBTQIA+ youth needs

Facilitate access to and utilization of appropriate services and supports to eliminate disparities in clinical health care

**FULL BH System Integration**



## **Gaps in the Crisis Service System**

Enhance capacity for special populations  
Increased demand for services  
Higher acuity and rates of acuity  
Alternative to the ED when a child is in crisis  
System infrastructure to support improved coordination of behavioral health system components

## **Fragmented Service Delivery System**

Comprehensive approach for justice involved youth  
Youth dx with IDD/ASD routinely stuck between agencies  
School and community based mental health treatment services improve integration  
Lack of public transportation



## **Lack of Evidence Based Practice at Scale**

Introduce Measurement Based Care as a foundational service component  
Lower provider burden by focusing on actionable clinically meaningful data  
Leverage technology to improve efficiency  
Expand and support existing EBPs to close racial and ethnic treatment disparities

## **Lack of Key Accountability Structures**

Implement standardized easily administered outcome measures, including measures for EBPs  
Tie a portion of payment to quality of care delivered  
Standardized health equity analysis across services



# System Strategies



**Work towards an Alternative Payment Methodology (APM)**

**Implement Statewide Data Collection Analytics and Reporting**

**Public Private Partnerships**

**Improve access and ensure efficient transitions throughout the Children's BH System**

**Measure outcomes via Measurement Based Care (MBC) Platform**





## Children's Behavioral Health Service System



## CORE RESULTS

- ❑ The behavioral health needs of children will be successfully met within a family.
- ❑ Children and youth with serious mental health needs will experience increased engagement in treatment of services.
- ❑ Families of children with behavioral health needs will experience success in accessing services, support and treatment when needed.
- ❑ Children with behavioral health needs will be better off, regardless of race, gender, zip code or economic status.

# STRATEGIC PARTNERS

**Beacon Health  
Options  
(Network Mgmt)**



**Child Health and  
Development  
Institute  
(System  
Development  
Quality)**

**Service Provider  
Network  
(Contracted &  
Credentialed)**

**Grass Roots  
Community  
Organizations**

**Advocates,  
Advisory bodies,  
Trade  
associations, etc.**

**Three Branch  
collaboration:  
State Agencies,  
CGA & Judicial**

**Parents and Youth with behavioral  
health needs**



- Public Act 22-47 (Sec 70)
- Membership TBD
- Agency relationship
- Commissioner (designee)

**Behavioral and Mental Health Policy and Oversight Committee**

**Behavioral Health Plan Implementation Advisory Board**

- PA 22-47 (Sec 7)
- Membership established
- Program relationship
  - DCF Administrator
- CT Behavioral Health Advisory Board

**GOVERNANCE & ADMINISTRATIVE INFRASTRUCTURE**

**State Government Interagency Collaborative**

**DCF Internal Operations**



- State partners
- System relationship
- Commissioner (designee)

- Day to day program operations and systems management
- DCF Administrator

# DCF-Focused Alignment





# Operations Division

Deputy Commissioner  
Williams

Admin. Clinical and Community Consultation JoShonda Guerrier

Chief of Child Welfare Tina Jefferson

Agency Medical Director Dr. Nicole Taylor

Admin. Transitional Supports and Success Linda Dixon

**Children's Behavioral Health Community Service System Dr. Frank Gregory**

Superintendent Solnit North

Superintendent Solnit South

Education Services USD2 Matt Folan

JJ Educational Administrator Dr. Glen Worthy





# Goals



**Promote wellbeing  
of *all* of  
Connecticut's  
Children through  
prevention, early  
detection and  
access to  
responsive and  
effective services**

**Empower and  
support families  
to raise healthy  
and happy  
children**

**Provide a broad  
array of services  
through a  
coordinated and  
integrated system  
that maximizes  
available  
resources**

**Reduce racial and  
ethnic disparities  
in outcomes for  
children and  
families of color**



# New Division Functions

**\*System & Provider Management**

**\*Fiscal and contract management**

**\*Service type utilization and capacity analysis**

**\*Collaboration and coordination of children's behavioral services with all state government**

**\*Maintaining relationships with stakeholders, advocates, committees, advisory boards**

**\*Develop and implement a Racial Justice lens for the system**

**\*Continuous Quality Improvement**

**\*Service array/service type and program performance; outward facing public scorecard**

**\*Ongoing efficacy of service array**

**\*Evaluate System Workforce development needs**

**\*Technical assistance and support to provider network**

**\*Research national best practice and implementation within the array**



# FUNDING SOURCES

\$

General Fund  
Appropriation



# General Fund Appropriations



**DCF budgeted amounts for behavioral health services:**

**Community  
Programs –  
both contract  
and fee-for-  
service - \$76.4  
million**

**State-Operated  
Institutions -  
\$45.1 million**

**Congregate  
Care – both  
contract and  
fee-for-service -  
\$71.5 million**



*\*Support from the Governor and the  
Legislature has allowed DCF to  
develop a strong network of care*

Care Coordination		\$6,419,432
	State	\$5,969,432
	Federal	\$450,000
Care Management Entity		\$2,274,386
	State	\$2,000,000
	Federal	\$274,386
Child First Consultation and Evaluation		\$520,225
	State	\$520,225
Connecticut Access Mental Health		\$2,143,795
	State	\$1,698,795
	Federal	\$445,000
Child First		\$10,365,138
	State	\$5,265,137
	Federal	\$5,100,001
Extended Day Treatment		\$7,603,773
	State	\$7,603,773
Family Based Recovery		\$4,496,466
	State	\$4,171,466
	Federal	\$325,000
Family Based Recovery Quality Assurance		\$505,066
	State	\$384,882
	Federal	\$120,184
Fetal Alcohol Spectrum Disorder		\$160,721
	State	\$74,721
	Federal	\$86,000
First Episode Psychosis Program		\$328,453
	Federal	\$328,453
Functional Family Therapy - Foster Care		\$11,770,982
	State	\$11,770,982
Functional Family Therapy		\$2,518,342
	State	\$2,518,342
Helping Youth & Parents Enter Recovery (HYPE)		\$3,088,800
	State	\$3,088,800
IICAPS Consultation and Evaluation		\$536,876
	State	\$536,876
Intensive Transition Care Management Coordination		\$999,997
	Federal	\$999,997
Intimate Partner Violence: Family Assessment Intervention Response		\$3,062,493
	State	\$3,062,493
Mental Health Consultation to Child Care		\$4,283,626
	State	\$4,283,626
Mobile Crisis- Statewide Contact Center		\$1,229,549
	State	\$761,664
	Federal	\$467,885
Mobile Crisis Intervention Services		\$22,856,374
	State	\$12,856,374
	Federal	\$10,000,000

Multidimensional Family Therapy		\$6,177,624
	State	\$6,177,624
Multidimensional Family Therapy: Quality Assurance		\$550,000
	State	\$550,000
Multidisciplinary Team		\$1,077,396
	State	\$892,396
	Federal	\$185,000
Multisystemic Therapy for Emerging Adults		\$1,029,600
	State	\$1,029,600
Multisystemic Therapy- Building Stronger Families		\$3,190,602
	State	\$3,190,602
Multisystemic Therapy- Intimate Partner Violence		\$456,293
	State	\$456,293
Multisystemic Therapy- Problem Sexual Behavior		\$1,831,464
	State	\$1,831,464
Multisystemic Therapy- Consultation and Evaluation		\$873,040
	State	\$835,540
	Federal	\$37,500
New Haven Trauma Coalition		\$1,047,034
	State	\$1,047,034
Outpatient Psychiatric Clinic for Children		\$12,530,520
	State	\$12,530,520
Parenting Support Services		\$4,922,962
	State	\$4,922,962
Performance Improvement Center		\$925,916
	State	\$444,250
	Federal	\$481,666
SAFE Family Recovery		\$2,792,884
	State	\$2,710,384
	Federal	\$82,500
START Program for Youth and Young Adults		\$2,794,416
	Federal	\$2,794,416
Statewide Family Organization		\$1,790,587
	State	\$984,309
	Federal	\$806,278
Substance , Treatment, and Recovery for Youth		\$945,000
	State	\$945,000
Supportive Housing for Families		\$14,351,878
	State	\$14,151,878
	Federal	\$200,000
Survivor Care		\$360,881
	State	\$360,881
Therapeutic Child Care		\$325,451
	State	\$325,451
Therapeutic Child Care: Trauma Informed		\$388,678
	State	\$388,678

# Service Types & Cost

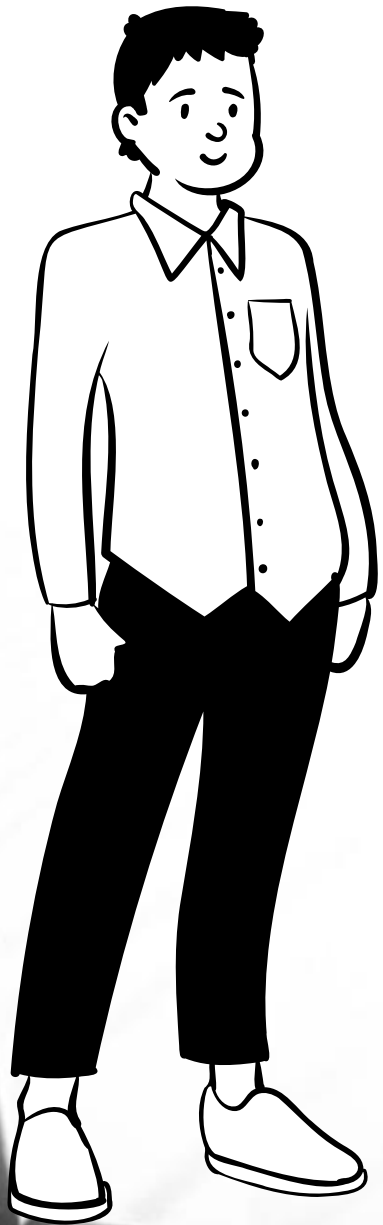


Total	\$143,526,720
State	\$120,342,454
Federal	\$23,184,266



# Mental Health Block Grant Proposed 2023 Allocation

Service	Allocation
Best Practices Promotion and Program Evaluation	\$75,000
CT Community Kidcare: Workforce Development /Training and Culturally Competent Care	\$65,000
Early Serious Mental Illness (ESMI/ First Episode Psychosis (FEP) 10% set aside	\$423,453
Emergency Crisis	\$800,000
Extended Day Treatment: Model Development and Training	\$40,000
FAVOR Statewide Family Organization – Family Peer Support Services	\$720,000
Other Connecticut Community Kidcare	\$45,000
Outcomes: Performance Improvement and Data Dashboard Development	\$50,000
Outpatient Care: System and Treatment Improvement	\$183,000
Respite Care for Families	\$450,000
Youth Suicide Prevention /Mental Health Promotion	\$225,000
Workforce Development: Higher Education In-home Curriculum Project	\$65,000



## **\*Emergency Mobile Crisis (\$800,000)**



Funding is proposed to be increased to \$800,000. This funding will continue to be utilized to maintain the costs associated with the increased call volume to the statewide Mobile Crisis and Suicide Prevention Call Center. Additionally, this allocation will be expanded to support 5 newly created **Regional Suicide Advisory Boards** or **RSABs** within the DMHAS funded Regional Behavioral Health Action Organizations (RBHAOs). The RBHAOs function as part of the CT statewide Suicide Advisory Board (CTSAB) and are the regional infrastructure for responding to and preventing youth contagion effects of potential additional suicides. The RSABs are a strategic community partners who work across the behavioral healthcare continuum. Each RBHAO is responsible for a range of planning, education, and advocacy of behavioral health needs and services for children and adults.

## CT Community KidCare: Workforce Development/Training and Culturally Competent Care (\$65,000)



Funding is proposed to be maintained at \$65,000 and will be utilized to maintain the ongoing efforts of the **WrapCT Learning Collaborative** to offer coaching and training to community-based behavioral health providers. The WrapCT Learning Collaborative's aim is to assist these providers in enabling families involved with the behavioral health system to create family-specific solutions using formal and informal supports.





## Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) 10% Set-Aside (\$423,453)

Funding is proposed to be maintained at \$423,453. DCF will continue to fund a full-time outreach **Intensive Case Manager** position at Beacon Health Options. This individual will identify youth and young adults with any diagnosis related to **early psychotic episodes** and conduct outreach and support activities to increase the enrollment at two treatment sites for which DMHAS has received federal approval.

The two locations are Yale's **Specialized Treatment Early in Psychosis (STEP)** and the **Institute of Living's (IOLs)** STEP-like program. Additionally, Beacon Health Options will also work closely with **Yale's STEP and Clinical High-Risk Psychosis (CHRP)** programs to provide an orientation of STEP and CHRP services to interested behavioral health providers.

# New Services & Programs—ARPA and FY 23 Budget/Legislative

Initiative	Funding Source	Status
Enhancing Mobile Crisis	ARPA	Contracts are in the execution phase
Urban Trauma Initiative	ARPA	Award letters released – contract execution in process
OPCC – Child and Family of Southeast CT	State	Planning phase
Urgent Crisis Center and Crisis Stabilization	ARPA and State	RFPs released this week
Expand ACCESS MH	ARPA	Actively in process
Intensive Transition Care Management	ARPA	Implemented and operational
Wheeler Clinic to pilot IOP clinic in Waterbury	ARPA	Planning phase
Develop a Racial Justice lens for the system	ARPA	Entering procurement phase

# New Services and Programs—ARPA and FY 23 Budget/Legislative

Initiative	Funding Source	Status
Create a data repository for Mobile Crisis providers	State	Actively in process
Establish a non-lapsing Mental and Behavioral Health Treatment Fund	ARPA	Planning Stage
Develop a statewide peer-to-peer mental health support program for students, grade 6-12.	State	Partnering with SDE





# **Social Determinants of Mental Health in Youth**

## ***Every Stakeholder Makes a Difference***

### **Protective Factors**

(e.g. positive relationships, safe communities)

### **Basic Needs**

(e.g. housing, food security, transportation, employment, healthcare access)

### **Local and Global Physical Environment**

(e.g. pollution, climate change)

### **Opportunities to accrue resources/wealth**

(e.g. poverty, educational attainment)

### **Detrimental societal issues**

(e.g. ACEs, exposure to violence, discrimination, stigma, exclusion)





## **SYSTEM OF CARE BASED ON VALUES AND PRINCIPLES OF A FULL SPECTRUM OF EFFECTIVE, COMMUNITY-BASED SERVICES**

for children and youth with, or at risk for, mental health or other challenges and their families. This system is a coordinated network that builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs to help them function better at home, school, in the community, and throughout life.

## **Example: Promoting the mental health and well-being in transitional age youth (TAY) by augmenting traditional behavioral health services:**

- Focused investments targeting protective factors (e.g. kin supports, faith-based initiatives, strengthening support networks for young parents and for LGBTQIA+ youth)
- Providing for basic needs (e.g., CHAP housing arrangements, Comprehensive Wraparound support through TSEA/Youth Villages)
- Investing in post-secondary education supports and tutoring programs
- Providing outdoor education opportunities that focus on building skills and confidence
- Providing for opportunities for employment or training (job placement or training through WTL, SYE, CHEER, and DOL partnerships)
- Increasing investments in Animal Assisted Interventions (e.g., equine therapy)
- Providing access to mentors with lived experience in behavioral health, juvenile justice or child welfare systems (e.g., Sana Latrease workshops)
- Funding field placements through DEEP (training in environmental conservation)
- Investing in individualized milestone events that allow for celebration with loved ones





## Internal (DCF)

Program Leads

Service Outcome  
Advisory Committee  
(SOAC)

## External

CHDI – PIC

- Mobile Crisis
- Care coordination
- OPCC
- EBP

Beacon Health Options  
Behavioral Health  
Partnership

- Service Utilization
- Level of Care Determination
- Access





# Questions?



**Dr. Frank Gregory**  
**[Francis.Gregory@ct.gov](mailto:Francis.Gregory@ct.gov)**

**Deputy Commissioner Michael Williams**  
**[Michael.Williams@ct.gov](mailto:Michael.Williams@ct.gov)**