Minding the Gaps in Substance Use Services



An overview of three planning projects at the CT Department of Children and Families

November 20, 2015

A Presentation to the CT Behavioral Health Partnership Oversight Council by: Melissa Sienna, MS University of Connecticut Health, Department of Community Medicine & Health Care

CT has a robust public treatment system, but gaps still exist.

Three Federally funded projects to plan for and address gaps in the current service system:

- 1. Improving Access to Continuing Care and Treatment (IMPACCT)
- 2. Adolescent Screening Brief Intervention and Referral to Treatment (A-SBIRT)
- 3. Keeping Infants Drug-Free (KID) Project In-Depth Technical Assistance (IDTA)

IMPACCT: 2 Years of Planning in the Hopes of 3 Years of Doing.

- 2 Year SAMHSA/CSAT Planning Grant awarded to DCF (9/30/15-9/29/17)
- Adolescents (12-17 years inclusive). Young adults will be included but not reported to the Feds.
- Goal: Three-year statewide strategic treatment and communications plan
- **Statewide Focus**: Interagency Council (ADPC) and Core Team
- **Success=Eligibility** for 3-year implementation grant.

IMPACCT: Comprehensive Planning to Align Finance, Policy, Practice and Systems Development.

• Financial Map of Expenditures:

Describes existing finance structures. Identify financing changes and payment reforms which would increase access and improve service quality.

• Policy:

Adopt or amend to support equitable access to high quality services.

• Workforce Map & Training Plan:

Map the KSA's of the workforce. Plan to provide continuing education/university training/state standards that increases capacity of workforce to provide high quality care.

A-SBIRT: Addressing a Gap in Early Identification of Substance Problems

- **Using SAMHSA/CSAT support** DMHAS is collaborating with and providing fiscal support to DCF.
- **Demonstration project** to screen adolescents for substance use problems within an existing service.
- **Target Population**: Adolescents age 12-18 years
- **Target Service**: Emergency Mobile Psychiatric Services (EMPS). Rollout to additional community-based services in the future.
- **Provider**: Wheeler Clinic
- **Model**: Use existing model implemented in MA and NH. Screening tool = CRAFFT. Training of trainers in early 2016.

KID Project: CT's First Attempt at Addressing Substance Exposed Infants (SEI).

- What is the scope of the problem?
- What is already being done?
- Particular attention is being paid to infants exposed to alcohol pre-natally
- KID Project Goals:
 - $\boldsymbol{\cdot}$ Assess the state's capacities and needs related to SEI
 - Develop a Financial Map of Expenditures
 - Develop a Statewide Plan to Address SEI

KID Project as an Example of Integration.

- Joint funding of a Fetal Alcohol Spectrum Disorder (FASD) Coordinator by DCF and DMHAS.
- The FASD Coordinator is located at Advanced Behavioral Health (ABH). The FASD Coordinator also coordinates the KID Project.
- ABH is the ASO for Project SAFE, and the provider of Project SAFE Recovery Support Services.
- DCF is committed to integration across all of its programs: IMPACCT (DCF/DMHAS, MH/SUD), CONNECT, A-SBIRT (DCF/DMHAS).

Youth and Family are Vital to Program Success

- IMPACCT
 - Integrating with CONNECT program's model of strong family participation
 - ADPC, required as the Advisory Group, has added family voice.
- A-SBIRT
 - Response to community concerns about early identification
 - DCF plans to obtain youth and family experience with the service
- KID Project
 - Strong connection with CCAR

Project Contacts

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