



# DCF Voluntary Services

A

Programmatic Overview presented  
to the

CT BHP Oversight Council

January 18, 2006






# Voluntary Services


## Agency Regulations

Scope: The Voluntary Services program provides services for children or youth requiring community based treatment or temporary residential or other out of home placement who might otherwise be committed as neglected, uncared for, or dependent as provided for in section section 46b-129 of the CT General Statutes






# Admission Criteria

- Child has DSM-IV diagnosable disorder
  - Child's needs can not be met through services currently available to guardian
  - Child's disorder can be treated with services offered, administered, under contract with, or otherwise available to DCF at time of application
  - Child is under 18 at time of referral
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# Admission Criteria (cont)

*If Out of Home treatment is sought, then the following criteria must be met:*

- Out of Home placement is the least restrictive alternative
  - An appropriate approved treatment program is available
  - Guardian will continue to maintain relationship with child
  - Reasonable expectation that child will return home to guardian
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# Admission Restrictions

- Failure to provide sufficient data to establish eligibility
  - Pending abuse/neglect/uncared for petition
  - Active protective services case
  - JJ involvement
  - Placement made prior to VS application without DCF approval or sanction
  - Reasonable cause to believe guardians will not cooperate with case plan
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# VS Application Process


Referrals accepted through  
DCF Hot Line 800-842-2288

- Application mailed to family
  - Closest DCF Area Office Notified
  - Application submitted/reviewed
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# VS Admission (cont)

● If Child accepted into Voluntary Services:

- Case opened
  - Treatment Plan developed
  - Plan presented to Probate Court for review within 120 days and annually thereafter
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# Voluntary Service Numbers

- 1998- 2000: Approximately 300 cases annually
  - 2000-2003: Approximately 1000 cases annually
  - 2006: Approximately 1400 cases
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# Voluntary Services

● *Access to services funded by DCF*





# DCF funded Behavioral Health Services

## Grants

Mobile Crisis  
Crisis Stabilization  
Care Coordination  
Extended Day Treatment  
Home Based Services  
Respite Services  
Family Advocacy  
Child Guidance Clinics


## Fee for Service

Residential Treatment  
Group Home  
Individualized Services





# CT BHP Service Umbrella

- All Behavioral Health Services covered under Medicaid for HUSKY A children and adults and HUSKY B children
  - *Selected DCF funded Services*
    - *RTC*
    - *Group Home*
    - *Intensive In Home Child and Adolescent Psychiatric Services (IICAPS)*
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# Voluntary Services Clients

HUSKY  
enrolled/eligible

Access to all Medicaid  
covered behavioral  
health services

Access to all DCF  
funded services

Non-HUSKY eligible  
clients

Access to all behavioral  
health benefits under  
insurance plan

Access to all DCF funded  
services





# As the CT BHP evolves...

- Additional DCF grant or contract funded services will be purchased through a fee for service model and will move into the BHP Partnership

*until then... All DCF funded services will remain available to Voluntary Services clients under existing grant/contract structure*





# Voluntary Services/The CT BHP

## What has changed?

- There has been no change in access to services for children entering the Voluntary Services Program





# Who else can receive DCF funded services?


- For the services that fall **under the CT BHP**, *any* DCF involved child who has a need can receive a DCF funded BHP service (currently, IICAPS)

*this includes children with commercial insurance who are involved with Child Welfare or Juvenile Justice*






# Who else can receive DCF funded Services?


- *Any* child in CT can access Mobile Crisis and Crisis Stabilization services
  - Children who exhibit complex behavioral health needs who are not involved with DCF can access grant funded services
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# DCF Grant Funded Programs

- Grant dollars have always been set aside to fund programs to support children in the community who are *not DCF involved* and who are *not eligible for HUSKY*. These grants support home-based services, EDT, Care Coordination, respite, and services purchased through designated flex funds.
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Are the Grant dollars sufficient  
to support service to  
non-DCF involved,  
HUSKY ineligible  
children?





# DATA DATA DATA

- Data reported through the Behavioral Health data base suggest that 10% - 15% of the children who access IICAPS rely exclusively on grant support
  - Is this enough?
  - ASO will need to help us track utilization
  - Adjustments may be needed based on data
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