

DCF Behavioral Health Community Services Update



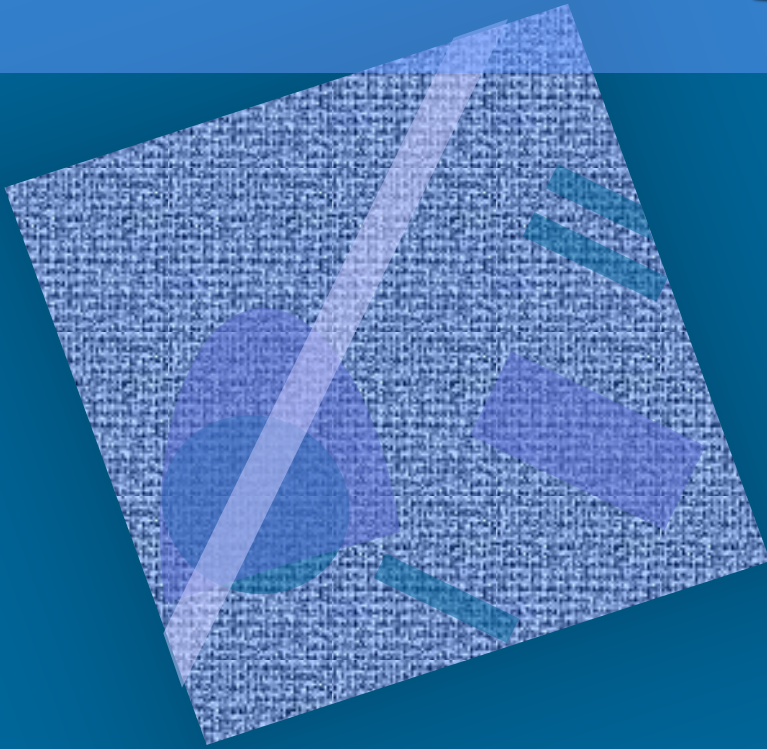
Presentation to the
CTBHP Oversight
Council

01/14/2009

Update on Community Based Services

- Extended Day Treatment
 - Program Description
 - Program Improvement Plan
 - Proposed Performance Incentive Plan
 - Funding/Level of Care
- EMPS
 - Status of Re-procurement
 - Call Center Design and Operations
- Care Coordination and Enhanced Care Coordination

Extended Day Treatment



EDT - PROGRAM DESCRIPTION

- A milieu-based, clinical intervention (individual, family, group therapy)
 - 52 weeks/year
 - 3 hours day/5 days week
- For children and adolescents, ages 5-17 who have serious emotional and behavioral disorders, & their families
- An Intermediate Level of Care, per CT BHP guidelines
- Delivered by a Multi-Disciplinary Treatment Team

CORE CLINICAL SERVICES

- Comprehensive biopsychosocial assessment
- Treatment planning, goal setting
- Structured therapeutic milieu
- Psychiatric evaluation and medication management
- Emergency services and crisis intervention
- Individual, group and family therapies
- Multiple family groups
- Therapeutic recreation and expressive therapies
- After-care planning

EDT SERVICE CAPACITY

- 14 Providers (22 Program Sites)
 - (Includes Middletown – 12/8/08 Start-Up)
- Statewide Service Capacity (FY '09)
 - 427 DCF-funded contract slots = 854 Clients
 - 458 DCF-licensed bed capacity (31 private pay)
- Statewide DCF Grant Funds (FY'09)
 - \$ 7, 026,508

SITE LOCATIONS

| PROVIDER | SITE(S) | AGES SERVED | CONTRACT SLOTS | LBC |
|-------------------------------|------------|-------------|----------------|-----|
| Boys & Girls Village | Bridgeport | 5 - 14 | 18 | 20 |
| | Milford | 5 - 14 | 15 | 20 |
| Charlotte Hungerford Hospital | Torrington | 6 - 12 | 17 | 17 |
| Children's Center of Hamden | Hamden | 5 -17 | 56 | 60 |
| Clifford W. Beers CGC | New Haven | 6 - 17 | 6 | 10 |

SITE LOCATIONS

| PROVIDER | SITE(S) | AGES SERVED | CONTRACT SLOTS | LBC |
|------------------------------------|-------------|-------------|----------------|-----|
| Community Mental Health Affiliates | New Britain | 6 - 17 | 16 | 16 |
| | Waterbury | 6 - 17 | 18 | 21 |
| Family & Children's Aid | Danbury | 4 - 17 | 31 | 31 |
| Hall Brooke Behavioral Health | Norwalk | 13 - 17 | 17 | 20 |
| Hartford Hospital IOL | Hartford | 11 - 14 | 12 | 16 |
| Klingberg Family Centers | New Britain | 5 - 12 | 15 | 15 |

SITE LOCATIONS

| PROVIDER | SITE(S) | AGES SERVED | CONTRACT SLOTS | LBC |
|-------------------|-----------|-------------|----------------|-----|
| Mid-Fairfield CGC | Norwalk | 5 - 12 | 20 | 24 |
| Natchaug Hospital | Brooklyn | 10 - 17 | 12 | 12 |
| | Mansfield | 12 - 17 | 12 | 12 |
| | Montville | 8 - 12 | 10 | 10 |
| | Groton | 11 - 17 | 12 | 10 |
| | Norwich | 11 - 17 | 12 | 14 |

SITE LOCATIONS

| PROVIDER | SITE(S) | AGES SERVED | CONTRACT SLOTS | LBC |
|---------------------------------------|------------|-------------|----------------|-----|
| Rushford Center | Meriden | 6 - 12 | 15 | 15 |
| The Village for Families and Children | Hartford | 5 - 14 | 45 | 47 |
| | Manchester | 5- 12 | 15 | 15 |
| Wheeler Clinic | Bristol | 6 - 17 | 36 | 36 |
| | Middletown | 12 - 17 | 17 | 17 |

EDT – Program Improvement Plan

- Collaborative Process
 - DCF
 - Providers
 - Families/Advocates
 - Connecticut Center for Effective Practice
 - Other Stakeholders
- Performance Improvement Targets
 - Family Engagement
 - Quality of Care: Project Joy, Risking Connections, PMT
 - Outcomes: Ohio Scales Implementation
- Resources/Investments
 - CCEP Consultation
 - CTBHP Rate Increases
 - CMH Block Grant Funding
 - Proposed Performance Incentive Program

Proposed Performance Incentive Plan

- \$120,000 allocated according to the following formula:
- Goal Attainment X #of DCF Funded Slots (Max of \$280 per slot/year)
- Performance Targets
 - Implementation of Multiple Family Groups/Increased Family Engagement
 - Training in Project Joy and Incorporation into Group Treatment
 - Training in Risking Connections and Implementation in the Milieu
 - Use of Ohio Scales and Demonstration of reduced problem severity/improved functioning

Funding/Level of Care

(CTBHP DCF Advisory Committee)

- Insure Continued Regulatory Compliance
- Resolve lack of clarity in Intermediate Level of Care Guidelines
- Maximize Federal Reimbursement
- Establish rate for EDT/IOP
- Adjust Grants to cover rate increases

Emergency Mobile Psychiatric Service



Procurement &
211 Call Center

EMPS Procurement

- Phase I
 - Complete for Greater Hartford & East
 - Wheeler (Subcontract: Child Guidance of Central CT) and United Community & Family Services (Subcontract: Community Health Resources)
 - Went Live with 211 FOR THESE AREAS ONLY – 12/22/08 (9:00 AM)

EMPS Procurement

- Phase II
 - Complete for Western & Greater New Haven Service Areas
 - Wellpath & Clifford Beers (Subcontract with Bridges) Selected
 - Go Live with 211 in March 2009

EMPS Procurement

- Phase III (Southwest -Norwalk, Stamford, Bridgeport; Central - Manchester, Middletown)
 - Active Procurement
 - RFP Released 11/21/08
 - Anticipated Go Live – May 2009

211 Call Center - Advantages

- Ease of Access
 - Single Number for Entire State vs. 11 Access #s
 - 3 digits vs. 11 digit 800 number
 - No confusion about which number to call
- Improved Marketing/Public Awareness
 - 1 Marketing Plan for 1 Service vs. 11 Plans for 11 Services
 - Master Set of Marketing Materials
 - Statewide Branding W/Local Branch
- Screening for Information and Referral Calls

211 Call Center - Advantages

- Uniform Data Capture
 - Will be Web-Based & Link with PSDCRS (new DCF data collection system)
 - EMPS Providers will be able to immediately access data entered by the call center
 - Improved Accountability for Call Management
- Follows National Trend
 - CT Leader in Establishing 211
 - 41 States Have Established 211 Systems (72% of Population)
 - New York City (311)
 - National Legislation Proposed
- State of the Art Technology
 - Has Call Tracing Technology for Lost Calls
 - Business Continuity Plan
 - Immediate Linkage with Translation Services

211 Call Center - Advantages

- Flexibility to Accommodate Family, Referral Source, and EMPS Provider Needs
- Opportunity for Cost Savings
- Accountability
- Access (translation services)
- Marketing
- Ease of use, predictable resource

211 Call Center - Operations

- Caller Dials 211 and Presses “1” for Crisis
- Call is Routed to Crisis Call Specialist
- Trained in Suicide Assessment & Supported by FT Clinician
- Collects Basic Information
- Triage Decision – 911, Information & Referral (I&R), or EMPS
 - 911 - Contact 911 for Immediate Police or Medical Intervention
 - Provide I&R Information from database
 - EMPS - Contact EMPS Provider & Conference with Caller (warm line transfer)

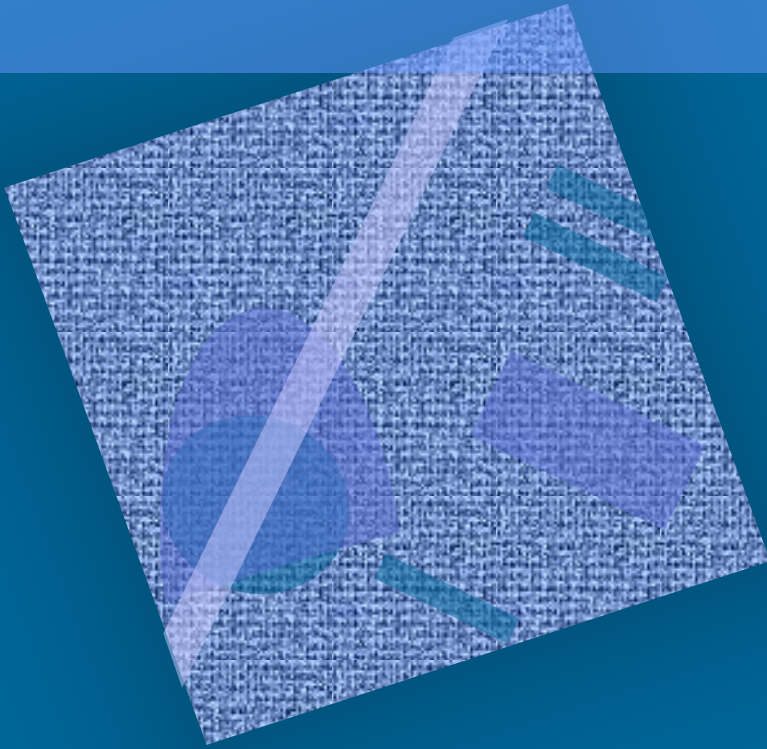
211 Call Center - Operations

- Flexibility to Accommodate Various Situations
 - Caller Contacts EMPS Provider Directly
 - Caller is Seeking Deferred Mobile Response
 - Caller is Already Engaged with EMPS

211 Initial Implementation to Date

- Fully Staffed – Call Specialists, Clinical Supervisor, Tech. Support, Administration
- 64 Calls 12/22/08 through 1/10/09
 - Average between 3-4 minutes to triage and transition to EMPS
 - 1 Call routed to 911
 - 12 Calls went direct to provider and registered with 211
- All Initial Calls Transferred Successfully
- Modifications Made to Improve Performance
 - Press 1 for Crisis
 - Transition with from Old to New Numbers
 - Clarification of Call Lists
- Development of Marketing Materials
- Community Outreach ~ each EMPS provider outreaching to schools, ED's, local systems of care, etc.

Care Coordination



Care Coordination

- Original KidCare Service Component
- Provides Support and Coordination of Care for children with SED and their families who are recipients of multiple services
- Operate according to System of Care Values (Child Centered, Family Driven, Culturally Competent, Community Based)
- Paired with family Advocates

Care Coordination

- Activities
 - Assess Family & Child Needs
 - Convene Child Specific Team
 - Coordinate Service Delivery
 - Support Family/Coordinate with Family Advocacy
 - Identification of Natural Supports
 - Development of Integrated Plan
 - Access to Flexible Funding
 - Crisis Intervention
 - Transition Planning

Care Coordination

- 64 Positions Statewide
- Recently re-contracted with new rate as part of unbundling from Enhanced Care Coordination and EMPS
- 6 Month Length of Service
- Targets families not engaged with DCF or transitioning from DCF care.
- Capacity limits ability to accept cases with lower severity of needs

Enhanced Care Coordination



Enhanced Care Coordination

- 23 Positions Statewide
- Funded through the bundled EMPS, Care Coordination (CC) & Enhanced CC Contract
- Linked to MSS
- Primary Function to facilitate/support youth returning from residential care

Enhanced Care Coordination

- Unbundled from EMPS with separate contract as of 1/1/09
- Management of Service Moved to Bureau of Child Welfare
- Gary Minetti – Contract Manager