Partnering with communities
And empowering families
To raise resilient children who thrive

Safety
Keep children & youth safe, with focus on most vulnerable populations

Workforce
Engage our workforce through an organizational culture of mutual support

Permanency
Connect systems & processes to achieve timely permanency

Wellbeing
Contribute to child & family wellbeing by enhancing assessments and interventions

Racial Justice
Eliminate racial & ethnic disparate outcomes within our department

Sharpening the safety focus through prevention across the child welfare system

CT DCF Mission
Child and Family Well-being System

Outcomes:
- Children will live with relatives, kin or someone they know
- Children are able to live safely with their families
- Children will live with a family
- Children in care will live with relatives, kin or someone they know
- Children are able to live safely with their families
- Children in care will be better off healthy, safe, smart and strong
- Children will live with a family
- Children in care will be in congregate care settings rarely and briefly
- Children will live with relatives, kin or someone they know

Impact:
- Children are able to live safely with their families
- Children in care will live in healthy, safe, smart and strong
- Children will experience timely permanency
- Youth aging into adulthood will be prepared for success
- Children will live with a family
- Children will be in congregate care settings rarely and briefly
- Children will live with relatives, kin or someone they know

Programmatic Developments:
- Children in care will be better off healthy, safe, smart and strong

System Transformation:
- Children are able to live safely with their families
- Children in care will live in healthy, safe, smart and strong
- Children will experience timely permanency
- Youth aging into adulthood will be prepared for success

Equity:
- Children will live with a family
- Children in care will be better off healthy, safe, smart and strong

Principles:
- Trauma-Informed Care
- Individualized & Strength-Based Practice

Values:
- Families as Experts
- Community-Based & Evidence-Informed
CT DCF

Key Results

<table>
<thead>
<tr>
<th>What are we aiming to deliver for children &amp; families?</th>
<th>What is our aspirational target?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Children are able to live safely with their families</td>
<td>&gt;70% of DCF children are served in their own home</td>
</tr>
<tr>
<td>2. Children will live with relatives, kin, or someone they know</td>
<td>For children who cannot staying in their own home, &gt;70% will be in kinship or relative care</td>
</tr>
<tr>
<td>3. Children will live with a family</td>
<td>&gt;90% of children in care will be in a home setting; with at least 2.5 beds available per child coming into care</td>
</tr>
<tr>
<td>4. Children will be in congregate care settings rarely, and briefly</td>
<td>&lt;10% of children in care will be in congregate care settings; with average length of stay of &lt;60 days</td>
</tr>
<tr>
<td>5. Children will experience timely permanency</td>
<td>&gt;60% children in care will achieve permanency within 12 months</td>
</tr>
<tr>
<td>6. Children in care will be better off</td>
<td>&gt;90% of children in care will have their needs met on medical/dental, academic achievement, mental health</td>
</tr>
<tr>
<td>7. Transitional Aged Youth will be prepared for success</td>
<td>&lt;2% will experience repeat maltreatment</td>
</tr>
</tbody>
</table>

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 14TH 2012**

Public Act 13-178

**MARCH 8TH 2020**

CT Covid-19 Response

<table>
<thead>
<tr>
<th>Public Act 22-47</th>
<th>Substitute House Bill No. 5001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Act 22-47</td>
<td>Substitute Senate Bill No. 1</td>
</tr>
<tr>
<td>Public Act 22-81</td>
<td>Substitute Senate Bill No. 2</td>
</tr>
</tbody>
</table>
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."
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
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

**Challenges & OPPORTUNITIES**

**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

**WORKFORCE**
System Strategies

- Work towards an Alternative Payment Methodology (APM)
- Improve access and ensure efficient transitions throughout the Children’s BH System
- Implement Statewide Data Collection Analytics and Reporting
- Public Private Partnerships
- Measure outcomes via Measurement Based Care (MBC) Platform
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
GOVERNANCE & ADMINISTRATIVE INFRASTRUCTURE

- 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

- CT Behavioral Health Advisory Board

- PA 22-47 (Sec 7)
  - Membership established
  - Program relationship
  - DCF Administrator

State Government Interagency Collaborative

- DCF Internal Operations

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

- State partners
- System relationship
- Commissioner (designee)
DCF-Focused Alignment

New Division

Existing Services & Programs

Service provided to the general population regardless of DCF CPS status
Deputy Commissioner
Williams

Operations Division

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
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

Goals
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

Community Mental Health Block Grant (CMHBG)
American Rescue Plan Act (ARPA)
Health Resources & Services Administration (HRSA)
Support from the Governor and the Legislature has allowed DCF to develop a strong network of care.
<table>
<thead>
<tr>
<th>Service Type</th>
<th>State</th>
<th>Federal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Coordination</td>
<td>$6,419,432</td>
<td>$450,000</td>
</tr>
<tr>
<td>Care Management Entity</td>
<td>$2,274,386</td>
<td>$2,000,000</td>
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<tr>
<td>Child First Consultation and Evaluation</td>
<td>$274,386</td>
<td>$520,225</td>
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<tr>
<td>Connecticut Access Mental Health</td>
<td>$2,143,795</td>
<td>$445,000</td>
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<tr>
<td>Child First</td>
<td>$10,365,137</td>
<td>$5,265,137</td>
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<tr>
<td>Extended Day Treatment</td>
<td>$7,603,773</td>
<td>$5,100,001</td>
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<tr>
<td>Family Based Recovery</td>
<td>$4,171,466</td>
<td>$325,000</td>
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<tr>
<td>Family Based Recovery Quality Assurance</td>
<td>$505,066</td>
<td>$384,882</td>
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<tr>
<td>Fetal Alcohol Spectrum Disorder</td>
<td>$160,721</td>
<td>$120,184</td>
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<tr>
<td>First Episode Psychosis Program</td>
<td>$328,453</td>
<td>$328,453</td>
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<tr>
<td>Functional Family Therapy - Foster Care</td>
<td>$11,770,982</td>
<td>$11,770,982</td>
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<tr>
<td>Functional Family Therapy</td>
<td>$2,518,342</td>
<td>$2,518,342</td>
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<tr>
<td>Helping Youth &amp; Parents Enter Recovery (HYPE)</td>
<td>$3,088,800</td>
<td>$3,088,800</td>
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<tr>
<td>ICAPs Consultation and Evaluation</td>
<td>$536,876</td>
<td>$536,876</td>
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<tr>
<td>Intensive Transition Care Management Coordination</td>
<td>$999,997</td>
<td>$999,997</td>
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<tr>
<td>Intimate Partner Violence: Family Assessment Intervention Response</td>
<td>$3,062,493</td>
<td>$3,062,493</td>
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<tr>
<td>Mental Health Consultation to Child Care</td>
<td>$4,283,626</td>
<td>$4,283,626</td>
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<tr>
<td>Mobile Crisis- Statewide Contact Center</td>
<td>$1,229,549</td>
<td>$761,664</td>
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<tr>
<td>Mobile Crisis Intervention Services</td>
<td>$22,856,374</td>
<td>$467,885</td>
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<tr>
<td>Mobile Crisis Intervention Services</td>
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<tr>
<td>Multidimensional Family Therapy</td>
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<td>$6,177,624</td>
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<tr>
<td>Multidimensional Family Therapy: Quality Assurance</td>
<td>$550,000</td>
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<tr>
<td>Multidisciplinary Team</td>
<td>$1,077,396</td>
<td>$892,396</td>
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<tr>
<td>Multisystemic Therapy for Emerging Adults</td>
<td>$1,029,600</td>
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<tr>
<td>Multisystemic Therapy- Building Stronger Families</td>
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<tr>
<td>Multisystemic Therapy- Intimate Partner Violence</td>
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<td>Multisystemic Therapy- Problem Sexual Behavior</td>
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<td>Multisystemic Therapy- Consultation and Evaluation</td>
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<tr>
<td>New Haven Trauma Coalition</td>
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<td>$1,047,034</td>
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<tr>
<td>Outpatient Psychiatric Clinic for Children</td>
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<td>$12,530,520</td>
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<tr>
<td>Parenting Support Services</td>
<td>$4,922,962</td>
<td>$4,922,962</td>
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<tr>
<td>Performance Improvement Center</td>
<td>$925,916</td>
<td>$444,250</td>
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<tr>
<td>SAFE Family Recovery</td>
<td>$2,792,884</td>
<td>$2,710,384</td>
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<tr>
<td>SAFE Family Recovery</td>
<td>$2,794,416</td>
<td>$82,500</td>
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<tr>
<td>START Program for Youth and Young Adults</td>
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<td>$2,794,416</td>
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<tr>
<td>Statewide Family Organization</td>
<td>$1,790,587</td>
<td>$984,309</td>
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<tr>
<td>Statewide Family Organization</td>
<td>$2,710,384</td>
<td>$82,500</td>
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<tr>
<td>Substance, Treatment, and Recovery for Youth</td>
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<td>$945,000</td>
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<tr>
<td>Supportive Housing for Families</td>
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<td>$14,151,878</td>
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<tr>
<td>Supportive Housing for Families</td>
<td>$14,351,878</td>
<td>$200,000</td>
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<tr>
<td>Survivor Care</td>
<td>$360,881</td>
<td>$360,881</td>
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<tr>
<td>Therapeutic Child Care</td>
<td>$325,451</td>
<td>$325,451</td>
</tr>
<tr>
<td>Therapeutic Child Care: Trauma Informed</td>
<td>$388,678</td>
<td>$388,678</td>
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</table>

**Total** $143,526,720

**State** $120,342,454

**Federal** $23,184,266
<table>
<thead>
<tr>
<th>Service</th>
<th>Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Practices Promotion and Program Evaluation</td>
<td>$75,000</td>
</tr>
<tr>
<td>CT Community Kidcare: Workforce Development /Training and Culturally Competent Care</td>
<td>$65,000</td>
</tr>
<tr>
<td>Early Serious Mental Illness (ESMI/ First Episode Psychosis (FEP) 10% set aside</td>
<td>$423,453</td>
</tr>
<tr>
<td>Emergency Crisis</td>
<td>$800,000</td>
</tr>
<tr>
<td>Extended Day Treatment: Model Development and Training</td>
<td>$40,000</td>
</tr>
<tr>
<td>FAVOR Statewide Family Organization – Family Peer Support Services</td>
<td>$720,000</td>
</tr>
<tr>
<td>Other Connecticut Community Kidcare</td>
<td>$45,000</td>
</tr>
<tr>
<td>Outcomes: Performance Improvement and Data Dashboard Development</td>
<td>$50,000</td>
</tr>
<tr>
<td>Outpatient Care: System and Treatment Improvement</td>
<td>$183,000</td>
</tr>
<tr>
<td>Respite Care for Families</td>
<td>$450,000</td>
</tr>
<tr>
<td>Youth Suicide Prevention /Mental Health Promotion</td>
<td>$225,000</td>
</tr>
<tr>
<td>Workforce Development: Higher Education In-home Curriculum Project</td>
<td>$65,000</td>
</tr>
</tbody>
</table>
*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.
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

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Funding Source</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhancing Mobile Crisis</td>
<td>ARPA</td>
<td>Contracts are in the execution phase</td>
</tr>
<tr>
<td>Urban Trauma Initiative</td>
<td>ARPA</td>
<td>Award letters released – contract execution in process</td>
</tr>
<tr>
<td>OPCC – Child and Family of Southeast CT</td>
<td>State</td>
<td>Planning phase</td>
</tr>
<tr>
<td>Urgent Crisis Center and Crisis Stabilization</td>
<td>ARPA and State</td>
<td>RFPs released this week</td>
</tr>
<tr>
<td>Expand ACCESS MH</td>
<td>ARPA</td>
<td>Actively in process</td>
</tr>
<tr>
<td>Intensive Transition Care Management</td>
<td>ARPA</td>
<td>Implemented and operational</td>
</tr>
<tr>
<td>Wheeler Clinic to pilot IOP clinic in Waterbury</td>
<td>ARPA</td>
<td>Planning phase</td>
</tr>
<tr>
<td>Develop a Racial Justice lens for the system</td>
<td>ARPA</td>
<td>Entering procurement phase</td>
</tr>
<tr>
<td>Initiative</td>
<td>Funding Source</td>
<td>Status</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>----------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>Create a data repository for Mobile Crisis providers</td>
<td>State</td>
<td>Actively in process</td>
</tr>
<tr>
<td>Establish a non-lapsing Mental and Behavioral Health Treatment Fund</td>
<td>ARPA</td>
<td>Planning Stage</td>
</tr>
<tr>
<td>Develop a statewide peer-to-peer mental health support program for students, grade 6-12.</td>
<td>State</td>
<td>Partnering with SDE</td>
</tr>
</tbody>
</table>
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)
BASIC NEEDS AND SOCIAL DETERMINANTS OF HEALTH
E.g.: Food security; housing security; employment security; school nutrition and after-school programs; safe communities and positive neighborhood recreational activities; access to healthcare, education and vocational opportunities; assistance programs; faith-based supports.

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
  - EBPs

- Beacon Health Options Behavioral Health Partnership
  - Service Utilization
  - Level of Care Determination
  - Access

Quality and Performance Management
Questions?

Dr. Frank Gregory
Francis.Gregory@ct.gov

Deputy Commissioner Michael Williams
Michael.Williams@ct.gov