Follow-up Status Report to the Governor

Presentation to

Mental Health Policy Council

March 22, 2002



Address gridlock

DCF, DMHAS, DOC, and CSSD

- Continued development of KidCare
- Increased Inpatient Capacity for children, adolescents, and adults
- Increased Intensive Residential capacity for youth and adults
- Community services have been enhanced
- Range of Housing initiatives have been implemented
- Initiated Utilization Management process for DMHAS hospitals and residential beds
- Strengthened hospital collaboration efforts
- Increased Inter-Agency collaboration

Adjust rates

DCF,DSS, and DMHAS

- Developed work groups to study rate issue
- Increased rates for inpatient psych services at general hospitals
- Funding allocated to support specialty staff recruitment and retention



Enhance community services

- DMHAS, DCF, DOC, and CSSD
 - Expanded core community services in adult and child systems
 - Re-organized DOC's mental health services
 - Jail diversion programs being implemented in all lower court districts
 - Developing preferred practice models and standards
 - Increased funding for consumer and family initiatives
 - Provided statewide training for trauma treatment and emergency response
 - Expanded services to homeless and difficult to engage groups

Develop locally based systems

DSS, DCF and DMHAS

- Continued planning and development of Kidcare and Connecticut Behavioral Health Partnership including Medicaid Rehabilitation Option
- Enhanced information systems to improve care coordination and use of best practices
- Developing new community based collaboratives -Hamden, North Haven

Bring home children

DSS, DCF and DMHAS

- Review all youngsters in placement and return children based on established criteria.
- Imposed Moratorium on Out-of-State Placements
- Developed in-State Intensive Residential Services



Coordinate care for young adults

- Provided range of services to approximately 150 young adults
- Integrated Young Adult Services more fully into DMHAS service system
- Expanded residential options for transitioning youth
- Established 15 bed inpatient psychiatric unit
- Developing RFP for Specialized Services for Young Adults



Enhance consumer empowerment

- Completed 1st statewide survey of consumer satisfaction
- Held Recovery Conference and planning for Fall 02 Conference
- Implemented range of consumer and family service initiatives
- Mental health consumer joins Commissioner's Executive Group
- Initiated Trauma Treatment Training and Service Initiative
- Initiated an Anti-stigma Campaign
- Consumer/Parent/Family involvement is central to new service initiatives
- Developing RFP for Recovery Education Center
- Contracted with consumer and advocacy community for support services post 9-11



Implement community education

- Implemented Statewide anti-stigma campaign
- Implementing statewide recovery oriented system of care and developed core principles of recovery
- Community trainings on KidCare
- Expanded Training Curriculum at DCF and DMHAS
- Specialized Statewide training in response to September 11th
- Distributed over 650,000 Fact Cards in response to 9-11



Integrate primary prevention

- Integrated prevention framework of exemplary practices developed with 7 other state agencies
- Implemented CT Coalition for the Advancement of Prevention (CCAP) to establish exemplary practices in MH/SA
- Collaboration on prevention with other New England states
- Statewide prevention training in response to September
 11th
- DCF Created prevention unit and actively seeking prevention grants
- DCF Completed prevention plan

Improve cultural competence

- Contractual requirements incorporate Cultural Competency
- DCF established Office of Multicultural Affairs
- Continuation of multi-cultural training
- Multicultural Best Practices finalized
- Encouraging diversity on Boards of Directors
- Increasing service diversity through contract process
- Implemented culturally specific programs w/Federal funds including services for communities affected by 9-11



Address programmatic & financial needs

- Distributed First Initiatives Funding to providers to expand range of community services
- RFPs and RFQ's for new community based services being developed with funding from CMHSB (Second Initiatives)
- Regional Planning Process initiated at DMHAS
- DMHAS Needs Assessments have been conducted in inpatient and community based settings (focused on clients with greatest needs)
- Program redesign and alternative funding models being explored through KidCare and CT Behavioral Health Partnership



Continue interagency collaboration

- MHPC provides mechanism for ongoing interagency collaboration
- Important cross-agency initiatives
 - Jail diversion, transitional youth, CSSD bed purchase, behavioral health services for Medicaid recipients, MH/SA suicide and violence prevention, Inter-Agency data collaboration, federal grant applications, co-contracting, Statewide Disaster Response