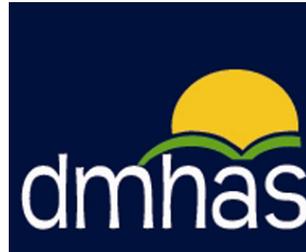


Department of Mental Health and Addiction Services



At a Glance

MIRIAM E. DELPHIN-RITTMON, Ph.D., Commissioner

Established – 1995: Merging the former Department of Mental Health (established 1953) with the Addiction Services component integrated in 1995.

Statutory authority – CGS Section 17a-450

Office of the Commissioner - 410 Capitol Avenue, 4th Floor, Hartford, CT 06106

Number of employees - (Full and Part-Time): 3,362

Recurring operating expenses - \$698,032,927

Organizational structure -

- **Affirmative Action**
- **Community Services Division**
- **Evaluation/Quality Management and Improvement**
- **Evidenced Based Practices Division**
- **Fiscal Division**
- **Forensic Services**
- **Government Relations**
- **Healthcare Finance**
- **Human Resources**
- **Information Systems**
- **Legal Services Division**
- **Managed Services Division**
- **Multicultural Healthcare Equality**
- **Office of Workforce Development**
- **Office of the Commissioner**
- **Prevention/Health Promotion**
- **Recovery Community Affairs**
- **State Operated Facilities**
- **Statewide Services**
- **Young Adult Services**

Mission and Vision

The Connecticut Department of Mental Health and Addiction Services is a health care agency whose mission is to promote the overall health and wellness of persons with behavioral health needs through an integrated network of holistic, comprehensive, effective, and efficient services and supports that foster dignity, respect, and self-sufficiency in those we serve.

DMHAS envisions a recovery system of high quality behavioral health care that will offer Connecticut residents choices from among an array of accessible services and supports that will be effective in addressing their health concerns. These services and supports will be culturally responsive, attentive to trauma, built on personal, family, and community strengths, and focus on promoting persons' recovery and wellness. Through a focus on cultivating inclusive social contexts in which individuals' contributions will be valued, the DMHAS system will also foster a sense of full citizenship among persons with behavioral health needs. Finally, services and supports will be integrated, responsive, and coordinated within the context of a locally managed system of care in collaboration with the community, thereby ensuring continuity of care both over time and across organizational boundaries. As a result, each person will have maximal opportunities for establishing, or reestablishing, a safe, dignified, and meaningful life in the communities of their choice.

Statutory Responsibility

While DMHAS' prevention and health promotion services serve all Connecticut citizens, its mandate is to serve adults (18 years and over) with mental health and/or substance use disorders, who lack the means to obtain such services on their own. DMHAS also provides collaborative programs for individuals with co-occurring mental health and substance use disorders, people in the criminal justice system, those with problem gambling disorders, pregnant women with substance use disorders, persons with traumatic brain injury and their families, and young adult populations transitioning out of the Department of Children and Families.

Public Service

DMHAS continually works to enhance the effectiveness of our services, including ongoing compliance with the highest national standards of behavioral healthcare through accreditation by the Joint Commission across all its state-operated facilities. DMHAS' Division of Community Services is charged with integrating mental health and addiction services, enhancing service access and continuity of care, and ensuring quality service delivery and compliance with applicable state and federal regulations. DMHAS' Community Services and Evidenced Based Practices Divisions focuses on quality improvement, through on-site monitoring visits, which include monitoring fidelity to evidence-based and preferred practices, across contracted treatment agencies, desk audits of compliance with utilization and outcome/performance measures, and focus groups with individuals served. Quality and performance is also measured through the DMHAS Division of Evaluation, Quality Management, and Improvement. The division is charged with establishing performance measures, collecting and reviewing performance data, developing and disseminating quarterly

provider quality reports, which incorporate result-based accountability approaches, and ensuring annual consumer satisfaction surveys are completed.

Improvements/Achievements 2015-2016

DMHAS measures its accomplishments in terms of progress made toward achievement of its four targeted goals. Each of the goals is presented below, followed by a few examples of the many initiatives DMHAS is pursuing to fulfill these goals.

1. Improve Quality of Services and Supports – *Use data and informatics to track system and service process and outcomes to inform design, policy, and decision-making, to reduce disparities, and to make efficient use of available resources.*

- **Statewide Call Line and Substance Abuse Walk-in Assessment Centers:** DMHAS instituted a 24/7 call line (1-800-563-4086). The line is specifically promoted for individuals seeking help for prescription opioid or heroin addiction. Callers access information on where to find local assessment centers from the 55 substance use walk-in clinics located across the state.
- **Alcohol, Drug Policy Council (ADPC)** was reconvened by Governor Malloy in October, 2015, with a mandate from the Governor to focus on prevention, treatment and support for individuals addicted to opioids. The ADPC is legislatively mandated and comprised of representatives from all three branches of State government, consumer and advocacy groups, private service providers, individuals in recovery from addictions. The Council, co-chaired by the Commissioners of DMHAS and the Department of Children and Families (DCF), and is charged with developing recommendations to address substance-use related priorities from all State agencies on behalf of Connecticut's citizens—across the lifespan and from all regions of the state. The ADPC has established 3 subcommittees: Prevention, Screening and Early Intervention; Treatment and Recovery Supports; and, Recovery and Health Management.
- **Expansion of Medication Assisted Treatment (MAT) for Prescription Drug and Other Opioid Addiction:** DMHAS received \$1,000,000 in annualized funding from the Federal Government's Substance Abuse and Mental Health Services Administration to provide FDA approved medication and concurrent evidence-based recovery support services to individuals with opioid use disorders by expanding and strengthening existing clinic-based outpatient resources and the statewide medication assisted treatment infrastructure. Three geographic areas were identified as especially "high risk" as a result of an analysis of treatment admission and overdose death data. These are Willimantic, Greater New Britain (Berlin, Plainville and Bristol) and Torrington. Buprenorphine and/or naltrexone will be the medications offered as well as naloxone for overdose reversal.
- **Connecticut Strategic Prevention Framework for Prescription Drugs Initiative (CT SPF Rx)** The initiative will be led by the Department of Mental Health and Addiction

Services in partnership with the Department of Consumer Protection (DCP) and the Department of Public Health (DPH). The purpose is to reduce non-medical use of prescription drugs and prevent opioid overdoses by developing and implementing a comprehensive prevention strategy that raises awareness about the dangers of sharing medications for individuals age 12 and over, and work with the pharmaceutical and medical communities on the risks of overprescribing to young adults. Connecticut's strategy includes: reviewing epidemiological and Prescription Drug Monitoring Program (PDMP) data to identify communities with high rates of misuse; mobilizing and building state/local capacity to address identified gaps and needs; developing an implementation plan with dates, activities and key staff; implementing community based social marketing and public education strategies as well as approaches that increase the utilization of PDMP data; and, conducting ongoing evaluation that documents the grant's processes and outcomes, and inform any mid-course corrections. Existing prescription drug misuse and overdose prevention resources within the state will be drawn upon to inform problem identification and goal setting, drive prevention planning and funding decisions and provide critical information for ongoing planning, monitoring, and evaluation of prevention efforts.

- **Expansion of Medication Assisted Treatment in DMHAS Facilities:** DMHAS is expanding its capacity to offer Medication Assisted Treatment (MAT) within its own facilities. A number of DMHAS-psychiatrists in all seven State-operated facilities have been trained/certified to prescribe buprenorphine, giving these facilities the capacity to perform medication induction or maintenance.
- **Provider Quality Reports:** DMHAS introduced Provider Quality Reports as part of a performance evaluation system in 2009. These Provider Quality Reports were designed to evaluate consumer outcomes and agency and program performance on a wide range of indicators. The reports evaluate agency and program performance in relation to DMHAS contract measures and benchmarks. One section of these reports evaluates data quality since we need "good data" if this system is to be effective. These reports are distributed on a quarterly basis and they provide summary demographic information regarding an agency's consumers and the services they receive. Our goal is to use these reports as a feedback tool with a goal of improving quality within the DMHAS system. The Connecticut Legislature has been very interested in Results Based Accountability (RBA), a quality improvement model that focuses on an agency's mission and whether the mission is being accomplished. Several of the Institute of Medicine's (IOM) Quality domains, access and patient centered care have been incorporated into the reports. A final influence is the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Outcome Measures (NOMS). The NOMS examine areas like employment, living situation, arrests, abstinence, treatment completions, readmission, and social supports.
- **Veterans Recovery Center:** DMHAS assumed oversight of this program in 2015, and is a collaborative venture with the Department of Veterans Affairs (DVA). The Veterans Recovery Center (VRC) is co-located with the DVA in Rocky Hill and offers a four week Intensive Outpatient Program followed by individualized services. This program is

available to veterans with substance use disorders that reside at the DVA Rocky Hill Campus Residential Services division and to Veterans residing in their own residences off campus. Admissions are voluntary. National Guard and Reserve members also welcome.

- **Trauma Informed Care:** Also known as Trauma Sensitive Services, Trauma Informed Care means that regardless of the reasons an individual comes seeking services, staff asks them about their trauma history respectfully, and is prepared to listen. In a trauma-informed system, services are designed to accommodate the needs of trauma survivors. Trauma Specific Treatment Models are designed to specifically address violence, trauma, and related symptoms and reactions. The intent of the models is to increase skills and strategies that allow survivors to manage their symptoms and reactions with minimal disruption to their daily obligations and to their quality of life; and eventually to reduce or eliminate debilitating symptoms and to prevent further traumatization and violence.
- **Healthcare Disparities:** In collaboration with the DMHAS Evaluation and Quality Management and Improvement (EQMI) unit, the Office of Multicultural Healthcare Equality (OMHE) continued work to identify healthcare disparities within the department's community behavioral healthcare system. This work will continue through 2018 and will include the development of strategies to address identified disparities.
- **Health Equity:** The Multicultural Healthcare Equality (OMHE) staff are active participants in the Commission on Healthcare Equity, and work collaboratively with the Department of Public Health and other state entities concentrating on the reduction and elimination of healthcare disparities.
- **Programs and Services for Lesbian, Gay, Bisexual and Transgender People with Mental Health and/or Substance Abuse Issues:** Gay-Straight Alliances (GSAs) are being formed in DMHAS state-operated facilities. GSAs support people who are lesbian, gay, bisexual and transgender (LGBT) and their allies by creating safe environments in mental health and substance abuse facilities to support each other. We have found that having a safe space for people to be supported within our treatment facilities is very helpful. GSAs are not just for LGBT people. Allies of LGBT people are welcomed and an important part of the mission of GSAs. Partnership with allies provides mutual support to LGBT people and our allies. Our hope is one day GSAs will exist throughout the DMHAS system. In April, 2016, DMHAS premiered "Becoming Myself: A Transgender Perspective on Behavioral Health," which tells the stories of four transgender residents and the behavioral health challenges they faced as transgender individuals. People who are lesbian, gay, bisexual and transgender (LGBT) face greater health threats than their heterosexual peers, partly because of differences in sexual behavior and partly because of social and structural inequities, such as stigma and discrimination. This includes not only threats to their physical health, but to their mental health as well.
- **Southeast Mental Health Authority and Backus Hospital Opioid Overdose Pilot Program:** The DMHAS-operated Southeast Mental Health Authority (SMHA) began

this pilot with the Backus Hospital emergency department in July, 2015. The collaborative effort recognizes the gaps that often occur following an accidental overdose and connection/engagement in services. SMHA's mobile outreach team works with Backus Hospital to connect patients who overdosed and link them to services. Emergency department staff contact a SMHA mobile crisis team staff member, who meets in-person with the individual to help connect them to treatment and services.

2. Increase Stakeholder and Community Partnerships: *Identify and establish meaningful ways for stakeholders (e.g., persons in recovery, family members, allies, community leaders) to participate in all aspects of system design, evaluation, and oversight.*

- **Regional Planning Meetings:** Commissioner Delphin-Rittmon and the DMHAS Facility Chief Executive Officers held Regional Planning Meetings to generate ideas for cost-saving initiatives. All of the DMHAS providers in each DMHAS services area were invited to participate in discussions that will help to inform DMHAS funding decisions in this challenging fiscal climate. The Commissioner and her leadership team conducted an additional meeting with the State Advisory Board on Mental Health and Addiction Services, which allowed for input from a multiple stakeholders including Regional Mental Health Boards, Regional Action Councils, persons with lived experience, advocates and family members. The Commissioner received suggestions on how DMHAS and DMHAS-funded providers can work together to maintain the stability of the behavioral health system, and recommendations if there are reductions to the DMHAS budget that will be passed on to community providers, i.e., what recommendations would be made to reduce or eliminates services.
- **Community Opioid Forums:** Commissioner Delphin-Rittmon participated in dozens of local community forums addressing the prescription drug and heroin crisis. Many of these forums were organized by local State senators/representatives and included panels comprised of State leaders, persons in recovery, addictions psychiatrists, pharmacists, community leaders, members of law enforcement and school officials.

3. Develop Workforce across the System of Care: *Hire and retain quality staff; expand and support peer staff; align training resources with current needs and strategic priorities.*

- **DMHAS Opioid Overdose Reversal Training Program:** DMHAS has been conducting in-person training regarding overdose reversal for the past 3 years. Since this initiative began, DMHAS has trained approximately 1,500 individuals on how to administer the life-saving drug, Naloxone (Narcan). Narcan is used to reverse an overdose and is being made widely available across the state. Participants in these trainings have included substance abuse and mental health providers, first responders, persons in recovery, and their families. The trainings familiarize participants with signs of an overdose, how to administer the various forms of Narcan, and how Narcan can be accessed throughout the state. A number of these trainings have targeted local law enforcement and are available by request. DMHAS has also developed a training video which provides the same type of information. This video is available online and can be found on the DMHAS website

under the *What's New* Section. The video is entitled "Using Naloxone to Reverse an Opioid Overdose". The brief training provides information necessary to educate the public about how to use Narcan to reverse an overdose.

- **Opioid Treatment and Prevention Social Media Campaign:** The Department has produced 10 video public service announcements (PSAs) in response to the current opioid crisis, 5 of which feature Connecticut residents who have been directly or indirectly affected by the crisis. The PSAs address drug addiction, loss, recovery, and hope, and have been widely distributed on DMHAS' Facebook and Twitter pages. Social media has become an increasingly valuable tool for disseminating information on DMHAS statewide services as well as directing the public to other resources both locally and nationally. The DMHAS social media viewership has tripled over the past year.
- **Office of Workforce Development** offered both instructor-led and self-directed web-based trainings on a diversity of topics in mental health, substance use disorders, co-occurring disorder treatment and recovery support interventions. These included trainings on evidence-based and recovery-oriented practices, available to both DMHAS state employees and employees working at DMHAS-funded, private non-profit agencies. The Office delivered a total of 218 instructor-led trainings in FY 15. A total of 4,461 staff were trained (1,577 DMHAS employees and 2,884 staff at non-profits). 78 self-directed web-based trainings were offered, and 6,101 individuals successfully completed these trainings. Some trainings focused on the current opioid crisis, including "Overdose Prevention Training: Practical Guidelines for Program Development and Implementation," "Current Trends in Street Drugs & Prescription Medications," and "Medication-Assisted Treatment and Recovery for Substance Use Disorders". In addition the Division offered self-directed web-based trainings "Prescription Drugs: Abuse and Addiction," "Understanding Opioid Addiction and Treatment," and "Naloxone in the Prevention of Opioid Overdose."
- **Cultural Competence/Healthcare Disparities:** The Office of Multicultural Healthcare Equality (OMHE) continued work on the implementation of the DMHAS Multicultural Strategic Plan which is focused on further development of organizational/systemic cultural competence and the reduction of healthcare disparities. OMHE provided training through multiple venues and programs, including the Project for Addictions Cultural Competency Training (PACCT) program. The PACCT training concentrates on increasing skills necessary for employment in the addiction services field for people from underrepresented populations. Additional training activity centers on the development of awareness and understanding of the federal *Culturally and Linguistically Appropriate Services* (CLAS) standards and the OMHE is specifically focusing on language access within DMHAS operated services.
- **Recovery Support Specialists:** DMHAS has been pleased to support Recovery University through Advocacy Unlimited, a training and certification program to assist individuals in becoming Certified Recovery Support Specialists in Peer Delivered Services. Recovery University provides an 80-hour advanced training and certification program for persons with mental health histories. It is the only State-authorized program to certify individuals as meeting the requirements of Certification for Recovery Support

Specialist. Upon successful completion of the course and the certification exam, graduates will be state certified as *Recovery Support Specialists, Peer Delivered Services*. DMHAS and its funded private, non-profit providers require that certain positions be filled by certified Recovery Support Specialists.

- **Peer Bridger Program:** DMHAS funds Advocacy Unlimited to operate the Peer Bridger Program to serve up to 100 individuals who have difficulties using traditional behavioral health services. The program is a flexible, community-based service that has the capacity to support individuals during day, evenings and weekends. Certified Recovery Support Specialists, who are familiar with local resources, staff the program and have established relationships with both State inpatient facilities and private hospitals throughout the state. The program utilizes Intentional Peer Support, an evidenced based practice, as a way for peers to encourage peers to do what they can to achieve their personalized recovery.
- **Hearing Voices Network:** The Hearing Voices approach offers a non-pathologizing, open way of understanding and supporting people through the experience of hearing voices. It assumes that hearing voices (as well as seeing visions and other sensory experiences) can be a normal part of human experience with a variety of meanings for people. Hearing Voices support groups are widely available throughout the United Kingdom and many other countries and are just taking hold in the United States. The aims of the network are to raise awareness of voice hearing, visions, tactile sensations and other sensory experiences; to give men women and children who have these experiences an opportunity to talk freely about this together; and to support anyone with these experiences seeking to understand, learn and grow from them in their own way. Eleven Hearing Voices Network groups are now offered across Connecticut.

4. Promote Integration and Continuity of Care: *Provide holistic, person-centered, culturally and spiritually responsive, and integrated mental health, addiction, and primary care, including prevention, health promotion, and alternative and complementary approaches.*

- **Behavioral Health Homes:** This is an innovative, integrated healthcare service delivery model that is recovery-oriented, person and family centered and promises better patient experience and better outcomes than those achieved in traditional services. The Behavioral Health Home service delivery model is an important option for providing a cost-effective, longitudinal “home” to facilitate access to an inter-disciplinary array of behavioral health care, medical care, and community-based social services and supports for both adults and children with chronic conditions. Behavioral Health Homes offer comprehensive care management; care coordination; health promotion; comprehensive transitional care; individual and family support, referral to community and support services. The goals include improving individual experience of care, improve population health, and reduce per capita health care costs.
- **Access To Recovery (ATR) IV** is a three-year grant program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT). The total grant over 3 years is \$7,084,767. ATR is a presidential initiative which provides vouchers to adults with substance use disorders to help pay for a range of community-based clinical treatment and recovery support

services. The goals of the program are (1) Facilitate genuine individual choice and promote multiple pathways to recovery through the development and implementation of a substance use treatment and recovery support service voucher system; (2) Expand access to a comprehensive array of clinical substance use treatment and recovery support services, including those provided through faith-based organizations; and (3) Ensure each client receives an assessment for the appropriate level of services. All services are designed to assist recipients remain engaged in their recovery while promoting independence, employment, self-sufficiency, and stability.

- **Statewide Behavioral Health Integrative Medicine Collaborative** has been created to further the department's commitment to providing person-centered approaches grounded in science and to promote and coordinate statewide integrative medicine activities within Connecticut's behavioral health service system. Integrative health involves bringing conventional and complementary approaches together in a coordinated way. The use of integrative approaches to health and wellness has grown within care settings across the United States. Research has shown that integrative medicine approaches have significant effects in positive mental health and there is a growing trend in utilizing integrative medicine in behavioral health settings to address mental health and substance use issues and improve clinical outcomes. Mindfulness and Yoga have been demonstrated to show significant benefits for behavioral health including reducing depression, anxiety, and chronic pain. Approaches implemented at DMHAS-operated facilities include animal-assisted therapy; aroma therapy; comfort/sensory rooms; compassion practice, dance/movement therapy; herbal supplements/nutrition; mindfulness meditation; Reiki; spirituality; T'ai Chi; vibrational healing; walking meditation and restorative yoga. DMHAS-funded advocacy organizations have also implemented a holistic health approach including programming through Advocacy Unlimited "Toivo," and the Connecticut Community for Addiction Recovery (CCAR). The DMHAS Integrative Medicine Collaborative will collect and report on the research findings related to integrative medicine approaches; explore and promote the use of standards for integrative medicine practice in behavioral health settings; and meet quarterly to offer behavioral health professionals with an interest in integrative approaches the opportunity to share knowledge and resources, coordinate efforts; and develop and nurture professional partnerships.
- **Connecticut Mental Health Center Wellness Center:** The DMHAS-operated Connecticut Mental Health Center (CMHC) Wellness Center is a primary care clinic located within CMHC in New Haven. CMHC clients may choose to receive their primary medical care at the Wellness Center. Physicals, follow-up medical appointments, sick visits, administered vaccines, blood work, other diagnostic tests, and referrals to medical specialists. The Wellness Center also offers Wellness Workshops, such as how to quit smoking or prevent diabetes, as well as support from Peer Health Navigators. The Wellness Center is made possible through a partnership between CMHC and the Cornell Scott-Hill Health Center and was established with a grant from the Substance Abuse and Mental Health Services Agency (SAMHSA), the federal agency for behavioral health care, as part of SAMHSA's initiative to integrate primary and behavioral health care nationwide.

- **The Connecticut Mental Health Center Citizenship Project:** The DMHAS-operated Connecticut Mental Health Center's (CMHC's) Citizen Project is a pilot program that has implemented citizenship-oriented clinical care at CMHC, expanded community connections for clients, and developed a manual for use in implementing citizenship programs at other sites in Connecticut. The Citizenship Project, now based at the Yale Program for Recovery and Community Health (PRCH), has been running a program based on the "5 R's" of citizenship: *rights, responsibilities, roles, resources, and relationship*. Through the Citizenship Project, the spirit of community will grow and flourish throughout CMHC, which serves over 5,000 patients each year in the Greater New Haven region.

Affirmative Action Plan: DMHAS annually prepares and submits its Affirmative Action Plan to the Connecticut Commission on Human Rights and Opportunities for approval.

Triennial Substance Abuse Report: DMHAS has been directed through legislation to triennially develop a state substance abuse plan; the plan was submitted in 2016. The plan is expected to include goals, strategies, and initiatives that will be the focus of the state's efforts over the next three years. Therefore this report includes information from any of the state agencies that are involved in delivering substance abuse services.