At a Glance 2020 Report

Agency: Connecticut Department of Mental Health and Addiction Services
Commissioner: Miriam E. Delphin-Rittmon, Ph.D.
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
Central Office: 410 Capitol Avenue
4th Floor
Hartford, CT 06106
Number of Employees: 3,0034 FTE's (filled positions) FTEs, 3,440 authorized FTEs
Recurring operating expenses: $685,461,632
Organizational structure:

- Affirmative Action
- Community Services Division
- Evaluation/Quality Management and Improvement
- Evidence-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 (DMHAS) 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 offers Connecticut residents choices from an array of accessible services and supports 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 service effectiveness, including ongoing compliance with the highest national standards of behavioral healthcare by seeking accreditation by the Joint Commission across all its state-operated facilities. DMHAS provides statewide behavioral health services to over 110,000 individuals through state operated services and over 160 private not-for-profit contractors. DMHAS runs the two state psychiatric hospitals, one of which includes detox and residential treatment services for addiction disorders. Inpatient units are also available at three other state-run facilities.

Improvements/Achievements SFY 2019-2020

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 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.*

    - **Real-time Bed Availability Website for Addiction Services:** DMHAS updated its real-time bed availability website to include sober homes which have received accreditation per Conn. Gen. Statute 17a-716. The website gives users real-time information of availability for approximately 1,000 DMHAS-funded beds including detoxification services, residential addiction treatment, recovery housing and sober homes. The information on the website is updated by providers regularly.

    - **Real-time Bed Availability Website for Mental Health Services:** DMHAS launched a new mental health bed website on 8/21/20. This is a public-facing website designed to educate stakeholders about the continuum of care, increase transparency regarding available resources, and facilitate access to services. The site includes 45 agencies and 1766 beds across six types of beds (i.e., inpatient, intensive residential, group homes, supervised apartments, transitional, respite).

- **Alcohol Drug Policy Council (ADPC)**: 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), 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 four subcommittees: Prevention, Screening and Early Intervention; Treatment; Recovery; and Criminal Justice. This year's focus continued to be prevention, treatment and support for individuals living with opioid use disorder.

- **Emergency Department Recovery Coaches:** DMHAS began funding the Connecticut Community for Addiction Recovery (CCAR) in the spring of 2017 for Emergency Department (ED) Recovery Coaches in four hospitals in eastern Connecticut (Lawrence and Memorial Hospital, Manchester Memorial Hospital, William Backus Hospital and Windham Hospital). ED Recovery Coaches are trained professionals with personal lived experience who engage patients with a possible substance use diagnosis, offer assistance and make referrals to treatment or other recovery support. With the infusion of federal opioid funds, the initiative has been expanded to include emergency departments at the following additional hospitals: Mid-State, St. Francis, Danbury, Day Kimball, Hospital of Central CT, Charlotte-Hungerford, Johnson Memorial, St. Mary's, Stamford, Rockville, Hartford, Middlesex, Norwalk, Rockville, St. Vincent's.

- **Statewide Substance Abuse Access Line and Transportation (1-800-563-4086):** DMHAS funds trained staff and a dedicated toll-free Access Line available 24/7, 365 days a year. Using an assessment and triage database developed specifically for this project, the Access Line staff screens and refers callers to appropriate levels of care through conference calling with treatment providers and arranges for transportation when necessary. As of July 2017, the Access Line links individuals from anywhere in the state to transportation for certain residential services, with the highest priority being residential detoxification.

- **Expansion of Medication Assisted Treatment (MAT) in DMHAS Facilities**: DMHAS is expanding its capacity to offer MAT specifically for opioid use disorders within its own facilities. DMHAS operates six outpatient facilities with nine locations across the state and an inpatient Addiction Services Division in Middletown and Hartford. DMHAS psychiatrists and APRNs have been trained and certified to prescribe buprenorphine, a medication used to treat opioid use disorder, giving these facilities the capacity to perform medication induction or maintenance with buprenorphine and other MAT medications.

- **Expansion of MAT and other initiatives for Prescription Drug and Other Opioid Addiction Resulting from Federal Funding:** DMHAS received three large federal grants from SAMHSA. One grant provides FDA-approved medication and recovery support services to individuals with opioid use disorders by expanding existing outpatient resources and the statewide medication assisted treatment infrastructure: $1,000,000 in annualized funding for three years (2016-2019) is supporting clinics in three geographic areas that were identified as especially "high-risk" as a result of an analysis of treatment admission and overdose death data. These areas are Willimantic, Greater New Britain (Berlin, Plainville and Bristol) and Torrington. Buprenorphine and/or naltrexone are medication being offered to treat individuals with opioid addiction and naloxone is offered for overdose reversal.

In addition, the State Targeted Response to the Opioid Crisis ($5.5m) was awarded for two years (2017-2019) and is supporting multiple treatment, prevention and recovery support initiatives statewide including recovery coaches in hospital emergency departments, a media campaign, family support groups, medication assisted treatment, treatment vouchers, and naloxone (Narcan) training and distribution. More recently, in the Fall of 2018, DMHAS received an additional $17m through the State Opioid Response (SOR) grant to continue to address this crisis by expanding its prevention, treatment and recovery support initiatives in an aggressive attempt to impact the rising overdose death rate. In addition to numerous private not-for-profit agencies, other State agencies were recipients of this funding including the Departments of Correction, Children and Families and Public Health, as well as the Judicial Branch. This funding will continue through 10/1/20 with the expectation that it will continue for at least another year or two beyond that.

- **Trauma Informed Care:** 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. DMHAS maintains a directory of trauma services within its network and offers ongoing trainings on these topics to its providers.

    - Attachment, Self-Regulation and Competency (ARC) Model: DMHAS Young Adult Services (YAS) has been training direct care and clinical staff in the trauma-based ARC Model. This model is applied across all levels of care and offered to all YAS staff. The ARC Model builds staff competencies required to assist individuals with ameliorating the debilitating physiological, behavioral and psychological effects of their traumatic experiences. YAS has provided four ten-week training modules over the past year.

    - A DMHAS representative began serving on the ACES taskforce in 2020. The group seeks to increase resilience building practices and policies for all families, organizations, systems and communities regardless of race, gender, ethnicity and socio-economic status.

    - YAS ACE Study: Previous research conducted on the YAS cohort confirmed high-rates of childhood trauma exposure as measured by the Adverse Child Events Scale (ACE). More recently, YAS developed an enhanced instrument that adds additional measures of childhood adversities along with onset risk behaviors. In collaboration with the EQMI Division, itemized scores are entered directly into a centralized data base that captures adversity data on every individual referred through the Office of the Commission YAS Division. Since initiating data collection, nearly 300 completed scales have been submitted. Data analysis on these cases is underway with the goal of informing YAS efforts to better understand and mediate the effects of early childhood trauma on behavioral challenges in young adulthood.

    - The Offices of the DMHAS Medical Director, Statewide Services, and Young Adult Services collaborated to plan and conduct statewide trainings from nationally known experts in the understanding and treatment of severe self-injury. The trainings emphasized current research and evidence-based practices for individuals whose symptoms resulted from severe childhood maltreatment and trauma.

- **YAS Statewide Substance Use Work Group:** This workgroup introduced a 5-part training program for YAS staff that focuses on increasing skills and knowledge of trauma, harm reduction and motivational interviewing in the context of young adult development. Presenters include YAS managers from the Office of the Commissioner along with partners from local YAS programs. Trainings were conducted at Southeastern Mental Health Authority and Bridges, Inc. Additional trainings will be offered around the state when COVID-19 restrictions are lifted.

- **Domestic Minor Sex Trafficking Train the Trainer (DMST):** DMHAS YAS continues to collaborate with the Department of Children and Families (DCF) to facilitate the Introduction to DMST in CT for statewide DMHAS YAS staff. Four separate trainings have occurred to date with two staff trained as trainers. An upcoming virtual training is in the planning process for November in collaboration with the CT Women's Consortium to train additional statewide YAS staff as trainers.

- **Health Equity:** Office of Multicultural Healthcare Equity (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.

- **Tobacco Sales to Minors:** The Department of Mental Health and Addiction Services Tobacco Prevention and Enforcement Program reported a 9.9% retailer violation rate (RVR) in the 2020 Annual Synar Report. Connecticut reports a RVR under 10% for the 4th consecutive year. (9% RVR in 2019). Every year, Connecticut inspects a random sample of tobacco retailers to determine compliance with youth access laws. This rate continues to stand in sharp contrast with the situation in 1997 when the RVR was reported as 69.7% in Connecticut's first Synar Report. On October 1, 2019, Public Act 19-13 raised the purchase age to 21 for cigarettes, tobacco, electronic cigarettes and vapor products.

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*.

    - **LiveLOUD Opioid Campaign:** In an effort to prevent, discourage and destigmatize opioid addiction, on April 1, 2019 DMHAS launched the LiveLOUD campaign, a series of social media, radio, transit, and billboard spots directed to those who are actively using heroin or misusing prescription opioids, their families and communities. The goal of the campaign is to engage people who are actively using heroin or misusing prescription opioids into treatment for opioid use disorder. To ensure effective messaging, focus groups and interviews were conducted for a number of stakeholders including families, individuals who were actively using heroin or misusing prescription opioids, individuals in treatment, recover coaches and individuals in recovery, harm reduction thought leaders, medical directors and many others. The campaign was named a winner in the 2019 American Web Design Awards in the Social Media and Web Design categories of the competition. Additionally, partners throughout the state have adapted the campaign for use in their own communities. This year the campaign was enhanced by a Live Chat feature on the LiveLOUD website which allows immediate connection to a Recovery Coach.

    - **Community Opioid Forums:** Commissioner Delphin-Rittmon participated in local community forums addressing the prescription drug and heroin crisis. Many of these forums were

organized by local State legislators and included panels comprised of State leaders, persons in recovery, addictions psychiatrists, pharmacists, community leaders, members of law enforcement and school officials.

- **CT Suicide Advisory Board (CTSAB):** The CTSAB functions as the single state-level suicide advisory board in CT that addresses suicide prevention and response across the lifespan. While it is tri-chaired by the CT Department of Mental Health and Addiction Services and the Department of Children and Families, and CT Chapter of the American Foundation for Suicide Prevention, its membership comprises a very diverse coalition of state and community agencies, faith-based organizations, hospitals, military, schools, higher education, towns, private citizens, professional associations, health and behavioral health professionals, law enforcement, professional associations, insurance providers, legislators, students, survivors of loss and their foundations, individuals with lived experience, and advocates. The CTSAB develops and activates the state plan; promotes the state 1 WORD, 1 VOICE, 1 LIFE campaign; hosts the CT Zero Suicide Initiative; provides consultation services on prevention and postvention; makes training and education resources and opportunities available; provides networking and resource exchanges; and advises state agencies on the use of their suicide-related state and federal dollars.

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.*

- Governor Lamont signed Executive Order Number 2 in July of 2019 directing the centralization of Human Resources and Labor Relations into the Department of Administrative Services (DAS) and the Office of Policy and Management (OPM) respectively to provide state government with the highest quality personnel management services at the lowest possible cost, and further the uniform administration of processes, systems, and functions among state agencies. On August 28 the functional areas within the DMHAS human resources unit including labor relations will be operating within the new centralized structure with the goal of improving the customer experience for the DMHAS workforce as relates to workers' compensation, family medical leave application, talent solutions and labor relations. These initiatives are intended to yield operational efficiencies and are expected to result in considerable cost savings.

- **Client Rights and Grievance Specialist:** The DMHAS Client Rights and Grievance Specialist is also the DMHAS Americans with Disabilities Act (ADA) Title II Coordinator and promotes the rights of people receiving DMHAS provided mental health and substance use disorder treatment and services by:
    - Responding to concerns and complaints regarding services provided by DMHAS state-operated and DMHAS contracted providers by offering information and as necessary referrals.
    - Working with DMHAS facilities and programs to ensure persons with disabilities have equal access to DMHAS programs, activities and services as the DMHAS Title II ADA Coordinator.
    - Making sure DMHAS facilities and DMHAS contracted providers of direct mental health and substance use disorder treatment and services observe the DMHAS Client Grievance Procedure as a non-adversarial means of addressing complaints.

- Reviewing grievances on behalf of the DMHAS Commissioner as provided by the DMHAS Client Grievance Procedure and Regulations of Connecticut State Agencies §§17a-541(t) 1 through 17a-541(t)20.
- Providing trainings for DMHAS staff and staff of DMHAS contracted providers as well as community groups on the DMHAS Client Grievance Procedure, Connecticut Patient Bill of Rights, Americans with Disabilities Act, Affordable Care Act Section 1557 and other topics pertaining to rights and recovery.
- Disseminating information on the rights of DMHAS clients and patients.

- **DMHAS Opioid Overdose Reversal Training Program**: Since 2012, DMHAS has conducted 211 in-person training sessions on opioid overdose reversal. Over this period of time, more than 4,300 individuals have been trained on when and how to administer the life-saving opioid overdose antidote - naloxone (Narcan). The naloxone webpages on the DMHAS website have been updated to include a printable brochure with instructions on when and how to administer naloxone, a training video, and a training power point entitled: *The Opioid Epidemic and Naloxone*. Training has been provided not only to those who want to be able to administer naloxone when indicated, but also to those who want to be able to train others. Training recipients include: community members, schools/universities, health care providers, treatment/service providers, police departments/public safety/municipal officials, other state agencies, task forces/coalitions and conference participants. When appropriate, as with the COVID-19 virus, training sessions have been provided using teleconferencing platforms.

- **Office of Workforce Development:** Office of Workforce Development: The Office of Workforce Development focused on training staff providing direct service to patients/clients in behavioral health settings. Trainings were provided to staff working in both state operated and DMHAS funded programs. There were 51 instructor-led trainings completed, covering a variety of topics aligned to meet current needs of the department. These included trainings to promote recovery oriented behavioral health topics. These included a focus on trauma informed care, responding to the opioid crisis, and co-occurring disorders. As there is a workforce shortage in certified and licensed addiction counselor many trainings were designed to meet the training requirements for those credentials. Self-directed web-based trainings focusing on client care are also provided to all staff working in DMHAS operated and funded programs. There were 86 web-based trainings offering with 28,207 completions. There was an increase in these completions likely due to the cancellations of instructor- led trainings because of Covid-19. Most instructor-led and web-based trainings provided continuing education credits for a number of licensed professionals. In addition, there were 21 offerings of Human Resource Centralized Orientation and 17 Diversity Trainings. In total there were 1,791 completions

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*.

    - **DMHAS State Operated Services:** The DMHAS State Operated service system consists of eight facilities across the state offering inpatient, residential, respite, outpatient and crisis services. The two largest facilities include Connecticut Valley Hospital and Whiting Forensic Hospital. Connecticut Valley Hospital (CVH) is an inpatient mental health and substance use disorder treatment facility operated by DMHAS with 209 psychiatric beds and 110 substance abuse

treatment beds at our Middletown campus. There are an additional 42 substance abuse beds located on CVH's Blue Hills campus in Hartford. The General Psychiatry Division of CVH has units dedicated to specialized treatment for young adults, clients with brain injuries and geriatric clients. The Addiction Services Division of CVH provides both detox and rehabilitation services. The Whiting Forensic Hospital specializes in psychiatric forensic services and is made up of 229 inpatient beds. Whiting serves individuals with under the jurisdiction of Psychiatric Security Review Board, individuals in need of competency restoration or people who are civilly committed and need the services of a high security psychiatric hospital. The remaining DMHAS facilities are the State Operated Local Mental Health Authorities (LMHA). These facilities offer both inpatient/residential and outpatient services including specialty services such as those for young adults, individuals with co-occurring substance use, and jail diversion. Behavioral health home services are another important component of the LMHA system integrating behavioral health and physiological health services.

- **Healthcare Disparities**: In collaboration with the DMHAS Evaluation and Quality Management and Improvement (EQMI) Division, the Office of Multicultural Healthcare Equity (OMHE) continued work to identify healthcare disparities within the department's community behavioral healthcare system. The office is working with DMHAS facilities assessing the implementation of "Culturally and Linguistically Appropriate Services (CLAS)" standards.

- **Changing Pathways to Opioid Use Disorder Recovery:** Medications for Opioid Use Disorders (MOUD) is an evidence-based practice associated with the most successful outcomes to date in the treatment of people with Opioid Use Disorder (OUD), but is grossly underutilized. Many withdrawal management programs follow an abstinence-based medical detoxification protocol, discharging or transferring a client once the detoxification medication has been tapered to zero. The period after detoxification is an especially high-risk time for opioid-use relapse, as well as accidental overdose and/or death due to decreased physical tolerance. Thus, induction on MAT during withdrawal management and a seamless transition/warm hand off to follow-up care can save lives for individuals choosing to support their recovery with medication.

  Beacon Health Options, under the auspices of the Connecticut Behavioral Health Partnership, along with InterCommunity Inc. (IC), and Hartford Healthcare's Rushford Center (HH) has continued the Changing Pathways pilot. Changing Pathways uses a person-centered, multidisciplinary approach to incorporate MOUD induction into withdrawal management care. The three essential components of the Changing Pathways model are:

  1. Frequent and thorough education of individuals with OUD on MOUD
  2. Offering individuals with OUD the option to be inducted on MOUD during their withdrawal management
  3. Comprehensive discharge planning and seamless warm transfers to guarantee continuation of MOUD post-discharge

  These three essential components have numerous benefits for providers and individuals with OUD. MOUD has been shown to reduce the risk of relapse and overdose, support individuals significantly in sustaining long-term recovery, and to allow individuals to better tend to other behavioral and/or medical issues they are facing compared to individuals who pursue treatment without medication.

Members who were inducted (10/1/18-10/1/19) on MOUD had significantly better outcomes than members who went through traditional detoxification protocols:

- During the first year of the initiative, 475 MAT inductions were performed, representing a significant increase in induction rates (over 800% increase for IC and over 300% for HH).
- Education about risks and benefits of MOUD (methadone, buprenorphine, and naltrexone) vs. treatment without medications was documented for over 85% of members with OUD discharged from the pilot sites between May and October 2019. An increase from 51.2% starting in May 2019 to 100% in October 2019.
- Induction was associated with lower discharges Against Medical Advice (AMA) rates (14.7% vs. 23%), readmission rates at 7-day (3.6% vs. 5.9%) and 30-day (14.3% vs. 21.6%), and higher connect-to-care rates at 7-day (50% vs. 36.4%) and 30-day (71.3% vs. 53.3%) when compared to traditional detox protocol.
- When comparing service utilization before and after the index episode of withdrawal management, individuals who were inducted showed a higher reduction than individuals who went through the traditional detox protocol.

Additionally, statewide, the rate of connection to MOUD post-discharge from withdrawal management increased from 27.6% in CY Q2 '18 (the three-month period prior to implementing Changing Pathways) to 37.4% in CY Q1 '19

In 2019, the original implementation of the Changing Pathways program was launched on an inpatient psychiatric unit at St. Francis Hospital. This was to better understand how the general inpatient hospital services providers, including medical and psychiatric units, face unique considerations in successful adoption of this practice change. Special considerations and lessons learned in practice, thus far, can be broken down into the following categories:

- screening and identification;
- attitudes towards and knowledge concerning MOUD;
- operational considerations; and
- regulatory considerations

In 2020, the pilot expanded from the first two Freestanding Detox Facilities to include a third provider, Southeastern Council on Alcoholism and Drug Dependence, Inc. (SCADD).

- **Mental Health Waiver Program:** The Mental Health Waiver Program is designed to help divert and discharge individuals with serious mental illness from long term care facilities into a comprehensive array of home and community-based services. The Mental Health Waiver provides psychiatric rehabilitation including but not limited to the Community Support Program, Peer Support, Transitional Case Management, Supported Employment, and Recovery Assistance in order to support individuals in the community and avoid institutionalization. This array of services allows participants to remain in the least restrictive environment while promoting a sense of belonging in their communities. Over the past year the number of waiver participants served reached 615. From April 2019 to March 31, 2020 the Mental Health Waiver received 377 referrals; enrolled 127 individuals onto the waiver; and had 75 participants in various stages of admission. The program continues to streamline procedures and will be enrolling in the Electronic Visit Verification (EVV) system in early 2021.

- **Client and Patient Information**: DMHAS submits a triennial report that includes, but is not limited to, a summary of client and patient demographic information, trends and risk factors associated with alcohol and drug use, effectiveness of services based on outcome measures, progress made in achieving those measures and statewide cost analysis. The 2019 Report was submitted this year, including the Women's Substance Use Services Report per PA 18-39.

- **The Women's REACH (Recovery, Engagement, Access, Coaching & Healing) Program (REACH):** REACH provides statewide integration of 15 Recovery Navigators positioned throughout each of the five DMHAS regions. The Recovery Navigators are all women who are in a position to use their own personal recovery journey to help support others. These Recovery Navigators use a combination of recovery coaching techniques and case management services to support women in the community. Based on an outreach and engagement model, female recovery navigators develop collaborative relationships with local community based programs and providers within the medical and behavioral health community including birthing hospitals, recovery-based programs and other state partners including DCF and OEC. The recovery navigators also work within their respective communities to connect with women needing access to care to increase real-time engagement with treatment and to support the development of an individualized recovery support network. Services are prioritized for pregnant or parenting women with substance use or co-occurring disorders. The REACH navigators have a key role in the development and support of individualized Plans of Safe Care in compliance with state and federal legislation related to the Child Abuse Prevention and Treatment Act (CAPTA.)

- **The DMHAS Nursing Home Diversion and Transition Program (NHDTP):** NHDTP is a crucial component of the progress towards transforming the long-term care system in Connecticut for persons with serious and persistent mental illness (SPMI). The emphasis of the program is to reduce dependence on nursing homes and assist people with SPMI to obtain housing and mental health services in the community. Nurses help to assess, stabilize and transition persons to home- and community-based services, as well as to a variety of housing options that are offered to individuals as an alternative to institutionalization. The goal of the program is to divert individuals from a higher level of care and transition to the least restrictive, most integrated community setting possible. Additionally, the NHDTP staff engages with individuals who are ambivalent about leaving the nursing home and meet regularly with nursing home staff for treatment updates in support of community transition. To accomplish these tasks, nurse clinicians and case managers act as liaisons between clients, nursing homes, hospitals, Local Mental Health Authorities, waiver services and other providers and initiatives. Their assessments and consultations assist in developing person-centered care plans and accessing services. In addition, they provide education and advocacy to service providers, clients and family members.

- **Provider Dashboard Quality Reports**: The DMHAS Evaluation, Quality Management and Improvement (EQMI) Division continues to issue Provider Quality Reports on a quarterly basis. Every funded program receives a report card that measures provider performance on a range of contractual outcomes. The Quality Reports include National Outcome Measures, results from the Annual Consumer Satisfaction Survey, and data quality measures.

- **Annual Statistical Report:** The Evaluation, Quality Management and Improvement Unit began to produce an Annual Statistical Report beginning in State Fiscal Year 2013. This report is intended to be a summary of statistics regarding the services that DMHAS provides. The report

is produced annually, typically in the late fall. DMHAS released the SFY 2019 Annual Statistical Report in December 2019.

- **Consumer Satisfaction Survey:** The Evaluation, Quality Management and Improvement Unit annually produces and distributes a Consumer Satisfaction Report. The report is typically released in the fall. All funded providers are required to survey a sample of the individuals they serve. The survey is a national tool developed to allow states to compare their consumer satisfaction to other states. Connecticut typically is among the leaders in consumer satisfaction.

- **YAS Skills Training**: DMHAS YAS staff actively collaborate with local service providers to prioritize skill trainings for young adults focused on three areas: self-care and home management skills, community living skills, and vocational preparedness. Outcomes of skill based services are measured using the L.I.S.T. or the DLA-20 assessment tools. DMHAS YAS is collaborating with researchers at the University of Connecticut School of Social Work to measure skill improvements in the YAS client cohort. Additionally, YAS has also collaborated with DCF to provide support and consultation related to the implementation of the LIST, and co-facilitated LIST trainings with DCF for providers.

- **Utilization Management Tool and Outcomes**: YAS has developed/implemented a Utilization Management Tool to ensure effective utilization of 14 supervised community-based living programs statewide with 16 – 24 hours/day of on-site staff support (approximately 100 beds) which:

    - Allow young adults additional time and resources to learn and develop the skills they need to live independently in the community;
    - Provide intensive wrap around support (i.e. life skills, vocational and educational opportunities, case management, etc.);
    - Provide opportunities for positive ("pro-social") activities;
    - Provide a safe and nurturing environment to promote recovery from mental health and substance use;
    - Utilize trauma informed approaches using the Attachment, Regulation, and Competency Model (ARC); and,
    - Expanded pre/posttest analysis of housing outcomes in this program shows reductions in high risk behaviors from admission to discharge and very high rates of discharge to stable housing in the community. Follow up analysis at 6 months and one-year post discharge indicates housing stability is maintained. This analysis was accepted as a poster presentation at the 2020 University of Connecticut School of Social Work Annual Research Day event. Initial data results were presented in a July 2019 paper presentation at the 9th International Conference on Social Work in Health and Mental Health in York, UK.

- **YAS Data Reports:** YAS continues to partner with UCONN to develop and refine "dashboard" reports for all YAS programs statewide as a way to monitor outcomes and progress. YAS also continues to collaborate with the Department's Quality Improvement Division to develop and enhance data reports related to the YAS Fidelity Scale for monitoring of statewide program standards and expectations.

- **YAS Trauma Treatment Outcome Study:** This study has received preliminary approval from the DMHAS Institutional Review Board (IRB) and endeavors to measure the benefits of trauma-informed supervision for YAS clinicians using the YAS trauma treatment model (ARC). Given the high stress experienced by clinicians who work with severely traumatized and high-risk YAS clients, the study integrates the anticipated benefits (increased resilience, optimism, job satisfaction) for our YAS workforce with therapeutic outcomes experienced by their clients (reduced trauma symptoms, increased emotional and behavioral stability).

- **YAS Employment and Education Outcomes Study:** Using secondary data analysis, this study analyzed predictors of young adult engagement in education and employment activities over a 12-month period at a single YAS program. The results show a strong positive relationship between symptom reduction and engagement in these activities. Symptom management increased over the course of the yearlong study. Additionally, substance use in this cohort was negatively associated with symptom reduction and thus interfered with engagement in employment or educational activities. Results of this study are currently being disseminated to the test program, and plans are to replicate the study at other statewide YAS programs over the next year.

- **YAS Perinatal Support Program and Prevention Services**: DMHAS YAS has developed and implemented a Perinatal Support Program to provide prenatal, labor and delivery Doula supports, and in-home parenting support services to all pregnant and parenting young adults. Birth Support, Education & Beyond, LLC (BSEB) Perinatal Support Services began providing these services to DMHAS YAS clients in April 2014, since which time:
    - 179 total clients have been served;
    - 153 births occurred while receiving services;
    - 108 clients enrolled became first time parents;
    - 90 clients were referred for evaluation and treatment of Perinatal Mood and Anxiety Disorders.

  The team of Perinatal Support Specialists has remained connected with clients during the COVID-19 pandemic, providing continuous support and educational services. Seven babies have been born with doula support, and home-visits have resumed with use of health screening and personal proactive gear use. The team has continued to stay up-to-date with the practices and protocols recommended by the American Academy of Obstetricians & Gynecologists, Pediatrics, Doula's, Home-Visiting Programs, Department of Public Health and Center for Disease Control. The Founder/Director of BSEB is a member of The State of CT Women and Children's Health Committee Work Group on Maternity, Postpartum & Well-Baby Care during COVID-19 which is examining the impact that COVID-19 is having on women and children during and after pregnancy to identify gaps in care and determine short and long term policy changes throughout the state.

- **Connecticut Stay Strong Grant:** A five-year federal grant was awarded to Connecticut DMHAS under the YAS Division to develop and implement an early intervention program for young people between ages 16 and 25. Stay Strong provides outreach and initial treatment engagement for at-risk youth and young adults in two diverse municipalities, New Britain and East Hartford. The University of Connecticut School of Social Work, as the research partner, will collect data and report on outcomes over the course of the grant.

- **Reaching Home Campaign:** For the past several years, the YAS Division has participated in the statewide Reaching Home Campaign, specifically related to ending Youth and Young Adult Homelessness. OOC YAS Managers have participated in various work groups, sub-committees and initiatives including the Youth and Young Adult Work Group, Systems Work Group, DCF Transitioning Youth, Prevention and also the statewide 100 Day Challenge. The YAS Division has worked to improve collaboration between the homeless service system and mental health system by providing feedback, consultation, input and training related to the YAS program as well as engaging and working with young adults with mental health issues. The YAS Point Person on this initiative from the Office of the Commissioner has facilitated meetings in several of the CAN/YETI regions with homeless service system staff and YAS Directors from the corresponding regions to improve collaboration and communication between the systems at the local level. This manager also continues to serve as the point person statewide for particularly challenging or acute cases.