Department of Mental Health and Addiction Services,
a Healthcare Service Agency

At a Glance

PATRICIA A. REHMER, ***MSN Commissioner***
Ezra Griffith M.D., ***Acting Medical Director***
Established **- 1995** [1]
Statutory authority **– CGS Sec. 17a-450**
Central office **- 410 Capitol Avenue, 4th Floor**
P.O. Box 341431
Hartford, CT 06134
Number of employees (full and part-time) **- 3,552**
Recurring operating expenses **- $762,722,978**
Organizational structure **-**
The organizational structure of the Department of Mental Health and Addiction Services (DMHAS) emphasizes results-based accountability through the Offices of the Commissioner, Medical Director, Chief Financial and Operating Officer, Affirmative Action, Community Services Division Education/Training, Evaluation/Quality Management and Improvement, Forensic Services, Healthcare Finance, Human Resources, Information Systems, Legal/Ethics Compliance, Legislation/Policy, Military Support Services, Multicultural Affairs, Planning Analysis/Support, Prevention/Health Promotion, Recovery Community Affairs, Safety Services, Statewide Services, and Young Adult Services.

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[1]*Merging the former Department of Mental Health (established 1953) with the Addiction Services component of the Department of Public Health and Addiction Services.*

Mission

DMHAS is a healthcare service agency responsible for health promotion, and the prevention and treatment of mental health and substance use disorders in Connecticut. The single overarching goal of DMHAS is promoting and achieving a quality-focused, culturally responsive, and recovery-oriented system of care. The mission of DMHAS is to improve the quality of life for Connecticut residents by providing an integrated network of comprehensive, effective and efficient mental health and addiction services that foster self-sufficiency, dignity and respect.

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 financial means to obtain such services on their own. DMHAS also provides collaborative programs for individuals with special needs, such as persons 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, National Guard/Reserve members 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 Service 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 Division 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 2011-12

In addition to the Department's overarching goal of building a *Value-Driven, Recovery-Oriented System of Care*, 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. **Improved Service System**— *Providing a Comprehensive Array of Services that Promote Health, Economic Opportunity, Social Inclusion and Sustain Stability in Individuals' Lives.*

- **Military Support Program (MSP).** Expanded the MSP statewide clinical panel to 430 clinicians who have been trained to provide outpatient counseling services to Connecticut National Guard/Reserve members and their families; and Embedded 29 licensed clinicians, who serve as a visible and familiar resource through provision of valuable behavioral health information and as the key point of contact for timely access to services, within 25 National Guard units that have been or will soon be affected by deployment(s) in Operations Enduring and Iraqi Freedom.
- **Alternative to Incarceration/Reduction in Recidivism.** Continued training law enforcement personnel on working effectively with persons with psychiatric disorders, with 921 officers from over 65 departments trained since 2004; and Implemented the Rental Assistance Program, which provides a permanent rental subsidy to individuals with serious mental illness who are involved in the criminal justice system to allow them to develop a stable residence and live successfully in the community.
- **Access to Recovery (ATR) Program.** Continued to provide clinical and recovery support services to the most vulnerable populations with substance use disorders. Innovative clinical treatment such as Buprenorphine Treatment was utilized throughout the grant year. Recovery support services such as housing assistance, care coordination, and case management and were utilized by the majority of recipients.
- **Cultural Competence/Health Disparities.** Initiated the Connecticut Health Foundation funded initiative, in collaboration with the Yale Program for Recovery and Community Health, to develop and test a cultural competence system change intervention.
- **Community Support Program (CSP)/Recovery Pathways (RP).** Completed first year of converting general mental health case management services to an evidence-based model, including person-centered planning and psychiatric rehabilitation, across twenty-two (22) DMHAS operated/funded agencies. CSP, a higher intensity level of care, and RP, a step-down or lower intensity level of care, provide essential rehabilitative services to more than 6,000 individuals with severe mental illnesses, many of whom have co-occurring substance use disorders. This ongoing conversion is a key step in the overall transformation to a recovery-oriented system of care.
- **Prevention/Health Promotion Strategies.** Conducted education campaign and unannounced compliance inspections of tobacco retailers across the state, resulting in a 2% reduction in the past year of merchants who sold tobacco to minors; funded campuses statewide to change aspects of campus and community environments that contribute to underage drinking; concluded the 5-year, $11million SPF SIG initiative that to address alcohol and other drug priorities at the state and community levels. The initiative leveraged an additional $12million in state and federal funds. It increased the number of state and federally funded contractors and the number of evidence-based prevention programs being implemented across the state, and reduced the onset of substance abuse and substance abuse related problems among individuals age 12-20; secured over $3million in federal funds to reduce minors access to tobacco products, to enhance the substance abuse prevention infrastructure and to increase suicide prevention and mental health programs on college campuses; and, enhanced linkages among state agencies to develop and implement models of prevention and care coordination.

2. **<u>Quality of Care Management</u>—***Managing by Outcomes, Expanding Continuing Care Recovery and Effective Service Models.*

- **Veterans Jail Diversion Program.** Established jail diversion and trauma recovery services for veterans in the Norwich/New London Courts. The planning process focused on substantive systems integration that resulted in a unifying memorandum of agreement signed by 29 agencies representing multiple systems, including judicial, law enforcement, state agencies, veteran administration, Vet centers, Department of Defense, and community providers. The initiative will be expanded statewide in the coming year.
- **Co-Occurring Disorders.** Expanded the DMHAS Co-Occurring Practice Improvement Collaborative to include 10 additional DMHAS-funded residential addiction treatment programs to assist them in better serving individuals with co-occurring mental health and substance use disorders, bringing the total number of agencies in the Collaborative to 40. Continued to partner with the Departments of Social Service (DSS) and Children and Families (DCF), and CT Behavioral Health Partnership to implement the Integrated Care policy within the ECCs. Hosted filming of a SAMHSA-funded documentary film to highlight CT's exemplary service system for individuals with co-occurring disorders.
- **Supported Education.** Strengthened the infrastructure for the provision of Supported Education Services to individuals with prolonged mental illness across DMHAS' five behavioral health regions; expanded the Supported Education Advisory Committee, to identify educational needs for persons in the DMHAS system and to develop collaborative approaches to supporting students with behavioral health disorders.
- **Employment Supports.** Assisted 11,000 Individuals in Recovery to become employed; Institutionalized the use of the Evidence-based Supported Employment model statewide; Expanded the employment menu of services to include entrepreneurial supports; Implemented an innovative addictions employment model in partnership with the Alcohol and Drug Recovery Center and the Connecticut Community for Addiction Recovery, that developed meaningful employment for 50% of the 358 program participants; and Secured vocational training, through the federally funded Access to Recovery Program, for more than 1,000 persons across the State.
- **Women's Service's Practice Improvement Collaborative.** Continued to implement gender responsive programming and trauma-informed system of care in seventeen (17) of DMHAS' Women and Children programs. Expansion efforts to replicate this initiative at other provider sites have continued. Additionally, DMHAS has begun Utilization Management (UM) for three of the Judicial Branch's Court Support Services Division's Women & Children's Residential programs. UM includes determination of medical necessity, as well as, conducting prospective, concurrent and retrospective reviews.
- **Waiver Programs.** In FY2012, the Nursing Home Diversion and Transition Program diverted 42 individuals from nursing home admission and transitioned 106 (including 9 MH waiver clients) out of nursing homes back to the community. The Mental Health Waiver enrolled an additional 56 individuals and provided services to a total of 129 individuals. Effective April 1, 2012 the Waiver was renewed by CMS for an additional 5 years with an increase of capacity to 553.

- **Recovery Specialist Voluntary Program.** Maximized use of resources across DMHAS, the Department of Children and Families, and the Judicial Branch through this joint initiative that intervenes with families in crisis, improves safety, and increases permanency of children removed from their homes due to parental substance abuse. New and Emerging Best Practice being evaluated by UCONN School of Medicine, promote inter-agency collaboration and data sharing for program development and strategic planning to Improving substance abusing parents' access, engagement and retention in substance abuse treatment and access to support and recovery services.
- **Consumer Surveys.** Again received over 25,000 Consumer Surveys indicating that the majority of individuals are satisfied with services provided or funded by DMHAS. Also implemented a pilot survey focused on health status in which over 2,000 clients responded.
- **Provider Quality Report Cards.** Continued to enhance Provider Quality Report Cards as a provider performance management tool that includes key outcome data at both the agency and program level. Developing a range of supporting quality reports to support this initiative.

3. **Workforce and Organizational Effectiveness**– *Investing in People who Provide Consumer-friendly, High Quality Services.*

- **Veterans Resource Representative Training Program** Trained 150 DMHAS clinicians in the clinical needs of returning veterans; health care services, eligibility criteria, key points of contact and referral methods for accessing services through the U.S. Department of Veterans Affairs and Vet Center systems; and state and federal veterans benefits in order to improve clinicians' ability assist veterans in treatment and service planning.
- **Information Systems.** Implemented a new web-based provider data system that is in full compliance with the federal National Outcome Measures; Continued the upgrade of DMHAS' file, print and email services from Novell to Microsoft, the State of Connecticut enterprise standard; Implemented a prevention data system that collects and manages substance abuse prevention services data and supports performance-based outcome measurement; and Implemented an electronic Risk Management System at the Connecticut Valley Hospital.
- **Prevention Workforce Development.** Offered 49 workshops and trained 744 participants on a variety of prevention topics including but not limited to the prevention of underage drinking, prescription drug misuse and abuse, marijuana use, mental health promotion, prevention certification, mental health first aid, suicide prevention, life skills for the transition to adulthood, positive racial and ethnic identity development, cultural competency and coalition building, and environmental strategies; and provided career development and training opportunities for graduate students from University of Connecticut in order to prepare competent and knowledgeable professionals for the field.

4. **Resource Base**–*Creating a Resource Base to Support Service Goals, Expansions and Fiscally Sound Investments in Workforce, Technology and Information Through Emphasis on Collaboration and Excellence in Communication.*

- **Collaborations and Partnerships.** DMHAS takes pride in the many interagency initiatives and public/private and academic collaborations that improve care for thousands of people in Connecticut. An example includes the Connecticut Behavioral Health Partnership (CT BHP), which consists of the Department of Children and Families, the Department of Social Services, and DMHAS. The CT BHP expanded in 2011 to include DMHAS and contracted with an administrative services organization (ASO) to create and manage an integrated behavioral health service system for Connecticut's Medicaid populations, including HUSKY A & B, DCF Limited Benefit, Charter Oak Health Plan, Medicaid Low Income Adults (LIA) and Medicaid Fee for Service programs. Additional collaborations can be found on the DMHAS website at www.dmhas.state.ct.us.
- **Grants Development**. DMHAS was awarded over 12 million in new federal grants for the following initiatives: 1) $8.3M for the Connecticut Screening, Brief Intervention and Referral to Treatment Program that will be implemented across 30 community health center sites statewide to increase identification and treatment of adults, ages 18 and older, who are at-risk for substance misuse or diagnosed with a substance use disorder; 2) $1.4M for the CT Campus Suicide Prevention Initiative that will bring evidence-based, suicide prevention and mental health promotion policies, practices and programs to scale at institutions of higher education statewide for students up to age 24; 3) $1.9M for the CT Tobacco Enforcement Program to enhance current efforts to prevent tobacco use among minors across the state by decreasing the number of merchants that sell tobacco products to them; and 4) $600,000 for the CT State Prevention Enhancement Initiative to enhance and expand statewide prevention infrastructure to promote emotional health and reduce the likelihood of substance abuse and their related consequences.
- **Housing Development.** Continued to house 1,000 formerly homeless individuals and their families with mental health and substance use disorders through a $11M federal HUD grant; Increased our supportive housing inventory by adding nearly 70 units; Funded 4 new supportive housing projects, in coordination with the Interagency Committee on Supportive Housing that are currently under development; and have an additional Interagency Committee on Supportive Housing RFP issued for the creation of an additional 150 units of supportive housing.

Information Reported as Required by State Statute

Affirmative Action Annual Plan. DMHAS annually prepares and submits its Affirmative Action Plan to the Connecticut Commission on Human Rights and Opportunities each January 30th for approval.

Allocation of Federal Funds by Department. DMHAS is charged with reporting its findings regarding the disposition of allocations on or before January 1st of each year to the Governor and the General Assembly along with the Department's recommendations pertaining to executive and legislature action(s) as it finds beneficial to the public interest.

Client and Patient Information. DMHAS submits a biennial report that includes, but not be 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 a statewide cost analysis.

Connecticut Alcohol and Drug Policy Council. On or before January 15th of each year, the Council, Co-Chaired by DMHAS, is required to submit a report to the Governor and the General Assembly that evaluates substance abuse prevention and treatment services and the policies pertaining to these programs and services.

Substance Abuse Treatment Programs for Pregnant Women and Their Children. On or before November 13th, annually, DMHAS is required to submit a report to the joint standing committee of the General Assembly detailing treatment availability for pregnant women.