

Department of Mental Health and Addiction Services



At a Glance

PATRICIA A. REHMER, MSN *Commissioner*

Paul Dileo, Deputy Commissioner

Ezra Griffith, M.D., Medical Director

Established - 1995¹

Statutory authority – CGS Section 17a-450

Central office - 410 Capitol Avenue, 4th Floor

Hartford, CT 06106

Number of employees (full and part-time) - 3,611

Recurring operating expenses - \$825,973,573

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 Officers, Affirmative Action, Community Services Division, Education and 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, Statewide Services, and Young Adult 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,

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

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 2012-13

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 Individual's Lives.*

- **Military Support Program (MSP)** – DMHAS expanded the MSP statewide clinical panel to 440 clinicians who have been trained to provide outpatient counseling services to Connecticut National Guard/Reserve members and their families; 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 27 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** – DMHAS continued training law enforcement personnel on working effectively with persons with psychiatric disorders, with 1,278 police officers from over 80 departments (43 have a full CIT response) trained since 2004.
- **Cultural Competence/Healthcare Disparities** – DMHAS reinforced its continued commitment to culturally competent services, and the elimination of healthcare disparities; the Office of Multicultural Affairs became the Office of Multicultural Healthcare Equality (OMHE) in Fiscal Year 2013. DMHAS developed a new Strategic Plan that seeks to further embed cultural awareness into the system, as well as enhance in-depth understanding of cultural factors and forces. The Strategic Plan emphasizes enhancement of the cultural and recovery orientation of the DMHAS services structures, as well as the development of regional and systemic cultural and recovery resources. It explores ways to implement cultural best and promising practices throughout the DMHAS system of services and supports, including the use of the peer training for system change developed through the collaboration with the Yale Program for Recovery and Community Health.
- **Prevention/Health Promotion Strategies** – This program delivered effective prevention services that reduced past 30-day alcohol use among youth 12 to 17 years of age from 19.6% to 18.1% over a three year period, resulting in a \$500,000 Partnership for Success (PFS) Expansion Supplement award from the Substance Abuse and Mental Health Services Administration. Additionally, DMHAS assisted communities in assessing prevention needs and coordinating resources to address local needs through 14 Regional Action Councils; funded municipal-based alcohol and other drug prevention initiatives in 158 towns through 126 Local Prevention Councils.
- **Strategic Prevention Enhancement Initiative** – Through this initiative DMHAS funded over 30 community coalitions to conduct strategies to combat underage drinking, marijuana use, and prescription drug misuse; enhanced and expanded the statewide prevention infrastructure to reduce the likelihood of behavioral health disorders and their related consequences.
- **Garrett Lee Smith Suicide Prevention Initiative** – DMHAS' Prevention and Health Promotion Unit implemented comprehensive, evidence-based suicide prevention/early interventions on college campuses across the state and enhanced the regional behavioral health infrastructure.
- **Tobacco Merchant and Community Education Initiative** - DMHAS educated tobacco merchants, youth, and the general public about laws prohibiting the sale of tobacco products to youth under the age of 18 and conducted unannounced tobacco retailer compliance inspections, resulting in a 12.1% violation rate of retailers who sold tobacco to minors, well below the 20% federal Synar mandate. DMHAS also worked to prevent youth access to tobacco by enforcing Federal laws that prohibit sales of tobacco products to minors and restrict advertising and labeling through the FDA Tobacco Compliance Program.
- **Access to Recovery (ATR) Program** – DMHAS 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 through the grant year. Recovery support services such as housing assistance, care coordination, and case management were used by the majority of recipients.

2. Quality of Care Management – *Managing by Outcomes, Expanding Continuing Care Recovery and Effective Service Models.*

- **Veterans Jail Diversion Program** – DMHAS expanded its jail diversion and trauma recovery services for veterans beyond the long-established programs in the Norwich/New London Courts and the Middletown Court. The planning process focused on substantive systems integration that resulted in 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.
- **Jail Diversion to Substance Abuse Programs** – A new jail diversion program located in two Hartford courts allows for defendants to be admitted to a residential substance abuse program at arraignment and avoid admission to jail. In SFY2013 71 defendants were diverted to the program and 69% of participants completed the program without being incarcerated.
- **Waiver Programs** – The Nursing Home Diversion and Transition Program diverted 61 individuals from nursing home admission and transitioned 102 out of nursing homes back to the community.
- **Disaster Behavioral Health Response Network (DBHRN)** – This unit was developed and trained post 9/11 to respond during events involving intense behavioral health elements and is utilized when serious events occur that require behavioral health support in Connecticut. DMHAS was able to immediately deploy its DBHRN unit to Newtown on the day of the tragedy to provide representation at the Command Center; this unit remained on site continuously through December 21, 2012.
- **Recovery Specialist Voluntary Program (RSVP)** - Maximized use of resources across DMHAS, DCF and the Judicial Branch to facilitate a parent's path to recovery and ability to reunite with children after losing custody due to substance abuse. Parents work with a recovery specialist to engage in substance abuse treatment, submit random drug screens to validate the recovery process, and participate in a "recovery coaching" support structure. Using new and emerging best practices, such as the solution-focused Substance Abuse Managed Service System (SAMSS) model, and ongoing evaluation, RSVP intervenes with families in crisis, improves safety, and increases permanency of children removed from their homes due to parental substance abuse. The following outcomes have been achieved so far: 85% of parents/caregivers who were referred to RSVP successfully enrolled in the program and 66% were in treatment within 30 days of enrollment; 75% of parents/caregivers who entered treatment went on to successfully complete their initial treatment phase, staying an average of 88 days in treatment; parents/caregivers who remained in RSVP at least three months had *statistically significant* improvements in substance use, treatment engagement, mental and physical health status, self-care, interpersonal relationships, vocational status, legal involvement, and parenting, according to monthly assessments conducted by their Recovery Specialist.
- **Nursing Home at 60 West** - Consistent with federal law requiring individuals to be served in the most appropriate level of care, Connecticut funded the development of a nursing home for a population of state clients who are traditionally difficult to place. Statutory authorization and funding for the project were approved by the Connecticut

legislature during the 2011 and 2012 sessions. 60 West is a 95-bed fully licensed nursing home that provides care for DMHAS and DOC patients with serious medical conditions who frequently are limited in mobility and require help feeding, toileting, dressing and bathing. Patients meet the federal and state criteria for nursing home level of care and range from serious chronic medical conditions including dementia, end-stage cancer, strokes, or other severely disabling conditions. Patients are often in the aging population previously residing in inpatient facilities and prison infirmaries, require skilled nursing care, and are difficult to place in non-dedicated nursing homes to receive the most appropriate level of care; patients are screened by an Evaluation Committee of informed professionals.

- **Co-Occurring Disorders** – DMHAS expanded its Co-Occurring Practice Improvement Collaborative to include supervisory training for the more than 40 DMHAS-operated and funded agencies to assist them in better serving individuals with co-occurring mental health and substance use disorders. 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 Enhanced Care Clinics (ECCs). DMHAS was invited to publish a summary of CT’s advances in this area on the national Agency for Healthcare Quality and Research (AHRQ) Innovations Exchange.
- **Supported Education** – DMHAS strengthened its 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. Incorporated and disseminated the new SAMHSA evidence-based Supported Education model and fidelity tool to the DMHAS programs.
- **Employment Supports** – The Department assisted over 5,000 individuals in recovery with their employment goals; institutionalized the use of the evidence-based Supported Employment model statewide through a network of 35 providers; and continued active participation in the international learning collaborative comprised of 14 states and 3 countries who are also implementing this evidence-based practice.
- **Trauma Services** – DMHAS strengthened implementation of trauma-informed and trauma-specific services statewide through partnership with the Connecticut Women’s Consortium and national experts in this arena. The agency provided training and technical assistance to providers on 5 trauma specific evidence-based interventions/models. DMHAS also facilitates a multi-stakeholder Trauma and Gender Guide Team that meets regularly to oversee statewide implementation.
- **Provider Quality Report Cards** – DMHAS continued to enhance Provider Quality Report Cards; this is a provider performance management tool that includes key outcome data at both the agency and program level. DMHAS has maintained focus on development of a range of supporting quality reports to sustain this initiative.

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

- **Veterans Resource Representative Training Program** – DMHAS trained 180 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. Educated clinicians on availability of state and federal benefits in order to improve their ability to assist veterans in treatment and service planning.

- **Information Systems** – DMHAS implemented a new web-based Vacancy Management System (VMS) that handles the process of recruitment, managing applicants and filling DMHAS' vacant positions. DMHAS was chosen as the pilot for this project for the State of Connecticut. DMHAS also added an automated transfer list to VMS allowing employees to enroll for positions before they are actually posted.
- **Education and Training Division** – DMHAS offered 219 separate instructor-led workshops and 39 self-directed web-based trainings with a primary focus on training direct care staff in recovery-oriented and evidenced based practices. A total of 4,537 staff attended instructor-led training and 7,625 completed self-directed web-based training from both DMHAS state-operated facilities and DMHAS funded private non-profit agencies. Training topics covered both mental health, addictions and co-occurring disorders geared towards licensed professionals, recovery support specialists, supportive housing, supportive employment and other staff.
- **Prevention Workforce Development** - Conducted 51 training workshops and numerous technical assistance sessions to more than 650 substance abuse and mental health practitioners to build individual and community capacity to deliver substance abuse prevention and behavioral health promotion services at schools, colleges, workplaces, and community settings, on topics including but not limited to evidence-based practices for the prevention of underage drinking, prescription drug misuse and abuse, marijuana use, suicide, and mental health promotion, professional prevention certification, mental health first aid, 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 the University of Connecticut in order to prepare competent and knowledgeable professionals for the field.
- **Compliance and Privacy Department** – DMHAS responded to new federal privacy legislation by offering trainings to the DMHAS facilities' staff in collaboration with the Attorney General's Office to ensure the privacy of all DMHAS' clients, paying particular attention to 42-CFR (substance abuse confidentiality regulations). Unauthorized Disclosure and Breach Policy revisions were made as well as changes in the risk assessment tools and protocol in response to a possible breach. All new DMHAS employees received trainings on confidentiality and HIPAA, use of state electronic equipment and IT Security Policies, state ethics and the Agency Compliance Program.

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.*

- **Housing Development** – DMHAS continued to house 1,000 formerly homeless individuals and their families with mental health and substance abuse disorders through a \$13 million federal U.S. Housing and Urban Development (HUD) grant. Additionally, DMHAS housed and provided supportive housing case management services to an

additional 1,400 formerly homeless individuals and their families through state funding. DMHAS also increased our supportive housing inventory by adding nearly 50 units, including and additional 20 units for the Frequent User Service Enhancement (FUSE) program which provides supportive housing services to those individuals that are frequent users of both the Correction and Homeless Shelter systems. DMHAS partnered with advocacy agencies to implement a supportive housing program for 160 homeless individuals that were also high utilizers of Medicaid services and collaborated with the Interagency Council on Affordable Housing to assist in creating the new Department of Housing.

- **Grants Development** – DMHAS received over 12 million in 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, currently running in 12 of the 30, 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;
- **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. For example, the Connecticut Behavioral Health Partnership (CT BHP), consisting of DCF, DSS, and DMHAS. The CT BHP expanded in recent years 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 Adult (LIA) and Medicaid Fee for Service programs. Additional collaboration details can be found on the DMHAS website at: <http://www.ct.gov/dmhas/cwp/view.asp?a=2900&q=334750>.
- **Academic Partnerships** - DMHAS has a rich history of academic partnerships. Specifically, DMHAS partners with Yale University in the Forensic Psychiatry discipline and the Yale School of Medicine has provided a new post-doctoral general psychiatry fellowship program that was implemented at CT Valley Hospital during FY13. Additionally, DMHAS partners with the University of CT which provides the Department with a Research Unit; during FY13 DMHAS and UCONN implemented a post- doctoral fellowship program within the Addiction Services Division at CVH.

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 pertaining to 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 regarding executive and legislative action(s) supporting the public interest.

Client and Patient Information – DMHAS submits a biennial 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.

Substance Abuse Treatment Programs for Pregnant Women and Their Children – Each year on or before November 13th DMHAS is required to submit a report to the Joint Standing Committee of the General Assembly detailing treatment availability for pregnant women.