

Department of Mental Health and Addiction Services



At a Glance

PATRICIA A. REHMER, MSN, *Commissioner*

Paul J. Dileo, MSN, *Chief Operating Officer*

Ezra E. 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) – 3,580

Recurring operating expenses - \$795,575,575

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 Services Division, Compliance and Integrity Office, Legislation/Policy, Military Support Services, Multicultural Healthcare Equality, 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, effective and efficient mental health and addiction services that foster self-sufficiency, dignity and respect.

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

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, 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 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 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 2013-14

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** - 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; and Embedded 31 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 26 National Guard units that have been or will soon be affected by deployment(s) in Operations Enduring and Iraqi Freedom. Additionally, MSP is in the process of establishing 7 regionally-based Military Families Support Groups.
- **Alternative to Incarceration/Reduction in Recidivism** – Continued training law enforcement personnel on working effectively with persons with psychiatric disorders,

with 1,405 police officers from 94 departments trained since 2004; 41 departments have a full CIT response for their jurisdiction

- **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 organization/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 centered on the development of awareness and understanding of the federal *Culturally and Linguistically Appropriate Services* (CLAS) standards within DMHAS operated services.
- **Continuity of Care for individuals on methadone who become incarcerated.** DMHAS has partnered with the Department of Correction and two community methadone maintenance service providers to insure that individuals entering either the New Haven Correctional Center or the Bridgeport Correctional Center who are being maintained on methadone for management of their heroin dependence are able to continue receiving their medication while incarcerated and easily transition back to their original provider once released. This is an unprecedented, recidivism reduction approach with very promising results to date.
- The Department wrapped up the 3-year CT Suicide Prevention Initiative. The CSPI brought sustainable evidence-based, culturally competent suicide prevention and behavioral health promotion practices to scale at institutions of higher education and communities statewide for youth and young adults age 10-24 and linked to several statewide and national mental health entities. In all the CSPI funded 10 campuses and 29 communities and screened, referred, treated and exposed individuals to the statewide suicide prevention campaign
- **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. DMHAS reapplied this year to the Substance Abuse and Mental Health Services Administration for funding to continue this vital program.
- The Department launched **“Tobacco Sales: Do the Right Thing,”** a new interactive merchant training focused on educating retail merchants on youth access issues, legal responsibilities and liabilities of selling tobacco in CT. It is an on-line training simulation to teach store owners and employees about CT tobacco laws and relevant skills to interact with customers.
- The Department mobilized prevention resources to raise awareness of the dangers of heroin use by hosting a series of community forums across the state, coordinating and distributing print materials, and creating a social media campaign.

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

- **Veterans Jail Diversion Program** – The Veterans Jail Diversion/Trauma Recovery Program, now in a 6th year SAMHSA grant no cost extension, is now well-established in

the New London, Norwich, Danielson and Middletown Courts. The program will be sustained beyond the grant's September 29, 2014 sunset date.

- **Healthcare Disparities** - In collaboration with the DMHAS Evaluation and Quality Management and Improvement (EQMI) unit, OMHE continued work to identify healthcare disparities within the department's community behavioral healthcare system. This work will continue through 2014 and 2015, and will include the development of strategies to address identified disparities.
- **Evidence Based and Best Practice Learning Collaboratives.** DMHAS has increased its focus on purchasing Evidence Based and Best Practices through its Human Service Contracting process. In an effort to insure fidelity to these models and to provide the contractors with sufficient technical assistance for them to maintain "fidelity" to the prescribed service models, provider "Learning Collaboratives" are being offered through DMHAS' Community Services Division. The following Learning Collaboratives are underway: Co-Occurring Disorders; Community Support and Recovery Pathways; Assertive Community Treatment (ACT); Supported Employment and Education; Infectious Diseases; Medication-Assisted Treatment; Trauma Informed and Gender-Responsive Services; Latino Outreach; and most recently, (Consumer) Decision-Support. Our next goal is to examine our data to ascertain the effectiveness of the Learning Collaboratives on provider performance and client outcomes.
- **Prescription Drug Use, Heroin Use and Overdose Prevention.** A great deal of attention is being paid to these issues both nationally and locally. DMHAS has its own internal workgroup addressing these topics and is also partnering with DPH, the DOC, Consumer Protection, DCF and numerous community partners in order to insure consistent prevention messages, clarify treatment options and leverage resources across the state agencies.
- **Smoking Prevention** - Worked to pass the Governor's Bill concerning *YOUTH SMOKING PREVENTION AND ELECTRONIC NICOTINE DELIVERY SYSTEMS*. The legislation attempts to improve the state's efforts in youth smoking prevention by banning the sale of e-cigarettes to minors, criminalizing the sale of loose cigarettes and requiring successful completion of an on-line tobacco prevention education programs for dealers and distributors who sell tobacco to minors, in lieu of a civil penalty for first violation.
- **Substance Abuse Prevention** - Conducted a Community Readiness Survey of the DMHAS service regions to assess the readiness of each Connecticut town and city to prevent substance abuse problems among youth and adults by surveying selected community experts and key informants. The information that is gathered is used to support future substance abuse prevention planning, program development and funding decisions.

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

- **Prevention Trainings** - Delivered 52 prevention training and technical assistance sessions to 757 participants; including Youth Mental Health First Aid Training to safe school climate coordinators across the state.
- **Critical Incident (CI)** – This application will track serious, high-profile incidents at a Provider that can affect DMHAS. These types of incidents typically involve dangerous

or criminal situations, and often end up being covered by the media. Providers will only be able to enter Critical Incident data for their own site, and can only view Critical Incidents that occurred at their own site. This project is currently in development and its implementation will coincide with the new ADT system which is scheduled for August 2014.

- **Voluntary Admission Tracking System (VATS)**– As part of Public Act No. 13-3 that broadens the mental health provisions that disqualify a person from possessing a gun permit for six months from the time of admission, psychiatric hospitals will be required to notify DMHAS when a person is voluntarily admitted to the hospital for care and treatment of a psychiatric disability. The Voluntary Admission Tracking System is a web-based application that will be used to track all admissions to hospitals for patients who are voluntarily admitted to Acute Psychiatric programs.
- **Education and Training Division**-DMHAS Education and Training Division offered 220 separate instructor-led workshops with the primary focus on training direct care staff in recovery-oriented and evidence-based practices. A total of 4329 staff were trained from both DMHAS state-operated and DMHAS funded private non-profit providers. In addition DMHAS offered 79 DMHAS authored self-directed web-based trainings that were completed by 4500 staff. Training topics included mental health, addictions, co-occurring disorders and providing recovery support services. Learners included licensed professionals, recovery support specialists, supportive housing, supportive employment and other participants.
- **Compliance and Integrity Office** – DMHAS continues to train DMHAS staff to ensure the privacy of all DMHAS’ clients through education on federal and state privacy laws, paying particular attention to 42-CFR (substance abuse confidentiality regulations). DMHAS Unauthorized Disclosure & Breach Policies are frequently assessed and any necessary revisions are made as well as changes in the risk assessment tools and protocol in response to possible breaches. 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.
- **Health 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.

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.*

- **Grants Development** – DMHAS was awarded an \$8.6 million, 4-year grant from the federal Substance Abuse Mental Health Services Administration (SAMHSA)/Center for Mental Health Services (CMHS) to support the *Connecticut Safe Schools/Healthy Students (SSHS) Diffusion Project*. The grant will expand and enhance improvements in school climate, access to behavioral health and other supports, and reduce substance use and exposure to violence in students Pre-K through 12th grade.
- **Federal Contracts** - DMHAS won a three-year, \$3.4 million contract with US Department of Health and Human Services, Food and Drug Administration. This contract is to conduct inspections for compliance with provisions of the FDA 2010 Tobacco

Control Act pertaining to: restriction on selling tobacco to anyone younger than 18 years old; and, restrictions on advertising, marketing and promoting cigarettes and smokeless tobacco.

- **Housing Development** – DMHAS continued to house 1,200 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 1,500 formerly homeless individuals and their families through state funding. DMHAS also increased our supportive housing inventory by adding nearly 75 units throughout the State. DMHAS, with its state agency partners, through the Interagency Committee on Supportive Housing also issued a RFP for the development of 100 additional units of supportive housing in 2014. Lastly, DMHAS has created collaboration with the Department of Housing to ensure that homeless individuals with a mental illness and/or a substance abuse disorder have access to appropriate housing resources.
- **Collaborations and Partnerships** - DMHAS plays a role in 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 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/ctbhp>.
- **Academic Partnerships** - DMHAS continues to nurture its rich history of academic partnerships. Specifically, DMHAS partners with Yale University in the Forensic Psychiatry discipline and the Yale School of Medicine offers a post-doctoral general psychiatry fellowship program at CT Valley Hospital. Additionally, DMHAS partners with the University of CT which provides the Department with a Research Unit.

Affirmative Action Plan—DMHAS annually prepares and submits its Affirmative Action Plan to the Connecticut Commission on Human Rights and Opportunities for approval. This year, the reporting period and submission date have changed. The annual submission date is now April 30th.

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.