Department of Mental Health and Addiction Services

At a Glance

MIRIAM E. DELPHIN-RITTMON, Ph.D., Commissioner
Established* – 1995:** ***Merging the former Department of Mental Health (established 1953) with the Addiction Services component integrated in 1995.
***Statutory authority* – CGS Section 17a-450**
Office of the Commissioner: **410 Capitol Avenue**
4th Floor
Hartford, CT 06106
Number of employees (Full and Part-Time) - 3,349
Recurring operating expenses - $670,131,679
Organizational structure:

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

Mission and Vision

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

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

Statutory Responsibility

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

Public Service

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

Improvements/Achievements 2016-2017

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

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

- **Statewide Substance Abuse Access Line and Transportation** (1-800-563-4086)**:** This initiative, funded by DMHAS, provides 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. **The line is specifically promoted for individuals seeking help for prescription opioid or heroin addiction**. 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. **Since the statewide transportation program was rolled out on July 1, 2017, Access Line received nearly 2,000 calls and arranged for transportation for nearly 1,000 individuals to be transported to residential care (mostly to detoxification services).**

- **Alcohol, Drug Policy Council (ADPC)** which was reconvened by Governor Malloy in October, 2015, with a mandate from the Governor to focus on prevention, treatment and support for individuals addicted to opioids, continued its work through 2016 and 2017. The ADPC is legislatively mandated and comprised of representatives from all three branches of State government, consumer and advocacy groups, private service providers, individuals in recovery from addictions. The Council, co-chaired by the Commissioners of DMHAS and the Department of Children and Families (DCF), and is charged with developing recommendations to address substance-use related priorities from all State agencies on behalf of Connecticut's citizens—across the lifespan and from all regions of the state. The ADPC has established 3 subcommittees: Prevention, Screening and Early Intervention; Treatment and Recovery Supports; and, Recovery and Health Management.

- **Expansion of Medication Assisted Treatment (MAT) for Prescription Drug and Other Opioid Addiction:** DMHAS received $1,000,000 in annualized funding for 3 years (2016-2019) from the Federal Government's Substance Abuse and Mental Health Services Administration to provide FDA approved medication and concurrent evidence-based recovery support services to individuals with opioid use disorders by expanding and strengthening existing clinic-based outpatient resources and the statewide medication assisted treatment infrastructure. Three geographic areas were identified as especially "high risk" as a result of an analysis of treatment admission and overdose death data. These are Willimantic, Greater New Britain (Berlin, Plainville and Bristol) and Torrington. Buprenorphine and/or naltrexone will be the medications offered as well as naloxone for overdose reversal.

- **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 community hospitals in eastern Connecticut (Lawrence and Memorial Hospital, Manchester Memorial Hospital, William Backus Hospital and Windham Hospital). ED Recovery Coaches are trained professionals who engage patients on a personal level; sharing their stories of recovery and offering patients hope that recovery is possible. The Recovery Coach is there to provide support, encouragement and resources based on what the person wants. They are also there to provide support for families and friends that have been impacted by their loved one's addiction. Recovery Coaches are steadfast to keep in contact with the people after they are discharged, providing those with support, encouragement and the necessary resources needed to lay a strong foundation for long-term recovery. Data to date have already demonstrated a high level of connection to care. Between March 1, 2017 and September 28, 2017, recovery coaches have met with 409 individuals, 405 of whom they have connected to care, including 220 to detox, 86 to community supports, 49 to inpatient treatment, 28 to outpatient treatment, 13 to intensive outpatient treatment and 9 to medication assisted treatment (MAT). The initiative is currently undergoing expansion to include emergency departments at 4 additional hospitals: Mid-state, St. Francis, Danbury and Day Kimball.

- **Expansion of Medication Assisted Treatment in DMHAS Facilities:** DMHAS is expanding its capacity to offer Medication Assisted Treatment (MAT) within its own facilities. A number of DMHAS-psychiatrists and APRNS in all seven State-operated facilities have been trained and certified to prescribe buprenorphine, giving these facilities the capacity to perform medication induction or maintenance. In 2017, DMHAS started a MAT Learning Collaborative including all 13 of its Local Mental Health Authorities (LMHAs), all of which now have MAT capacity and serving more people with opioid use disorders.

- **State Targeted Response (STR) to the Opioid Crisis:** Like all states, DMHAS received, in April, 2017, a formula-driven grant from SAMHSA ($5.5M) to respond to this epidemic. DMHAS created a strategic plan to fund many small to medium projects across prevention, treatment and recovery. All projects have been procured and are in the process of implementation. Initiatives being implemented fall into *Treatment and Recovery and Support Initiatives* or *Prevention Initiatives*:
  Treatment and Recovery Support Initiatives:
  - Increase the number of outpatient (OP) clinics that provide office based medication assisted treatment (MAT).
  - Increase the number of hospital emergency departments (EDs) that will begin prescribing buprenorphine to people with opiate use disorders, and will develop collaborations with outpatient providers in the community for service continuity at time of discharge from the hospital.
  - Provide Recovery Coaches in hospital EDs to work with people with opiate use disorders to engage people in treatment and facilitate referrals to MAT services.
  - Increase the number of addiction services residential treatment programs that are 'MAT friendly' by enhancing access protocols and medication storage capability.

- Expand the use of Recovery Coaches in methadone clinics to facilitate engagement in treatment and recovery supports.
- In collaboration with Department of Correction, implement MAT induction at the pre-release center at Osborne; and implement a Living Free re-entry initiative that provides in-reach activity to people with opioid use disorders (OUDs) in prison.
- Expand the Court Support Services Division's *"Treatment Program Pathway"* to provide treatment as an alternative to incarceration.
- Implement *"Law Enforcement Assisted Diversion"* programs in collaboration with local police departments to provide treatment as an alternative to arrest.
- Expand and enhance existing access line and transportation services to ensure a 'warm handoff' for people with OUDs who seek detoxification services by providing immediate transportation to a detoxification program that had available services.
- Provide opioid education and support to families at five locations across the state.
- Provide training that includes education about OUDs, recovery and MAT that enhances the response of pastoral counseling throughout the state.
- Provide training that provides education about OUDs, recovery and MAT that enhances the response of Latino community outreach workers throughout the state.
- Provide trainings on alternatives to opioids for pain management.
- Provide a *"Youth Coordinator"* in collaboration with the Department of Children and Families to develop *"Alternative Peer Groups"* and train MAT outpatient staff on the use of Recovery Check-Ups and the Multidimensional Family Therapy.
- Provide crisis debriefings to clinicians who lose clients to overdoses.

<u>Prevention Initiatives:</u>

- Together with DCP, DPH and DCF, conduct an opioid use targeted social media campaign. *"Change the Script"* about to be launched.
- Utilizing five Regional Action Councils promote Naloxone training and distribution
- Host a Law Enforcement and opioids conference. (04/5/2018
- Through the CT Clearinghouse, provide mini-grants to 16 college campuses under the *"Healthy Campus"* initiative.
- Through five Regional Action Councils, provide mini-grants to a minimum of 75 Local Prevention Councils.
- Compile and update opioid epidemiological data.
- Implement 5 programs across the state which trains parents in both English and Spanish on how to communicate more effectively with their children on the dangers of drug use.
- Implement Encourage Empower Engage (3E) – a peer to peer prevention program in which youth facilitators coach their peers on skills to make healthy choices – in 2 high schools within the state.
- Increase medication take-back and disposal efforts across the state.
- Revamp DrugFree.org website.

- **Trauma Informed Care:** Also known as Trauma Sensitive Services, Trauma Informed Care means that regardless of the reasons an individual comes seeking services, staff asks them about their trauma history respectfully, and is prepared to listen. In a trauma-informed system, services are designed to accommodate the needs of trauma survivors. Trauma Specific Treatment Models are designed to specifically address violence, trauma, and related symptoms and reactions. The intent of the models is to increase skills and strategies that allow survivors to manage their symptoms and reactions with minimal disruption to their daily obligations and to their quality of life; and eventually to reduce or eliminate debilitating symptoms and to prevent further traumatization and violence. DMHAS maintains a directory of trauma services within its network and offers ongoing trainings on these topics to its providers.

- **Healthcare Disparities:** In collaboration with the DMHAS Evaluation and Quality Management and Improvement (EQMI) Division, the Office of Multicultural Health 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 particularly addressing Language Access. This work will continue through 2018 and will include the development of strategies to address identified disparities.

- **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.

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.*

- **Community Opioid Forums:** Commissioner Delphin-Rittmon continued participating in local community forums addressing the prescription drug and heroin crisis. Many of these forums were organized by local State senators/representatives and included panels comprised of State leaders, persons in recovery, addictions psychiatrists, pharmacists, community leaders, members of law enforcement and school officials.

- **Opioid Treatment and Prevention Social Media Campaign:** The Department has produced a series of short testimonial/educational videos featuring Connecticut residents who have been directly or indirectly affected by the current opioid crisis. The PSAs address drug addiction, loss, recovery, and hope, and have been widely distributed on DMHAS' Facebook and Twitter pages. Social media has become an increasingly valuable tool for disseminating information on DMHAS statewide services as well as directing the public to other resources both locally and nationally. The DMHAS social media viewership has increased steadily over the past year.

- **Gambling Awareness Video Series:** The Department has also produced a series of short educational videos highlighting the disruptive, often devastating, impact of problem

gambling on Connecticut citizens. These videos offer insights into gambling as addiction, and how problem gambling often leads to depression, social isolation, suicidal thoughts, loss of family and friends, destruction of marriages, and lifelong debt. They also highlight the effectiveness of gambling disorder treatment programs in Connecticut and successful recovery.

- **Mental Illness Awareness Campaign**: Given the overwhelming success of using short videos on social media, DMHAS has also started producing video PSA's to raise awareness of mental illness to help fight the stigma and discrimination often associated with these illnesses. Again, Connecticut residents are featured in short testimonials talking about awareness, treatment and recovery.

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.*

  - **Clients Rights Officers:** The DMHAS Office of the Commissioner has designated a Client Rights Officer who promotes the rights of people receiving services and treatment for mental health and substance use disorders by: 1) Assuring DMHAS operated facilities and DMHAS contracted service providers across Connecticut observe Connecticut Statute (17a-451(u)) establishing a Fair Hearing process and which includes a grievance procedure where complaints are addressed in a timely and non-adversarial manner without infringing on the person's rights to seek other remedies, and 2) Ensuring DMHAS operated facilities and programs comply with Title II of the Americans with Disabilities Act and sections of the Affordable Care Act (ACA) that prohibit discrimination and promote language accessibility for people whose primary language is not English. Throughout 2016-2017 the DMHAS OOC Client Rights Officer:
    - Provided training on rights and the grievance procedure to some 79 "Client Rights Officers" who address complaints at DMHAS facilities and contracted providers
    - Developed and implemented an online training course that has been completed by some 200 provider staff
    - Instituted a resource list for DMHAS Website on people's rights and disseminated information on rights (including ADA and ACA) and grievance procedure to DMHAS facilities/programs and contracted providers
    - Conducted presentations on Rights and Self-Advocacy for DMHAS facility and contracted provider staff as well as people receiving services and community groups
    - Work with providers, clients/patients, family groups and advocacy organizations on promoting people's access to their rights

- **DMHAS Opioid Overdose Reversal Training Program**: DMHAS has been conducting in-person training regarding opioid overdose reversal since 2012. Over that five-year period, DMHAS has trained over 2,500 individuals on when and how to administer the life-saving medication known as Naloxone (Narcan). The training has expanded beyond agency and community events to webinars and conferences. Training is provided to

interested parties, including personnel at state agencies, community programs, police departments, and college/university public safety and staff as well as the general public. The training includes background information on the state of the current opioid epidemic and covers what Narcan is, the formulations typically used in the community, steps to take in an opioid overdose, and how to access and store the medication. DMHAS has developed both a brochure and a training video available on its website that describes how to use naloxone to effectively reverse an opioid overdose.

- **The Office of Workforce Development** had a focus on providing training for the certification and recertification of substance use disorder counselors. Trainings were provided to staff working in both state operated and DMHAS funded programs. There were 110 training offerings covering the requirements for certification and recertification. Additionally, Workforce Development supported training for other agency wide mandatory training such as sexual harassment, diversity and new employee orientation. There were 2,080 successful completions of training. Self-directed Web-based training focusing on client care is also provided to all staff working in the DMHAS system of care. There were 65 training offering most of which provided continuing education credits. There were 5,484 completions of these trainings. In addition there were 3,847 completions of agency wide mandatory trainings (Computer Use, Active Shooter etc.). Workforce Development also assumed responsibility for mandatory first aide and safety training. There were 283 trainings provided with 5,810 successful completions. Workforce Development also supported the development, posting and tracking mandatory trainings at all DMHS facilities. In total there were 41,536 completions of these trainings at DMHAS operated facilities. In FY16 Workforce Development along with eight other state agencies began working to upgrade the Learning Management System to a newer version. DMHAS having the most licensed users, and making extensive use of web-based training took the lead along with DAS BEST on this project. Workforce Development also began to develop web-based training to initiate blended learning (a combination of web-based and instructor-led learning) to improve learner knowledge and skills and create more efficiency to respond to mandatory training requirements.

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

- **Behavioral Health Homes (BHHs):** This innovative, integrated healthcare service delivery model was in its second year of implementation during SFY 17. BHHs are fully implemented at 14 agencies across Connecticut. BHH enrollment almost doubled and services more than doubled, in year two. Baseline outcome data was collected in various areas as efforts to measure progress in meeting the goals of the initiative. The BHH service delivery model is an important option for providing a cost-effective, longitudinal "home" to facilitate access to an inter-disciplinary array of behavioral health care, medical care, and community-based social services and supports for both adults and children with chronic conditions. Highlights of the BHH Initiative, including an enrollee video, display boards, and an electronic poster presentation, were shared at several

venues including the CT Legislative Office Building and the National Council Conference (NATCON) 2017 in Seattle.

- **The Mental Health waiver program in Connecticut** is one of several initiatives by the Departments of Social Services and Mental Health and Addiction Services designed to help divert and discharge people with serious mental illness from long term care facilities. While long term care may be necessary for some individuals with psychiatric disabilities and co-occurring physical conditions, their stay in these facilities should not be prolonged beyond the period necessary for recovery from their medical condition. The Mental Health waiver provides valuable psychiatric rehabilitation services to support individuals in the community and avoid institutionalization. This allows individuals to remain in the least restrictive environment while promoting a sense of belonging in their communities. Over the past year the waiver has seen an increase in referrals while pushing the census to over 600 individuals served (since inception) for the first time in program history. Over the past waiver year (April 2016-March 31, 2017), the Mental Health waiver accomplished the following;
    - enrolled 166 participants onto the waiver
    - established new policies to streamline procedures and assure uniformity among staff
    - updated the policy and procedure manual for distribution to staff
    - collected and analyzed data from the "reasons for discontinuance" form to assist management in interpreting trends for why individuals disconnect from waiver services.
    - began addressing areas of need to improve the system of care for waiver participants

- **Screening, Brief Intervention and Referral to Treatment (SBIRT):** On August 31, 2016, DMHAS successfully completed its five-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), to establish the Connecticut Screening, Brief Intervention and Referral to Treatment (CT SBIRT) Program. The CT SBIRT Program increased identification and treatment of adults, ages 18 and older, who were at-risk for substance misuse or diagnosed with a substance use disorder. CT SBIRT services were implemented first in 10 partnering community health centers and within the DMHAS-sponsored Military Support Program which includes a statewide panel of 425 licensed clinicians who provide behavioral health services to CT National Guard and Reserve members. Through the program's SBIRT Training Institute, training, technical assistance and monitoring was provided to additional health centers, hospitals, medical providers, treatment agencies and other community agencies within the State that were interested in providing SBIRT services. During the last year of the grant, DMHAS collaborated with the Department of Children and Families and developed and implemented an Adolescent SBIRT Program. 69,521 patients were screened through the CT SBIRT Program and SBIRT functions have been sustained at many at the participating health centers and other agencies.

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

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.

Psychiatric Services Report – DMHAS was directed by the Legislature to conduct an analysis of the adequacy of psychiatric services in Connecticut. The report was submitted to the Legislature in spring 2017. The report focused on inpatient and outpatient services, identified major trends across the nation and in Connecticut and provided recommendations regarding how to improve the system.

Provider Dashboard Quality Reports – The DMAHS 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 also includes data quality measures.

Annual Statistical Report – The DMHAS EQMI 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 will be releasing our SFY 2017 Annual Statistical Report in November 2017.

Consumer Satisfaction Survey – The DMAHS EQMI Division 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.