

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

**Central Office: 410 Capitol Avenue
4th Floor
Hartford, CT 06106**

Number of Employees: 3,171 actual FTEs, 3,438 authorized FTEs

Recurring operating expenses: \$656,745,285

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 will offer 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 2017-2018

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:** In November 2017, DMHAS launched a new website providing real-time information on bed availability for addiction services. The website gives users real-time information of availability for approximately 1,000 DMHAS-funded beds including detoxification services, residential addiction treatment and recovery housing. The information on the website is updated by providers multiple times throughout the day.
 - **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. 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):** 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 addicted to opioids.
 - **Police Department Referrals for Individuals with Substance Use Disorders:** Pursuant to Public Act 17-131, the ADPC developed a report which studied referral programs for the treatment of substance use disorders established by municipal police departments to refer individuals with opioid use disorder (OUD) or seeking recovery from substance use disorders (SUD) to treatment facilities.
- **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 who engage patients with substance use diagnosis. The initiative has been expanded to include emergency departments at six additional hospitals: Mid-State, St. Francis, Danbury, Day Kimball, Hospital of Central CT and Charlotte-Hungerford. Recovery coaches have had a 90% connect-to-care rate since the program began.
- **Expansion of Medication Assisted Treatment (MAT) in DMHAS Facilities:** DMHAS is expanding its capacity to offer MAT within its own facilities. DMHAS operates six facilities with nine locations across the state. 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. 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 are serving more people with opioid use disorders.
- **Expansion of MAT and other initiatives for Prescription Drug and Other Opioid Addiction:** DMHAS received two large 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 being offered to individuals with opioid addiction and naloxone is offered for overdose reversal. In addition, the State Targeted Response II 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.
- **Health Information Technology:** The Department of Mental Health and Addiction Services Health Information Technology (HIT) Division continues to work to provide DMHAS users tools

to help standardize workflows and provide improved clinical outcomes for the clients we serve. Two of the initiatives the Division is working on are described below:

- Electronic Health Record (EHR) Gap Analysis: Completed second phase of Gap Analysis which included Client Data Needs Assessment, Epic Security Functionality Inventory, Technology Assessment, Integration, Content and Third Party Systems and Project Governance and Staffing structure. The information learned through this work will help inform decisions about next steps for the project.
- Electronic Prescribing Solution: Per PA 17-131, all prescribing practitioners with a Controlled Substance Registration must transmit controlled substance prescriptions electronically to the pharmacy in accordance with the standards set forth by the Drug Enforcement Agency. DMHAS completed a Request for Proposal to identify a vendor who would meet the requirements for a new Electronic Prescribing Solution. A vendor has been selected and work has begun towards the implementation of a new Electronic Prescribing solution.

- **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.
 - YAS Adverse Childhood Events (ACE) Study: In 2017, YAS conducted the ACE Study with the following findings:
 - § Adversity experienced by YAS clients is significantly higher than found in the general population.
 - § As found in prior studies, the imprint of such high levels of prolonged childhood adversity is significant. YAS clients present with an exceedingly high frequency and severity of relational, behavioral, and affective disorders.
 - § The challenge is to continue to identify and treat developmental trauma with interventions that can be flexibly delivered to this diverse but highly traumatized cohort of young adults.
 - Domestic Minor Sex Trafficking Train the Trainer (DMST): DMHAS YAS collaborated with the Department of Children and Families (DCF) to facilitate the Introduction to DMST in CT for statewide DMHAS YAS staff. Three separate trainings have occurred to date with four staff trained as trainers.
- **Research on Health Disparities within the DMHAS System:** Connecticut Mental Health Center's Program on Recovery and Community Health carried out research to identify health disparities within the DMHAS system and developed reports outlining these disparities and their possible causes.
- **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.

- **Research advances** were made by the Connecticut Mental Health Center’s Ribicoff Research Facilities and Clinical Neuroscience Research Unit in the use of rapid antidepressant medications, including Ketamine.
 - **Tobacco Sales to Minors:** For the third year in a row, tobacco sales to minors decreased to its lowest rate at 8.8%. This is assessed through annual inspections of a random sample of tobacco retailers across the state by staff from the Prevention and Promotion unit to determine compliance with state tobacco laws. This rate continues to stand in sharp contrast with the situation in 1996 at the inception of the inspections program when the reported retailer violation rate was 69.7 percent.
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.*
- **Change the Script Opioid Education Campaign:** In February 2018, the state Departments of Mental Health and Addiction Services (DMHAS), Consumer Protection (DCP) and Public Health (DPH) launched a statewide public awareness campaign, called *Change the Script*, to help communities, health care providers, pharmacists and individuals deal with the prescription drug and opioids misuse and overdose. This multi-pronged, multi-agency marketing and education campaign grew out of the Governor’s Connecticut Opioid REsponse (CORE) Initiative, a three-year strategy to prevent addiction and overdoses. Ready-to-use *Change the Script* materials were distributed to community stakeholders. The materials raise awareness of the risk of addiction to prescription opioids; highlight the proven methods of treating opioid use disorder and highlight resources in the community to help people establish and sustain lifelong recovery.
 - **Underage Drinking Efforts:** In response to a large number of underage youth being admitted to hospital emergency departments as a result of binge drinking and other alcohol-related emergencies, DMHAS partnered with Connecticut State Police and Saint Francis Hospital and Medical Center to create two short videos highlighting the dangers of underage drinking. The videos were posted on the agency’s website as well as on social media pages, reaching a large, diverse audience. DMHAS created a webpage, www.ct.gov/dmhas/underagedrinking , which provides statistics, resources and tips to prevent underage drinking.
 - **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.
 - **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 opioid crisis. The videos focus on drug addiction, loss, recovery, and hope, and have been widely distributed on DMHAS’ Facebook and Twitter pages. The DMHAS social media viewership has increased steadily over the past year.
 - **Mental Illness Awareness Campaign:** Given the overwhelming success of using short videos on social media, DMHAS has also started producing videos 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.

- **Improving Connectedness to Communities through Volunteerism:** Young Adult Services (YAS) supports clients in remaining connected to their communities through volunteerism. The YAS clients play a role in the planning/implementation of a Veteran’s Day Event at SMHA; actively participated in planning and assisting with the “SMHA Boutique”, an event where over 150 bags of free clothing were provided to SMHA and network clients; and YAS planned and implemented a pet supplies drive for two local animal shelters.
 - **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 co-chaired by the CT Departments of Mental Health and Addiction Services and Children and Families (DCF), its membership comprises of 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. In addition to activating the state plan and promoting the National Suicide Prevention Lifeline and the CT Zero Suicide Initiative, the CTSAB 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.*
- **Clients Rights Officers:** The DMHAS Client Rights Officer promotes the rights of people receiving services and treatment for mental health and substance use disorders. The DMHAS OOC Client Rights Officer:
 - Provided training on rights and the grievance procedure to dozens of “Client Rights Officers” who address complaints at DMHAS facilities and contracted providers
 - Developed/ implemented an online training course that has been completed by approximately 200 provider staff
 - Instituted a resource list for DMHAS’ website on people’s rights and disseminated information on rights (including the Americans with Disabilities Act (ADA) and Affordable Healthcare Act (ACA)) and grievance procedures 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
 - Worked 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 conducted 162 in-person trainings regarding opioid overdose reversal since 2012. Over that five-year period, DMHAS has trained over 3,400 individuals on when and how to administer the life-saving medication naloxone (Narcan). 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.
 - **Office of Workforce Development:** The Office of Workforce Development focused on providing training for 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 64 instructor-led training offerings, with 1,618 completions covering a variety of topics related to recovery oriented care topics. Self-directed web-based training focusing on client care is also provided to all staff working in DMHAS operated and funded programs. There were 67 web-based trainings offering with 7,715 completions, most of which provided continuing education credits. Workforce Development also assumed responsibility for

mandatory first aid and safety training. There were 667 trainings classes provided with 5,658 successful completions. Additionally, Workforce Development supported training for other agency wide mandatory trainings such as sexual harassment, diversity and new employee orientation. There were 1,618 successful completions of training. Workforce Development also supported the development, posting and tracking of mandatory and other trainings at all DMHS facilities. In total, there were 24,420 completions of 157 instructor-led training classes and 5,666 completions of 123 web-based trainings at DMHAS operated facilities.

- **Affirmative Action Office:** The DMHAS Affirmative Action Office (AA Office) is charged with ensuring that the principles of affirmative action and nondiscrimination are undertaken with conviction and good faith effort, in compliance with Federal and State law, to overcome barriers to equal employment opportunity. The AA Office staff conducts investigations into internal discrimination complaints, renders findings and is involved in a variety of resolution activities. The AA Office provides training to all new employees on topics related to affirmative action and nondiscrimination. DMHAS annually prepares and submits an Affirmative Action Plan to the Connecticut Commission on Human Rights and Opportunities (CHRO). The plan submitted in 2017 was approved. The AA Office developed online training for hiring managers and interviewers on affirmative action requirements. The AA Office collaborates with the Office of Multicultural Health Equity on a number of initiatives.
 - **Young Adult Services (YAS):** YAS continued to collaborate with UCONN to provide internships for 18 second year or advanced placement Masters Level Social Workers in YAS programs. This project ended in 2018. UCONN will continue to offer internships in YAS to social work students interested in working with this population. Pre and Post surveys indicate that the students have gained considerable knowledge about this population and feel much more confident working with this age group than they did prior to placement. YAS has also partnered and collaborated with local colleges and universities to promote and enhance the provision of fieldwork placements for occupational therapy and occupational therapy assistant students.
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.*
- **Inpatient Psychiatric Services:** Connecticut Valley Hospital (CVH) is an inpatient mental health and substance abuse 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. Over 3,000 individuals received treatment through CVH this year. In May 2018, DMHAS separated the Whiting Forensic Division from CVH, creating two separate hospitals. The new Whiting Forensic Hospital specializes in psychiatric forensic services and is made up of 229 inpatient beds. The separation of the hospitals required the creation of new administrative, clinical, and information technology (IT) services, including a new pharmacy, record keeping system, and personnel management.
 - **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.

- Behavioral Health Homes (BHHs):** This integrated healthcare service delivery model was in its third year of implementation during SFY 18. BHHs are fully implemented at 14 agencies. Enrollment remained steady at 7,072 and services billed thru 3/31/18 was 132,746. The BHH service delivery model provides a cost-effective, longitudinal "home" to facilitate access to an inter-disciplinary array of integrated behavioral health and medical care, and community-based social services and supports for both adults and children with chronic conditions. Baseline quality/outcome data was collected and reported to the Center for Medicare and Medicaid Services. Highlights included: increased diabetes care (HbA1c testing) at 89.8%; a 30-day post hospitalization follow up rate of 52.5%; 3,992 people had their body mass index documented for treatment and follow up care; enrollees with 7 or more medical ED visits decreased from 6.0% to 5.5%; and of all the enrollees who had their blood pressure documented, 74% had their blood pressure controlled. Consumer Satisfaction with this initiative was high at 92% and total savings for a sample of 4,925 enrollees in the cost analysis was \$10,815,300.
- Mental Health Waiver Program:** The Mental Health Waiver Program is designed to help divert and discharge people with serious mental illness from long term care facilities. The Mental Health waiver provides 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, pushing the census to over 600 individuals served (since inception) for the first time in program history. Over the past waiver year (April 2017-March 31, 2018), the Mental Health waiver accomplished the following; enrolled 117 participants onto the waiver; received 422 referrals; finalized new policies to streamline procedures and assure uniformity among staff; continued collecting and analyzed data from the "reasons for discontinuance" form to assist management in interpreting trends for why individuals disconnect from waiver services; instituted a chore service to allow for one-time heavy cleaning to assist participants in maintaining safety in their community placement.
- Senior Outreach and Engagement Program:** The Senior Outreach and Engagement Program provides assessment and case management services to at risk older adults (55 and older) by utilizing proactive approaches to identify, engage and refer seniors for various individually tailored community treatment options. Services include education, support, counseling (including in-home counseling) referrals to senior service networks and treatment. The goals are to provide services in a person-centered, strengths-based, culturally sensitive manner that reduces substance misuse, stabilizes behavioral health symptoms and improves quality of life, while assisting the older adult with remaining integrated in the community in the least restrictive setting possible. The program complements existing DMHAS programs that focus on diverting older adults from long term care and developing home and community based services to assist older adults with "aging in place." The Senior Outreach and Engagement staff also provides education and consultation to local agencies within the designated geographic region to promote integration and collaboration of services for seniors and develop a system of aftercare for older adults identified by the program.
- 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 next report, due in 2019, will include the Women's Substance Use Services Report per PA 18-39.

- **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 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 the SFY 2018 Annual Statistical Report in November 2018.
- **Consumer Satisfaction Survey:** The EQMI 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.
- **Learning Inventory of Skills Training:** DMHAS YAS has continued to implement the Learning Inventory of Skills Training (LIST), a functional tool with associated curricula and reference guide, to identify strengths and needs related to independent living skills. 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).
- **Evaluation of YAS Discharge Outcomes:** This study and associated outcomes were presented at the 31st Annual Child, Adolescent, and Young Adult Behavioral Health Research and Policy Conference in Tampa. YAS conducted a mixed method evaluation that demonstrated that there was a statistically significant reduction in high-risk behaviors from admission to discharge and 90% of clients were discharged to independent housing in the community.
- **YAS Data Reports:** YAS has partnered with UCONN to develop and refine “dashboard” reports for all YAS programs statewide as a way to monitor outcomes and progress. YAS has also collaborated with the Department’s Quality Improvement Division to develop data reports related to the YAS Fidelity Scale for monitoring of statewide program standards and expectations.