

# Connecticut 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  
4<sup>th</sup> Floor  
Hartford, CT 06106

**Number of Employees:** 3,311 actual FTEs, 3,438 authorized FTEs

**Recurring operating expenses:** \$672,535,693

**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 offers 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 2018-2019**

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:** DMHAS updated its real-time bed availability website to include sober homes which have received accreditation per Conn. Gen. Statute 17a-716. The website gives users real-time information of availability for approximately 1,000 DMHAS-funded beds including detoxification services, residential addiction treatment, recovery housing and sober homes. The information on the website is updated by providers regularly.
  - **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 living with opioid use disorder.

- **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 with personal lived experience who engage patients with a possible substance use diagnosis, offer assistance and make referrals to treatment or other recovery support. With the infusion of federal opioid funds, the initiative has been expanded to include emergency departments at ten additional hospitals: Mid-State, St. Francis, Danbury, Day Kimball, Hospital of Central CT, Charlotte-Hungerford, Johnson Memorial, St. Mary's, Stamford and Rockville General.
- **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.
- **Expansion of Medication Assisted Treatment (MAT) in DMHAS Facilities:** DMHAS is expanding its capacity to offer MAT within its own facilities. DMHAS operates six outpatient facilities with nine locations across the state and an inpatient Addiction Services Division in Middletown and Hartford. 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 with buprenorphine and other MAT medications. DMHAS has a MAT Learning Collaborative that includes all 13 of its Local Mental Health Authorities (LMHAs), and other DMHAS funded providers, 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 three large federal 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 medication being offered to treat individuals with opioid addiction and naloxone is offered for overdose reversal.

In addition, the State Targeted Response 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. More recently, in the Fall of 2018, DMHAS received an additional \$11.1m through the State Opioid Response (SOR) grant to continue to address this crisis by expanding its prevention, treatment and recovery support initiatives in an aggressive attempt to impact the rising overdose death rate. In addition to private not-for-profit agencies, other State agencies were recipients of this funding including the Departments of Correction, Children and

Families and Public Health, as well as the Judicial Branch. This funding is due to be renewed for the time period of 9/30/19-10/1/20.

- **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. This fiscal year, an Electronic Prescribing Solution (RxNT) was implemented in accordance with PA 17-131. RxNT allows all DMHAS state-operated facility prescribing practitioners with a Controlled Substance Registration to transmit controlled substance prescriptions electronically to the pharmacy in accordance with the standards set forth by the Drug Enforcement Agency.
- **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.
    - § YAS continues efforts to explore the effects of early childhood trauma on behavioral challenges in young adulthood. These efforts include reliability testing for the ACE, and the expansion of data collection efforts by incorporating the instrument into evaluative and consultative activities.
    - § The ACE is currently completed on all DCF referrals to DMHAS YAS at the time of referral from DCF in order to assist with eligibility determinations as well as to more effectively anticipate and plan for the specialized needs of this cohort.
- This fall, the YAS Statewide Substance Use Work Group will pilot a 5-part training program for YAS staff that focuses on increasing skills and knowledge of trauma, harm reduction and motivational interviewing in the context of young adult development. Presenters include YAS managers from the Office of the Commissioner along with partners from local YAS programs.
- 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. Four separate trainings have occurred to date with two staff trained as trainers.
- **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.

- **Tobacco Sales to Minors:** The Department of Mental Health and Addiction Services Tobacco Prevention and Enforcement Program reported a 9% retailer violation rate (RVR) in the 2019 Annual Synar Report. This was first time Connecticut reported RVRs under 10% in consecutive years (8.8% RVR in 2018). Every year, Connecticut inspects a random sample of tobacco retailers to determine compliance with youth access laws. This rate continues to stand in sharp contrast with the situation in 1997 when the RVR was reported as 69.7% in Connecticut's first Synar Report.
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.*
- **LiveLOUD Opioid Campaign:** In an effort to prevent, discourage and destigmatize opioid addiction, on April 1, 2019 DMHAS launched the LiveLOUD campaign, a series of social media, radio, transit, and billboard spots directed to those who are actively using heroin or misusing prescription opioids, their families and communities. The goal of the campaign is to engage people who are actively using heroin or misusing prescription opioids into treatment for opioid use disorder. To ensure effective messaging, focus groups and interviews were conducted for a number of stakeholders including families, individuals who were actively using heroin or misusing prescription opioids, individuals in treatment, recover coaches and individuals in recovery, harm reduction thought leaders, medical directors and many others. The campaign was named a winner in the 2019 American Web Design Awards in the Social Media and Web Design categories of the competition. Additionally, partners throughout the state have adapted the campaign for use in their own communities.
  - **Website Migration:** In September, DMHAS successfully migrated its website to the new statewide portal system. The new website features the agency's most popular webpages on the homepage and is responsive, making it easier for users to view and access information for DMHAS services on their smartphone and other mobile devices.
  - **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.
  - **CPTV Student Mental Health Town Hall:** In March, Commissioner Delphin-Rittmon joined a panel of experts at Southern Connecticut State University to discuss student mental health. The panel talked about the mental health of teens and young adults in college, the different pressures they face, and recommendations on how to improve mental health and wellbeing on college campuses. The segment was one-hour long and aired on CPTV as well as on the CPTV website.
  - **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 tri-chaired by the CT Department of Mental Health and Addiction Services and the Department of Children and Families, and CT Chapter of the American Foundation for Suicide Prevention, its membership comprises 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. The CTSAB develops and activates the state plan; promotes the state 1 WORD, 1 VOICE, 1 LIFE campaign; hosts the CT Zero Suicide Initiative; provides consultation services on prevention and postvention; makes training and education resources and opportunities available; provides networking and resource exchanges; and 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 190 in-person trainings regarding opioid overdose reversal since 2012. Over that five-year period, DMHAS has trained over 3,900 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 the agency website that describes how to use naloxone to effectively reverse an opioid overdose.
- **Office of Workforce Development:** The Office of Workforce Development focused on training 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 67 instructor-led training offerings, with 1,462 completions covering a variety of topics related to recovery oriented care topics. Workforce development also supported CHRO Employment Discrimination Training for Managers. There were 41 offerings and 470 completions. In addition, there were 47 offerings of Human Resource Centralized Orientation and Diversity Training with a total of 314 completions. 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 13,737 completions, most of which provided continuing education credits. The Division of Safety Services offered 523 offerings and 6,123 successful completions. Most of these were mandatory CPR and Safety trainings. Workforce Development also supported the development, posting and tracking of mandatory and other trainings at all DMHAS facilities. In total, there were 10,307 completions of 272 instructor-led training classes and 43,928 completions of 146 web-based trainings at DMHAS operated facilities.

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 use disorder 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. The Whiting Forensic Hospital specializes in psychiatric forensic services and is made up of 229 inpatient beds. Whiting serves individuals with under the jurisdiction of Psychiatric Security Review Board, individuals in need of competency restoration or people who are civilly committed and need the services of a high security psychiatric hospital.
  - **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.
  - **Changing Pathways to Opioid Use Disorder Recovery:** Medication-assisted treatment (MAT) is an evidence-based practice associated with the most successful outcomes to date in the treatment of people with Opioid Use Disorder (OUD), but is grossly underutilized. Many withdrawal management programs follow an abstinence-based medical detoxification protocol, discharging or transferring a client once the detoxification medication has been tapered to zero. The period after detoxification is an especially high-risk time for opioid-use relapse, as well as accidental overdose and/or death due to decreased physical tolerance. Thus, induction on MAT during withdrawal management and a seamless transition/warm hand off to follow-up care can save lives for individuals choosing to support their recovery with medication.

In October 2018, Beacon Health Options, under the auspices of the Connecticut Behavioral Health Partnership, along with InterCommunity Inc., and Hartford Healthcare’s Rushford Center launched the Changing Pathways project. Changing Pathways uses a person-centered, multidisciplinary approach to incorporate MAT induction into withdrawal management care. The three essential components of the Changing Pathways model are:

1. Frequent and thorough education of individuals with OUD on MAT
2. Offering individuals with OUD the option to be inducted on MAT during their withdrawal management/detox stay
3. Comprehensive discharge planning and seamless warm transfers to guarantee continuation of MAT post-discharge

These three essential components have numerous benefits for providers and individuals with OUD. MAT has been shown to reduce the risk of relapse and overdose, support individuals significantly in sustaining long-term recovery, and to allow individuals to better tend to other behavioral and/or medical issues they are facing compared to individuals who pursue treatment without medication.

Initial results are promising:

- Monthly induction rates were as high as 25% within the first eight months as compared to a baseline of 0-1% per month
- Randomly selected chart reviews indicated that all clients choosing MAT were given MAT education

- The 7-day readmission rate and the percent of members leaving Against Medical Advice (AMA) were lower than that of clients choosing traditional detoxification/withdrawal management
- Additionally, statewide, the rate of connection to MAT post-discharge from withdrawal management for individuals with OUD increased from 27.6% in CY Q2 '18 (the three month period prior to implementing Changing Pathways) to 37.4% in CY Q1 '19
- **Mental Health Waiver Program:** The Mental Health Waiver Program is designed to help divert and discharge individuals with serious mental illness from long term care facilities into a comprehensive array of home and community-based services. The Mental Health Waiver provides psychiatric rehabilitation including but not limited to the Community Support Program, Peer Support, Transitional Case Management, Supported Employment, and Recovery Assistance in order to support individuals in the community and avoid institutionalization. This array of services allows participants to remain in the least restrictive environment while promoting a sense of belonging in their communities. Over the past year the number of waiver participants served reached 600. From April 2018 to March 31, 2019 the Mental Health Waiver received 399 referrals; enrolled 87 individuals onto the waiver; and had 87 participants in various stages of admission. The program continues to streamline procedures and has hired a DSS eligibility worker to manage all MHW renewals, admissions and discontinuances and has assisted in updating participant status information in the DSS IMPACT system.
- **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 2019 Report was submitted this year, including the Women's Substance Use Services Report per PA 18-39.
- **The Women's REACH (Recovery, Engagement, Access, Coaching & Healing) Program (REACH):** REACH provides statewide integration of 15 Recovery Navigators positioned throughout each of the five DMHAS regions. The Recovery Navigators are all women who are in a position to use their own personal recovery journey to help support others. These Recovery Navigators use a combination of recovery coaching techniques and case management services to support women in the community. Based on an outreach and engagement model, female recovery navigators develop collaborative relationships with local community based programs and providers within the medical and behavioral health community including birthing hospitals, recovery-based programs and other state partners including DCF and OEC. The recovery navigators also work within their respective communities to connect with women needing access to care to increase real-time engagement with treatment and to support the development of an individualized recovery support network. Services are prioritized for pregnant or parenting women with substance use or co-occurring disorders. The REACH navigators have a key role in the development and support of individualized Plans of Safe Care in compliance with state and federal legislation related to the Child Abuse Prevention and Treatment Act (CAPTA.)
- **The DMHAS Nursing Home Diversion and Transition Program (NHDTP):** NHDTP is a crucial component of the progress towards transforming the long-term care system in Connecticut for persons with serious and persistent mental illness (SPMI). The emphasis of the program is to reduce dependence on nursing homes and assist people with SPMI to obtain housing and mental health services in the community. Nurses help to assess, stabilize and transition persons to home- and community-based services, as well as to a variety of housing options that are offered to individuals as an alternative to institutionalization. The goal of the program is to divert individuals from a higher level of care and transition to the least restrictive, most integrated



community setting possible. Additionally, the NHDTP staff engages with individuals who are ambivalent about leaving the nursing home and meet regularly with nursing home staff for treatment updates in support of community transition. To accomplish these tasks, nurse clinicians and case managers act as liaisons between clients, nursing homes, hospitals, Local Mental Health Authorities, waiver services and other providers and initiatives. Their assessments and consultations assist in developing person-centered care plans and accessing services. In addition, they provide education and advocacy to service providers, clients and family members.

- **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 Evaluation, Quality Management and Improvement Unit 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 2019 Annual Statistical Report in December 2019.
- **Consumer Satisfaction Survey:** The Evaluation, Quality Management and Improvement Unit 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 Young Adult Services (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. DMHAS YAS is collaborating with researchers at the University of Connecticut School of Social Work on a study to measure the validity and reliability of the LIST's instrumentation.
- **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); and,
  - Initial pre/posttest analysis of housing outcomes in this program suggests declines in high risk behaviors from admission to discharge and very high rates of discharge to stable housing in the community. Follow up analysis at 6 months and one year post discharge indicates

housing stability is maintained. This data was included in a July 2019 paper presentation at the 9th International Conference on Social Work in Health and Mental Health in York, UK.

- **YAS Data Reports:** YAS continues to partner 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.
- **YAS Trauma Treatment Outcome Study:** This study has received preliminary approval from the DMHAS Institutional Review Board (IRB) and endeavors to measure the benefits of trauma-informed supervision for YAS clinicians using the YAS trauma treatment model (ARC). Given the high stress experienced by clinicians who work with severely traumatized and high-risk YAS clients, the study integrates the anticipated benefits (increased resilience, optimism, job satisfaction) for our YAS workforce with therapeutic outcomes experienced by their clients (reduced trauma symptoms, increased emotional and behavioral stability).
- **YAS Employment and Education Outcomes Study:** Approved by the DMHAS IRB, this study seeks to identify predictors of positive employment or educational outcomes for YAS clients using a longitudinal design. Data collection is complete and data analysis is currently being conducted.
- **YAS Perinatal Support Program and Prevention Services:** DMHAS YAS has developed and implemented a Perinatal Support Program to provide prenatal, labor and delivery Doula supports, and in-home parenting support services to all pregnant and parenting young adults. YAS has also partnered with DPH to provide an evidence-based curriculum, *Be Proud Be Responsible (BPBR)*, giving young adults the knowledge and skills they need to reduce their risk of HIV/STDs, increase condom use, and affect their knowledge and beliefs as it relates to sexual behaviors, specifically frequency of intercourse and multiple partners. To date, 45 classes have been held with 310 YAS clients participating.