

# Toward Mental Health Transformation: The Connecticut Experience

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Connecticut Department of Mental Health and Addiction Services  
*A Healthcare Services Agency*



State of Connecticut

# Who are we? - We're



- CT Substance abuse and mental health authority
- 70,000 people in care annually
- 3,600 employees, two hospitals, 15 LMHAs
- \$560 million/year operating expenses
- Contracts with 250 non-profit agencies
- Prevention (all ages)
- Treatment (age 18+)
- **RECOVERY IS OUR BUSINESS**

# CT Efforts Toward MH Transformation

- What we've been doing on MHT in CT
- What's worked, What hasn't worked, and Why
- What could make or break our efforts
- Other important related issues

# WHAT HAS WORKED: MAXIMIZE DR. HOGAN'S VISIT

- INVITES BY GOVERNOR TO “PRIVATE” SESSION  
CHAired BY GOVERNOR’S OFFICE:  
JUDICIAL AND EXECUTIVE BRANCH LEADERSHIP
- PRESENTATION AND Q & A:  
LARGE LEGISLATIVE HEARING ROOM
- LUNCHEON WITH LEGISLATIVE LEADERS
- RECEPTION HOSTED BY ADVOCATES
- DEBRIEFING WITH GOVERNOR’S OFFICE AND SMHA

# WHAT HAS WORKED? TIE IT TOGETHER

- BUILD ON CORNERSTONES
  - GOV'S COMMISSION ON MH
  - MH POLICY COUNCIL
  - COMM MH STRATEGY BOARD
- JOINT "MESSAGES"
- SHARE CONT'D SYSTEM CHANGE TA  
SUPPORT

# What Works: CT Lessons Learned



- 1** *Emphasizing community life and natural supports*
- 2** *Recognizing that people in recovery have valuable and useful contributions to make*
- 3** *Using multiple forms of “evidence” to guide policy*
- 4** *Using a combination of approaches to address cultural needs and elimination of health disparities*
- 5** *Establishing clear service expectations for providers and monitoring outcomes*
- 6** *Using “Practice Management Tools” adapted from the private sector to improve outcomes for people using public sector services*

**WHAT WILL WORK?  
“PART” OF EVERY AGENDA, NOT  
NECESSARILY “THE AGENDA”**

**POINTS OF IMPACT**

**CHILD WELFARE, CORRECTION, PUBLIC  
HEALTH, PUBLIC SAFETY, EDUCATION,  
LABOR, HOSPITALS, SOCIAL SERVICES**

**COMMUNICATION**

**COUCHED IN HEALTHCARE, PUBLIC  
SAFETY OR ECONOMIC *LANGUAGE*  
PACKAGE**

**“CT RECOVERY HEALTHCARE PLAN(?)/SYSTEM”**

# What Hasn't Worked?

- ANOTHER PROJECT DU JOUR
- WILL NOT REQUIRE NEW FUNDS
- SMHA “IN CHARGE”
- EXEC AND LEGIS ON “SAME PAGE”
- HIGHLY CONCEPTUAL APPROACH
- BIG STEPS, NO INCREMENTAL PRODUCTS
- LONG DRAWN OUT PROCESS



# Goal 1: Americans Understand That Mental Health Is Essential To Overall Health

## New Freedom Commission:

- Recommendation 1.1: Advance and implement a national campaign to reduce the stigma of seeking care and a national strategy for suicide prevention

## Connecticut Response:

- CT Advisory Board: increasing public awareness about **youth suicide**
- State Prevention Council: 8 state agencies to promote health and mental health awareness for individuals, families and communities

# Goal 2: Mental Health Care Is Consumer And Family Driven

## New Freedom Commission:

- Recommendation 2.1: Develop an individualized plan of care for every adult with a serious mental illness and child with a serious emotional disturbance
- Recommendation 2.2: Involve consumers and families fully in orienting the mental health system toward recovery

## Connecticut Response:

- CT Person-Centered Planning Initiative
- CT Recovery Initiative
- Peer Engagement Initiative

# Goal 2: Mental Health Care Is Consumer And Family Driven (cont'd)

## New Freedom Commission:

- Recommendation 2.4: Create a Comprehensive State Mental Health Plan.
- Recommendation 2.5: Protect and enhance the rights of people with mental illness.

## Connecticut Response:

- Regional Service Process
- National Policy Academy
- Commission on Mental Health
- Mental Health Policy Council
- Community MH Strategy Board
- Interagency Housing Policy Gp
- Psychiatric Advance Directive Initiative
- Guardian Ad Litem Initiative
- Engagement Specialist Initiative

# Goal 3: Disparities In Mental Health Services Are Eliminated

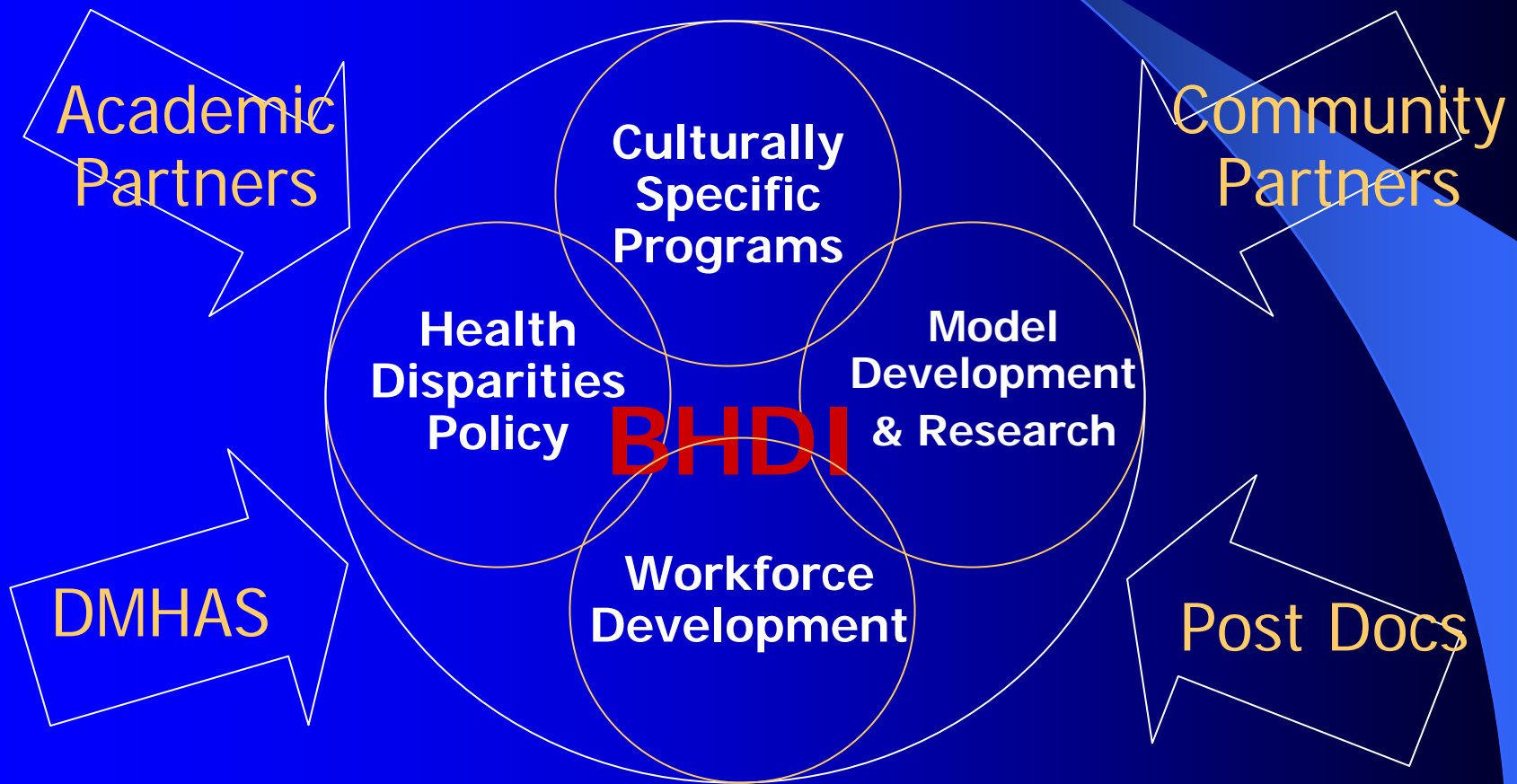
## New Freedom Commission:

- Recommendation 3.1: Improve access to quality care that is culturally competent

## Connecticut Response:

- Office of Multicultural Affairs
- Healthcare Disparities Initiative
- Multicultural Leadership Institute
- Cultural Competence Plans
- Ct. Lessons Learned #4 - Use a combo of approaches to address cultural needs

# Eliminating Health Disparities Involves Simultaneous Initiatives



CT Behavioral Health Disparities Initiative (CT BHDI)

# Goal 4: Early MH Screening, Assessment, And Referral Are Common Practice

## New Freedom Commission:

- Recommendation 4.1: Promote the mental health of young children.
- Recommendation 4.2: Improve and expand school mental health programs.
- Recommendation 4.3: Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies

## Connecticut Response:

- Partnership Resources and Infrastructure Support Monies (PRISM) Initiative
- CMHSB
- CT Youth Violence Prevention Initiative
- Offender Re-entry Grant
- CT Integrated Dual Disorders Treatment (IDDT) Project
- National Policy Academy on Co-Occurring MH and SA Disorders

# Goal 5: Excellent Mental Health Care Is Delivered And Research Is Accelerated

## New Freedom Commission:

- Recommendation 5.1: Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illness.
- Recommendation 5.2: Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation.

## Connecticut Response:

- Bridging Prevention and Recovery
- Youth Violence Prevention Initiative
- PILOTS Motivational Initiative
- CT Clearinghouse (Website)
- CT Coalition for Advancement of Prevention
- Consumer Survey
- Preferred Practices Initiative
- CT IDDT Project

# Goal 5: Excellent Mental Health Care Is Delivered And Research Is Accelerated (Cont'd)

## New Freedom Commission:

- Recommendation 5.3: Improve and expand the workforce providing evidence-based mental health services and supports.
- Recommendation 5.4: Develop the knowledge base in four understudied areas: mental health disparities, long-term effects of medications, trauma, and acute care.

## Connecticut Response:

- Recovery Institute
- DMHAS Prevention Training Collaborative
- Women's Treatment and Support Diversion Program
- Health Disparities Initiative
- Typical vs. Atypical Antipsychotic Medication Study
- High Service Utilizers "Protocol"



# Goal 6: Technology Is Used To Access Mental Health Care And Information

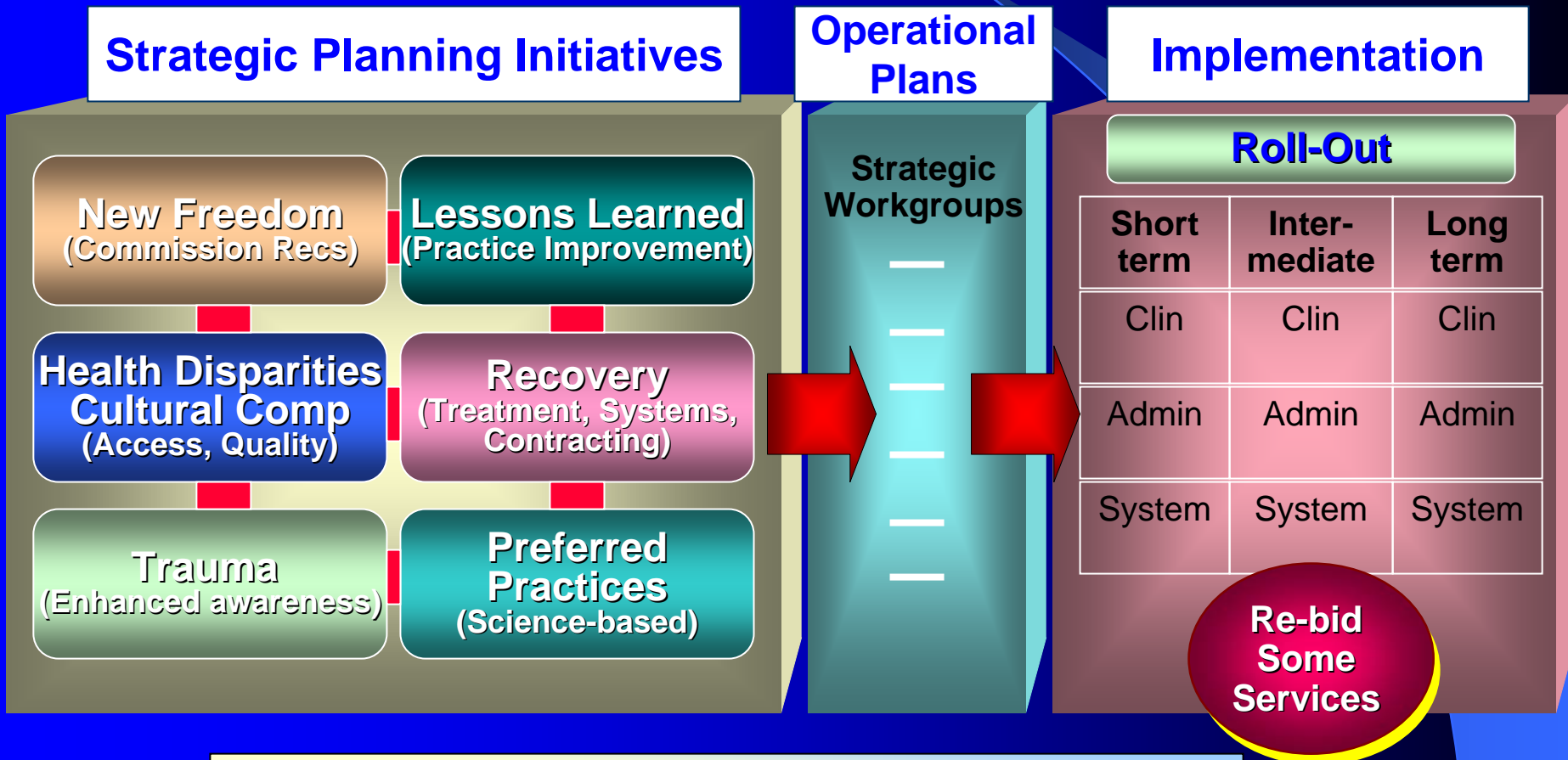
## New Freedom Commission:

- Recommendation 6.1: Use health technology and telehealth to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations.

## Connecticut Response:

- Connecticut Clearinghouse
- DMHAS Website

# How will these initiatives be implemented?



Value-driven, Recovery-oriented System of Care

# WHAT COULD HELP?

- TWO TIERED GRANT AWARDS
- “FREEDOM 2005” (06/07?)
- “SYSTEM” NOT PLAN
- WHAT STATE BRINGS TO “TABLE?”
- SILO BLOCK GRANT YET MUST VET
- PHASE THE ADVISORY COUNCILS
- FLEXIBLE “GOV OFFICE” LINKAGE
- SINGLE POINT OF ACCOUNTABILITY

# WHAT COULD HURT?

- IF WE GET “THERE,” HOW WILL WE KNOW? NO CLEAR ANSWER
- NO KEY STRATEGIC AGREEMENTS BETWEEN SAMHSA AND KEY FEDERAL PARTNERS
- AWARD NOT TIED TO KEY FED PARTNERS
- NO FLEXIBILITY RE WAIVERS

# What Could Help Make It **or Break It**

## ● Help

- SAMHSA LEADING ASSISTANCE IN BUILDING LOCAL/REGIONAL OWNERSHIP AMONG FEDERAL/STATE PARTNERS - “PART OF EVERY AGENDA”
- GREATER FLEXIBILITY WITH MEDICARE AND MEDICAID REQUIREMENTS (E.G., RECOGNITION THAT RECOVERY PLAN = TREATMENT PLAN)
- CLEAR CRITERIA/PRINCIPLES FOR APPLICANTS, E.G. “RECOVERY”
- OUTCOMES FOR THE NEW SYSTEM?
- LOTS OF SUSTAINED TA SYSTEM CHANGE RESOURCES, E.G. COLLABORATIVE CONTRACTING
- “NON-TRADITIONAL” MH COMMUNICATION PLAN
- INSTRUMENTS FOR “INSTITUTIONALIZING” VS “WEBE SYNDROME”

## ● Help Break it

- Unfunded or underfunded mandates
- **TOO FLEXIBLE - STATE’S ISSUE DU JOUR**

## OTHER RISKS / CHALLENGES

- PEOPLE CENTERED, NOT PROGRAM OR SYSTEM FOCUSED
- “IRRELEVANT SINCE NO NEW FUNDING”
- THAT’S NATIONAL AGENDA – WE NEED LOCAL FOCUS

# CONTACT INFORMATION

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