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Healthy People, Healthy Communities. Let's Make It Happen!

State of Connecticut Department of Mental Health and Addiction Services

Thomas A. Kirk, Jr., Ph.D., Commissioner

Services / Approaches that Demonstrate Fiscally Sound and Effective Investments

CT VALLEY HOSPITAL (CVH) COST SAVING MEASURES

During the past six months, the economic recession has taken its toll on the market, families, the DMHAS workplace, and individuals we serve. Even before the officially proclaimed recession period hit, CVH, under the direction of Acting CEO Helene Varteles and Director of Plant and Fiscal Operations Paul Derdeyn, directed cost-saving measures leading to significant reductions in Personnel and Other Operating expenditures.

Overtime reduction and energy conservation

- Stringent review and approval processes were directed for mandated 1:1 staff-patient and non-direct patient care essential overtime. These overtime mandates are estimated to yield over \$1.0 million in personnel services savings this fiscal year.
- Lower work area temperature points were set, rounds included insuring lights and computers were shut off when not in use, replacement of inefficient windows, replacement of leaking steam lines, and the campus-wide conversion of high energy efficient front-load dormitory washers. These energy cost-savings measures are estimated to yield over \$100,000 in Fiscal Year 2009.

Cost-savings in Other Expenses

- Reductions in vehicle use included campus-wide use of electric golf carts and re-scheduling of long-distant patient trips in favor of short essential trips.
- Reductions in copier paper/office supplies included no-print policy of non-essential email or reports, mandated 2-sided photo-copying/printing, cost reductions in patient linen service use, re-allocation of surplus furniture versus purchasing refurbished, and cancellation of non-essential cell phones.
- Staff training and signage was provided to create a new work-process mentality of printing/copying, stringent inventories of stored patient linen and standardization of less costly but quality linen products, maximizing surplus furniture networks to identify and claim quality "free" surplus furniture, and cancellation of non-essential patient care required state cell phones.

In total, projected estimated savings in Other Expenses will amount to approximately \$900,000.

Besides the obvious benefits of the dollars saved from these initiatives, the team-effort of staff cost-saving suggestions has been tremendous. Cost-saving initiatives were employee-driven and staff became vested partners in realizing cost-efficiencies and work-process re-engineering. The Acting CEO and Director of Plant/Fiscal Operations initiated open forums for cost-savings brain-storming, developed a common LAN drive folder for staff to contribute cost-savings, and facility campus newsletters captured staff contributed cost-saving ideas and challenged staff to become partners in the cost-savings initiatives. Today's economy has driven us to think of new ways of doing the same job with either less or alternative resources.

For more information, contact Helene.Varteles@po.state.ct.us or 860-262-6110.

DIVISION OF FORENSIC SERVICES (DFS) COST SAVING INITIATIVES

DMHAS' DFS funds and manages community programs by state-operated and private non-profit agencies to serve adults with behavioral health needs who are involved with the Criminal Justice (CJ) system. DFS programs provide services all along the continuum of CJ involvement from first contact with police through discharge of sentenced individuals back to the community. Each of these programs is designed to provide options to reduce costs to the CJ system for low risk offenders. DFS programs result in reduced arrest, avoided incarceration, and early release of

sentenced inmates. The average cost of incarceration in CT is over \$30,000 per year and the average cost of incarceration for someone with a serious mental illness is over \$60,000 per year. All DFS programs are considerably less expensive on a per person basis than incarceration. DFS Initiatives include:

➤ **Crisis Intervention Teams (CIT)**

DMHAS funds 5-day, 40-hour trainings and 1-day refresher courses for police officers on dealing with individuals with mental health disorders. The CIT model is used around the country and has been shown to reduce arrest, injuries to police officers and individuals with mental health disorders, medical leave and workers compensation costs for police departments. Since 2004, DMHAS has funded CIT training for 549 police officers and other police staff, as well as, 63 mental health providers. Officers of Probation, Parole, and Corrections have also participated in CIT training. DFS also funds six local mental health agency (LMHA) clinicians to collaborate with the police in 8 cities/towns.

➤ **Jail Diversion (JD)**

JD staff (employed by LMHAs) evaluate individuals who have serious mental illness in all 20 state courts, offer the court an option treatment in the community in lieu of incarceration, connect diverted individuals with treatment, forward information to the jail to ensure continuity of care for those individuals who are not released, and manage discharge planning for individuals who are released from jail to the community. JD staff monitor and support compliance with services that diverted individuals receive from local agencies and report compliance to the court. JD staff serve as mental health experts available for consultation to court and probation staff. JD staff also serves as CJ system experts for others in their agencies. JD staff evaluates approximately 4500 individuals with mental illness in a 12-month period and the court diverts approximately half of these individuals from jail.

➤ **Women's Jail Diversion** (Hartford, New Britain/Bristol, New Haven) and **Alternative Drug Program** (New Haven)

These programs offer treatment options to the court and provide specialized services for their target populations. These programs have shown significant reductions in recidivism for participants. The Women's Jail Diversion program has been cited as a national model by the federal Substance Abuse and Mental Health Services Administration for its integrated trauma, mental health, substance abuse, and community support services.

➤ **Transitional Case Management (TCM)** (Hartford, Waterbury, New Britain/Bristol, Norwich/New London)

TCM is a re-entry program that provides pre-release discharge planning and engagement for sentenced men who are discharging from prison to the targeted communities. After release, the program provides substance abuse treatment, community support services, and has limited transitional housing. This program has shown significant reductions in recidivism for participants.

➤ **CT Offender Re-entry Program (CORP)** (Hartford, Bridgeport, New Haven, Waterbury, Norwich/New London)

CORP serves sentenced individuals with serious mental illness who are returning to the targeted cities. Six to twelve months prior to release, CORP staff go into the prisons to engage with individuals, provide life skills groups twice a week, and develop discharge plans. After release, staff assists with resettlement in the community and engagement with local services. This program has shown significant reductions in recidivism for participants.

➤ **Advanced Supervision and Intervention Support Team (ASIST)** (Hartford, New Haven, Bridgeport, New Britain/Bristol, Middletown, New London)

This innovative program, jointly funded by DMHAS, the Dept. of Correction, and the Judicial Branch, is based on teams of staff from each of the funders who provide a combination of behavioral health services, community support, and community supervision to adults with a range of psychiatric disorders. DMHAS clinicians collaborate with local Alternative to Incarceration Centers (funded by Judicial Branch) to provide supervision and coordinate treatment and recovery services to maximize success in the community. ASIST has been especially useful for individuals who would not have been diverted from incarceration with treatment services alone.

ASIST is implemented in 7 locations, with clinicians employed by DMHAS' LMHAs. The program funds additional clinical positions for the LMHAs in the 3 largest cities, transitional housing for individuals with serious mental illness, and mental health services at private non-profits for individuals with less serious mental illness. ASIST accepts referrals from the Court, Probation, Parole, and DOC and is often the only option for someone

who would otherwise be incarcerated. ASIST includes a program evaluation and rapid data collection/analysis to guide development of ASIST and larger collaboration among the 3 agencies in serving common individuals.

- **Community Reporting Engagement Support and Treatment Center** (New Haven)
CREST, a collaboration of DMHAS' CT Mental Health Center, The Connection, and Fellowship Place, offers a combination of clinical services, community support services, skills groups, and supervision for individuals with serious mental illness who are referred by the Court, Probation, Parole, and DOC. CREST is open 7 days a week and is often the last option for individuals who would otherwise be incarcerated. The support and comprehensive services provided by CREST have enabled individuals who have a history of insufficient engagement in services to develop the stability they need to succeed in the community. In the last 12 months, 89% of participants who discharged from the program avoided incarceration.

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FISCALLY SOUND AND EFFECTIVE SAFETY TRAINING DMHAS' Division of Safety Services, Safety Education and Training Unit (DSS/SETU)

DSS/SETU has long been committed to providing fiscally sound and effective safety training. Through the use of a centralized pool of safety training resources, training delivery and attendance costs are reduced, and high training standards are maintained. Training costs are fiscally sound and effective in several ways:

- Since the majority of training conducted requires two instructors, the use of a centralized pool of instructional resources reduces the total number of instructors needed versus using a decentralized training model. A decentralized model would require 18 instructors (2 per facility). DSS/SETU employs a total of 10 instructors and has a total staff of 13, including a Curriculum Manager and Lead Training Coordinator. Based on starting salaries for Safety Education Instructors this saves approximately \$240K annually.
- The provision of centralized training for all new employees reduces duplication of training efforts at the local level. Since the number and distribution of newly hired employees varies, centralized training helps to ensure an adequate class size as well as reducing duplication by providing the same courses multiple times for each hiring facility.
- The provision of decentralized facility based training for annual review safety training for direct care staff eliminates travel time and costs to the facilities. Instead of accruing travel time costs for the approximate 2,800 employees (each trained in 2 classes annually), the costs are only accrued by the 2 DSS/SETU instructors for 840 classes. Since instructors are typically deployed to train closest to where they live, travel time/costs are further minimized.
- All safety training curriculum, except CPR/AED is developed by the DSS/SETU. Costs savings are realized since private vendor training costs for the courses conducted are eliminated. This also ensures that all employees receive the same training and that courses are consistent with the needs and mission of the department.
- The use of American Red Cross (ARC) CPR/AED and Preventing Disease Transmission courses for approximately 2,800 employees annually has enabled us to use purchasing power to obtain a \$3.00 per certification card cost reduction. This saves approximately \$8,400K annually.
- The use of computer-based training for Environment of Care and Infection Control Annual Review Training is estimated to save approximately 190 instructional hours annually. More importantly, travel time and costs are eliminated for both the instructors and employees taking the courses.

While it is difficult to calculate the final fiscal costs savings realized using a centralized safety training resource pool, we know that the significant hours saved completing annual safety training requirements results in more time spent providing direct care to individuals we serve a cost that can not be measured.

For more information, contact Marcia.Aleksunes@po.state.ct.us or 860-262-5387.

DMHAS EMPLOYMENT UNIT FISCALLY SOUND INITIATIVE

DMHAS' Employment Unit has an initiative underway to explore effective practices that are projected to be fiscally sound. Connecticut's Dept. of Social Services, Bureau of Rehabilitation Services (BRS) has established a goal of strengthening services and improving employment outcomes for persons with psychiatric disabilities. A core objective is to work closely with DMHAS to identify and implement effective collaborative employment strategies. To that end,

three BRS Liaison Counselors have been co-located in DMHAS LMHAs (Capitol Region Mental Health Center/Hartford, Greater Bridgeport Community Mental Health Center and CT Mental Health Center/New Haven). These BRS Liaisons are members of the clinical treatment teams, along with DMHAS-funded Employment Specialists, coordinating BRS services and resources with those of the DMHAS system. While the project is still in the data collection phase with a goal of studying the outcomes for 50 dually served individuals, clearly this partnership has result in improved outcomes and a broader array of services for individuals served by DMHAS. Data analysis will extend a year beyond this initial phase to track individuals' success. As a next step, these BRS Liaison Counselors, along with their DMHAS colleagues, will begin training the BRS and DMHAS fields on best collaborative practices.

For more information, contact Ruth.Howell@po.state.ct.us or 860-418-6821.

CREATIVE SOLUTIONS THAT CONTINUE TO ENSURE QUALITY OF CARE

The current budget crisis and fiscal environment require creative solutions that continue to ensure quality care for people enrolled in DMHAS Southeastern Mental Health Authority (SMHA). Significant savings and high quality outcomes have been achieved through “doing things differently”. For example:

- Intensive efforts to verify insurance and that accurate information is routinely updated in the DMHAS management information tracking system and resulted in a 146% increase in Targeted Case Management revenue for November 2008, and gains have been sustained.
- Payor source verification efforts by fiscal staff have resulted in a reduction of 53% in expenditures for individual medications for the first 6 months of this fiscal year compared to last fiscal year.
- SMHA's Network Housing Office has created and implemented a universal process and wait list for all permanent supportive housing programs that exist in Southeastern Connecticut. Now, homeless persons have only one application to submit in order to be considered for any and all permanent supportive housing programs in the region.
- SMHA's Housing and Homeless Outreach Teams have worked with local hotels resulting in the donation of furniture, linens, and other supplies for housing homeless individuals throughout the network. Furniture Bank, shelters, DSS, Community Care teams, Alliance for the Homeless all participate. When individuals are ready for housing, they are not placed in an empty shell. We help them to decorate and make their house a home.
- SMHA's Network Housing Office, through its active participation on the Norwich and New London Community Care Teams, facilitates access to services that the homeless and disabled population need. The housing office works closely with both housing and clinical providers throughout the region to create a seamless coordination of services, ensuring that no door is the wrong door for homeless persons or persons that are at risk for becoming homeless.
- SMHA is implementing a more efficient way to provide medication management supports on second shift, freeing staff who would normally spend most of their shift monitoring medications, to provide recovery supports. The approach is a facility wide one, in lieu of a duplication of efforts by each team.
- Continued and enhanced monitoring of entitlement status or verifications regarding Acute Care Community Hospital contracts takes place to ensure that third party reimbursements are applied as appropriate. SMHA supports the Contractor's efforts in determining the availability of entitlements which allows DMHAS funding to be applied to additional admissions that are not eligible for third party coverage.

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PREVENTION: A FISCALLY SOUND AND EFFECTIVE INVESTMENT

As the economic crisis takes its toll on CT, many of us feel stress and uncertainty. Stress can greatly influence alcohol or other drug use and triggers other problems such as anxiety and depression. Children exposed to severe stress may be more vulnerable to drug abuse, risk for depression, impulsive behavior, and substance abuse in adulthood. DMHAS' Prevention and Wellness Division hold to the adage that it is better to have a fence at the top of the cliff than an ambulance at the bottom. We fund an array of community-based services that can protect individuals, families, and communities from falling into the negative effects of substance abuse and mental illness.

In addition to preventing this human cost, a new study from Iowa State University has demonstrated that “investing in addiction prevention programs yields a 10-1 return for society,” according to a report from the March 16, 2009 online

issue of *Join Together*. In a conference sponsored by the United Nations Office on Drugs/Crime and the World Health Organization, researchers Richard Spoth, Ph.D., and Max Guyll, Ph.D., revealed findings from studies of general population interventions and family-focused prevention. They concluded that effective and efficient prevention could possibly save society billions of dollars per year, when properly implemented.

To reduce the long-term effects of substance use and mental health disorders and its associated costs, DMHAS has established a comprehensive *wellness system comprised of*:

- Prevention service providers offering culturally sensitive support & skill-building programs for parents, youth and families.
- Local coalitions working to create communities that address underage drinking, support wellness & promote health.
- Statewide Healthy Campus Initiative including over 30 colleges changing the culture of high risk drinking and related behaviors.
- Regional Action Councils supporting the work of local schools, coalitions, and towns through strategic planning, leveraging funding and technical assistance.
- Statewide resource links providing workforce training and to strengthen service quality.

In terms of *effectiveness*, SAMHSA's National Survey of Drug Use & Health reported that from 2002 to 2006, CT showed improvement in 15 out of 20 key health outcome measures. Some outcomes were: 1) decreases in past month drug use; 2) decreases in age of initiation of alcohol/drug use; and 3) increases in youth perception of harm of alcohol and drug use—all indicators of future problems related to substance abuse. While these improvements were small, and alcohol use in youth and adults has risen recently, *continued investment in prevention will save money— and lives.*

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SUPPORTED EDUCATION: AN EFFECTIVE AND FISCALLY SOUND EVIDENCE-BASED APPROACH

Supported educational activities that are customized to individual needs and desires, promote peer and natural supports and facilitate the transition to community-based educational institutions are highly desired to help build confidence and self-efficiency and aid individuals in recovery. Education and training offer a viable route out of poverty and often lead to expanded career options in the labor market, greater job satisfaction and improved job retention. National studies have documented that higher levels of education obtained with the assistance of supported education techniques are cost-effective as demonstrated by greater degrees of independence, increased self-sufficiency, lower rates of hospitalization and improved work outcomes for individuals.

Individuals with some college credit earn almost twice that of those who do not complete high school. High school graduates earn \$3000/year less than individuals with some college experience, \$8,000 less than those with an Associates Degree and \$28,000 less than those with a Bachelors Degree. The Department of Labor has documented that the number of jobs in Connecticut that require post-secondary education and/or training is increasing rapidly.

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes Supported Education as an “evidence-based” approach that is both effective and fiscally sound. A supported education subcommittee has been meeting for over four years to create an infrastructure for assisting persons in recovery to access education and training, and an increasing number of DMHAS provider agencies have created their own supported education programs. With sponsorship from DMHAS' Mental Health Transformation Grant, the Central CT State University (CCSU) ACCESS Program, in partnership with Laurel House, convened a statewide supported education conference this winter that offered extensive training, educational resources and a blueprint for organizing local community educational collaboratives. A Supported Education Advisory Committee meets regularly to provide technical assistance that will sustain local collaborative in all regions. The local educational collaboratives convene local college, adult education and DMHAS provider staff to facilitate relationships among staff, clarify services and articulate shared protocols for supporting consumers who are returning to school.

For more information, contact Ruth.Howell@po.state.ct.us or 860-418-6821.