



**STATE OF CONNECTICUT**  
**DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**  
*A Healthcare Service Agency*

NED LAMONT  
GOVERNOR

MIRIAM E. DELPHIN-RITTMON, Ph.D.  
COMMISSIONER

**MEMORANDUM**

**To:** DMHAS Private Non-Profit Providers  
**From:** Miriam E. Delphin-Rittmon, Ph.D.  
**Date:** March 20, 2020  
**Subject:** DMHAS COVID-19 Provider Update #4

*PATH Providers*

With the understanding that time and attention during this health crisis is better spent on the health and safety of the people you serve, monitoring visits scheduled for PATH providers are postponed until further notice. In lieu of monitoring visits, Housing Innovations is going to research National COVID-19 protocols that are being used for outreach programs to provide guidance. It is important to continue to operate outreach programs as many people are in need of assistance. If changes are necessary to the operations of your PATH program, please submit a request in writing and obtain approval from Deputy Commissioner Nancy Navarretta at [Nancy.Navarretta@ct.gov](mailto:Nancy.Navarretta@ct.gov). Please keep a hold on May 8, 2020 for the outreach training day. DMHAS is also working on a PATH monitoring checklist that may be completed with each PATH provider this summer to meet with SAMHSA compliance. Please stay tuned for additional information.

*Digital Social Support and Connectedness Options*

It is important for individuals, including staff and clients, to remain socially connected during this time of necessary physical distancing. There are a number of warm lines across the state that individuals can also call for social support. Please note that warm lines are *not* crisis lines. For a list of warm lines, go to <https://portal.ct.gov/DMHAS/Programs-and-Services/Advocacy/Warm-Lines>. DMHAS has also compiled a list of digital social support and connectedness options available online here: <https://portal.ct.gov/-/media/DMHAS/COVID-19/Resources/digital-social-connectedness.pdf?la=en>.

*Update on DMHAS Technology*

DMHAS is securing and activating iPhones for patient teleconferencing use in lieu of face-to-face visits during this crisis. It is the Department's hope that, while not perfect, this will lessen the distance between patients and their family and friends. Once the phones have been activated, patients will be able to contact community providers as well. The Department will provide updates on this use of technology as it evolves.

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