

SECTION 3 CHAPTER 8
BEHAVIORAL HEALTH CARE

8.0 BEHAVIORAL HEALTH CARE

8.1 RELATIONSHIP TO CERTIFICATE OF NEED

Connecticut General Statutes Sections 19a-638 (a)(1)(2) and (4) specify that the establishment or transfer of ownership of a for-profit behavioral health care facility or the termination of hospital-operated behavioral health services requires a Certificate of Need. The foregoing requires that certain criteria set forth in Connecticut General Statutes Section 19a-639 be met. As provided by subsection (b) of the statute, Certificate of Need approval is not required for non-profit facilities that contract with a State agency or programs licensed or funded by the Department of Children and Families (except psychiatric residential treatment facilities). In addition, behavioral health services provided by a licensed private practitioner do not require Certificate of Need approval.

8.2 SERVICE OVERVIEW

Treatment for mental health and substance use disorders very often overlap and intersect. Adult and child/adolescent services also are interrelated, as services to a teen can transition to adult services as that person “ages out” of the child/adolescent programs. In addition, entire families of various ages can be fundamentally involved in the treatment of an individual with a mental health or substance use disorder. The services of private providers and the services of State-operated entities are related by referrals between private and State programs and by State funding sources.

8.3 POINTS OF ACCESS OR ENTRY INTO THE SYSTEM

Behavioral health care has numerous and varied entry points. The following listing of diverse entry or access points illustrates the complexity of the behavioral health system:

- General or Children’s General Hospital emergency departments;
- Private practitioner’s referrals (physicians, therapists, social workers);
- School systems (e.g., School Based Health Centers);
- Community Health Centers or other primary care clinics;
- The Department of Mental Health and Addiction Services;
- The Department of Children and Families;
- The Department of Correction;
- The Courts and the Judicial Branch’s Court Support Services Division;
- The Department of Developmental Services (for autism co-morbidity);
- Transfers from other entities/facilities in other states;
- Referral by home health providers;
- Nursing homes providers;
- Referral of individuals receiving substance use treatment to mental health providers;
- Referral of individuals receiving mental health treatment to substance use treatment providers;
- Referral of a teen into adult services when aging out of child/adolescent level services;
- Referral from 12-step and other recovery and self-help groups; and
- Self-referral or walk-in.

These access points into the behavioral health system are an asset to someone seeking care, but can also pose challenges. The coordination of points of entry is a key element of an efficient and effective service environment in the state. Communication between the various levels of facilities and providers within the behavioral health industry is vital to the appropriate placement and subsequent treatment of individuals seeking behavioral health services.

8.4 SYSTEMS THAT ENABLE OR ASSIST WITH RECOVERY AND RESILIENCE

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) has determined that Recovery-Oriented Systems of Care are a priority. Recovery Support is one of SAMHSA's eight strategic initiatives. Recovery Support involves partnering with people in recovery from mental and substance use disorders to guide the behavioral health system and promote individual-, program-, and system-level approaches that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.¹⁴⁸ This initiative has taken shape in Connecticut in recent years. In 2002, the Connecticut Department of Mental Health and Addiction Services (DMHAS) adopted a policy to formally designate the concept of 'recovery' as the overarching goal of the service system operated and funded by the Department. Recovery is the guiding principle and operational framework for the system of care provided by the partnership of State and private agencies and consumer-run services that form the DMHAS healthcare system. Recovery is defined as a process of restoring or developing a positive and meaningful sense of identity apart from one's condition and then rebuilding one's life despite, or within the limitations imposed by that condition. Recovery is a person-centered approach and thus may vary from person to person and within the mental health and addiction communities.¹⁴⁹

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DMHAS' Recovery Initiative focuses on helping to build consensus among stakeholders and momentum for change, while focusing efforts on several key ideas:

- Empowering people in recovery;
- Focusing on individualized and person-centered care and support;
- Building on already existing cornerstones of work;
- Using standards, practice guidelines and performance monitoring;
- Emphasizing outcomes; and
- Incorporating the best available practices.

The following could be part of a person's recovery: maximizing the person's opportunities for establishing or reestablishing a safe, dignified, and meaningful life in the community; continuing education in support of career development; managing one's illness such that the person can live independently and have meaningful employment and healthy social relationships; reducing the painful effects of trauma through a process of healing; attaining or restoring a desired state such as achieving sustained sobriety; building on personal strengths to offset the adverse effects of a disability; connecting and re-connecting with family and friends; and pursuit of spiritual activities to the extent of interest.

SAMHSA also supports the Systems of Care for Children's Mental Health Initiative that articulates and supports the features of an effective service system for children and youth. The Comprehensive Community Mental Health Services for Children and Their Families Program, administered through SAMHSA, funds Systems of Care, a community-based service delivery model that promotes positive mental health outcomes for children and youth from birth through 21 years of age and their families. The focus on providing family-driven, culturally and linguistically competent, and evidence-based services and supports in Systems of Care is ideally suited to addressing the mental health needs of young children and their families. Connecticut's Department of Children and Families endorsed the System of Care through its Kidcare Initiative and continues to support the approach through its Strengthening Families Practice Model. These initiatives seek to build or enhance resilience in children and youth with the help of families, providers and the community.

¹⁴⁸U.S. Substance Abuse and Mental Health Services Administration description of Recovery Support. Retrieved from <http://www.samhsa.gov/recovery/>

¹⁴⁹Connecticut Department of Mental Health and Addiction Services. (2002, September). *Recovery Resource Guide*. Retrieved from <http://www.ct.gov/dmhas/lib/dmhas/recovery/resourceguide.pdf>

An individual's recovery plan or care plan depends on needs and circumstances. For adults, a plan might include transportation, vocational services, life skills training, housing, employment, social or recreational opportunities, faith organizations and community support. These are not health care services, but are related and, in many instances, may be necessary for full and lasting recovery within a community. These recovery support systems may be facilitated through or referred by a person's mental health or substance use treatment provider or the mental health or substance use treatment provider may have some recovery supports built directly into their program of care. The efforts of providers to focus on both the direct treatment services and needed support systems to serve the person in recovery is aimed at keeping persons in recovery in the community and creating opportunities for them to participate and thrive as a member of the community. The goal of these initiatives is to create a supportive system where persons don't relapse back into the treatment system or decompensate¹⁵⁰ due to lack of recovery supports.

8.5 DESCRIPTION OF THE BEHAVIORAL HEALTH ENVIRONMENT

8.5.1 ADULT MENTAL HEALTH TREATMENT

8.5.1.1 Hospital-Operated Facilities: Short-Term General Hospitals

Many of Connecticut's short-term private or public general hospitals provide various types and intensity of inpatient services for the treatment of adult mental health conditions. For fiscal year 2011, 24 of the 30 hospitals (29 short-term general hospitals and one children's general hospital) had psychiatric discharges or patient days¹⁵¹ (see Appendix T). Most hospitals thus can provide at least short-term inpatient services for individuals with a mental health diagnoses.

Several of the larger hospitals operate mental health services as a department or division within the hospital but maintain a distinct identity (such as The Institute of Living, a department of Hartford Hospital and Yale-New Haven Psychiatric Hospital, a department of Yale-New Haven Hospital, and the Behavioral Health Services at Saint Francis Hospital and Medical Center). In addition, many hospitals operate dedicated behavioral health units within the emergency department.

There is currently not a single, verifiable source of information on the types or levels of behavioral health outpatient services provided by Connecticut's short-term general hospitals, but information from various sources indicates that the vast majority of the state's short-term general hospitals provide some level of behavioral health outpatient services, either as a hospital service or through an affiliated or contractual arrangement. These other sources include Value Options¹⁵², the Connecticut Clearinghouse¹⁵³ (<https://www.ctclearinghouse.org/Default.asp>), OHCA's service line survey of hospitals (Inventory Table 3), the SAMHSA facility locator (<http://store.samhsa.gov/mhlocator>), the United Way of Connecticut's 2-1-1 search engine (www.211ct.org/referweb/landing.aspx), and Network of Care (<http://connecticut.networkofcare.org/mh/home/index.cfm>).

8.5.1.2 Hospital-Operated Facilities: Hospitals for Mentally Ill Persons

Three Connecticut facilities are licensed as Hospitals for Mentally Ill Persons (HMIP). They are Masonicare Health Center with 30 licensed HMIP beds in Wallingford, Natchaug Hospital, Inc. with 60 licensed HMIP beds in Mansfield Center, and Silver Hill Hospital, Inc. with 129 licensed HMIP beds in New Canaan. All three are private, non-profit entities.

As defined in Connecticut's Public Health Code¹⁵⁴, an HMIP is "a psychiatric facility which primarily offers medically directed inpatient services for the diagnosis, treatment, care, protection and rehabilitation, as indicated, of individuals admitted with psychiatric disorders." The license allows the provider to offer inpatient, residential and outpatient services, mental health and substance abuse services to all ages and provide off campus services as satellite facilities. The Masonicare Health system holds various facility licenses, including Chronic Disease and Chronic and Convalescent Nursing Home, whereas Natchaug and Silver Hill hold only the Hospital for Mentally Ill Persons licenses and focus on

¹⁵⁰Decompensate is a mental illness term meaning the inability to deal with environmental, emotional or psychological stressors.

¹⁵¹DPH Office of Health Care Access Hospital Reporting System for FY 2011. Report 400.

¹⁵²Value Options is the current vendor operating as Administrative Services Organization for the Connecticut Behavioral Health Partnership and is primarily responsible for consumer and provider relations and utilization.

¹⁵³Connecticut Clearinghouse is a program of Wheeler Clinic and is a statewide resource center for information regarding behavioral health services and locations.

¹⁵⁴Connecticut Public Health Code. Section 17-227-14a (G).

the services within this license category. The Masonicare Hospital for Mentally Ill Persons license is for the provision of its Geriatric Psychiatric and Mental Health unit, for persons over the age of fifty-five who are experiencing acute psychiatric and medical problems.¹⁵⁵

8.5.1.3 State-Operated Inpatient Facilities¹⁵⁶ and Local Mental Health Authorities

DMHAS is Connecticut’s State Mental Health Authority for adults 18 years of age and older and has statutory responsibility to promote and administer comprehensive behavioral health preventive and treatment services. DMHAS operates, funds, and coordinates inpatient and community-based services for adults having substance use or psychiatric disorders, or co-occurring psychiatric and substance use disorders who are indigent or medically indigent. It operates four facilities in the state for the provision of inpatient mental health services for adults. Three of the four DMHAS-operated facilities also provide various levels of outpatient mental health services.

Table 8.1: DMHAS-Operated Facilities in Connecticut

Connecticut Valley Hospital	Connecticut Valley Hospital in Middletown is a DMHAS-operated inpatient facility, which includes the Whiting Forensic Division, providing specialized inpatient services in 232 beds to individuals involved with the criminal justice system; the General Psychiatry Division with 220 beds and Addiction Services Division (located in Middletown and at the Blue Hills Hospital in Hartford) with 152 beds.
Connecticut Mental Health Center	Connecticut Mental Health Center (CMHC) in New Haven is a DMHAS-operated inpatient facility which treats individuals suffering from severe and persistent psychosis, depression, anxiety, addictions (including alcoholism, cocaine, and gambling) and those with co-existing mental health and substance use disorders. CMHC is a collaborative endeavor between DMHAS and the Yale University Department of Psychiatry and Yale-New Haven Hospital. CMHC also operates outreach programs for individuals who are homeless, who are at serious risk for mental illness, or involved with the criminal justice system. CMHC also provides specialized culturally responsive, clinical service for people whose primary language is Spanish. CMHC has a 26-bed Acute Inpatient Unit and a 10 bed "step down" unit.
Greater Bridgeport Community Mental Health Center	Greater Bridgeport Community Mental Health Center (GBCMHC) in Bridgeport serves patients with prolonged psychiatric and co-occurring illnesses. GBCMCH has a 42-bed Psychiatric Intensive Care Unit that provides treatment for severely and acutely ill psychiatric patients who require a safe, supportive, highly structured hospital level of care in addition to a 20-bed co-occurring treatment unit.
Capitol Region Mental Health Center	Capitol Region Mental Health Center in Hartford is a 16-bed facility with a focus on persons who are uninsured or who cannot obtain services from other providers. The program provides a broad range of services including medication management, individual and group therapy, occupational therapy, and recreational interventions.

DMHAS’ mental health service system for persons with a serious mental illness is delivered, at the regional and local level, through a network of State-operated and State-funded community services and supports. Included in this network are 13 Local Mental Health Authorities (LMHAs), six are DMHAS-operated and seven are DMHAS-funded (see Appendix U), along with over 90 affiliated private non-profit community-based organizations. A listing of LMHAs, the geographic areas they cover and the community-based providers that receive DMHAS funding is given on the DMHAS web site (www.ct.gov/dmhas).

¹⁵⁵Acute Geriatric Psychiatric Unit description from Masonicare website.

Retrieved from <http://www.masonicare.org/healthcare/on-site-health/hospital/acute-psychiatric-unit>

¹⁵⁶Although John Dempsey Hospital of the University of Connecticut Health Center is a State-operated facility, it is included in all discussion or references in this chapter, as a short term general hospital.

LMHAs are the sub-State administrative and direct care component for the delivery and coordination of mental health services across the state. They are responsible for service coordination, care and case management, linkages with other agencies for service needs such as housing and entitlements, program development and management, utilization review and quality management and community relations. LMHA's develop, maintain and manage a comprehensive system of mental health treatment, support services and rehabilitative services for the 23 DMHAS-designated "Catchment Areas" spread across five geographic "Regions", thus creating local systems of services.

DMHAS has implemented statewide, the evidence-based practice, Integrated Dual Disorder Treatment (IDDT), for people who have co-occurring mental health and substance use disorders in mental health treatment settings. Integrated dual disorders treatment differs from traditional approaches in several ways. The most important is integration of mental health and substance abuse treatments. One practitioner or one team in one agency provides both mental health and substance abuse treatments so that the consumer does not get lost, excluded, or confused going back and forth between two different programs. A number of State-operated and non-profit providers are actively engaged in this initiative.



8.5.1.4 Community-Based Residential Adult Services

DMHAS defines residential services as services that provide engagement interventions, an array of skill building activities, and numerous opportunities to participate in integrated community organizations and activities to facilitate recovery and develop a personal recovery support system. Residential services include group homes and supervised apartments. Group Homes are congregate community residences that are staffed 24 hours a day/7 days a week that provide a set of residential and rehabilitative services. Group Homes are intended primarily as a step-down service from in-patient hospitalization. Supervised Housing provides recovery-oriented services 24 hours a day/7 days a week.

Adult residential mental health services in a private, free-standing setting can be offered under one of the following State licensure categories:

8.5.1.4.1 Mental Health Residential Living Centers

Currently 21 providers hold a Mental Health Residential Living Center license (Inventory Table 15), which pursuant to the Connecticut Public Health Code, is a supervised, structured and supportive group living arrangement that includes psychosocial rehabilitation services and may also include assistance in obtaining necessary community services to persons in need of mental health services. Four of the 21 licensed sites are located in New Haven. The towns of Bridgeport, Middletown, New Britain, Norwalk, and Waterbury are each the location for two licensed facility sites.

8.5.1.4.2 Private Free-standing Community Residences

Currently five providers hold a Private Free-standing Community Residence license (Inventory Table 16), which pursuant to the Connecticut Public Health Code, is a residence for up to eight mentally ill adults as defined in section 19a-507a(3) of the Connecticut General Statutes.

8.5.1.5 Community-Based Outpatient Adult Services

DMHAS defines outpatient services as services which are professionally directed and include evaluations and diagnostic assessments, bio-psycho social histories including identification of strengths and recovery supports, a synthesis of the assessments and history that results in the identification of treatment goals, treatment activities and interventions, and recovery services. Such services include individual, group, and family therapy, and medication management.

Pursuant to State facility licensing laws, adult outpatient mental health services in a private, free-standing setting can be offered under one of two licensure categories, Psychiatric Outpatient Clinic for Adults or Mental Health Day Treatment.

8.5.1.5.1 Psychiatric Outpatient Clinic for Adults

Under this licensure category, a facility may provide evaluation, diagnosis, and ambulatory treatment to individuals who have mental, emotional or behavioral problems, disturbances, dysfunctions or disorders as defined in the most recent edition of the diagnostic and statistical manual of the American Psychiatric Association. Currently 205 providers hold a Psychiatric Outpatient Clinic for Adults license (see Inventory Table 17 for listing). Almost half of them are located in seven large Connecticut cities (26 service locations in Hartford, 20 in New Haven, 20 in Bridgeport, 11 in Waterbury, 10 in New Britain, 8 in Stamford, and 7 in Norwalk). Within the provision of outpatient treatment is a subcomponent called Intensive Outpatient, which is often a part of a patient's overall continuum of care.

Some of the providers holding a Psychiatric Outpatient Clinic for Adults license are Community Health Centers. Many of Connecticut's Community Health Centers provide primary care, dental care and behavioral health services. Most general hospitals provide some level of outpatient mental health services, but they are not separately licensed as such.

8.5.1.5.2 Mental Health Day Treatment

Under this licensure category, a facility may provide evaluation, diagnosis and ambulatory treatment services for individuals who are experiencing mental, emotional or behavioral problems, disturbances, dysfunctions or disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association and whose unit of service to each client is a minimum of 4 hours and a maximum of 12 hours. Currently twelve providers hold a Mental Health Day Treatment license for 18 Mental Health Day Treatment service locations throughout the state (see Inventory Table 18 for listing). All but one of the providers also hold one or more Psychiatric Outpatient Clinic for Adults licenses.

Most general hospitals may provide some level of outpatient mental health services, including day treatment services, but they are not separately licensed as such.

8.5.1.6 Other Providers of Mental Health Services

8.5.1.6.1 Intermediate Care Facility for Individuals with Mental Retardation (ICF/MRs)¹⁵⁷

An Intermediate Care Facility for Individuals with Mental Retardation (ICF/MR) is a facility that participates in the optional Medicaid program under Section 1905(d) of the Social Security Act. The facilities provide a protected residential setting that includes ongoing evaluation, planning, 24-hour supervision, coordination and integration of health, rehabilitative services and active treatment for individuals with mental retardation or related conditions. The purpose is to enable each individual to function at his/her greatest ability level. A total of 925 certified beds are within the facilities certified for participation in the ICF/MR program (Inventory Table 19).

8.5.2 SUBSTANCE USE OR SUBSTANCE ABUSE TREATMENT

8.5.2.1 Discussion of Substance Use Treatment and Demand

Overall, it is estimated that less than 17% of adults in need of substance use treatment seek such services in Connecticut annually. Table 8.2 below shows an estimation of the statewide and regional population needing treatment and the estimation of the statewide and regional population seeking treatment for alcohol and illicit drug dependence and abuse.¹⁵⁸

¹⁵⁷Other than this discussion on ICF/MRs, this plan does not touch upon the service lines for persons with developmental disabilities.

¹⁵⁸The Connecticut Department of Mental Health and Addiction Services requested and received Connecticut-specific data (rates of alcohol and illicit drug dependence and abuse) from SAMHSA's Center for Behavioral Health Statistics and Quality. From that data, researchers at the University of Connecticut Health Center (UCHC) calculated both state and regional estimates of population needing treatment and population seeking treatment using the 2010 United States Census.

Table 8.2 Substance Abuse Treatment Need and Demand Statewide and by Region^a

Region/State	Adult (18 and older) Population	Estimated Population Needing Treatment	Estimated Population That Seek Treatment
Southwest	511,312	63,914	9,003
South Central	654,624	60,880	10,904
Eastern	341,930	31,458	5,694
North Central	776,214	79,950	13,201
Northwest	473,002	47,773	8,021
State TOTAL^b	2,757,082	281,222	46,741

Source: SAMHSA Center for Behavioral Health Statistics and Quality and the University of Connecticut Health Center

^aAll estimates are based upon rates for Connecticut's 12 and older population from a seven-year average (2002 - 2008) National Survey on Drug Use and Health (NSDUH) treatment need estimates. Adult population figures are from the 2010 U.S. Census.

^bConnecticut totals don't equal the sum of the regions due to variations in regional vs. state estimates based upon the average of the 2002 - 2008 NSDUH estimates.

It is further estimated that about 10,500 adults are injecting drug users (cocaine, heroin), representing 3.7% of Connecticut's total population in need of treatment.¹⁵⁹

According to The National Survey on Drug Use and Health (NSDUH), Connecticut's rate of unmet need for alcohol and/or illicit drug abuse or dependence has remained between 9% and 10% over the last 7 years. This includes persons ages 12 and older (adolescents and adults). Connecticut's 2008-2009 rate of unmet need for alcohol and/or illicit drug abuse or dependence was 9.8%. This represented a slight increase, though not statistically significant, from the 2002/2003 estimate of 8.8%. Unmet treatment need increased slightly for both young adults and those age 26 and older but decreased for the 12-17 year-old population from 8.95% to 7.82%. Connecticut's rate of unmet treatment need for illicit drugs for the 12 and older population was 2.55 and highest for young adults (ages 18 to 25) at 7.86%. The overall 2008-2009 treatment gap was a drop from Connecticut's 2002-2003 estimated rate of 2.81%, which held true in all age groups, but changes were not statistically significant.¹⁶⁰

8.5.2.2 Substance Use Treatment Facilities or Services for Adults, Children and Adolescents

For purposes of this chapter, the familiar term "substance abuse treatment" is not used as the industry itself has started to move away from this terminology. Instead, the words substance use disorder or substance use treatment will generally be used to reflect current industry trends.

Substance use treatment facilities in the state include those for adults, adolescents, and children as the laws and procedures in the state generally combine the adult and child services for licensure purposes. The staffing skills needed for substance use treatment and prevention for children and adolescents, however, are particularly distinct from those of adults. In addition, there are some residential programs, clinics, and in-home programs funded by the Department of Children and Families that primarily serve youth with substance use disorders.

8.5.2.2.1 Hospital-Operated Facilities: Short-Term General Hospitals

Many short-term private or public general hospitals also provide inpatient and outpatient services for the treatment of substance use or substance addiction. All 30 of the short-term general or children's general hospitals had substance use treatment discharges from FY 2008 to FY 2010, according to inpatient discharge data reported to OHCA's inpatient discharge database.

¹⁵⁹University of Connecticut Health Center researchers used a combined methodology that included current heroin and cocaine injecting drug users as reported to DMHAS' client information system and application of a SAMHSA study that provided a national estimate of 0.18% of the general population age 12 and older.

¹⁶⁰The National Survey on Drug Use and Health. *State Estimates of Substance Use and Mental Disorders from 2008-2009 National Surveys on Drug Use and Health*. Retrieved from <http://www.oas.samhsa.gov/2k9/state/Cover.pdf>

8.5.2.2.2 Hospital-Operated Facilities: Hospitals for Mentally Ill Persons

Of the three Hospitals for Mentally Ill Persons mentioned earlier in the Chapter, Natchaug Hospital and Silver Hill Hospital provide various levels of substance use treatment and recovery services on both an inpatient and outpatient basis. Natchaug Hospital provides these services to all ages, and Silver Hill Hospital provides these services to adolescents and to adults.

8.5.2.2.3 State-Operated Inpatient Facilities and Local Mental Health Authorities

DMHAS-operated facilities, including Connecticut Valley Hospital and Connecticut Mental Health Center, provide substance use treatment on an inpatient or outpatient basis. CVH operates programs at its Middletown (Merritt Hall) and Hartford (Blue Hills Hospital) locations for both inpatient detoxification and rehabilitation services, with a total of 152 beds. CMHC, serving the greater New Haven area, provides only outpatient substance use treatment services through its Substance Abuse Treatment Unit.

Greater Bridgeport Mental Health Center has a 20 bed inpatient unit for persons with co-occurring mental health and substance use disorders.

8.5.2.2.4 Community-Based Residential Adult Services and Community-Based Outpatient Services

Residential services, such as residential detoxification programs and residential rehabilitation programs, are available for persons being treated for or recovering from substance use disorders. Residential detoxification is medical management of the withdrawal from alcohol and drugs along with case management linkages to treatment. Residential rehabilitation is treatment services in a structured, therapeutic environment for individuals who need assistance in developing and establishing a drug-free lifestyle in recovery. Such services include various levels of residential care, from intensive to long term.¹⁶¹

Community-based residential adult services and community-based outpatient services are licensed by DPH under the licensure category Facility for the Care or Treatment of Substance Abusive or Dependent Persons (“FCTSADP”). This license is required for outpatient substance use treatment services in a private, free-standing setting, and covers a broad range of services. According to the Connecticut Public Health Code,¹⁶² this type of facility may provide ambulatory chemical detoxification treatment or care and rehabilitation, chemical maintenance treatment, day or evening treatment, intensive treatment, intermediate and long term treatment, medical triage, outpatient treatment or residential detoxification and evaluation to substance abusive or dependent persons.

Currently 199 providers hold an FCTSADP license in Connecticut (see Inventory Table 20 for listing). Over 50% of the licensed FCTSADP locations or service sites are in eight large Connecticut cities (24 service locations in Hartford, 18 in New Haven, 17 in Bridgeport, 14 in Waterbury, 10 in New Britain, 8 in New London and 7 in both Middletown and Stamford). Many of these providers also hold mental health service licenses. Providers holding both licenses can provide services to the patients experiencing co-occurring disorders.

8.5.2.2.5 Other Information Related to Substance Use Treatment Categorization and Criteria

Another method of categorization of inpatient, residential and outpatient services which is more reflective of the service industry is by Type of Care listed in the most recent N-SSATS Profile for Connecticut. N-SSATS is the National Survey of Substance Abuse Treatment Services. For 2010, 195 substance abuse facilities were categorized as shown in Table 8.3.

¹⁶¹Residential detoxification and residential rehabilitation description provided by DMHAS staff.

¹⁶²Connecticut Public Health Code. Section 19-13-D1(b)(3)(L).

Table 8.3: Substance Abuse Levels of Care and Number of Facilities per Level^a

Category	Type of Care within that Category	Number of Facilities that provide this level of care ^b
Outpatient	Regular	120
	Intensive	76
	Day treatment/partial	30
	Detoxification	30
	Methadone/buprenorphine	31
Non-Hospital Residential	Short-Term	17
	Long Term	39
	Detoxification	3
Hospital Inpatient	Treatment	12
	Detoxification	16

Source: N-SSATS 2010 Profile for Connecticut

^aNot all treatment providers are represented as most general hospitals are either not included in the N-SSATS survey or have not responded to the survey.

^bFacilities may provide more than one type of care.

The American Society of Addiction Medicine (ASAM) Patient Placement Criteria is the result of a collaboration that began in the 1980s to define one national set of criteria for providing outcome-oriented and results-based care in the treatment of addictions.¹⁶³ The criteria have become the most widely used and comprehensive set of guidelines for placement, continued stay and discharge of patients with addictive disorders.

8.5.3 MENTAL HEALTH TREATMENT FACILITIES OR SERVICES FOR CHILDREN AND ADOLESCENTS

8.5.3.1 Hospital-Operated Facilities: Short-Term General Hospitals

Many short-term private or public general hospitals provide inpatient mental health services for children and adolescents, under 18 years of age. Some provide these services within dedicated inpatient behavioral health programs.

8.5.3.2 Hospital-Operated Facilities: Hospitals for Mentally Ill Persons

Of the three Hospitals for Mentally Ill Persons, Natchaug Hospital and Silver Hill Hospital provide various levels of mental health treatment services to children and adolescents.

8.5.3.3 The Department of Children and Families

The Connecticut Department of Children and Families (DCF) was established to provide a spectrum of behavioral health services, child protection and family services, juvenile justice services, substance abuse-related services, education services and prevention services. DCF serves approximately 36,000 children and 16,000 families across its programs each year. DCF has five mandated areas: Child Welfare, Children's Behavioral Health, Adolescent Substance Use, Juvenile Services, and Prevention. DCF-operated facilities for children and adolescents are shown in Table 8.4.

¹⁶³American Society of Addiction Medicine. Patient Placement Criteria description. Retrieved from www.asam.org/publications/patient-placement-criteria

Table 8.4: DCF-Operated Facilities in Connecticut

Alfred J. Solnit Psychiatric Center, North Campus - East Windsor	The Alfred J. Solnit Psychiatric Center (formerly Connecticut Children’s Place – East Windsor) is a facility that provides brief treatment, residential care and educational instruction for abused and neglected children between the ages of 10 and 18 from all across the state.
Alfred J. Solnit Psychiatric Center, South Campus - Middletown	The Alfred J. Solnit Psychiatric Center in Middletown (formerly Riverview Hospital) is the only State-administered psychiatric hospital for Connecticut’s children who are under the age of eighteen. The Hospital provides comprehensive care to children and adolescents with severe mental illness and related behavioral and emotional problems who cannot be safely assessed or treated in a less restrictive setting.
Connecticut Juvenile Training School - Middletown	Connecticut Juvenile Training School (“CJTS”) is the state’s only secure treatment facility for boys ages 12-17 who are committed delinquents.
Wilderness School - East Hartland	The Wilderness School is a prevention, intervention, and transition program for adolescents from Connecticut. It offers high impact wilderness programs intended to foster positive youth development.

Through Connecticut Community KidCare, DCF also funds an array of clinical and other services in the community, including outpatient clinics for children, therapeutic group homes, extended day treatment programs, emergency mobile psychiatric services, respite care, family advocacy, and intensive case management.

DCF is mandated to license, monitor and evaluate certain services provided by private and community providers. The following are DCF licensure categories:

8.5.3.3.1 Outpatient Psychiatric Clinics For Children

Sixty-three facilities (Inventory Table 21) hold this license, which is for a community-based facility providing mental health services to children and adolescents under 18 years of age and their families. These services are designed to: (A) promote mental health and improve functioning in children, youth and families; and (B) effectively decrease the prevalence and incidence of mental illness, emotional disturbance and social dysfunction.

8.5.3.3.2 Extended Day Treatment Facilities

Twenty facilities (Inventory Table 21) hold this license, which is for a supplementary care community-based program providing a comprehensive multidisciplinary approach to treatment and rehabilitation of emotionally disturbed, mentally ill, behaviorally disordered or multiply handicapped children and youth during the hours immediately before and after school while they reside with their parents or surrogate family.¹⁶⁴

8.5.3.3.3 Child Caring Facilities

One hundred thirty-two facilities (Inventory Table 21, which was current through October 2011) hold this license, which is for a congregate residential setting for the out-of-home placement of children or youth under 18 years of age. Within the general term, child caring facilities are the following sub-categorizations (Table 8.5).

¹⁶⁴Except any such program provided by a regional educational service center established in accordance with Section 10-66a of the Connecticut General Statutes.

Table 8.5: Categories of Child Caring Facilities

Group Homes	A group home is a facility that meets long term community-based placement needs during which the facility attempts to transition the child toward reunification with family, independent living or long term foster care. Clinical and medical services are generally provided on an outpatient basis and educational services are provided by attendance in public or private school programs arranged by the child's school district.
Therapeutic Group Homes	Therapeutic group homes are designed to serve children with significant behavioral health, or developmental issues. The program design calls for clinical services to be provided in the home by licensed mental health professionals.
PASS Group Homes	Preparing Adolescents for Self Sufficiency (or PASS) group homes are designed to assist youth in the development of independent living skills such as budgeting, employment, transportation, food preparation, and education. All clinical and medical services are provided by community providers.
SWET Group Homes	Supported Work Education and Training (or SWET) group homes allow youth to live in a supervised apartment setting with other youth who are exploring an independent living environment. All clinical and medical services are provided by community providers.
Residential Treatment Centers	A residential treatment center is a facility that meets long term placement needs and provides clinical treatment of psychiatric, behavioral, substance use and emotional disorders. Clinical treatment is provided on site in a therapeutic setting. Limited medical services are provided by the facility by nursing and child care staff. All other medical care is provided by hospitals or community based medical professionals.
Residential Education Facilities	Residential education facility provides for the long term housing needs of students who are participating in a residential special education school. Limited medical services are provided by the facility by nursing and child care staff.
Temporary Shelters	A temporary shelter meets short-term emergency placement needs during which the facility attempts to stabilize, assess and prepare the child for a more permanent placement. Clinical and medical services are provided on an outpatient basis. This includes two Crisis Stabilization Programs licensed in the state. These programs provide intensive, 24-hour short-term placement and intervention for youth ages 11-17 who are at immediate risk due to a deteriorating psychiatric condition or unsafe, volatile family situation.
Safe Homes	Safe Homes provide short-term congregate care for children ages birth to 11 experiencing a first removal from their home due to abuse, neglect or other significant risk factors. Safe Homes provide a range of clinical interventions and case management services necessary to meet the needs of children and youth that require placement and care in a Safe Home setting.

8.5.3.4 Other Child/Adolescent Behavioral Health Service Categories

8.5.3.4.1 Psychiatric Residential Treatment Facilities

The Connecticut Behavioral Health Partnership's Level of Care Guidelines for Child Psychiatric services defines a Psychiatric Residential Treatment Facility (PRTF) as a community-based inpatient facility that provides psychiatric and other therapeutic and clinically informed services to individuals under age 21, whose immediate treatment needs require a structured 24-hour inpatient residential setting that provides all required services (including schooling) on site while simultaneously preparing the child/adolescent and family for ongoing treatment in the community. PRTF is not a DPH or DCF licensure category but a designation for any non-hospital facility with a provider agreement with a State Medicaid Agency (the Connecticut Department of Social Services) to provide the inpatient services benefit to Medicaid-eligible individuals under the age of 21.¹⁶⁵

8.5.3.4.2 Intensive In-Home Services

Although not a DCF licensure category, this service type demonstrates a shift in focus from residential and facility-based care toward community-based services. DCF and DSS (Medicaid) fund an array of intensive family-based behavioral health and substance abuse services in the home and community where families are living. This service type in Connecticut includes several evidence-based treatment models (e.g., Multi-Systemic Therapy, Functional Family Therapy, Multi-Dimensional Family Therapy). These models and services require certification from DCF and DSS to qualify for Medicaid reimbursement.



8.6 OTHER INITIATIVES OR INFORMATION SOURCES IN THE BEHAVIORAL HEALTH ENVIRONMENT

Several State, federal and private programs collect information and report on Connecticut's mental health and/or substance use treatment environment. Examples are described in Table 8.6.

¹⁶⁵Centers for Medicare and Medicaid Services. Psychiatric Residential Treatment Facilities (PRTF) definition.

Retrieved from <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/WhatisaPRTF.pdf>

Table 8.6: Other Initiatives or Information Sources in the Mental Health or Substance Use Treatment Environment

Catchment Area Councils and Regional Mental Health Boards	DMHAS defines a Catchment Area as a defined geographic area, based on population that receives mental health services as a unit. Each town in Connecticut is represented by a Catchment Area Council (CAC) which is made up of consumers/individuals in recovery and mental health professionals and is the grassroots level of citizen involvement in planning for needed services. The role of the CAC is to study and evaluate existing mental health services in the catchment area and to make recommendations about the types of services needed to the five Regional Mental Health Boards. These regional councils and boards were established to ensure that Connecticut's citizens will be actively involved in determining and monitoring the kind of mental health services that will be provided to DMHAS.
Children's Mental Health Planning Council	The Children's Behavioral Health Advisory Committee to the State Advisory Council on Children and Families was established to promote and enhance the provision of behavioral health services for all children in Connecticut. The CBHAC serves as the State's Children's Mental Health Planning Council as required by law.
Connecticut Alcohol and Drug Policy Council	The Connecticut Alcohol and Drug Policy Council (ADPC) is a legislatively mandated body. State government representatives (all three branches), consumer and advocacy groups, private service providers, individuals in recovery from addictions, and other stakeholders in a coordinated statewide response to alcohol, tobacco and other drug use and abuse in the state compose this Council. It is chaired by DMHAS and DCF and is charged with developing recommendations to address substance-use related priorities from all State agencies on behalf of Connecticut's citizens. ¹⁶⁶
Connecticut Behavioral Health Partnership	Since January 1, 2006, the Connecticut Behavioral Health Partnership (CT BHP), consisting of the Department of Social Services and the Department of Children and Families, has managed Medicaid mental health and substance abuse services and selected DCF-funded behavioral health services. DMHAS was added in 2011 to form a three-way partnership. The goals of the CT BHP are to provide access to a more complete, coordinated and effective system of community-based behavioral health services and supports; support recovery and access to community services, ensuring the delivery of high quality services to prevent unnecessary care in the most restrictive settings; enhance communication and collaboration within the behavioral health delivery system and with the medical community, thereby improving coordination of care; improve provider network access and quality; and recruit and retain traditional and non-traditional providers. The BHP, including the Administrative Services Organization (ASO), reports directly to the BHP Oversight Council, a legislatively mandated body that includes numerous stakeholders of the public behavioral health system. Value Options, Inc. is the current vendor operating as the BHP's ASO that is primarily responsible for consumer and provider relations and utilization management. Within its utilization management function, the ASO uses the ASAM Patient Placement Criteria (discussed elsewhere in this chapter) for decision-making and approval of specific services for individuals seeking treatment for substance-related disorders. ^{167, 168}

¹⁶⁶Connecticut Department of Mental Health and Addiction Services' description of the Connecticut Alcohol and Drug Policy Council. Retrieved from www.ct.gov/dmhas/cwp/view.asp?a=2908&q=334676

¹⁶⁷State of Connecticut, Community Mental Health Services Block Grant, Federal Fiscal Year 2012-2013. Retrieved from <http://www.ct.gov/dmhas/lib/dmhas/opas/cmhs-bg.pdf>

¹⁶⁸Connecticut Behavioral Health Partnership website. Retrieved from <http://www.ctbhp.com/about.htm>

<p>Connecticut Clearinghouse</p>	<p>The Connecticut Clearinghouse, a program of Wheeler Clinic, is a statewide resource center for information about alcohol, tobacco, other drugs and related issues affecting mental health and wellness. The clearinghouse includes a comprehensive listing of Connecticut-based program offerings, by city/town, agency, age of client, form of payment, services provided or environment (e.g., inpatient hospital, school, shelter). This program is funded by DMHAS.</p>
<p>Connecticut's Suicide Prevention Plan</p>	<p>Connecticut's Suicide Prevention Plan was created in 2005 and is reviewed annually for recommendations. It was created by the Interagency Suicide Prevention Network in partnership with the CT Youth Suicide Advisory Board.</p>
<p>DMHAS' Primary Care and Behavioral Health Integration Initiatives</p>	<p>DMHAS, through its State-operated LMHAs and funded private providers, has several cooperative projects in the works integrating Primary Care and Behavioral Health. Below is a list of such initiatives:</p> <ul style="list-style-type: none"> • Two private non-profit local mental health agencies (<u>BH Care</u> {formerly Birmingham Group and Harbor Health} and <u>Bridges</u>) have been awarded funding by SAMHSA to integrate primary and behavioral health services. This model includes co-location of primary care services within each of the three (3) local mental health agency sites (<u>Ansonia, Branford, and Milford</u>), in partnership with a federally qualified health center, Cornell Scott-Hill Health Center. • One private non-profit local mental health agency (<u>Community Mental Health Affiliates</u>) has been awarded funding by SAMHSA to integrate primary and behavioral health services. • Two State-operated local mental health agencies (<u>Southwestern CT Mental Health System's Dubois Center in Stamford</u> and <u>Western CT Mental Health Network in Waterbury</u>) have Memorandum of Understandings (MOUs) with federally qualified health centers to co-locate primary care services within these local mental health center sites. • A third State-operated local mental health agency (<u>CT Mental Health Center in New Haven</u>) has most recently entered into an MOU with a federally qualified health center, Cornell Scott-Hill Health Center, to co-locate primary care services at the mental health center site. Implementation of on-site services is anticipated shortly. • Other private non-profit and State-operated local mental health agencies are in different stages of discussions with primary health care providers. Several are in the process of responding or have recently responded to the latest round of Primary/Behavioral Healthcare Integration Grants released by the SAMHS. DMHAS anticipates implementation of additional integration projects in the near future.

National Survey On Drug Use and Health (NSDUH)	<p>The National Survey on Drug Use and Health (NSDUH)¹⁶⁹ is sponsored by SAMHSA and provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. See the report on the 2010 National Survey on Drug Use and Health at http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.htm.</p> <p>The NSDUH has just recently issued its State Estimates of Adult Mental Illness.¹⁷⁰ In it, NSDUH estimates that 4.35% of Connecticut residents aged 18 and older have experienced serious mental illness in the past year and that 19.64% experienced any mental illness in the past year. These estimates are slightly lower than the national estimates of 4.62% for serious mental illness and 19.77% for any mental illness.</p>
National Survey of Substance Abuse Treatment Services (N-SSATS)	<p>N-SSATS is a national annual survey of facilities providing substance abuse treatment conducted by the SAMHSA. N-SSATS is designed to collect data on location, characteristics, services offered and the number of clients in treatment at alcohol and drug abuse treatment facilities (both public and private) in the United States and its territories. The last state profile released for 2010 for Connecticut can be found at http://www.dasis.samhsa.gov/webt/state_data/CT10.pdf.</p>
Network of Care for Behavioral Health	<p>Connecticut's Network of Care for Behavioral Health is a comprehensive, Internet-based community resource for people with mental illness, and their caregivers and service providers. The web link to the search engine is http://connecticut.networkofcare.org/mh/home/index.cfm.</p>
Regional Action Councils	<p>Regional Substance Abuse Action Councils are autonomous public-private partnerships, which include community leaders. The purpose of these councils is to establish and implement an action plan to develop and coordinate needed services in the field of substance abuse. The core functions of these councils include identifying gaps in services along the continuum of care and developing annual action plans to fill gaps (such plan submitted to DMHAS).</p>

¹⁶⁹National Survey on Drug Use and Health description. Retrieved from <https://nsduhweb.rti.org/RespWeb/homepage2.cfm>

¹⁷⁰U.S. Substance Abuse and Mental Health Services Administration. (2012, May 31). National Survey on Drug Use and Health. *The NSDUH Report. State Estimates of Adult Mental Illness*. Retrieved from www.samhsa.gov/data/2k11/WEB_SR_078/SR110StateSMIAMI2012.htm

SAMHSA Facility Locators	SAMHSA maintains on-line search engines for locating both substance abuse and mental health facilities by state. The links were as mentioned in earlier sections of the chapter.
SAMHSA Reports	The Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services occasionally releases state-specific reports from its Office of Applied Studies. Two reports appear on SAMHSA's website currently that are specific to Connecticut's population. They are a report on Prevalence of Illicit Substance and Alcohol Use (see http://www.samhsa.gov/statesinbrief/2009/CONNECTICUT_508.pdf) and a report on Adolescent Behavioral Health In Brief (see http://www.samhsa.gov/statesinbrief/2009/teens/OASTeenReportCT.pdf).
SBIRT	DMHAS has established the Connecticut Screening, Brief Intervention and Referral to Treatment (CT SBIRT) program through a five-year grant from SAMHSA. The purpose of the program is to "dramatically increase identification and treatment of adults, ages 18 and older, who are at-risk for substance misuse or diagnosed with a substance use disorder through the implementation of SBIRT services in partnering federally qualified health center sites in Connecticut.
United Way of Connecticut 2-1-1	United Way 2-1-1 is a one-stop connection to the local services, from utility assistance, food, housing, child care, after school programs, elder care, crisis intervention and much more. ¹⁷¹ 2-1-1 assists individuals in finding information by dialing 2-1-1 or using the search online function. United Way 2-1-1's continually updated, comprehensive database of 4,600 agencies providing over 48,000 programs and services is available to search online . Search by location, service category, service term, or agency to find the resources needed.
Various Behavioral Health Advocacy Groups	In Connecticut, there are a number of advocacy groups supporting the needs and rights of the residents of the state as they relate to mental health and/or substance use treatment or issues. These groups include Connecticut Community for Addiction Recovery (C-CAR) at http://www.ccar.us/default.htm , the National Alliance on Mental Illness - Connecticut chapter (NAMI-CT) at www.namict.org , Advocacy Unlimited, Inc. at http://www.advocacyunlimited.org , and CT Legal Rights Project, Inc. at http://clrp.org . This is not an exhaustive or all inclusive listing of advocacy groups available to persons with behavioral health treatment or recovery needs.

¹⁷¹United Way of Connecticut's website. Retrieved from <http://www.211ct.org/AboutUs/Default.asp>

Many of the primary care providers, including community health centers and school based health centers, provide some level of behavioral health as a service component. Likewise, many behavioral health providers include a primary care component of its service line to address the basic needs of its patients.

8.7 RELATIONSHIP BETWEEN BEHAVIORAL HEALTH AND PRIMARY CARE

In the process of developing this Plan and meeting with Connecticut experts in primary care and behavioral health, the relationship between primary care and behavioral health services and providers has been brought into clearer focus. This relationship is a significant effort and growing trend that has been and will likely continue to be emphasized in the health care industry. This is not just an effort or trend being seen on a state level but is a national emphasis. As can be seen in both the primary care and behavioral health chapters, including the recommendations of the subcommittees, these two areas are in many ways already interrelated. Many of the primary care providers, including community health centers and school based health centers, provide some level of behavioral health as a service component. Likewise, many behavioral health providers include a primary care component of its service line to address the basic needs of its patients. HRSA (the US Health Resources and Services Administration), indicates¹⁷² that “Nearly 70% of HRSA-supported health centers provide mental health counseling and treatment; almost 40% provide substance abuse counseling and treatment and close to 20% offer 24-hour crisis intervention services.”

SAMHSA, the Substance Abuse and Mental Health Services Administration, indicates¹⁷³ that it has “taken a primary role in the promotion and adoption of primary and behavioral health care integration nationwide through a number of different initiatives, including Section 2703 of the Affordable Care Act, which allows states to establish health homes through their Medicaid program, the

establishment and awarding of primary and behavioral health care integration grants nationwide, and the establishment of the SAMHSA - HRSA Center for Integrated Health Solutions”. The Center for Integrated Health Solutions “promotes the development of integrated primary and behavioral health services, whether seen in specialty behavioral health or primary provider settings.” Further, the Agency for Healthcare Quality and Research (AHRQ) has established a National Academy for Integrating Mental Health and Primary Care. In 2008, AHRQ released a report entitled *Integration of Mental Health/Substance Abuse and Primary Care*; in 2009, the National Council for Community Behavioral Health released a report entitled “Behavioral Health/Primary Care Integration and the Person-Centered Healthcare Home”; and in 2010, the Millbank Memorial Fund commissioned a report entitled “Evolving Models of Behavioral Health Integration in Primary Care”. These are but a few references demonstrating this growing emphasis on efforts to study or promote integration efforts. This shows that the integration of these areas of health care service provision has been and will likely continue to be studied and emphasized going forward for Connecticut and the nation. Although OHCA established separate subcommittees for these two areas and has prepared separate chapters for this first iteration of the plan, it does try to show that there are current and growing interrelationships between these fields of health care services.

¹⁷²U.S. Department of Health and Human Services. Health Resources and Services Administration website. Retrieved from www.hrsa.gov/publichealth/clinical/BehavioralHealth/index.html

¹⁷³U.S. Substance Abuse and Mental Health Services Administration. *Health Homes and Primary and Behavioral Health Care Integration*. Retrieved from www.samhsa.gov/healthreform/healthhomes/