



Department of Mental Health and Addiction Services

At a Glance 2021 Report

NANCY NAVARRETTA M.A, LPC, NCC, Commissioner (Acting):

Established – 1995: *Merging the former Department of Mental Health (established 1953) with the Addiction Services component integrated in 1995.*

Statutory Authority – CGS Section 17a-450

**Central Office: 410 Capitol Avenue
4th Floor
Hartford, CT 06106**

Number of Employees: 3,006 FTE's (filled positions), 3,440 authorized FTEs

Recurring operating expenses: \$710,022,156

Organizational structure:

- Affirmative Action
- Community Services Division
- Evaluation/Quality Management and Improvement
- Evidence-Based Practices Division
- Fiscal Division
- Forensic Services
- Government Relations
- Healthcare Finance
- Human Resources
- Information Systems
- Legal Services Division
- Managed Services Division
- Multicultural Healthcare Equality
- Office of Workforce Development
- Office of the Commissioner
- Prevention/Health Promotion
- Recovery Community Affairs
- State Operated Facilities
- Statewide Services
- Young Adult Services

Mission and Vision

The Connecticut Department of Mental Health and Addiction Services (DMHAS) is a health care agency whose mission is to promote the overall health and wellness of persons with behavioral health needs through an integrated network of holistic, comprehensive, effective, and efficient services and supports that foster dignity, respect, and self-sufficiency in those we serve.

DMHAS envisions a recovery system of high-quality behavioral health care that offers Connecticut residents choices from an array of accessible services and supports effective in addressing their health concerns. These services and supports will be culturally responsive, attentive to trauma, built on personal, family, and community strengths, and focus on promoting persons' recovery and wellness. Through a focus on cultivating inclusive social contexts in which individuals' contributions will be valued, the DMHAS system will also foster a sense of full citizenship among persons with behavioral health needs. Finally, services and supports will be integrated, responsive, and coordinated within the

context of a locally managed system of care in collaboration with the community, thereby ensuring continuity of care both over time and across organizational boundaries. As a result, each person will have maximal opportunities for establishing, or reestablishing, a safe, dignified, and meaningful life in the communities of their choice.

Statutory Responsibility

While DMHAS' prevention and health promotion services serve all Connecticut citizens, its mandate is to serve adults (18 years and over) with mental health and/or substance use disorders, who lack the means to obtain such services on their own. DMHAS also provides collaborative programs for individuals with co-occurring mental health and substance use disorders, people in the criminal justice system, those with problem gambling disorders, pregnant women with substance use disorders, persons with traumatic brain injury and their families, and young adult populations transitioning out of the Department of Children and Families.

Public Service

DMHAS continually works to enhance service effectiveness, including ongoing compliance with the highest national standards of behavioral healthcare by seeking accreditation by the Joint Commission across all its state-operated facilities. DMHAS provides statewide behavioral health services to over 100,000 individuals through state operated services and over 160 private not-for-profit contractors. DMHAS runs the two state psychiatric hospitals, one of which includes detox and residential treatment services for addiction disorders. Inpatient units are also available at three other state-run facilities.

Improvements/Achievements SFY 2020-2021

DMHAS measures its accomplishments in terms of progress made toward achievement of its four targeted goals. Each of the goals is presented below, followed by a few examples of initiatives DMHAS is pursuing to fulfill these goals.

1. Improve Quality of Services and Supports – *Use data and informatics to track system and service process and outcomes to inform design, policy, and decision-making, to reduce disparities, and to make efficient use of available resources.*
 - **Real-time Bed Availability Website for Addiction Services:** DMHAS uses a real-time bed availability website including sober homes which have received accreditation per Conn. Gen. Statute 17a-716. The public-facing website gives users real-time information of availability for approximately 1,000 DMHAS operated and funded beds including detoxification (withdrawal management) services, residential addiction treatment, recovery housing and sober homes. The information on the website is updated by providers regularly.
 - **Real-time Bed Availability Website for Mental Health Services:** Individuals seeking inpatient beds can access a public-facing website that is designed educate stakeholders about the continuum of care, increase transparency regarding available resources, and facilitate access to services. The site includes 45 agencies and 1766 beds across six types of beds (i.e., inpatient, intensive residential, group homes, supervised apartments, transitional, respite).
 - **Alcohol Drug Policy Council (ADPC):** The ADPC is legislatively mandated and comprised of representatives from all three branches of State government, consumer and advocacy groups, private service providers, individuals in recovery from addictions. The Council, co-chaired by the Commissioners of DMHAS and the Department of Children and Families (DCF), is charged

with developing recommendations to address substance-use related priorities from all State agencies on behalf of Connecticut's citizens—across the lifespan and from all regions of the state. The ADPC has established four subcommittees: Prevention, Screening and Early Intervention; Treatment; Recovery; and Criminal Justice. This year's focus continued to be prevention, treatment and support for individuals living with opioid use disorder.

- **Emergency Department Recovery Coaches:** DMHAS funds the Connecticut Community for Addiction Recovery (CCAR) for Emergency Department (ED) Recovery Coaches at 21 CT hospitals. ED Recovery Coaches are trained professionals with personal lived experience who engage patients with a possible substance use diagnosis, offer assistance and make referrals to treatment or other recovery supports. Between 9/30/2018 and 9/29/2020, CCAR has served 5713 individuals, who were first seen in the Emergency Department, and has responded to 9276 calls. 90 percent of people who met with an ED Recovery Coach connected to treatment and/or recovery supports.
- In July 2020 DMHAS implemented a statewide crisis call center with United Way 211. This crisis call center serves as a central access point for adults in crisis. It is called the Adult Crisis Telephonic Intervention and Options Network (ACTION) Line and is answered 24/7/365 by trained staff who provide telephone support and can directly link callers to their local DMHAS operated or funded mobile crisis team when needed. The public can reach this call center by dialing 211 or 1-800-HOPE-135. The United Way/211 is also CT's vendor for National Suicide Prevention Lifeline calls. In the first year, the Line received approximately 8000 calls for the National Suicide Prevention Line and 35,000 for Action Line. In 2021 DMHAS also began leading the effort to implement the new national 9-8-8 crisis number that will take effect July 2022. DMHAS and DCF are co-leading a Coalition of stakeholders to plan this implementation. DMHAS has also expanded the capacity of its 18 mobile crisis teams to provide increased mobile services.
- **Statewide Substance Abuse Access Line and Transportation (1-800-563-4086):** DMHAS funds trained staff and a dedicated toll-free Access Line available 24/7, 365 days a year. Using an assessment and triage database developed specifically for this project, the Access Line staff screens and refers callers to appropriate levels of care through conference calling with treatment providers and arranges for transportation when necessary. The Access Line links individuals from anywhere in the state to transportation for certain residential services, with the highest priority being residential detoxification.
- **Expansion of Medication Assisted Treatment (MAT) in DMHAS Facilities:** DMHAS has expanded its capacity to offer MAT specifically for opioid use disorders within its own facilities. DMHAS operates six outpatient facilities with nine locations across the state and an inpatient Addiction Services Division in Middletown and Hartford. DMHAS psychiatrists and APRNs have been trained and certified to prescribe buprenorphine, a medication used to treat opioid use disorder, giving these facilities the capacity to perform medication induction or maintenance with buprenorphine and other MAT medications.
- **Expansion of MAT and other initiatives for Prescription Drug and Other Opioid Addiction Resulting from Federal Funding:** DMHAS continues to expand availability and access to FDA-approved medications and recovery support services to individuals with an opioid use disorder. The most recent federal grant related to this effort awarded by SAMHSA to DMHAS, is the State Opioid Response (SOR) grant (2020-2022). This funding allows for DMHAS to

continue efforts to provide enhanced medication assisted treatment, which includes recovery coaching and employment support.

Through the SOR grant DMHAS continues to address this crisis by expanding its prevention, treatment and recovery support initiatives in an aggressive attempt to impact the rising overdose death rate. In addition to numerous private not-for-profit agencies, DMHAS collaborated to provide other State agencies this funding including the Departments of Correction, Children and Families and Public Health, as well as the Judicial Branch.

- **Trauma Informed Care:** Trauma Informed Care means that regardless of the reasons an individual comes seeking services, staff asks them about their trauma history respectfully, and is prepared to listen. DMHAS maintains a directory of trauma services within its network and offers ongoing trainings on these topics to its providers.
 - Attachment, Self-Regulation and Competency (ARC) Model: DMHAS Young Adult Services (YAS) has been training direct care and clinical staff in the trauma-based ARC Model. This model is applied across all levels of care and offered to all YAS staff. The ARC Model builds staff competencies required to assist individuals with ameliorating the debilitating physiological, behavioral and psychological effects of their traumatic experiences. YAS has provided two eleven-week training modules, via TEAMS over the past year, with over 150 participants.
 - A DMHAS representative began serving on the Adverse Child Event taskforce in 2020. The group seeks to increase resilience building practices and policies for all families, organizations, systems and communities regardless of race, gender, ethnicity and socio-economic status.
 - YAS ACE Study: Previous research conducted on the YAS cohort confirmed high-rates of childhood trauma exposure as measured by the Adverse Child Events Scale (ACE). More recently, YAS developed and now utilize an enhanced instrument that adds additional measures of childhood adversities along with onset risk behaviors. In collaboration with the DMHAS quality division, itemized scores are entered directly into a centralized data base that captures adversity data on every individual referred through the Office of the Commission YAS Division. Since initiating data collection, nearly 300 completed scales have been submitted. Data analysis on these cases is underway with the goal of informing YAS efforts to better understand and mediate the effects of early childhood trauma on behavioral challenges in young adulthood.
 - Cognitive Restructuring for PTSD (CR PTSD) Model: Young Adults Services conducted planning to train YAS clinicians statewide in this evidenced-based trauma treatment model designed for individuals with early childhood trauma who cannot tolerate treatment interventions that emphasize direct exposure of past trauma. The training model will be initiated in the next fiscal year and include a direct training phase coupled with clinical supervision from a nationally recognized expert.
 - The Multi-Trajectory Theory of Adult Fire Setting (M-TTAF) Model: Young Adult Services planned a statewide training to direct care and clinical staff for YAS clients with histories of fire setting. The M-TTAF model, based upon a growing body of research from The Australian Center for Arson Research and Treatment (ACART) identifies characteristics associated with deliberate fire setting, proposed typologies, motives and etiological factors, and suggested interventions to reduce recidivism. The M-TTAF also

provides empirically-based interventions guided by two strong models of rehabilitation, the Multi-Factor Offender Readiness Model (MORM) and the Good Lives Model (GLM). YAS has contracted with a nationally recognized expert for a 3-day intensive training followed by clinical supervision for clinicians trained in the model.

- The Offices of the DMHAS Medical Director, Statewide Services, and Young Adult Services conducted statewide trainings from nationally known experts in the understanding and treatment of severe self-injury. The 3-day training emphasized current research and evidence-based practices for individuals whose symptoms resulted from severe childhood maltreatment and trauma
- **YAS Statewide Substance Use Work Group:** This workgroup introduced a 5-part training program for YAS staff that focuses on increasing skills and knowledge of trauma, harm reduction and motivational interviewing in the context of young adult development. Presenters include YAS managers from the Office of the Commissioner along with partners from local YAS programs. Trainings were conducted at Southeastern Mental Health Authority and Bridges, Inc. Substance use trainings will be offered on Teams in September 2021, and will continue into the winter and spring of 2022.
- **Domestic Minor Sex Trafficking Train the Trainer (DMST):** DMHAS YAS continues to collaborate with the Department of Children and Families (DCF) to facilitate the Introduction to DMST in CT for statewide DMHAS YAS staff. Six separate trainings have occurred to date with two staff trained as trainers. In addition, one training was conducted for DMHAS Police. A virtual training was also facilitated for Birth Support Education and Beyond Perinatal Support Specialists who serve pregnant and parenting young adults in YAS.
- **Health Equity:** Office of Multicultural Healthcare Equity (OMHE) staff work collaboratively with the Department of Public Health and other state entities concentrating on the reduction and elimination of health disparities. OMHE has updated and placed the Culture Matters video on the DMHAS webpage along with a “Discussion Guide” to serve as a training tool. OMHE Director continues to Chair the Statewide Multicultural Advisory Council, tasked with developing a three-year strategic plan to help inform the Commissioner with recommendations for health systems improvements. Trainings in Diversity, Equity, and Inclusion including various topics on Cultural Competency are offered to DMHAS staff and clients, including private funded non-profits. OMHE has also assisted in the planning of a series of Community Conversations hosted by DMHAS.

DMHAS, in partnership with the Department of Children and Families, the Office of the Governor and various community, academic and faith-based organizations have hosted a series of virtual community conversations that aim to initiate discourse and action regarding current events related to COVID-19, racism, and building community wellness. The main overall theme is Healing Strategies: Public Health Crisis, COVID-19, and Racism, however each conversation has a specific focus. Since September, 2020, there have been four community conversations conducted with over 375 individuals in attendance.

- **Tobacco Sales to Minors:** The Department of Mental Health and Addiction Services Tobacco Prevention and Enforcement Program reported a 9.9% retailer violation rate (RVR) in the 2020 Annual Synar Report. Connecticut reports a RVR under 10% for the 4th consecutive year. Every

year, Connecticut inspects a random sample of tobacco retailers to determine compliance with youth access laws.

2. Increase Stakeholder and Community Partnerships: *Identify and establish meaningful ways for stakeholders (e.g., persons in recovery, family members, allies, community leaders) to participate in all aspects of system design, evaluation, and oversight.*
 - **LiveLOUD Opioid Campaign:** DMHAS continues to work to actively engage individuals using opioids, their families and communities via the LiveLOUD media campaign. To ensure effective messaging, focus groups and interviews were conducted for a number of stakeholders including families, individuals who were actively using opioids, individuals in treatment, recovery coaches and individuals in recovery, harm reduction leaders, medical directors and many others. This year the campaign was enhanced by a Live Chat feature on the LiveLOUD website which allows immediate connection to a Recovery Coach. Phase 4 of the campaign launched in November with a market research component (survey of users, family members, treatment providers, and those in recovery), as well as a public education campaign demographically and geographically targeted to reduce overdose deaths, drive users to treatment, and drive users who are not ready for treatment to safer use practices.
 - **CT Suicide Advisory Board (CTSAB):** The CTSAB continues to function as the single state-level suicide advisory board in CT that addresses suicide prevention and response across the lifespan. DMHAS is a Tri-Chair of the board. Highlights in the past year include: the state plan 2025 for suicide prevention, intervention and response; the state's 1 WORD, 1 VOICE, 1 LIFE campaign expansion; lock-box distribution initiative with 16 healthcare systems; resource signage on bridges, overpasses and at railway stations; 5 Regional Suicide Advisory Boards by DMHAS region sustained within the prevention infrastructure; mental health promotion and suicide prevention messages and alerts; CDC suicide prevention grant award; and nationwide release of the Gizmo's Pawesome Guide to Mental Health book and curriculum with the national office of the American Foundation for Suicide Prevention.
 - **CT 988 Initiative:** February 2021, DMHAS received a planning grant to lead the development of the CT 988 Implementation Plan (988 Plan) in response to the National Suicide Hotline Designation Act of 2020 ([Public Law 116-172](#)) that will commence July 16, 2022. The development of this plan, due January 2022, involves collaboration with multiple state agencies and key stakeholders.
 - **Office of Recovery Community Affairs:** The Office of Recovery Affairs continues to engage individual leaders with lived experience with mental health/addiction/trauma to collaborate, share resources, information, and opportunities, discuss policy, and design and implement grants, educational trainings, and generally increase stakeholder involvement and community partnerships including cross-recovery community partnerships, etc. This includes monthly leadership meetings for planning and enhanced communication. The Office implemented a variety of platforms to assist in amplifying the voices of those receiving behavioral health services including:
 - 2021 Upward Spiral Summer Summit Peer Support Webinar Series.
 - Bi-Monthly Family Webinar Series with a group of CT stakeholders including People with Lived Experience with mental health/addiction/trauma, Family members, providers & community members.
 - Harm Reduction trainings, identified as a need by the CT addiction Recovery Community, to fruition through TA grant funding.

- Ongoing collaboration with the CT Recovery Community to implement grants that support identified options such as Alternatives to Suicide, Holistic Stress Reduction, and CT Peer Support training.
 - Recovery Community and the CT Certification Board to implement funding to streamline peer support certification in CT. Ongoing input from Subject Matter Experts will continue to guide this project and keep it on track in terms of being true to core peer support values, ethics and principles.
3. Develop Workforce across the System of Care: *Hire and retain quality staff; expand and support peer staff; align training resources with current needs and strategic priorities.*
- **Human Resources:** Operationalized the new centralized Human Resources structure improving the customer experience for the DMHAS workforce as relates to workers' compensation, family medical leave application, talent solutions and labor relations.
 - **Technology Achievements:** DMHAS in collaboration with DAS-BEST piloted for the new Service Desk Model to optimize for the new IT organization. Other technical accomplishments related to workforce development include:
 - Implementing technology for telecommuting workforces including installing 23 Teams conference rooms that were used during COVID-19 for telemedicine, telehealth appointments and remote court proceedings with for Probate and criminal courts.
 - Implementing a Virtual desk environment and installed new Storage Area Network (SAN) device to allow 800 concurrent users for telework during the pandemic to serve clients remotely and effectively.
 - Deploying iPhones on all inpatient units for clients to visit their family and loved ones during the pandemic.
 - Implemented additional video cameras for surveillance and, patient safety on the Middletown campus.
 - Implemented a Medical Inventory system to streamline warehouse operations due to excessive inventory demand during the pandemic.
 - **Client Rights and Grievance Specialist:** The DMHAS Client Rights and Grievance Specialist/ DMHAS Americans with Disabilities Act (ADA) Title II Coordinator promotes the rights of people receiving DMHAS provided mental health and substance use disorder treatment and services by:
 - Responding to concerns and complaints regarding services provided
 - Working with DMHAS facilities and programs to ensure persons with disabilities have equal access to DMHAS programs, activities and services
 - Making sure DMHAS facilities and DMHAS contracted providers observe the DMHAS Client Grievance Procedure as a non-adversarial means of addressing complaints.
 - Reviewing grievances on behalf of the Commissioner as provided by the DMHAS Client Grievance Procedure and Regulations of Connecticut State Agencies
 - Providing training on the DMHAS Client Grievance Procedure, Connecticut Patient Bill of Rights, ADA, Affordable Care Act Section 1557 and topics regarding rights and recovery.
 - Disseminating information on the rights of DMHAS clients and patients.

- **DMHAS Opioid Overdose Reversal Training Program:** DMHAS funds the Regional Behavioral Health Action Organizations (RBHAO's) to provide ongoing in person and virtual training on naloxone administration. Between October 1, 2019 and June 30, 2021, 5751 individuals were trained. DMHAS has distributed over 30,000 Narcan (naloxone) kits since October 2018.
 - **Office of Workforce Development:** The Office of Workforce Development provides training to staff working in both state operated and DMHAS funded programs. In response to the pandemic all instructor-led trainings were transitioned to virtual trainings. This year 46 (virtual) instructor-led trainings designed to promote recovery-oriented behavioral health topics were completed, covering a variety of topics aligned to meet current needs of the department. These included a focus on trauma informed care, responding to the opioid crisis, and co-occurring disorders. There were 1032 completions of these trainings. In addition, 90 separate self-directed web-based trainings focusing on client care that were also provided to all staff working in DMHAS operated and funded programs. There were 2762 completions of these trainings. Most instructor-led and web-based trainings provided continuing education credits for a number of licensed professionals. In addition, there were 38 offerings of Human Resource Centralized Orientation (375 completions) and 18 Diversity Trainings (259 completions).
4. Promote Integration and Continuity of Care: *Provide holistic, person-centered, culturally and spiritually responsive, and integrated mental health, addiction, and primary care, including prevention, health promotion, and alternative and complementary approaches.*
- **DMHAS State Operated Services:** The DMHAS State Operated service system consists of eight facilities across the state offering inpatient, residential, respite, outpatient and crisis services. The two largest facilities include Connecticut Valley Hospital and Whiting Forensic Hospital. Connecticut Valley Hospital (CVH) is an inpatient mental health and substance use disorder treatment facility operated by DMHAS with 209 psychiatric beds and 110 substance abuse treatment beds at our Middletown campus. There are an additional 42 substance abuse beds located on CVH's Blue Hills campus in Hartford. The General Psychiatry Division of CVH has units dedicated to specialized treatment for young adults, clients with brain injuries and geriatric clients. The Addiction Services Division of CVH provides both detox and rehabilitation services. The Whiting Forensic Hospital specializes in psychiatric forensic services and is made up of 229 inpatient beds. Whiting serves individuals with under the jurisdiction of Psychiatric Security Review Board, individuals in need of competency restoration or people who are civilly committed and need the services of a high security psychiatric hospital. The remaining DMHAS facilities are the State Operated Local Mental Health Authorities (LMHA). These facilities offer both inpatient/residential and outpatient services including specialty services such as those for young adults, individuals with co-occurring substance use, and jail diversion. Behavioral health home services are another important component of the LMHA system integrating behavioral health and physiological health services.
 - **Healthcare Disparities:** In collaboration with the DMHAS Evaluation and Quality Management and Improvement (EQMI) Division, the Office of Multicultural Healthcare Equity (OMHE) continued work to identify healthcare disparities within the department's community behavioral healthcare system. The office is working with DMHAS facilities assessing the implementation of "Culturally and Linguistically Appropriate Services (CLAS)" standards.

- **Changing Pathways to Opioid Use Disorder Recovery:** Medications for Opioid Use Disorders (MOUD) is an evidence-based practice associated with the most successful outcomes to date in the treatment of people with Opioid Use Disorder (OUD).

Beacon Health Options, under the auspices of the Connecticut Behavioral Health Partnership, has continued the Changing Pathways pilot, which uses a person-centered, multidisciplinary approach to incorporate MOUD induction into withdrawal management care. The three essential components of the Changing Pathways model are:

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

Members who were inducted on MOUD had significantly better outcomes than members who went through traditional detoxification protocols:

- Data from this initiative further confirmed those who meet the 80% MOUD adherence threshold are *significantly less likely to have BH ED episodes, repeat withdrawal management episodes and inpatient days* after discharging from withdrawal management care—supporting future exploration of ways to continue promoting MOUD adherence for members with OUD.
- For 2020, although overall numbers were down, the induction rate for all the four pilot sites together was 30.6%. Traction was maintained in the initial pilot sites, improved in the additional community site, but decreased in the inpatient site due to a confluence of factors associated with managing COVID
- 73.2% of those who were connected to an MOUD at discharge received their medication within the timeframe a specific timeframe:
 - Methadone: 1 day
 - Buprenorphine: 7 days
 - Naltrexone: 45 days
- From the projects implementation to 03/31/2020, 268 of the 657 inducted members, or nearly 41% of inducted members, were 80% adherent to their medication.
- In 2021, the pilot expanded from the three Freestanding Withdrawal Management Facilities to an additional inpatient hospital provider.
- **1115 Waiver Planning and Development:** DMHAS joined with state partners, including the Medicaid agency, to plan the conversion of state-funded Substance Use Disorder Residential Levels of Care to Medicaid reimbursed services. This transition included devising new Level of Care Standards based on ASAM 3rd Edition, meeting with various stakeholders (providers, individuals in treatment, legislative committees) and ensuring resources were appropriate to meet the next expectations.
- **Mental Health Waiver Program:** The Mental Health Waiver Program is designed to help divert and discharge individuals with serious mental illness from long term care facilities into a comprehensive array of home and community-based services. The Mental Health Waiver provides psychiatric rehabilitation including but not limited to the Community Support Program, Peer Support, Transitional Case Management, Supported Employment, and Recovery Assistance in order to support individuals in the community and avoid institutionalization. This array of

services allows participants to remain in the least restrictive environment while promoting a sense of belonging in their communities. Over the past year the number of waiver participants served reached 615. From April 2020 to March 31, 2021 the Mental Health Waiver received 328 referrals; enrolled 65 waiver-eligible individuals; and had 100 participants in various stages of admission. The program implemented the Electronic Visit Verification (EVV) system that tracks visits and services provided to enrolled participants on July 1, 2021.

- **Client and Patient Information:** DMHAS submits a triennial report that includes, but is not limited to, a summary of client and patient demographic information, trends and risk factors associated with alcohol and drug use, effectiveness of services based on outcome measures, progress made in achieving those measures and statewide cost analysis. The 2019 Report was submitted, including the Women's Substance Use Services Report per PA 18-39. Plans for the next iteration of the report are ongoing.
- **The Women's REACH (Recovery, Engagement, Access, Coaching & Healing) Program (REACH):** The Women's REACH Program provides statewide integration of 15 Women's Recovery Navigators (WRNs). The WRNs are all women who are in a position to use their own personal recovery journey to help support pregnant and parenting women who have a substance use or co-occurring disorder. Teams build collaborative relationships with local community based programs and providers within the medical and behavioral health community including birthing hospitals, recovery-based programs and other state partners including DCF and OEC. They help to connect individuals to a network of recovery services using recovery coaching and case management techniques. In 2021, the REACH Program expanded, adding a Family Recovery Navigator (FRN) to each REACH team. The FRN works alongside the WRNs to enhance the services offered to support the family system and offer support to LGBT families, single parents and alternative caregivers. The REACH navigators have a key role in the development and support of individualized Plans of Safe Care in compliance with state and federal legislation related to the Child Abuse Prevention and Treatment Act.
- **PROUD: Parents Recovering from Opioid Use Disorders Program**
DMHAS PROUD program funded by a three-year, \$2.7 Million SAMHSA grant awarded to DMHAS in August 2020 engages Pregnant or Parenting women (PPW) with Opioid or other substance use disorders (OUD/SUD) in services. PROUD began accepting referrals to the program on January 1, 2021 and has served 480 women to date. PROUD targets a geographic area in central CT where data reveals disproportionate racial, social and economic disparities as compared to other areas of CT.

Using a portion of PROUD grant funding the Connecticut Hospital Association (CHA) provides virtual educational sessions to professionals within their network. In addition to CHA, DMHAS has partnered with The Connecticut Women's Consortium to continue efforts to train DMHAS providers on topics related to reproductive health and the One Key Question model. Lastly, a small amount of funds has been utilized to support the creation and dissemination of marking materials by the O'Donnell Group.

- **The DMHAS Nursing Home Diversion and Transition Program (NHDTP):** NHDTP is a crucial component of the progress towards transforming the long-term care system in Connecticut for persons with serious and persistent mental illness (SPMI). The emphasis of the program is to reduce dependence on nursing homes and assist people to obtain housing and mental health services in the community. Nurses and case managers help to assess, stabilize and transition

persons to home and community-based services, as well as to a variety of community housing. The goal of the program is to divert individuals from a higher level of care and transition to the least restrictive, most integrated community setting possible. Additionally, the NHDTP staff engages with individuals who are ambivalent about leaving the nursing home and meet regularly with nursing home staff for treatment updates in support of community transition. To accomplish these tasks, nurse clinicians and case managers act as liaisons between clients, nursing homes, hospitals, Local Mental Health Authorities, waiver services, Residential Care Homes and other providers and initiatives. Their assessments and consultations assist in developing person-centered care plans and accessing services. In addition, they provide education and advocacy to service providers, clients and family members and provided behavioral health trainings for staff at residential care homes across the state.

- **Provider Dashboard Quality Reports:** The DMHAS Evaluation, Quality Management and Improvement (EQMI) Division continues to issue [Provider Quality Reports](#) on a quarterly basis. Every funded program receives a report card that measures provider performance on a range of contractual outcomes. The Quality Reports include National Outcome Measures, results from the Annual Consumer Satisfaction Survey, and data quality measures.
- **Annual Statistical Report:** The Evaluation, Quality Management and Improvement Unit produces an Annual Statistical Report. This report is intended to be a summary of statistics regarding the services that DMHAS provides. The report is produced annually, typically in the late fall. DMHAS released the [SFY 2020 Annual Statistical Report](#) in May 2021.
- **Consumer Satisfaction Survey:** The Evaluation, Quality Management and Improvement Unit annually produces and distributes a Consumer Satisfaction Report. The report is typically released in the fall. All funded providers are required to survey a sample of the individuals they serve. The survey is a national tool developed to allow states to compare their consumer satisfaction to other states. Connecticut typically is among the leaders in consumer satisfaction. This tool also serves to assist providers in evaluating their own service delivery system.
- **YAS Skills Training:** DMHAS YAS staff actively collaborate with local service providers to prioritize skill trainings for young adults focused on three areas: self-care and home management skills, community living skills, and vocational preparedness. In collaboration with the EQMI Division, YAS has successfully trained providers to utilize the DLA-20 tool to measure outcomes of skill based services. YAS is collaborating with researchers at the University of Connecticut School of Social Work to measure skill improvements in the YAS client cohort using this tool. UCONN School of social work is in the beginning stages of collecting data from statewide YAS Programs.
- **Utilization Management Tool and Outcomes:** YAS has developed and implemented a revised Utilization Management Tool to ensure effective utilization of 14 supervised community-based living programs statewide with 16 – 24 hours/day of on-site staff support (approximately 100 beds) which:
- **YAS Data Reports:** YAS continues to partner with UCONN to develop and refine “dashboard” reports for all YAS programs statewide as a way to monitor outcomes and progress. Dashboard reports are reviewed during quarterly operations meetings with YAS community programs to highlight program accomplishments and areas for development. YAS also continues to collaborate with the Department’s Quality Improvement Division to develop and enhance data reports related to the YAS Fidelity Scale for monitoring of statewide program standards and

expectations. Over the past year, YAS implemented a new quarterly Report Tool to monitor the intensity of services provided by YAS Vocational Specialists/staff. The report is designed to capture success in obtaining the Employment/Education Standard of Practice; that 60% of clients will be engaged in employment and/or education.

- **YAS Employment and Education Outcomes:**
Outcome Study: Using secondary data analysis, this study analyzed predictors of young adult engagement in education and employment activities over a 12-month period at a single YAS program. The results show a strong positive relationship between symptom reduction and engagement in these activities. Symptom management increased over the course of the yearlong study. Additionally, substance use in this cohort was negatively associated with symptom reduction and thus interfered with engagement in employment or educational activities. Results of this study were disseminated to the test program, and plans are to replicate the study at other statewide YAS programs over the next year.
- **YAS Perinatal Support Program and Prevention Services:** DMHAS YAS has developed and implemented a Perinatal Support Program to provide prenatal, labor and delivery Doula supports, and in-home parenting support services to all pregnant and parenting young adults. Birth Support, Education & Beyond, LLC (BSEB) Perinatal Support Services began providing these services to DMHAS YAS clients in April 2014. The team of Perinatal Support Specialists has remained connected with clients during the COVID-19 pandemic, providing continuous support and educational services.
- **Connecticut Stay Strong Grant:** A five-year federal grant was awarded to Connecticut DMHAS under the YAS Division to develop and implement an early intervention program for young people between the ages of 16 and 25. Each of the two grant funded private non-profit community providers are expected to serve 50 youth annually with a total of 450 youth, young adults and families served over the 5-year grant period. During the past year, these grant funded agencies provided outreach, engagement, coordination of care and treatment support to youth and young adults who were considered to be at-risk for developing serious mental health disorders. In the last year, both grant funded agencies exceeded expectations in the total number of referrals made for youth and young adults in this cohort. In collaboration with grant partners, CT Stay Strong also broadened public awareness of emerging significant mental health issues among youth and young adults through social media outlets. In addition, CT Stay Strong provided education and training opportunities for community providers and stakeholders around the screening and detection of serious mental illness in young people, use of the wraparound approach, and age and developmentally appropriate, culturally, linguistically competent and trauma informed treatment.
- **YAS Statewide RSS/Peer Support Services:** In 2021, DMHAS YAS funded a Recovery Support Specialist (RSS) position through Positive Directions which allowed the TurningPointCT.org project to expand its services and offer a statewide RSS resource for Young Adult Services. TurningPointCT.org, a website created by young adults for young adults, offers an online peer support community and uses technology to strengthen young adult engagement in mental health and substance use recovery by providing resources, health and developmentally relevant information and social support. To date, more than 162,000 people have visited TurningPointCT.org. Young adults continue to participate in the development, implementation and monitoring of this web-based platform. COVID-19 significantly impacted opportunities for young adults to interact in-person which contributed to rising rates of mental health and substance use issues experienced among many in this population. In response to the need to help young adults remain connected during this time, expansions to the TurningPointCT.org website

enabled these individuals to access much needed supports, including live/real time online RSS peer support, coaching, training and other resources.