



At a Glance 2022 Report

Agency: Connecticut Department of Mental Health and Addiction Services

Commissioner: Nancy Navarretta M.A, LPC, NCC

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: 3,034 FTEs (filled positions) FTEs, 3,395 authorized FTEs

Recurring operating expenses: \$685,461,632

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 (DCF).

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 2021-2022

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.*
 - **988:** July 16, 2022 marked our country's transition to 988 as the easy-to-remember number to reach the existing National Suicide Prevention Lifeline. The 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) is a network of more than 200 state and local call centers funded by the U.S. Department of Health and Human Services (HHS) through Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by Vibrant Emotional Health. DMHAS funds the United Way of CT, who is the sole 988 provider in Connecticut. 988 offers 24/7 access to trained contact center specialists who can help people experiencing suicidal, substance use and other mental health crises. We anticipate that 988 will continue to grow and evolve over the years, much the way 911 and emergency medical services have grown over the past five decades. The federal government has increased investments 18-fold this year (from \$24 million to \$432million) for this national priority, with \$105 million of that directed to states and territories.
 - **Real-time Bed Availability Website for Addiction Services:** DMHAS continued its real-time bed availability website, including sober homes, per Connecticut General Statute 17a-716. The website was implemented in 2017 and gives viewers real-time information of availability for more than 1,000 DMHAS-operated and funded beds including withdrawal management services, residential addiction treatment, recovery housing and sober homes. The information on the website is updated by providers on a daily basis.

- **Real-time Bed Availability Website for Mental Health Services:** DMHAS has maintained a mental health bed website since 8/21/20. This is a public-facing website designed to 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). Providers update the site at least once every seven days. In 2022, DMHAS added “Walk-In Services” to this website, so viewers can see where they can go for walk-in outpatient mental health services.
- **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 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, with active use or in recovery.
- **Emergency Department Recovery Coaches:** Emergency Department 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 support. Coaches offer a wide variety of support and offer information on multiple pathways of treatment modalities, allowing the person being served to determine if they are interested and type of treatment desired. Coaches then make the connection for further care. Coaches also follow up with every person to see if further assistance is needed.

Connecticut has 31 hospitals with emergency departments throughout the state. DMHAS began funding the Connecticut Community for Addiction Recovery (CCAR) in the spring of 2017 for Emergency Department Recovery Coaches in four hospitals in eastern Connecticut. With the infusion of federal opioid funds, the initiative expanded to include 22 hospital emergency departments throughout the state. By the end of 2022 another 9 will have Recovery Coaches.

- **Statewide Substance Use Access Line and Transportation (1-800-563-4086):** DMHAS funds a dedicated toll-free Access Line, available 24/7, 365 days a year. Trained Access Line staff provide education to callers, and screen and refer callers to appropriate levels of care, using the DMHAS bed availability websites and through conference calling with treatment providers. They also arrange for transportation through DMHAS-funded transportation services, when necessary.
- **Statewide Adult Crisis Telephone Intervention & Options Network (ACTION Line) (1-800-HOPE-135):** As of August 2020, DMHAS funds the United Way of Connecticut to staff a dedicated toll-free line, available 24/7, 365 days a year for adults experiencing a mental health crisis. Trained staff talk with adults, and provide education, support and a linkage to their mobile crisis team, if needed. This call center also answers callers to the National Suicide Prevention Lifeline (now known as 988).
- **Opioid Initiatives/McKinsey Settlement/Recovery Centers:** DMHAS, in partnership with numerous state and community – based organizations, continues a series of targeted initiatives intended to reduce the negative impact of opioid use on Connecticut citizens and communities. These initiatives include multi-faceted prevention strategies, enhanced treatment with access to

medication for opioid use disorder, harm reduction focused outreach and engagement of individuals, who are actively using opioids, and provision of recovery support services to those newly in recovery.

In 2018, DMHAS began funding two innovative Recovery Drop- in Centers in Hartford with federal funding, specifically the State Opioid Response (SOR) grant. Additionally, one Recovery Center was supported in Manchester. More recent McKinsey Settlement funding has allowed DMHAS to expand access to and distribute enough lifesaving medication – naloxone to reach saturation level for the state. Further, DMHAS worked on expanding several recovery support programs, including the emergency department recovery coaching program, and the Treatment Pathway Program (TPP), focused on arrest diversion and offering treatment to those at risk for incarceration.

- **Trauma Informed Care:** Trauma Informed Care means all staff are trained in understanding trauma and how not to re-traumatize unintentionally. 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. This year, YAS has conducted and completed two eleven-week training modules, via TEAMS, with nearly 100 participants.
 - Connecticut Task Force on ACEs and Resilience (CSTAR): CSTAR was formed in the Fall of 2019 in an effort to create a trauma-informed and resilient Connecticut. A DMHAS Women’s Services representative participates in quarterly CSTAR meetings and events, as well as ongoing CSTAR Steering Committee meetings. CSTAR recognizes the impact of a wide variety of adverse childhood experiences (ACEs) that shape behavior and health. The taskforce seeks to promote resilience-building practices and policies for all families, organizations, systems and communities regardless of race, gender, ethnicity and socioeconomic status.
 - Trauma and Gender Learning Collaborative (TAG): Co-facilitated by DMHAS Women’s Services and the Connecticut Women’s Consortium, TAG convenes bi-monthly to discuss topics related to Trauma and Gender to ensure our provider network is well versed in gender-sensitive and trauma-informed best practices.
 - 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 an enhanced instrument that adds additional measures of childhood adversities along with onset risk behaviors. In collaboration with the EQMI Division, itemized scores are entered directly into a centralized database that captures adversity data on every individual referred through the Office of the Commissioner YAS Division Data analysis on these cases continues with the goal of informing YAS efforts to better understand and mediate the effects of early childhood trauma on behavioral challenges in young adulthood.

- **YAS Trauma Treatment Initiative:** In an effort to provide a wider array of treatment models to YAS clients with developmental trauma, an initiative to train and supervise YAS clinicians in an evidence-based trauma model called Cognitive Restructuring for PTSD was completed this year. The model was presented by a nationally recognized trauma expert in a day-long intensive training followed by group and peer supervision for six consecutive months. Despite COVID-related challenges to in-person treatment, the initiative accomplished the goal of training 10 YAS clinicians statewide. YAS plans to train a second cohort of clinicians in the next year.
- **The Multi-Trajectory Theory of Adult Fire Setting (M-TTAF) Model:** Young Adult Services completed 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).
- **The Offices of the DMHAS Medical Director, Statewide Services, and Young Adult Services** collaborated to plan and conduct statewide trainings from nationally known experts in the understanding and treatment of severe self-injury. The trainings 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. Initial trainings were conducted at Bridges, Inc. and Southeastern Mental Health Authority and affiliate agencies, after which the five-module training was adapted for Microsoft Teams to be conducted virtually secondary to the COVID-19 pandemic. In October 2021, Capitol Region Mental Health Center and affiliate agencies were trained in the modules, followed by Southwestern Connecticut Mental Health System and Vinfen. Connecticut Mental Health Center and affiliate agencies have been identified as the next cohort to be trained in this approach.
- **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. Four separate trainings have occurred to date with two staff trained as trainers. One training was also conducted for DMHAS Police. Secondary to the COVID-19 pandemic, a virtual training was facilitated for Birth Support Education and Beyond Perinatal Support Specialists who serve pregnant and parenting young adults in YAS. Over the past year, YAS staff participated in two curriculum development committees, one on trafficking tailored for young adults and the other on trafficking for young adult providers. The goal is for both curricula to be completed within the next year and to begin offering both trainings. In addition, one to two additional YAS staff will be trained as trainers in Introduction to Child Trafficking and Young Adult Trafficking trainings within the upcoming year. YAS trainers are scheduled to conduct a training on sex trafficking at the Connecticut Women’s Consortium in December 2022, and plan to provide 1-2 Intro to Trafficking trainings for statewide YAS staff over the next year.

- **Health Equity:** Office of Multicultural Health Equity (OMHE) staff work collaboratively with the Department of Public Health (DPH) and other state entities concentrating on the reduction and elimination of health disparities. 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 in collaboration with DCF and the Governor's Office. The goal is to disseminate recommendations regarding strategies for addressing racism and bias for local and larger systems improvements and to build and bridge community alliances.
 - **Tobacco/Electronic Cigarette Sales to Minors:** The Department of Mental Health and Addiction Services Tobacco Prevention and Enforcement Program reported a 41.1% retailer violation rate (RVR) in the 2022 Annual Synar Report. Every year, Connecticut inspects a random sample of tobacco and electronic cigarette retailers to determine compliance with youth access laws. This rate continues to stand in sharp contrast with the situation in 1997 when the RVR was reported as 69.7% in Connecticut's first Synar Report. On October 1, 2019, Public Act 19-13 raised the purchase age to 21 for cigarettes, tobacco, electronic cigarettes and vapor products. On July 1, 2022, Public Act 22-118 now requires retailers to request the photo ID from anyone asking to purchase a tobacco product.
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.*
- **Media Campaigns:** In an effort to prevent, discourage and destigmatize opioid addiction, on April 1, 2019 DMHAS launched the LiveLOUD campaign, a series of social media, radio, transit, and billboard spots directed to those, who are actively using fentanyl, heroin, or prescription opioids, their families and communities. 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. The campaign was named a winner in the 2019 American Web Design Awards in the Social Media and Web Design categories of the competition. Additionally, partners throughout the state have adapted the campaign for use in their own communities. The campaign was enhanced over the last three years with harm reduction messaging on social media and billboards across the state. The most recent posts include messages about staying safe and understanding the drug supply (e.g fake pills).
 - **Social Media:** During this period, the DMHAS Facebook page had a reach of 49,525. This represents an increase of 160.3%. Reach refers to the number of people who saw any content from the page or about the page, including posts, stories, ads, social information from people who interact with the page, and more. The page had 3,778 visits, representing a 23.4% increase, and 286 new likes--a 1.8% increase. The DMHAS Twitter page had 125,900 impressions during this period. This represents an increase of 59,100 impressions over the prior year period. Impressions are the number of times a post has been seen.
 - **Connecticut Suicide Advisory Board (CTSAB) & Regional Suicide Advisory Boards (RSABs):** The CTSAB is codified in state statute ([PA22-58](#), Sec. 64) as the single state-level suicide advisory board in Connecticut that addresses suicide prevention and response across the

lifespan. While it is tri-chaired by DMHAS and DCF, and Connecticut Chapter of the American Foundation for Suicide Prevention, its membership comprises a very diverse coalition of state and community agencies, faith-based organizations, hospitals, military, schools, higher education, towns, private citizens, professional associations, health and behavioral health professionals, law enforcement, professional associations, insurance providers, legislators, students, survivors of loss and their foundations, individuals with lived experience, and advocates. The CTSAB develops and activates the state plan; promotes the state 1 WORD, 1 VOICE, 1 LIFE campaign aligned with the new national 988 Suicide & Crisis Lifeline; hosts the CT Zero Suicide Learning Community; provides consultation services on prevention and postvention; makes training and education resources and opportunities available; provides networking and resource exchanges; and advises state agencies on the use of their suicide-related state and federal dollars to advance goals and objectives of the state plan. In 2021, DMHAS and DCF expanded the statewide CTSAB infrastructure to include five Regional Suicide Advisory Boards that build region-wide and community-level capacity and readiness to prevent and respond to suicide using best practice approaches. Additionally, leadership and members of the CTSAB contributed greatly through the 988 Planning Coalition to support the state's readiness for the migration from the 1(800)273-TALK-National Suicide Prevention Lifeline to the new national 988 Suicide & Crisis Lifeline.

- **Office of Recovery Community Affairs (ORCA):** This office functions as the liaison for people who may identify with having mental health and/or addictions challenges by informing of services and resources that are offered by DMHAS and DMHAS-funded agencies throughout the state. ORCA endorses the 'No Wrong Door' motto for Recovery and encourages all people to find the pathway(s) that work best for them. ORCA offers resources for family, friends and allies for support for themselves and guidance on helping those they love and care for by engaging in collaborative relationships with all stakeholders invested in saving the lives of people who may identify with mental health and/or addiction challenges. We partner with statewide organizations and smaller agencies, including recovery grassroots not-for-profit groups.

Current Initiatives are: Creating a State Certification for Peer Recovery Specialists/Coaches to ensure that one standardized set of Peer Principles, Core Competencies and Code of Ethics that are in alignment with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Association for Addiction Professionals, National Certified Peer Recovery Support Specialist (NCPRSS); Educating the community, including providers, on the plethora of pathways of treatment and recovery, and promote the modality of 'No Wrong Door'. Our goal is to help save the lives of anyone experiencing mental health and/or addiction challenges and know that meeting people where they are in their current situation is an integral component for engagement to start the process of care, in whatever form they want to participant in; And lastly, though most important is to reduce the stigma associated with mental health and/or addiction challenges. ORCA is partaking in DMHAS' Initiative on Changing the Script working to reduce stigma and society and personal bias. We support and encourage supportive, nonjudgmental words that treat all people with respect and compassion.

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.*

- **Office of Workforce Development:** The Office of Workforce Development focused on training staff providing direct service to patients/clients in behavioral health settings. Trainings were provided to staff working in both state operated and DMHAS funded programs. There were 42 instructor-led virtual trainings completed, covering a variety of topics aligned to meet current needs of the department. These included trainings to promote recovery oriented behavioral health

topics which included a focus on trauma informed care, responding to the opioid crisis, and co-occurring disorders. Eight courses met criteria for cultural competence continuing education, with 493 total completions. Many trainings were designed to meet the training requirements for staff re-credentialing. Self-directed web-based trainings focusing on client care are also provided to all staff working in DMHAS operated and funded programs. There were 99 web-based trainings offering with 18,543 completions. Most instructor-led and web-based trainings provided continuing education credits for a number of licensed professionals. In addition, there were 21 offerings of Human Resource Centralized Orientation and 21 Diversity Trainings. In total there were 1,799 completions. In collaboration with the Governor's Office of Workforce Strategy, developed and disseminated a survey to all behavioral health agencies, hospitals, and federally qualified health centers to gather data on statewide workforce shortages within behavioral health.

- **Centralization of Human Resources and IT Support:** Governor Lamont signed Executive Order Number 2 in July of 2019 directing the centralization of Human Resources and Labor Relations into the Department of Administrative Services (DAS) and the Office of Policy and Management (OPM) respectively to provide state government with the highest quality personnel management services at the lowest possible cost, and further the uniform administration of processes, systems, and functions among state agencies. In keeping with this goal, but attempting to maximize efficiency for a large and complex agency, the Human Resources Department within DMHAS created a centralized staffing unit in July 2022. This approach will allow for increased recruitment capacity during a time of increased retirements and resignations from state service.

On March 17, 2021, Governor Lamont announced the launch of Information Technology Optimization within the State Government. On July 1st, 2022 the Bureau of Information Technology Solutions (BITS) was officially established. This initiative will provide innovative technology services in an efficient and collaborative way. BITS commitment to its employees are to expand their network of peers and perspectives, create career development opportunities that deepen their expertise and empower them through transparent communication. BITS commitments to their agency partners are to not disrupt the way technology services are delivered, identify and introduce opportunities for scalable change and limit disruption to the business.

- **Client Rights and Grievance Specialist:** Assigned to DMHAS Community Services Division, the Client Rights and Grievance Specialist works with DMHAS Regional Managers, DMHAS state-operated and DMHAS funded providers to promote the rights of persons with mental health and substance use disorders. The Client Rights and Grievance Specialist is also the DMHAS Americans with Disabilities Act (ADA) Title II Coordinator and administers DMHAS Deaf, Deafblind Hard of Hearing (DHOH) Services provided through the Office of the Commissioner.
 - Addresses complaints regarding services and treatment of persons who are receiving or seeking services from DMHAS state-operated and DMHAS funded providers
 - Reviews grievances and provider responses to grievances on behalf of the DMHAS Commissioner and issuing Final Determinations as provided by the DMHAS Client Grievance Policy. During Fiscal year July 1, 2021-June 30, 2022 the Client Rights and Grievance Specialist conducted 6 grievance reviews.
 - Advises DMHAS state-operated and DMHAS funded providers on the implementation the DMHAS Client Grievance Implementing Procedure and trains DMHAS and DMHAS funded Client Rights Officers on the DMHAS Client Grievance Procedure and people's rights. The Specialist conducts classes for Client Rights Officers several times a year and works with DMHAS Workforce Development on Online Learning Management System

classes for the DMHAS Client Grievance Procedure, Rights and the Americans with Disabilities Act.

- Conducts presentations on a variety of topics including DMHAS Client Grievance Procedure, Connecticut Patient Bill of Rights, Americans with Disabilities Act, Affordable Care Act and Recovery. During Fiscal Year 2021-2022, the Specialist conducted biweekly presentations for DMHAS new employee orientation and semimonthly presentations for WCMHN on Rights for its employees as well as Diversity Equity and Inclusion presentations on behalf of the DMHAS Office of Multicultural Equity.
 - As the DMHAS Title II ADA Coordinator, the Specialist works with DMHAS facilities and programs to ensure persons with disabilities have equal access to DMHAS programs, activities and services. Certified as an ADA Coordinator by the ADA Coalition of Connecticut the Specialist participated in the North East ADA Center's national symposium and attended approximately 35 hours of online training provided by ADA Coalition of Connecticut, Great Lakes ADA National Network and New England ADA Center during fiscal year 2021-22. In March 2021, the Specialist facilitated online an "ADA and Recovery" webinar by the New England ADA Center with over 200 participants. The Specialist works with DMHAS facilities to train ADA Title II contact persons who can address reasonable modification requests from persons with disabilities.
 - As administrator for DMHAS Deaf, Deafblind, Hard of Hearing (DHOH) Services offered through the Office of the Commissioner, the Specialist works with vendors and DMHAS staff to arrange for interpreters and with DMHAS purchasing to ensure vendors are paid.
- **DMHAS Opioid Overdose Reversal Training Program:** Since 2012, DMHAS has conducted 211 in-person training sessions on opioid overdose reversal. In 2019, the Regional Behavioral Health Action Organizations (RBHAO) took on the task of training community members and have been providing this training to nurses, counselors, peer recovery specialists, fire fighters, law enforcement, EMTs, family members, schools, coalitions, and individuals in the community. In 2021, 4382 individuals were trained on recognizing an overdose and utilizing naloxone. The naloxone webpages on the DMHAS website have been updated to include a printable brochure with instructions on when and how to administer naloxone, a training video, and a training power point entitled: *The Opioid Epidemic and Naloxone*. Training has been provided to those who want to be able to administer naloxone when indicated and to those who want to be able to train others. When appropriate, as with the COVID-19 virus, training sessions have been provided using teleconferencing platforms.

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, 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.
- **1115 Substance Use Disorder Waiver:** In 2021, Connecticut submitted an application to participate in an 1115 Demonstration Waiver which expanded Medicaid reimbursement to residential substance use treatment facilities that had been previously excluded from this payment structure under the institution of mental diseases (IMD) exclusion within section 1905(a)(30)(B) of the Social Security Act. This Demonstration builds upon DMHAS’ dynamic and extensive history of providing critical residential care for persons experiencing substance use disorders. It will improve and enhance these services through increased funding from long-standing state funding streams, the newly established Medicaid fee-for-service structures.

On June 1, 2022, services provided within residential substance use treatment facilities, previously funded by DMHAS, became officially Medicaid reimbursable under Connecticut’s 1115 SUD Demonstration. As of that date, Beacon Health Options, Medicaid’s administrative service organization, began authorizing reimbursement for care within these facilities based on the medical necessity and level of care standards outlined in the most recent version of the American Society of Addiction Medicine (ASAM) treatment criteria and Connecticut’s residential treatment standards.

In addition to the 1115 Demonstration Waiver, CT has submitted a State Plan Amendment (SPA) that will expand the use of the ASAM treatment criteria to Substance Use Disorder outpatient levels of care, ensuring a full Substance Use Disorder continuum of care for Medicaid recipients.

- **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), but is grossly underutilized. Many withdrawal management programs follow an abstinence-based medical detoxification protocol, discharging or transferring a client once the detoxification medication has been tapered to zero. The period after detoxification is an especially high-risk time for opioid-use relapse, as well as accidental overdose and/or death due to decreased physical tolerance. Thus, induction on MAT during withdrawal management and a seamless transition/warm hand off to follow-up care can save lives for individuals choosing to support their recovery with medication.

Changing Pathways 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

These three essential components have numerous benefits for providers and individuals with OUD. MOUD has been shown to reduce the risk of relapse and overdose, support individuals significantly in sustaining long-term recovery, and to allow individuals to better tend to other behavioral and/or medical issues they are facing compared to individuals who pursue treatment without medication.

As of 2022, all of Connecticut's seven Freestanding Withdrawal Management Facilities have adopted the practice change from traditional withdrawal management to MOUD induction and are in various stages of implementation. In addition, the CP program has been expanded to two inpatient psychiatric units and more are being enrolled. Last year underscored the opportunity for expanded education on medications for addiction treatment beyond OUD, including medications for alcohol use disorder (MAUD).

Through the establishment of the Changing Pathways program, the number of providers offering MOUD and/or MAUD has increased significantly. Beacon has used the data from this program to create dashboards that provide critical insights on trends in the use of Medications for Addiction Treatment (MAT) and inform changes in practice at the system and provider level.

- **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, Recovery Assistants and in-home counseling 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 342 referrals; enrolled 70 individuals onto the waiver; and had 48 participants in various stages of admission. The program now has a fully electronic participant record and enrolled in the Electronic Visit Verification (EVV) system in early 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 2022 Report was submitted in July 2022, including the Women's Substance Use Services Report per PA 18-39.
- **The Women's REACH (Recovery, Engagement, Access, Coaching & Healing) Program:** REACH provides statewide integration of 15 Recovery Navigators positioned throughout each of the five DMHAS regions. The Recovery Navigators are all women who are in a position to use their own personal recovery journey to help support others. In September 2021, REACH expanded their services by adding one Family Recovery Navigator to each of the five agencies serving the state. The Family Recovery Navigator provides support and recovery resources to LGBTQIA+ parents, single fathers, and primary caregiving family members as they enter into and sustain recovery from substance use or co-occurring disorders. All of the REACH Recovery

Navigators use a combination of recovery coaching techniques and case management services to support women in the community. Based on an outreach and engagement model, female Recovery Navigators develop 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. The Recovery Navigators also work within their respective communities to connect with women needing access to care to increase real-time engagement with treatment and to support the development of an individualized recovery support network. Services are prioritized for pregnant or parenting women with substance use or co-occurring disorders. The REACH Navigators have a key role in the development and support of individualized Family Care Plans in compliance with state and federal legislation related to the Child Abuse Prevention and Treatment Act (CAPTA). The REACH Recovery Navigators are not intended to replace clinical services; rather, they enhance them.

- **The PROUD Program (Parents Recovering from Opioid Use Disorders):** DMHAS, in partnership with two treatment providers (Wheeler Clinic and InterCommunity, Inc.) launched the PROUD program in January 2021. PROUD is funded through a three-year SAMHSA grant designed to pilot new treatment models to work with pregnant and parenting women with substance use disorders on their recovery. PROUD site teams provide substance use disorder (SUD) treatment and support to pregnant and parenting women (PPW) in two large geographic areas of CT where opioid use is at epidemic levels. Population data from these communities reveal disproportionate racial, social and economic disparities as compared to other areas of CT. This results in adverse health effects for pregnant and postpartum women (PPW) and PPW with substance use disorders (especially opioids), who are at a higher risk for experiencing treatment barriers. Substance use, physical and mental health assessments, case management, recovery coaching, education and referrals are provided to all participants, including children, partners and family of the PPW. Additionally, the community is engaged through a public health campaign designed by DMHAS PROUD staff and the O'Donnell Group aimed at reducing stigma and increasing knowledge around addiction. Through the PROUD funding, DMHAS has also contracted with the Connecticut Hospital Association to offer healthcare professionals educational opportunities to better understand and screen for SUD, learn best practices in working with PPW with SUD, reduce stigma in the medical community around persons with SUD, and increase provider capacity to make appropriate treatment referrals as needed. The PROUD service model utilizes evidence-based practices, recovery coaching, prenatal health and parenting education, support and modeling, and offers additional social services as indicated. Participation in the PROUD initiative is expected to lead to reduced health disparities, including decreased substance use, criminal justice involvement, and HIV risk behaviors. Improved housing, employment outcomes, family functioning and involvement in social networks are anticipated to support the recovery journey of PPW and participating family members.
- **LGBTQIA+ Collaborative:** The LGBTQIA+ collaborative is comprised of state partners within the Office of the Commissioner and the state-funded and non-profit Local Mental Health Authorities (LMHAs). The goal of the LGBTQIA+ collaborative is to enhance our understanding of the needs of the LGBTQIA+ population, and how to better address these needs within the state system.

As a result of SAMHSA technical assistance funds and COVID relief dollars, Women's Services has led efforts to increase knowledge related to treating LGBTQIA+ clients within our system of care. To date, this has included a robust virtual training series, development of updated LMS trainings, clinical consultation hours, internal DMHAS lunch and learns, and an LGBTQIA+ Conference held in June 2022.

- **Substance Exposed Pregnancy Initiative of CT (SEPI-CT):** In a collaborative with DCF, DMHAS co-funds a position to oversee this statewide initiative. This initiative was conceptualized in 2015 to support the implementation of Child Abuse Prevention and Treatment Act (CAPTA) legislation statewide, and is currently being guided by the second 5 Year Strategic Plan (2022-2027). SEPI-CT aims to strengthen capacity at the community, provider, and systems levels to improve the safety, health, and well-being of substance exposed infants and support the recovery of pregnant and parenting individuals and their families. DMHAS participates in weekly leadership meetings, quarterly core team meetings, and the following monthly workgroups: DCF CAPTA/Plan of Safe Care Stakeholder Workgroup, Awareness and Marketing Workgroup, Screening and Brief Intervention Workgroup, and Treatment, Recovery and Wellness Workgroup. DMHAS continues to provide trainings on CAPTA and the development of Plans of Safe Care/Family Care Plans to providers throughout the DMHAS system of care, community providers, and medical providers serving pregnant and parenting individuals.

- **Forensics:**
 - **Competence to Stand Trial Evaluations.** The Office of Forensic Evaluations (OFE) is responsible for conducting evaluations of defendants' competence to stand trial (CST), and preparing reports and testifying about them in Superior Court. The OFE tracks and monitors the court orders and scheduling and completion of evaluations. This data is reviewed on a weekly basis and has been used to ensure that evaluations were proceeding despite limitations imposed by COVID restrictions (e.g., DOC facilities in lockdown or closed to professional visits). We have used this data to track the initiation and maintenance of telehealth visits in DOC and the required federal reporting related to the grant funds used to purchase the telehealth equipment. Data for DOC telehealth CST evaluations were used to help resolve problems completing these evaluations and to identify areas where there are ongoing problems to be resolved. This dataset was also used to share information with Whiting Forensic Hospital (WFH) about trends in rates of evaluations to assist with their admissions planning. The data set has also been used to identify staffing needs for hiring, for resource allocation, and for supervisory monitoring of staff workloads. Finally, this data was used to identify courts ordering CST evaluations for a high volume of cases with low level charges to inform planning for the Enhanced Forensic Respite Bed (EFRB) pilot program designed to divert defendants with low level charges from the CST process and into clinical treatment in a well-staff residential respite program.

 - **Enhanced Forensic Respite Bed (EFRB) pilot.** We have begun tracking data on utilization and outcome of the EFRB. Thus far, of 10 clients referred, none has had a CST evaluation order following referral, demonstrating early success toward the main outcome goal. Data on the high volume of cases with low level charges in various courts and the early outcome data were used to obtain more than \$4 million in funds in the 2022 legislative session to expand from a 3-bed program to a 15-bed program. More extensive program evaluation is being conducted by the DMHAS research unit and will inform future expansion and development of the program.

 - **Firearm Safety Hearing Database.** DMHAS continues to receive reports of risk warrant firearm safety hearings, per CGS 29-38c(d). The database now contains approximately 2400 such records. This dataset has been used to contribute to the largest research project to date of the use of such "red flag" or extreme risk protection order (ERPO) laws in six states. The data is currently being analyzed and will be prepared for publication when complete.

- **Jail Diversion Recovery Coach Program.** Data from the Department of Public Health on drug overdose deaths and from OPM Criminal Justice Policy and Planning Division (Monthly Indicators Report) were combined to assess areas of high need for substance disorder services. Based on the data, funding was secured in FY 22 for the Jail Diversion Recovery Coach Program to provide additional peer services for individuals with substance use disorders involved in the criminal justice system in Hartford, Waterbury and Bridgeport.
- **Jail Diversion.** Data about utilization of Jail Diversion services and outcomes is used for regular audits, allowing identification of areas where further encouragement of diversion is warranted, and allowing matching of appropriate resources to areas with higher volume.
- **Conditional Release Services Unit.** In FY 2021-22 the Division of Forensic Services completed a survey of all Local Mental Health Authorities (LMHAs) serving Psychiatric Safety Review Board (PSRB) clients in the community (on conditional release from the PSRB) to assess current volume, need for resources, capacity for expansion, and distribution of clients across the state. This data is being compared with data from WFH about advanced discharge planning for these clients and the clients' preferred location for residence and outpatient services. This integration of data has culminated in plan for expansion of community resources in one program in Hartford to begin in FY 23, and a planning process for expansions in other areas of need in subsequent fiscal years.
- **Pretrial Intervention Program.** Data from utilization and billing in the Pretrial Intervention Program (education diversion for individuals charged with alcohol and drug-related offenses) is used to audit the group of non-profit agency providers utilized in the program. The data have been used to insure that defendants are referred to an agency for evaluation in a timely manner and distributed appropriately among the providers so that education services and court processes are not delayed. This data was used extensively as providers moved to a virtual environment during COVID to ensure delivery of services matched the rate of court referrals. This data has also been used to inform the RFP planning process for the new contracts.
- **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 with SPMI to obtain housing and mental health services in the community. Nurses help to assess, stabilize and transition persons to home- and community-based services, as well as to a variety of housing options that are offered to individuals as an alternative to institutionalization. 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 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.

- **Provider Dashboard Quality Reports:** The DMHAS 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 EQMI Unit began to produce an Annual Statistical Report beginning in State Fiscal Year 2013. 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.
- **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 DMHAS-operated and DMHAS-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.
- **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 all state-operated and private non-profit programs 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 collecting data from statewide YAS programs and is preparing to complete a report summarizing initial outcomes.
- **Utilization Management Tool and Outcomes:** YAS has developed/implemented a 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:
 - Allow young adults additional time and resources to learn and develop the skills they need to live independently in the community;
 - Provide intensive wrap around support (i.e. life skills, vocational and educational opportunities, case management, etc.);
 - Provide opportunities for positive (“pro-social”) activities;
 - Provide a safe and nurturing environment to promote recovery from mental health and substance use;
 - Utilize trauma informed approaches using the Attachment, Regulation, and Competency Model (ARC); and,
 - Expanded pre/posttest analysis of housing outcomes in this program shows reductions in high risk behaviors from admission to discharge and very high rates of discharge to stable housing in the community. Follow up analysis at 6 months and one-year post discharge indicates housing stability is maintained. This analysis was accepted as a poster presentation at the 2020 University of Connecticut School of Social Work Annual Research Day event. Initial data results were presented in a July 2019 paper presentation at the 9th International Conference on Social Work in Health and Mental Health in York, UK.

In the past year, the YAS UM tool was revised to incorporate the use of the DLA -20 in an effort to better reflect gains made in life skills and community living skills domains as part of the overall utilization management of these beds. The most recent iteration of data from the tool continues to show statistically significant reductions in risk behaviors from admission to discharge as well as an overall 90% successful discharge rate from YAS transition programs to independent housing in the community.

- **YAS Data Reports:** The YAS Division continues to collaborate 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. YAS also hired a Director of Utilization and Quality Management to enhance data and quality management/improvement projects and statewide YAS outcome measures.
- **YAS Trauma Treatment Outcome Study:** This study has received preliminary approval from the DMHAS Institutional Review Board (IRB) and endeavors to measure the benefits of trauma-informed supervision for YAS clinicians using the YAS trauma treatment model (ARC). Given the high stress experienced by clinicians who work with severely traumatized and high-risk YAS clients, the study integrates the anticipated benefits (increased resilience, optimism, job satisfaction) for our YAS workforce with therapeutic outcomes experienced by their clients (reduced trauma symptoms, increased emotional and behavioral stability).
- **YAS Employment and Education Outcomes 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. From December 2020-December 2021, YAS implemented a new Quarterly Report tool that monitors the intensity of services provided by YAS Vocational Specialists/Staff. At the completion of Q4 2021, the average unduplicated Young Adults engaged in employment/education was 58.75% Engagement in employment/education increased from Q1 39.62 % to 58.75% in Q4. There was an increase in Young Adults engaged in competitive employment throughout the year. The data demonstrates an increase from Q1 31.85% to Q4 38.61 of the Young Adult State wide census engaged in competitive employment.
- **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, since which time:
 - 235 total clients have been served;
 - 174 births occurred while receiving services;
 - 159 clients enrolled became first time parents;
 - 274 clients were referred for evaluation and treatment of Perinatal Mood and Anxiety Disorders with 134 of those being crisis referrals for having endorsed thoughts of self-harm on screening.

- 142 clients have been referred for positive Intimate Partner Violence screenings
- 111 CAPTA (Child Abuse Prevention and Treatment Act) plans of safe care developed for birthing clients

The team of Perinatal Support Specialists remained connected with clients during the COVID-19 pandemic, providing continuous support and educational services. Home-visits are being conducted with use of health screening and personal proactive gear use and if a client has a positive health screening virtual visits are being offered instead of cancelling visit. The team has continued to stay up-to-date with the practices and protocols recommended by the American Academy of Obstetricians & Gynecologists, Pediatrics, Doula's, Home-Visiting Programs, Department of Public Health and Center for Disease Control.

The BSEB team all achieved re-certification in Mental Health First Aide and were trained in Human Trafficking Prevention. The BSEB Director and YAS Director or Parenting and Prevention completed an advanced training in Perinatal Greif and Loss. The BSEB Director sits on several Boards and Initiatives in CT; The Maternal Mortality Review Board, Postpartum Support International Resource & Development Committee, Preventing Maternal Mortality Due to Violence Advisory Board, CT Women and Children's Health Committee Work Group on Maternity, Postpartum & Well-Baby Care during COVID-19, Doulas 4CT Collation along with the BSEB team being members of; the Circle of Security Statewide Attachment Network, CT Association for Infant Mental Health, (CT-AIMH), Zero to Three, Childbirth and Postpartum Professional Association (CAPP), Doulas of North America (DONA), Parents as Teachers, National Perinatal Association, Postpartum Support International, Community Health Workers of CT.

BSEB and YAS leadership presented a workshop on BSEB Perinatal Support Services and Outcomes at the Parents as Teachers International Conference in Oct. of 2021 and also had a poster presentation at the Postpartum Support International Conference in July of 2022.

- **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 addition, both programs exceeded expectations in the total number of youth and young adults served within each of their respective community-based treatment teams. Both grant-funded providers offered large scale community events aimed at educating the public on mental health. In collaboration with grant partners, CT Stay Strong continued to broaden public awareness of emerging significant mental health issues among youth and young adults through social media outlets. CT Stay Strong continued to offer 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. As of July 31, 2022, 255,650 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. YAS has also allocated funding to add RSS positions to a number of YAS LMHA state-operated and PNP community teams to enhance local peer support services to young adults in YAS.

- **Reaching Home Campaign:** For the past several years, the YAS Division has participated in the statewide Reaching Home Campaign, specifically related to ending Youth and Young Adult Homelessness. OOC YAS Managers have participated in various work groups, sub-committees and initiatives including the Youth and Young Adult Work Group, Systems Work Group, DCF Transitioning Youth, Prevention and also the statewide 100-Day Challenge. The YAS Division has worked to improve collaboration between the homeless service system and mental health system by providing feedback, consultation, input and training related to the YAS program as well as engaging and working with young adults with mental health issues. The YAS Point Person on this initiative from the Office of the Commissioner has facilitated meetings in several of the CAN/YETI regions with homeless service system staff and YAS Directors from the corresponding regions to improve collaboration and communication between the systems at the local level. This manager also continues to serve as the point person statewide for particularly challenging or acute cases. YAS is participating in the Dynamic Systems Matching workgroup to identify gaps and resources to enhance services for homeless youth and young adults in Connecticut.