



At a Glance 2023 Report

Agency: Connecticut Department of Mental Health and Addiction Services

Commissioner: Nancy Navarretta M.A, LPC, NCC

Deputy Commissioner: Colleen Harrington, LCSW, MBA

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: 3,329 (filled positions, including part-time and temporary positions), 3,420 authorized FTEs

FY 2023 Total Appropriated Funds: \$665,177,344

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 2022-2023

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, 2023 marked to the one-year anniversary of our state's transition to the 988 Suicide and Crisis 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. Connecticut's 988 service ranks in the top three in the nation for call responsiveness. In fiscal year 2023, Crisis Contact Specialists handled 35,155 calls to 988. This is a 125% increase over Fiscal Year 2022.
 - **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 provide adults in distress with telephonic support, education, and linkage to the mobile crisis, if needed. There were 62,075 ACTION Line calls handles in FY23.
 - **Real-time Bed Availability Website for Addiction Services:** DMHAS continued its real-time bed availability website, including sober homes, pursuant to Connecticut General Statute 17a-

716. The site also includes walk-in hours for outpatient services as of 2022. 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 August 2020. 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 was on prevention, treatment and support for individuals living with opioid use disorder, active drug use, as well as marijuana use and vaping.
- **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. This project was further expanded to include additional 9 hospitals within last year to cover the entire State.

- **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 substance use 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.
- **Mobile Crisis Team Expansion to 24/7:** Ensuring there is someone to respond to individuals in crisis is an essential component of the crisis system. DMHAS mobile crisis teams offer persons in distress access to a continuum of crisis response services of their choice, aim to promote the

prevention of crises, and provide postvention activities that support persons in developing a meaningful sense of belonging in their communities. DMHAS is committed to expanding the availability of in-person crisis response services to 24/7. Through State funding, the mobile crisis teams have focused on hiring additional staff and increasing their team's ability to offer face-to-face assessment and support. Despite workforce shortages, more than half of the 18 DMHAS-operated and DMHAS-funded mobile crisis teams are now available 24/7. Others are making strides by expanding their current hours and continuing their recruitment efforts.

- **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. This year a Request for Proposals was initiated for three (3) additional Harm Reduction Centers, which will serve the cities of New London, Waterbury, and New Haven. The McKinsey Settlement funding has allowed DMHAS to expand access to and distribute enough lifesaving medication – naloxone to reach saturation level for the state. DMHAS is projected to exceed this saturation goal for 2023 again. 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 enriched the training to include additional modules in emotional regulation and attachment trauma. Two, 13-week ARC training sessions were completed with 142 YAS participants.
 - 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, with peer supervision conducted quarterly through 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 fall of 2023.
- **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). YAS has contracted with an expert in M-TTAF assessment and treatment interventions and is actively recruiting clinicians for more intensive training and supervision to be initiated in late Fall 2023.
- **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. In 2022, the work group added a 6th module on Medication Assisted Treatment (MAT). The work group will offer the six module training series quarterly over the next year. The topics will include Harm Reduction, MAT and Other Tools to Support Recovery, Motivational Interviewing, The Payoff Matrix, Substance Use through a Trauma Lens, and the Socratic Method.
- **DMHAS Trafficking Initiative/Committee:** DMHAS YAS continues to collaborate with the Department of Children and Families (DCF) to facilitate the Introduction to Child Trafficking

Training in CT for statewide DMHAS YAS staff and agency partners. Several trainings have occurred to date with three additional staff trained as trainers over the past year. One training was also conducted at the CT Women's Consortium as part of the TAG collaborative. Four upcoming trainings are planned for the Fall 2023. Given that youth and young adults are considered at greatest risk for victimization, there continues to be a focus on developing and implementing a trafficking training curriculum tailored to the specific needs of this cohort and to young adult providers who work with them. Efforts are underway to establish a Statewide Steering Committee, including young adult providers and other stakeholders, aimed at facilitating a coordinated response across the system to increase trafficking awareness and integrate screening, assessment and survivor informed interventions into care. DMHAS YAS continues to participate in the TIP and HART committee meetings.

- **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 conducted 87 trainings in 2022 with a total of 1439 participants made up of our state-operated facility staff and private non-profit provider staff. Training topics include but are not limited to: federally mandated 3-hr Diversity training for new employee orientation, our 8-hour Diversity, Equity, and Inclusion (DEI) training, and other professional development trainings based on facility needs. We continuously collaborate with internal and external stakeholders focusing on health equity practices.
 - **Tobacco/Electronic Cigarette Sales to Minors:** The Department of Mental Health and Addiction Services Tobacco Prevention and Enforcement Program reported a 22.5% retailer violation rate (RVR) in the 2023 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 required 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). Within the last year, the campaign continued to focus on harm reduction including safe storage messages. The website was updated with newer, more positive, images to continue to destigmatize substance use disorders.

- **Change the Script** – The Change the Script is a recognized statewide public awareness campaign to address the opioid crisis by catalyzing local action and inform communities about the dangers of prescription drugs and opioids misuse. Initially launched in 2017 as a prescriber campaign focused on changing the perception and discussion around opioids and prescription drugs. Change the Script has evolved to match current trends to provide particular messages to specific populations. In 2022, the campaign focused on older adults, military and families, youth athletes as well as messaging on safe storage and safe disposal. Change the Script was featured prominently at UConn sporting events, YardGoats, transit, billboards, radio and television spots. Estimated reach of this campaign is approximately 58 million views/impressions between 2020-2022.
- **Be In the Know:** In June 2021, Connecticut became the 19th state to legalize adult use cannabis. In accordance with the new law, DMHAS launched the Be In The Know Campaign– a public education campaign designed to inform Connecticut residents on laws on adult use cannabis and increase community understanding of the effects and risks of cannabis use. Launched in November 2022, the messaging centered on the three essential messages: (1) understanding cannabis laws, (2) safe storage and (3) health impacts of cannabis on mental and physical health, engaging over 3 million people in a 6-month period. Messaging was directed to youth, parents and trusted adults, pregnant and lactating persons in both English and Spanish. Media placements included radio, digital, social media, streaming audio and in-print newspaper placement, and visual displays within OBGYN offices. The Be In The Know campaign also provided a toolkit that was downloaded by over 50 organizations which provided consistent key free social media posts, images, posters and images for disbursement through community collaboratives and prevention partners. Prior to the launch of the Be In The Know Campaign, DMHAS developed a high traffic billboard and rail advertisement from January 2022- September 2022 which included 27 billboards, bulletins and posters and 35 on-platform rail advertisements which garnered over 156 million impressions. This was found in the main train/transit routes to New York City as well as across 1-91 and 1-84 corridor.
- **Social Media:** During this period, the DMHAS Facebook page had a reach of 148,527. 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 10,493 visits and 347 new likes. The DMHAS Twitter page had 43,451¹ impressions during this 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 the Brian Dagle Foundation, a suicide prevention organization, 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

¹ Please note this number does not include July and August 2022 data. The Twitter Analytics page is improving its system and has disclosed metrics may be missing during this update.

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 national 988 Suicide & Crisis Lifeline; hosts the CT Zero Suicide Learning Community and five working committees- Attempt Survivor, Data to Action, Education & Advocacy, Lethal Means Reduction, and Intervention-Postvention Support; 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 2022, 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 between DMHAS and people who identify with having mental health and/or substance use challenges as well as the continuum of the recovery community. This continuum includes people in recovery, family and natural supports, peer-led grassroots organizations, advocacy organizations, and the multiple stakeholders invested in saving the lives of people challenged with mental health and/or substance use.

ORCA strongly endorses and promotes “No Wrong Door to Recovery”, “Multiple Pathways to Recovery”, “You’re in Recovery When You Say You Are” and “Recovery Is Possible”. Our primary goal is to help save lives by promoting the message to meet people where they are on their journey and offer support with respect, compassion and dignity. We are also mission-driven to reduce stigma by putting a face on people who identify with mental health and/or substance use challenges and celebrate their wellness/recovery journey. To achieve our primary goal and mission, ORCA has initiated various initiatives and events:

- Developing (in process) a centralized Peer Recovery Certification administered by a certifying entity that ensures alignment with Substance Abuse and Mental Health Services Administration (SAMHSA) Core Competencies and Principles of Peer Support and CT Peer Ethics. This will combine the Recovery Support Specialist and the Recovery Coach under one certification.
- Creating a “Your Story Matters” media campaign to enable Connecticut’s diverse recovery community to put a face on their recovery and provide hope to people struggling. It offers the opportunity to normalize mental health and substance use challenges with the intent of decreasing the stigma associated with these challenges that prevent people from seeking help.
- Observing 2023 Recovery Month with the theme “Recovery Happens Here- Celebrating Connectedness” and celebrating throughout each region of the state with events to highlight the importance of connectedness for recovery/wellness.
- Engaging with the diverse recovery community and stakeholders to solicit their contributions in order to assist the direction of a vision statement and three-year strategic plan for DMHAS' Recovery-Oriented System of Care (ROSC) sustainability.

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 a total of 61 instructor-led virtual and in-person trainings with 1807 completions 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. 14 courses met criteria for cultural competence continuing education with 622 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 training offerings with 20,853 completions. Most instructor-led and web-based trainings provided continuing education credits for a number of licensed professionals. In addition, there were 26 offerings of Human Resource Centralized Orientation and 26 Diversity Trainings. In total there were 823 completions. Two trainings on Working with Patrons with Mental Health Conditions were also provided to the CT State Libraries and CT State Law Libraries. Another 45 staff members from state operated and DMHAS funded agencies were awarded scholarships to attend the four day New England Institute of Addiction Studies Summer School Program.

- **Client Rights and Grievance Specialist:** Assigned to DMHAS Community Services Division, the Client Rights and Grievance Specialist works with DMHAS Regional Supervisors, 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 Americans with Disabilities Act (ADA) Title II Coordinator for DMHAS facilities and programs 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 as provided by the DMHAS Client Grievance Policy and Fair Hearing Regulations. During Fiscal year July 1, 2023 through June 30, 2022 the Client Rights and Grievance Specialist conducted 5 grievance reviews.
 - Advises DMHAS state-operated and DMHAS funded providers on the implementation the DMHAS Client Grievance Policy 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 developed with DMHAS Workforce Development classes for online Learning Management System on the DMHAS Client Grievance Procedure, Rights and the Americans with Disabilities Act.
 - Conducts an annual survey of DMHAS state-operated and DMHAS funded provider Client Rights Officers.
 - Conducts presentations on a variety of topics including DMHAS Client Grievance Procedure, Rights people have including the Connecticut Patient Bill of Rights, Americans with Disabilities Act, Affordable Care Act and Recovery. The Specialist conducts biweekly presentations for DMHAS new employee orientation on Recovery 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 is certified as an ADA Coordinator by the ADA Coalition of Connecticut and ADA Coordinator Training Certification Program of the Great Plains ADA Center. The Specialists works with

DMHAS facilities and programs to ensure persons with disabilities have equal access to DMHAS programs, services and activities, this includes advising facilities on compliance with the ADA.

- 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 2022, 3,577 individuals were trained on recognizing an overdose and utilizing naloxone. The naloxone webpages on the DMHAS website are continually updated with new information. 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. Training sessions have been provided in person and using virtual platforms. A new workgroup of the Alcohol and Drug Policy Council (ADPC) has been formed to review current naloxone policies and make recommendations given new over the counter status of the medication.

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 continues to work to identify healthcare disparities within the department's community behavioral healthcare system. OMHE partners with Yale's Program for Community Health (PRCH) to continue the two-year implementation of the Organizational Multicultural Assessment to assess the implementation of

“Culturally and Linguistically Appropriate Services (CLAS)” standards at each DMHAS facilities.

- **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. This application was approved and implemented in April 2022.

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, Carelon, 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.

Under Connecticut’s 1115 SUD Demonstration increased fee-for-service payment rates were developed within Connecticut’s Medical Assistance Program for substance use treatment. In alignment with the milestones of the Demonstration, SUD treatment services provided in the Medicaid fee-for-service (FFS) delivery system will comply with the current American Society of Addiction Medicine’s (ASAM) criteria for activities including authorizations, utilization review decisions, multi-dimensional assessments and individualized treatment plans. All participating programs providing SUD services to adults must be certified by the Department of Mental Health and Addiction Services. DMHAS has partnered with Advanced Behavioral Health to implement the certification process. Since April 2022, provisional certification has been granted to over 277 programs.

To ensure that behavioral health staff are adequately trained for implementation of the ASAM criteria Advanced Behavioral Health deployed over 1300 on-demand training slots to SUD treatment providers. These trainings provide intensive training on the ASAM criteria and how it is applied in assessment, treatment, continued stay and discharge planning processes. DMHAS and ABH also partnered with a private training agency, Train for Change, to implement a two-day ASAM Criteria Skill Building training aimed to provide participants with a comprehensive understanding of theoretical and clinical applications of the ASAM criteria including biopsychosocial assessment, the six dimensions, continued stay and transfer/discharge criteria. Participants are provided with opportunities for skill practice at applying the ASAM criteria in every stage of the treatment process. To date 102 staff persons from the PNP sector and over 25 staff from ABH, DMHAS, DCF, DSS and Carelon have completed the two-day intensive in-person training.

- **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). 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.

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 institutional care settings. This array of services allows participants to remain in the least restrictive environment while promoting a sense of belonging in their communities. From April 2022 to March 31, 2023 the Mental Health Waiver received 361 referrals; enrolled 54 individuals onto the waiver; had 35 participants in various stages of admission and 39 assigned and pending eligibility determination. The program added two (2) new clinical staff positions to assist with assessments of individuals on the waitlist which has resulted in shorter wait times for screening and enrollment. The program is working with the UCONN/DMHAS Research Division on several data projects regarding health disparities and strategies to improve health outcomes.
- **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. In 2023, DMHAS was awarded a second SAMHSA PPW award to continue the PROUD initiative and expand its efforts. In a partnership with a third agency, MCCA, services will become available to the greater New Haven and Bridgeport areas.

- **LGBTQIA+ Collaborative:** The LGBTQIA+ collaborative is comprised of state partners within the Office of the Commissioner and the state-funded 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 annual LGBTQIA+ Conference held in June 2022 and 2023.

- **Substance Exposed Pregnancy Initiative of CT (SEPI-CT):** In partnership with DCF, DMHAS co-funds a position to oversee this statewide initiative. This initiative was conceptualized in 2015 to support the implementation of the Child Abuse Prevention and Treatment Act (CAPTA) legislation statewide, and is currently being guided by the second five (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.** DMHAS has 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 ensure 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 individuals 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 individuals to home- and community-based services, as well as to a variety of housing options that are offered to individuals as an alternative to an institutional setting. 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 community-based services. In addition, they staff provide education and advocacy to service providers, clients and family members.

- **Provider Dashboard Quality Reports:** The DMHAS Evaluation, Quality Management and Evaluation (EQMI) Division issues Provider Quality Reports on a quarterly basis. Every DMHAS-operated and DMHAS-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 Division began producing an Annual Statistical Report in 2013. This report is intended to be a summary of statistics regarding the individuals served by DMHAS-operated and DMHAS-funded programs and the types of services that DMHAS provided to meet the needs of the individuals served. The report is produced annually, typically in the late fall.
- **Consumer Satisfaction Survey:** The EQMI Division 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 help Connecticut providers and individuals better understand the consumer experience and to allow states to compare their consumer satisfaction to other states. Connecticut typically is among the leaders in consumer satisfaction.
- **Utilization Management Tool and Outcomes:** YAS has developed/implemented a Utilization Management Tool to ensure effective utilization of 16 supervised community-based living programs statewide with 16 – 24 hours/day of on-site staff support (approximately 104 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 2021, 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.

In the past year, YAS specialized residential programs statewide participated in trainings offered on implementation of the UM tool and associated guide to support the roll out of the UM tool in YAS specialized residential settings. The data collected from the UM tool this last fiscal year will be submitted to UCONN in the coming months for further analysis and updates on outcomes and risk reduction in both transition site and specialized residential settings.

- **YAS Data Reports:** The YAS Division has worked collaboratively with the Department’s Quality Improvement Division on the second iteration of the YAS fidelity scale to enhance reporting of both direct and indirect services and monitoring of program standards and expectations. In addition, the YAS Division continues to work with UCONN on “dashboard” reports to monitor progress and outcomes. There has been significant collaboration between the YAS Division and UCONN to enhance monitoring and streamline processes for data requests and submissions between UCONN and YAS programs statewide.
- **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 Services statewide census engaged in competitive employment. At the completion of Q3 2023, the average unduplicated Young Adults engaged in employment/education was 55%. The average percentage of young adults engaged in competitive employment Q3 2022 – Q3 2023 was 36%. YAS tracks diversity of employment and educational experiences. Over the time frame of Q3 2022 – Q3 2023 there were averages of 176 employers per quarter, 102 diverse types of employment, 30 diverse noncompetitive employment opportunities, and 57 diverse educational opportunities.
- **YAS Perinatal Support Program and Prevention Services:** DMHAS YAS has collaborated with Birth Support, Education & Beyond (BSEB) in the development of comprehensive supports to serve all YAS pregnant and parenting clients statewide. BSEB’s home-visiting perinatal support services program offer high-risk youth and young adults; prenatal support, childbirth education, doula services, lactation counseling, intensive postpartum supports, parenting education into the preschool years. BSEB’s services promote perinatal mental health wellness,

foster positive parental/child attachment and build up parental confidence. BSEB receives ongoing clinical guidance and support from the YAS Director of Parenting and Prevention and collaborates with the individual clients YAS Agency teams.

- 251 clients have been enrolled with an average active case load of 28 and approximately 112 served yearly.
- 185 babies have been born, with no maternal mortality, 3 babies died (one set of conjoined twins, one due to caregiver abuse), 1 born stillbirth, 23 terminations and 16 known miscarriages.
- 175 clients became first time parents.
- 375 clients screened positive for being at risk of a Perinatal Mood and Anxiety Disorders (PMAD's) and were referred for evaluation and treatment.
- 164 clients endorsed thoughts of self-harm and were urgently referred for immediate clinical consultation having endorsed thoughts of self-harm on PMAD screening.
- 189 clients have been referred into the CT Coalition Against Domestic Violence (CCADV) program for screening positive in active risk for Intimate Partner Violence.
- 178 CAPTA (Child Abuse Prevention and Treatment Act) family plans of safe care have been developed for birthing clients.

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 facilitated 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 three years since the inception of the grant, 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. Both grant funded agencies have met or exceeded expectations in the total number of referrals made for youth and young adults in this cohort. In addition, both programs have met or exceeded expectations in the total number of youth and young adults served within each of their respective community-based treatment teams. Throughout the past three years of the grant, 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 continues 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. In 2023, an additional RSS position was hired. 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, 2023, 302,754 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 additional funding over the past year 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.

- **Young Adult Voice Initiative:** The goal of this initiative is to increase young adult participation in all aspects and phases of service delivery by creating a practice that includes young adults as partners and decision makers serving on committees that determine policy, procedures, and program services, such as the statewide YAS Advisory Board and YAS Advisory Boards at each YAS program statewide. The initiative began with a literature review that included a review of the Youth/Young Adult Voice at the Agency Level (Y-VAL), an assessment of readiness to direct strategic planning around the strengths and barriers of promoting youth voice within agencies. The Y-VAL was piloted with OOC YAS staff resulting in the establishment of a Young Adult Voice workgroup, which included OOC YAS staff as well as young adults and program staff from five YAS programs. The workgroup was initiated to obtain feedback from and enhance partnerships between young adults and staff and provide education and support around the establishment of young adult led advisory boards within respective YAS program sites. Upon completion of the workgroup after 12 weeks, each program had established or were in the process of developing a youth led advisory board. Next steps include implementing the YVAL with statewide YAS program leadership, and initiating a second wave of the Young Adult Voice workgroup with young adults and staff at five additional YAS programs in the fall of 2023.
- **Esports Pilot Project:** YAS is collaborating with Affinity Esports, a community-based organization founded in 2021, in a pilot to offer social programming for young adults in YAS. Affinity Esports provides social groups for young adults who enjoy gaming but require additional prosocial experiences. Facilitated by gamers, the project models moderation, balance, health, and wellness in their gaming activities. It promotes the development of experiential learning through gaming, encourages safe spaces for personal expression, fosters teamwork, encourages in-person socialization among participants, and builds healthy habits that promote mental health and wellbeing. YAS plans to expand this pilot with Affinity Esports to offer additional age and developmentally appropriate exposure opportunities in areas such as graphic design and coding for young adults.