

**Agency:** Connecticut Department of Mental Health and Addiction Services

**Commissioner:** Nancy Navarretta MA, LPC, NCC

**Deputy Commissioner:** Colleen Harrington LCSW, MBA

**Established:** 1995: *The history of the Department of Mental Health and Addiction Services dates back to 1868 when the Connecticut Hospital for the Insane, what is now Connecticut Valley Hospital, was established. Public Act 95-257 formally established the Department of Mental Health and Addiction Services through the consolidation of state operated programs at Fairfield Hills State Hospital [est. 1931], Norwich Hospital [est. 1904], Connecticut Valley Hospital [est. 1868] and also shifted addiction services from under the Department of Public Health and Addiction Services to the Department of Mental Health. This shift also changed the names of both agencies, the Department of Public Health and Addiction Services became the Department of Public Health and the Department of Mental Health became the Department of Mental Health and Addiction Services.*

**Statutory Authority** – CGS Section 17a-450

**Central Office:** 410 Capitol Avenue  
4<sup>th</sup> Floor  
Hartford, CT 06106

**Number of Employees:** 3,424 (permanent, full-time FTE position count)

**FY 2025 Appropriated Funds:** 744,305,454

**Organizational structure:**

The Department of Mental Health and Addiction Services (DMHAS) is the second largest state agency, staffing and operating the state’s only forensic hospital, Whiting Forensic Hospital, and Connecticut Valley Hospital (on May 1, 2018, the Whiting Forensic Division of CVH separated, creating two separate hospitals). DMHAS also manages a network of 13 local mental health authorities (LMHAs), six of which are operated by state employees and seven of which are funded by DMHAS and administered by private, non-profit organizations.

In addition to these facilities, the Office of the Commissioner supports overall agency operations and administration, as well as provides or funds direct services for specialty populations.

State-Operated Hospitals

Connecticut Valley Hospital  
Whiting Forensic Hospital

State-Operated LMHAs

River Valley Services  
Western CT Mental Health Network  
Southeast Mental Health Authority  
Capitol Region Mental Health Center  
Southwest CT Mental Health System  
CT Mental Health Center

Office of the Commissioner

Operation & Administration (*Legal, Human Resources, Policy & Governmental Affairs, Compliance, Fiscal, Data & Quality*)  
Community Services  
Managed Services  
Medical Director’s Office  
Opioid Services  
Prevention and Health Promotion  
Recovery Community Affairs  
Research  
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 & Public Service

DMHAS is the statewide adult behavioral health system safety net, serving adults over 18 years of age with mental health or substance use disorders who lack the financial means to obtain such services on their own. DMHAS serves almost 100,000 clients annually, manages a network of 13 local mental health authorities that cover every region of the state, and partners with over 130 non-profit agencies to deliver services.

DMHAS also provides prevention services across the lifespan. For all stages of life, DMHAS promotes interventions intended to prevent or delay onset of substance use and mental illness.

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, which includes two hospitals and six facilities, three of which provide inpatient treatment.

## Improvements/Achievements for Fiscal Year 2024-2025

### State-Operated Hospitals

DMHAS staff operate two Joint Commission accredited hospitals - Connecticut Valley Hospital and Whiting Forensic Hospital. Both are centrally located to serve the needs of the state on the same campus in Middletown Connecticut.

*Connecticut Valley Hospital (CVH)*. CVH is a 361-bed inpatient hospital that provides evidence-based inpatient (152 beds) substance use treatment, including two withdrawal management units and four inpatient rehabilitation programs, as well as eleven inpatient unit (209 beds) for persons with persistent and pervasive mental illness.

CVH FY 2025 Improvements/Achievements:

- Expanded Recovery and Peer Support division to foster maximal patient engagement, including onboarding a new recovery support specialist; instituting additional co-occurring peer led supports such as dual recovery anonymous and wellness recovery action planning across general psychiatry and addictions services divisions; completed recovery support specialist training and certification in SMART Recovery – a leading, evidence-informed approach to overcoming addictive behaviors and leading a balanced life and participating in the Recovery Wellness Learning Collaborative.
- Enhanced services on the 30-bed gender-specific (women) rehabilitation program, STAR: Sisters Together Achieving Recovery.
- Enhanced employee development and enrichment through establishment of grand rounds series with nationally recognized leaders in psychiatry on key topics and by introducing a dedicated Nursing Grand Rounds series as part of its broader Grand Rounds program; maintained strong workforce stability throughout the fiscal year, with staff retention rates consistently exceeding 90%.
- Expanded the Greenhouse Vocational Program, a therapeutic horticulture initiative that provides individuals with meaningful vocational training in horticultural practices emphasizing the development of practical and transferable skills, including plant propagation, greenhouse maintenance, and seasonal gardening.
- Expanded clinical services with greater emphasis on patient-focused care, early identification and de-escalation techniques, and personalized engagement strategies that promote autonomy and collaboration, contributing to significant improvements in safety and patient outcomes.
- In collaboration with River Valley Services (RVS) and Whiting Forensic Hospital (WFH), CVH partnered with nearly 40 community providers and volunteers to host a Community Mental Health Awareness Fair; held in Middletown and open to neighboring towns, the event aimed to promote mental health education, reduce stigma, and strengthen community partnerships in support of behavioral health initiatives.

*Whiting Forensic Hospital (WFH).* WFH is licensed by DPH and is Connecticut’s only maximum-security forensic hospital. The hospital specializes in providing inpatient services to individuals involved in the criminal justice system and consists of 91 maximum security beds and 138 enhanced security beds. Services are provided to individuals who are admitted under the following categories: (1) Psychiatric Security Review Board commitment; (2) criminal court order for restoration of competency to stand trial; (3) civil commitment (voluntary or involuntary); or (4) transfer from the Department of Correction (during period of incarceration or at end of sentence).

WFH FY 2025 Improvements/Achievements:

- Expanded WFH’s Occupational Therapy (OT) Department by 50% which allowed for the expansion of services in all patient care areas; OT staff have hosted monthly Staff Wellness Events and quarterly Patient Community Contribution events.
- Expanded WFH’s Vocational program:
  - offered vocational training sites such as janitorial work, housekeeping work, and patient Safewards Champions.
  - Resumed Dutcher patient participation in shared Connecticut Valley Hospital vocational sites including the Boutique, Valley View Cafe and the DJ Booth in Page Hall.
  - Created new training sites for Dutcher patients including Coffee Cart and Commissary.
- Developed an internship program for Recovery Services, including Recreational Therapy students from Southern Connecticut State University, Occupational Therapy students and the

Drug Alcohol Rehabilitation Counselor (DARC) program.

- Reduced overall special observation orders by 36% hospital-wide, and additionally were able to reduce medical special observation orders by 55% through the implementation of alternative interventions to support patient safety.
- Implemented the Falls Management Program, an evidence-based program under the Agency for Healthcare Quality (AHRO).

### State-Operated Local Mental Health Authorities (LMHAs)

DMHAS manages a network of 13 local mental health authorities (LMHAs), six of which are operated by state employees and seven of which are funded by DMHAS and administered by private, non-profit organizations. LMHAs are Joint Commission accredited, community-based centers that serve the behavioral health needs of individuals who may not otherwise receive the quality treatment they need and deserve. Each town in Connecticut is attributed to a single LMHA catchment area, which offers a wide range of therapeutic programs and crisis intervention services.

The continuum of recovery-oriented services offered at the various state-operated LMHAs include, but are not limited to: residential, supported employment, supported education, social rehabilitation, permanent supportive housing, homeless outreach, community support program (CSP), assertive community treatment (ACT), respite, medication management, pharmacy services, mobile crisis, peer supports, integrated care, young adult services, jail diversion, and outpatient services. The FY 2024 accomplishments of the six state-operated LMHAs are outlined below.

***River Valley Services (RVS).*** RVS was founded in 1988 when the Connecticut Valley Hospital's Outpatient Clinic received new funding for crisis and case management services. In 1996, RVS separated from CVH and became a stand-alone local mental health authority. RVS provides services to Middlesex County and the towns of Lyme and Old Lyme and has approximately 200 employees and 15 specialized programs. Serving over 1,300 clients each year, RVS also provides respite services, residential services, and a 24/7 mobile crisis response team. RVS has two office locations in Middletown on the CVH campus and Old Saybrook.

#### *RVS FY 2025 Improvements/Achievements:*

- Expanded evidence-based and quality clinical services into daily service delivery by:
  - training staff and expanding services in Dialectical Behavioral Therapy (DBT), Eye Movement Desensitization and Reprocessing (EMDR), and Trauma Informed and Recovery Informed care;
  - strengthening and enhancing integrated care by expanding Integrated Dual Disorder Treatment (IDDT) stage wise groups, cognitive behavioral therapy (CBT), peer led and family support groups; and
  - implementing auricular acupuncture.
- Focused on retention and employee wellness, with demonstrable results: the 2025 Employee Satisfaction Survey summary showed that 77% of employees are satisfied or extremely satisfied working at RVS and a less than 2% employee turnover rate in FY 2025.
- Established licensed master social worker (LMSW) positions across all clinical teams to support career development.
- Enhanced community partnerships with DMHAS contracted and community agencies:
  - Provided 16 debriefing sessions for local municipalities, education intuitions and mental health organizations.

- Provided mental health training to local providers.
- Participated in community taskforces that address the Opioid Epidemic, Homelessness, Housing, and Mental Health Awareness.
- Established monthly meetings with RVS nursing and Yale New Haven Homecare agency serving over 130 RVS clients.
- Collaborated with Middletown Police Department to integrate an RVS Crisis Intervention Team (CIT) training, resulting in a 30% decline in force and contributing to the Middletown Police Department being praised by the CALEA Credentialing Association for Public Safety for its mental health initiatives; in addition, the Institutional Review Board approved a RVS research proposal reviewing clinical benefits associated with CIT model.
- Expanded clinical services to support specialized residential services with Continuum of Care and Psychiatric Security Review Board (PSRB) referrals and monitoring.

***Western CT Mental Health Network (WCMHN).*** Formed in 1996, WCMHN serves the forty-four towns in Western Connecticut through three clinical sites in Waterbury, Torrington, and Danbury. WCMHN employs approximately 250 staff and provides 21 outpatient programs with various levels of care for almost 2,000 clients annually.

*WCMHN FY 2025 Improvements/Achievements:*

- Offered multiple Lunch and Learns opportunities to staff and community providers, including topics on physical health education and how to work with our clients experiencing diabetes, hypertension, COPD, brain injury, and SUD.
- Hosted a Recovery Conference offering Sound Meditation, Chair Yoga and a Drum Circle for attendees to participate in and provided opportunities for individuals to share their stories of recovery and resilience.
- Participated in the International Recovery and Citizenship Collective (IRCC) conference, describing Western's progress integrating Citizenship Learning Collaborative throughout the three sites into the community.
- Developed a Trauma Informed committee to roll out recommendations made after the Fidelity Review that Western participated in last year; improvements have focused on physical environment, including using trauma informed paint colors, introducing gender neutral bathrooms, developing language matters curriculum, and providing trauma training for all employees.
- Collaborated with Yale's First Episode Psychosis Initiative (FEP) by hosting a Family Night in Waterbury where Dr. Deepa Purushothaman from the Yale Specialized Treatment Early in Psychosis (STEP) program presented information on FEP.
- Hosted a First Episode Psychosis (FEP) Community event at Silas Bronson Library geared towards educating the community about services available for individuals living in Region 5 presenting with their first psychotic episode.
- WCMHN Waterbury Mobile Crisis team participated in a Wellness Fair at Naugatuck Community College which brought students and faculty together to explore, educate, and share resources that support physical and emotional health.
- Increased number and variety of groups offered to include Dialectical Behavioral Therapy (DBT), Integrated Dual Disorder Treatment (DDT), Auricular Acupuncture, and Smoking Cessation.

***Southeastern Mental Health Authority (SMHA).*** Founded in May 1998, SMHA serves towns in New London County, including; Bozrah, Colchester, East Lyme, Franklin, Griswold, Groton, Ledyard, Lisbon, Montville, New London, North Stonington, Norwich, Preston, Salem, Sprague, Stonington, Voluntown, and Waterford. SMHA offers a broad range of behavioral health services and oversees the contracts of fifteen DMHAS-funded non-profit agencies. SMHA also manages and oversees a hospital inpatient intermediate care contract. The agency employs more than 150 employees and serves approximately 900 clients annually.

*SMHA FY 2025 Improvements/Achievements:*

- Implemented a safety tool (GPSAlert) for direct care staff who provide community-based services.
- Implemented a new Supervision Initiative with training provided by Yale University to strengthen clinical and non-clinical management of facility staff and ensure each employee in their respective role can contribute towards supporting and enhancing the quality of care provided.
- Participated in First Episode Psychosis (FEP) initiative with the Yale Specialized Treatment Early in Psychosis (STEP) Program helping to bring needed services to young adults impacted by serious mental illness, including community presentations to increase FEP awareness. This initiative is on-going.
- Integrated care enhancements at SMHA – SMHA staff participated in Integrated Dual Diagnosis Training (IDDT), Submersion, an online staff development training in Motivational interviewing, CBT4CBT, an online CBT curriculum for substance abuse treatment is being used in groups at SMHA, and monthly internal case conferences to help find the most effective interventions for clients challenged by co-occurring substance use disorder and serious mental illness.
- Increased the number of persons served by the Options Outpatient Program by 24% this year, thus increasing access to individual, group, and medication management services.
- Combined the Recovering Citizenship Committee with the Recovery Advisory Counsel, recognizing synergies of two groups, with the goal to support the 5Rs of Citizenship – Rights, Responsibilities, Roles, Relationships, and Resources – while providing valuable feedback and ideas for SMHA’s provision of services.
- Expanded evidence-based clinical services by training clinical staff in Dialectical Behavior Therapy (DBT) and Eye Movement Desensitization and Reprocessing (EMDR) within the agency; expanded training for direct care staff in Group Facilitation and Trauma-Informed Care to increase the quality of clinical care to the clients served.
- Hosted the 2nd Annual Integrated Care Fair to highlight resources, innovations, and teamwork in the healthcare community, in which 11 vendors participated.
- Successfully recruited a Medical Director to strengthen leadership and enhance clinical programs.

***Capitol Region Mental Health Center (CRMHC).*** Located in two sites in Hartford, CRMHC’s catchment area includes residents of the towns of Hartford, West Hartford, Farmington, Avon, Canton, and Simsbury. CRMHC serves approximately 2,000 unduplicated clients annually, has a 16-bed inpatient unit, and a staff of over 200. CRMHC was established in 1974.

*CRMHC FY 2025 Improvements/Achievements:*

- Created a Workplace Violence Prevention Plan and Committee to foster a work culture based on mutual respect and dignity that does not tolerate workplace violence in any manifestation and that continually assesses for and identifies risk factors or concerns and then rapidly

implements solutions or mitigating processes to ensure, to the extent possible, the safety and security of all.

- Modernized the CRMHC pharmacy so that staff prescribers could e-prescribe, enhancing accuracy and safety, reducing medication errors, improving fill time, and ensuring clients receive a ‘modern’, clear direction label on all medications dispensed.
- Centralized state vehicle oversight and scheduling at our 51 Coventry Street location, improving utilization to the extent that we were able to reduce our fleet by two vehicles.
- Identified prostate cancer as a risk factor for clients served by our Behavioral Health Home. Organized a health fair that included a mobile prostate screening van from a local healthcare provider so that clients could receive this life-saving screening.
- Continued to develop SharePoint: (1) Created a ‘Good Catch’ function where staff can report ‘near misses’ or good catches’ that avoided an error or negative event and enabling us to all learn and potentially improve on a process; (2) Created a “Kudos” function where staff can praise other staff for good work well done. These are presented monthly in our General Staff Meeting; (3) Created a video of how to use a fentanyl test strip that a clinician can review with their client, answering questions and addressing what can be a confusing process.
- Based on Strategic Planning, implemented a Leadership Development program in which Senior Leaders select an article or video and host a monthly discussion with top-level union program directors.
- Continued to provide 24/7 Mobile Crisis services, with the number of community crisis evaluations increasing to at least double from two years ago.
- Installed three new pyxis machines that store 250 plus medications, modernizing medication delivery on our inpatient unit, reducing medication errors, and freeing up nursing time for other duties.

***Southwest CT Mental Health System (SWCMHS).*** SWCMHS serves lower Fairfield County via three sites, two in Bridgeport and one in Stamford. SWCMHS was named in the mid-1990s when the Franklin S. Dubois Center in Stamford became part of the Greater Bridgeport Community Mental Health Center system, which had been in operation since 1973. In addition to a 62-bed inpatient unit, SWCMHS also provides a full array of outpatient services to approximately 3,500 clients annually and oversees 32 DMHAS funded non-profit contracts. The agency employs more than 375 employees.

*SWCMHS FY 2025 Improvements/Achievements:*

- Celebrated the completion of a multiyear construction project of the SWCMHS Parking Garage with a Ribbon Cutting Ceremony that officially opened the garage, and reaffirmed SWCMHS’s commitment to making sure the services we provide are easily accessible, inclusive, and recovery oriented.
- Identified avenues to enhance billable services across both outpatient and inpatient services and educated staff on how to “maximize” the billable services they provide within the limits allowed by standards established by Centers for Medicare and Medicaid Services (CMS).
- Revised the SWCMHS Inpatient Involuntary Medication Administration Policy to align with current medical/psychiatric standards of care and to be consistent with current legislative statutes.
- Reviewed and revised the SWCMHS Workplace Violence Policy and Program to ensure the ongoing safety of both patients and staff while maintaining compliance with national standards.
- Established a SWCMHS Newsletter and Newsletter Committee.
- Implemented a Performance Improvement Plan within the SWCMHS Outpatient Central Admissions office aimed at improving client access to care.
- Trained select SWCMHS clinicians in Dialectical Behavioral Therapy (DBT), an evidenced

based approach designed to help individuals manage intense emotions and interpersonal relationships and implemented a comprehensive DBT program within all three SWCMHS sites that includes both Inpatient and Outpatient services.

- Enhanced clinical outcomes, demonstrated through 95% of SWCMHS Outpatient Services Clients not requiring hospitalization over the past 3 years (that means per client, SWCMHS Outpatient clients only required 0.7 hospital days of service each quarter over the last 3 years)
- Upgraded all three inpatient unit seclusion rooms that allow for a less invasive restraint approach that prioritizes the safety of both client and staff.
- Completed phase one of the SWCMHS Co-Occurring Treatment Unit (CTU) inpatient unit construction remodel, which enhances the visibility of the unit and emphasizes safety for both patients and staff.
- Implemented a robust Patient Advocacy Program on all SWCMHS inpatient units that includes group facilitation and provides patient advocacy and education.

**CT Mental Health Center (CMHC).** With 550 DMHAS and Yale employees serving 3,500 clients annually, CMHC serves the Greater New Haven community. Established in 1966, CMHC also operates as a teaching and training institution in partnership with Yale University, serving as a primary and secondary placement site for psychiatry residents, and advanced fellows as well as psychology interns, nursing students, social work interns and a variety of other students aspiring to become the next generation of health service providers. CMHC contracts with 15 DMHAS-funded community-based agencies to serve people with behavioral health disorders.

CMHC FY 2025 Improvements/Achievements:

- Increased the number of services provided by 4.2% over the 5-year average; Behavioral Health Home client enrollment reached a 5-year high.
- Implemented a Food Navigation program in collaboration with New Haven community partners to assist clients experiencing food insecurity.
- Expanded the Workplace Violence Prevention Committee membership, developed an education session for staff and completed a center wide plan to support a safe and respectful environment for all staff, patients and visitors to our facility.
- Expanded co-occurring services through clinical staff participation in Dialectical Behavioral Therapy (DBT) and Integrated Dual Diagnosis Training (IDDT) trainings, integrating these evidence-based models into individual and co-occurring treatment groups and increased clinical hours in the Medication Assisted Treatment consultation clinic at CMHC.
- Revised the Outpatient Handbook, which will be available in the upcoming fiscal year via hardcopy and electronically for patients, families, and community partners to better understand services provided at the CMHC.
- Participated in the development of a Utilization Management procedure manual to support DMHAS facilities in consistent, efficient practice and maximize payment for inpatient services provided.
- Enhanced Rehabilitation and Clinical/Nursing group programming on inpatient units to support recovery and planning for discharge to the community.
- Established a new research program site for the Psychedelic Pilot Program at 40 Temple Street, supported through the DMHAS/Yale staffing contract and administers psychedelic treatments to persons suffering from a range of mental health diagnoses, including individuals with complex comorbidity, as reflected in the DMHAS patient population we serve.
- Received recognition from the Joint Commission for the CMHC Health Equity initiative and featured in a training video to be shared with accredited hospitals nationwide.
- Collaborated with the City of New Haven and a nonprofit partner to launch the REST 23-hour

crisis stabilization program, providing community-based support as an alternative to hospital services.

#### Office of the Commissioner.

The Office of the Commissioner supports overall agency operations and administration, as well as provides or funds direct services for specialty populations. In addition to the Commissioner and Deputy Commissioner, DMHAS is led by a 7-member core senior leadership team that is strategically comprised of diverse subject matter experts with extensive experience in health care, operations, and government service.

#### *Office of the Commissioner: Operation and Administration*

Outside of the provision or funding of direct behavioral health care services, core agency functions that ensure efficient and streamlined operations include Legal Services, Human Resources, Public Information and Communications, Compliance, Policy and Governmental Affairs, Fiscal, and Data & Quality.

*Legal Services.* The Legal Division is responsible for providing in-house legal counsel to the Office of the Commissioner as well as all DMHAS facilities across the State of Connecticut. The Legal Division provides numerous legal services to the Department, including but not limited to: providing research and legal guidance to the Commissioner/division heads/employees related to the complex and multi-disciplinary issues arising from the implementation of the Department's core mission; representing the Department before administrative bodies; participating in complex case litigation with the Office of the Attorney General; reviewing and/or drafting agreements/contracts on behalf of the Department; investigating and evaluating issues related to healthcare compliance; and conducting policy review and development. The Legal Division also acts as the Department's Freedom of Information (FOI) office, handling compliance with FOI requests.

*Human Resources.* Overseen by the Chief Administrative Officer, Human Resources is comprised of four units: Safety Services, Office of Workforce Development, Office of Equal Employment and Opportunity, and the Office of Multicultural Health Equity. Safety Services is DMHAS' police force which includes approximately 70 sworn officers, augmented by building and grounds patrol officers, dispatchers, and other civilian support staff. In a recovery-oriented healthcare service agency, the DMHAS Police provide quality services through traditional law enforcement functions and safety and security management activities which are critical to maintaining compliance required for the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and other regulatory entities (HCFA/CMS). The Office of Workforce Development is responsible for education and training of staff providing direct service to clients and offered 77 instructor-led and 15 virtual trainings, and, in all, over 1,352 training completions. In addition, the 131 web-based trainings had a total of 22,284 completions. The Office of Equal Employment and Opportunity is responsible for monitoring and ensuring the proper implementation of policies and procedures related to equal employment opportunity, affirmative action, and the Americans with Disabilities Act, and helps ensure compliance with applicable federal, state, and local laws. The Office of Multicultural Health Equity functions to enhance the delivery of DMHAS services for mental health and substance use disorders in a way that acknowledges the impact of individual differences on client treatment, and to assure that cultural competence is an integral quality of all DMHAS services.

*Public Information and Communications.* The Office of Public Information and Communications provides a full range of communication activities that serve the department and its stakeholders. The office manages public information, social media, media relations, marketing communications, issues management

and public affairs, the agency's website, and internal communications. The Office of Public Information and Communications responds to inquiries from the public and media, as well as develops messaging and materials to agency staff. The office works with media outlets and reporters to provide accurate information in a timely manner; promote agency services, programs and events; disseminate media advisories, press releases and other materials to media partners statewide; and work to destigmatize mental illness and addiction.”

*Compliance.* The Compliance Division engages in proactive tasks to prevent fraud, waste, abuse and/or exploitation within DMHAS and its facilities. Included in this responsibility is the active, ongoing process to ensure that legal, ethical, and professional standards are met and communicated throughout the entire healthcare organization. From the patients' perspective, the Compliance Division ensures that their information will remain confidential and secure. Patients are more likely to disclose information about themselves knowing their information is respected, confidential and secure. This, in turn, can result in more accurate diagnoses and treatment plans, better patient outcomes and patients are more likely to comply with their treatment plans resulting in fewer avoidable hospital visits, lower readmissions, and reduction of costs for healthcare. In addition, this division oversees compliance with the state of Connecticut's Code of Ethics for Public Officials and State Employees, which outlines prohibited activities and potential conflicts of interest to prevent public officials and employees from using their positions for personal gain or improperly influencing state actions. The annual 2024 statement of financial interest (SFI) audit demonstrated DMHAS attained 100% compliance in this area.

*Policy and Governmental Affairs.* Under the direction of the Chief of Policy and Governmental Affairs, the Policy and Governmental Affairs Division leads the development and implementation of the Commissioner's policy agenda; coordinates with senior team members on strategic initiatives and agency priorities; promotes and facilitates interagency collaboration and coordination; and is a thought partner on best practices for prevention, service delivery, integration of care, funding mechanisms, and other innovations. This division acts as chief advisor on legislative process and includes the Legislative Program Manager, who is the lead representative and liaison of the agency to the General Assembly, lobbyists, external stakeholders, the Governor's Office, and executive branch agencies. Major governmental relations responsibilities include: representing the agency in bill negotiations; tracking and monitoring external stakeholder bodies for major issues and upcoming trends that may impact the department; following the progress of critical bills and keeping relevant agency staff informed on appropriate developments; reviewing and analyzing statutes, legislation, and regulations affecting the operation, procedures and policies of a department for fiscal, policy, and operational impact; maintaining relationships with counterparts in other departments, legislative committees and other stakeholders to coordinate legislative initiative, keep informed of developments, or to provide expertise in the area of legislation/regulations; proactively coordinating resolution and response to legislative inquiries or concerns; and tracking and coordinating implementation of new statutory requirements.

*Fiscal.* The Fiscal Division provides the following core functions in support of DMHAS operations:

Contract Administration. Conducting 5 RFPs and over 200 contract renewals for FY 2025, this unit provides oversight and management of all contracts with DMHAS providers including Human Service Contracts, Personal Service Agreements, Memoranda of Understanding, Memoranda of Agreement, student placements, and property lease agreements. Responsibilities include drafting and coordinating the review and approval of contract language, processing provider funding applications, executing contracts, and reviewing provider financial reports.

Healthcare Finance. This unit is responsible for rate setting on behalf of Medicaid for the following services

provided by DMHAS: Targeted Case Management (TCM); Behavioral Health Homes (BHH); Inpatient (IP); Outpatient (OP); and Medicaid Rehab Option (MRO). The team also performs analysis and/or allocation of contract funding for special projects and services, which include the 1115 SUD Demonstration, mobile crisis, residential (IP) services, recovery houses, and OTP at the Skilled Nursing Facilities. The unit also has oversight of the Yale Staffing Contract and Administrative Services Organization (ASO) contracts with Carelon and Advanced Behavioral Health (ABH), from a financial perspective.

Fiscal Services and Payroll. This unit is responsible for fiscal and administrative support services to all DMHAS state-operated facilities. These services include purchasing, accounts payable, asset management, and travel reimbursement. During FY 2025, DMHAS issued 1,791 purchase orders in the amount of \$520,171,209; processed 69,253 payments in the amount of \$656,657,500; and maintained an inventory of 8,470 items with a value of \$185,408,911. In addition, this unit is responsible for providing a full range of payroll and benefit services to approximately 3,464 collective bargaining, confidential, and managerial employees at all DMHAS locations throughout the state.

Budget and Accounting and Federal Grants. This unit oversees budgeting, forecasting, monitoring, and reporting for 22 general fund SID accounts totaling over \$865 million, as well as multiple restricted SIDs. It also manages the full lifecycle of federal grants, from application to close-out, successfully administering \$112 million in federal grants during FY 2025 including the HUD and PATH grants. Additionally, the unit handles other funds, including the Opioid Settlement Fund, the JUUL Settlement Fund and the Cannabis Prevention funds.

Billing and Revenue Enhancement. This unit is responsible for submitting billable services to the Department of Administrative Services for claims processing including Targeted Case Management (TCM), Behavioral Health Homes (BHH), Outpatient, and Inpatient services for DMHAS-operated facilities. This unit also bills TCM and BHH services for DMHAS contracted private providers. The Billing and Revenue Enhancement unit oversees reenrollment of licensed staff and DMHAS-operated facilities in Medicare and Medicaid and monitors for timely submission of service authorization requests from payors. The unit provides analysis and monitoring for Connecticut Valley Hospital under the 1115 Substance Use Disorder Demonstration, is responsible for developing revenue projections for the Department, and serves as fiscal liaison to the Electronic Health record initiative for DMHAS.

Engineering and Capital Projects. This unit is responsible for the technical oversight of facility project design and management across the department. They are responsible for capital planning, facility support, coordination with other agencies, and code compliance across DMHAS sites. The Engineering Services section supports DMHAS sites in maintaining the infrastructure required to provide quality care to its clients.

#### Fiscal FY 2025 Improvements/Achievements

- Infrastructure Investment. Secured and executed over \$20.7M in Bond funds to support over 170 critical infrastructure improvements along with maintenance and repairs across the DMHAS service system.
- Revenue Maximization. Expanded scope of DMHAS services billing to increase federal revenue by an estimated \$63M for an estimated total of \$300M gross federal revenue to the state.
- Contracts. Enhanced workflow efficiencies through internal system modifications.
- Budget. Standardized and enhanced budget reporting across all accounts to improve information flow and create more responsive data.

*Data & Quality.* The Data and Quality Division, led by the Chief Quality and Data Officer, is comprised of Evaluation Quality Management and Improvement (EQMI), Health Information Technology (HIT), Information Technology (IT), and Disaster Behavioral Health Response Network (DBHRN). The Chief Quality and Data Officer also serves as the Agency's Data Officer, representing DMHAS in all inter-agency data workgroups and projects, and the coordinator of any DMHAS-wide quality improvement committees or initiatives.

Evaluation, Quality Management and Improvement (EQMI). EQMI is responsible for working with all eight DMHAS-operated facilities and all DMHAS-funded private non-profit providers to collect an administrative data set (client and program level clinical, utilization, and outcome data), critical incident report data and consumer satisfaction data that are used for various behavioral health care analytic products. EQMI is also responsible for the state-wide planning, administration and monitoring of the SAMHSA Block Grant program.

Health Information Technology (HIT). HIT is responsible for all activities related to the development, implementation and maintenance of the new electronic health record. The HIT Steering Committee is made up of directors and senior managers representative from various disciplines across the agency. The Committee is responsible for the monitoring of all IT projects that impact the state-operated facilities and PNP network.

Information Technology (IT). IT is comprised of employees of DAS but work in service of DMHAS. The DMHAS IT Customer Success Manager (CSM) has a dotted line reporting structure to the DMHAS Chief Quality and Data Officer.

Disaster Behavioral Health Response Network (DBHRN). DBHRN is a volunteer emergency response team comprised of behavioral health professionals serving any Connecticut towns / municipalities that experienced a natural or human-made disaster and local capacity to respond has been exceeded. DBHRN is written in state legislation as a state asset that must be activated by the Governor's Office and/or the Department of Emergency Management and Homeland Security.

#### FY 2025 Improvements/Achievements

- *Pharmacy upgrade projects underway for all inpatient facilities:* Three of six DMHAS inpatient settings did not have an electronic pharmacy dispensing system (Pyxis) and did not have a technically based pharmacy management system. Relying on person-dependent, paper systems creates vulnerability in medication management and administration systems in these levels of care. Moving to a fully integrated electronic pharmacy management and medication administration system will reduce errors, create staff efficiencies and have a positive impact on client safety. Three inpatient settings have fully implemented the electronic pharmacy management system and two have implemented the medication dispensing system. All remaining work will be completed in fall 2025.
- *Safety and Security Plan:* The Commissioner's Executive Team has prioritized staff and patient safety at the DMHAS-operated facilities using various technologies:
  - *Personal Alarms at SMHA:* at the DMHAS Local Mental Health Authority (LMHA) in the southeastern part of the state (SMHA), personal alarm devices were distributed to all staff who interface with clients in the community. The plan is to roll these devices out to the remaining five DMHAS-operated LMHAs for the community-based staff.

- *Camera and panic alarm system at SWCMHS:* The inpatient setting in Bridgeport had limited cameras for general hallway viewing. A new, state-of-the-art camera monitoring system has been installed in all four units of SWCMHS, which provides greater camera coverage of patient care areas, the ability to record and review video and built-in artificial intelligence provides risk management benefits such as immediate notifications of staff and client movement in restricted areas and ability to search through video at an accelerated rate.
- *Staff Productivity for DMHAS-operated outpatient programs:* A data formula was created to equitably analyze staff productivity in identified outpatient levels of care to create productivity benchmarks for the system. This data formula has never been created and implemented at a statewide level before. This productivity data will also help inform design efforts related to the upcoming electronic health record for the DMHAS-operated levels of care.
- *Redesign of diagnosis tables:* The collection and analysis of client diagnosis codes was antiquated and based on outdated diagnosis schema. The EQMI department partnered with the IT department to update the diagnosis scheme to current industry standards and created a system of “flag” diagnoses in such a way that analysis (i.e., co-occurring disorders) can be completed in a more efficient manner.
- *Enhanced Health Information Technology:* A purchasing section was added to the weekly HIT meeting to streamline DMHAS facility IT purchases in a cost-savings measure, as well as to create unified technology processes throughout the system.

#### *Office of the Commissioner: Program Divisions*

Program divisions within the Office of the Commissioner offer direct programming, contract oversight, evaluation, and clinical support to a continuum of behavioral health services across the state. Divisions include: Community Services; Managed Services; Medical Director’s Office; Opioid Services; Prevention and Health Promotion; Office of Recovery Community Affairs; Research; Statewide Services; and Young Adult Services.

*Community Services.* The Community Services Division (CSD) oversees many of the Department’s contracted services and is comprised of two main teams, the Regional Services Team and the Evidence-Based Practices & Grants team. In addition to these two teams, CSD maintains the department’s two real-time bed availability websites, facilitating access to many inpatient and residential programs; oversees the DMHAS-funded Access Line, which answers callers 24/7, answers their questions about substance use services and makes referrals and connections to services; and staffs a small outpatient program at the state Department of Veteran’s Affairs to treat active-duty personnel and veterans with substance use disorders. This division also staffs the clinical back up to the Office of the Commissioner main line as needed.

Regional Services. The Regional Services team oversees DMHAS-funded substance use services (e.g., withdrawal management, residential treatment, recovery houses, case management, outpatient, methadone, and some shelter services) and group homes. The oversight role includes on-site monitoring, facilitation of learning collaboratives for each level of care, implementation of new programs, and contract/budget review and changes along with DMHAS’ Fiscal department. The Director of the Regional Services team is CT’s State Opioid Treatment Authority (SOTA), serving as the state’s liaison to the federal Substance Abuse and Mental Health Services Administration (SAMHSA) on methadone matters.

Evidence-Based Practices & Grants (EBP). The EBP team manages many DMHAS-funded mental health services (e.g., mobile crisis, peer respite, community support program (CSP), assertive community treatment (ACT), supported employment, supported education, social rehabilitation, outpatient, case

management, respite). The EBP team also oversees the contract with United Way for 988 services. They provide onsite monitoring, learning collaboratives, implementation of new services and contract/budget reviews. EBP oversees the statewide collection of Emergency Certificates (ECs) written by clinicians on DMHAS operated/funded ACT, CSP and mobile crisis teams, and maintains a database of these for statistical analyses. EBP also provides training opportunities for new staff on these teams on writing ECs. The Director of the EBP team is DMHAS' point person for federal grants, coordinating a variety of activities, including development of grant applications, submissions and post-award submissions.

#### CSD FY 2025 Improvements/Achievements

- Ensured rapid response to callers in need through CT's 988 suicide prevention call center, with one of the top time-to-answer rates in the country.
- Conducted two RFP processes to increase DMHAS funded recovery houses, including the first medically enhanced recovery house providing on-site nursing supports to individuals.
- Implemented many trainings on evidence-based models for state-operated staff (e.g., supervision, Dialectical Behavioral Therapy (DBT), trauma informed care, group facilitation, integrated care, Eye Movement Desensitization and Reprocessing (EMDR).
- Led the implementation of a statewide First Episode Psychosis Learning Health System with all LMHAS, in collaboration with the Yale Specialized Treatment in Early Psychosis (STEP) program under contract to DMHAS, including outreach, early detection, and connect to care activities.
- Led statewide implementation and adoption of revisions to 42 CFR Part for CT opioid treatment programs (OTPs) that align with state regulations; CT SOTA has provided written guidance to OTPs as well as hosting a meeting with SAMHSA Center for Substance Abuse Treatment (CSAT) to review the revisions.

*Managed Services.* The Managed Services Division (MSD) facilitates change through the implementation of statewide healthcare reform initiatives. Through its participation in the State's Behavioral Health Partnership the division manages innovative service system delivery through clinical and administrative oversight of the Department's contracted Administrative Services Organizations. (MSD) also oversees statewide programs which provide behavioral health treatment, integrated whole-person care, and recovery support services to eligible individuals. The division currently oversees the following initiatives for the agency:

Behavioral Health Homes (BHH): BHH is a healthcare service delivery model focused on the integration of primary care, mental health services, and social services and supports for adults and children diagnosed with mental illness using a multidisciplinary team and reimbursed by Medicaid. There are currently 14 Behavioral Health Homes in operation across the State of Connecticut.

Behavioral Health Recovery Program (BHRP): BHRP provides eligible participants with a continuum of clinical and basic recovery support services. The goals of the program are to facilitate the delivery and integration of high quality behavioral health treatment services to eligible individuals, to provide timely access to all clinically necessary and appropriate behavioral health treatment services, consistent with DMHAS standards of care; and to increase the self-sufficiency of eligible individuals through the coordination of behavioral health treatment and recovery support services.

Connecticut Behavioral Health Partnership (CTBHP): The CTBHP is a working collaborative between DMHAS, the Department of Children and Families (DCF), and the Department of Social Services (DSS); operated by an administrative services organization; and also has a legislatively mandated Oversight Council. The CTBHP is designed to create and provide timely access to an integrated, high quality

behavioral health service system for Connecticut’s Medicaid populations, including Husky A, B, C (Aged, Blind and Disabled) and D (Low Income Adults).

**Military Support Program (MSP):** MSP provides an array of behavioral health services to Connecticut’s veterans, citizen soldiers, and their family members. MSP clinicians are embedded within Guard Units affected by deployments. Embedded MSP clinicians are civilian clinicians who serve our citizen soldiers in the National Guard and their families. Unit members receive confidential support and assistance from their embedded clinician in accessing community support services. Connecticut is unique in that no other state in the country has established a program that embeds civilian clinicians within the National Guard Units at the Company level.

**Targeted Case Management (TCM):** TCM is a set of Medicaid-reimbursable services provided to a target population that helps clients gain access to needed medical, clinical, social, and educational services to improve the quality of their lives. In Connecticut, the TCM target population is defined as “individuals aged 18 and older with serious and chronic mental illness inclusive of individuals with substance use disorders and co-occurring mental illness.”

**1115 Substance Use Disorder Demonstration:** In 2022, The State of Connecticut was approved for an 1115 Demonstration Medicaid Waiver for substance use disorder (SUD) inpatient and residential treatment for adults and children under a fee-for-service (FFS) structure. MSD serves as the project lead for DMHAS and, in collaboration with the Community and Statewide Services Divisions, provides oversight of the provider certification and training requirements related to the Demonstration.

#### **MSD FY 2025 Improvements/Achievement**

- Increased enrollment in BHH across the State: in FY2025, a total of 7,564 were enrolled, representing an increase of 613 individuals from FY2024 (6,951).
- Delivered a total of 159,255 BHH service hours to BHH participants, representing an increase of 14,149 service hours over SFY2024.
- Provided the following resources to individuals throughout the state through BHRP:
  - Over 3,300 individuals received basic need assistance (e.g. clothing and toiletries)
  - Over 3,100 individuals received food assistance
  - Approximately 360 individuals were provided with independent housing supports
  - Approximately 110 individuals received security deposit assistance
  - Over 1,700 individuals received Supportive Recovery Housing Services and an additional 3 beds were added to this system statewide
  - Over 3,100 individuals were provided with transportation assistance
- Continued to participate in the Governor’s Challenge Preventing Suicide Among Service Members, Veterans and Their Families; MSD personnel represented DMHAS at the New England Regional Governor’s Challenging Convening in Portland Maine and the Texas Veterans Affairs and SAMHSA Innovations Conference in Austin, Texas.
- Oversaw Year 2 of the Promoting Integrated Care in Connecticut grant at sites in Waterbury and Bridgeport, which is a federal grant designed promote and provide integrated, evidence-based medical and behavioral health care for adults with mental illness and co-occurring physical health conditions or chronic diseases, and for adults with substance use disorders. Highlights include:
  - To date the program has worked with over 567 clients towards building a healthier future by addressing physical and mental health concerns simultaneously.
  - Both the Waterbury and Bridgeport sites have launched a chronic pain questionnaire designed to explore the relationship between chronic pain and behavioral health issues.

Early data has indicated that chronic pain is a prevalent issue for the populations targeted for this grant.

- Certified, in partnership with the Department of Social Services and Department of Children and Families, over 170 substance use treatment programs to provide services under the State's 1115 Substance Use Disorder Waiver.

*Medical Director's Office (MDO).* The primary role of the MDO is to ensure the provision of quality care to individuals with mental health and substance use disorders commensurate with the national standards of care, and to oversee the coordination of care throughout our system. Care coordination includes facilitation of timely and efficient movement of patients from the hospitals into appropriate levels of care in the community, as well as monitoring, coordinating and encouraging the placement of individuals in the community in the least restrictive residential home commensurate with their need and in keeping with DMHAS' recovery-oriented model of care. The MDO also directly oversees the DMHAS Division of Forensic Services, and Infection Prevention Nurses across our facilities, and makes recommendations for policy change both within DMHAS and with outside agencies.

Inpatient Admissions, Transfers, and Discharges. The MDO is responsible for DMHAS admissions, transfers and discharges to 688 inpatient beds across five state facilities with hospital levels of care. These beds include General Psychiatry, Forensics (WFH), Acquired Brain Injury (ABI), Young Adult Services (YAS), Co-Occurring Substance Use Treatment, and Geriatric Psychiatry beds. The coordination of care also includes assisting with the transfer of individuals who wish to move from or to the state of Connecticut, including interstate and international transfers. The office coordinates with the US State Department to ensure the safe return of CT citizens living outside the US who develop serious psychiatric challenges. The office also serves as liaison to acute care hospitals across the state and other community providers and organizations.

Residential Programs. Additionally, the MDO oversees all residential programs funded with Discretionary Discharge Dollars. In FY 2025 this included the addition of 6 mental health intensive beds. The office provides utilization management review of all 42 residential programs, is responsible for referrals into them, and provides clinical consultation and administrative monitoring to the contracted agencies.

Utilization Management. A weekly statewide utilization management (UM) meeting is held to review upcoming discharges, including forensically involved competency restoration and PSRB individuals, as well as civil patients. The weekly UM meeting also includes reviews of statewide bed vacancies in various residential levels of care, and forensic, statewide, and long-term services reporting.

Clinical Case Conferences. In terms of provision of quality care, the MDO functions in an advisory or a supervisory role to clinical teams in all DMHAS facilities throughout the state and conducts statewide clinical case conferences for the management of complex individuals who may be residing in the community, hospitals, forensic facilities or residential settings. The office supports and supervises DMHAS facility medical directors, as well as ensures adequate provision of care in DMHAS funded private non-profit organizations.

Forensic Services. Overseen by the MDO, the Division of Forensic Services implements and coordinates specialized evaluation and treatment services for individuals with serious mental illness and/or substance use disorders who become involved in the criminal justice system. The division's goals are to promote individuals' recovery, to prevent or limit criminal justice system involvement, to promote public safety, and to coordinate activities with other state and private agencies. Services within the Division span the continuum of the criminal justice system, from pre-booking to incarceration and return to the community,

including but not limited to; Jail Diversion Services, Office of Forensic Evaluations, Residential Services, Discharge Planning from Department of Corrections, Transitional Case Management, Pre-Trial Intervention Program, and Psychiatric Security Review Board (PSRB) Conditional Release Unit.

MSD FY 2025 Improvements/Achievement

- Expanded the capacity at the Mental Health Intensive Level of Care by nine slots
- Supported the discharge of 467 individuals from state inpatient hospital admissions, a 5% increase from FY 24.
- Engaged with 3058 clients in the criminal justice system, including the diversion of 1381 individuals from incarceration.

*Opioid Services.* The Opioid Services Division (OSD) was established in 2018 in response to the growing overdose crisis and to address immediate needs and expand State-wide opioid treatment, recovery support, harm reduction, outreach, engagement, and overdose prevention coverage with a focus on overdose deaths. DMHAS has secured funding from the federal government, including the State Opioid Response grant, and ensures that all opioid-related funding is coordinated. In partnership with numerous State and community-based organizations, DMHAS has launched a series of targeted responses intended to reduce the negative impact of opioid use on Connecticut citizens and communities. The division manages projects and initiatives that resulted from the infusion of State Opioid Response grant funding as well as those approved by the Opioid Settlement Advisory Committee.

OSD FY 2025 Improvements/Achievements

- Supported the Opioid Settlement Advisory Committee (OSAC) funding allocation of \$98,238,611, resulting in approval of 14 new recommendations that expand innovative services in the state.
- Continued to implement treatment, recovery and prevention projects funded by the State Opioid Response (SOR) grant.
- Initiated a request for proposals to implement mobile opioid treatment programs as well as a new contingency management program.
- Began work on implementation of a supportive housing model that will serve at minimum 500 people and their families.
- Implemented new media campaign tactics to reach CT's population and educate about opioid use and related stigma.
- Distributed over 60,000 naloxone kits (naloxone is a lifesaving, overdose reversal medication), exceeding the state saturation goal for the year.

*Prevention and Health Promotion.* The Prevention and Health Promotion Division, through effective prevention services, works with communities, organizations and families to prevent early use of alcohol, tobacco and other drugs and to ensure Connecticut's youth, families and communities thrive. The division promotes implementation of evidence-based programs and strategies to reduce or prevent substance use that are grounded in public health. Major program components include:

Resource Links. The statewide resource links support the prevention programs statewide and include:

1. *Connecticut Clearinghouse*, the state's premier library and resource center for information on substance misuse and mental health disorders, prevention and health promotion, treatment and recovery, wellness and related topics;
2. *Governor's Prevention Partnership*, designed to change the attitudes and behaviors of Connecticut youths and adults toward substance through DMHAS's Youth Advisory Board

- and mentorship programs across the state;
3. *Regional Behavioral Health Action Organizations*, 5 regional resources that provide mental health and substance use program planning, training, advocacy, and resource development; administer Local Prevention Council grants to each town to build local capacity and develop and implement prevention activities; and lead the Regional Suicide Advisory Boards that support the overall vision of the Statewide CT Suicide Advisory Board and provide local and regional infrastructure for suicide prevention and response activities;
  4. *Training and Technical Assistance Service Center*, provides training, technical assistance and learning resources to prevention professionals and offers tools, strategies, and products to build capacity to reduce risk factors and increase a community's protective factors; and
  5. *Center for Evaluation and Statistics*, which is responsible for evaluation of all state prevention programming and also provides the framework to improve implementation of ongoing multicomponent programs.

Tobacco Prevention and Enforcement (TPEP). TPEP reduces youth access to tobacco, vape and nicotine products across the state. TPEP enforcement program performs thousands of unannounced tobacco compliance inspections annually. It also runs the *What You Do Matters* Campaign in partnership with Fox61 which utilizes video PSAs, web banners, and posters to remind retailers and the public that you must be 21 to purchase tobacco and vape products and everyone must show their ID.

Local Prevention Councils (LPCs). Across the state, there are over 150 local prevention councils that provide primary prevention strategies at the municipal level to address alcohol, tobacco, and other drug use. With the support of chief elected officials, LPCs seek to increase public awareness of alcohol, tobacco, and substance use prevention and stimulate the development and implementation of local prevention activities primarily focused on youth.

Regional Suicide Advisory Boards (RSABs). These five Advisory Boards are managed by the Regional Behavioral Health Action Organizations and are funded through a coordinated effort between DMHAS and DCF to address suicide prevention, intervention and response across the lifespan guided by the CT Strategic Suicide Prevention Plan 2025. They report monthly to the CT Suicide Advisory Board on their various activities that include training and education, strategic planning and implementation support to various settings, presentations, data gathering and reporting, and postvention loss guidance.

State Education Resource Center (SERC). – The Prevention, Education and Advocacy Collection supports PK-12 educators in providing education and support in the classroom around substance use prevention and mental health for students. Alongside programs and curricula, the library houses children and teen materials that discuss issues of substance use and mental health. SERC also provides technical assistance to school districts to support creating safer and healthier environments.

The Prevention division also utilizes SAMHSA's Strategic Prevention Framework (SPF), a comprehensive approach made up of five steps and two guiding principles to facilitate addressing substance misuse and related behavioral health problems in communities. Specifically, the Partnerships for Success Initiative, and the Prevention in Connecticut Communities initiative incorporate SPF as they focus on underage drinking and vaping prevention.

*Prevention FY 2025 Improvements/Achievements*

- Engaged 15 college campuses through the Connecticut Healthy Campus Initiative, reaching over 20,000 students with education on opioid dangers, naloxone administration, safe storage and disposal, and provided resources to support student mental health.

- Coordinated programs within the Fatherhood Prevention Initiative that engaged over 900 fathers and their families, providing information and resources on substance use, opioids, mental health, and healthy communication practices with their children; this initiative was featured by SAMHSA in their quarterly newsletter, national calls, and at the SAMHSA 2025 Prevention Day as well as the 2025 CADCA National Forum.
- Received the \$4.25 million, 5-year Prescription Drug Overdose Grant from SAMHSA to equip first responders with tools and resources for opioid overdose calls, which supports an interagency partnership with the Department of Public Health to develop a Train-the-Trainer model for emergency medical services personnel, focusing on opioid overdose prevention and management, naloxone leave-behind kits, addiction biology, impact of stigma and regional recovery and treatment resources.
- Engaged in interagency initiative that partners with employers to help address mental health and substance use challenges facing the workforce by promoting health, safety, and wellness, resulting in the recognition of 56 organizations across the state as a Recovery Friendly Workplace.
- Partnered in the 2024 International Cannabis Policy Study (ICPS) which provides a dataset to understand and address cannabis-related impacts.
- Provided tailored messaging through the Be In the Know CT campaign to target audiences on understanding the signs of cannabis dependency while offering support and resources, which delivered a total of 87,133,464 million impressions, and target audiences engaged 2,303,260 times.
- Provided over 6000 safety storage materials (lock bags) free of charge to Connecticut residents, ensuring the safe handling of adult-use of cannabis in homes.
- Collaborated with the Connecticut Clearinghouse, UConn Athletics and Quinnipiac University Athletics to provide messaging and naloxone training at hockey, basketball and football games. Partnered with the Bushnell to include messaging for all Broadway shows during this timeframe; partnered with the CT Yard Goats for messaging at every home baseball game. Change the Script displayed messages about safe storage and disposal of medications in major cities such as Norwich, Bridgeport, Waterbury, New Haven, New London and Hartford as well as in major malls such as the Danbury Fair Mall, Milford Mall and West Farms Mall.
- Served over 60,000 individuals with information on substance use prevention and mental health through the Change the Script Campaign's mobile resource van that attends events statewide.
- Received and began disbursing Juul Settlement Funds to Regional Behavioral Health Action Organizations (RBHAOs) to develop youth nicotine prevention education, cessation materials, trainings, presentations, and referral resources for youth, community members, parents, schools, retailers, law enforcement, healthcare providers, and legislators.
- Recruited one K-12 school system from each DMHAS service region through the Garrett Lee Smith Youth Suicide Prevention Grant: CT Partnerships for Hope and Healing (PH2) Initiative, executing Memorandums of Agreement with Darien, New Milford, Thompson, Vernon, and Wallingford Public Schools; supported school system teams, with PH2 Coordinators at the five RBHAOs, in attending suicide prevention training and academies; directed by DMHAS Prevention and Health Promotion Division, Co-Directed by DCF and DPH; program managed by United Way of CT, and evaluated by UCONN Health.
- Served over 3,300 people through the Regional Suicide Advisory Boards (RSABs) via coalition meetings, gatekeeper and postvention trainings, technical assistance for postvention plan development, community support following suicide loss, and hosting public event information tables; promoted the state's suicide prevention campaign, 988 Suicide & Crisis Lifeline, and *Gizmo's Pawesome Guide to Mental Health* © Read-Along; generated over 20,000 impressions for the year through social media posts.

- Partnered with the CT Suicide Advisory Board (CTSAB) to release the, “It’s ok to talk about...suicide” video series promoting 988 Suicide & Crisis Lifeline and 1 WORD campaign: [Video Series Release!](#)
- Featured *Gizmo’s Pawesome Guide to Mental Health (c) Elementary Curriculum for 3<sup>rd</sup> and 4<sup>th</sup> Graders* in the recently published book: *Setting the Table for Tier 2 Small Group Social and Emotional Learning and Academic Interventions for K-12 Students* by Peg Donohue, PhD, Counselor Education and Family Therapy, Central Connecticut State University. Copyright © 2025 by Cognella, Inc., San Diego, CA.
- Answered 53,367 calls (24/7, in an average of 5 seconds) and 3,416 texts/chats (8 AM to 3:30 PM, in an average of 9 seconds) in SFY 2025 through the CT Contact Center at the United Way of CT for the 988 Suicide & Crisis Lifeline

*Office of Recovery Community Affairs (ORCA)*. ORCA represents DMHAS statewide to ensure meaningful contact, input, and dialogue with the diverse recovery community. ORCA promotes multiple pathways to recovery and supports the behavioral healthcare field, peer operated services and agencies, and community groups. The Director of ORCA attends monthly meetings with SAMHSA’s Regional Division, and the National Association of State Mental Health Program Directors, Division of Recovery Support Services subcommittee (NASMHPD-DRSS) to ensure CT is updated and involved with National Recovery strategies and policies.

#### ORCA FY 2025 Improvements/Achievements

- Established an Advisory Committee consisting of diverse membership to connect and have meaningful dialogue with the broad populations DMHAS serves.
- Aligning with an approach endorsed by SAMHSA national model standards, began to launch listening sessions and a redesign of proposed peer credentialing process.
- Expanded on the Recovery Happens Here media campaign to incorporate artwork and poetry; participation was opened to everyone in CT to share on their wellness and recovery techniques.
- Created the Recovery Gallery in Motion at DMHAS initiative, which included showcasing artwork from various behavioral health organizations quarterly; artists also have the ability to sell their art by providing a QR code.
- Held annual Recovery Month event at Pathfinder’s Recovery Community Center in Manchester with attendance of over 100 people and participation of over 30 volunteers.

*Research Division (RD)*. RD was created over 30 years ago through a unique arrangement with the University of Connecticut (UConn), in which RD personnel are hired through UConn as research faculty and professional staff in the School of Social Work, and collectively serve as a DMHAS unit under a Memorandum of Agreement. RD is a nationally recognized leader among state mental health and substance abuse agencies in services and applied research and serves DMHAS through researching specific questions or content areas, assisting with grant identification and development, applying for research grants of value to DMHAS, and evaluating DMHAS programs. The Research Director also assists with reviewing research applications from outside investigators who want to conduct research within the DMHAS system. RD is almost entirely funded with grant and contract funds from state, federal and non-profit sources. This division has the capacity to design and conduct program evaluations, cost effectiveness studies, large administrative database merges and analyses, fidelity monitoring, implementation research, randomized clinical trials, training in various clinical and organizational interventions, and investigates many issues of policy relevance in the mental health and addictions fields. The RD also conducts literature reviews, internet research, creates presentations, reports, scholarly publications, pamphlets and handouts for various target audiences on multiple topics. Research conducted by the RD informs decision-makers about the effectiveness of treatment and the impact of policies on persons with behavioral health disorders.

RD FY 2025 Improvements/Achievements:

- Conducted on-going evaluations of several SAMHSA grants with DMHAS, including for 988 Capacity Improvement, Promoting the Integration of Primary and Behavioral Health Care (PIP-BHC), and State Pilot Program for Pregnant and Parenting Women (PPW/PROUD).
- Completed evaluation for SAMHSA grant on Healthy Transitions, called CT Stay Strong, with the Young Adult Services Division.
- Implemented evaluations for 2 crisis respite pilot programs – Peer Respite at The Gloria House in New Haven, and 23-Hour REST program in New Britain.
- Planned evaluation of new OSAC-funded project with DMHAS Housing Services on Housing for people with opioid use disorders.

*Statewide Services.* The Statewide Services (SWS) division consists of a group of professionals who oversee very specific programs and services designed to meet the diverse and often unique needs of clients, or potential clients, around the state. The division responds to issues related to aging, housing and homelessness, special education, nursing home diversion, transition and placement, acquired brain injury, problem gambling, surviving trauma, and pregnant or parenting women. Statewide Services consists of Housing and Homelessness Services, Long-term Services and Supports, State School Unit, Women’s and Children’s Services, and a Gambling Unit.

Housing and Homelessness Services. Housing and Homelessness Services focuses on enhancing housing stability for persons with behavioral health disorders. This unit supports various community-based outreach and engagement programs to connect the most vulnerable populations with care and housing, including Projects for Assistance in Transition from Homelessness (PATH) programs, DMHAS-operated homeless outreach, and Transit Homeless Outreach Program (T-HOP), a unique collaboration with the Department of Transportation and the Department of Emergency Services and Public Protection that enables staff to be made available at transit stations in the evening hours. This unit also funds SOAR (SSI/SSDI Outreach, Access, and Recovery) specialists to employ a model used to assist eligible individuals with disabilities to apply for and access SSI/SSDI benefits. Finally, for over 25 years, DMHAS has partnered with DOH and previously DSS to develop and implement Permanent Supportive Housing – an evidence-based model - across CT. Together, the state agencies provide for in-home wrap-around services and rental subsidies to individuals and families who are experiencing homelessness and are diagnosed with a behavioral health disorder.

Long-Term Services and Supports. This unit oversees the DMHAS components of the Acquired Brain Injury (ABI Waiver) and Mental Health (MH) Waiver. It also manages the Nursing Home Diversion and Transition Program (NHDTP), which funds nurse clinicians and case managers to work directly with community providers, nursing home staff, and hospital discharge planners to ensure the placement of individuals with severe mental illness (SMI) in the least restrictive setting. The oversight of 60 West, a privately owned skilled nursing facility in Rocky Hill that serves behaviorally complex, criminal justice involved residents, is also conducted by this unit. Finally, the Senior Outreach and Engagement program provides assessments and case management services to at-risk older adults (55+) by utilizing proactive approaches to identify, engage and refer seniors for various individually tailored community treatment options.

Women’s and Children’s Services. These services focus on the unique needs of women and families affected by substance use and co-occurring disorders. Funded programs include five (5) specialized substance use residential programs located statewide for pregnant and parenting people that allow infants and children to reside with their parents in the program; two (2) Women’s Recovery Support programs providing community residences for pregnant and parenting people in recovery also allowing infants and

children to reside with their parents; PROUD (Parents Recovering from Opioid Use Disorders) treatment and recovery services provided in the office, home and community settings; LGBTQIA+ learning collaborative and trainings; Women's REACH (Recovery, Engagement, Access, Coaching & Healing) program that provides statewide integration of 15 recovery navigators (all staff are persons with lived experience); Substance Exposed Pregnancy Initiative of CT (SEPI-CT), co-led with our sister agency- Department of Children and Families - and private non-profit stakeholders and guided by a five year strategic plan with the goal to improve the safety, health, and well-being of substance exposed infants and support the recovery of pregnant and parenting women and their families; ACCESS Mental Health and Substance Use for Moms, a consultative perinatal psychiatry service that is available to Connecticut practitioners who are providing healthcare to pregnant and post-partum women presenting with mental health and substance use concerns irrespective of insurance coverage; and a continuum of other residential programs across the state. The Women and Children's Services team oversees DMHAS-funded gender-specific (women) substance use services including residential treatment, recovery houses, case management, outpatient, and intensive outpatient services. The oversight includes on-site monitoring, coordination and training with healthcare systems and facilitation of learning collaboratives and technical assistance for each level of care, implementation of new programs, and contract/budget review and changes along with DMHAS' Fiscal department.

Problem Gambling Services. This unit oversees state contracts for problem gambling prevention, treatment, and integrated services, with a goal of fostering an environment throughout the state that promotes informed choices around gambling behavior.

State School Unit. DMHAS is required by law to provide special education and related services to eligible students between 18 and 22 years of age who are currently residing in a DMHAS inpatient facility. DMHAS inpatient facilities are located in Hartford, Middletown, Norwich, New Haven, and Bridgeport.

#### SWS FY 2025 Improvements/Achievements

- Homeless outreach teams served over 1,400 households who are unsheltered across the five streams of homeless outreach funding.
- Streamlined SSI/SSDI Outreach Access Recovery (SOAR) process in partnership with the Social Security Administration, allowing for approximately 100 SOAR applications to be approved statewide, with a 74% approval rate for initial applications (the national approval rate for non-SOAR assisted applications is 30%).
- Increased support for the Transit-Homeless Outreach Program (T-HOP) statewide, operating in Hartford/New Britain, New Haven, and Fairfield County.
- Continued to have Long Term Services and Supports work in coordination with the Department of Public Health (DPH) and Healthcentric Advisors, a private non-profit quality improvement consulting organization to develop a toolkit and training series that will support nursing home staff capacity to manage individuals with Opioid Use and related substance use and mental health disorders; virtual training sessions have focused on family involvement, treatment oriented practice and accessing community-based resources.
- Oversaw the implementation of a Trauma Enhancement project through the Women's Service Division that allowed offering of 12 trainings on eight different trauma responsive models including: Trauma Recovery and Empowerment Model (TREM), LGBTQIA+ TREM, Helping Women Recover, Beyond Trauma, Motivational Interviewing, Seeking Safety, Auricular Acupuncture, and Dialectical Behavioral Therapy (DBT); additionally, the grant funded other trainings specific to supporting the LGBTQIA+ population, addressing cultural humility, supporting survivors of intimate partner violence and reproduction health integration
- Held the 4<sup>th</sup> Annual LGBTQIA+ Conference in July and kicked off by the Lt. Governor;

included opportunities for over 150 participants to learn from a dynamic group of speakers sharing clinical interventions and often coming from the voice of lived experience.

- Opened the Women’s Recovery Support Program’s third site in Hartford in January 2025, bringing the total number of beds to 21; these programs support women, and the children in their care, while fully integrating them into their communities within a safe, therapeutic milieu.
- Expanded Gambling in the Arts to include several new mediums of artistic expression including spoken word, community photography, cultural community events and a large scale mural.
- Rebranded the PGS Van, run by the Midwestern Connecticut Council of Alcoholism (MCCA), to better respond to lifespan prevention events, supporting 57 events and engaging with over 5000 individuals in FY 2025.

*Young Adult Services (YAS).* The YAS program was established to facilitate the successful transition of young adults from the Department of Children & Families (DCF) to the adult mental health system and facilitate acquisition of the necessary skills for adulthood. DMHAS YAS currently has MOAs with the Department of Children and Families (DCF), the Court Support Services Division (CSSD), and the state’s behavioral health administrative services organization (ASO) to facilitate early engagement, referral, assessment, and transition planning for youth and young adults as early as age 16. Other referral sources include Department of Corrections (DOC), school systems, hospitals, community providers, and self-referrals through the DMHAS Local Mental Health Authorities (LMHAs). The current population served by YAS includes the most acute, high-risk cohort of young adults in the state between the ages of 18 and 25. In FY 2025, YAS served 1323 young adults in the state, 295 of which were served in in-state community-based state-operated and private non-profit residential programs.

The service system consists of 18 community-based age-specific programs at state-operated and private non-profit LMHAs across the state of Connecticut which provide intensive, individualized wraparound interventions within an array of milieus. Services include treatment in community-based mental health intensive residential programs, supervised housing, and supported housing options, as well as outpatient and recovery support services such as behavioral planning, case management, psychiatric and clinical services, medication management, educational and vocational support, coaching, peer support, and perinatal support services for pregnant and parenting young adults. YAS also funds a 17-bed inpatient unit at CVH. In addition, there are out-of-state contracted private non-profit residential sites providing specialized services not available in CT.

*YAS FY 2025 Improvements/Achievements:*

- Opened the first Dialectical Behavioral Therapy (DBT) five bed mental health intensive residential program for young adults operated by Continuum of Care in New Haven. This evidence-based DBT program offers a therapeutic community with intentional, trauma-informed care on-site with staff supported through intensive training and supervision. All staff have been trained by a DBT consultant with expertise working with this specialized population.
- Initiated a data collection project with the DMHAS Human Anti-Trafficking (DHAT) Committee in late 2024 involving reviewing the Victimization section of the risk assessments for all clients (approximately 400) served by WCMHN Waterbury between 7/1/2023-6/30/2024. Project findings were reviewed and the development of a secondary screening tool for human trafficking was initiated. In FY 2025, 15 trainings were provided for approximately 284 individuals from DMHAS and the community including 211, the Middletown Rotary Club, Women in NAACP (WIN) Women and Girls Summit, schools, state and community hospitals, LMHAs, and the CWC Trauma Conference and the CHDI Evidence Based Practices (EBP) Conference. Short and long term goals include continuing to

provide training, developing a Train the Trainer model/recruit more trainers, offering CEUs for all training modules, and revamping the training in the DMHAS Learning Management System (LMS).

- Finalized the outcomes upon completion of a five-year CT Stay Strong federal grant to develop and implement an early intervention program for young people between the ages of 16 and 25 operated by the New Britain and East Hartford LMHAs, which demonstrated statistically significant improvement in overall mental health ratings noted between baseline and six month follow up. It exceeded goals in the areas of outreach, partnership/collaboration, screenings, and referral to services. Sustainability efforts included adding a new YAS outpatient level of care at both grantee agency program sites.
- Partnered with Positive Directions to update the CTSupportGroup.org website (formerly TurningPointCT.org), developed by young adults for young adults. After 10 years of providing almost 400,000 young people throughout CT with an online platform to share their advice, personal experiences, and resources related to mental health, the project has evolved based on feedback from young adults. The CT Support Group has launched a Discord Server where young people in CT can connect to resources and supports around the state, build their community, and directly access free one-on-one peer support, both virtually and in person.
- Based on young adult and YAS staff survey feedback, developed a five-module training curriculum to enhance education for YAS staff members statewide on multiple topics related to the Young Adult Voice Initiative. The modules focus on the following areas: recovery and recovery-oriented care; supporting recovery; barriers to bridges; self-advocacy; and engagement and recruitment. The goal of the 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 inform policy, procedures, and program services, such as the statewide and local YAS Advisory Boards.