Toward Mental Health Transformation: The Connecticut Experience

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Center for Mental Health Services
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Who are we? - We’re CT Substance abuse and mental health authority
- 70,000 people in care annually
- 3,600 employees, two hospitals, 15 LMHAs
- $560 million/year operating expenses
- Contracts with 250 non-profit agencies
- Prevention (all ages)
- Treatment (age 18+)

RECOVERY IS OUR BUSINESS
CT Efforts Toward MH Transformation

- What we’ve been doing on MHT in CT
- What’s worked, What hasn’t worked, and Why
- What could make or break our efforts
- Other important related issues
WHAT HAS WORKED: MAXIMIZE DR. HOGAN’S VISIT

• INVITES BY GOVERNOR TO “PRIVATE” SESSION CHAIRED BY GOVERNOR’S OFFICE: JUDICIAL AND EXECUTIVE BRANCH LEADERSHIP

• PRESENTATION AND Q & A: LARGE LEGISLATIVE HEARING ROOM

• LUNCHEON WITH LEGISLATIVE LEADERS

• RECEPTION HOSTED BY ADVOCATES

• DEBRIEFING WITH GOVERNOR’S OFFICE AND SMHA
WHAT HAS WORKED?
TIE IT TOGETHER

- BUILD ON CORNERSTONES
- GOV’S COMMISSION ON MH
- MH POLICY COUNCIL
- COMM MH STRATEGY BOARD
- JOINT “MESSAGES”
- SHARE CONT’D SYSTEM CHANGE TA SUPPORT
What Works: CT Lessons Learned

1. Emphasizing community life and natural supports
2. Recognizing that people in recovery have valuable and useful contributions to make
3. Using multiple forms of “evidence” to guide policy
4. Using a combination of approaches to address cultural needs and elimination of health disparities
5. Establishing clear service expectations for providers and monitoring outcomes
6. Using “Practice Management Tools” adapted from the private sector to improve outcomes for people using public sector services
WHAT WILL WORK?
“PART” OF EVERY AGENDA, NOT NECESSARILY “THE AGENDA”

POINTS OF IMPACT
CHILD WELFARE, CORRECTION, PUBLIC HEALTH, PUBLIC SAFETY, EDUCATION, LABOR, HOSPITALS, SOCIAL SERVICES

COMMUNICATION
COUCHED IN HEALTHCARE, PUBLIC SAFETY OR ECONOMIC LANGUAGE PACKAGE

“CT RECOVERY HEALTHCARE PLAN(?) SYSTEM”
What Hasn’t Worked?

- ANOTHER PROJECT DU JOUR
- WILL NOT REQUIRE NEW FUNDS
- SMHA “IN CHARGE”
- EXEC AND LEGIS ON “SAME PAGE”
- HIGHLY CONCEPTUAL APPROACH
- BIG STEPS, NO INCREMENTAL PRODUCTS
- LONG DRAWN OUT PROCESS
Goal 1: Americans Understand That Mental Health Is Essential To Overall Health

New Freedom Commission:

- Recommendation 1.1: Advance and implement a national campaign to reduce the stigma of seeking care and a national strategy for suicide prevention

Connecticut Response:

- CT Advisory Board: increasing public awareness about youth suicide
- State Prevention Council: 8 state agencies to promote health and mental health awareness for individuals, families and communities
Goal 2: Mental Health Care Is Consumer And Family Driven

New Freedom Commission:
- **Recommendation 2.1:** Develop an individualized plan of care for every adult with a serious mental illness and child with a serious emotional disturbance
- **Recommendation 2.2:** Involve consumers and families fully in orienting the mental health system toward recovery

Connecticut Response:
- CT Person-Centered Planning Initiative
- CT Recovery Initiative
- Peer Engagement Initiative
Goal 2: Mental Health Care Is Consumer And Family Driven (cont’d)

New Freedom Commission:

- Recommendation 2.4: Create a Comprehensive State Mental Health Plan.

- Recommendation 2.5: Protect and enhance the rights of people with mental illness.

Connecticut Response:

- Regional Service Process
- National Policy Academy
- Commission on Mental Health
- Mental Health Policy Council
- Community MH Strategy Board
- Interagency Housing Policy Group
- Psychiatric Advance Directive Initiative
- Guardian Ad Litem Initiative
- Engagement Specialist Initiative
Goal 3: Disparities In Mental Health Services Are Eliminated

New Freedom Commission:

- **Recommendation 3.1:** Improve access to quality care that is culturally competent

Connecticut Response:

- Office of Multicultural Affairs
- Healthcare Disparities Initiative
- Multicultural Leadership Institute
- Cultural Competence Plans
- Ct. Lessons Learned #4 - Use a combo of approaches to address cultural needs
Eliminating Health Disparities Involves Simultaneous Initiatives

CT Behavioral Health Disparities Initiative (CT BHDI)
Goal 4: Early MH Screening, Assessment, And Referral Are Common Practice

**New Freedom Commission:**

- **Recommendation 4.1:** Promote the mental health of young children.

- **Recommendation 4.2:** Improve and expand school mental health programs.

- **Recommendation 4.3:** Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies

**Connecticut Response:**

- Partnership Resources and Infrastructure Support Monies (PRISM) Initiative
- CMHSB
- CT Youth Violence Prevention Initiative
- Offender Re-entry Grant
- CT Integrated Dual Disorders Treatment (IDDT) Project
- National Policy Academy on Co-Occurring MH and SA Disorders
Goal 5: Excellent Mental Health Care Is Delivered And Research Is Accelerated

**New Freedom Commission:**

- **Recommendation 5.1:** Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illness.

- **Recommendation 5.2:** Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation.

**Connecticut Response:**

- Bridging Prevention and Recovery
- Youth Violence Prevention Initiative
- PILOTS Motivational Initiative
- CT Clearinghouse (Website)
- CT Coalition for Advancement of Prevention
- Consumer Survey
- Preferred Practices Initiative
- CT IDDT Project
Goal 5: Excellent Mental Health Care Is Delivered And Research Is Accelerated (Cont’d)

New Freedom Commission:

- **Recommendation 5.3:** Improve and expand the workforce providing evidence-based mental health services and supports.

- **Recommendation 5.4:** Develop the knowledge base in four understudied areas: mental health disparities, long-term effects of medications, trauma, and acute care.

Connecticut Response:

- Recovery Institute
- DMHAS Prevention Training Collaborative
- Women’s Treatment and Support Diversion Program
- Health Disparities Initiative
- Typical vs. Atypical Antipsychotic Medication Study
- High Service Utilizers “Protocol”
Goal 6: Technology Is Used To Access Mental Health Care And Information

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<tr>
<th>New Freedom Commission:</th>
<th>Connecticut Response:</th>
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| **Recommendation 6.1:** Use health technology and telehealth to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations. | - Connecticut Clearinghouse  
- DMHAS Website |
How will these initiatives be implemented?

**Strategic Planning Initiatives**

- **New Freedom (Commission Recs)**
- **Health Disparities Cultural Comp (Access, Quality)**
- **Trauma (Enhanced awareness)**
- **Lessons Learned (Practice Improvement)**
- **Recovery (Treatment, Systems, Contracting)**
- **Preferred Practices (Science-based)**

**Operational Plans**

- **Strategic Workgroups**
- Roll-Out
  - **Value-driven, Recovery-oriented System of Care**
  - **Strategic Planning Initiatives**
  - **Operational Plans**
  - **Implementation**

**Implementation**

- **Short term**
  - Clin
  - Admin
  - System

- **Intermediate**
  - Clin
  - Admin
  - System

- **Long term**
  - Clin
  - Admin
  - System

**Re-bid Some Services**
WHAT COULD HELP?

- TWO TIERED GRANT AWARDS
- “FREEDOM 2005” (06/07?)
- “SYSTEM” NOT PLAN
- WHAT STATE BRINGS TO “TABLE?”
- SILO BLOCK GRANT YET MUST VET
- PHASE THE ADVISORY COUNCILS
- FLEXIBLE “GOV OFFICE” LINKAGE
- SINGLE POINT OF ACCOUNTABILITY
WHAT COULD HURT?

- IF WE GET “THERE,” HOW WILL WE KNOW? NO CLEAR ANSWER
- NO KEY STRATEGIC AGREEMENTS BETWEEN SAMHSA AND KEY FEDERAL PARTNERS
- AWARD NOT TIED TO KEY FED PARTNERS
- NO FLEXIBILITY RE WAIVERS
What Could Help
Make It or Break It

**Help**
- SAMHSA LEADING ASSISTANCE IN BUILDING LOCAL/REGIONAL OWNERSHIP AMONG FEDERAL/STATE PARTNERS - “PART OF EVERY AGENDA”
- GREATER FLEXIBILITY WITH MEDICARE AND MEDICAID REQUIREMENTS (E.G., RECOGNITION THAT RECOVERY PLAN = TREATMENT PLAN)
- CLEAR CRITERIA/PRINCIPLES FOR APPLICANTS, E.G. “RECOVERY”
- OUTCOMES FOR THE NEW SYSTEM?
- LOTS OF SUSTAINED TA SYSTEM CHANGE RESOURCES, E.G. COLLABORATIVE CONTRACTING
- “NON-TRADITIONAL” MH COMMUNICATION PLAN
- INSTRUMENTS FOR “INSTITUTIONALIZING” VS “WEBE SYNDROME”

**Help Break it**
- Unfunded or underfunded mandates
- TOO FLEXIBLE - STATE’S ISSUE DU JOUR
OTHER RISKS / CHALLENGES

• PEOPLE CENTERED, NOT PROGRAM OR SYSTEM FOCUSED

• “IRRELEVANT SINCE NO NEW FUNDING”

• THAT’S NATIONAL AGENDA – WE NEED LOCAL FOCUS
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