Connecticut
DMHAS
Department of Mental Health and Addiction Services

We are a healthcare service agency.

Promote health through prevention and early intervention services.

Recover and sustain health through treatment and recovery support services.

Need to broaden and strengthen our system of effective prevention, early intervention and treatment services.

Who are we? - We're

- Department of Mental Health and Addiction Services
- Substance abuse and mental health authority
- 3,600 employees, two hospitals, 15 LMHAs
- $500 million/year operating expenses
- Contract with 250 non-profit agencies
- Prevention and treatment
- Public educators

Major Themes

- Promote “Recovery” as the Organizing Principal of the Service System
- Ensure Quality and Accountability of Services
- Incorporate scientifically-based interventions
- Eliminate inequities in the Treatment System

Single Overarching Goal

Value-Driven, Recovery-Oriented Healthcare System

VALUE-DRIVEN?

$$\text{VALUE} = \frac{\text{QUALITY}}{\text{COST}}$$

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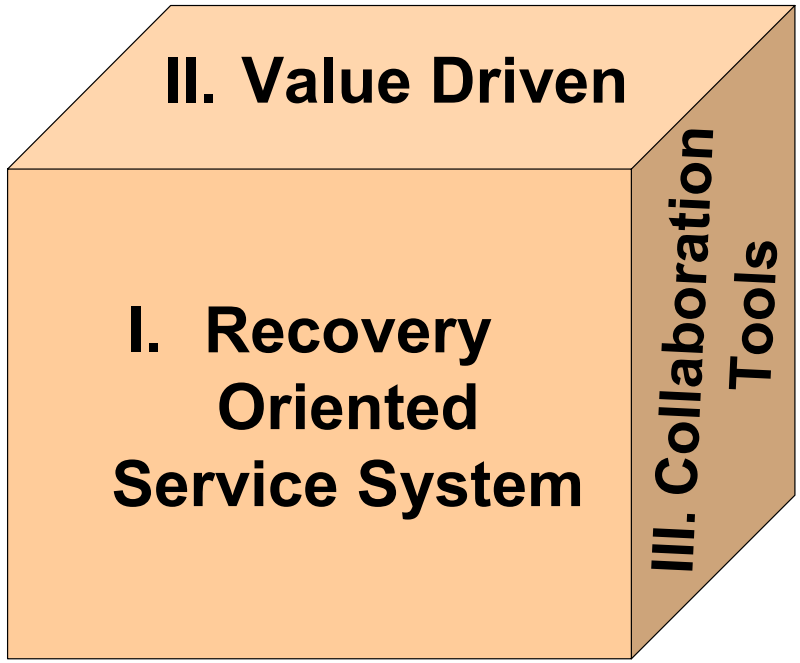
Department of Mental Health and Addiction Services
A Healthcare Service Agency

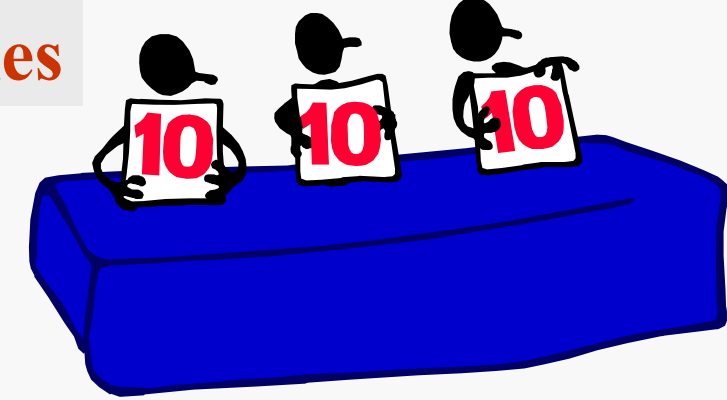
Four Goals

- Quality care
- Services for people with challenging needs
- Effective DMHAS management
- Resource base to support goals

DMHAS APPROACH

Service System Strategies





Goal One

Establish a statewide quality management system to achieve defined service outcomes and the continued improvement of the DMHAS healthcare system.

Rationale

Quality…the defining criterion of the service system.

ADVANCED BEHAVIORAL HEALTH

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OATP
(Opioid Agonist Treatment Protocol)

Connecticut's program of alternative treatment opportunities for opiate-addicted persons who use residential detoxification programs over and over.

Motivational Interviewing

Co-occurring Disorders

Identification

Education/Information

Access

Opioid Agonist Treatment

Ancillary Treatment

Support Services

Recovery

Cultural Competence

Trauma

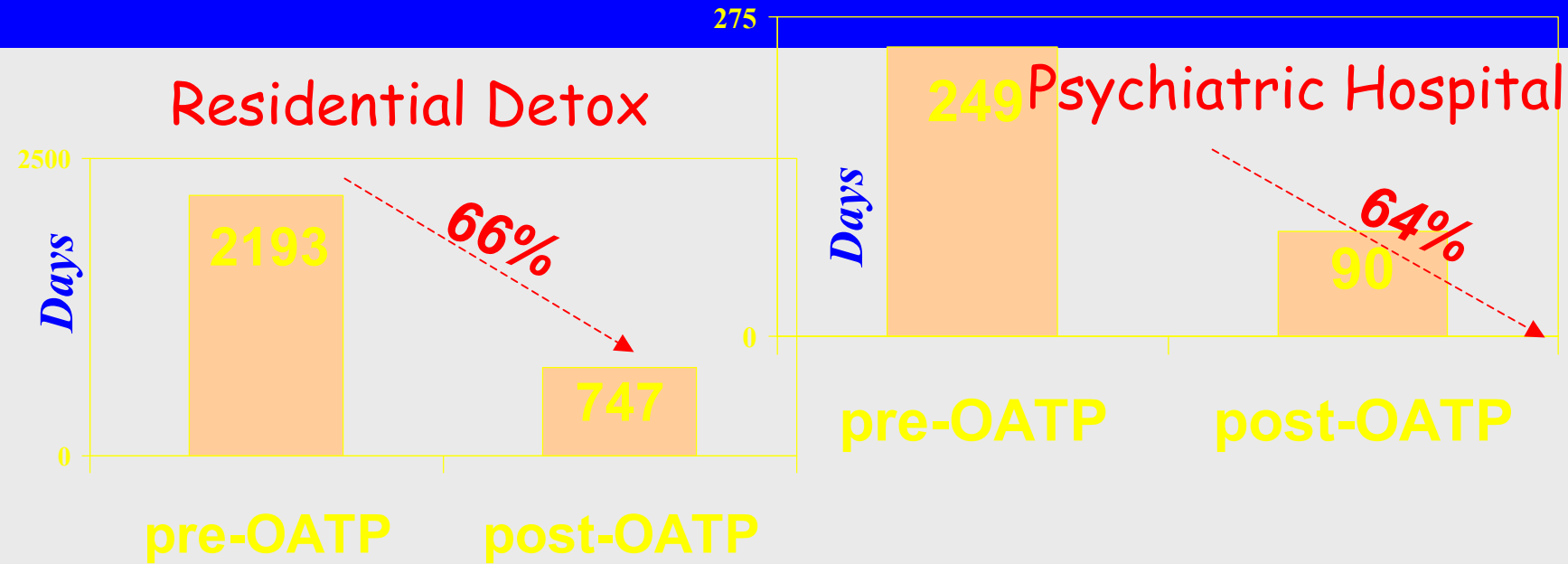
Service Coordination

OATP

Measures of Success

Use of residential detox and psychiatric hospital services 12 months before and 12 months after admission to OATP

Sample of 80 Persons



***$484,000 cost reduction** for these services ($6,050 per person).*

This means that detox and psychiatric hospital **resources are freed up** for other persons who need this treatment.

Goal Two

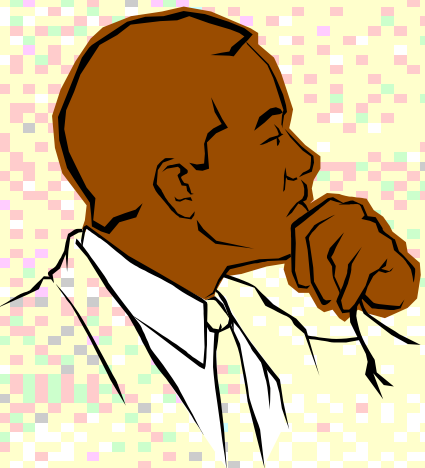
Provide culturally competent services to persons whose needs are particularly challenging or not being well met in the current system.

Rationale:

Most effective care…targeted underserved or poorly served populations.

Increased attention to:

- gender
- culture
- trauma
- co-occurring disorders



Why?

To improve the effectiveness of care.

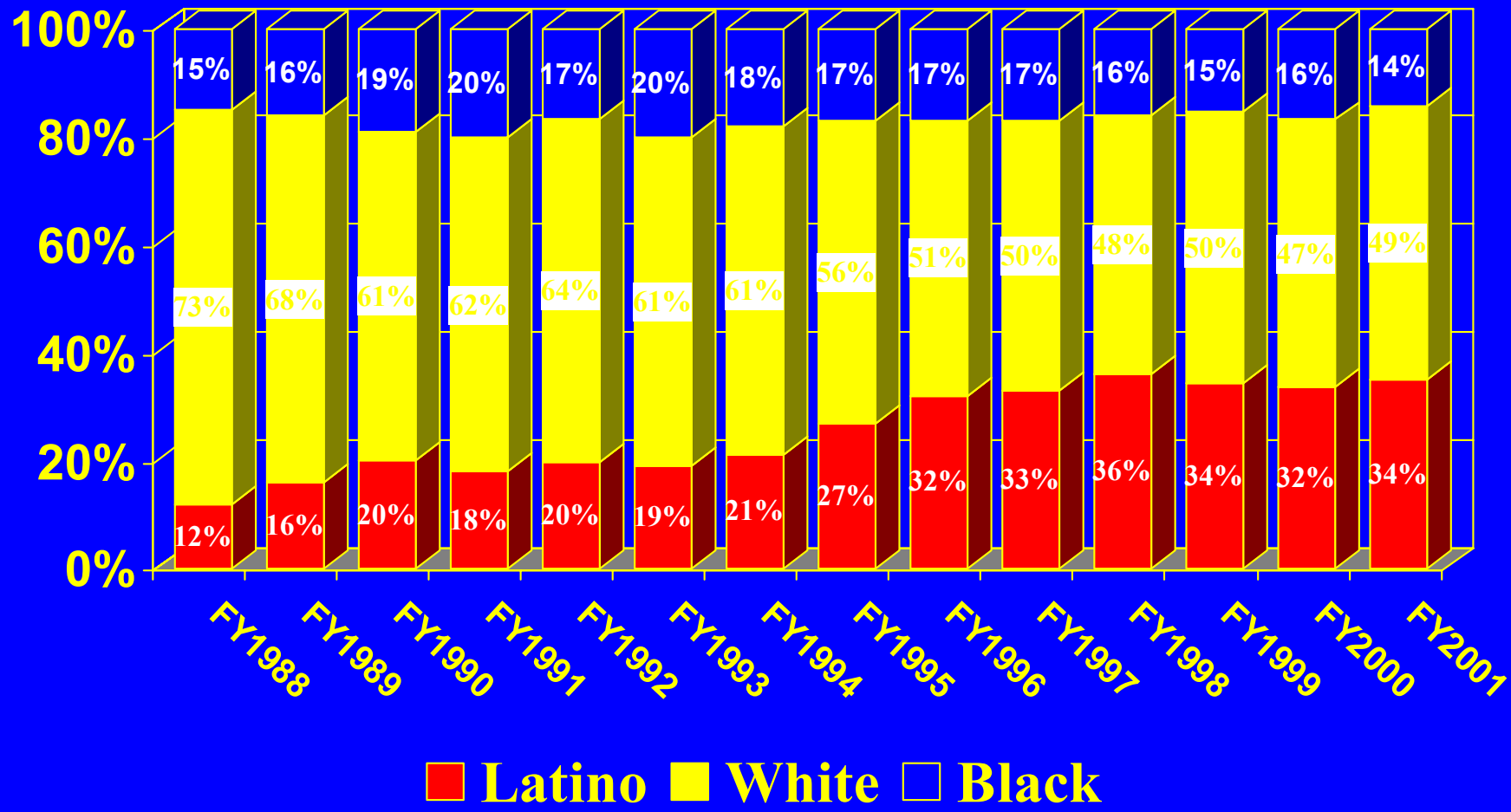
Gaps in Service: Early Identification, Assessment and Referral

A large segment of the adult population are at risk of future substance-related problems, especially in relation to their use of alcohol and marijuana. Despite their low severity, these individuals contribute significantly to the burden of substance abuse because they are so numerous and are already experiencing a variety of problems. A plan for SBI dissemination should be developed for the State of Connecticut.

Gaps in Service: Special Populations

- Latinos
- Chronic marijuana users
- Dual diagnosed
- Pregnant/parenting women
- Multiple recidivists

Has the share of total MMT admissions used by white, black, and latino clients changed over time?



Implications - Cultural Competence

Underlying Principle B

Misnomer

"*the* co-occurring client…"

Correct term

"*a co-occurring* client…"

Slice of MISA Life

29 year old woman

Problem substances - alcohol and cocaine

Schizophrenia, chronic undifferentiated type

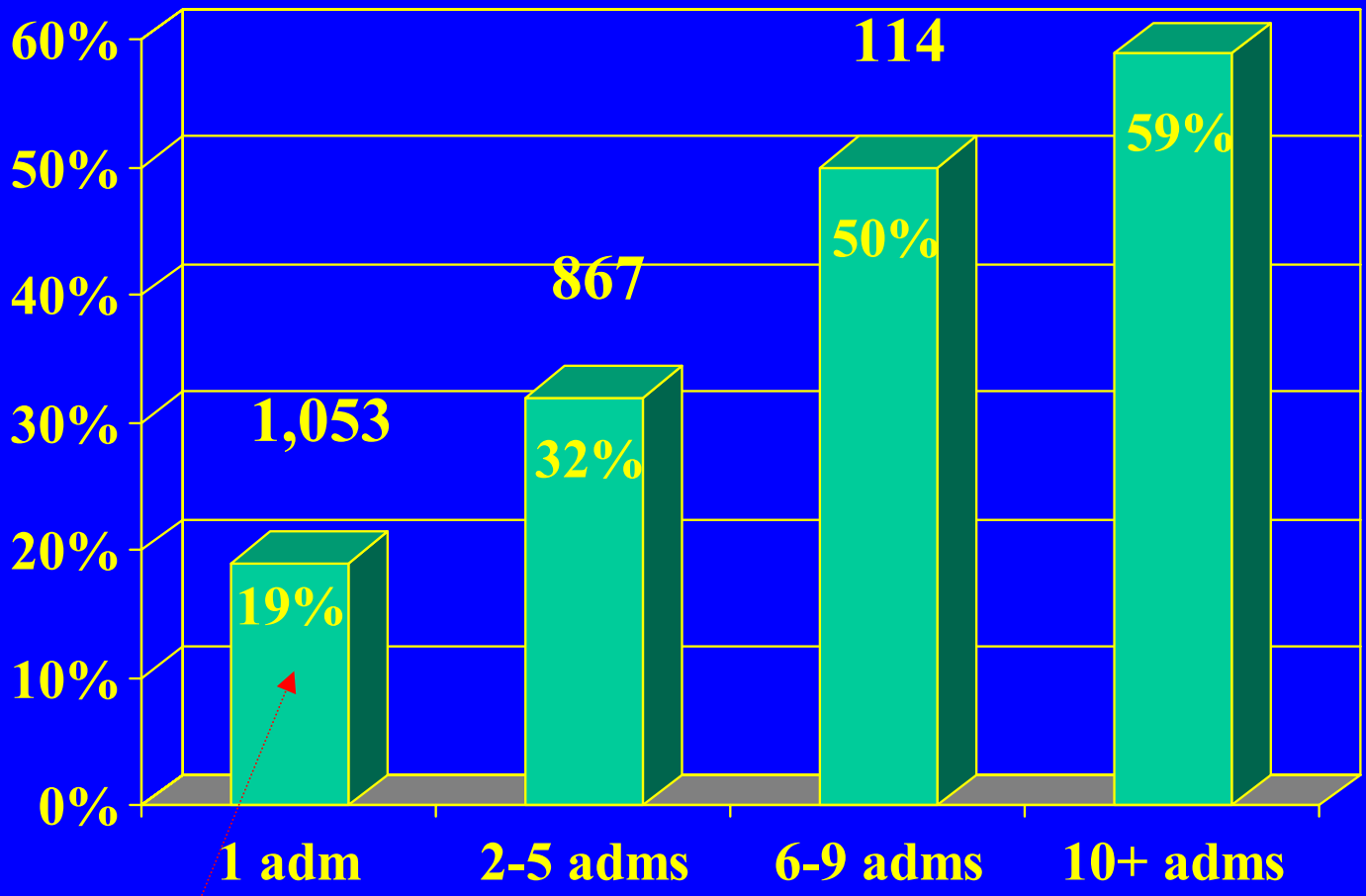
How did she spend the year?

Nine treatment episodes of medical detox in three different programs

Total days of detox treatment for the year - 47 days - nearly seven weeks

Is this the best we can do?

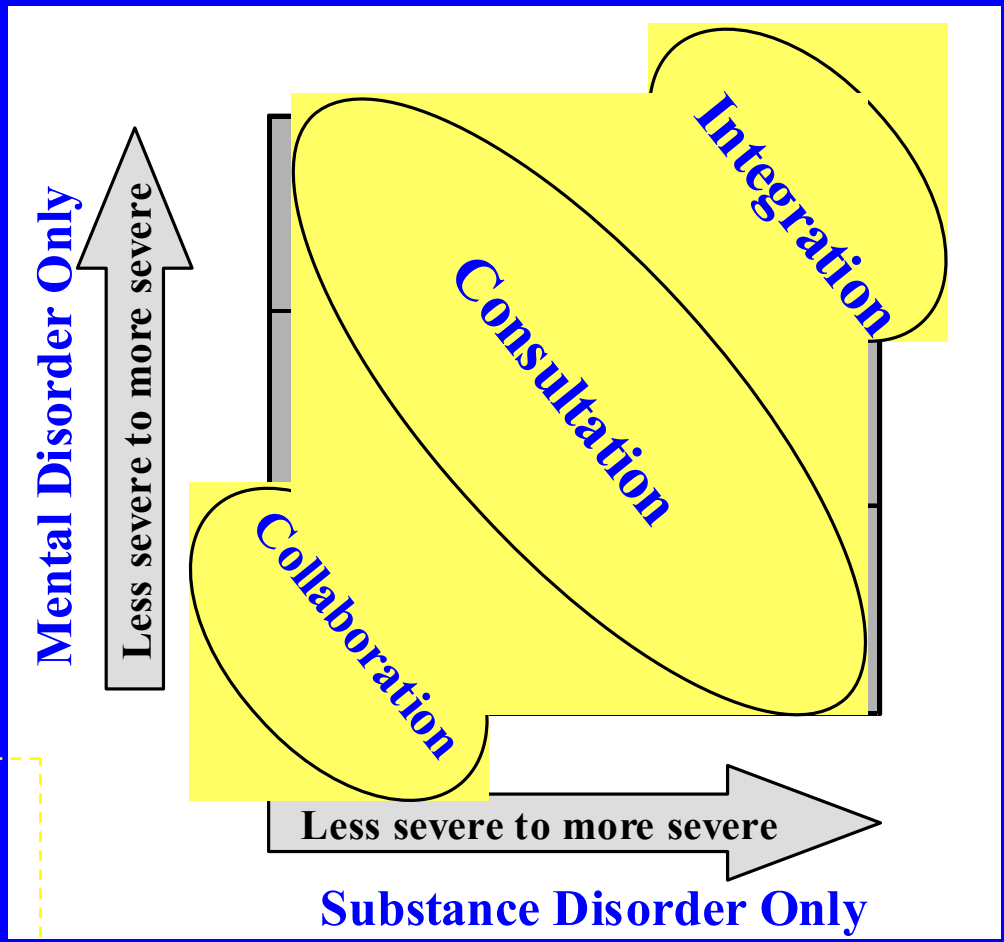
Persons with co-occurring disorders are more likely to be multiple detox users.



E.g., 19% of people who have just one detox admission over the course of a year have a mental illness disorder.

Co-occurring Disorders of Mental Health and Substance Use

Model For Severity, Locus of Care, and Service Coordination



Existing and Potential Funding Sources

DMHAS	Medicaid
DCF	GA
DSS	OAS
CSAT	DOC
CMHS	

Collaboration, Consultation and Integration each represent a service category within which there are a variety of clinical interventions to effectively treat persons whose co-occurring disorder is at a specific severity level.

What is the Lessons Learned Initiative?

- Systematic effort to gather knowledge from within Connecticut
- State operated and funded
- Federally funded
- Treatment and prevention

What other criteria did the Lessons need to meet?

- Increase quality of care for consumers
- Better utilize resources
- Address fiscal constraints
- Influence service characteristics

What other strategic initiatives must be considered along with Lesson Learned?

- Governor's Blue Ribbon Commission reports
- U.S. Surgeon General's reports on:
  - Mental Health
  - Supplement on Culture, Race and Ethnicity
- Key DMHAS strategic initiatives
- New Freedom Commission report
- Development of NASMHPD Toolkits and CSAT TIPS

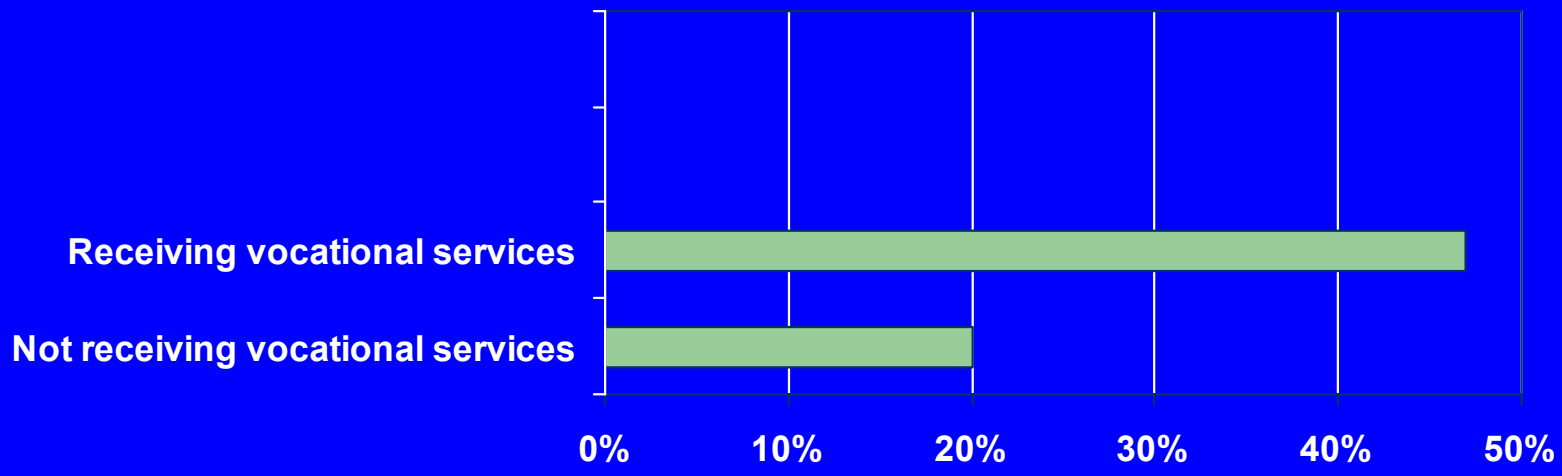
Lesson 1: Focus on community life and natural supports

- *We should focus on building community life and natural supports that can lead not only to enhancing recovery outcomes, but also to decreasing the system's reliance on costly, intensive clinical services.*

Lesson 1: Evidence

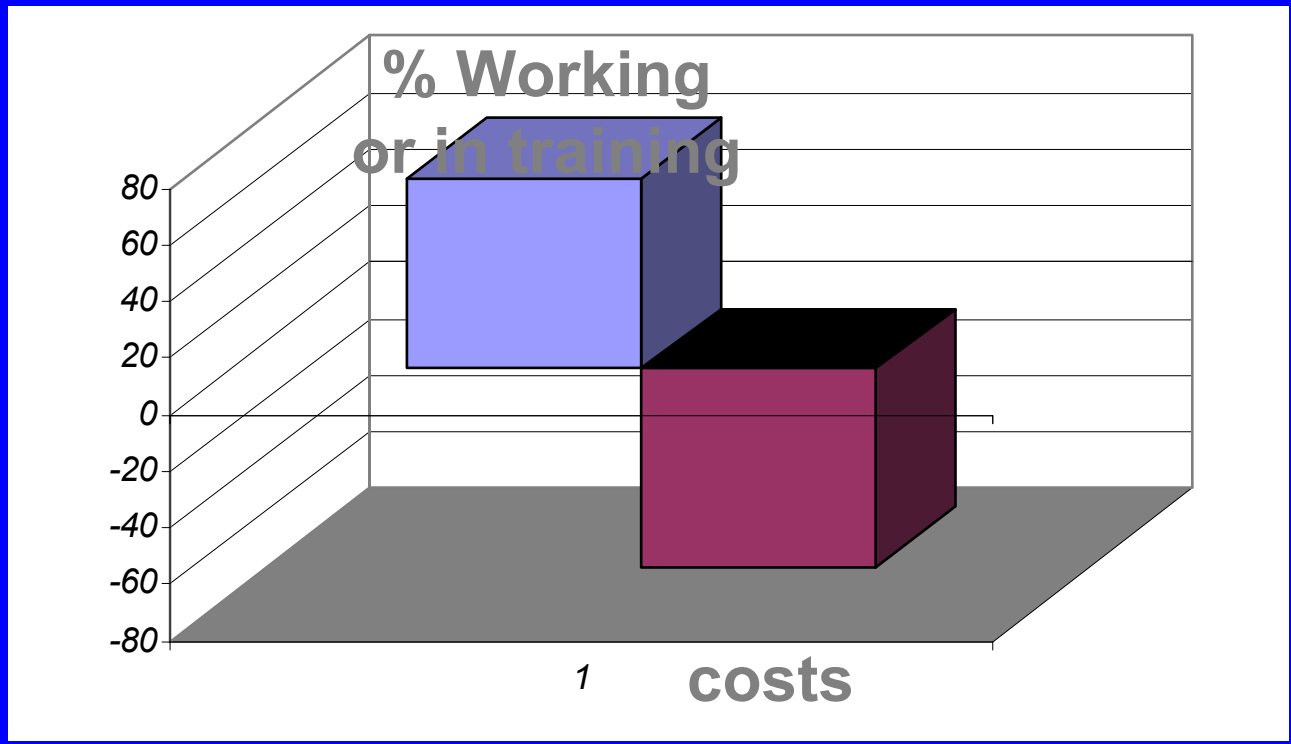
Enhancing Employment and Self-Sufficiency through Vocational Rehabilitation

The likelihood that a person served by DMHAS will become gainfully employed is more than doubled when he/she receives vocational rehabilitation.



Lesson 1: Evidence

More people working, less inpatient costs



DMHAS established new supportive housing units for over 550 people with psychiatric or substance use disorders. Over 60% of these people are now working or in training, and their inpatient costs have decreased 70%.

Based on a Corporation for Supportive Housing study, these supportive housing units are projected to generate over $140 million in direct and indirect economic benefits for the state.

Lesson 3: Use Multiple Forms of Evidence to Inform Policy

Evidence: Persons with co-occurring disorder

- Higher rates of treatment utilization
- Higher rates of emergency service use
- Higher arrest rates
- Higher rates of disability
- Increased homelessness
- Higher risk for HIV
- Higher rates of HIV infection
- Higher rates of posttraumatic stress disorder from childhood abuse

Lesson 3: Evidence

What kinds of problem substances did people most commonly use between FY1996 and FY2002?

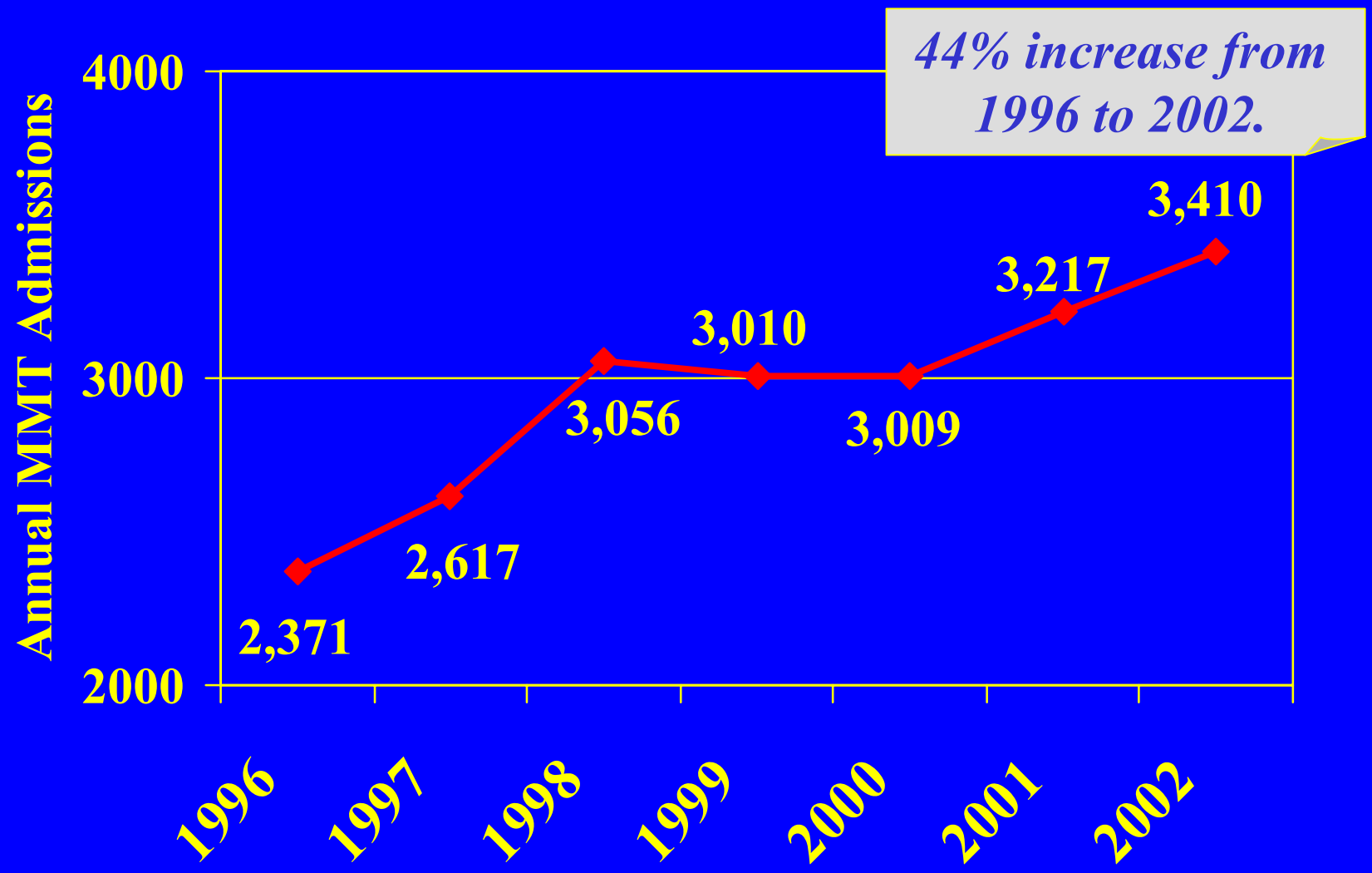
Heroin continues its rise!

	1996	1997	1998	1999	2000	2001	2002
Alcohol	68%	69%	67%	65%	63%	58%	56%
Cocaine	50%	49%	47%	46%	44%	43%	41%
Heroin	37%	37%	42%	44%	44%	48%	48%
Marijuana	23%	24%	23%	24%	24%	25%	25%

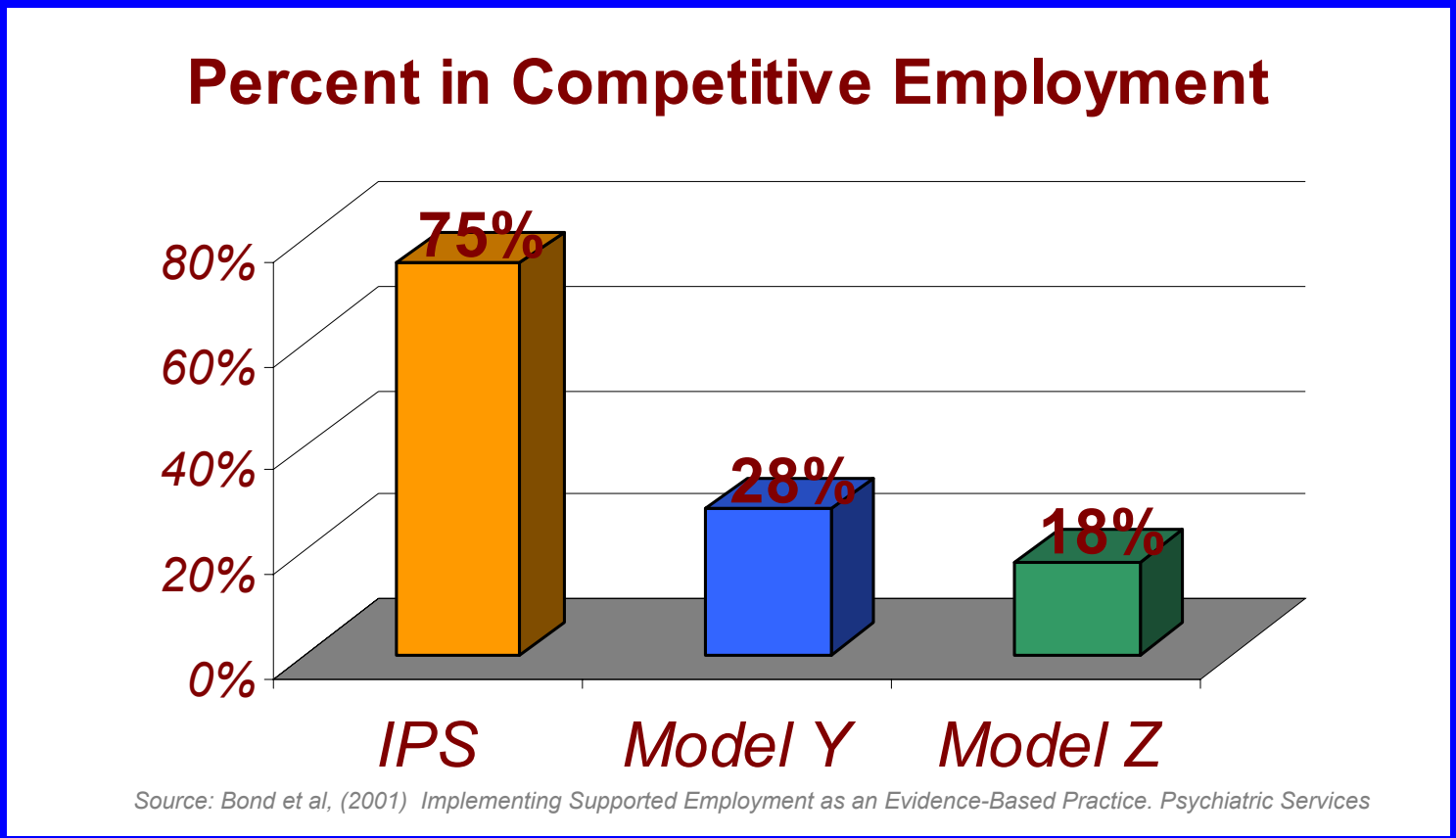
e.g., Heroin was identified as a problem substance in 48% of all treatment delivered during FY2002.

Strategy: Increase methadone maintenance capacity.

Methadone Maintenance Admissions in Connecticut FY1996-FY2002



Lesson 3: Evidence



Source: Bond et al, (2001) Implementing Supported Employment as an Evidence-Based Practice. Psychiatric Services

Lesson 4: Evidence

Cultural Competence within and across mental health and addictive and co-occurring disorders.

- Unified policy
- Cultural competence policy
- Office of Multicultural Affairs
- Multicultural Advisory Council
- Cultural Competence training
- Cultural Competence plans
- Cultural Competence standards

Lesson 4: Use a combination of approaches to address cultural needs

- *Serving a diverse population requires using a combination of multicultural, transcultural, and culturally-specific approaches in addressing various cultural needs and health disparities*

Lesson 4: Evidence

Culturally Specific Approach to Methadone Treatment

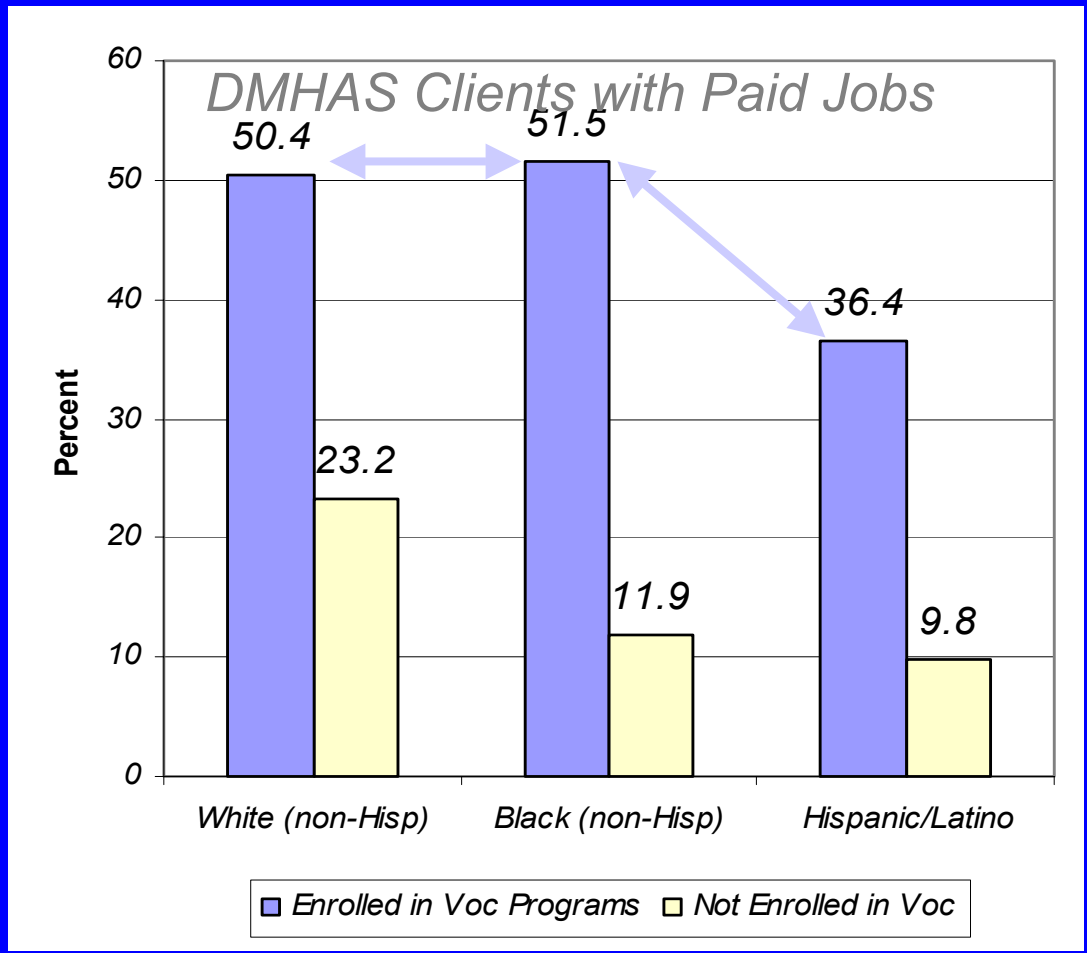
Impact of Latino Outreach Initiative

Latino Heroin User Admissions

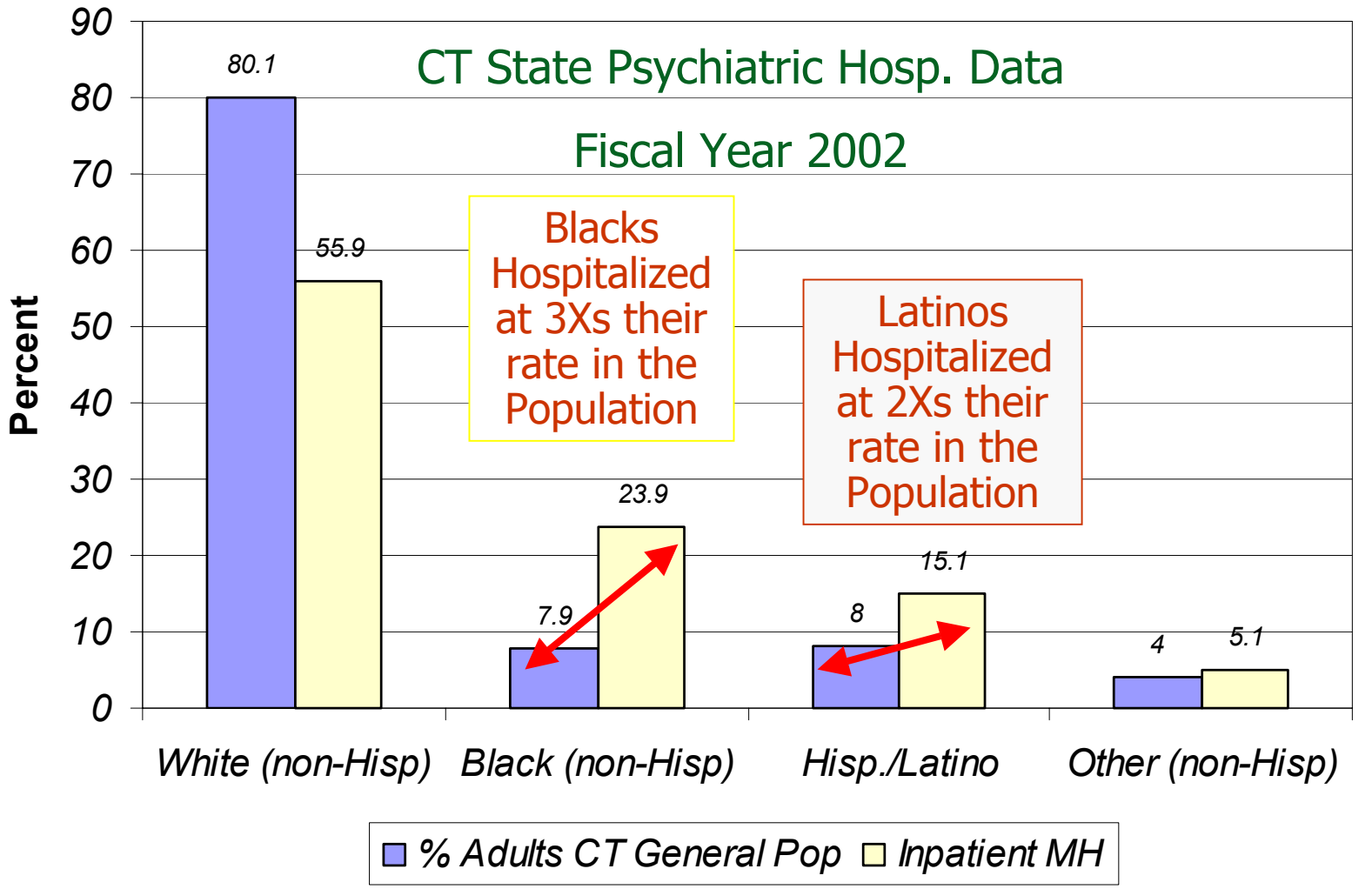
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	
FY 97	1754	1599	1612	1739	6704	Baseline
FY 98	1953	1901	2244	2225	8323	24%
FY 99	2396	2216	2223	2359	9194	37% Change

What happens if people get vocational services ?

Results from the "Voice Your Opinion 2000-2001" Connecticut Consumer Survey



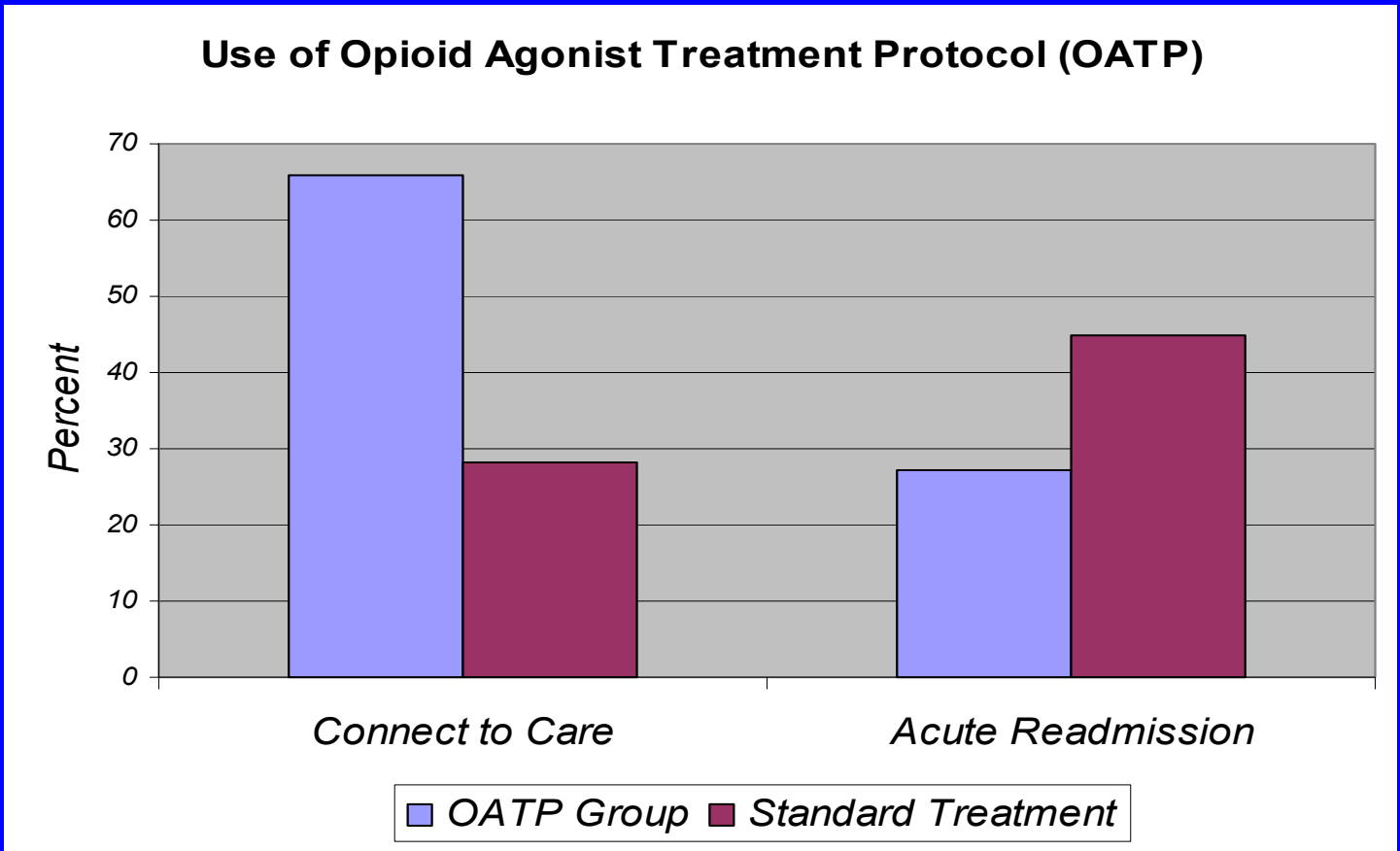
Who gets hospitalized?



Lesson 5: Establish clear expectations and monitor outcomes

- *Establishing clear expectations and monitoring outcomes allows for **identifying** and acknowledging progress as well as making mid-course corrections in order to improve performance.*

Lesson 5: Evidence Effectiveness of the OATP Approach?

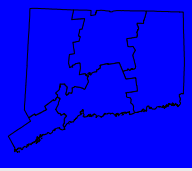


Lesson 6: Some private sector tools can benefit public sector consumers, if driven by the right values

- *Selected practice management tools can be adapted from the private sector to manage existing resources in more efficient ways that also maximize their impact on individual and systems outcomes.*

Lesson 6: Evidence

- Success in the General Assistance Behavioral Health Program (GABHP)
- Using an Administrative Services Organization (ASO) to do UM and Intensive Case Management
  - 62% reduction in frequent acute care users
  - 8% decrease in the inpatient readmissions rate
  - 48% decrease in inpatient days
  - 44% decrease in inpatient admissions



Substance Abuse Treatment Enhancement Project (SATEP)

SATEP is a comprehensive partnership that was created to address North Central CT's fragmentation of addiction services, its high rates of substance abuse and dependence, and its reliance on hospital emergency departments as entry points for accessing addiction services.

MORE ACCESS…BETTER CARE
DOLLAR SMART

ADRC Residential Detox Services	CY1997	CY2001	Increase
Persons	1,383	2,061	49%
Admissions	2,904	3,090	6%

SATEP enables more persons to move into the next level of care instead of using detox treatment as a revolving door. So the same level of detox resources can accommodate many other persons.

Take Home Messages

About Lessons Learned:

- Helps reduce the mountain of information to a few concise/cogent ideas about how to change your system
- Serves as a Communications Tool about overarching principles and policy direction
- Provides a basis for decisions for re-alignment of resources to support what you're learning
- Benefits from multiple sources of "evidence"
- Acknowledges that people in your own system are doing good work and provides encouragement to continue improving care
- Supports truisms and some counterintuitive ideas

Recovery Institute

- Areas of Focus
  - Orientation to recovery
  - MET
  - Person centered planning
  - Mutual support programs
  - Culturally competent recovery services
  - Core clinical skills

Benefits for DMHAS System

- Improved treatment retention
- Increased consumer satisfaction
- Broadened community supports
- Staff development through state-of-the-art training through Recovery Institute
- Knowledge transfer through Centers of Excellence

- ***RECOVERY SPECIALISTS***
- ***RECOVERY HOUSES***
- ***RECOVERY PLANS***
- ***BASIC NEEDS PROGRAM – RECOVERY SUPPORT SERVICES***
- ***CCAR FUNDING***

Short Term Recommendations (up to 1 year)

- Model respect for clients
- Mobilize person-centered planning
- Increase culturally competent care
- Develop provider consensus
- Develop “recovery kits”

Intermediate Recommendations (1-2 years)

- **Align BHP & ASO with recovery focus**
- **Shift from "treatment" to "recovery" plans**
- **Develop recovery performance indicators**
- **Replace "consumer satisfaction" survey with "consumer recovery" survey**
- **Define meaning of recovery across the continuum**

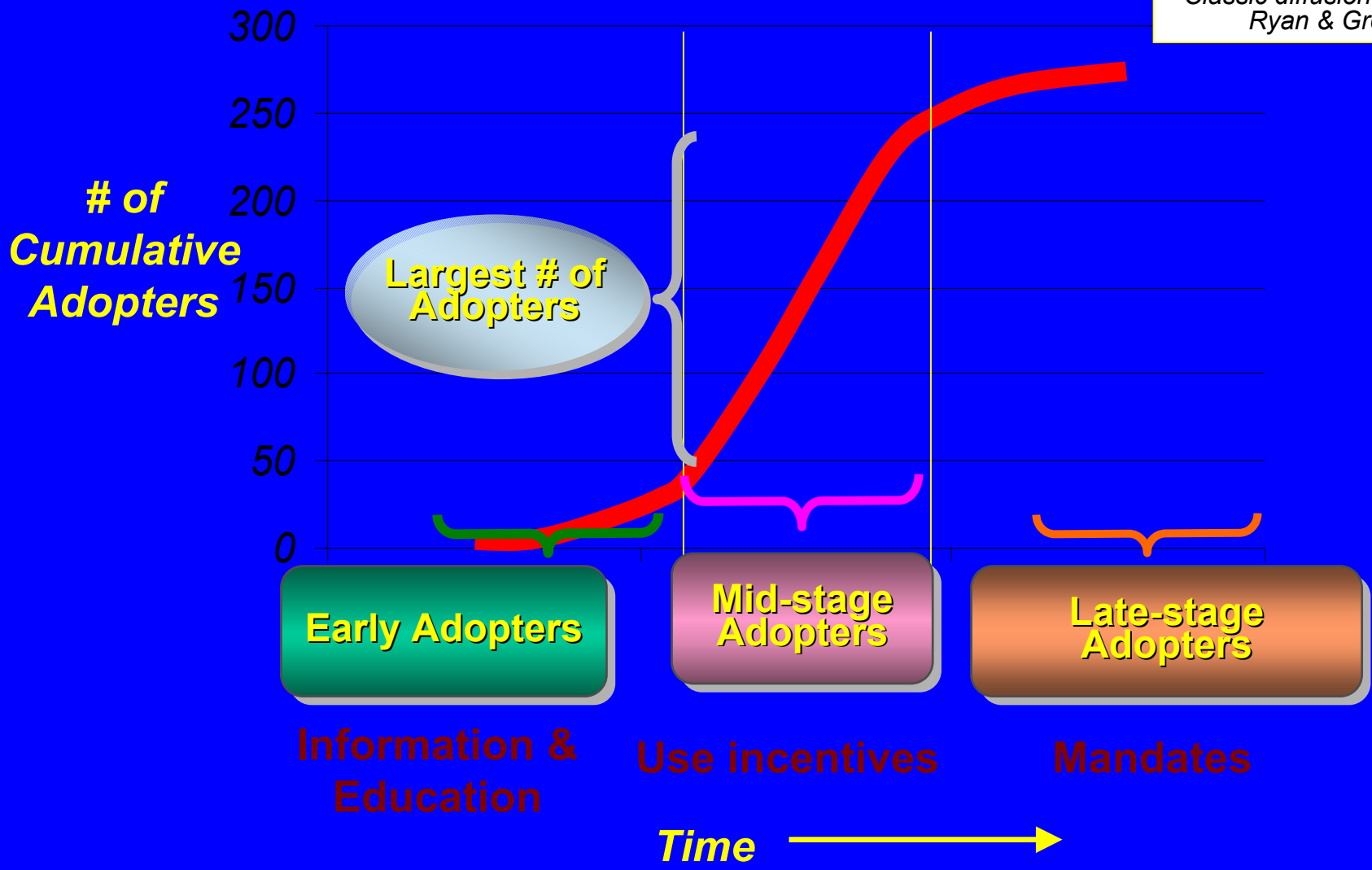
Strategies for Full Capacity Treatment System

- ✓ *Improve outcomes of current care*
- ✓ *Focus on UConn Needs Assessment data*
- ✓ *Respond to documented "wait list' cases*
- ✓ *Convert need into demand*
- ✓ *Remove barriers to current system*
- ✓ *Support client-based models of care*
- ✓ *Promote cross state agency collaboration*
- ✓ *Progressively fund true new capacity*

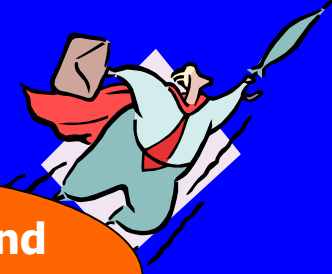
What's the Timeline for the Adoption of New Practices

Cumulative adopters of Hybrid Seed Corn in Iowa between 1927 and 1941

Classic diffusion study by Ryan & Gross



Current Area of Focus



Information and Education (Newsletter)

Advance Directives

Recovery Institute

Person Centered Planning Initiative

Housing and Vocational Initiative

Centers of Excellence

CSAT/CMHS Consultation

Recovery Self Assessment

Flexible funding pilot

Preferred Practices Initiative

DMHAS Recovery Advisory Council

Recovery Policy Work Group

Centers of Excellence

- Focus areas include
  - Supported community living
  - Peer run programs
  - Outreach and engagement
  - Core clinical skills/recovery guides
  - Person centered planning
  - Cultural competency

Measuring Success

- Improved quality of life
- Improved treatment retention
- Meaningful social roles
- Increased consumer satisfaction
- Greater Vocational participation
- Increased consumer participation
- Independent functioning
- Identification of best practices
- Increased use of peer support and self help
- Reduction in stigma

"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