

RECOVERY TIMES

FOCUS ON:

**COLLABORATIVE VENTURES WITH OTHER STATE
AGENCIES & PUBLIC/PRIVATE PARTNERS**



MARCH 2008

*Everything you ever wanted to
know. and then some!*

**State of Connecticut
Department of Mental Health and Addiction Services
Thomas A. Kirk, Jr., Ph.D., Commissioner**

RECOVERY TIMES

March 2008

Table of Contents

I.	<i>Collaborative Ventures w/Other State Agencies & Public / Private Partners</i>	3
	Addressing the Needs of Individuals with Developmental Disabilities	3
	Assessing and Managing Suicide Risk (AMSR)	3
	Assessing Depression and Preventing Suicide in Adolescents	4
	Community Care Teams	4
	Competency to Stand Trial (CST) Evaluation for Juveniles	4
	Crisis Intervention Team (CIT) Presentation at U.S. Dept. of Justice Regional Conference	5
	Crisis Intervention Team (CIT) at Southwestern CT Mental Health System (SWCMHS)	5
	Coordinating Employment/Vocational Rehabilitation Services	5
	Gender Responsive and Trauma-Informed Promising Practices	6
	Governor's Task Force on Teen Driving	7
	Improving Community Transition	7
	Mental Health Transformation (MHT)	7
	Partnerships at DMHAS' Capitol Region Mental Health Center (CRMHC)	8
	Project Safe Collaboration in Greater Bridgeport	9
	Regional Hotline	10
	Re-Organized to Effectively Serve Individuals Involved with the Criminal Justice System	10
	Rushford and Midstate Hospital Emergency Room Partnership	10
	Safety Education and Training Activities	11
	SOS (Signs of Suicide) High School Program	11
	Statewide Youth Suicide Prevention and Education Awareness Campaign	11
	Students Learning About Schizophrenia	12
	SWCMHS Collaboration with the Yale Program for Recovery and Community Health (PRCH)	12
	Tobacco Prevention and Enforcement Program	13
	Town Hall Meetings Bring Communities together on Underage Drinking	13
	Training for Office of the State's Attorney	13
II.	<i>Additional Highlights</i>	14
	DMHAS Employee of The Year 2007	14
	Ongoing Staff Development at CT Valley Hospital (CVH)	15
	Supporting Recovery	15

MARCH 2008 RECOVERY TIMES

I. COLLABORATIVE VENTURES WITH OTHER STATE AGENCIES AND PUBLIC / PRIVATE PARTNERS

ADDRESSING THE NEEDS OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

Crisis staff from the Region IV and Northern Region III Local Mental Health Authorities (LMHAs) have been meeting regularly with Health Care System (HCS) Regional Managers and the DDS North Central Regional Director and staff in an effort to improve services to individuals who have both developmental disabilities and mental illness. The group has provided cross-education about their respective services and service systems, clarified roles, reviewed cases, and identified ways to work more cooperatively. The group has also identified training needs and in March DDS has arranged training for LMHA clinical and crisis staff on Addressing Mental Health Needs of Individuals with Developmental Disabilities. Topics will include assessments, emergency evaluations, and "pacing" regular therapy".

At Western Connecticut Mental Health Network (WCMHN), a variety of staff members from each agency have begun to meet on a quarterly basis with several objectives in mind. First, each agency is learning more about the specific kinds of programming, eligibility parameters, barriers and access to health care and day-to-day operations of the other department. With such information sharing, each agency can further and more effectively assess health care needs in the region. These meetings also provide an opportunity for individual case consultation and brainstorming about the availability of other service options that may help to enhance an individual's quality of life. This collaboration can also facilitate and provide clarification for inter-departmental service referrals.

One example of this process in action has been consultation among WCMHN's Northwest Mental Health Authority and DDS' West Region staff and local private service providers. The intent of this case consultation has been to safely decrease the number of one individual's emergency room visits and psychiatric hospitalizations, while assisting that person with enhancing a sense of dignity and quality of life. By all reports, this process has been a productive one, as indicated by a reduction in a notable hospital visits and improvement in working relationships with providers. In addition, this process has helped to validate the hard work that treatment team members contribute on a daily basis.

The benefits of inter-departmental collaboration are just now becoming evident. With ongoing work, people with serious co-occurring conditions will have better access to more comprehensive treatment, assisting them to reach their goals in the community.

For more information DMHAS' HCS, contact Lauren.Siembab@po.state.ct.us or 860-418-6897. For more information on WCMHN, contact Colette.Anderson@po.state.ct.us or 203-805-6403.

ASSESSING AND MANAGING SUICIDE RISK (AMSR)

DMHAS' CT Youth Suicide Prevention Initiative, funded by federal Center for Mental Health Services (CMHS), is working with Wheeler Clinic, the CT State University System, the State Dept. of Education, the Dept. of Children and Families (DCF), St. Francis Hospital and Medical Center, and Quirk Middle School in Hartford to provide the evidence-based National Suicide Prevention Resource Center's AMSR curriculum to clinical staff of the 17 CT Technical High Schools and Trumbull High School, DCF Emergency Mobile Psychiatric Services (EMPS) clinicians, CT State University System Counseling staff, and clinicians at the St. Francis Hospital and Medical Center Adolescent Clinic and Quirk Middle School and School-Based Health Center. Trainings occurred October 9, 2007 and January 18, 2008. Two additional trainings will occur during the 2008-2009 school year, and there will be a Training-of-Trainers in spring 2009 directed predominantly at DCF EMPS staff. Thus far over 70 people have been trained.

For more information, contact Dianne.Harnad@po.state.ct.us or 860-418-6828.

ASSESSING DEPRESSION AND PREVENTING SUICIDE IN ADOLESCENTS

DMHAS' Prevention Unit, via the CT Youth Suicide Prevention Initiative, funded by federal Center for Mental Health Services (CMHS), is working with the Saint Francis Hospital's Medical Center Adolescent and Young Health Program and the Quirk Middle School School-Based Health Center in Hartford to implement a comprehensive prevention program designed to use: 1) programs and services that have been developed and evaluated using scientific research methods that demonstrate their effectiveness; and 2) programs and services that use established prevention principles to increase the availability and accessibility of mental health treatment by embedding services in these locations, which may later be replicated in other CT communities. Care is coordinated between the two sites in order to meet the needs of youth who may access services at either site at one time or another.

Prevention efforts are directed at middle school aged youth and those people who are stakeholders and influence them including parents/guardians, family members, caregivers, schools, communities at large and the agencies, organizations and institutions within those communities. It is anticipated that a minimum of 875 middle school students will be assessed and 235 will be referred to individual and/or group counseling services by the end of the project in May 2009.

Each site provides mental health assessments during well-child checks using the Reynolds Adolescent Depression Scale, 2nd Ed (RADS2) and other measures as needed, crisis counseling for up to eight sessions, referral to community-based therapeutic counseling, and liaison services to referred youth; and information and consultant services for stakeholders

For more information, contact Dianne.Harnad@po.state.ct.us or 860-418-6828.

COMMUNITY CARE TEAMS

For the past five years, SMHA has been an active participant in the Community Care Team established by Norwich Social Services. Through the commitment of behavioral health agencies, social service providers, the Norwich Hospitality Center, clergy, police and others, the team is committed to finding and implementing solutions to the problem of homelessness among our adult population. The team focuses on individuals with the most challenging behaviors usually affected by substance abuse, mental health issues or both. The team discovered that these individuals were people not only of many religions, races and ethnic groups, but people from all walks of life.

By virtue of trauma, varying disabilities, economic and cognitive challenges and unfortunate circumstances, these individuals were frequently and inappropriately labeled a "nuisance" to the downtown business owners and hospital emergency rooms. To change this perception, the Community Care Team has been meeting monthly and works collaboratively to provide these individuals with hope, dignity and a better quality of life by sharing case studies, innovative ideas, and utilizing the available resources of the group. Each person's needs are looked at from a holistic perspective. The Team utilizes furniture banks, solicits clergy donations to furnish apartments, works with energy assistance programs to find solutions to help folks with utility bills, and finds payees to make sure rents are paid to maintain housing. The Team works hand in hand with landlords who are helpful in providing housing to this population, and pairs up people to ensure they can afford rents. The Team also assists individuals in finding competitive employment. As a final step to the process, the Community Care Team promotes recovery as a set of choices where the person in recovery is a driving force. Individuals are assisted and supported through information and access to recovery services.

For more information, contact William.Newkirk@po.state.ct.us or 860-859-4534.

COMPETENCY TO STAND TRIAL (CST) EVALUATION FOR JUVENILES

DMHAS has been receiving an increasing number of court orders for CST evaluation for juveniles. The courts take a special interest in juvenile cases because of the emphasis on providing services in lieu of prosecution, especially with recent legislation to include 16 and 17 year olds in Juvenile Court rather than adult court. DFS Staff participate in an interagency workgroup regarding juvenile competency to stand trial which is organized by the Judicial Branch and includes judges, state's attorneys and public defenders

from the juvenile court system, the CT Child Advocate, court staff, a psychiatrist from DCF's Riverview hospital, and a forensic psychologist from the private sector. This workgroup is drafting a new statute that is specifically tailored to juveniles.

For more information, contact Barbara.Garvie@po.state.ct.us or 860-262-5830.

CRISIS INTERVENTION TEAM (CIT) PRESENTATION AT U.S. DEPT. OF JUSTICE REGIONAL CONFERENCE

DMHAS participated in the U.S. Department of Justice (DOJ) Bureau of Justice Assistance Regional Conference in Hartford January 29-31, 2008 with presentations on the Crisis Intervention Team (CIT) and other programs that have been funded by DOJ grants and administered by the Division of Forensic Services. The CT Alliance to Benefit Law Enforcement, Inc. (CABLE), the DMHAS CIT clinician from Hartford, and the Chief of the State Capital Police Department gave a presentation on implementation of the CIT program in CT. The DMHAS CIT program funds training for police officers to deal with persons with psychiatric disorders and also funds DMHAS clinicians at four LMHAs to assist officers in responding to mental health calls and offer evaluation, referral, and follow-up to the subjects of those calls. The 5-day, 40-hour CIT trainings are conducted by the CABLE. Since October 2004, 426 individuals (police officers, mental health staff, and others) have participated in these DMHAS-funded trainings including members of 23 municipal police departments, the CT State Police, State Capital Police, and 5 university based police departments.

For more information, contact Megan.Goodfield@po.state.ct.us or 860-262-6212.

CRISIS INTERVENTION TEAM (CIT) AT SOUTHWESTERN CT MENTAL HEALTH SYSTEM (SWCMHS)

In the late 80's in Memphis, Tennessee, the police found themselves needing to use deadly force against one of their citizens who actually needed psychiatric medical care. That incident spawned CIT for some members of their police force. This training eventually spread to other states including CT. Through the work of the CT Alliance to Benefit Law Enforcement (CABLE) in conjunction with NAMI, this training has produced Crisis Intervention teamwork between police and LMHA's in several Connecticut cities. Stamford Police Department and SWCMHS operating at the F.S. DuBois Center have created a working collaboration between officers and clinicians on behalf of individual welfare and community relations. A DuBois Center clinician, Paul Turner Psy.D, has been trained in crisis intervention services and works as a liaison between DuBois Crisis Services and the Stamford Police Department.

The goal of the CIT is to insure that the first contact in stressful community situations is more therapeutic than the traditional police approach of creating an immediate "command presence." The design of CIT permits the police to ask for assistance from the crisis staff at DuBois and also for the crisis staff at DuBois to request assistance from CIT officers.

Since CIT's inception in Stamford in October 2005, many people have been assisted through treatment rather than the judicial system. The Stamford Police Department has developed a "mailbox" where calls needing follow-up are referred to DuBois. This reduces the demand on police time for services that are best handled by service providers at DuBois. The relationship between the Stamford police and SWCMHS has been strengthened because of CIT. The success has spread to the neighboring cities of Norwalk and Westport, with Greenwich also making inquiries about instituting a similar service.

For more information, contact James.Pisciotta@po.state.ct.us or 203-579-7368.

COORDINATING EMPLOYMENT/VOCATIONAL REHABILITATION SERVICES

- The Department of Social Services' (DSS) Bureau of Rehabilitation Services (BRS), the state's disability employment agency, has designated three of its counselors as liaisons to the DMHAS system. The three are housed in the following local mental health authorities (LMHAs): **Capitol Region Mental Health Center (CRMHC)**, **Greater Bridgeport Community Mental Health Center (GBCMHC)** and **CT Mental Health Center (CMHC)**. These individuals are working to

develop protocols for linking the employment services of the two agencies. Both agencies believe that by leveraging the full array of services and supports, employment outcomes will be improved and individuals in recovery will make more significant movement toward self-sufficiency. Teams from the participating LMHAs including those BRS Liaisons and their supervisors meet regularly to discuss best collaborative practices and resolve any problems that arise. A research component, conducted by the University of CT, will compare the employment outcomes of those who receive the interagency teamed services vs. those who receive services from only one agency.

For more information, contact Ruth.Howell@po.state.ct.us or 860-418-6821.

- **Greater Danbury Mental Health Authority (GDMHA)** has been working to strengthen its relationship with BRS for the past several years. As a result of these efforts, BRS has increased attendance at GDMHA Biweekly Vocational Screening Committee Meetings and evening consumer meetings. Referrals have begun to flow more easily back and forth between the two agencies. BRS has made themselves readily available to staff and persons in recovery to present on the services they provide and making appointments with individuals simply requesting information about how work can affect their entitlements. There has been a noticeable decrease in the fears about “losing entitlements” if /when they work.

For more information, contact Colette.Anderson@po.state.ct.us or 203-805-6403.

- As a key part of its Employment Initiative, **River Valley Services (RVS)** has developed new and initiative linkages with BRS. Maximizing these linkages helps ensure that persons in recovery get access to all available assistance to aid their efforts to secure employment, as well as ensuring that resources are being used to their greatest effectiveness. Relationships include linking individual BRS counselors to specific clinical teams for regular coordination around a person in recovery’s needs, and regular meetings to share new ideas and programs and progress on previous efforts. Most recently, BRS staff has been invited to be on-site at RVS once a week to increase contacts between persons in recovery and BRS, including the benefits specialist who will answer questions, which are often critical for people in their decision making about work. This collaboration is very important because research has demonstrated improved employment outcomes when the mental health provider and the state vocational rehabilitation agency work closely together.

For more information, contact Howard.Reid@po.state.ct.us or 860-262-5205.

GENDER RESPONSIVE AND TRAUMA-INFORMED PROMISING PRACTICES

DMHAS, the Department of Children and Families (DCF), the Department of Correction (DOC), and Court Support Services Division (CSSD) of the Judicial Branch, in collaboration with the CT Women’s Consortium have begun discussions on how best to partner around the work being done as it relates to gender-responsive and trauma-informed programming. The current goal is to plan a two-day conference in 2009; *highlighting innovative promising practices that are both gender-responsive and trauma-informed*. The group has spoken to Marilyn Van Dieten, Ph.D. as a potential keynote speaker. Dr. Van Dieten is responsible for the implementation of two large-scale nationally funded projects in the area of family violence. There has also been some discussion on bringing in Gayle Daykoff, Ph.D. to talk about the successful work she has done in Florida working with high-risk mothers and their children.

DMHAS, DCF, DOC and CSSD have begun piloting many innovative practices as it relates to gender and trauma around the state and are reporting early signs of positive success. This work is being done for both women and men. The agencies involved feel the need to share their successes with each other and a broader audience. DMHAS will provide a workshop on the Women’s Practice Improvement Collaborative (WSPIC), a four-year initiative that began in 2004 and that has produced Gender Responsive Treatment Guidelines. CSSD and DCF will showcase the Guidelines they have developed for their girl’s programs and report on the positive outcomes that have resulted. DOC will also present on the work they have done as part of the Manson Youth Initiative. The most important objective of this event

will be the *collective sharing of information and ideas across agencies and with other interested stakeholders*. Additionally, a plan will be developed on how to best to integrate these practices.

For further information, contact Terry.Nowakowski@po.state.ct.us or 860-4186774.

GOVERNOR'S TASK FORCE ON TEEN DRIVING

Nationally, motor vehicle crashes account for approximately 36% of all deaths of 15 to 19-year-olds. Following a series of deadly crashes in Bristol, Wolcott and Milford, CT joined a growing number of states in taking action to strengthen laws, toughen penalties, increase educational requirements and promote public awareness through the creation of a Teen Driving Task Force. DMHAS became the latest state agency task force member, and co-chairs the recently established Public Health Sub-committee.

Consistent with the overall goal of the Governor's Teen Driving Task Force, the Public Health Sub-committee aims to increase teen driver safety by developing recommendations on: creating a state agency workgroup for ongoing collection and analysis of data to assess the problem and progress being made; education and increased enforcement of licensing laws by law enforcement; and, developing a social marketing campaign using youth focus groups. Recommendations from the subcommittee will be due to the Task Force by April 6th.

For more information, contact Dianne.Harnad@po.state.ct.us or 860-418-6828 or go to www.ct.gov/teendriving.

IMPROVING COMMUNITY TRANSITION

In 1996 DMHAS and the Department of Correction (DOC) created a formal interagency group to improve the transition of sentenced individuals with serious mental illness from prison to the community. DOC mental health staff forward referrals to the DMHAS Division of Forensic Services (DFS) for discharge coordination with the appropriate local mental health authority (LMHA) community program. DOC forwarded 39 referrals to DMHAS in January 2008. This is the highest number of referrals since program inception in 1996 and appears to reflect improved efforts to identify these individuals in prison prior to release. DOC has indicated that they have identified more DMHAS individuals within their system due to better tracking and that referrals will possibly be high over the next few months. DFS staff are working with DOC staff to review medical records of individuals to improve this tracking process.

For more information, contact Erin.Leavitt-smith@po.state.ct.us or 860-262-5879.

MENTAL HEALTH TRANSFORMATION (MHT)

The MHT Initiative has as one of its key goals to facilitate enhancements to the state's mental health service system by reaching out to, and working with unique and disparate groups that address mental health concerns in a variety of different ways. Two relatively new initiatives that further promote this effort are the Behavioral Health and Primary Care initiative and the Data Interoperability Workgroup.

1. The **Behavioral Health and Primary Care Initiative** results from legislation passed in 2006. Public Act 06-188 Sec.31 which states in part "the Commissioner of DMHAS, within available appropriations set fourth in section 52 of this act and in consultation with the Community Mental Health Strategy Board established under section 17a-485b of the general statutes, shall establish and implement (1) a pilot program for general pediatric, family medicine and geriatric health care professionals to improve their ability to identify, diagnose, refer and treat patients with mental illness." Furthermore, "On or before January 1, 2009, the Commissioner of DMHAS shall evaluate the pilot programs established under subsection (a) of this section and shall submit a report of the commissioner's findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a of general statutes."

The Initiative will establish and implement pilot program(s) designed to educate pediatric, family medicine and geriatric healthcare professionals to facilitate screening, early identification, referral and

treatment of children, adolescents and adults with mental illness. Education may be accomplished by developing a curriculum(s) or by using an existing curriculum(s) if any such curriculum includes:

- Appropriate age, culture and gender specific developmental information.
- Appropriate age, culture and gender specific screening tools available.
- Treatment of mental health issues within the primary care setting.
- Recognition of the need and appropriate time to refer to a behavioral health specialist.
- Comprehensive resource list of behavioral health service, programs, and providers available within the local pilot site.

The Behavioral Health and Primary Care Initiative will help DMHAS accomplish the following program goals and objectives:

- Develop a model for educating pediatric, family medicine and geriatric health care professionals that can be replicated beyond the pilot site(s).
- Increase the use of age appropriate mental health screening tools in primary care practices.
- Ensure timely and assertive referral and access to a behavioral health specialist.
- Establish increased coordination, collaborative and consultative relationships between providers of primary medical care and behavioral health specialists.

The RFP for this Initiative has been posted and DMHAS invites applications until 3/14/08.

2. The **Data Interoperability Workgroup** is a group of state agency partners and others interested in exploring opportunities for shared data collection. Together with representatives from the Department of Social Services' Medicaid Infrastructure Grant (MIG), CT Office of Workforce Competitiveness (OWC) and the Governor's Early Childhood Education Cabinet, MHT staff has been meeting to address data interoperability issues. It is the intent of this group to identify and pool resources across agencies and initiatives to fund and further advance data sharing opportunities.

The purpose of this partnership is to facilitate the collection and analysis of program data that will assist state agencies to analyze employment and health outcomes allowing participating agencies to:

- Share data related to youth and young adult employment outcomes among agencies;
- Create a system to facilitate cross-agency reporting, data sharing, client tracking and research among various agency data systems;
- Provide a method for agencies to utilize information located in other agency data systems to inform program goals and measure outcome;
- Help agencies achieve results-based accountability to meet the CT General Assembly goals; and
- Analyze and report on data for policy and planning purposes.

The data interoperability partnership will allow for the generation of aggregate, de-identified data reports that use multiple agency data. Data incorporated into this type of reporting may be available at an aggregate level with common demographics or other markers to allow for combination and reporting. This functionality will be used to conduct research to assess program outcomes, identify trends and support policy development. Performance and outcome data within and across agencies and State systems, will support DMHAS' desire for a clearer understanding of: 1) the systemic correlates of behavioral health disparities; 2) the effectiveness of interventions in eliminating disparities and increasing systems cultural competence; and, 3) ways in which data can be used to inform policy development and cross-system, cross agency interventions to eliminate behavioral health disparities.

For more information, contact Barbara.Bugella@po.state.ct.us or 860-418-6738.

PARTNERSHIPS AT DMHAS' CAPITOL REGION MENTAL HEALTH CENTER (CRMHC)

- **Employment and Recovery Network (EARN).** EARN is a collaborative project between Chrysalis Center and CRMHC. In April 2004, EARN began using the Individual Placement and Support (IPS) model for employment, an evidence-based model created at Dartmouth College. Its goal is to assist people in recovery to obtain competitive employment in the community with the support they need

from the program. This model involves delivering services in the context of a multidisciplinary team that integrates clinical and vocational services. EARN's focus is on finding work that fits the job preference and needs of the person, promoting rapid job search, and job training. Through EARN, six Employment Specialists from the Chrysalis Center are integrated within various clinical teams at CMRHC. Any individual may request and receive services in this zero-exclusion approach. EARN has a successful placement rate of over 60%, and relates in a meaningful way to the DMHAS goal of promoting evidence-based practices and recovery-oriented services.

- **Chrysalis Center Case Management Services at Hartford Behavioral Health (HBH).** HBH's partnership with Chrysalis Center addresses the critical need for rapid access to case management services for individuals who receive outpatient clinical services at HBH. Through the development of a Memorandum of Understanding, a full-time Chrysalis Center case manager is fully integrated into the clinic at HBH. Prior to this collaboration, HBH had difficulty accessing case management services for their clients in a timely manner. The results of the initiative have been dramatic. A streamlined referral process allows for assignment of the case manager in as little as one day for urgent situations and less than two weeks for routine referrals. The HBH Adult Services Director determines the appropriateness of case management referrals and approves the service based on the one-page, streamlined referral form. Once a referral is approved, the case manager would be included in the next clinical session with the person in recovery. As a staff member fully embedded in an HBH program, the chrysalis case manager has full access to the individual's clinical record and is essentially a member of an integrated treatment team.
- **Easter Seals Vocational Services at Hartford Behavioral Health (HBH).** Consistent with the Chrysalis/HBH model described above, Easter Seals has integrated a vocational counselor three days per week into clinical programming at HBH. The same streamlined referral and approval process is in place. Once again, the results have been dramatic, and the initiative assures rapid access to vocational services through a fully integrated team.
- **CW Resources Vocational Services at Hartford Hospital's Outpatient Mental Health Clinic.** This is the newest initiative of the Hartford Collaborative. Consistent with the models described above, this initiative places a CW Resources Vocational Counselor at Hartford Hospital's outpatient clinic. Rapid access and fully integrated services have been demonstrated in this initiative as well.

For more information on the above, contact Karen.Evertson@po.state.ct.us or 860-297-0906.

PROJECT SAFE COLLABORATION IN GREATER BRIDGEPORT

In February 2005 it was recognized that families served by Project SAFE (Substance Abuse Family Evaluation) in greater Bridgeport were not being effectively engaged into services. DMHAS' SWCMHS Chief Executive Officer initiated a series of discussions among the executive staff of many different agencies in order to assist DCF in greater Bridgeport in more effectively providing treatment services to their families. These included DMHAS, DCF, Advanced Behavioral Health, Bridgeport Child Advocacy Coalition, CASA, Child First of Bridgeport Hospital, CT Renaissance, Helping Hand, Liberation Programs, Project Reward (Family and Children's Agency), Regional Network of Programs, Regional Youth and Adults Substance Abuse Project, and Southwest Community Health Center. Several representatives from the DMHAS' Office of the Commissioner and DCF Central Office also participated and have played key roles in reinforcing group process and development.

Over the past three years several accomplishments have been realized:

1. A Joint Case Conference Protocol was developed and implemented to formalize interagency activity with same facilities. Data is being collected for ongoing analysis.
2. Several proposals were developed and submitted with success in capturing additional grant funds.
3. Joint training and consultation on Motivational Interviewing was presented for six sessions to staff members from all participating agencies.
4. Literature searches on best practices were conducted and materials distributed to agencies.
5. New diagnostic materials being implemented by DCF were distributed and reviewed.

6. Guest speakers have routinely given presentations.
7. A “DMHAS/DCF Cross Training Forum” held in June 2007 was attended by 75 members from participating agencies. The experience reinforced positive relationships among attending professionals.
8. The Collaborative is now sponsoring an Outpatient Services Supervision Pilot Training/Consultation Plan. This project, co-sponsored by DMHAS, DCF, CSSD and DOC, will train 20 clinical supervisors in a systems approach to family services. The initial activity occurred on January 30, 2008.
9. The Collaborative has enlisted active participation from CSSD and DOC.

For more information, contact James.Pisciotta@po.state.ct.us or 203-579-7368.

REGIONAL HOTLINE

The Regional Hotline, as a function of the Mobile Crisis Team (MCT) at DMHAS’ Northwest Mental Health Authority (NWMHA), is often a front line engagement for persons in crisis in the community. Many times, we are the first link to people getting services for psychiatric illness and/or substance abuse. Anyone can contact MCT to request an outreach on behalf of a person in recovery. If an outreach is indicated a specialized assessment is made by licensed clinicians and nurses in the community setting. This service relies heavily on the engagement process as well as community collaboration. In particular, NWMHA works very closely with Charlotte Hungerford Hospital in various ways. Once an individual is assessed by MCT and is determined to be in need of further evaluation or hospitalization, transportation to the emergency department is arranged. At the emergency department, MCT interfaces with the crisis staff and exchanges clinical and collateral information, as well as observations made from the outreach. Another way that DMHAS is working with the hospital is through the ‘Acute Care Bed’ program that is designed to help the uninsured population. When a person in recovery is in need of hospitalization, an approval to cover the cost of the admission may be granted by a MCT supervisor. A liaison from MCT participates in discharge planning with the inpatient unit staff. Services are provided to assist the individual to obtain entitlements as well as follow up treatment.

The collaboration across agency lines allows the system to respond to the needs of a person in recovery in the community with flexibility, timeliness and compassion.

For more information, contact Colette.Anderson@po.state.ct.us or 203-805-6403.

RE-ORGANIZED TO EFFECTIVELY SERVE INDIVIDUALS INVOLVED WITH THE CRIMINAL JUSTICE SYSTEM

Building on a well-established law and psychiatry program, and in response to new program money for Alternative to Incarceration (AIC) and transition out of prison, DMHAS’ CT Mental Health Center (CMHC) is progressively orienting itself to the increasing demand for clinical services from individuals coming out of the criminal justice system. CMHC has reorganized ourselves locally to reflect what we understand is occurring on a statewide basis, to more effectively communicate and collaborate with local AIC and transitional programs through the Department of Correction (DOC) and Court Support Services Division (CSSD) of the Judicial Branch. CMHC decided to place Nancy Anderson, an experienced clinician and clinical manager, in charge of our relationship to these expanding programs and incorporate this growing sector of services under our Community Services Network, which is our local managed service system, directed by Tom Styron. In the next few months, we will evaluate the success of our efforts to monitor the demand, manage the flow and provide the services that this population of people in recovery will need. Our preliminary impression is that our new organization has been successful.

For more information, contact Selby.Jacobs@po.state.ct.us or 203-974-7144.

RUSHFORD AND MIDSTATE HOSPITAL EMERGENCY ROOM PARTNERSHIP

For the past several years, Rushford has held a unique relationship with MidState Medical Center in Meriden, where Rushford clinicians are on staff 24 hours per day in the emergency room (ER) at the hospital. This helps tremendously in decreasing delays and disruptions in treatment for individuals with mental health and/or substance use disorders while increasing the connection to services in a quicker and more efficient manner. An advantage of having Rushford staff located in the emergency room allows

quicker access to medical records, as well as the ability to set up referrals to various Rushford behavioral health programs located throughout the state, or to other treatment facilities when appropriate.

Each year, MidState contracts with Rushford to provide these services in their emergency room as well as oversight of their inpatient psychiatric unit. Having doctors and other medical staff on the unit is also beneficial. They are able to work with clinicians in the ER, as well as, work directly with ER doctors. Rushford also operates a mobile crisis team for children and adults. This team goes out into the community and assesses a situation prior to an individual getting admitted to the emergency room.

For more information, contact Kathy Ulm, Vice President of Behavioral Health at kulm@rushford.org

SAFETY EDUCATION AND TRAINING ACTIVITIES

- Three classes on specialized *Behavioral Management Strategies for Young Adult Services* were conducted at Cedarcrest Hospital. Additional classes are scheduled for the coming months to ensure training of all direct care staff. Feedback from staff has been very positive.
- *Police Training Activities:* The Citizens with Special Needs class was conducted for 44 municipal recruit officers at the Meriden Academy.
- *Other Training Activities:* Two Hearing Voices that are Distressing classes have been scheduled this month for the Public Defenders Office.

For more information, contact Marcia.Aleksunes@po.state.ct.us or 860-262-5387.

SOS (SIGNS OF SUICIDE) HIGH SCHOOL PROGRAM

DMHAS' CT Youth Suicide Prevention Initiative, funded by federal Center for Mental Health Services (CMHS), is working with the State Department of Education-CT Technical High School System (CTHSS) and the Trumbull Public Schools to implement the SOS curriculum in ninth-grade classrooms in each of CTHSS' seventeen technical high schools (Grasso Southeastern, Platt, Bullard-Havens, Henry Abbott, H.H. Ellis, Eli Whitney, A.I. Prince, Howell Cheney, H.C. Wilcox, Vinal, E.C. Goodwin, Norwich, J.M. Wright, Oliver Wolcott, W.F. Kaynor, Windham, and Emmett O'Brien Technical High School), and the Trumbull High School/Regional Agriscience and Biotechnology Program.

SOS is the only school-based suicide prevention program that has been shown to reduce suicidality in a randomized, controlled study (March 2004, American Journal of Public Health); and 2) the first suicide prevention program to be selected by the Substance Abuse and Mental Health Services Administration (SAMHSA) for its National Registry of Evidence-Based Programs and Practices (NREPP).

It is anticipated that over 2000 youth will receive this prevention curriculum by May 2009. Thus far, half of the schools (Cohort 1) participated in the fall 2007 University of CT Health Center pre-test evaluation and will receive the post-test evaluation this spring 08. Cohort 2 will participate in the evaluation during the 2008-2009 school year. In addition, parents/guardians, family members, caregivers, schools, communities at large, and the agencies, organizations and institutions within these communities across the state are included in prevention efforts.

For more information, contact Dianne.Harnad@po.state.ct.us or 860-418-6828.

STATEWIDE YOUTH SUICIDE PREVENTION AND EDUCATION AWARENESS CAMPAIGN

DMHAS' CT Youth Suicide Prevention Initiative, funded by federal Center for Mental Health Services (CMHS), is coordinating efforts and funds with the Department of Children and Families/CT Youth Suicide Advisory Board and Wheeler Clinic/CT Clearinghouse to manage the Statewide Youth Suicide Prevention and Education Awareness Campaign. Fall of 2007, a mini-grant request for applications (RFA) was developed by these groups and currently funds seven mini-grants throughout the state. The grants fund youth and young adult-driven, grassroots education and awareness campaigns to raise awareness of mental health issues and provide information on where to find help. Each organization

received \$2,000 to design and implement community-based suicide prevention campaigns for youth and young adults in their area. The award period is October 2007-June 30, 2008.

Fall 07 awardees are: Amity High School in Woodbridge; Community Prevention and Addiction Services in Willimantic; CT College in New London; Frank Ward Strong Middle School in Durham; Community Health Resources/Greater Enfield Alliance for Kids and Families in Enfield; Integrated Wellness Group Inc. in New Haven; and Nu Epsilon Omega Sorority of Sacred Heart University in Bridgeport. A description of these projects is available at: <http://www.ct.gov/dmhas/cwp/view.asp?a=2912&q=335140> .

A second RFA is anticipated for release in March 2008 to fund mini-grants up to \$4,000 from July 1, 2008-May 31, 2009.

For more information, contact Dianne.Harnad@po.state.ct.us or 860-418-6828.

STUDENTS LEARNING ABOUT SCHIZOPHRENIA

Six students of Bristol Eastern High School who had chosen to do their school project on Schizophrenia recently contacted Cedarcrest Hospital. The students met with the Assistant Director of Nursing, the Director of Psychology as well as other team members, to gather information pertaining to individuals with schizophrenia. The students asked questions pertinent to the treatment and recovery issues that may arise during hospitalization. The students inquired about the use of “new generation” antipsychotics and they expressed interest in exploring an individual’s motivation for discontinuation of medications. Of particular interest to the students was learning signs and symptoms of schizophrenia, as well as how an individual’s family members deal with the devastating effects of the illness. A significant amount of time was devoted to the discussion of recovery and what recovery might signify for each person. The students were grateful for the opportunity to speak with staff members from all disciplines and indicated they will use their new found knowledge not only for their class assignment, but to educate others.

For more information, contact Brenda.Thorington@po.state.ct.us or 860-666-7604.

SWCMHS COLLABORATION WITH THE YALE PROGRAM FOR RECOVERY AND COMMUNITY HEALTH (PRCH)

For the past five years SWCMHS has collaborated on a number of initiatives and programs with the Yale PRCH under the direction of Dr. Larry Davidson. The combining of PRCH’s theoretical base, national perspective and passion for recovery with SWCMHS’ commitment to improving service delivery and on the ground implementation experience has significantly accelerated SWCMHS’ transformation to a recovery-oriented system of care. The collaboration began in 2003 when SWCMHS was selected as a Center of Excellence for Person-Centered Care. This honor provided our Stamford staff the opportunity to try a new approach to traditional treatment planning with direct support and consultation from Janis Tondora, Ph.D. who is reshaping the “treatment planning” process on a national level. As a result of this experience, SWCMHS moved from a traditional treatment planning process to a person-centered recovery focused approach.

In the fall of 2005, PRCH, in conjunction with DMHAS, was awarded a five-year research grant by the National Institutes of Health. This project is examining the development and implementation of person-centered planning within large, urban mental health systems. SWCMHS was selected as a site for this initiative in recognition of its strong history as a research collaborator and its current commitment to advance in its mission to deliver recovery-oriented care. The study is currently in its third year. Preliminary findings suggest that person-centered approaches improve recovery outcomes. Throughout the last four years PRCH has played a central role in a number of SWCMHS-based learning opportunities. Larry Davidson and Janis Tondora helped us examine our basic values. One outcome was to make motivational interviewing a “foundational practice” at SWCMHS. For the past year, Dr. Raquel Andres-Hyman has been training supervisors on motivational interviewing and staff.

The PRCH/SWCMHS collaboration has directly resulted in a number of practice changes at SWCMHS. Additionally, PRCH has utilized the on-the-ground experience to help bring the Recovery perspective to a national audience.

For more information, contact James.Pisciotta@po.state.ct.us or 203-579-7368.

TOBACCO PREVENTION & ENFORCEMENT PROGRAM

This past October DMHAS Commissioner Thomas A. Kirk, Jr., Ph.D. and the Dept. of Public Safety (DPS) Commissioner John A. Danaher III entered into a Memorandum of Agreement (MOA) that sealed collaborative efforts between the State Police Troops and the DMHAS Tobacco Prevention & Enforcement Program (TPEP). Since 1999 TPEP investigators have been conducting unannounced tobacco compliance inspections with some state troopers under regional agreements to restrict sales of tobacco products to minors. This MOA now solidifies these activities and widens the base to include all jurisdictions not having an organized municipal police agency. DPS joins 84 municipal police agencies currently participating in the DMHAS TPEP Police Partnership Program to preventing youth access to tobacco products and smoking via unannounced compliance inspections and merchant education.

For more information, contact Dianne.Harnad@po.state.ct.us or 860-418-6828.

TOWN HALL MEETINGS BRING COMMUNITIES TOGETHER ON UNDERAGE DRINKING

Thirty-three (32) CT communities will join close to 2,000 others across the United States to hold Town Hall Meetings to discuss and raise public awareness about the critical issue of underage drinking. The Town Hall meetings will involve parents, youth, community leaders and representatives from education, law enforcement, local government, business and other groups. The meetings will occur in late March and early April, and will focus on the consequences and ways to effectively address underage drinking.

This “Underage Drinking Prevention: National Town Hall Meeting” is being sponsored by community coalitions in all regions of CT. The effort also involves collaboration with the Federal government’s Interagency Coordinating Committee for the Prevention of Underage Drinking, chaired by Dr. Terry Cline, Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA). The gatherings occur as the nation heads into April, designated as “Alcohol Awareness Month”.

The Town Hall Meetings will occur in the CT towns of Bridgeport, Danbury, Canton, Ellington, Enfield, Glastonbury, Groton, Hartford, Haddam/Killingworth, East Windsor, Middletown, Montville, New Britain, New Haven, New London, Old Saybrook, Plainville, Newtown, Stamford, Torrington, Wallingford, Waterbury, Waterford, and Mansfield.

For specific locations, times, and updates visit www.stopalcoholabuse.gov/townhall. For more information, contact Dianne.Harnad@po.state.ct.us or 860-418-6828.

TRAINING FOR OFFICE OF THE STATE’S ATTORNEY

Staff of DMHAS’ Division of Forensic Services’ Office of Forensic Evaluations and Whiting Forensic Division provided training to the Office of the State’s Attorney on February 5th regarding Competency to Stand Trial evaluations as well as other programs available through DMHAS. Approximately 40 State Attorney’s representing all 20 courts attended the training and the Office of the State Attorney reported that the training provided useful information about their cases that use these DMHAS services. DMHAS’ Office of Forensic Evaluations provides evaluations for the courts pursuant to CT General Statutes for 1) Competence to Stand Trial (840/year), 2) Substance Dependency (suspension of prosecution and post-conviction; 475/year), 3) Post-conviction pre-sentence evaluation for jail inmates to determine need for an inpatient diagnostic evaluation at pre-screening to Whiting Forensic Division (12/year), and 4) ongoing monitoring of not guilty by reason of insanity acquittees who are in the community.

For more information, contact Barbara.Garvie@po.state.ct.us or 860-262-5830.

II. ADDITIONAL HIGHLIGHTS

DMHAS EMPLOYEE OF THE YEAR 2007

Congratulations to **Michael Cavanaugh** for being selected **DMHAS Employee of the Year for 2007!** Mike, who is a **Mental Health Assistant 1 at Cedarcrest Hospital**, works in the Cottage program—a program that focuses on assisting individuals who are transitioning from the hospital to community living. Michael excels at his job and in his work with individuals in recovery. Mike’s contributions help to provide a safe and supported environment that illustrates the DMHAS commitment to successful community integration.

Nominated by a fellow-employee, Mike brings forward innovative ideas for activities that provide practical, effective (and fun) experiences for people in transition. He is a contributor at staff and team meetings where he reflects his high regard for clients. Michael’s positive spirit and approach convey hope. He is dedicated to the Cottage Program, coming in early daily to help clients plan and operate the New Hope Café. He regularly works in the Evening Meal Prep program and volunteered to be the first staff to begin an additional evening activity at the Cottage. Always ready, dependable and willing, Mike is a true leader and asset to the Cottage Program, its staff, and most importantly, the people he helps to transition successfully to the community.

Congratulations are also extended to each of the **DMHAS Facility Employees of the Year** who include:

- ◆ **Elaine Henley, Psychiatric Social Worker Assistant at Connecticut Mental Health Center.** Throughout her 26 years with CMHC, Elaine has developed her skills and assumed many roles where she has had a positive impact on patient treatment and staff life.
- ◆ **Catherine (Kit) Conway, Clinical Social Worker Associate with Young Adult Services at Capitol Region Mental Health Center.** Kit joined the Young Adult Services team in 2001 where her humor, dry wit and reputation for excellent clinical care and staff supervision make her beloved by her clients and an outstanding asset to professional staff.
- ◆ **Terry Krasinsky, Rehab Therapist 2 at Connecticut Valley Hospital, General Psyc. Division** is an inspiration to patients with her outgoing personality and smile. She implemented the Pet Therapy Program, serves as a lifeguard at Merritt Pool and drives the handicapped bus. Her energy comes from her caring heart.
- ◆ **Ronna Keil works in Health Care Systems at the Office of the Commissioner** where her varied and valuable contributions enrich the lives of clients and staff. Her Art of Recovery Project features original artworks of people in recovery that are displayed at monthly art shows at the Office of the Commissioner.
- ◆ **Brian Reignier, Human Services Advocate at River Valley Services,** ensures that individuals at RVS are treated with dignity and respect. He fights for rights and works on eliminating barriers by fostering relationships, facilitating groups and providing advocacy, training and recovery education. He co-chairs the Consumer, Family and Youth Committee of the Mental Health Transformation Grant Oversight Committee.
- ◆ **David Pascua is a Mental Health Associate at Southeastern Mental Health Authority** where he designed a system to allocate housing resources to individuals with maximum efficiency. With over 28 years of experience, he helps to sustain a person-centered work atmosphere to help individuals achieve their goals.
- ◆ **Maria Diaz, Secretary 2 at the Southwest CT Mental Health System,** is a pillar that keeps the Psychiatric Intensive Care Unit and the Hospital Services division running. She brings a person-centered spirit to her work, trains all support staff, and ensures individuals, families and visitors receive the highest level of service.
- ◆ **Sedell Hairston-Hatton, Secretary 1 at the Western CT Mental Health Network, Greater Waterbury Mental Health Authority,** is an exemplary secretary and asset to the intake team. She facilitates the flow of information keeping the team up-to-date and”on their toes.”

For more information on the above, contact Thomas.Griffen@po.state.ct.us or 203-579-7331. For on other programs that promote the recognition and retention of DMHAS workforce, go to: <http://www.ct.gov/dmhas/cwp/view.asp?a=2903&q=334922>

ONGOING STAFF DEVELOPMENT AT CT VALLEY HOSPITAL (CVH)

In February, CVH began Phase III of the consultation with Psychosocial Rehabilitation Consultants, which is the dissemination site for the UCLA Psych Rehab Program, directed by Dr. Robert Paul Liberman, M.D. Dr. Liberman has earned a worldwide reputation for developing evidence-based, innovative, bio-behavioral programs. Hundreds of hospitals and mental health systems around the world have adopted the methods developed by Dr. Liberman and his colleagues for rehabilitating persons with schizophrenia.

Dr. Liberman has developed an impressive agenda for this phase of the CVH recovery effort in psychosocial rehabilitation and skills training which will begin on February 25 and continue through February 29. It will provide ample opportunity for CVH staff at all levels to receive behavioral instruction in conducting the social skills training modules, administering the CASIG (Client's Assessment of Strengths, Interests, and Goals), and a Skills Fidelity instrument.

The CASIG is designed to be the principal assessment instrument for planning, evaluating, and modifying individual and programmatic rehabilitation treatment by assessing six key areas of an individual's life: 1) goals, 2) current functioning, 3) medication practices, 4) quality of life and treatment, 5) symptoms, and 6) unacceptable community behaviors. As an evidence-based model, it will be useful in expanding assessment data. Additionally, it is designed to be easy to use with consumers/individuals in recovery and has been piloted at CVH in January.

Finally, planning is underway to involve a significant number of the unit nursing staff in training to promote the implementation, maintenance, and generalization of the skills training of their patients back at their residential settings. Each training session will last 3.5—4 hours in total with residents, staff and supervisors or administrators with learning activities, practice exercises, and feedback from consultants. Each group will be held in a room equipped with a VCR/DVD/Monitor. Each training group will include 3-4 staff (those likely to be on the front line using these materials), 2-3 residents and 1-2 supervisors or administrators. This will be repeated each of the five days by 5 trainers. We hope to train a total of 200 CVH staff during this 5-day visit.

They have assembled an outstanding cadre of trainers who are also skilled clinicians. A number of criteria were used to select the PRC trainers for this phase of training. Criteria included those individuals who are: 1) actively involved in psychiatric rehabilitation programs, 2) experienced in behavioral skills training procedures and the UCLA Skills Training Modules, 3) strong supervisory or administrative experience with implementation and quality oversight responsibility for programs serving people with serious mental illness, and 4) knowledgeable of the latest innovations and continuing evolution of these techniques as part of the movement toward the promotion of recovery through these positive rehabilitation techniques. Trainers include: Thad Eckman, Ph.D., Sally MacKain, Ph.D., Roberto Zarate, Ph.D., Larry Boone, Recreation Therapist, and Tim Kuehnel, Ph.D.

For more information, contact Luis.Perez@po.state.ct.us or 860-262-5887.

SUPPORTING RECOVERY

- *Empowerment.* For the third year in a row the DMHAS' Commissioner's Office (Human Resources) has ordered centerpieces, corsages and boutonnieres for the "Annual Employee of the Year Awards" luncheon, through CVH's "Seeds for Recovery" program. Many of the individuals who are part of this program are now transitioning into their community programs, therefore, this year only 2 individuals were available to complete this order. Thanks "Seeds for Recovery".
- *Sharing Experience and Sharing Knowledge/Empowerment.* Current CVH residents serving as faculty members are the cornerstone of the Recovery education that our new employees receive during their orientation. They continue to give our recovery mission a human face that touches each

person present in a most profound way. Resident persons in recovery presented at the January 25 and February 7 New Employee Orientations.

- 96% of the new employees who attended the training said that it provided an excellent manner in which to improve their understanding of Recovery from severe mental illness, what the effects of repeated hospitalization are on a person's life, and what it is like to be restrained. 4% of the attending employees said that it did a good job.
- 94% of attending new employees rated the overall program as excellent.
- 100% of new employees would recommend the program to others.
- Comments included:
 - ✓ *"This was excellent. Thank you to all of those who spoke"*
 - ✓ *"Very educational and organized"*
 - ✓ *"Each resident should commend themselves for their bravery"*
 - ✓ *"I really didn't know what it was or if people can recover"*
 - ✓ *"Having residents come in and talk with us and explain their lives was an eye opening experience"*

The Recovery Speaks Program at CVH has sustained a strong reputation in providing effective education. January and February have been busy months with panels addressing several groups of nursing and science students including students from Gateway Community College, Naugatuck Valley Community College School of Nursing, Wesleyan and the Yale School of Nursing. Panels of individuals in recovery add an invaluable dimension to the training of future professionals.

- *Primacy of Participation.* The CVH Wellness and Recovery Committee Meeting met on January 30th. This committee of the Governing Body is the first of its kind to include residents and their family members, who will have a direct impact on the future mission and vision of **Multicultural, Patient and Family Education, and Recovery and Advocacy Issues** in the hospital.
- *Respect/Full Participation.* CVH's Page Hall's Patient Central Services has collaborated with Whiting Forensic Division, Dutcher residential services, General Psychiatry Division, and Patient Advocacy to bring Wellness Recovery Action Plan (WRAP) groups to residents in three new locations within CVH. These new groups are unique in their programming as one offers WRAP with creative arts as group participant's option to create their WRAP plans; another group offers experiential activities including the use of musical instruments, creative arts role playing and other activities to reach people who may have varied learning styles, diverse cultural and educational backgrounds, and personal preferences for wanting to use WRAP in one's life.
- *Peer Support/Valuing Strengths.* On January 25th and February 1, CVH's Whiting/Dutcher Forum was held with the focus on Empowerment. Fifty-one (51) people attended and set a tone of hopefulness and positive direction.

For more information on the above, contact Luis.Perez@po.state.ct.us or 860-262-5887.