# State of Connecticut

# Comprehensive Mental Health Plan Update


# Mental Health Transformation State Incentive Grant (MHT SIG)

**Grant # SM57456**

**September 2008**

**Submitted to**

**The Substance Abuse and Mental Health Services Administration**

**Submitted by**

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## INTRODUCTION

In response to the President's New Freedom Commission on Mental Health and released federal action agenda, Connecticut has been actively transforming all mental health services and associated systems through a multi-stakeholder partnership, including 14 key state agencies and the Judicial Branch, consumers, youth, and family members, and community-based providers. **Transformation efforts and activities are broad based and far reaching** as they have been implemented **across multiple state agencies**- offering the state's citizens an array of accessible services and supports that are culturally responsive, person and family-centered.

Successful transformation to a recovery-oriented system of mental health care requires that consumers of mental health services have meaningful choices regarding effective services and supports are responsive to diverse cultural backgrounds and across the lifespan. Connecticut's Comprehensive Mental Health Plan (CMHP) reflects the strategies identified by the State to achieve its primary aim- the promotion of resilience, recovery, and inclusion in community life. The strategies and activities outlined within CT's CMHP support the goals of Connecticut's Mental Health Transformation State Incentive Grant (CT MHT SIG) and build on personal, family, and community assets. Foremost in CT's planning is that the strategies are integrated and coordinated within the context of locally-based and managed systems of care, thereby ensuring continuity of care both over time and across agency boundaries.

The goals and objectives of Connecticut's Mental Health Transformation State Incentive Grant (CT MHT SIG) are consistent with the six goals recommended by the New Freedom Commission. These are:

1) Connecticut's citizens will understand that mental health is essential to overall health and will treat it with the same urgency as physical health,

2) Mental health care will be person and family-driven and oriented to promoting resilience and recovery,

3) Disparities in mental health care that are based on culture, ethnicity, race, or gender will be eliminated so that all citizens will be able to participate equally in the promise of recovery,

4) Early mental health screening, assessment, and referral to services will become common practice,

5) Excellent mental health care, supported by research, will be provided, and

6) Technology will be used to increase access to care and information.

In addition to these, Connecticut has added an **additional goal of workforce transformation**.

Connecticut's efforts to transform its mental health service delivery system have been organized around these goals since the project's inception in 2005.

The purpose of this year's CMHP is to assess and update the strategies for achieving Connecticut's transformation goals that were identified in previously released plans. Progress to date and changes needed to achieve Connecticut's transformation goals both in the coming year (October 1, 2008-September 30, 2009) and by the close of the project in 2010 will be identified. The CMHP is intended to engage CT's Consumer, Youth and family (C/Y/F) Advisory Council, CT's Transformation Work Group, the Oversight Committee, and other stakeholders including consumers, youth and family members in a process to determine priorities to be accomplished in the remaining grant period. In addition, the updated CMHP will be useful for Connecticut to show progress on our mental health transformation to all stakeholders, including our federal funding source, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS).

We acknowledge that transformation, if successful, does not represent a finite process but one that is flexible, responsive and evolutionary. The opportunity presented by the MHT SIG has been transforming in itself. At no other time has such a large and diverse group of people with a stake in our mental health system come together to discuss a need as critical and exhilarating as transformation.

## HISTORICAL CONTEXT

Connecticut's Mental Health Transformation Initiative has evolved. In October of 2005, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) awarded Connecticut and six other states a five-year Mental Health Transformation State Incentive Grant (MHT SIG) to be used to make fundamental structural changes to the system of delivering services to people with mental health concerns.

Connecticut's efforts have received strong support, with Governor Rell, 14 state agencies and the Judicial Branch designing the state's first Comprehensive Mental Health Plan in 2006. Scores of other partners, including people who use mental health services, their families, the agencies that advocate for individuals in recovery and many other stakeholders contributed to this process.

In project years 1 and 2 over 200 consumers, family members, non-profit providers and state agency representatives participated in seven workgroups designed to identify recommendations related to each of the New Freedom Commission goals and Connecticut's seventh goal, workforce development. From this process over 48 recommendations were identified. A list of prioritized recommendations was identified by the project's Oversight Committee, and in year 2 the workgroups developed a strategy for implementation of their recommendation. In April 2007 workgroups finalized their strategies based on feedback from a newly formed Consumer, Youth and Family Advisory Council and the Oversight Committee.

Also in year 2, building on technical assistance provided by Martin Cohen through the National Technical Assistance Center, MHT SIG leadership consisting of individuals from the Consumer, Youth, and Family Advisory Council and members of the Oversight

Committee reached consensus to consolidate our efforts focusing on four domains: 1) increasing consumer and family involvement, 2) using data to evaluate effectiveness and inform practice, 3) educating the community about mental health and Transformation, and 4) training the workforce.

Connecticut's Comprehensive Mental Health Plans reflect the evolution of Connecticut's transformation process. The CMHP in 2006 presents the detailed recommendations identified by each of the seven workgroups. The 2007 Plan introduces the four domains and presents the strategies and activities to be completed to promote transformation within these priority areas. This plan demonstrates the processes put in place to support successful implementation of the priority areas.

## UNDERSTANDING CONNECTICUT'S CMHP REPORT STRUCTURE

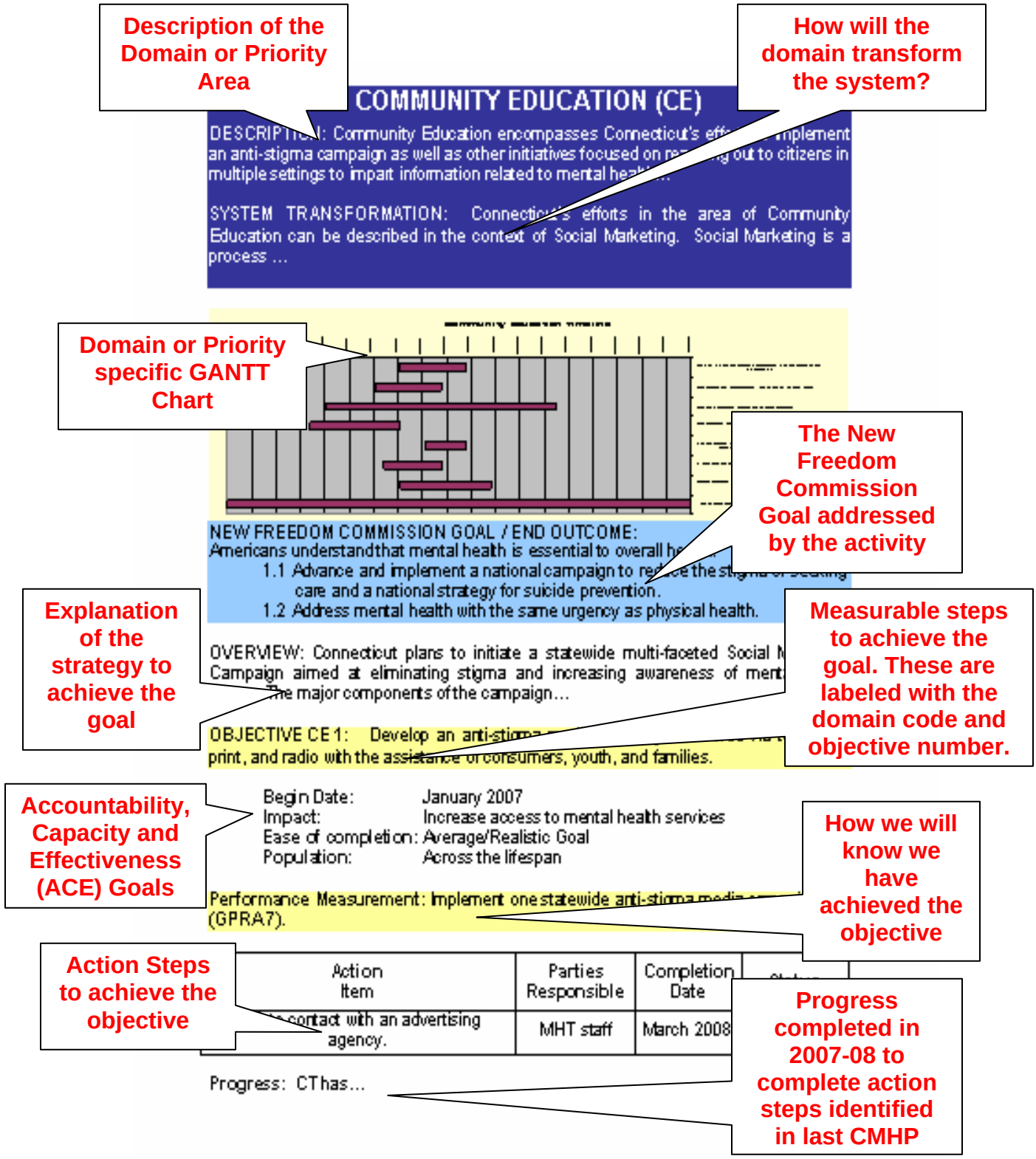
Connecticut's CMHP 2008 builds on two previously submitted CMHPs in 2006 and 2007. This plan expands on the format developed and introduced last year in order to capture and demonstrate Connecticut's progress toward a transformed system of care. As previously noted, Connecticut has identified four key priorities to achieve transformation: Consumer, Youth and Family (CYF) Involvement, Community Education, Data-driven Decisions and Workforce Development. These serve as the sections or chapters of the Plan. Within these we describe how priorities will be implemented through communication and coordination with consumers, youth, family members and other state, regional and community stakeholders and articulate implementation activities and strategic integration of key principles of transformation, i.e., integration of CYF across the system; leverage of financial resources; expansion of services via policy and legislation; elimination of disparities; and other milestones.

Throughout the plan we have attempted to demonstrate how CT's MHT-SIG process is:

- Committed to the involvement of, and responsive to consumers, family members, and other key stakeholders and includes a Consumer, Youth and Family Advisory Council that reviews activities to ensure resilience and recovery-oriented strategies and principles;
- Culturally sensitive and competent;
- Sensitive to establishing links between MHT-SIG activities and other state priorities;
- Coordinated across multiple State agencies, including identifying what actions other State agencies will take to make the activities successful, and the subsequent relationships and formal agreements;
- Accessible to individuals with disabilities and designed to reduce disparities for special populations.

The following section describes the components of Connecticut's CMHP 2008. Each section: Community Education, Consumer, Youth and Family Involvement, Data-Driven Decisions, and Workforce Development are organized and presented in similar fashion.

The diagram below will help the reader understand how the report is structured. Following the diagram is a narrative description of each of the components.



The components within each priority area or section are:

- **Description:** Each domain or priority area is described in a dark blue box at the beginning of each section.

- **System Transformation**: A statement explaining how Connecticut will concentrate efforts within each domain to change the State's mental health system.

- **GANTT chart:** A Gantt chart has been added to better represent Connecticut's progress toward transforming its mental health system within each domain. The Gantt chart lists each objective and associated timeframe-illustrating the start and finish dates of each. A second, more comprehensive gantt chart reflecting all of the domains and earlier activities, that are the foundation of CT's transformation evolution, can be found at the end of the document.

- **New Freedom Commission (NFC) Goal/End Outcome:** All activities identified within CT's CMHP are required to promote achievement of a New Freedom Commission Goal. As noted, the NFC goals are also CT's Mental Health Transformation State Incentive Grant (MHT-SIG) goals. Each objective within a domain has a related NFC goal or sub-goal associated with it, ensuring that as objectives are met, CT is that much closer to its end outcome-achieving the NFC goal.

- **Overview:** An explanation for the objective's rationale and the activities that have been identified to achieve it.

- **Objective(s):** The concrete, measurable steps to achieve system transformation within each domain. There are multiple objectives within each domain which contribute both independently and in concert with others to the ultimate goal of system transformation.

- **Accountability, Capacity and Effectiveness (ACE) goals**: For each objective a start date and ACE goals have been indicated. Impact, Ease of Completion and Population responses are listed below.
    - Impact: improved accountability; increased service effectiveness; increased service capacity; other specified response.
    - Ease of Completion: stretch goal (high risk of non-completion); average/realistic (neither high risk nor sure bet); sure bet (high likelihood of completion)
    - Populations Affected: Children; Adolescents; Adults; Older Adults; Across the life span.

- **Performance measurement:** When completed as indicated the identified Action Steps will contribute to the completion of a product that will represent achievement of the objective. In other words, the performance measurement tells us how we will know we have achieved the objective. Included in the performance measurement is an associated Government Performance Results Act (GPRA) measure indicating the type of system change achieved.

- **Action Item Table**: Each objective and performance measure has activities required to achieve it. These are listed in the Action Items table with the party or parties responsible for completing the action as well as the date that the action is expected to be completed. It is important to note that the Action Tables contain activities that have been identified either in last year's plan, throughout the last project year, or as part of this year's (2008-09) planned activities.

- **Status:** The following terms reflect the status of each action item in CT's CMHP: Initiated, On-target, On-going (with timeframe indicated), Revised, or Completed. These terms are defined as:
    - Initiated: steps to complete the action item have been taken although the action item is not yet completed.
    - On-target: indicates that although specific steps to complete the action item are not yet initiated, ancillary efforts leading to the action item are proceeding and no delays in the proposed completion date are anticipated.
    - On-going: many action items though completed by the proposed completion date will continue or be on-going for an extended amount of time (i.e., throughout the life of the MHT-SIG). As best as possible, we have indicated a date until which the action item will be taking place.
    - Revised: in the case that a proposed action item was not carried out in the manner originally proposed or intended we have indicated that it is revised. An explanation for the revision and if appropriate, the new plan for addressing the performance measure are provided in the "Progress" section.
    - Completed: The action item has been achieved. When all action items are completed, the performance measure has been met.

- **Progress:** After each Action Item Table, a brief explanation has been provided to specify where we are in our process toward completing each performance measurement. Additionally, within this section, the reader will learn how the proposed activities will further progress CT's efforts towards transformation and what plans have been made, if appropriate, to sustain efforts to achieve the objective after the grant ends. It is in this section that any modifications to previously identified activities or adjusted completion dates will also be explained.

## CHANGE EFFORTS NOT INDICATED WITHIN THE BODY OF THE CMHP

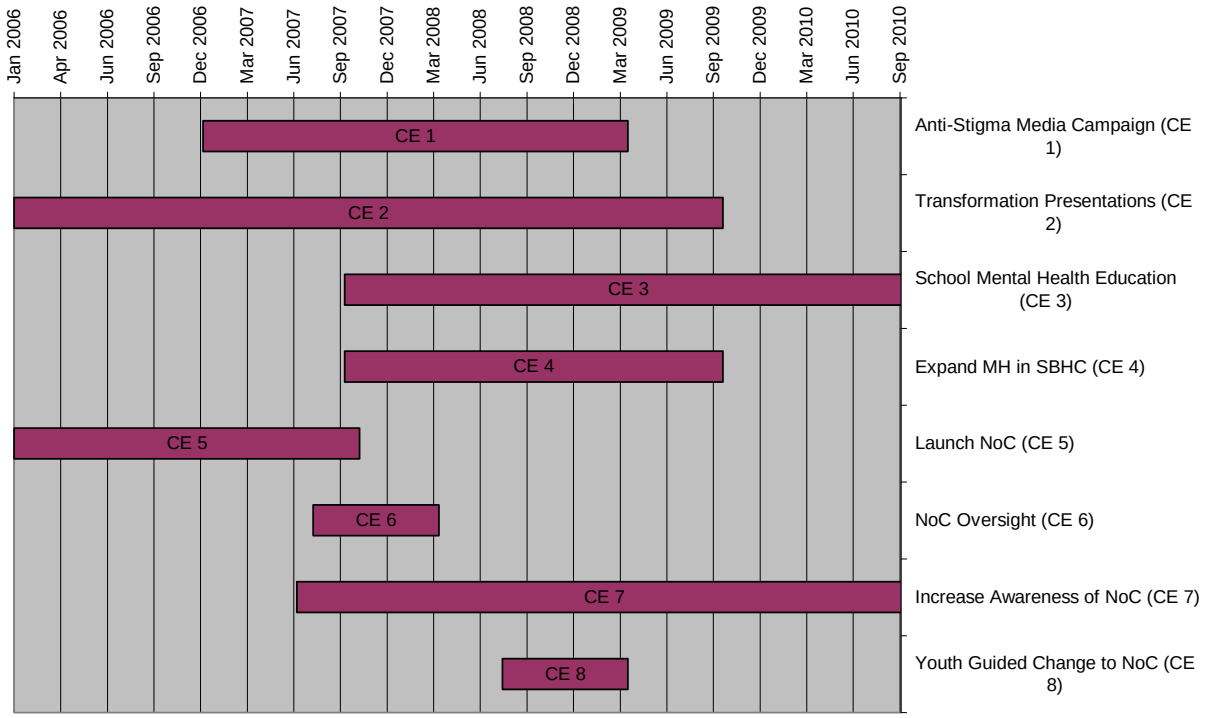
Lastly, at the end of the document the reader will find a section that provides an in-depth overview of activities initiated in project year 2007-08 that were not reflected in the CMHP for project year (2007-08). These activities, though not anticipated to be continued into the next project year (2008-09), are significant to CT's Transformation efforts and thus relevant, as readers attempt to grasp the breadth of CT's Transformation movement. A comprehensive Gantt chart of CT's MHT-SIG activities which have been, or are anticipated to be, completed over the course of the entire project can be found in the summary section at the end of this report.

# COMMUNITY EDUCATION (CE)

**DESCRIPTION:** Community Education encompasses Connecticut's anti-stigma campaign as well as other initiatives focused on reaching out to citizens in multiple settings to impart information related to mental health and illness. Community education underscores the importance of mental health to overall wellbeing.

**SYSTEM TRANSFORMATION:** Connecticut's efforts in the area of Community Education can be described in the context of Social Marketing. Social Marketing is a process designed to influence or change attitudes and behavior about a particular issue. It employs many elements of standard marketing such as utilizing a multi-faceted, multi-media approach to reach the desired audience. The reduction of stigma, the promotion of mental health and the understanding that mental health is part of overall health, once achieved, represent a significant shift in attitude and the removal of one barrier that individuals in recovery and their families face every day.

**Community Education Timeline**



**NEW FREEDOM COMMISSION GOAL / END OUTCOME:**
Americans understand that mental health is essential to overall health.
1.1 Advance and implement a national campaign to reduce the stigma of seeking care and a national strategy for suicide prevention.
1.2 Address mental health with the same urgency as physical health.

**OVERVIEW:** Connecticut has initiated a statewide multi-faceted Social Marketing Campaign aimed at eliminating stigma and increasing awareness of mental health issues. The major components of the campaign include implementing a community awareness/anti-stigma media campaign; developing and disseminating materials and information on Connecticut's Mental Health Transformation (MHT) Initiative and Network of Care web site; and creating marketing materials for distribution at public events. In project year 2008-09 CT added public television to its media and community education activities.

**OBJECTIVE CE 1:** Develop an anti-stigma media campaign delivered via television, print, and radio with the assistance of consumers, youth, and families.

**Begin Date:** January 2007
**Impact**: Increase access to mental health services
**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:** Implement one statewide anti-stigma media campaign (GPRA 7).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Align anti-stigma campaign with media campaign initiated through the Department of Social Services' Medicaid Infrastructure Grant focusing on employment for persons with disabilities | Mental Health Transformation (MHT) Staff | December 2007 | Completed |
| Initiate contact with an advertising agency | MHT staff | March 2008 | Completed |
| Evaluate stigma-reducing intervention for students and teachers | Yale University's Program for Recovery and Community Health (PRCH) | May 2008 | Completed |
| Advertising agency develops message and identifies target populations with input from persons in recovery | Communications Sub-Committee | June 2008 | Completed |
| Assist with designing and evaluating projects for improving attitudes of mental health (e.g., public awareness campaign, staff training, Brain Dance evaluation) | Yale University's PRCH | October 2008 | On-going |
| Continue to work with MIG partners to leverage the Connect- Ability marketing in ways specific to each agency's mission | MIG staff and state agency partners | December 2008 | On-going |

| | | | |
|---|---|---|---|
| Disseminate messages through television, print, and radio advertising | Mintz and Hoke | March 2009 | Initiated |

**Progress:** Action steps for anti-stigma social marketing efforts (October 2007-September 2008) were completed according to anticipated completion dates. Highlights of progress for activities within objective CE1 include:

- In spring 2008 CT's MHT-SIG staff with approval from the Oversight Committee, began working with Mintz and Hoke, the advertising agency responsible for the creation of the MIG's Connect-Ability campaign. Working with members of the C/Y/F Advisory Council, the Communications Sub-Committee and other key stakeholders from the Oversight Committee an anti-stigma social marketing campaign to educate CT residents ages 25-55 about the stigma associated with mental illness. Target population was identified; draft messages were crafted and tested in four focus groups in July and August 2008. Mintz and Hoke is currently finalizing the message which will be aired on radio and printed in magazines throughout the state and region beginning in October 2008.
- Anti-Stigma campaign with Medicaid Infrastructure Grant (MIG): CT's MIG and MHT-SIG have partnered to promote the MIG's successful Connect-Ability campaign launched in 2007-08 and MHT-SIG anti-stigma campaign launched in spring 2008. The two initiatives meet regularly to plan on-going efforts aimed at addressing the stigma and discrimination associated with mental illness and other perceived limitations to the vision, a life in the community for everyone. The benefit of this collaboration is increased awareness among community members both about mental health and the contributions persons in recovery can make within CT's workforce.
- In 2008 CT's social marketing campaign was expanded to include the evaluation of "BrainDance" a social marketing effort by the Institute of Living, a private CT mental health provider. "BrainDance" academic competition is designed to decrease the stigma of mental illness. The BrainDance Awards encourage students to gain knowledge about psychiatric diseases and develop a more tolerant and realistic perspective toward people with severe psychiatric problems. The competition also aims to promote students' interest in careers in mental health care.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME:**
Americans understand that mental health is essential to overall health.

1.1 Advance and implement a national campaign to reduce the stigma of seeking care and a national strategy for suicide prevention.
1.2 Address mental health with the same urgency as physical health.

**OVERVIEW:** Frequent communication between MHT staff and the public, agencies in the community, and various State Departments about the Mental Health Transformation Grant will enhance inter-departmental collaboration as well as consumer, youth and family involvement. These forums will provide information to assist with transforming the mental health system in a way that is responsive to the needs of the people it serves.

**OBJECTIVE CE 2:** Increase stakeholder and citizen awareness by providing information about Transformation activities.

**Begin Date:** January 2006
**Impact**: Improved accountability
**Ease of completion**: Average/Realistic Goal

**Population**: Across the lifespan

**Performance Measurement:** Inform 500 stakeholders about mental health system transformation (Non-GPRA).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Broadcast a Town Hall meeting live via the internet and/or local access television to provide updates on progress and activities related to the Transformation process and to receive input from citizens and stakeholders | MHT Staff | June 2008 | Completed |
| Explore opportunities for placing Town Hall Meeting video on You Tube or other widely viewed web sites | MHT staff with CPTV | November 2008 | Initiated |
| Produce and air three half hour documentaries on mental health issues | CT Public Television (CPTV) | February 2009 | Initiated |
| Present information at meetings with other state and community agencies related to the Transformation process | MHT Staff | September 2010 | On-going |
| Provide MHT presentations to social clubs and other consumer and family groups | Consumer Liaison | September 2010 | On-going |
| Demonstrate Network of Care website at state and community agencies | MHT Staff | September 2010 | On-going |

**Progress:** CT met the performance measurement for this objective in June 2008. However, activities to increase stakeholder and citizen awareness about CT's progress toward a transformed mental health system will continue throughout the life of the project, as presenting and sharing information on Transformation and Network of Care is regarded as part of our everyday responsibility. Progress toward achievement of the action items above are as follows:

- In project year 2007-08 MHT-SIG staff conducted presentations to over 1000 people: staff presented information on the Network of Care to more than 300 people and the Consumer Family Liaison has presented to more than 950 Consumers and 90 staff in consumer organizations and social clubs.
- CT Public Television (CPTV) aired "Opening Doors, Opening Minds: A Town Hall meeting on Mental Illness on June 26, 2008 yielding 280,000 gross impression ratings. The next broadcast is scheduled for October 28, 2008 and will include a screening for invited guests. An additional re-broadcast will occur in the next project year.
- Advertisements for the Town hall meeting were aired 26 times between June 20 and June 25, 2008 on National Public Radio and printed in *Connecticut Magazine.*
- The Town Hall meeting was adapted for online streaming and posted on CPTV, DMHAS and Network of Care web sites. CPTV reports 574 online viewing requests.
- A Production Planning Committee was created and met with CPTV producers in August 2008 to identify a strategy for airing three half-hour documentaries to educate the public on issues related to living with mental illness. The first episode in the series focusing on children and families will air during Mental Illness Awareness week in October 2008.

CPTV plans to leverage MHT funding to secure private foundation funds to expand the series to a total of ten episodes.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**
Early mental health screening, assessment, and referral to services are common practice.
4.1 Promote the mental health of young children.
4.2 Improve and expand school mental health programs.

**OVERVIEW:** Mental health education is critical to facilitating an understanding that mental health is part of overall health. Information about suicide prevention and mental illness is an essential part of a comprehensive health curriculum that includes information regarding wellness, physical and mental health, suicide prevention and mental illness. A necessary first step is to ensure that health curricula in schools include modules on mental health and suicide prevention. In order to better understand how local school districts are addressing mandates related to health education, mental health and suicide prevention, a formal survey is needed to identify barriers that may prevent school districts from meeting these mandates. Connecticut's educational system is comprised of 169 independent school districts/Boards of Education. Efforts to assess and/or modify school health curricula will require the cooperation of each of these separate school systems.

**OBJECTIVE CE 3:** Assess mental health education in schools.

**Begin Date:** October 2007
**Impact**: Improved effectiveness
**Ease of completion**: Stretch Goal
**Population**: Adolescents

**Performance Measurement:** Report of findings related to review of school health curricula completed (Non GPRA).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Conduct a review of curriculums and educational offerings related to mental health and suicide prevention currently utilized in Connecticut schools | Yale University's PRCH | June 2008 | Revised |
| Continue to meet with representatives from SDE, DPH and GLS to develop a CT supplement to the School Health Profile | SDE, DPH, GLS and MHT-SIG staff | September 2010 | On-going |
| Collect coordinated data set through School Health Profile | SDE | October 2010 | Initiated |

**Progress:** An initial meeting was held to engage multiple state agencies and other federally funded initiatives with interests in enhancing health education in schools. Representatives from the State Department of Education (SDE), Department of Public Health (DPH), Garrett Lee Smith (GLS) Suicide Prevention Initiatives, MHT-SIG staff and evaluators from GLS and MHT-SIG met in April and determined that the best strategy for Connecticut is to assess what is mental health content is currently provided by school health educators. This will be accomplished by modifying the biennially conducted Center of Disease Control and Prevention

(CDC) School Health Profile. The group is plans to have the supplemental question set and process identified for the next administration of the survey which is scheduled for fall 2010.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME:**
Americans understand that mental health is essential to overall health.

1.1 Advance and implement a national campaign to reduce the stigma of seeking care and a national strategy for suicide prevention.
1.2 Address mental health with the same urgency as physical health.

**OVERVIEW:** Primary and preventive medical and behavioral health services, along with age appropriate health promotion/education activities, are the cornerstone services provided at each school based health center to address the many threats affecting the health of Connecticut's youth. In response to § 51, Committee to Improve Health Care Access of Senate Bill 317, An Act Concerning Revisions to Connecticut's Department of Public Health Statutes, the Commissioner of the Department of Public Health (DPH) established an Ad Hoc Committee for assistance in improving health care through access to School Based Health Centers (SBHC).

**OBJECTIVE CE 4:** Improve mental health care in school-based health centers.

**Begin Date:** October 2007
**Impact**: Improved accountability
**Ease of completion**: Average/Realistic Goal
**Population**: Children and Adolescents

**Performance Measurement:** Create directives and/or guidelines for school-based health centers regarding mental health service delivery (GPRA 1).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Continue to participate on the Department of Public Health Ad Hoc Committee for SBHC to ensure increased access to mental health services for school-aged children | DMHAS/MHT Staff | September 2009 | On-going |
| Contribute to the evaluation and reporting of recommendations necessary to improve resources, access to care, and fiscal support to achieve the DPH Standard Model (Level V) for SBHC | DMHAS/MHT Staff | September 2009 | On-going |

**Progress:** The MHT-SIG staff participate on the DPH coordinated Ad Hoc Committee. The group met quarterly throughout the year to identify strategies to achieve three priorities: service delivery collaboration, changes in standardization in licensing of school based health centers, and standardization of mechanisms to expand school based health center services including mental health services. A draft of the legislatively mandated annual interim report of progress has been submitted to the Commissioner of Public Health. This document once approved, will guide the direction to be taken in 2008-09

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**
Technology is used to access mental health and information.

6.1 Use health technology and tele-health to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations.

6.2 Develop and implement integrated electronic health record and personal health information systems.

**OVERVIEW:** The New Freedom Commission identified the Network of Care for Mental Health as a valuable, user-friendly resource for access to national, state, and local information, secure storage and sharing of health-related information, and evaluation of services. Connecticut's Network of Care (NoC) is a single resource web site that provides access to mental health and substance abuse treatment information and resources for children, adolescents and adults of all ages. The NoC is one element in a larger process designed to transform Connecticut's mental health system, by empowering people in recovery and others (youth, families, and public and private providers) to seek sound information about accessing effective mental health and substance abuse services in a timely manner. Access to current information about mental health, services and supports, and local groups can serve an important function in educating the public, providers, and persons in recovery.

The following three objectives will be achieved through the implementation and use of the Network of Care website.

**OBJECTIVE CE 5:** Develop and launch Network of Care website tailored to Connecticut's needs.

**Begin Date:** August 2007
**Impact**: Improved accountability, service capacity and service effectiveness
**Ease of completion**: Sure bet
**Population**: Across the lifespan

**Performance Measurement:** Launch Network of Care website (GPRA 7).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Develop a project staffing structure, define roles/responsibilities of Implementation Advisory Committee, and identify Executive Business Sponsor | Department of Mental Health and Addiction Services (DMHAS) | November 2006 | Completed |
| Identify sub-workgroup of consumers and providers to establish website content | MHT Work Group (WG) 6 | March 2007 | Completed |
| Contract negotiations/final signing with vendor, gain access to software product, and identify support from vendor | Department of Information Technology(DOIT) | December 2006 | Completed |
| Identify sub-workgroup to pilot software product prior to launch | DMHAS Mgmt./MHT | September 2007 | Completed |
| Conduct a Governor's launch event | Communications and Public Relations Directors | October 2007 | Completed |

| | | | |
|---|---|---|---|
| | at DMHAS, DPH, DOIT, and MHT Staff | | |

**Progress:** Since launching Connecticut's Network of Care (NoC) in October 2007, there have been over 2,500,000 hits to the web site and over 81,000 web sessions. There has been a general trend towards more web sessions each month with the average number of monthly visitors increasing each quarter, especially between the 2nd and 3rd quarter of 2007-08, when there a roughly 50% growth in visitors was realized. In March 2008, approximately 90 community-based providers received training in the use of the site. In April, the training was featured at the annual conference of the local chapter of the National Association of Social Work. Also in April, 15 members of the Connecticut Legal Rights project received training. Greater awareness of the web site through these presentations may be associated with the spike in web usage in April 2008.

Shortly after launching the NoC, a survey was posted on the site to gain feedback from visitors. As of June 2008, a total of 66 visitors completed the survey. Though this converts to a limited response rate of 1 out of every 1,200 visitors, respondents continue to rate the NoC favorably overall. One notable improvement this quarter was a nearly 100% increase in the percentage of visitors who reported that the information on the NoC "Exceeds expectations."

All of the activities and outcomes relating to the NoC implementation have been achieved including:

- Inter-agency content development;
- establishing oversight and policies to ensure data integrity;
- conducting a launch event hosted by the Lieutenant Governor with nearly 200 people in attendance; and,
- increasing web traffic through community education activities.

**OBJECTIVE CE 6:** Establish oversight of Network of Care website.

**Begin Date:** August 2007
**Impact**: Improved accountability, service capacity, and service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:** Evidence of policies designed to ensure data integrity (GPRA 1).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Define membership of Network of Care advisory body and enlist representatives from agencies via Oversight Committee and Consumer, Youth, and Family (CYF) Advisory Council | DMHAS Mgmt. and MHT Staff | March 2008 | Completed |
| Identify ongoing administration of system responsibilities | DMHAS Mgmt. and MHT Staff | February 2008 | Completed |
| Create policies to ensure data integrity | 211 Info Line, | February 2008 | Completed |

| | | | |
|---|---|---|---|
| and standardization | Trilogy, and MHT staff | | |

**Progress:** The NoC Governing Committee has been established to oversee NoC activities. Representatives from six state agencies and other consumer advocacy programs have participate on the committee and have completed the following tasks:

- Assessing committee membership and identify gaps;
- Determining roles, responsibilities and commitment of group members;
- Convening quarterly meetings; and,
- Identifying tasks for next year (see Objective CE 7 below).

**OBJECTIVE CE 7:** Advertise and market availability of Network of Care website to stakeholders and the public.

**Begin Date:** July 2007
**Impact**: Improved accountability, service capacity, and service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:**
1) Increased number of different state agencies and providers listed on the Network of Care website between launch date and one year follow-up (GPRA 4).
2) 50% increase in the number of state departmental agencies that provide links to Network of Care on their agency website (GPRA 4).
3) Increased number of hits on the website from launch to one year follow-up (Non-GPRA).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Gain buy-in from agencies affected as well as others across the state so that this site is included across a whole range of sites | MHT Staff and Content Sub-committee | July 2007 | Completed |
| Incorporate information about the website in the larger media campaign focusing on community education and awareness | C/Y/F Advisory Council, Communications Sub-Committee, | March 2008 | Completed |
| Use culturally diverse and recovery-oriented messages to educate state residents about website | C/Y/F Advisory Council, MHT staff | March 2008 | Completed |
| Increase the number of agencies that post a link to the NoC site | NoC Governing Committee | September 2009 | On-going |
| Increase the number of services and resources listed by programs supported by participating state agencies | NoC Governing Committee | September 2009 | On-going |
| Establish a process that implements NoC training opportunities for other state agencies' stakeholders | NoC Governing Committee | September 2009 | Initiated |
| Review findings, assess the applicability and modify as needed the NoC user survey | NoC Governing Committee | September 2009 | On-going |

**Progress:** The NoC Governing Committee activities have resulted in the following:

- As of June 30, 2008, four agencies had links to the NoC site (a 300% increase)
- Inclusion of NoC awareness activities within CPTV and Mintz and Hoke media campaigns

**OBJECTIVE CE 8:** Enhance the NoC to be more youth-friendly as determined by a NoC youth workgroup.

**Begin Date:** October 2008
**Impact**: Improved accountability and service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Adolescents

**Performance Measurement:** Increased number of different youth-serving state Agencies providers listed on the Network of Care website (GPRA 4).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Recruit youth to serve as consultants to NoC | MHT Staff | October 2008 | Initiated |
| Meet with youth consultants to review existing site | MHT Staff with Youth Consultants | October 2008 | Initiated |
| Youth identify changes to site | MHT Staff with Youth Consultants | December 2008 | Initiated |
| Request to Trilogy (NoC Contractor) for youth-proposed changes to site | MHT Staff with Youth Consultants | March 2009 | Initiated |

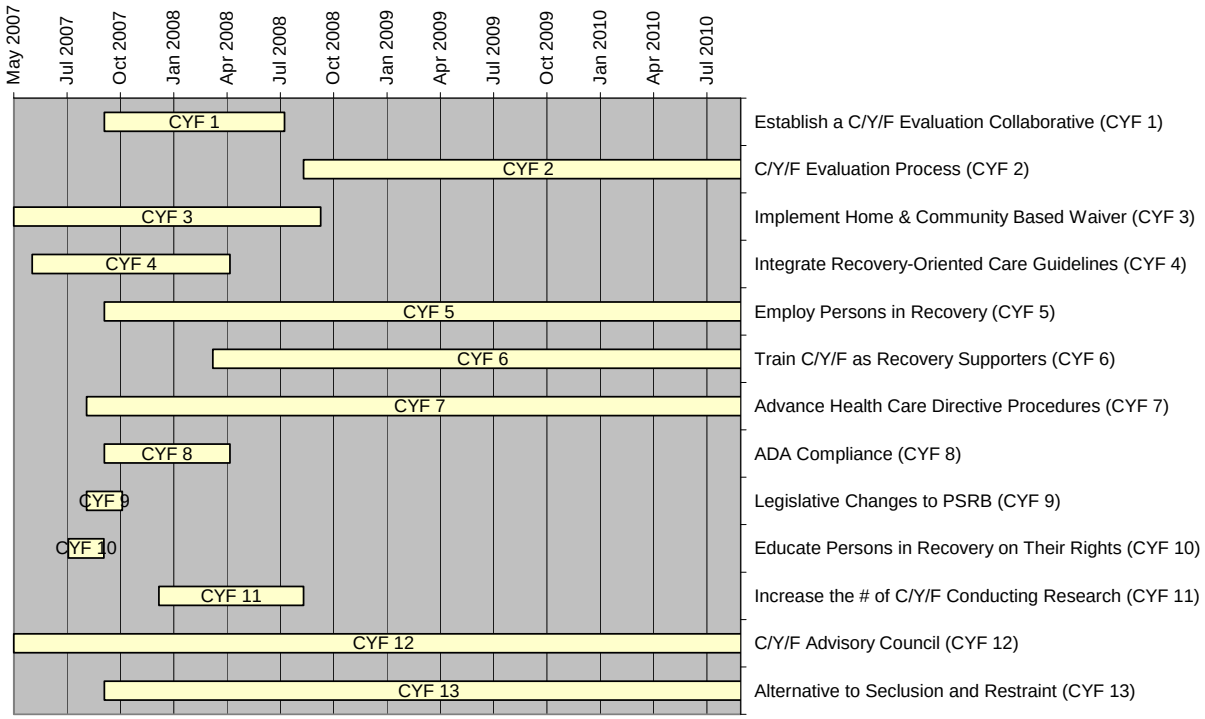
**Progress:** A new and exciting partnership has evolved between the MHT-SIG staff and a group of youth from the Young Adults United (YAU) who have agreed to serve as consultants to the NoC. Meetings have been scheduled for October when interested youth and MHT staff will discuss the expectations of the consultants and proceed with a review of the site.

# CONSUMER, YOUTH, & FAMILY INVOLVEMENT (CYF)

**DESCRIPTION:** Systems transformation efforts must involve at all levels and in all respects the active participation and leadership of people in recovery and their loved ones. Besides offering hope and role models for the possibility of resilience and recovery, this community possesses the primary source of wisdom about recovery. According to the New Freedom Commission vision, individuals in recovery, with service providers, will actively participate in designing and developing the services they need and use.

**SYSTEM TRANSFORMATION:** Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential. Fundamental components of recovery include: self direction; holistic, strengths-based and individualized and person-centered approaches to care; empowerment of service users; peer support; respect; responsibility; and hope. Objectives outlined in this domain/priority area are intended to engage and embrace the contributions of consumers, youth and family members in the process of promoting informed choice of services and moving CT's mental health service delivery system toward individual self-determination.

**Consumer, Youth and Family Involvement Timeline**



**NEW FREEDOM COMMISSION GOAL / END OUTCOME**

Mental Health Care Is Consumer and Family Driven.

2.1 Develop an individualized plan of care for every adult with a serious mental illness and child with a serious emotional disturbance.

2.2 Involve consumers and families fully in orienting the mental health system toward recovery.

2.3 Align relevant Federal programs to improve access and accountability for mental health services.

2.4 Create a Comprehensive State Mental Health Plan.

2.5 Protect and enhance the rights of people with mental illnesses.

**OVERVIEW:** In their work in the early phases of CT's transformation process, a very passionate and committed group of consumers, youth representatives, family members and provider stakeholders served on Work Group 2 (Mental health care is consumer and family driven) and firmly stated that in order to achieve a transformed mental health system, there needs to be a strong consumer base of advocacy and self-promotion. A critically important aspect of this first step is the development of a structure that supports this vision - one that promotes a high degree of collaboration both within the existing mental health advocacy structure but also extends beyond to include partnerships with funders and providers of mental health care. The overall aim of this vision is the empowerment of consumers to be well-informed of their choices and possibilities beyond those presently available.

**OBJECTIVE CYF 1:** Establish an independent consumer-run organization comprised of advocacy organizations that is integral to program evaluation and continuous quality improvement of treatment and support services by further orienting the mental health system towards recovery-based care.

**Begin Date:** October 2007
**Impact**: Improved accountability and service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:** Establish and maintain a Consumer, Youth, and Family Collaborative consisting of various advocacy organizations (GPRAs 4 and 6).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Issue a Request for Proposals (RFP) to contract with a Coordinating Center for the purpose of creating and managing the Consumer, Youth and Family Collaborative | DMHAS staff | August 2008 | Completed |
| Identify and convene state, regional, and local consumer, youth, and family advocacy organizations to discuss the formation of the Consumer, Youth, and Family Collaborative | Coordinating Center | September 2008 | Initiated |
| New CYF members will become to serve on CYF Collaborative | Coordinating Center | September 2008 | Initiated |

| | | | |
|---|---|---|---|
| Assess other stakeholders' role in developing a consumer/youth/family-driven process including identification of who will own the evaluation process and data | Coordinating Center | September 2008 | Initiated |
| Develop and execute a Memorandum of Agreement (MOA) that includes role and responsibilities, membership, conflict of interest, and other pertinent elements as the basis for forming the C/Y/F Statewide Collaborative | Coordinating Center | October 2008 | On-target |
| Hold Collaborative meetings monthly, at times that ensure that youth, young adults, family members and consumers can attend | QuIC Partners (Advocacy Unlimited, NAMI-CT, FAVOR, Regional Mental Health Boards (RMHBs) | September 2009 | On-going |

**Progress:** The purpose of the Quality Improvement Collaborative (QuIC) is the promotion of choice and self-determination of appropriate, quality, mental health services based upon a consumer, family, youth driven performance measurement and continuous quality improvement process. In January 2008 a Request for proposals (RFP) was released seeking a coordinating center to lead this effort. A consumer-majority review committee awarded the contract for the coordinating center to the North Central Regional Mental Health Board who will partner with Advocacy Unlimited (AU), four additional regional mental health boards, FAVOR a DCF funded family advocacy agency, and NAMI-CT.

The purpose of the Coordinating Center is to provide logistical and other supportive services in the development and ongoing management of the Consumers/Youth/Family (C/Y/F) Quality Improvement Collaborative. The goals of the Collaborative include:

1. Establishing a consortium of stakeholders who access, advocate or fund mental health services for adults and children and their families for the purpose of directing the objectives of the C/Y/F Quality Improvement Collaborative.
2. Developing performance measures that are consumer- (children, adolescents, and adults) and family-focused and that are based upon a recovery/resiliency-oriented system of care.
3. Assessing the capacity of state agencies and other organizations funding or providing mental health services to conduct a continuous quality improvement process that is fundamentally consumer/youth/family driven.
4. Designing and implementing an information dissemination process based upon evaluative information obtained through qualitative and quantitative continuous quality improvement methods that is consumer and family friendly.
5. Exploring funding opportunities to expand and sustain the C/Y/F Quality Improvement Collaborative beyond the MHT-SIG grant.

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2.5 Protect and enhance the rights of people with mental illnesses.

**OVERVIEW:** Work Group members early on in the MHT-SIG process articulated several key factors that should guide the development of a recovery/resiliency-oriented; consumer/youth/family- focused performance measurement and continuous quality improvement system. They are:

- The survey process should be only one component of each provider (State, public and private) agency's system of accountability supported by a continuous quality improvement (QuIC) process. Commitment to a process of consumer/youth/family satisfaction surveys implies planning for ongoing change based on continual feedback.
- Sustainability of such processes must be a consideration and therefore an understanding of the current level of commitment to a QuIC process based upon consumer, youth and family input, and ongoing involvement is critical. In the end, such a process of system change will permit real transformation to occur only if consumers and those that support consumers participate routinely in quality improvement activities.
- System assessment is different than individual/family service assessment and requires a different survey approach. Therefore advocacy organizations and organized family and consumer groups should be surveyed about systemic issues since they have familiarity with navigating the service system.

**OBJECTIVE CYF 2:** Develop a continuous quality improvement process that is consumer/youth/family-driven in which resilience and recovery-oriented performance data are used to inform service delivery.

**Begin Date:** July 2008
**Impact**: Improved accountability and service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:** 1) 10% of MHT agencies will adopt standards developed by Consumer, Youth, and Family Collaborative for recovery/resiliency-oriented performance measurement (GPRA 1).
2) Increase number of feedback and information dissemination resources to inform and enhance consumer choice (Non-GPRA).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Develop standards of recovery/resiliency-based performance measurement with assistance from the Coordinating Center | Coordinating Center | December 2009 | On-target |

| | | | |
|---|---|---|---|
| Discuss with other stakeholders (e.g., state agencies, non-profit organizations) recovery/resiliency performance measurement | Coordinating Center | December 2009 | On-target |
| Initiate an assessment of the capacity of state agencies and other mental health organizations to conduct a continuous quality improvement process and the level of consumer, youth, and family involvement in that process | Coordinating Center | June 2009 | On-target |
| Develop and implement training for Collaborative members on QuIC methods | Coordinating Center<br><br>Yale University Program for Recovery and Community Health (PRCH) | November 2008 | On-target |
| Develop and Implement QuIC Standards and Performance Measures<br>• Identify existing C/Y/F QuIC Standards & Performance Measures<br>• Draft QuIC Standards with input from stakeholders<br>• Evaluate at least one state agency using C/Y/F QuIC Standards | Coordinating Center<br><br>QuIC Partners | April 2009 | On-target |
| Pilot C/Y/F QuIC Survey and Interviews<br>• Identifying existing C/Y/F QuIC surveys and evaluate against QuIC Standards<br>• Select pilot survey through consensus agreement of Collaborative members<br>• Administer C/Y/F QuIC survey<br>• Conduct structured interviews of consumers/ youth /families using trained peer-interviewers | Coordinating Center<br>QuIC Partners<br><br>Yale University's PRCH | August 2009 | On-target |
| Administration of C/Y/F QuIC survey questionnaire and personal interviews with C/Y/F through peer interviewers in each of the 5 service areas<br>• Identify existing C/Y/F QuIC surveys and evaluate against QuIC Standards<br>• Select pilot survey through consensus agreement of Collaborative members<br>• Administer C/Y/F QuIC survey<br>• Conduct structured interviews of consumers/families/youth using trained peer-interviewers | Coordinating Center<br><br>QuIC Partners<br><br>Yale University's PRCH | August 2009 | On-target |
| Develop C/Y/F QuIC Report<br>• Analyze data from C/Y/F QuIC Survey and personal interviews<br>• Present to Collaborative for discussion and findings | Coordinating Center<br><br>QuIC Partners | September 2009 | On-target |

| | | | |
|---|---|---|---|
| • Disseminate C/Y/F QuIC Report via multiple venues (Web, libraries, etc.) | Yale University's PRCH | | |
| Project Sustainability<br>• Determine cost of continuing QuIC monitoring, evaluation and other project components<br>• Recommend ways to sustain C/Y/F QuIC initiative through state, federal or private funds | Coordinating Center<br><br>QuIC Partners<br><br>Collaborative | September 2009 | On-target |

**Progress:** The effort to implement a consumer youth and family developed and implemented quality assurance measure continued to be overseen by workgroup participants in 2007-08. Accomplishments include:

- The development, release and review of a RFP to identify a program or programs to coordinate and be accountable for the establishment of a collaborative group of consumer, youth and family organizations and individuals to carry out the goals of the project.
- In the early summer of 2008 a successful applicant was selected by a RFP review committee with a majority of consumer and family member participants.
- The Coordinating Center sponsored a successful kick off event in September 2008 and has begun to engage consumers, youth and families and other stakeholders to assess the capacity of organizations to adopt the QuIC process.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**

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2.4 Create a Comprehensive State Mental Health Plan.

2.5 Protect and enhance the rights of people with mental illnesses.

**OVERVIEW:** During the 2005 legislative session the Connecticut General Assembly passed PA 05-280 (HB 7000) *"An Act Concerning Social Services and Public Health Budget Implementation Provisions."* Section 85 of the act called for the Commissioners of Social Services and Mental Health and Addiction Services to jointly convene a Taskforce to study the feasibility of obtaining a Medicaid Home and Community-Based Services Waiver for adults with serious mental illness being discharged or diverted from nursing home care. Such a waiver would allow the state to provide non-traditional Medicaid services to better support individuals in the community and would enable these services to become reimbursable under Medicaid.

A fiscal analysis found that the Medicaid cost neutrality requirement was met. Compared with the net cost of their nursing home stay, all five people profiled had lower Medicaid costs for each of the three years following discharge from the nursing home.

The General Assembly did support the Taskforce proposal to move forward with the federal waiver application and it is estimated that a wavier program will be implemented in FY 2009.

Money was appropriated into the Department of Mental Health and Addictions Services budget to allow for this implementation and the Department of Social Services, in collaboration with the Department of Mental Health and Addiction Services has begun the process for implementing the waiver.

**OBJECTIVE CYF 3:** Implement the Home and Community Based Waiver to expand Medicaid coverage to reimburse the cost of community care for selected adults with serious mental illness being discharged or diverted from nursing homes.

**Begin Date:** May 2007
**Impact**: Improved accountability and service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Adults and older adults

**Performance Measurement:** 1) Approval of Medicaid Home and Community Based Waiver (GPRA 3).
2) Director of Older Adult Services hired to provide oversight
of the Home and Community Based Waiver Program (GPRA 4).

| Action Item | Parties Responsible | Completion Dates | Status |
|---|---|---|---|
| Draft application to be reviewed by the Department of Mental Health and Addiction Services and Department of Social Services Commissioners then publish in the Connecticut Law Journal for public comment | DMHAS and DSS Commissioners | March 2008 | Completed |
| Submit Draft application to the state legislature in accordance with newly enacted state law | DMHAS Legislative Liaison | April 2008 | Completed |
| Revise as needed and submit application to Center for Medicare Services for review | DMHAS Senior Policy Analyst | May 2008 | Completed |
| Implement upon approval | DMHAS | January 2009 | Revised |
| Hire a Director of Older Adult Services responsible for oversight of the Home and Community Based Waiver Program | DMHAS | October 2007 | Completed |

**Progress:** The Medicaid Home and Community-Based Services (HCBS) waiver represents an historic opportunity to divert and discharge adults with serious mental illness from Connecticut nursing homes. CT's waiver builds on two decades of work that CT has undertaken to reduce our reliance on institutional long term care services, in favor of community based services and housing supports. Significant progress toward the goals of the waiver have been realized in a very short amount of time:

- DMHAS created a position for a Director of Older Adult Services in October 2007
- DMHAS received funding through the state to begin to evaluate individuals with behavioral health disorders who are residing in nursing homes

- Five hundred evaluations have been done to date in project year 2007-08
- 40 persons have been successfully moved to live with either their family or in independent living situations as a result of this effort
- A number of social workers and a housing coordinator have been dedicated to work on this initiative
- Achievements in systems work has resulted in diverting individuals from entering nursing homes to more appropriate, less restrictive placements
- In March 2008 an application for the home and community-based waiver was drafted by DMHAS, DSS and Office of Policy and Management
- In May 2008, the application for the waiver was submitted to the state legislature and was approved
- The application was submitted to the Center for Medicaid Services (CMS) in June 2008
- It was recently announced that the waiver has been approved.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**
Disparities in Mental Health Services are eliminated.
3.1 Improve access to quality care that is culturally competent.
3.2 Improve access to quality care in rural and geographically remote areas.

**OVERVIEW:** The Department of Mental Health and Addiction Services Commissioner Policy #83 states that the concept of recovery shall be the guiding principle and operational framework for the system of care provided by the partnership of state and private agencies and consumer-run services that comprise the Department's healthcare system. Services within this system shall identify and build upon each recovering individual's strengths and areas of health in addressing his or her needs. The environment for this system shall encourage hope and emphasize individual dignity and respect.

The recovery-oriented service system shall be notable for its quality. It thus will be marked by a high degree of accessibility, effectiveness in engaging and retaining persons in care such that they can achieve the highest degree of stability and recovery, and its effects shall be sustained rather than solely crisis-oriented or short-lived. To attain this level of quality, the recovery-oriented service system shall be age and gender appropriate, culturally competent, and attend to trauma and other factors known to impact on one's recovery. Whenever possible, services shall be provided within the person's own community setting, using the person's natural supports. The service system shall help the person to achieve an improved sense of mastery over his or her condition and assist the person to regain a meaningful, constructive sense of membership in the community.

**OBJECTIVE CYF 4:** Integrate recovery-oriented care guidelines with principles of trauma-informed, culturally competent, gender-specific, primary medical care, and co-occurring treatment.

**Begin Date:** June 2007
**Impact**: Improved service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:** Integrate guidelines for recovery-oriented care, trauma-informed cultural competence, gender-specific,

primary health care, and co-occurring treatment into a comprehensive set of standards (GPRA 1).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Conduct an expert review of existing practice guidelines for recovery-oriented care | Yale University's PRCH | January 2008 | Completed |
| Complete literature review on current state of knowledge in each trauma-informed, culturally competent, gender-specific, primary health care, and co-occurring disorders treatment | Yale University's PRCH | March 2008 | Completed |
| Draft and integrate comprehensive guidelines that address all topic areas | Yale University's PRCH | April 2008 | Completed |
| Upon approval, disseminate guidelines to DMHAS providers | Yale University's PRCH | October 2008 | On-target |

**Progress:** The Yale Program for Recovery and Community Health (PRCH) submitted a draft of the revised guidelines to the DMHAS commissioner for approval. This new version of the *Practice Guidelines for Recovery-Oriented Behavioral Health Care* integrates trauma-informed care, culturally-competent, gender-informed practice, primary health care, and co-occurring disorders treatment.

PRCH continues to work with the DHMAS Office of the Commissioner on developing recovery-oriented practice indicators that are aligned with the revised practice standards and will become part of routine data collection.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**
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- 2.4 Create a Comprehensive State Mental Health Plan.
- 2.5 Protect and enhance the rights of people with mental illnesses.

**OVERVIEW:** An effective infrastructure is required to promote and sustain persons in recovery from diverse cultural backgrounds in the workforce through paid employment and volunteer roles.

**OBJECTIVE CYF 5:** Employ persons in recovery of various ages at different agencies and organizational levels.

**Begin Date:** October 2007
**Impact**: Improved service capacity and service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:** Increase by 50% the number of consumer/youth/family employed by state agencies (GPRA 4).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Post positions for consumer, youth, and family liaisons and representatives | DMHAS | September 2010 | On-going |

**Progress:** In August 2007, the MHT-SIG welcomed to their staff a Consumer and Family Liaison to cultivate relationships between, and encourage involvement from, individuals in recovery and their families for active and meaningful participation in the Mental Health Transformation process. To date, twelve adults in recovery and family members have been hired as a direct result of Transformation.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**

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- 2.4 Create a Comprehensive State Mental Health Plan.
- 2.5 Protect and enhance the rights of people with mental illnesses.

**OVERVIEW:** Persons in recovery and family members provide unique insight and experience into the process of recovery and effective strategies for navigating systems of care and support. Employment opportunities for consumers and family members should exist at all levels in Connecticut's mental health advocacy and service systems.

**OBJECTIVE CYF 6:** Offer standardized training to individuals to become recovery supporters.

**Begin Date:** April 2008
**Impact**: Improved service capacity and service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:** Train 25 individuals to become recovery supporters (GPRA 2).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Provide standardized training to individuals to become recovery supporters | Focus on Recovery-United and Yale University's PRCH | September 2010 | On-going |

**Progress:** Multiple statewide efforts are underway to increase the number of trained and certified persons in recovery who are uniquely qualified to assist other consumers in successfully navigating CT's mental health service system.

- By May 2008 the Yale Program for Recovery and Community Health (PRCH) trained 15 persons in recovery as recovery supporters.
- In August 2008 the Western CT Mental Health Network was awarded funding through an MHT-SIG RFP to transform the mental health system within communities, state agency and consumer-run organizations. Western's project resulted in the successful implementation of a 72 hour peer specialist training program completed by 26 individuals in recovery.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**

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2.4 Create a Comprehensive State Mental Health Plan.

2.5 Protect and enhance the rights of people with mental illnesses.

**OVERVIEW:** In accordance with the General Statutes of Connecticut[1] and other federal legislation,[2] it is the policy of the Connecticut Department of Mental Health and Addiction Services (DMHAS) that all DMHAS clients be afforded the same "personal, property, and civil rights"[3] as other citizens. These rights include, but are not limited to, the right to informed consent[4] and the right to create Advance Directives.

**OBJECTIVE CYF 7:** Create and implement policy and procedures on advance health care directive, including psychiatric advance directives.

**Begin Date:** September 2007
**Impact**: Improved service accountability and service effectiveness

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[1] Connecticut General Statutes Section 19a-585a, *Form of document re Health Care instructions, appointment of Health Care agent, attorney-in-fact for Health Care decisions, designation of conservator of the person for future incapacity and anatomical gift;* Section 19a-576, *Appointment of Health Care agent*; Sec. 19a-577, *Form of document re appointment of Health Care agent*; Sec. 17a-541, *Deprivation of Rights Prohibited*; Sec.17a-542, *Humane and Dignified Treatment Required;* Sec. 1-54a, *Health Care decisions*; Sec. 1-55, *General authority of agent*; Sec. 1-56, *Additional provisions authorized in form*.

[2] Patient Self-Determination Act of 1991; American with Disabilities Act; Rehabilitation Act and 1992 Amendments; and Title 42- Public Health, Chapter IV- Health Care financing administration, Department of Health and Human Services, Subchapter G- Standards and certification, subpart b- administration.

[3] Connecticut General Statute Sec. 17a-541. *Deprivation of Rights Prohibited.*

[4] Connecticut General Statutes Section 17a-540, Informed consent is "permission given competently and voluntarily after a patient has been informed of the reason for treatment, the nature of the proposed treatment, the advantages or disadvantages of the treatment, medically acceptable alternative treatment, the risks associated with receiving the proposed treatment and the risk of no treatment."

**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:**
1) Create advance health care directive policy (GPRA 1).
2) Create procedures on advance health care directives (GPRA 1).
3) Train 60 persons in recovery/family members and 60 providers in implementing advance health care directives including psychiatric advance directives (GPRA 2).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Integrate new legislation into draft policy on advance health care directives, including psychiatric advance directives | Connecticut Legal Rights Project | March 2008 | Completed |
| Obtain approval for policy statement from Attorney General's office and Department of Mental Health and Addiction Services' Office of Medical Director | Connecticut Legal Rights Project | December 2008 | Revised |
| Create procedures on documenting, tracking, and supporting the use of advance health care directives, including psychiatric advance directives, throughout Department of Mental Health and Addiction Services system | Connecticut Legal Rights Project, Yale University's PRCH | October 2009 | On-target |
| Train providers, persons in recovery, family members on advance health care directives, including psychiatric advance directives | Connecticut Legal Rights Project, Yale University's PRCH | September 2010 | On-going |

**Progress:** New legislation has been drafted into policy on the advance health care directive. Final forms have been created and have been sent to the Attorney General's office for approval. Once final approval is received, trainings on advanced care directives will begin.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**
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- 2.4 Create a Comprehensive State Mental Health Plan.
- 2.5 Protect and enhance the rights of people with mental illnesses.

**OVERVIEW:** Currently many people (consumers, family, friends, neighbors, employers, employees, etc.) in Connecticut dealing with mental illness are not aware of their rights under

the Americans with Disabilities Act (ADA), the concept of recovery, self directed care or the importance of advance directives for mental health care emergencies.

**OBJECTIVE CYF 8:** Ensure compliance with the American's with Disability Act within the Department of Mental Health and Addiction Services and contracted agencies.

**Begin Date:** October 2007
**Impact**: Improved service accountability and service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:** Revise the Department of Mental Health and Addiction Services policies related to the American's with Disabilities Act (GPRA 1).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Revise the Department of Mental Health and Addiction Services policies related to the American's with Disabilities Act. | Senior Policy Analyst | April 2008 | Completed |

**Progress:** By the end of March 2008 DMHAS policies related to the Disabilities Act had been revised and submitted to the State Attorney General's office for review.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**
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**OVERVIEW:** The Psychiatric Security Review Board (PSRB) is a state agency to which the Superior Court commits persons who are found not guilty of a crime by reason of mental disease or mental defect. These individuals are called "acquittees." The PSRB's responsibility is to review the status of acquittees through an administrative hearing process and order the level of supervision and treatment for the acquittee necessary to protect the public. The Board is governed by Connecticut General Statutes, Sections 17a-580 through 17a-603.

The PSRB, at the time of commitment, takes jurisdiction over the acquittee and decides which hospital an acquittee is to be confined and when and under what circumstances an acquittee can be released into the community.

**OBJECTIVE CYF 9:** Assess need to propose legislative changes governing the Psychiatric Security Review Board.

**Begin Date:** September 2007
**Impact**: Improved service accountability and service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:** Report of legislative review for Psychiatric Security Review Board (Non-GPRA).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Review current legislation for Psychiatric Security Review Board | DMHAS | October 2007 | Completed |

**Progress:** In October 2007 Legislation was reviewed for the Psychiatric Security Review Board. At this time there are no proposed or anticipated changes to the statutes governing the Psychiatric Security Review Board.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**
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**OVERVIEW:** Persons receiving services in acute care settings experience issues unique to that treatment setting. It is important that patients in all acute care settings are aware of their rights and of how to access them. Persons in recovery possess first-hand knowledge of this, making them uniquely qualified to translate patients' rights into language/words that are more readily understood.

**OBJECTIVE CYF 10:** Ensure that persons in recovery, particularly those in acute care settings have access to information and understand their rights.

**Begin Date:** September 2007
**Impact**: Improved service accountability and service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:** Revised document outlining and explaining patients' rights based on feedback from persons in recovery (GPRA 1).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Persons in recovery will lead a process to rewrite the Patients Rights Booklet available at Connecticut Valley Hospital. | DMHAS | September 2007 | Completed |

**Progress:** Patients at CT Valley Hospital completed the rewriting of the Patients' Rights Booklet according to the scheduled completion date.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**
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2.4 Create a Comprehensive State Mental Health Plan.
2.5 Protect and enhance the rights of people with mental illnesses.

**OVERVIEW:** Consumer, youth, and family involvement must extend to evaluating system change. Participatory action research exemplifies a consumer-driven approach because individuals who are most affected by a situation (i.e., consumers and their relatives) engage in independent evaluation and research activities. Participatory action research embodies transformation because the emphasis is on change and improving situations rather than answering questions. As a result of this effort, a network of adults in recovery, youth, and families will be established to engage in participatory action research and evaluation activities.

**OBJECTIVE CYF 11:** Increase the number of consumers, youth, and family members who conduct participatory action research.

**Begin Date:** October 2007
**Impact**: Increased accountability and service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:**
Train 25 consumers, youth, and family members in research methods (GPRA 2).
Conduct 3 participatory action research projects involving different groups (Non-GPRA).
Establish the Consumer Research and Evaluation Network (GPRA 6).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Provide training in research methods (e.g., qualitative interviewing, survey construction, data analysis) to 25 consumers, youth, and family members | Yale University's PRCH | September 2009 | Initiated |
| Collaborate with the MHT Consumer, Youth, and Family Advisory Council and other consumer and family groups on developing research/evaluation projects | Yale University's PRCH | September 2009 | Initiated |
| Provide ongoing technical assistance to various consumer, youth, and family groups in the creation, data analysis, and dissemination of research and evaluation results | Yale University's PRCH | September 2009 | On-target |

**Progress:** This project aims to increase consumer, youth, and family involvement in the transformation process. The results are anticipated to promote a more resilisence and recovery-oriented approach.

- A total of 10 consumers were trained in qualitative interviewing techniques. They conducted 80 interviews of people in recovery to develop the "A Day in the Life" project which described how they spend their days, how they wish they could be spending their days, and how mental health services do or do not assist them in pursing the kind of day they would like to be having.
- In June, a group of adults in recovery who were trained in qualitative research presented the preliminary findings of the A Day in the Life project, Over 70 people attended the presentation including representatives from DMHAS, various Catchment Area Councils, and advocacy organizations.
- The group of 8 consumers are now concluding analysis of these interviews and will be presenting the results at a meeting with the Commissioner.
- An online survey was created with input from members of the Consumer, Youth, and Family Advisory Council. The survey which was disseminated to all of the individuals who have participated in the MHT grant process will help to identify strategies for increasing consumer, youth, and family-involvement in Transformation and the mental health service system in general as well. Analysis of the survey data is underway with the assistance of a group of consumers and family members who are helping with interpreting the results and formulating recommendations.
- A Consumer Research and Evaluation Network has been formed to train consumers, youth, and family members in quantitative and qualitative research methods to assist agencies with program evaluation and other research activities. This network will also play a role evaluating other MHT activities.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**

Mental Health Care Is Consumer and Family Driven.

2.1 Develop an individualized plan of care for every adult with a serious mental illness and child with a serious emotional disturbance.

2.2 Involve consumers and families fully in orienting the mental health system toward recovery.

2.3 Align relevant Federal programs to improve access and accountability for mental health services.

2.4 Create a Comprehensive State Mental Health Plan.

## 2.5 Protect and enhance the rights of people with mental illnesses.

**OVERVIEW:** The Substance Abuse and Mental Health Services Administration considers the involvement of people in recovery and their families to be a critical ingredient of MHT. The purpose of the Connecticut Consumer, Youth, and Family Advisory Council is to provide input to all levels of MHT and enhance its decisions, processes and outcomes by amplifying the voice of consumers, youth and families. The Advisory Council will participate in a variety of activities that will influence the development of policies affecting the design, delivery, and evaluation of mental health services.

**Objective CYF 12:** Increase the participation and influence of the Consumer, Youth, and Family Advisory Council in transformation activities.

**Begin Date:** October 2007
**Impact:** Increased accountability and service effectiveness
**Ease of completion:** Average/Realistic Goal
**Population:** Across the lifespan

**Performance Measurement:**
1) Develop policies and procedures for the continuation of a consumer, youth, and family advisory council beyond the scope of the MHT grant (GPRA 1).
2) Increase by 50% the number of Advisory Council members (GPRA 6).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Meet with the MHT Chairperson and leadership staff on a quarterly basis about ways to increase and sustain consumer, youth, and family involvement in the mental health system | Co-Chairs of the Consumer, Youth, and Family Advisory Council | September 2010 | On-going |
| Draft the Roles and Functions of the Consumer, Youth and Family Advisory Council that defines and guides their work | Consumer, Youth, and Family Advisory Council | September 2008 | Completed |
| Participate in quarterly meetings of the MHT Oversight Committee | Co-Chairs of the Consumer, Youth, and Family Advisory Council | September 2010 | On-going |
| Meet with project directors for the major MHT initiatives on a quarterly basis to provide input on ways to increase consumer, youth, and family involvement | Consumer, Youth, and Family Advisory Council | September 2010 | On-going |
| Participate in the development of messages to be used in public awareness campaigns about mental health, stigma, and recovery | Consumer, Youth, and Family Advisory Council | January 2009 | Initiated |
| Expand the membership and diversity of the Advisory Council to broaden its influence on | Consumer, Youth, and | April 2009 | On-target |

| | | | |
|---|---|---|---|
| local systems of care | Family Advisory Council | | |
| Develop participatory action research projects to enhance consumer, youth, and family involvement across the state | Consumer, Youth, and Family Advisory Council | September 2009 | Initiated |

**Progress:** This is a new objective added to the CMHP during 2007-08. The Advisory Council met each month with much of its time during the past year devoted to discussions about what "consumer-driven" means in relation to the MHT grant and system change. These deliberations culminated in consulting the definition and principles of consumer-driven care that are proposed by the Substance Abuse and Mental Health Services Agency (SAMHSA) and meeting with individuals from Yale PRCH and MHT leadership to consider how the Advisory Council sees its role in Transformation. The Consumer, Youth and Family Advisory Council Roles and Functions document was drafted and accepted by the Oversight Committee in September 2008. Members of the Council also participated in the strategic planning meeting with the advertising consultants for the social marketing campaign as well as served on the review committees for the mini-grant process described at the end of this document.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**
Mental Health Care Is Consumer and Family Driven.

- 2.1 Develop an individualized plan of care for every adult with a serious mental illness and child with a serious emotional disturbance.
- 2.2 Involve consumers and families fully in orienting the mental health system toward recovery.
- 2.3 Align relevant Federal programs to improve access and accountability for mental health services.
- 2.4 Create a Comprehensive State Mental Health Plan.
- 2.5 Protect and enhance the rights of people with mental illnesses.

**OVERVIEW:** The Connecticut Department of Mental Health and Addiction Services (DMHAS) has taken significant and important steps to address the needs of young adults, ages 18-25, with serious mental illnesses. Experience with and analysis of the young adult treatment and service systems continues to give us very useful information and direction regarding needed services, infrastructure, and process improvements. In October 2007, DMHAS successfully leveraged the federal Center for Mental Health Services (CMHS) **Alternative to Restraint and Seclusion State Incentive Grant (ARS SIG)** funds to conduct a strategic planning process to develop and implement a comprehensive strategy to reduce, and ultimately eliminate, use of restraint and seclusion among young adults, ages 18-25, with serious mental illnesses.

**OBJECTIVE CYF 13:** Conduct a strategic planning process leading to the development and implementation of a comprehensive strategy to reduce, and ultimately eliminate, restraint and seclusion among young adults, ages 18-25, with serious mental illness served within DMHAS' two psychiatric hospitals: Connecticut Valley Hospital and Cedarcrest Hospital.

**Begin Date:** January 2008
**Impact**: Increased service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

| | |
|---|---|
| **Performance Measurement:** | Revised policies and clearly established and communicated goals, strategies, and monitoring system to reduce use of R/S among young adults (GPRA 1). |

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Engage in a strategic planning process to develop a comprehensive strategy to reduce, and ultimately eliminate, the use of restraint and seclusion among young adults with serious mental illnesses served with DMHAS' two psychiatric hospitals | MHT Staff | July 2008 | Completed |
| Conduct a high quality process evaluation to determine the stakeholders' level of satisfaction with the strategy development process and results | Project Evaluation Team | September 2008 | Initiated |
| Revise and implement the comprehensive Strategic Plan across the two targeted psychiatric hospital intervention sites | MHT Staff | October 2008 | Initiated |

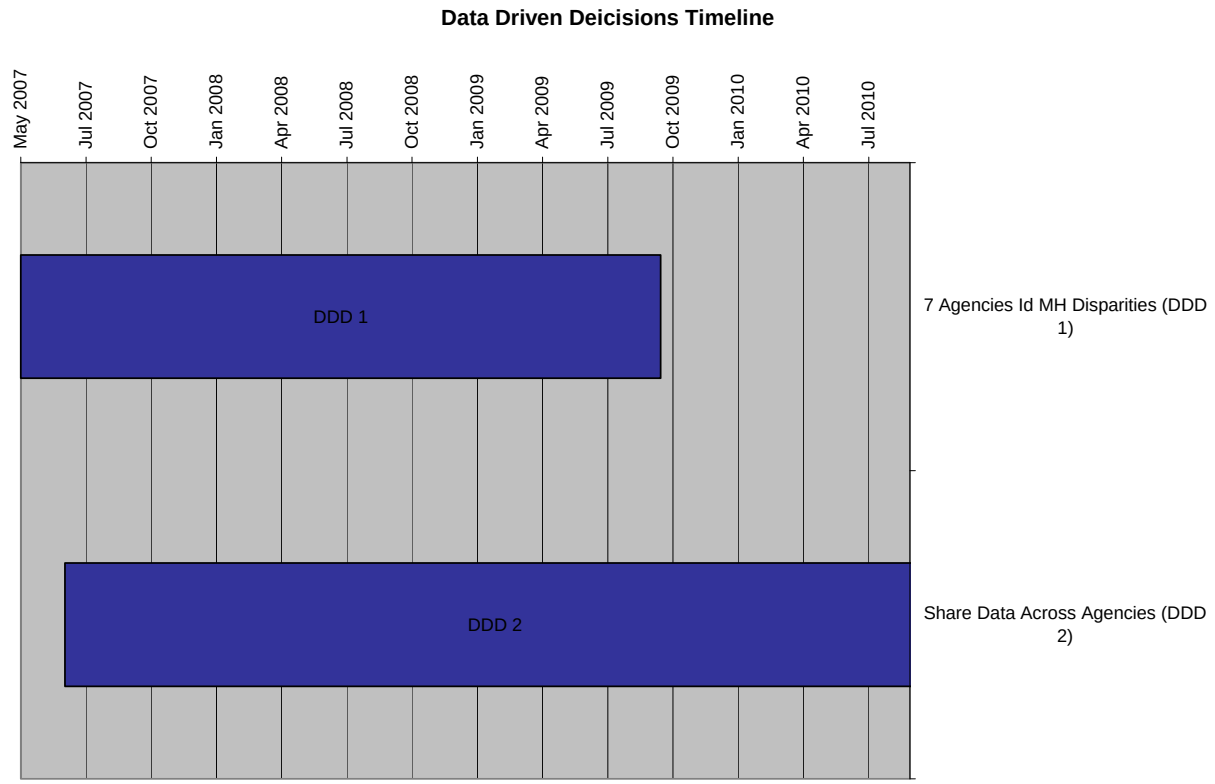
**Progress:** Both Connecticut Valley Hospital and Cedarcrest Hospital have been engaged in assessing their hospital's capacity for providing trauma informed services. This process involves specific focus on assessing each individual admitted for services for any history of trauma, staff knowledge and training in a trauma informed approach and redesign of the physical environment. The Alternative to Restraint and Seclusion Grant provides the framework in which to do this work. Using the Six Core Strategies, both hospitals have drafted a strategic plan that is currently undergoing revision based on the recommendations received in a consultation site visit by representatives from NASMHPD.

# DATA-DRIVEN DECISIONS (DDD)

**DESCRIPTION:** Data driven decision making was highlighted in early transformation efforts by Workgroup # 3. As part of their process in identifying recommendations for change that would result in the elimination of mental health disparities, the group began to develop data variables related to diverse groups including ethnicity, age, gender and those impacted by trauma. They proposed investing in an infrastructure that would link state agencies, the judicial branch, providers and payers to allow for a variety of analyses to be conducted on client demographic, performance and outcome data.

Standardized collection of demographic data such as race and ethnicity, age, and gender, will increase the capacity to conduct analyses and track performance and outcome data for clients who have received services in multiple state systems. An additional benefit is that database users will be able to explore a wide range of questions related to disparities and will be able to explore more general questions related to client service utilization and outcome patterns.

**SYSTEM TRANSFORMATION:** **I**nvesting in an infrastructure that links state agencies, the judicial branch, providers and payers to allow for a variety of analyses to be conducted on client demographic, performance and outcome data will improve system accountability and effectiveness. Standardized collection of demographic data such as race and ethnicity, age, and gender, will increase the capacity to conduct analyses and track performance and outcome data for clients who have received services in multiple state systems.



**NEW FREEDOM COMMISSION GOAL / END OUTCOME**
Disparities in Mental Health Services are eliminated.
3.1 Improve access to quality care that is culturally competent.
3.2 Improve access to quality care in rural and geographically remote areas.

**OVERVIEW:** MHT staff, with representatives from the Department of Social Services' (DSS) Medicaid Infrastructure Grant (MIG), Connecticut Office of Workforce Competitiveness and the Governor's Early Childhood Education Cabinet have 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. Aggregate and individual-level data will enable analyses on key client demographics. Performance and outcome data within and across agencies and State systems, will provide 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.

**OBJECTIVE DDD 1:** Seven state departments identify health care disparities according to age, gender, and race/ethnicity.

**Begin Date:** May 2007
**Impact**: Improved accountability, service capacity, and service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:** 1) Guidelines developed for the uniform collection of demographic variables (GPRA 1).
2) Seven state departments collect and analyze demographic data to identify disparities in care (GPRA 5).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Establish the Data Interoperability work group | MHT Staff | August 2007 | Completed |
| Meet with Commissioners from state agencies to establish the level of commitment to the data interoperability process | MHT Staff | January 2008 | Completed |
| Identify data requirements and reports needed to determine where disparities exist | Data Interoperability WG | June 2008 | Completed |
| Identify business requirements for information system | Data Interoperability WG | December 2008 | Initiated |
| Implement a pilot to share employment related data amongst the DMHAS, Department of Social Services' Bureau of Rehabilitation Services (BRS) and the Department of Developmental Services | Data Interoperability WG | August 2008 | Initiated |
| Develop and distribute an inventory | Data | September | Initiated |

| | | | |
|---|---|---|---|
| questionnaire to various state agencies to determine which demographic variables are currently collected and required | Interoperability WG | 2008 | |
| Disseminate findings of the pilot data sharing with state agency Commissioners | Data Interoperability WG | October 2008 | Initiated |
| Develop guidelines regarding uniform collection of demographic variables across state agencies | Data Interoperability WG | September 2009 | Initiated |

**Progress:** CT is fortunate to have multiple inter-agency stakeholders that not only recognize the benefits of data interoperability, but support and are willing to share responsibility for carrying out data interoperability efforts. Many short term goals have been realized and steps toward achieving long term goals in place including:

- The Data Interoperability workgroup was created with members from the DSS Bureau of Rehabilitation Services (MIG staff), Office of Workforce Competitiveness, Early Childhood Education Cabinet, and MHT-SIG. The group met consistently throughout project year 2007-08.
- In March and again in August the Data Interoperability work group hosted a meeting with Commissioners to present recommendations identified by the Public Consulting Group (PCG) and to elicit support and input for initiating next steps.
- The Department of Information Technology (DOIT), a member of CT's MHT-SIG Oversight Committee, completed and presented a plan to address four business questions through the sharing of data to work group members.
- Demographic variables were identified.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**

Technology is used to access mental health and information.

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.

6.2 Develop and implement integrated electronic health record and personal health information systems.

**OBJECTIVE DDD 2:** Data is shared across state agencies to identify needed system change.

**Begin Date:** July 2007
**Impact**: Improved accountability, service capacity, and service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:** Of the 14 state departments and judicial branch, 3 will adopt new Memorandums of Agreement to share data with one another (GPRA 4).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Coordinate with other state agencies and initiatives also exploring data sharing options such as those associated with the Medicaid Infrastructure Grant | MHT Staff | September 2010 | On-going |
| Explore federal and state laws and regulations that pose a barrier or limit opportunities for data sharing | Department of Social Services Medicaid Infrastructure Grant (MIG) staff | February 2008 | Completed |
| Gather information about existence of current inter-agency Memorandum of Agreement regarding data sharing | MHT and MIG staff | March 2008 | Completed |
| Adopt new Memorandum of Agreement regarding sharing of data | Data Interoperability WG with state agencies | September 2008 | Initiated |

**Progress:** After the project received consultation from the Public Consulting Group (PCG) and presented findings to the Commissioners, the focus of the Data Interoperability Workgroup was solidified to be the identification of Health Care Disparities and sharing of data across state agencies. To achieve this, a pilot program has been initiated to answer key questions about individuals who receive services from DMHAS, the Department of Developmental Services (DDS), and the Bureau of Rehabilitative Services (BRS). The analysis of 'population caseload overlap' will include information about the characteristics of individuals and the presence of possible disparities.

- PCG analyzed and made recommendations for CT's next steps toward data interoperability based on state and federal regulations re: data sharing in February 2008.
- In March 2008 PCG and the Data Interoperability work group completed an assessment of existing data sharing agreements between CT state agencies.
- An agreement was reached for three state agencies (the Departments of Developmental Services, BRS and DMHAS) to implement a pilot to develop data collection and sharing guidelines and to collect and share data relative to variables identified by the data interoperability workgroup.
- Preliminary plans have been made to begin holding quarterly meetings between Data Interoperability Group and Commissioners.
- Next steps include MHT staff *c*ontinuing to work with the goal of signing Memorandums of Agreement (MOA) between the state agencies for which the anticipated completion date has changed from June to September.

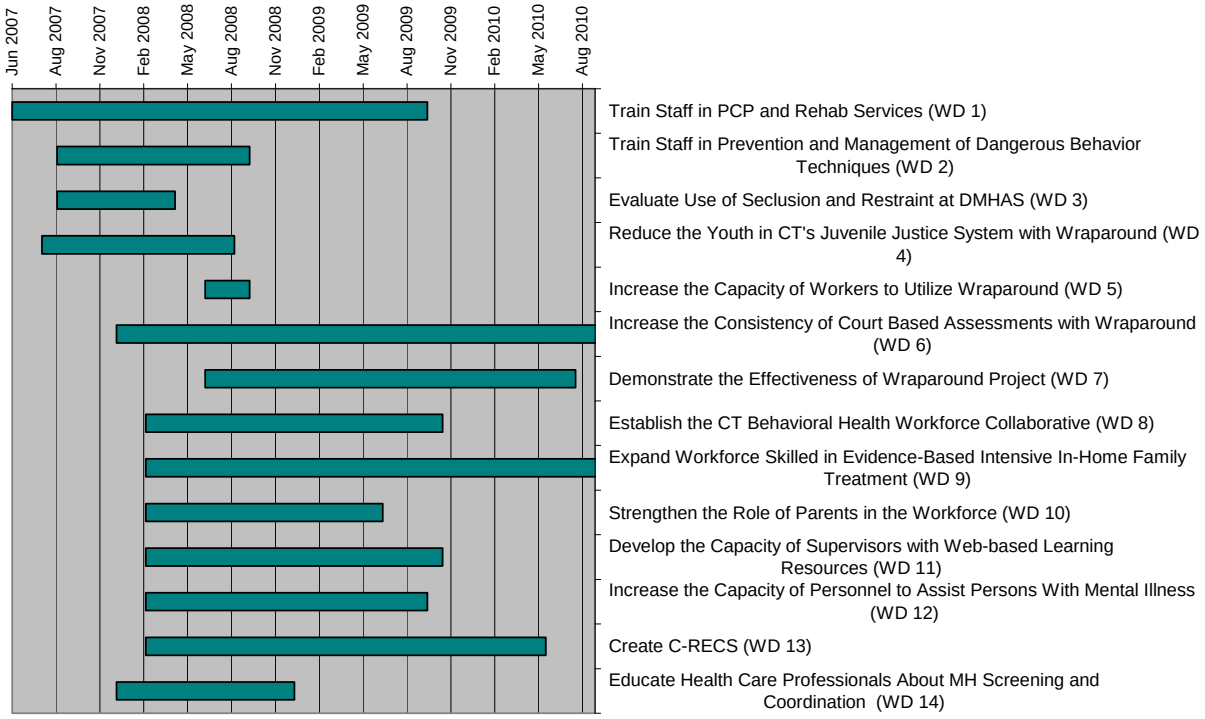
# WORKFORCE DEVELOPMENT (WD)

**DESCRIPTION:** There is broad consensus in Connecticut that strengthening the workforce is essential if efforts to transform the state's system of mental health care are to succeed. The workforce is the principal vehicle through which access to care is provided and effectiveness of care is assured. The vast majority of the state's behavioral health expenditures are, in fact, expenditures on human resources. A concerted and coordinated effort is required to more effectively recruit, retain, and train those who care for persons with mental health problems and illnesses. The transformation initiative has provided Connecticut an opportunity to intensify its efforts on this urgent agenda.

**SYSTEM TRANSFORMATION:** In its final report, the New Freedom Commission identified workforce development as an essential element of sustainable reform and a critical vehicle for achieving the transformation of current systems of care. Connecticut's MHT-SIG Workforce efforts will address many of the crises described by the New Freedom Commission including:

- Recruitment and retention of qualified employees, particularly in the private, non-profit sector;
- The critical shortage of personnel trained and skilled in caring for special populations such as children and the elderly;
- Increased diversity and cultural competence of staff relative to service populations;
- Training behavioral health staff in recovery-oriented approaches to care.

**Workforce Development Timeline**



**NEW FREEDOM COMMISSION GOAL / END OUTCOME**

Mental Health Care Is Consumer and Family Driven.

2.1 Develop an individualized plan of care for every adult with a serious mental illness and child with a serious emotional disturbance.
2.2 Involve consumers and families fully in orienting the mental health system toward recovery.
2.3 Align relevant Federal programs to improve access and accountability for mental health services.
2.4 Create a Comprehensive State Mental Health Plan.
2.5 Protect and enhance the rights of people with mental illnesses.

**OVERVIEW:** Transforming the staffing structures, composition and proficiencies of the behavioral health workforce is fundamental to the greater task of transforming Connecticut's mental health system. A sustained effort to recruit, retain, train, supervise and support Connecticut's behavioral health workforce must be foremost among the state's priorities as it strives to improve access to compassionate and effective care.

**OBJECTIVE WD 1:** Enhance mental health services by training direct care staff and supervisors in person-centered planning and rehabilitative services.

**Begin Date:** June 2007
**Impact**: Improved service capacity and service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:** 1) Train 500 direct care staff and 50 supervisors at Connecticut Valley Hospital (CVH) in person-centered planning and rehabilitative services (GPRA 2).
2) Enhance the content and protocol of the electronic Medical record (GPRA 1).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Select and refine training curriculum on person-centered planning and rehabilitative services to be offered to staff at Connecticut Valley Hospital | Connecticut Valley Hospital Leadership | October 2007 | Completed |
| Provide training to direct care staff and supervisors at Connecticut Valley Hospital | Connecticut Valley Hospital Department of Education | December 2008 | Completed |
| Enhance the content and protocol of the electronic medical record pilot currently underway to ensure maximum adherence to person-centered principles as outlined in the recently awarded CMS Real Choice System Change Person-Centered Planning Grant | DMHAS Director of Recovery and Community Affairs | June 2009 | Initiated |
| Expand training to division-specific training focusing on trauma informed care, alternatives to restraint and seclusion and increase the | Connecticut Valley Hospital Department of | September 2009 | Initiated |

| | | | |
|---|---|---|---|
| number of recovery-oriented groups | Education | | |

**Progress:** Efforts to enhance the provision of person centered and recovery-oriented care by training direct care staff at Ct Valley Hospital have been successful. In addition to the following accomplishments (which were completed ahead of schedule), the hospital has expanded plans to shift from a hospital-wide to a division-specific training process. Trainings will focus on trauma informed care and alternatives to restraint and seclusion. Efforts are also underway to increase the number of recovery-oriented groups that will take place during project year 2008-09.

- In October 2007 training curriculum in person centered planning was selected and refined.
- By May 2008, 1280 persons successfully completed the training, since then the cumulative number of people trained exceeds 1400.

In conjunction with the Person Centered Planning Grant *and* the Alternative to Restraint and Seclusion Grant, Connecticut Valley Hospital will begin a person-centered, recovery-planning process that is trauma informed and includes personal preferences and tools to prevent the use of restraint and seclusion. The goal is to support expansion of these efforts into the broader service system and provide consistency in approach throughout the continuum of care.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**

Mental Health Care Is Consumer and Family Driven.

2.1 Develop an individualized plan of care for every adult with a serious mental illness and child with a serious emotional disturbance.

2.2 Involve consumers and families fully in orienting the mental health system toward recovery.

2.3 Align relevant Federal programs to improve access and accountability for mental health services.

2.4 Create a Comprehensive State Mental Health Plan.

2.5 Protect and enhance the rights of people with mental illnesses.

**OVERVIEW:** Recently a group of staff employed at all levels, representing multiple DMHAS agencies have come together to explore current best practices related to the prevention and management of dangerous behavior.

**OBJECTIVE WD 2**: Provide training to direct care staff on effective prevention and management of dangerous behavior techniques.

**Begin Date:** September 2007
**Impact**: Improved service accountability and service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:** 1) Train150 direct care staff in prevention and management of dangerous behavior techniques (GPRA 2).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Explore prevention and management of dangerous behavior curriculums recognized as best practices to replace Behavioral Management System | DMHAS | May 2008 | Completed |
| Develop plan to implement new curriculum statewide | DMHAS | September 2008 | Completed |
| Train direct care staff | DMHAS | September 2008 | Initiated |

**Progress:** CT issued a Request for Information seeking appropriate parties to train staff in approaches to prevent and respond therapeutically to aggressive behavior. Disappointingly, the effort yielded only one proposal, which did not address CT's desired goals. Inlieu of this approach, focus groups were conducted with staff from inpatient settings to obtain input on curriculum revisions.

CT's MHT staff works closely with this committee to ensure that the curriculum is consistent with the principles discussed earlier in this report, specifically prevention, use of personal preferences and trauma informed approaches to care.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**

Mental Health Care Is Consumer and Family Driven.

- 2.1 Develop an individualized plan of care for every adult with a serious mental illness and child with a serious emotional disturbance.
- 2.2 Involve consumers and families fully in orienting the mental health system toward recovery.
- 2.3 Align relevant Federal programs to improve access and accountability for mental health services.
- 2.4 Create a Comprehensive State Mental Health Plan.
- 2.5 Protect and enhance the rights of people with mental illnesses.

**OVERVIEW**: In 2003, after a Hartford Courant article brought to light the reality of using restraint for persons with psychiatric disorders, SAMHSA's Administrator, Charles Curie, stated that: "Seclusion and restraint should no longer be recognized as a treatment option at all, but rather as a treatment failure." SAMHSA then set forth a vision and a plan to reduce and ultimately eliminate seclusion and restraint from treatment settings for mental and addictive disorders. Since that time, Connecticut along with the nation has examined its practices in the use of seclusion and restraint. Staff training and establishment of revised protocols has resulted in reduced application of seclusion and restraint. The Department of Mental Health and Addiction Services continues to strive toward the elimination of seclusion and restraint in acute care settings.

**OBJECTIVE WD 3:** Evaluate the use of seclusion and restraint throughout the Department of Mental Health and Addiction Service system.

**Begin Date:** Sept. 2007
**Impact**: Improved service accountability and service effectiveness
**Ease of completion**: Average/Realistic Goal

**Population**: Across the lifespan

| **Performance Measurement:** | Report findings from evaluation of seclusion and restraint (Non-GPRA). |
|---|---|

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Request technical assistance from the Substance Abuse and Mental Health Services Administration's National Technical Assistance Center | DMHAS | January 2008 | Completed |
| Senior leadership from CVH and Cedarcrest Hospitals attend SAMHSA training on seclusion and restraint | DMHAS | April 2008 | Completed |

**Progress:** In October 2007 DMHAS received the award to implement an Alternative to Restraint and Seclusion State Incentive Grant. This award has propelled DMHAS' evolution to a restraint free environment. As such, we have significantly increased and coordinated efforts to eliminate the use of seclusion and restraints as a component of this CMHP as reflected by the addition of the second action item. Updates on accomplishments to obtain this objective include:

- In February 2008 requested technical assistance.
- Senior staff from CT Valley and Cedarcrest Hospitals attended SAMHSA training on seclusion and restraint.

See Objective CYF 13 to learn more.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**

Excellent Mental Health Care Is Delivered and Research Is Accelerated.

5.1 Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illness.

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

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

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

**OVERVIEW**: One task of transformation was to create a strategy to prevent youth from becoming involved in or having repeated involvement in the juvenile justice system through the use of evidence-based practices. This strategy aims to divert children and youth from involvement in the juvenile justice system through a focused implementation of Community Based Wraparound, a proven effective approach to addressing the needs of children and families. Wraparound is a truly transformative approach to delivering care that places the family at the center of decision making and shares the concepts and values of the adult Recovery Movement and other approaches that build upon the natural resilience of children, families, and communities. The entire project will be awarded to contractor/contractors through one or more competitive procurements. Procurements will be structured to encourage utilization of family members, advocacy organizations and other entities familiar with the target communities.

**OBJECTIVE WD 4:** Reduce the number of youth entering Connecticut's juvenile justice system through a focused implementation of Community Based and Family Wraparound.

**Begin Date:** Aug. 2007
**Impact**: Improved service accountability, service capacity, and service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Children and Adolescents

**Performance Measurement:** 1) Signed Memorandum of Agreement between Department of Mental Health and Addiction Services, Department of Children and Families (DCF) and the Court Support Services Division (CSSD) of the Judicial Branch (GPRA 1).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Establish Memorandum of Agreement between Department of Mental Health and Addiction Services, Department of Children and Families and the Court Support Services Division of the Judicial Branch | MHT staff with DCF and CSSD | November 2007 | Completed |
| Issue Request for Proposals for Coordinating Center to provide leadership and management of CT's Community and Family Wraparound Project | DCF | September 2007 | Completed |
| Contract with awarded agency to serve as Coordinating Center | DCF | February 2008 | Completed |
| Seek funding from MacArthur Foundation to expand Community based and Family Wraparound | DCF | August 2008 | Completed |

**Progress:** Progress has been made toward full implementation of Wraparound by building upon existing resources in two local communities, providing quality assurance, and establishing a workforce development infrastructure. Resources that have contributed to the successful implementation of the project include:

- Local community collaboratives;
- Local family support organizations;
- DCF funded care coordinators;
- DCF and CSSD flexible funding programs;
- Emily J. initiatives;
- Existing parole, probation, and protective services workers that deliver case-management services;
- Existing wrap-around training programs (DCF, Emily J. and community collaborative training initiatives);
- DCF and CSSD funded local mental health service providers and services;
- Local juvenile review boards;
- Family with Service Needs (FWSN) Support Centers;
- Court evaluation programs; and,

• Other complementary initiatives.

Progress to date has been guided by the goal of creating and sustaining (post-MHT-SIG) a parent-driven system of care. A significant step toward sustaining the initiative links the wraparound initiative with MacArthur Mental Health/Juvenile Justice Action Network School-based Diversion initiative that will divert children and youth to the mental health system and decrease school-based arrests for acting out behaviors driven by mental health issues. Achievements in project year 2007-08 include:

- MOA signed in November 2007;
- CT Center for Effective Practice (CCEP) awarded contract;
- Updated agency leadership on status of project implementation; and,
- Braiding funding from the MacArthur foundation. These dollars will provide expanded training and coaching opportunities for school personnel and school resource officers.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**

Excellent Mental Health Care Is Delivered and Research Is Accelerated.

5.1 Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illness.

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

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

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

**OVERVIEW**: Previous efforts to implement Wraparound relied primarily on training to change the way that the system served families. The State's extensive experience with multiple models of evidence-based practice has demonstrated that for programs to be effective, training must be supported by coaching in the field. Quality assurance processes are necessary to insure that service is being delivered as designed. Training is most effective when hands-on coaching in the field follows it. In this model, expert trainers provide coaching by providing feedback regarding the implementation of child and family specific teams, crisis planning, service coordination, etc., as Wraparound is delivered.

**OBJECTIVE WD 5:** Increase the capacity of providers, families, and state workers to effectively implement and utilize Connecticut's Community and Family Wraparound Project.

**Begin Date:** July 2008
**Impact**: Improved service accountability, service capacity, and service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Children and Adolescents

**Performance Measurement:**

1) Establish a shared uniform curriculum for Wraparound services (Non-GPRA ).
2) Train 330 persons in Wraparound services (GPRA 2).
3) Design and implement a system of ongoing in vivo coaching regarding Wraparound (Non-GPRA).
4) Nine service systems receive technical assistance from

the Coordinating Center (GPRA 7).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Establish a shared uniform curriculum | Coordinating Center | June 2008 | Completed |
| Deliver curriculum to multiple system stakeholders in selected community, including court evaluators statewide | Coordinating Center | October 2008 | Revised |
| Design and implement a system of ongoing in vivo coaching and technical support to care coordinating agencies, and participants in systems of care in selected communities, and to court evaluators statewide | Coordinating Center | October 2008 | Revised |
| Implement wraparound training, in-vivo coaching and data collection process in the selected communities | Coordinating Center | November 2008 | On-target |
| Select local coaches to work with training/coaching consultants and begin local in-vivo coaching | Coordinating Center | November 2008 | On-target |

**Progress:** The contracted Coordinating Center provided assistance in the selection of the pilot communities, coordination of advisory bodies, training, in-vivo coaching, fidelity assessment, administrative supports, clinical quality reviews, and quality assurance activities. The Coordinating Center worked with the DCF and Court Support Services Division of the Judicial branch (CSSD) to develop and issue a Request for Qualifications (RFQ) that forms the basis of the methodology for selecting the target communities. The Coordinating Center also worked jointly with CSSD and DCF staff assigned to the contract to convene local advisory/steering committees in each pilot community and a statewide body composed of representatives from the local bodies.

Trainers have been identified and will implement training consisting of an overview of the Wraparound approach for all stakeholders and a series of smaller sessions to instruct project participants in the core competencies of wraparound practice. Expert coaches will provide coaching as Wraparound is being delivered. Coaches will provide feedback regarding the implementation of child and family specific teams, crisis planning, service coordination, etc.

The coordinating center has also begun to recruit for a part-time youth coordinator through FAVOR to help youth participation in the Wraparound process once communities have been selected. In addition to orientation and assessment, the coordinating center will work with each community to identify data collection personnel, technical assistance needs, and administrative support needs and begin to coordinate implementation of these services.

Other action steps identified above were revised as follows:

- The shared, uniform curriculum was developed according to schedule.
- Two communities were selected and local systems engaged in the project.
- Communities were notified of their selection and site assessments were scheduled.

- Court evaluators have been engaged in the project.
- The Wraparound fidelity assessment tool (Wifi) has been selected and the data collection system designed.
- Wraparound trainers have been identified, in-vivo coaching program designed, and family advocacy organization engaged.
- The timeline for the delivery of the curriculum is anticipated to be completed in October 2008.
- The implementation of in vivo coaching has been delayed until October 2008.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**

Excellent Mental Health Care Is Delivered and Research Is Accelerated.

5.1 Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illness.

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

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

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

**OVERVIEW**: When implemented with high fidelity, Wraparound has been shown to improve child behavior, reduce social problems, improve school attendance, decrease functional impairment, and reduce delinquency (Burchard et al., 2002). Coaches, Trainers, and the Training Coordinator will utilize existing instruments to measure fidelity to the wraparound process and provide corrective feedback. Existing measures will be modified to assess the quality of existing court based assessment processes and to reinforce assessment processes that are consistent with the Wraparound approach.

**OBJECTIVE WD 6:** Increase the consistency of existing court based assessment processes with Wraparound processes.

**Begin Date:** January 2008
**Impact**: Improved service accountability, service capacity, and service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Children and Adolescents

**Performance Measurement:**
1) Develop policy regarding court evaluations to promote use of Wraparound principles and services (GPRA 1).
2) Increased number of organizations that collect fidelity data related to Wraparound services (GPRA 4, 5).
3) Coordinating Center consults with each pilot agency to facilitate provision of administrative supports (GPRA 7).
4) Establish new positions for family members as evaluators and trainers (GPRA 4).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Design and implement a system of clinical review of court evaluation reports, including revising a wraparound fidelity tool for application in court evaluations | Family representatives and key stakeholders Workgroup Leadership - (DFC), (CSSD), (AFCAMP), (FAVOR) | November 2008 | Revised |
| Conduct a fidelity assessment | Connecticut Center for Effective Practice (CCEP) | September 2010 | On-target |
| Establish project advisory board | CCEP | October 2008 | On-target |
| Develop project communication plan | CCEP | October 2008 | On-target |
| Hire of part-time youth coordinator | CCEP | November 2008 | On-target |
| Site assessments of selected communities | CCEP | October 2008 | On-target |
| Inventory of community administrative needs and make infrastructure support funds available | CCEP | November 2008 | On-target |
| Finalize training plan | CCEP | November 2008 | On-target |
| Complete site assessments | CCEP | October 2008 | On-target |
| Train court evaluators in wraparound, incorporate wrarparound into evaluation policy and practice, and conduct review of application of wraparound in sample of court evaluations | CCEP | November 2008 | On-target |

**Progress**: The Coordinating Center has initiated work with DCF and CSSD to evaluate the quality of current court evaluations and provide feedback on their fidelity to the principles and practices of wraparound. A quality assurance data system will be established to link with the Department's reporting system.

The target date for designing and implementing a system of clinical review of court evaluation reports has been changed to November 2008 due to delays in identifying target communities. A previously identified action item regarding families as evaluators and trainers has been removed as it inaccurately reflected the intention of this objective. Key quality assurance and utilization data will be collected periodically throughout the project and used in conjunction with fidelity measures to inform practice. Accomplishments include:

- CT Center for Effective Practice (CCEP) was awarded the contract to provide project coordination.

- Two communities representing both urban and suburban areas (Greater Bridgeport and Bristol/Farmington Valley) have been selected.
- Agency leadership was updated on the status of project implementation.

It should also be noted that this initiative serves as the reference for the Child Recovery/Resiliency Measure that is to be evaluated in the cross site evaluation or proof of concept study.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**
Excellent Mental Health Care Is Delivered and Research Is Accelerated.

5.1 Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illness.
5.2 Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation.
5.3 Improve and expand the workforce providing evidence-based mental health services and supports.
5.4 Develop the knowledge base in four understudied areas: mental health disparities, long-term effects of medications, trauma, and acute care.

**OVERVIEW:** To keep the project on track and to evaluate the effectiveness of the pilot projects, a quality assurance and outcome data system will be established. Key process and outcome data will be collected periodically throughout the project and used in conjunction with fidelity measures to inform practice. The effectiveness of the project in reducing juvenile justice involvement, reducing recidivism, and improving educational and vocational attainment will be assessed.

**Objective WD 7:** Demonstrate the effectiveness of Connecticut's Community Based and Family Wraparound project.

**Begin Date:** July 2008
**Impact**: Improved service accountability, service capacity, and service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Children and Adolescents

**Performance Measurement:** 1) Two systems of care and courts will use report cards (GPRA 5).
2) Baseline data collected by four sites (GPRA 5).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Identify key outcome measures | Connecticut Center for Effective Practice (CCEP) | July 2008 | Completed |
| Collect baseline data in pilot and control sites, including court evaluators statewide | CCEP | September 2008 | On-target |
| Identify an evaluation design and data | CCEP | July 2008 | Completed |

| | | | |
|---|---|---|---|
| analytic strategy to assess outcome of the impact of the infrastructural supports | | | |
| Coordinate with evaluation for the Emily J. Project | CCEP | September 2008 | Revised |
| Develop report cards for each system of care and court evaluator | CCEP | July 2010 | On-target |
| Refine data collection system at local level, collect fidelity assessment data and provide ongoing feedback to selected communities | CCEP | September 2010 | Ongoing |
| Collect data to show impact of wraparound initiative to support future funding | CCEP | August 2009 | On-going |

**Progress:** Identification of key outcome measures as well as identification of an evaluation design have been completed on schedule. Collection of baseline data is anticipated to be completed as proposed. Coordination of the evaluation with the Emily J Project has been delayed until September 2008. The MacArthur funds are being processed through CSSD's accounting department and are anticipated to be available in October 2008.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**

Excellent Mental Health Care Is Delivered and Research Is Accelerated.

5.1 Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illness.

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

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

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

**OVERVIEW:** MHT-SIG funds can address only a portion of the many workforce challenges facing the state of Connecticut. Therefore, a critical element of the State's effort to transform its workforce must be to ensure that a permanent infrastructure is established that can link and leverage existing resources to address the many workforce issues that call for attention. The proposed strategy is to create the Connecticut Behavioral Health Workforce Collaborative, drawing on related initiatives in California and Alaska. The mission of the Collaborative will be to proactively recruit, develop, support, and retain Connecticut's mental health workforce through coordinated planning and action involving public and private organizations in partnership with persons in recovery, youth, and family members.

**OBJECTIVE WD 8:** Establish the Connecticut Behavioral Health Workforce Collaborative as a permanent body charged with planning, coordinating, and implementing interventions to strengthen the workforce.

**Begin Date:** March 2008
**Impact**: Improved service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:** Workforce Collaborative established by Connecticut's Executive Branch (GPRA 4).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Governor issues an Executive Order to establish the Connecticut Mental Health Workforce Collaborative | MHT-SIG managers and Convener of Workforce Transformation Workgroup (WTW) | March 2008 | Revised |
| Establish and convene the Executive Committee of the Collaborative | WTW staff | April 2008 | Completed |
| Establish and convene the General Membership of the Collaborative | WTW staff | May 2008 | Completed |
| Establish and convene the Standing Councils of the Collaborative | WTW staff | May 2008 | Completed |
| Implement interventions to strengthen the workforce through the development of a Memorandum of Agreement between the various state agencies involved in the project | WTW staff | October 2009 | On-target |
| Establish outcome measures and synthesize/evaluate data focused on effectiveness of interventions for Collaborative as a whole | WTW staff | October 2009 | On-target |

**Progress:** The Collaborative has met twice, in May and September 2008, with a primary focus being recruiting and supporting diverse membership. Meetings included convening all of the Workforce Councils as well as facilitated discussions about community colleges and the behavioral health workforce, youth leadership in the behavioral health workforce, and training and workforce development guidelines.

- A report focusing on community colleges and the behavioral workforce needs was completed and members of the Workforce Collaborative met with the Community Colleges Chief Academic Officer.
- Outcome measures have been established and work with each individual Collaborative project around collection of initial data has begun.
- In September 2008 Youth Leadership stakeholders held a second meeting with increased representation of men and women from diverse ethnic and cultural backgrounds. These members bring valuable perspectives including youth development and gang prevention at the grassroots level throughout Connecticut.
- One major change to the CMHP was the revision to reflect a modification to the establishment of a Governor's Executive Order. Upon pursuing this with the Governor's office it was determined that this activity did not meet the criteria for an Executive Order. As a result efforts will concentrate on identified Council priorities and implementation plans, including completion of an interagency Memorandum of Agreement and

development of a sustainability plan.

- Efforts will continue to assure that a majority of Collaborative members are persons in recovery, youth and family members, and that membership is representative of ethnic and cultural diversity.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**
Excellent Mental Health Care Is Delivered and Research Is Accelerated.

5.1 Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illness.
5.2 Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation.
5.3 Improve and expand the workforce providing evidence-based mental health services and supports.
5.4 Develop the knowledge base in four understudied areas: mental health disparities, long-term effects of medications, trauma, and acute care.

**OVERVIEW:** The Department of Children and Families (DCF), at the direction of Governor Rell and with the support of the legislature, has continued to prioritize the delivery of intensive home-based services as an alternative to psychiatric hospitalization, residential treatment, and detention. A barrier to the successful implementation of these treatments is the limited availability of staff entering the workforce with the requisite training and skills to effectively deliver such services, exemplified by vacancy rates in such positions of approximately 20%. The proposed strategy will engage university faculty members in fellowships to learn these treatment approaches. Subsequently, the faculty will implement courses for students on intensive, home-based services and assist in placing these students in internships where they can gain practical experience. University and mental health systems will coordinate recruitment and job placement efforts to engage these students in the workforce after graduation.

**OBJECTIVE WD 9:** Expand the workforce skilled in providing evidence-based intensive in-home family treatment through coordinated curriculum development, faculty development, university-based course work, experiential learning through internships, and recruitment of graduating students.

**Begin Date:** March 2008
**Impact**: Improved service effectiveness

**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:**
1) Develop the competency of five faculty members from a minimum of three colleges/universities in teaching in-home family treatment (GPRA 2).
2) Finalize graduate training curriculum in evidence-based intensive in-home family treatment models (non-GPRA).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| **PHASE I** | | | |

| | | | |
|---|---|---|---|
| Initiate training seminar to selected faculty fellows for Phase I (6 Faculty Members, each from a distinct Graduate Training Program) | Wheeler Clinic Staff | September 2008 | Completed |
| Initiate student recruitment events and identification of internship resources at each participating university for Phase I | Wheeler Clinic Staff | September 2008 | Completed |
| Complete Participation Agreements for Phase I | Wheeler Clinic Staff | September 2008 | Completed |
| Recruit and coordinate model-specific provider representatives to assist in Faculty Fellows Training, Student Recruitment, and Guest Lecturing in the student course for Phase I | Wheeler Clinic Staff | November 2008 | Completed |
| Ensure compliance with university agreements to deliver a course at each site during Phase I (minimum of 35 students total across all sites) | Wheeler Clinic Staff | February 2008 | Completed |
| Deliver consultation, coaching, and group feedback sessions to Faculty Fellows for Phase I | Wheeler Clinic Staff | January 2008 | Completed |
| Develop and implement Phase I system for connecting students with internship and employment opportunities involving In-Home Services | Wheeler Clinic Staff | March 2008 | Completed |
| Assist in identifying key process and outcome variables and measurement strategies to assess this intervention | Wheeler Clinic Staff | September 2008 | On-going |
| Elicit and analyze Phase I Course Evaluation Feedback from guest lecturers and student participants | Wheeler Clinic Staff | June 2008 | Completed |
| **PHASE II** | | | |
| Initiate recruitment of Graduate Programs and Fellows for Phase II – Make information regarding Fellowship available to all Graduate Training Programs in Connecticut and local surrounding area and elicit university participation in the program | Wheeler Clinic Staff | November 2008 | On-target |
| Train Selected Phase II Faculty Fellows (5 Faculty Members, each from a Distinct Graduate Training Program) | Wheeler Clinic Staff | September 2009 | On-target |
| Student Recruitment Events | Wheeler Clinic Staff | September 2009 | On-target |
| Initiate Phase II Fellowship Seminars and Consultations | Wheeler Clinic Staff | September 2009 | On-target |
| Recruit and coordinate model-specific provider representatives to assist in Phase II Faculty Fellows Training, Student Recruitment, and Guest Lecturing | Wheeler Clinic Staff | November 2009 | On-target |
| Ensure Phase II compliance with university agreements to deliver a course at each site (minimum of 35 students total across all sites) | Wheeler Clinic Staff | February 2009 | On-target |

| | | | |
|---|---|---|---|
| Deliver Consultation, Coaching, and Group Feedback Sessions to Phase II Faculty Fellows | Wheeler Clinic Staff | January 2009 | On-target |
| Implement Phase II System for connecting students with internship and employment opportunities involving In-Home Services | Wheeler Clinic Staff | March 2009 | On-target |
| Analyze Phase II course evaluation feedback | Wheeler Clinic Staff | June 2009 | On-target |

**Progress:** Wheeler Clinic was selected as the contractor for the intensive in-home family treatment training effort. The graduate school programs that will partake in this initiative include:
(1) University of Connecticut (Social Work and Marriage and Family Therapy),
(2) University of Hartford (Psychology),
(3) Southern Connecticut State University (Social Work and Marriage and Family Therapy), and
(4) Central Connecticut State University (Marriage and Family Therapy).

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**
Mental Health Care Is Consumer and Family Driven.

2.1 Develop an individualized plan of care for every adult with a serious mental illness and child with a serious emotional disturbance.
2.2 Involve consumers and families fully in orienting the mental health system toward recovery.
2.3 Align relevant Federal programs to improve access and accountability for mental health services.
2.4 Create a Comprehensive State Mental Health Plan.
2.5 Protect and enhance the rights of people with mental illnesses.

**OVERVIEW:** A training curriculum on leadership skills will be selected, refined, and offered repeatedly throughout the state to the parents of children with emotional/behavioral difficulties. This initiative will (1) facilitate parents' increased participation and influence in their child's treatment team; (2) increase parents' competency in skills necessary for paid and volunteer family advocate roles on behalf of other families and their children; and (3) assist parents in developing skills to shape state policy, thereby moving Connecticut closer to a family-driven system of care.

**OBJECTIVE WD 10:** Strengthen the role of parents in the workforce by providing leadership training.

**Begin Date:** March 2008
**Impact**: Improved service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:** Provide leadership training to 120 parents (GPRA 2).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Select an organization(s) to implement this initiative | Yale University | March 2008 | Completed |
| Select and finalize a training curriculum on leadership skills to be offered to parents | Families United Staff | June 2008 | Completed |

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|---|---|---|---|
| Initiate training statewide to parents using the selected curriculum. | Families United Staff | August 2008 | Completed |
| Link trained parents with opportunities for involvement in advocacy | Families United Staff | September 2008 | Completed |
| **PHASE I** | | | |
| Coordinate with model developer of approved curriculum to make any needed Connecticut-specific modifications | Families United Staff | September 2008 | Completed |
| Recruit parents to participate in Phase I train-the-trainer group | Families United Staff | September 2008 | Completed |
| Deliver Phase I training to trainers | Families United Staff | October 2008 | On-target |
| Recruit parents to receive Phase I training | Families United Staff | October 2008 | On-going |
| Deliver Phase I training to parents | Families United Staff | September 2008 | On-going |
| Link Phase I trained parents with opportunities for involvement in advocacy | Families United Staff | November 2008 | On-going |
| Elicit and analyze Phase I course evaluation feedback from parent participants | Families United Staff | June 2008 | Completed |
| Identify key process and outcome variables and measurement strategies to assess this intervention | Families United Staff | September 2008 | On-going |
| **PHASE II** | | | |
| Implement Phase II approved staffing plan | Families United Staff | October 2008 | On-target |
| Coordinate with model developer to make any needed adjustments to training curriculum for Phase II | Families United Staff | January 2009 | On-target |
| Recruit parents to participate in Phase II train-the-trainer group | Families United Staff | January 2009 | On-target |
| Deliver Phase II training to trainers | Families United Staff | February 2009 | On-target |
| Recruit parents to receive Phase II training (both introductory/orientation and in-depth) | Families United Staff | November 2008 | On-going |
| Deliver Phase II training to parents | Families United Staff | Mar 2009 | On-going |
| Link Phase II trained parents with opportunities for involvement in advocacy | Families United Staff | April 2009 | On-going |
| Elicit and analyze Phase II course evaluation feedback from parent participants | Families United Staff | June 2009 | On-going |
| Continue with process of identifying key process and outcome variables and measurement strategies to assess this intervention | Families United Staff | September 2009 | On-going |

**Progress:** Families United is the selected contractor for this initiative. Families United has braided funding from a MHT-SIG mini grant and other SAMHSA funding to increase the scope of this initiative. In August 2008 Families United invited stakeholders to participate in a campaign Kick off event. The focus of the campaign is to increase public awareness and

promote knowledge development opportunities for all children, youth and young adults with emotional, behavioral, and mental challenges. In addition the campaign will provide families leadership training and access to effective family and youth driven services and supports within a system that responds to each family's culture, unique strengths, and needs as they develop. The Kick-off event was an opportunity for stakeholders to learn more about the Campaign for transformation and determine how to work in partnership to promote the mission.

Additional progress toward the objective includes:
- The Agents of Transformation curriculum was selected and tailored to Connecticut's needs.
- The first group of parents (n=71) attended a leadership skills class. Also, parents are being linked to advocacy activities through the Behavioral Health Partnership Advisory Council, such as participating in committees and oversight councils.
- Next steps include beginning the first of ten series of Advanced Leadership classes with every third series being offered in Spanish.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**
Technology is used to access mental health and information.

6.1 Use health technology and tele-health to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations.

6.2 Develop and implement integrated electronic health record and personal health information systems.

**OVERVIEW:** There is an urgent need to provide substantive training to staff serving people with psychiatric disabilities and to ensure the provision of competent and supportive supervision. The proposed strategy transforms the traditional approach to this task by reducing offsite, didactic training, and replacing it with a staff development model that is guided by the supervisor and augmented by access to Web-based learning modules. Standards regarding the nature and frequency of supervision would also be developed and implemented. Four agencies will participate in development of this model, which subsequently could be disseminated to other sites. Supervisors will receive ongoing training, mentoring, and consultation. E-learning modules will be purchased or developed and made accessible to supervisors and their direct care staff.

**OBJECTIVE WD 11:** Develop the capacity of supervisors to train, manage, and mentor direct care staff with the support of Web-based learning resources.

**Begin Date:** March 2008
**Impact**: Improved service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:** 1) Develop supervision standards (GPRA 1).
2) Train 15 supervisors in a functional, competency-based model of supervision (GPRA 2).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Select participating organizations | Yale University | March 2008 | Completed |

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|---|---|---|---|
| Finalize training model/curriculum for supervisors | Yale University | May 2008 | Completed |
| Initiate training of supervisors | Yale University | May 2008 | Completed |
| Develop standards regarding supervision | Yale University and Organizations receiving supervision training | June 2008 | Completed |
| Make e-learning training resources available to participating staff | Yale University | June 2008 | Completed |
| Train two private not for profit and two state agencies | Yale University | October 2009 | On-target |
| Provide e-learning training to two not for profit and two state agencies | Yale University | October 2009 | On-target |
| Initiate and undertake initial implementation of a planning process with community colleges regarding community college assistance in behavioral health workforce development | Yale University | October 2009 | On-target |

**Progress:** The Supervisory Competency Development Initiative (SCDI) has been working with Dr. Lawrence Shulman, the project's primary consultant, to implement the project and to plan for ongoing sustainability. The SCDI has also focused on the development of an e-learning component. The e-learning modules will be available through the Yale portal. Trilogy, the company responsible for the development of the Network of Care, will be sending two representatives to the September 2008 SCDI Supervisor trainings.

Work has also begun on developing supervisor standards, a draft of which has been presented to the Adult Council on Workforce Development. As part of the discussion, it was decided a sub-group should be established to help ensure that consumer-based ideas/language and philosophy are infused into the standards. This subgroup met in July 2008. In September 2008, the Adult Council presented a draft form of the Standards to the larger Collaborative.

Supervisor trainings have begun with 97 supervisors trained as of June 2008, far exceeding the proposed target number of 15.

**NEW FREEDOM COMMISSION GOAL/ END OUTCOME**

Technology is used to access mental health and information.

6.1 Use health technology and tele-health to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations.

6.2 Develop and implement integrated electronic health record and personal health information systems.

**OVERVIEW:** A large number of health and human service personnel who are not part of the specialty behavioral health workforce, routinely respond to the needs of persons with a variety of psychiatric disabilities, and co-occurring addictive disorders (e.g. Department of Labor). This initiative will provide training to these employees, covering information about people diagnosed

with a mental illness, treatment options, and practical strategies for collaborating with and supporting these individuals.

**OBJECTIVE WD 12:** Increase the capacity of health and human service personnel to assist persons with mental illness by providing these personnel with training and access to consultation.

**Begin Date:** March 2008
**Impact**: Improved service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:** 1) Train 30 health and human service personnel in skills for working with and assisting persons in recovery (GPRA 2).
2) Establish procedures for health and human service organizations to access consultation (GPRA 1).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Identify training needs and available curriculum for health and human service personnel | Yale University | April 2008 | Completed |
| Finalize a training curriculum for use within this initiative | Yale University | September 2008 | Completed |
| Initiate training of health and human service personnel | Yale University | September 2008 | Completed |
| Establish procedures for health and human service organizations to access consultation | Yale University | September 2008 | Completed |
| Provide Web-based education and consultation services to one private not for profit and one state agency | Yale University | September 2009 | On-target |

**Progress:** The first action step has been completed while the completion dates for the other action steps have been changed to September 2008. The Yale Workforce team has developed in partnership with NAMI-CT a curriculum to train persons in the workforce who are not mental health professionals. Initial trainings were provided to Department of Labor staff in September. Curriculum highlights include:

**General Introduction**

a. Introduction to NAMI
b. Who are people with Mental Illness?
c. Language
d. Myths about Mental Illness
e. Truth about Mental Illness
f. Vulnerable populations

**Introduction to Mental Illness**

a. General Brain Biology
b. Neurotransmitters and Serious Mental Illness
c. Substance Abuse Disorders

**Specific Disorders**

a. Depression/Major Depression
b. Bipolar Disorders
c. Anxiety Disorders
d. Thought Disorders
e. Stigma
f. Verbal/Non-verbal de-escalation techniques

**Understanding how the symptoms affect functioning**

a. Effects of Anxiety Disorders on Work Functioning
b. Effects of Depressive Disorders on Work Functioning
c. Effects of Bipolar Disorders on Work Functioning
d. Effects of Schizophrenia on Work Functioning
e. Effects of Chronic Alcohol/Drug Use on Work Functioning
f. Common Medication Side Effects that can Impact Work
g. Disclosure

**Community Resources and Employment Strategies**

a. Starting with a Recovery Model
b. Disclosure
c. Learning Assessment Strategy
d. ADA/Reasonable Accommodations
e. Common Functional Limitations
f. Customized Employment
g. SSI / SSDI

**Network of Care Presentation**

**NEW FREEDOM COMMISSION GOAL / END OUTCOME**

Mental Health Care Is Consumer and Family Driven.

2.1 Develop an individualized plan of care for every adult with a serious mental illness and child with a serious emotional disturbance.
2.2 Involve consumers and families fully in orienting the mental health system toward recovery.
2.3 Align relevant Federal programs to improve access and accountability for mental health services.
2.4 Create a Comprehensive State Mental Health Plan.
2.5 Protect and enhance the rights of people with mental illnesses.

**OVERVIEW:** An effective infrastructure is required to promote and sustain persons in recovery from diverse cultural backgrounds in the workforce through paid employment and volunteer roles. The Connecticut Recovery Employment Consultation Service (C-RECS) will be established through contract to a private, non-profit, organization and staffed by persons in recovery. It will manage a recruitment and placement service that includes an on-line job bank, provide training and support to persons in recovery to facilitate and sustain their role in the workforce, and provide consultation and technical assistance to mental health provider agencies in integrating persons in recovery into their workforce.

**OBJECTIVE WD 13:** Create the Connecticut Recovery Employment Consultation Service (C-RECS) to promote the recruitment, training, and retention of persons in recovery in the mental health workforce.

**Begin Date:** March 2008
**Impact**: Improved service effectiveness

**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:** 1) Provide pre-employment training for 30 persons in recovery (GPRA 2).
2) Offer training to 30 staff on strategies to support persons in recovery in the workforce (GPRA 2).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Select an organization(s) to develop and manage C-RECS | Yale University | March 2008 | Completed |
| Establish and manage a recruitment and placement service | Focus on Recovery United (FOR-U) | August 2008 | Completed |
| Develop and initiate the provision of training plus support to persons in recovery to facilitate their entry, retention, and job satisfaction within the workforce | FOR -U | September 2008 | Completed |
| Develop and initiate the provision of technical assistance and consultation services to provider agencies to enhance receptivity and capacity to integrate persons in recovery into their workforce | FOR-U | October 2008 | On-target |
| Develop a working paper on promising emerging practices for engaging youth in the work force | Work Force Development Workgroup | September 2008 | Completed |
| Convene a youth work force development initiative statewide stakeholders' meeting | Work Force Development Workgroup | September 2008 | Completed |
| Recruit persons in recovery into the mental health workforce<br>• Update report on the number, percentage, roles, and geographic distribution of self-identified persons in recovery currently in Connecticut's mental health workforce<br>• Complete a survey of all state-run and state-funded mental health service providers regarding currently filled and currently available positions for persons in recovery<br>• Establish and maintain a data-base for this information<br>• Identify a minimum of 30 qualified persons in recovery interested in mental health workforce employment and assist them in preparing resumes<br>• Continue to maintain links with DMHAS, DCF, and DAS Human Resources | FOR-U, Employment Consultant; Workforce management staff Advocacy Unlimited | December 2009 | On-target |

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|---|---|---|---|
| Divisions to facilitate employment of persons in recovery in state positions<br>• Maintain and update at least quarterly a recruitment data-base including online job-bank of persons in recovery seeking employment in the mental health workforce and of providers seeking to employ persons in recovery<br>• Document matching and employment of at least 15 persons in recovery in available positions | | | |
| Post-hire employment training and support for persons in recovery and other staff<br>• Provide post-hire training and employment support for a minimum of 30 persons in recovery employed in the mental health workforce<br>• Offer training for a minimum of 30 agency staff regarding employment of persons in recovery in the mental health workforce | CRECS Project Director, FOR-U, educators and coaches with consultants | March 2010 | On-target |
| Retention of persons in recovery in the mental health workforce<br>• Conduct focus groups on current retention needs and initiatives in at least 5 sites | FOR-U, educators and coaches with consultants | October 2009 | On-target |
| Consultation and technical assistance to mental health provider agencies<br>• Complete a survey on provider needs for training, consultation & technical assistance related to sustaining individuals in recovery in their workforce<br>• Update technical assistance brief on the status of legal and personnel issues involved in creating, posting, and hiring persons in recovery<br>• Train and provide technical assistance to 3 agencies employing persons in recovery<br>• Assure participation of persons in recovery in all C-RECS workforce development activities | FOR-U, educators and coaches, consultants | November 2009 | On-target |
| Assessment<br>• Assist in identifying key process and outcome variables and measurement strategies to assess C-RECS performance | Project Director with Workforce Team | May 2010 | On-target |

**Progress:** Focus on Recovery United (FOR-U) was selected as the consumer-run organization to develop and manage C-RECS. C-RECS has been established and recruitment is underway.

Training of persons in recovery is scheduled to begin in September and technical assistance in October 2008. The action items related to youth work force development were added as additional action steps and are anticipated to be completed on time. An online job bank and database for wait-list participants has been developed and recruitment of adults in recovery for employment in behavioral health is underway. Two part-time positions have been filled for maintaining the database and advocacy.

C-RECS implementation is proceeding on schedule, with draft resources for pre-employment (and post-employment) training submitted.

**NEW FREEDOM COMMISSION GOAL / END OUTCOME:**
Early mental health screening, assessment, and referral to services are common practice.

- 4.1 Promote the health of young children.
- 4.2 Improve and expand school mental health programs.
- 4.3 Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies.
- 4.4 Screen for mental disorders in primary health care, across the lifespan, and connect to treatment and supports.

**OVERVIEW:** Public Act 06-188 Sec. 31 requires the Commissioner of Mental Health and Addiction Services, in consultation with the Community Mental Health Strategy Board to establish and implement 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 and evaluate the program. A report of the findings and recommendations are to be presented to the joint standing committee of the General Assembly having cognizance of matters relating to public health in January 2009.

**OBJECTIVE WD 14:** Educate pediatric, family medicine and geriatric health care professionals about mental health screening and coordination with behavioral health providers.

**Begin Date:** January 2008
**Impact**: Increased service effectiveness
**Ease of completion**: Average/Realistic Goal
**Population**: Across the lifespan

**Performance Measurement:** Implement a pilot program to educate health care providers to facilitate early identification, referral and treatment of mental illness (GPRA 2).

| Action Item | Parties Responsible | Completion Date | Status |
|---|---|---|---|
| Issue Request for Proposals to establish a pilot program to educate pediatric, family medicine and geriatric health care professionals | MHT Staff | February 2008 | Completed |
| Select applicant and begin contract negotiations | MHT Staff | April 2008 | Completed |
| Implement pilot programs | Selected Contractors | June 2008 | Completed |

| | | | |
|---|---|---|---|
| Develop/select curriculum to include:<br>• Appropriate age, culture and gender specific developmental information<br>• Appropriate age, culture and gender specific screening tools<br>• Treatment of mental health issues within the primary care setting<br>• Recognition of the need and appropriate time to refer to a behavioral health specialist<br>• Comprehensive resource list of behavioral health service, programs, and providers available within the local pilot site | Selected Contractors | September 2008 | Completed |
| Implement and conduct training for general pediatric, family medicine and geriatric health care professionals | Selected Contractors | June 2009 | Initiated |

**Progress:** In the spring of 2008 DMHAS on behalf of the MHT-SIG released a Request for Proposals (RFP) seeking qualified applicants to develop and implement a program to educate pediatric, family medicine and geriatric health care professionals in mental health with the goal of improving their ability to identify, diagnose, refer and treat patients with mental illness. In June 2008 two applicants were identified to implement the pilot program: one to target medical providers serving children and adolescents and one, serving adults. Both projects are in initial stages of implementation.

# OTHER CHANGE EFFORTS NOT INDICATED WITHIN THE BODY OF THE CMHP

## MHT RFP Initiatives

In an effort to further support implementation of a person-centered, recovery-oriented, and value-driven system of care, the Connecticut Mental Health Transformation State Incentive Grant (MHT SIG) **issued a request for proposals (RFP) in Spring 2008 to release over $1.3 million** to state and local government agencies, private non-profit organizations and Consumer/Individual in Recovery, Youth and Family organizations to implement transformative change.

Applicants were required to identify:

- How their proposal assists in achieving one or more of the president's New Freedom Commission Goals;
- How their proposal fully supports Connecticut's Comprehensive Mental Health Plan;
- How their proposal builds upon and compliments Mental Health Transformation initiatives already underway in the areas of Consumer/Individual in Recovery, Youth and Family Driven, Workforce Development, Data Driven Decisions, or Community Education; and,
- The mechanisms, frequency, quantity, and outcomes of their efforts to gather consumers, youth and family members' input in the preparation of the application and in the planning, implementation, evaluation, and ongoing quality improvement of the project.

Connecticut's MHT-SIG **received over 70 proposals from qualified state and local government agencies, private non-profit organizations and Consumer/Individual in Recovery, Youth and Family organizations.** Due to the overwhelming response, seven review teams were created. MHT-SIG was successful in staying true to its commitment to have a majority of consumers and family members review the applications. Thanks to the support of MHT-SIG Advisory Council members and the DMHAS Recovery Community Affairs Director, **52% of RFP reviewers were consumers or family members.**

Reviewers identified successful applicants based on their ability to:

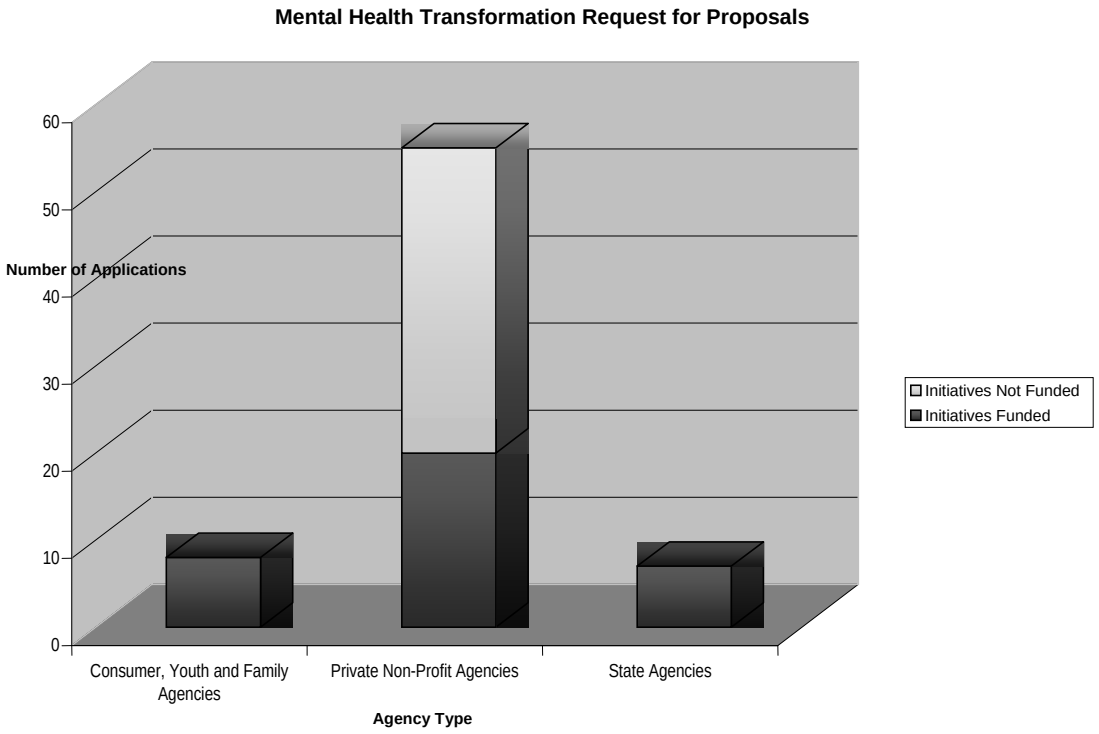
- Push 'the envelope' in terms of creativity and change;
- Demonstrate consumers/individuals in recovery, youth and family input; and
- Demonstrate cultural inclusion, cultural competence and gender- and age-responsiveness.

Thirty-five new and exciting projects will be funded as a result of this effort. Many of the initiatives promote various aspects of a recovery-oriented system including:

- Quality Improvement – consumer led assessments
- Recovery-Oriented – programs that promote/provide creative and artistic approaches to wellness
- Value-Driven – enhancements to organizations based on consumer input and recovery principles
- Workforce Development –staff training and development

- System Development- telephone and computer enhancements including software and other technological devices for both staff and consumers.

The graph below indicates the type and number of organizations (Consumer/Youth and Family; State Agency; and, Private Non-Profit) applying for, and funded by Connecticut's MHT-SIG initiative.




Highlights from this effort include:

- 50% of all applications were funded.
- 100% of proposals submitted by consumer run organizations were funded
- 100% of proposals submitted by state agencies were funded.
- 36% of proposals submitted by private not for profit organizations were funded.
- $1,343,361 will be distributed to communities and organizations by the MHT Initiative.

## Mental Health Transformation Request for Proposal Awardees

### ALSO-Cornerstone: Behavioral Care Management System

**Description:** ALSO-Cornerstone, Inc. will establish an electronic infrastructure that will enable it to provide a comprehensive Behavioral Care Management System (BCMS)The system will ensure the quality of services provided to consumers of supportive housing, clinical, prevention, and education programs as well as full compliance with Federal and state mandates, including HIPAA privacy laws. When fully implemented, this BCMS will provide the means for tracking and documenting quantitative and qualitative data, including the number and type of client treatments and interventions, as well as identifying and tracking desired outcomes.
**New Freedom Commission Goal addressed:** Technology is used to access mental health and information
**Domain:** Data Driven Decisions

### Artreach- Second Step Players: Mindfulness Based Stress Reduction

**Description:** Stress management and meditation can be important components of wellness for many individuals in recovery. The arts provide a vital means for self-expression and community-involvement. In support of innovative approaches to recovery, individuals from Artreach, a local performing arts program for persons in recovery, will receive formal training in Mindfulness Based Stress Reduction to assess the impact of meditation on artistic expression and to develop a 'train the trainer' program for its members.
**New Freedom Commission Goal addressed:** Mental health care will be person and family-driven and oriented to promoting resilience and recovery
**Domain:** Consumer, Youth & Family

### Artreach- Second Step Players: Skill Building/ Artistic Development

**Description:** To support employment opportunities for persons in recovery, Artreach will assess the impact of a professional workshop series aimed at skill-building and artistic development for its members on paid employment at community theater groups. This pilot program will pair professional artists from the community with persons in recovery at Artreach, offering the possibility of reducing stigma within the local arts community.
**New Freedom Commission Goal addressed:** Mental health care will be person and family-driven and oriented to promoting resilience and recovery
**Domain:** Consumer, Youth & Family and Community Education

### Birmingham Group Health Services: Family Advisory Council/ Common Ground/ Time Credit Program

**Description:** Birmingham Group Health Services' project has three goals: 1) develop a family advisory council for families and peers to have regular and consistent input into the areas of empowerment for people in recovery and their self identified families at all levels of the organization; 2) enhance Customer Service Assistant services through the implementation of Dr. Pat Deegan's Common Ground program; and 3) implement a program where persons in recovery can work together to barter skills and services to each other.
**New Freedom Commission Goal addressed:** Mental health care will be person and family-driven and oriented to promoting resilience and recovery
**Domain:** Consumer, Youth & Family

## Bridgeport Hospital: Child FIRST

**Description:** Child FIRST at Bridgeport Hospital is planning a replication of the Child FIRST Early Childhood System of Care Model in Connecticut. The goal of this system of care is to develop a family driven system to prevent serious emotional disturbance, abuse and neglect, and developmental and learning problems in the highest risk young children.
**New Freedom Commission Goal addressed:** Mental health care will be person and family-driven and oriented to promoting resilience and recovery
**Domain:** Consumer, Youth & Family

## Bridges… A Community Support System: Jail Diversion Program

**Description:** To expand upon the various jail diversion programs in Connecticut, a local mental health authority (Bridges) will develop a peer-based Consumer Advocacy program comprised of individuals with prior involvement in the criminal justice system. After receiving training in interpersonal effectiveness, public speaking, prevention planning, and knowledge of the legal system and its challenges, advocates will receive weekly consultations to identify effective strategies for assisting others and to continue building their skills.
**New Freedom Commission Goal addressed:** Mental health care will be person and family-driven and oriented to promoting resilience and recovery
**Domain:** Consumer, Youth & Family

## Bridges… A Community Support System: Open Door Social Club

**Description:** Peer-run social clubs provide an important source of social support and recreation to many persons in recovery. This project will provide technical assistance from consultants to further the development of leadership and growth at the Open Door Social Club of Bridges by developing a strategic plan to increase independence and autonomy of social club members and the Officer's group.
**New Freedom Commission Goal addressed:** Mental health care will be person and family-driven and oriented to promoting resilience and recovery
**Domain:** Consumer, Youth & Family

## Central Connecticut State University: Transforming Educational Opportunities for those with Mental Health Disorders

**Description:** Central Connecticut State University (CCSU) and Laurel House, a self-help organization, will build an integrated statewide resource system that will enhance and support educational opportunities for persons in recovery. This project will engage multiple agencies and consumer groups in the formation of a regional collaborative to develop a recovery-oriented educational infrastructure.
**New Freedom Commission Goal addressed:** Mental health care will be person and family-driven and oriented to promoting resilience and recovery
**Domain:** Consumer, Youth & Family

## Charlotte Hungerford Hospital: Consumer Support Group

**Description:** This project will enhance existing services by creating two or more consumer-run support groups for specific mental health conditions. In addition, it will provide leadership training and technical assistance for consumers to run support groups.
**New Freedom Commission Goal addressed:** Mental health care will be person and family-driven and oriented to promoting resilience and recovery

**Domain:** Consumer, Youth & Family

## Community Mental Health Affiliates: ACE Initiative

**Description:** Timely access and successful referral to services are important in overcoming postponed and fragmented services. Typically, if an agency has multiple programs, there are multiple points of entry that may be defined by service type, funding source, or consumer characteristics. While all are usually addressed eventually, consumers often struggle with accessing the appropriate service(s) at the point of entry. This project will provide the technological infrastructure to streamline access and disposition with an integrated call center telephone network.
**New Freedom Commission Goal addressed:** Technology will be used to increase access to care and information
**Domain:** Data Driven Decisions

## Community Renewal Team: Software Upgrades

**Description:** This software infrastructure project will bridge the two software programs, (SIGMUND) and (CAPTAIN) to integrate data collection and tracking methods increasing the level of staff efficiency and consumer and family involvement. It will facilitate communication between agency and service recipients by generating letters and reminders to family members on a monthly basis to invite them to weekly family groups.
**New Freedom Commission Goal addressed:** Technology will be used to increase access to care and information
**Domain:** Data Driven Decisions

## Connecticut Alliance to Benefit Law Enforcement: From Crisis to Opportunity

**Description:** Connecticut Alliance to Benefit Law Enforcement (CABLE) plans to address the gap in mental health services in emergency departments (ED) by providing education and outreach to ED staff, including doctors, nurses and crisis clinicians who respond to the needs of persons in psychiatric crisis. Based on successful experience with law enforcement CABLE will provide Crisis Intervention Team (CIT) model training to ED staff to help reduce stigma and involve family members in treatment.
**New Freedom Commission Goal addressed:** Mental health is essential to overall health and will treat it with the same urgency as physical health
**Domain:** Community Education

## Connecticut Mental Health Center: Be HIP

**Description:** This project will bring together peer support and wellness strategies to promote physical health and wellness for people with mental illness. The HIP initiative has been designed to combine peer support, health education, social supported exercise, and incentive-based motivational tools to promote and sustain health living among Connecticut Mental Health Center clients.
**New Freedom Commission Goal addressed:** Mental health is essential to overall health and will treat it with the same urgency as physical health
**Domain:** Consumer, Youth & Family

## Connecticut Mental Health Center: Handbook Transformation

**Description:** To enhance the level of consumer-involvement in local systems of care, persons in
recovery will lead the revision of the agency handbook, which is given to all consumers. Consumers will provide input on what information is included and how it is presented. This process will include conducting focus groups with consumers to learn the kinds of information that have been most helpful to them.
**New Freedom Commission Goal addressed:** Mental health care will be person and family-driven and oriented to promoting resilience and recovery
**Domain:** Consumer, Youth & Family

## Connecticut Public Broadcasting: Resilience, Recovery and Respect

**Description:** As part of Connecticut's ongoing efforts to reduce stigma by increasing public understanding of mental illness, a live town hall meeting about mental health awareness and three 30-minute documentaries about persons in recovery will be developed and televised.
**New Freedom Commission Goal addressed:** Mental health is essential to overall health and will treat it with the same urgency as physical health
**Domain:** Community Education

## Day Kimball Hospital: Common Plan

**Description:** This project will strengthen the local community child and adolescent mental health delivery system and its relationships with the Day Kimball Hospital Pediatric Center by designing and developing a format for a "common plan" of individualized care. This project serves as part of a foundation for the implementation of the Clear Connections Telemental Health Pilot Project. A critical need for this pilot is to strengthen the collaborative relationships between the Day Kimball Hospital Pediatric Center and the agencies of the children's mental health system (e.g., Enhanced Care Clinic, Emergency Mobile Psychiatric Services at United Services, schools' special education programs, and other providers) to ensure access to care in rural communities.
**New Freedom Commission Goal addressed:** Disparities in mental health care will be eliminated
**Domain:** Consumer, Youth & Family

## Department of Children and Families: Peer Leadership Initiative

**Description:** To support peer-based services for youth, this project will enrich an existing Peer leadership group at a residential treatment facility for youth in the DCF system. This will involve providing peer leaders the means to help residents reinforce their personal recovery, inspire peers, and demonstrate to the organization the value of consumer-driven, recovery-oriented care.
**New Freedom Commission Goal addressed:** Mental health care will be person and family-driven and oriented to promoting resilience and recovery
**Domain:** Consumer, Youth & Family

## Department of Corrections: Workforce Development

**Description:** Integration of medical services as well as addiction and mental health services has been shown to improve outcomes for those with co-occurring disorders. This initiative will create a holistic treatment philosophy of a system-wide scope within the Department of Corrections by connecting and coordinating services among incarcerated individuals through staff training in integrated treatment and technical assistance regarding coordinated care.

**New Freedom Commission Goal addressed:** Mental health is essential to overall health and will treat it with the same urgency as physical health

**Domain:** Workforce Development

## Fairfield '08: Homeless Needs Assessment

**Description:** The Greater Bridgeport Continuum of Care will implement a Wraparound framework to design a consumer-based needs assessment related to homelessness. This project will identify the needs of the homeless and recently housed mental health within the Continuum, facilitate ongoing feedback, and engage consumers in strategizing solutions.

**New Freedom Commission Goal addressed:** Mental health care will be person and family-driven and oriented to promoting resilience and recovery

**Domain:** Workforce Development

## Families United for Children's Mental Health: Family and Youth Driven Networks

**Description:** Families United will develop and enhance five family and youth driven regional networks across the state. The goal is for each family and youth network to have at least 40 active family and youth leaders by the end of the grant period.

**New Freedom Commission Goal addressed:** Mental health care will be person and family-driven and oriented to promoting resilience and recovery

**Domain:** Consumer, Youth & Family

## Focus on Recovery- United: Intentional Peer Support Trainers

**Description:** Focus on Recovery-United (FOR-U) is a statewide consumer- and family-run advocacy group. To enhance its existing activities, FOR-U will engage in multiple transformational activities including creating a 'train the trainer' program in Intentional Peer Support.

**New Freedom Commission Goal addressed:** Mental health care will be person and family-driven and oriented to promoting resilience and recovery

**Domain:** Workforce Development

## Focus on Recovery- United: Picnic

**Description:** Focus on Recovery-United (FOR-U) is a statewide consumer- and family-run advocacy group. FOR-U will host a statewide consumer/family/supporter picnic.

**New Freedom Commission Goal addressed:** Mental health care will be person and family-driven and oriented to promoting resilience and recovery

**Domain:** Consumer, Youth & Family

## Focus on Recovery- United: Snap It!

**Description:** Focus on Recovery-United (FOR-U) is a statewide consumer- and family-run advocacy group. FOR-U will present the results of a consumer youth-led program in the arts at a national conference and in schools around the state.

**New Freedom Commission Goal addressed:** Mental health care will be person and family-driven and oriented to promoting resilience and recovery

**Domain:** Consumer, Youth & Family

## Intercommunity Mental Health Group: Recovery Enhancement Initiative

**Description:** Over the last two years, InterCommunity has been working to enhance its recovery-orientation by engaging in activities such as creating and distributing the Recovery Resource Guidebook, hiring of individuals in recovery in staff roles (not peer positions), and having trainings led by persons in recovery for staff members. This project includes multiple training, resource development, and educational activities, which all serve to increase the current level of consumer and family involvement and community education about recovery.
**New Freedom Commission Goal addressed:** Mental health care will be person and family-driven and oriented to promoting resilience and recovery
**Domain:** Consumer, Youth & Family

## Khmer Health Advocates: Telemedicine Implementation Plan

**Description:** To treat the increasing number of individuals of Cambodian descent seeking care, an expansion of a telemedicine initiative with a viable method for sustaining the culturally-competent services is needed. This project will adapt the Cambodian Survivors Health Assessment for use on the Cambodian Information Management System, develop data reports for mental health clinicians and develop a business plan for sustainability of the project.
**New Freedom Commission Goal addressed:** Disparities in mental health care will be eliminated
**Domain:** Data Driven Decisions

## Khmer Health Advocates: Cambodian Information Management System

**Description:** Using web-based technology to facilitate delivery of evidence-based treatment will enhance the current ability of providers to work from a centralized location with Cambodian immigrants across the state. This project will establish policies and procedures for the delivery of services, identify training needs of staff related to telemedicine, identify and access technological needs for implementation of the telemedicine system, and link the Hopkins Systems and Harvard trauma Questionnaire to the Cambodian Information Management System.
**New Freedom Commission Goal addressed:** Disparities in mental health care will be eliminated
**Domain:** Data Driven Decisions

## Living in Safe Alternatives: Citrix Software

**Description:** To improve the ability to share, track, and analyze client and performance outcome data, Living in Safe Alternatives (LISA), an organization that provides safe and supportive housing, will install software infrastructure which will enable secure remote access and file sharing over their network. To help in selecting, collecting and tracking key outcome data, focus groups with consumers will be conducted to understand what information they would like LISA to monitor.
**New Freedom Commission Goal addressed:** Technology will be used to increase access to care and information
**Domain:** Data Driven Decisions

## Mental Health Association of Connecticut: Creative Strokes Network

**Description:** As part of a community-based partnership between private businesses, faith-based organizations, and provider agencies, the Mental Health Association of Connecticut (MHAC) in conjunction with Education and Community Resource Associates (ECRA) will form

the Creative Strokes Network. This network will engage consumers, peers, family members and other stakeholders in taking more control of their lives and more responsibility for creatively upgrading their homes. By helping persons in recovery to improve their living environments with assistance from professionals and mentors, this initiative will provide opportunities for the development of employable skills and reduce stigma.
**New Freedom Commission Goal addressed:** Mental health care will be person and family-driven and oriented to promoting resilience and recovery
**Domain:** Consumer, Youth & Family

## National Alliance on Mental Illness: Developmental Project

**Description:** Teaching family members and caregivers about ways to help their children with mental health needs has been one of the many educational programs that has been provided by the Connecticut chapter of the National Alliance on Mental Illness (NAMI-CT). To increase the scope of community education efforts, CT NAMI will collaborate with the Hispanic Health Council and Yale Hispanic Clinic to develop a Spanish-language curriculum that blends mental health knowledge with training in a best-practice parent education program to serve a greater number of Spanish-speaking families in the state.
**New Freedom Commission Goal addressed:** Disparities in mental health care will be eliminated
**Domain:** Community Education

## Reliance House: Technology and Community Education

**Description:** The purpose of the Reliance House project is twofold: 1) to educate the community and form partnerships between Reliance House and agencies in the community, 2) to maximize the capacity of the on-line electronic health record by obtaining additional technology. A Reliance House representative will interact with various providers to address stigma, increase awareness of mental health services, form partnerships with local agencies and clinics, and enhance consumer and family involvement in various boards and councils. Laptops and other software and hardware will enhance the agency's capacity to safely collect and store information in an on-line electronic health record.
**New Freedom Commission Goal addressed:** Technology will be used to increase access to care and information
**Domain:** Community Education and Data Driven Decisions

## Southwest Connecticut Mental Health System: Enhancing Person-Centered Planning

**Description:** To achieve a greater level of person-centered planning, which promotes autonomy and growth while maintaining stability and status in the community, this project will train case managers in best practice psychiatric rehabilitation techniques that focus on educating and in vivo skill building with consumers.
**New Freedom Commission Goal addressed:** Mental health care will be person and family-driven and oriented to promoting resilience and recovery
**Domain:** Consumer, Youth & Family

## Southwest Regional Mental Health Board: The Caring Network

**Description:** To expand upon efforts to educate the public about mental health and recovery, The Caring Network of Southwest Regional Mental Health Board (SRMHB) will create and distribute a series of videos that depict the personal accounts of individuals in recovery. These videos will focus on four topics which relate to different periods across the lifespan: a)

Understanding Your Child's Mental Health Needs, b) College Transition, c) Post-retirement Changes, and d) Stories of Recovery. Videos will be developed with direct involvement of a consumer advisory group and translated into Spanish. They will be disseminated by public access television, web-based pod casts and public forums.
**New Freedom Commission Goal addressed:** Mental health care will be person and family-driven and oriented to promoting resilience and recovery
**Domain:** Community Education

## Western Connecticut Mental Health Network: Peer Employment Project

**Description:** In collaboration with local private nonprofits (PNP) providers, advocacy groups, and advisory committees, WCMHN will train peer support specialists to further the development of a recovery-oriented system of care. Goals include: 1) Train consumers in recovery from serious mental illnesses to become peer support specialists, 2) Develop, implement, and maintain mechanisms to help ensure the transition from training peer support specialists towards gainful employment in the DMHAS system or with PNP partners, and 3) Implement mechanisms for sustaining Peer Employment training for the future through training certified graduates to become "core" instructors who will continue the program post grant funding.
**New Freedom Commission Goal addressed:** Mental health care will be person and family-driven and oriented to promoting resilience and recovery
**Domain:** Consumer, Youth & Family and Workforce Development

## Wheeler Clinic: Staff Training

**Description:** Significantly enhancing the core clinical skills of providers with knowledge of best practices is an important component of promoting recovery and resilience. To improve the capacity of a private nonprofit agency to provide such services, the Wheeler Clinic will utilize a "train-the-trainer" approach by having staff receive training and become certified in two evidence-based approaches.
**New Freedom Commission Goal addressed:** Excellent mental health care, supported by research, will be provided
**Domain:** Workforce Development

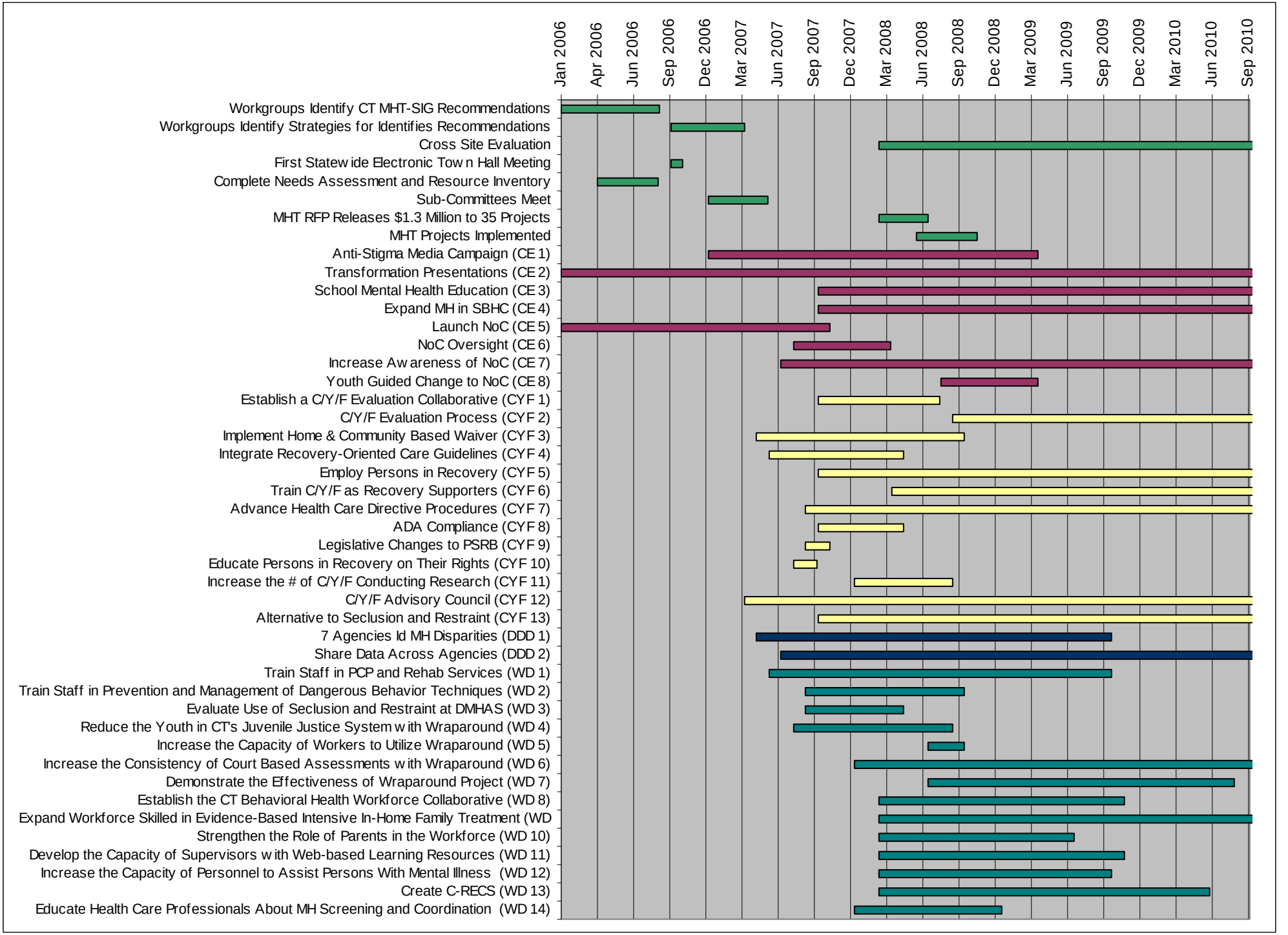
## Yale University- Program for Recovery and Community Health: Taking the Wheel

**Description:** To expand upon current initiatives to make person-centered planning (PCP) the focus of treatment in service agencies, this initiative will develop a web-based consumer toolkit to provide educational information and materials that persons in recovery can prepare for the treatment planning process and assume the degree of active participation that is consistent with their culture preferences.
**New Freedom Commission Goal addressed:** Technology will be used to increase access to care and information
**Domain:** Consumer, Youth & Family

These activities reflect the breadth and variety of Connecticut's transformation approaches. Connecticut's MHT-SIG activities in 2007-08 were predicated by representation of diverse stakeholders and involvement of many consumers and family members. Connecticut is proud of these efforts and anticipates much success as the MHT-SIG continues to promote transformation principles in the up-coming year.

## Summary

In this section of CT's CMHP 2008-09 readers will find a GANNT chart that illustrates all major MHT-SIG activities that have occurred in Connecticut since the inception of the project, an in-depth section providing detail about CT-specific Government Performance Results Act measures (GPRA's), and the conclusion.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Workgroups Identify CT MHT-SIG Recommendations
Workgroups Identify Strategies for Identifies Recommendations
Cross Site Evaluation
First Statew ide Electronic Tow n Hall Meeting
Complete Needs Assessment and Resource Inventory
Sub-Committees Meet
MHT RFP Releases $1.3 Million to 35 Projects
MHT Projects Implemented
Anti-Stigma Media Campaign (CE 1)
Transformation Presentations (CE 2)
School Mental Health Education (CE 3)
Expand MH in SBHC (CE 4)
Launch NoC (CE 5)
NoC Oversight (CE 6)
Increase Aw areness of NoC (CE 7)
Youth Guided Change to NoC (CE 8)
Establish a C/Y/F Evaluation Collaborative (CYF 1)
C/Y/F Evaluation Process (CYF 2)
Implement Home & Community Based Waiver (CYF 3)
Integrate Recovery-Oriented Care Guidelines (CYF 4)
Employ Persons in Recovery (CYF 5)
Train C/Y/F as Recovery Supporters (CYF 6)
Advance Health Care Directive Procedures (CYF 7)
ADA Compliance (CYF 8)
Legislative Changes to PSRB (CYF 9)
Educate Persons in Recovery on Their Rights (CYF 10)
Increase the # of C/Y/F Conducting Research (CYF 11)
C/Y/F Advisory Council (CYF 12)
Alternative to Seclusion and Restraint (CYF 13)
7 Agencies Id MH Disparities (DDD 1)
Share Data Across Agencies (DDD 2)
Train Staff in PCP and Rehab Services (WD 1)
Train Staff in Prevention and Management of Dangerous Behavior Techniques (WD 2)
Evaluate Use of Seclusion and Restraint at DMHAS (WD 3)
Reduce the Youth in CT's Juvenile Justice System w ith Wraparound (WD 4)
Increase the Capacity of Workers to Utilize Wraparound (WD 5)
Increase the Consistency of Court Based Assessments w ith Wraparound (WD 6)
Demonstrate the Effectiveness of Wraparound Project (WD 7)
Establish the CT Behavioral Health Workforce Collaborative (WD 8)
Expand Workforce Skilled in Evidence-Based Intensive In-Home Family Treatment (WD
Strengthen the Role of Parents in the Workforce (WD 10)
Develop the Capacity of Supervisors w ith Web-based Learning Resources (WD 11)
Increase the Capacity of Personnel to Assist Persons With Mental Illness (WD 12)
Create C-RECS (WD 13)
Educate Health Care Professionals About MH Screening and Coordination (WD 14)

## Progress toward the Achievement of Government Performance Results Act (GPRA) Measures

Connecticut's MHT-SIG collects data and evaluates progress toward achievement of the seven GPRA indicators provided by SAMHSA on a quarterly basis. The quarterly reports track Connecticut's success in achieving goals related to the following seven infrastructure changes:

| | |
|---|---|
| GPRA 1 | Policy changes (administrative or legislative), which include regulations, clinical practice guidelines, or similar documents that are significant at the State level; |
| GPRA 2 | Persons trained in service improvements; |
| GPRA 3 | Financing policy changes, which include increases/decreases in appropriations that are significant at the State level; |
| GPRA 4 | Organizational changes, which include inter-organization agreements, that are significant at the State level and not time-limited or temporary by design; |
| GPRA 5 | Organizations that collect and analyze data on a regular and ongoing basis; |
| GPRA 6 | Increased membership of statewide consumer or family run networks; |
| GPRA 7 | Programs implementing treatment, rehabilitation, prevention, and supportive practices consistent with the CMHP |

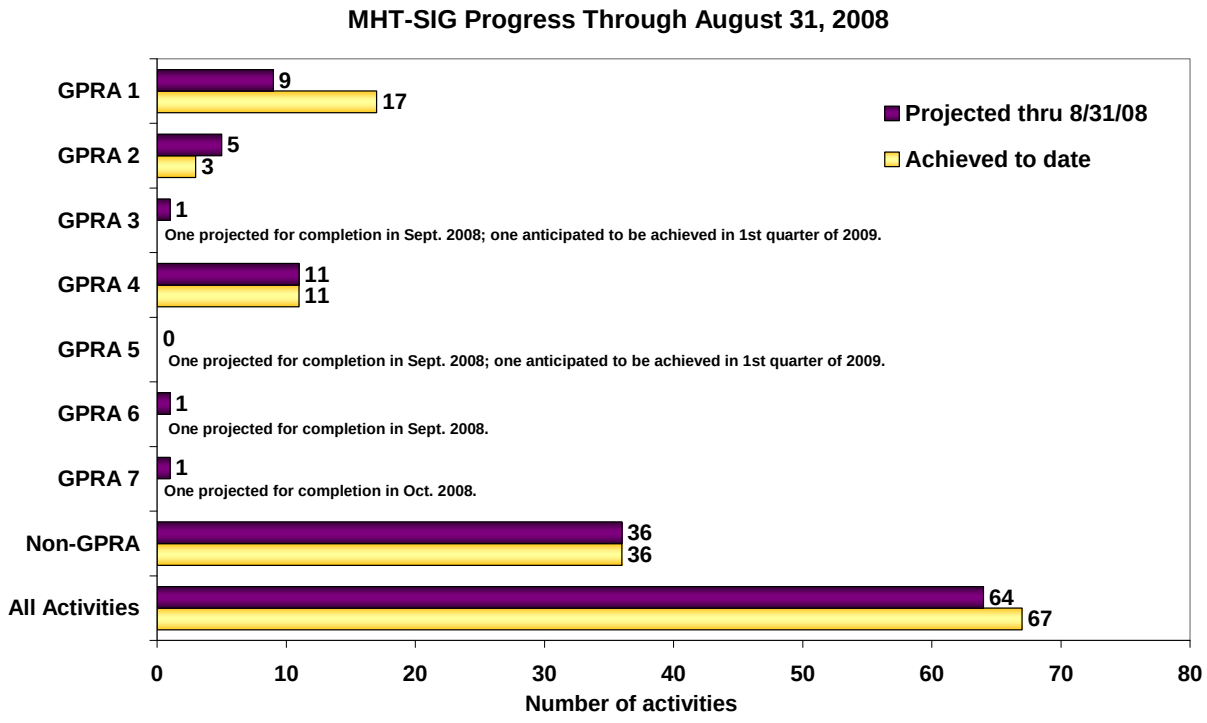
In addition, Connecticut's MHT-SIG tracks activities and outcomes that do not directly result in infrastructure changes, even if they are necessary processes or action steps for such changes to occur. These action steps and outcomes are classified as Non-GPRA activities. For example, identifying a vendor or creating a curriculum are prerequisites to training individuals in service improvements (GPRA 2) but do not directly result in such infrastructure enhancement, thus are categorized as Non-GPRA data.

- Other examples of non-GPRA activities and outcomes include certain public awareness efforts (e.g., presentations and meetings at consumer- and family-based organizations), performing literature reviews for practice guidelines, and conducting consumer-driven evaluation and research.

An assessment of Connecticut's progress over the past year reveals a high degree of success towards transforming the mental health system through infrastructure enhancements. Whereas 28 infrastructure changes were projected in the 2007 CMHP to be completed by the end of August 2008, Connecticut surpassed this initial goal by 10.7% by achieving 31 GPRA activities. As can be seen in the figure below, this is due to a greater than expected number of policy changes (GPRA 1).

- The 2008 session of the State Legislature resulted in the passage of many bills and budget appropriations that were pertinent to Transformation, including increased availability of community-based services to people across the lifespan.

Additionally, Connecticut has exceeded the projections for the number of individuals trained in service improvements (GPRA 2). Although 695 individuals were targeted to receive training by the end of September 2008, nearly twice as many (n=1,392) consumers, families, providers, and supervisors have completed training as of August 2008.




## GPRA 1: Increase % of policy changes completed as a consequence of the CMHP

GPRA 1 activities achieved over the past year include the passage of 13 pieces of legislation that bring our system of care closer to the one outlined in the President's New Freedom Commission report. Four additional activities resulted in policy changes, including standardization of policies for data integrity for the Network of Care website, revising DMHAS policies on the American's with Disabilities Act, signing of Memorandums of Agreement (MOAs) for the Wraparound Infrastructure project, and establishing Connecticut's Mental Health Workforce Collaborative.

## GPRA 2: Increase in number of persons in the mental health care and related workforce who have been trained in service improvements recommended by the CMHP.

GPRA 2 activities from the past year included three training activities targeting almost 1,400 members of the mental health care workforce. These training numbers exceed our targeted training numbers by over 100%. Topics of trainings include training of persons in recovery as recovery supporters, providers and supervisors in person-centered planning, and web-based training of workforce supervisors.

## GPRA 3: Increase percent of financing policy changes completed as a consequence of the CMHP

Connecticut is on target with the achievement of GPRA 3 activities. We did not project the completion of any GPRA 3 activities until the fourth quarter of 2008 and the data is still being collected. We expect to meet one of our targeted GPRA 3 activities through the braiding of funding from the MacArthur foundation to enable expanded training and technical assistance through the Wraparound Infrastructure project and the Home and Community Based waiver was recently approved.

## GPRA Indicator 4: Increase percent of organizational changes completed as a consequence of the CMHP

Connecticut is on target to complete the remaining GPRA 4 activities resulting in organizational changes. Activities accomplished to date include several new contracts establishing recovery-oriented initiatives: Wraparound coordinating center, workforce initiatives, consumer-recovery employment services, leadership training, and establishing interdepartmental commitment to data interoperability.

## GPRA Indicator 5: Increase the number of organizations that regularly obtain and analyze data relevant to the goals of the CMHP

Connecticut is on target with the achievement of GPRA 5 activities. We did not project the completion of any GPRA 5 activities until the fourth quarter of 2008 and the data is still being collected. Wraparound court valuation project is on target to be completed in this year and completing an inventory of state departments for disparities data will be completed in the first quarter of year 4 of the grant.

## GPRA Indicator 6: Increase the number of consumers and family members that are members of statewide consumer- and family-run networks

Connecticut is on target with the achievement of GPRA 6 activities. We did not project completing any GPRA 6 activities until the fourth quarter of 2008. With the establishment of Connecticut's Consumer, Youth, and Family Research and Evaluation Network and the establishment of the QuIC, we will be on target with recruiting new consumer and family members before the year's end.

## GPRA Indicator 7: Increase the number of programs implementing practices consistent with the CMHP

Connecticut is on target with the achievement of GPRA 7 activities. We did not project completing any GPRA 7 activities until the fourth quarter of 2008. Due to some minor delays, the GPRA 7 activity targeted for this year (implementing curriculum on preventing and managing dangerous behavior) will begin in the first quarter of year 4.

## Non-GPRA Activities

Connecticut is on target with completing the majority of activities that are critical to achieving the remaining GPRA activities for this year. As described previously, many of these activities are preliminary steps and thus do not directly result in infrastructure change, however they are steps that are essential to the process.

## CONCLUSION

Connecticut's Mental Health Transformation efforts as reflected by this, our third Comprehensive Mental Health Plan (CMHP), continue to evolve. In project years 1 and 2 over 200 consumers, family members, non-profit providers and state agency representatives participated in seven workgroups designed to identify recommendations related to each of the New Freedom Commission goals and Connecticut's seventh goal, workforce development. From this process over 48 recommendations were identified.

In project year 2006-07, workgroups developed a strategy for implementation of prioritized recommendations. Workgroups presented their strategies to a group comprised of newly formed Consumer, Youth and Family Advisory Council members and members of four Oversight Committee sub-committees.

In year three (2007-08) Connecticut's Transformation Initiative made its largest strides towards system change in two areas: cross agency coordination and Consumer, Youth and Family involvement. First we capitalized on opportunities for change by pursuing like-minded initiatives, partnering with state agency colleagues who understand and accept the vision of change, and most importantly, listening to the voices of those who have first hand experience with what changes should be expected- the consumers, youth and families who have used the system. In matters related to involving consumers, youth and family members we made steady and consistent progress toward identifying how best to engage consumers in the process.

Last year's CMHP marked a significant structural change within CT's MHT-SIG. Based on strategic planning and technical assistance facilitated by Martin Cohen, consensus was met among Connecticut's Transformation governing structure (the Oversight Committee and Consumer, Youth and Family Advisory Council) to move forward organizing efforts by focusing on four domains:

1) Increasing consumer and family involvement,
2) Using data to evaluate effectiveness and inform practice,
3) Educating the community about mental health and Transformation, and
4) Training the workforce.

In addition to identifying activities to be undertaken in the next project year, this CMHP (2008-09) moves CT transformation activities to a new level, one of implementation. This CMHP also outlines the changes we have made along the way. While Connecticut's MHT efforts remain stalwartly headed toward the promotion of resilience, recovery, and inclusion in community life, we recognize that course correction is often necessary. This CMHP provides the current direction toward achieving Connecticut's vision of transformation.