
State of Connecticut

**Comprehensive Mental Health Plan Update
(Revised)**



**Mental Health Transformation
State Incentive Grant (MHT SIG)
Grant # SM57456**

February 2008

Submitted to

The Substance Abuse and Mental Health Services Administration

Submitted by

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BACKGROUND

Connecticut’s efforts to transform the mental health system began with a collaboration among 14 state departments and the Judicial Branch and the creation of work groups devoted to each of the six New Freedom Commission goals. These work groups consisted of persons in recovery, their families, providers from the public and private sector, and representatives from various state departments. Two additional work groups were formed to address critical areas in mental health transformation: 1) protection of rights in people with mental illness and 2) workforce development. Thus, during Years 1 and 2 of Transformation, eight work groups formulated recommendations and strategies for change which make up Connecticut’s Comprehensive Mental Health Plan.

Building on technical assistance provided by Martin Cohen through the National Technical Assistance Center, MHT SIG leadership held a strategic planning meeting consisting of individuals from the Consumer, Youth, and Family Advisory Council and members of the Oversight Committee in early September 2007. There was consensus to consolidate our efforts as we move forward 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.

The figure below illustrates how each domain (vertical axis on the left) corresponds with the six New Freedom Commission goals and seven Government Results and Performance Act (GRPA) measures (horizontal axis along the top). In this revised Comprehensive Mental Health Plan update, we provide additional information about the various Year 3 initiatives within each domain, including specific objectives and how they relate to other endeavors associated with transforming the mental health system in Connecticut.

DOMAIN	NFC GOAL						GRPA						
	1	2	3	4	5	6	1	2	3	4	5	6	7
Community Education	♦			♦		♦	+			+			+
Consumer & Family Involvement		♦	♦				+	+	+	+		+	
Data-Driven Decisions			♦			♦	+			+	+		
Workforce Development		♦			♦	♦	+	+		+	+		+

As we move forward, we will continue to evaluate our organizational structure and make necessary changes to ensure that resources and efforts are achieving desirable outcomes. In light of the recent decision made during the strategic planning meeting we are also in the process of re-evaluating our committee structure to concentrate our Transformation efforts on four domains.

COMMUNITY EDUCATION (CE)

INTRODUCTION: Community Education encompasses Connecticut's efforts to implement an 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 and promote an understanding of the need to underscore the importance of mental health to overall wellbeing.

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 plans to initiate a statewide multi-faceted Social Marketing Campaign aimed at eliminating stigma and increasing awareness of mental health issues. The major components of the campaign will 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.

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 (GPR 7).

Action Items	Parties Responsible	Anticipated Completion Dates
Initiate contact with an advertising agency.	Mental Health Transformation (MHT) staff	March 2008
Advertising agency develops message and identifies target populations with input from persons in recovery.	Communications Sub-Committee	June 2008
Align anti-stigma campaign with media campaign initiated through the Department of Social Services' Medicaid Infrastructure Grant focusing on employment for persons with disabilities.	MHT Staff	December 2007
Disseminate messages through television, print, and radio advertising.	Advertising Agency	May 2009

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 Items	Parties Responsible	Anticipated Completion Dates
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
Present information at meetings with other state and community agencies related to the Transformation process.	MHT Staff	September 2010
Provide MHT presentations to social clubs and other consumer and family groups.	Consumer Liaison	September 2010
Demonstrate Network of Care website at state and community agencies.	MHT Staff	September 2010

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 Items	Parties Responsible	Anticipated Completion Dates
Conduct a review of curriculums and educational offerings related to mental health and suicide prevention currently utilized in Connecticut schools.	Yale Program for Recovery and Community Health	June 2008

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 Items	Parties Responsible	Anticipated Completion Dates
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 2008

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 2008
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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.

OVERVIEW: 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 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. 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 Items	Parties Responsible	Anticipated Completion Dates
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
Identify sub-workgroup of consumers and providers to establish website content.	MHT Work Group (WG) 6	March 2007
Contract negotiations/final signing with vendor, gain access to software product, and identify support from vendor.	Department of Information Technology(DOIT)	December 2006

Identify sub-workgroup to pilot software product prior to launch.	DMHAS Mgmt./MHT	September 2007
Conduct a Governor's launch event.	Communications and Public Relations Directors at DMHAS, DPH, DOIT, and MHT Staff	October 2007

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 Items	Parties Responsible	Anticipated Completion Dates
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
Identify ongoing administration of system responsibilities.	DMHAS Mgmt. and MHT Staff	February 2008
Create policies to ensure data integrity and standardization.	211 Info Line, Trilogy, and MHT staff	February 2008

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 on 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 Items	Parties Responsible	Anticipated Completion Dates
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
Incorporate information about the website in the larger media campaign focusing on community campaign.	C/Y/F Advisory Council, Communications Sub-Committee,	March 2008
Use culturally diverse and recovery-oriented messages to educate state residents about website.	C/Y/F Advisory Council, MHT staff	March 2008

CONSUMER, YOUTH, & FAMILY INVOLVEMENT (CYF)

INTRODUCTION: 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 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.

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: Work Group 2 (Mental Health care is consumer and family driven) has 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 partnership 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
Connecticut Revised 2008 CMHP (DRAFT)

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 Items	Parties Responsible	Anticipated Completion Dates
Issue a Request for Proposals to contract with a Coordinating Center for the purpose of creating and managing the Consumer, Youth and Family Collaborative.	DMHAS staff	January 2008
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	July 2008
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	July 2008

NEW FREEDOM COMMISSION GOAL / END OUTCOME

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OVERVIEW: Work Group 2 has 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 (CQI) 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 CQI 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 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 Items	Parties Responsible	Anticipated Completion Dates
Develop standards of recovery/resiliency-based performance measurement with assistance from the Coordinating Center.	Coordinating Center	December 2009
Discuss with other stakeholders (e.g., state agencies, non-profit organizations) recovery/resiliency performance measurement.	Coordinating Center	December 2009
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

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 waiver program will be implemented in FY 2008. 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 Items	Parties Responsible	Anticipated Completion Dates
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
Submit Draft application to the state legislature in accordance with newly enacted state law.	DMHAS Legislative Liaison	April 2008
Revise as needed and submit application to Center for Medicare Services for review.	DMHAS Senior Policy Analyst	May 2008
Implement upon approval.	DMHAS	September 2008
Hire a Director of Older Adult Services responsible for oversight of the Home and Community Based Waiver Program.	DMHAS	October 2007

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 Items	Parties Responsible	Anticipated Completion Dates
Conduct an expert review of existing practice guidelines for recovery-oriented care.	Yale Program for Recovery and Community Health	January 2008
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 Program for Recovery and Community Health	March 2008
Draft and integrate comprehensive guidelines that address all topic areas.	Yale Program for Recovery and Community Health	April 2008

NEW FREEDOM COMMISSION GOAL / END OUTCOME

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- 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.

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 Items	Parties Responsible	Anticipated Completion Dates
Post positions for consumer, youth, and family liaisons and representatives.	DMHAS	September 2010

NEW FREEDOM COMMISSION GOAL / END OUTCOME

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- 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 Items	Parties Responsible	Anticipated Completion Dates
Provide standardized training to individuals to become recovery supporters.	Focus on Recovery-United and Yale Program for Recovery and Community Health	September 2010

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 Connecticut¹ 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 consent⁴ 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
Ease of completion: Average/Realistic Goal
Population: Across the lifespan

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.”

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 Items	Parties Responsible	Anticipated Completion Dates
Integrate new legislation into draft policy on advance health care directives, including psychiatric advance directives.	Connecticut Legal Rights Project	March 2008
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	March 2008
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 Program for Recovery and Community Health	October 2009
Train providers, persons in recovery, family members on advance health care directives, including psychiatric advance directives.	Connecticut Legal Rights Project, Yale Program for Recovery and Community Health	September 2010

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 Items	Parties Responsible	Anticipated Completion Dates
Revise the Department of Mental Health and Addiction Services policies related to the American's with Disabilities Act.	Senior Policy Analyst	April 2008

NEW FREEDOM COMMISSION GOAL / END OUTCOME

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

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 Items	Parties Responsible	Anticipated Completion Dates
Review current legislation for Psychiatric Security Review Board.	DMHAS	October 2007

NEW FREEDOM COMMISSION GOAL / END OUTCOME

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- 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: 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 Items	Parties Responsible	Anticipated Completion Dates
Persons in recovery will lead a process to rewrite the Patients Rights Booklet available at Connecticut Valley Hospital.	DMHAS	September 2007

DATA-DRIVEN DECISIONS (DDD)

INTRODUCTION: Workgroup # 3 of the Mental Health Transformation State Incentive grant has been working to develop the data variables necessary to identify and address health care disparities among diverse groups including ethnicity, age, gender and those impacted by trauma. They have 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.

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' 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 Items	Parties Responsible	Anticipated Completion Dates
Establish the Data Interoperability work group	MHT Staff	August 2007
Meet with Commissioners from state agencies to establish the level of commitment to the data interoperability process.	MHT Staff	January 2008
Identify data requirements and reports needed to determine where disparities exist.	Data Interoperability WG	June 2008
Identify business requirements for information system.	Data Interoperability WG	December 2008
Develop and distribute an inventory questionnaire to various state agencies to determine which demographic variables are currently collected and required.	Data Interoperability WG	September 2008
Develop guidelines regarding uniform collection of demographic variables across state agencies.	Data Interoperability WG	September 2009

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 Items	Parties Responsible	Anticipated Completion Dates
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
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
Gather information about existence of current inter-agency Memorandum of Agreement regarding data sharing.	MHT and MIG staff	March 2008

WORKFORCE DEVELOPMENT (WD)

INTRODUCTION: 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.

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 Items	Parties Responsible	Anticipated Completion Dates
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
Provide training to direct care staff and supervisors at Connecticut Valley Hospital	Connecticut Valley Hospital Department of Education	December 2008
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

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: 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) Train 150 direct care staff in prevention and management of dangerous behavior techniques (GPRA 2).

Action Items	Parties Responsible	Anticipated Completion Dates
Explore prevention and management of dangerous behavior curriculums recognized as best practices to replace Behavioral Management System.	DMHAS	March 2008
Develop plan to implement new curriculum statewide.	DMHAS	August 2008
Train direct care staff.	DNHAS	September 2008

NEW FREEDOM COMMISSION GOAL / END OUTCOME

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- 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 Items	Parties Responsible	Anticipated Completion Dates
Request technical assistance from the Substance Abuse and Mental Health Services Administration's National Technical Assistance Center.	DMHAS	January 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: Work Group 5's task 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. Their proposal 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 a 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 Items	Parties Responsible	Anticipated Completion Dates
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
Issue Request for Proposals for Coordinating Center to provide leadership and management of Ct's Community and Family Wraparound Project.	DCF	September 2007
Contract with awarded agency to serve as Coordinating Center.	DCF	February 2008

NEW FREEDOM COMMISSION GOAL / END OUTCOME

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- 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. Expert trainers will 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 Items	Parties Responsible	Anticipated Completion Dates
Establish a shared uniform curriculum.	Coordinating Center	June 2008
Deliver curriculum to multiple system stakeholders in selected community, including court evaluators statewide.	Coordinating Center	July 2008
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	September 2008

NEW FREEDOM COMMISSION GOAL / END OUTCOME

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- 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 Items	Parties Responsible	Anticipated Completion Dates
Design and implement a system of clinical review of court evaluation reports, including revising a wraparound fidelity tool for application in court evaluations.	Work Group Five membership including family representatives and key stakeholders Workgroup Leadership - (DFC), (CSSD), (AFCAMP), (FAVOR)	January 2008
Identify families as evaluators and trainers.	Local Systems of Care (SOC) Communities and Stakeholders Coordinating Center	April 2008
Conduct a fidelity assessment.	Coordinating Center	September 2010

NEW FREEDOM COMMISSION GOAL / END OUTCOME

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- 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 Items	Parties Responsible	Anticipated Completion Dates
Identify key outcome measures.	Coordinating Center	July 2008
Collect baseline data in pilot and control sites, including court evaluators statewide.	Coordinating Center	September 2008
Identify an evaluation design and data analytic strategy to assess outcome of the impact of the infrastructural supports	Coordinating Center	July 2008
Coordinate with evaluation for the Emily J. Project.	Coordinating Center	July 2008
Develop report cards for each system of care and court evaluator	Coordinating Center	July 2010

NEW FREEDOM COMMISSION GOAL / END OUTCOME

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- 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 Items	Parties Responsible	Anticipated Completion Dates
Governor issues an Executive Order to establish the Connecticut Mental Health Workforce Collaborative.	T-SIG managers and Convener of Workforce Transformation Workgroup (WTW)	March 2008
Establish and convene the Executive Committee of the Collaborative.	WTW staff	April 2008
Establish and convene the General Membership of the Collaborative	WTW staff	May 2008
Establish and convene the Standing Councils of the Collaborative.	WTW staff	May 2008

NEW FREEDOM COMMISSION GOAL / END OUTCOME

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- 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: 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 Items	Parties Responsible	Anticipated Completion Dates
Select an organization(s) to implement this initiative	Yale University	March 2008
Finalize a graduate training curriculum in evidence-based intensive in-home family treatment models.	Selected contractor	June 2008
Engage 5 university faculty members in fellowships in which they learn to teach evidence-based intensive in-home family treatment models.	Selected contractor	November 2008
Faculty members implement the course curriculum in their respective graduate training programs.	Selected faculty	April 2009
Link graduate students with clinical practicum and employment opportunities in the provision of evidence-based intensive in-home family treatment.	Selected faculty and treatment providers	May 2009

NEW FREEDOM COMMISSION GOAL / END OUTCOME

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- 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 Items	Parties Responsible	Anticipated Completion Dates
Select an organization(s) to implement this initiative	Yale University	March 2008
Select and finalize a training curriculum on leadership skills to be offered to parents.	Selected contractor	June 2008
Initiate training statewide to parents using the selected curriculum.	Selected contractor	August 2008
Link trained parents with opportunities for involvement in advocacy	Selected contractor	September 2008

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.

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 Items	Parties Responsible	Anticipated Completion Dates
Select participating organizations	Yale University	March 2008
Finalize training model/curriculum for supervisors.	Yale University	May 2008
Initiate training of supervisors	Yale University	May 2008

Develop standards regarding supervision.	Yale University and Organizations receiving supervision training	June 2008
Make e-learning training resources available to participating staff.	Yale University	June 2008

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.

OVERVIEW: There is a large number of health and human service personnel who are not part of the specialty behavioral health workforce, but who 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. Monthly email communications to participants in the training will follow, offering additional information and reminders. Implementation will begin with one state agency and one private provider setting.

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 Items	Parties Responsible	Anticipated Completion Dates
Identify training needs and available curriculum for health and human service personnel.	Yale University	April 2008
Finalize a training curriculum for use within this initiative.	Yale University	June 2008
Initiate training of health and human service personnel	Yale University	July 2008
Establish procedures for health and human service organizations to access consultation.	Yale University	July 2008

NEW FREEDOM COMMISSION GOAL / END OUTCOME

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- 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 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 Items	Parties Responsible	Anticipated Completion Dates
Select an organization(s) to develop and manage C-RECS.	Yale University	March 2008
Establish and manage a recruitment and placement service.	Selected contractor	August 2008
Develop and initiate the provision of training plus support to persons in recovery to facilitate their entry, retention, and job satisfaction within the workforce.	Selected contractor	September 2008
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.	Selected contractor	October 2008