

Mental Health Transformation Update

January 2009

Connecticut's Mental Health Transformation (MHT) efforts are organized into four domains: **Consumer/Youth and Family Driven; Community Education; Data-Driven Decisions;** and **Workforce Development**. Updates for activities within each domain are provided below.

Consumer/Youth and Family Driven

In November 2008, members of the *MHT Advisory Council* attended the fourth annual MHT Grantees meeting with members of Connecticut's MHT leadership and evaluation team. Advisory Council members have also played an important role in partnering with the Resource Investment Strategies Sub-Committee to plan for possible MHT budget reductions. The Council recently completed a Composition and Functioning document which clarifies the Council's objectives and processes detailed in its Roles and Functioning document.

The *Quality Improvement Collaborative (QuIC)*, formerly the CQI) is a consumer, youth and family-driven project to evaluate the mental health service delivery system based on recovery- and resilience-oriented performance measurements.

North Central Regional Mental Health Board (NCRMHB), the Coordinating Center of this initiative has successfully engaged consumer and other stakeholders to develop and implement the QuIC. Consumers, youth and family members will join NCRMHB, DMHAS' regional mental health boards, advocacy organizations FAVOR, Advocacy Unlimited(AU), and the Connecticut chapter of NAMI (NAMI-CT) to: develop standards of recovery- and resilience-based performance measures; assess the capacity of organizations to conduct a continuous quality improvement process that is fundamentally consumer/youth/family driven; to evaluate mental health services through surveys and peer-to-peer interviews with consumers, youth, and families; to disseminate evaluation results to promote consumer-informed choice of programs and services.

QuIC's achievements include: 57% enrollment of consumers, youth and family members; establishing a Memorandum of Agreement (MOA) between the partners to identify responsibilities, shared resources, and commitment to establish the QuIC; engagement of at least 10% of people of color; implementing meeting accommodations to facilitate consumer, youth and family involvement including: scheduling meetings during early evening hours, translation services for Spanish-speaking individuals, arrangements for travel stipends and vanpooling, and reimbursement for childcare.

Community Education

In late October the MHT contracted vendor for communications, Mintz and Hoke with assistance from MHT consumer and inter-agency stakeholders issued a radio and print advertisement to eliminate the stigma associated with mental illness. The campaign, "*So if I said...*" ran on local radio stations and in Time, Newsweek, U.S. News and World Report and Sports Illustrated through December.

As part of MHT's mini-grant initiative, *Connecticut Public Television produced "Opening Doors, Opening Minds"* a three part series documenting the lived experience of persons with mental illness. The first episode which aired on October 26, 2008 was well received. The second episode is scheduled to air on Thursday, January 29th at 9:00 p.m. The third episode is scheduled for late February.

In a continued effort to enhance Connecticut's web site for mental health services and resources, the *Network of Care*, a community calendar feature was added recently. Programs can log on to post community events and educational opportunities and provide links to registration and other materials.

Data-Driven Decisions

A Memorandum of Agreement (MOA) was signed so that a pilot study could examine the services individuals received from the Department of Mental Health and Addiction Services (DMHAS), the Department of Developmental Services (DDS) and the Bureau of Rehabilitative Services (BRS) of the Department of Social Services. This analysis of 'population caseload overlap' provided information about the demographic characteristics of individuals who are jointly served by at least two of these three agencies (i.e., DMHAS, DDS, and

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BRS) as well as their associated service costs. The pilot project demonstrated that data interoperability can be achieved, but in order for it to be successful, and useful, a number of barriers must first be overcome. These barriers include, among others, the variability in data collection instruments and processes across departments, missing data, and difficulties detailing costs associated with care in non-fee-for-service programs.

Workforce Development

Six discrete projects comprise CT's MHT Workforce Development efforts. All are fully underway. The **Connecticut Workforce Collaborative on Behavioral Health** has enrolled 99 individuals representing diverse groups to address statewide behavioral health workforce concerns. Four associated Councils, met on a regular basis for a total of 18 meetings between May and December 2008.

The evidence-based, **intensive in-home family treatment initiative** developed and delivered a comprehensive three-volume course curriculum to 6 professors from Master's programs in psychology, social work, and marriage and family therapy from the University of Connecticut, Southern Connecticut State University, and Central Connecticut State University. Recruitment is underway for graduate students to begin courses with these professors this spring (2009).

The **Parent Leadership initiative** engaged 28 parents in introductory training and community forum activities. 52 parents received in-depth Agents of Transformation (AOT) training, which has been offered in Spanish and in English. 9 parents (2 of whom are Spanish-English bilingual) received additional training to become AOT trainers. 58 parents have been connected with opportunities for further advocacy.

The **supervisor competency and standards initiative** trained 104 Supervisors and 152 direct care staff in the first cohort of four agencies, exceeding the initial goal to train 15 supervisors. A second Request for Qualifications (RFQ) was recently released to establish a second cohort of agencies to participate in this training.

The **training of health and human services initiative** provided a mental health curriculum, developed in conjunction with NAMI-CT, to 67 Career Development Specialists, Veterans Employment Outreach Workers, Community Services Representatives, and Program and Services Coordinators at two Department of Labor sites in Hamden and Wethersfield.

The **Connecticut Recovery Employment Consultation Service (C-RECS)** hired 5 adults in recovery as staff to manage project activities. Staff received training in recovery coaching and running employment groups. 168 adults in recovery have applied to C-RECS. To date, 69 individual coaching sessions have been provided to 34 consumers, exceeding the initial goal for providing pre-employment coaching to 30 adults in recovery. An additional 20 consumers have scheduled appointments for individual coaching. Seven (7) C-RECS participants have obtained employment (3 full-time, 4 part-time) in positions such as peer mentor, counselor, peer support specialist, drug and alcohol counselor, office manager, recreation aide, and recovery coach. Job postings and online registration for C-RECS are now available at www.creecs.org.

The **Wraparound project**, which focuses on diverting children and youth from involvement in the juvenile justice system care identified target communities: Greater Bridgeport and Bristol/Farmington Valley through an Request for Qualifications (RFQ) process. The Connecticut Center for Effective Practice (CCEP) was selected to serve as the coordinating center for this initiative. A key accomplishment of this initiative is its success in securing funding from the McArthur Foundation to expand Wraparound services within schools. Other highlights include:

- Developing a Wraparound training curriculum and hiring expert trainers/coaches.
- Identifying key stakeholders in both communities who will be instrumental to implementation.
- Recruiting youth coordinators and parent representatives.
- Administering 72 surveys to members of community collaboratives in both sites to assess existing community infrastructure and supports that promote effective Wraparound practices.

To learn more about Connecticut's Mental Health Transformation Initiative visit www.ct.gov/dmhas/cwp/view.asp and click on Mental Health Transformation, or call (860) 418-6738.