

DEPARTMENT OF MENTAL HEALTH & ADDICTION SERVICES

AGENCY DESCRIPTION

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The Department of Mental Health and Addiction Services is responsible for promoting recovery from psychiatric and substance use disorders by providing an integrated network of comprehensive, effective and efficient mental health and addiction services that foster self-sufficiency, dignity and respect.

The service and management objectives are to develop comprehensive, accessible, and locally-based recovery-oriented systems of care; promote

input from people receiving services, families and advocates; address the special needs of people needing care; emphasize public safety and risk management; promote an interactive system of public and private care; apply evidence-based models to care management and delivery; assure accountability for both state and private providers; manage services in the context of healthcare and welfare reform; and enhance strategic planning and collaboration across state agencies.

The programs that support housing in Connecticut are recommended for transfer to and consolidation within the Department of Housing in the Governor's budget as part of his proposal to restructure and transform state government.

COMMUNITY TREATMENT SERVICES

Statutory Reference

C.G.S. Sections 17a-450 and 17a-453a, 17a-476, 17a-676.

Statement of Need and Program Objectives

To promote the recovery of adults with mental illnesses, to avoid unnecessary and costly hospitalizations through timely evaluation, diagnosis and treatment in community-based mental health settings and to enable adults with mental illnesses to live in their own communities through use of natural supports and participation in needed residential, vocational and social support services.

To promote the recovery of adults with substance use disorders and to reduce the negative consequences associated with alcohol and other drugs by reducing alcohol and other drug abuse through a system which is responsive to the individuals' needs, by increasing the number of individuals seeking care, by increasing the participation of family and significant others in treatment, and by funding a range of direct care services that are responsive to individual needs.

Program Description

Community mental health services focus on three areas: 1) individuals recently discharged from inpatient settings, 2) persons with currently heightened psychiatric symptoms already living in the community, and 3) individuals who need continued assistance to sustain and improve the process of recovery. Community mental health services use naturally occurring supports, as well as clinical and support programs, to help individuals recover from the disabling effects of mental illnesses. Community substance abuse services provide treatment and rehabilitation for individuals, regardless of ability to pay, in a variety of community settings. These services assist the recovery process by offering a continuum of care that affords an individual a progression of appropriate levels of care in four primary treatment settings: residential detoxification, chemical maintenance and ambulatory drug detoxification, alcohol and drug outpatient services, and residential rehabilitation.

EMERGENCY/CRISIS SERVICES

Statutory Reference

C.G.S. Section 17a-476.

Statement of Need and Program Objectives

To assess and treat adults and families in acute emotional crisis in order to stabilize their condition

and prevent hospitalization when possible and to arrange for further treatment when necessary.

Program Description

Available 24 hours a day, 7 days a week, emergency mental health workers rapidly assess and treat individuals and families through face-to-face and hotline telephone contacts. These services emphasize reducing suicide risk, risk of harm to

others and likelihood of hospitalization. Emergency services are provided in crisis intervention centers, general hospital emergency departments, walk-in clinics or by mobile crisis teams. Crisis intervention centers also include short-term crisis beds and short-term respite beds. Follow-up treatment is arranged as necessary.

OUTPATIENT SERVICES

Statutory Reference

C.G.S. Sections 17a-450, 17a-453a, 17a-476, 17a-676.

Statement of Need and Program Objectives

To improve or maintain the psychological functioning of adults who require ongoing clinical treatment through individual or group and family therapy and medication support when necessary.

Program Description

Health professionals evaluate, diagnose and treat individuals or families through medication and regularly scheduled therapy visits as needed. Treatment helps to improve or sustain the level of functioning of adults who might otherwise require

hospitalization. Outpatient services also focus on the special needs of the communities in which they are located to best serve persons who are elderly, are members of minorities, are poor or are persons with prior hospitalizations. The treatment plan is developed by the service recipient and therapist and is tailored to the recipient's needs. Outpatient treatment (including prescription and monitoring of medication) for persons with prolonged mental illness may be of an extended duration. Service types include traditional outpatient services, intake and evaluation, treatment for problem gambling, partial hospitalization, intensive outpatient, ambulatory detoxification and methadone maintenance.

SPECIAL PROGRAMS

Statutory Reference

C.G.S. Sections 17a-450, 17a-453d, 17a-468b, 17a-476, 17a-486, 17a-560, 17a-576.

Statement of Need and Program Objectives

This subprogram consists of several distinct services serving different populations.

- For individuals suspected of being not guilty by reason of insanity, programs assist the courts in diagnosing the mental status of individuals being processed through the criminal justice system and provide ongoing psychiatric care and treatment.
- For individuals who are deaf or hearing impaired suffering from mental illness, the department operates diagnostic outpatient treatment services with staff specially trained in treating these individuals.
- Specialized mental health services are provided for young adults at the level of service required.

- For individuals with Acquired/Traumatic Brain Injury (ABI/TBI) upon discharge from DMHAS facilities, appropriate community-based services are provided to avoid unnecessary inpatient admissions.
- To reduce incarceration of persons with behavioral health disorders, the agency provides courts with clinical alternatives to incarceration when appropriate.
- Behavioral health services are provided to returning veterans and their families.
- Specialized programs are provided to assist individuals with psychiatric disabilities to move from nursing homes into community-based services.

Program Description

Home and Community-Based Waiver Services allow the state to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutional care. Waiver services complement

and/or supplement services available to participants through the Medicaid state plan and other federal, state and local public programs as well as natural supports that families and communities provide.

The Military Support Program (MSP) provides an array of behavioral health services to Connecticut's veterans, citizen soldiers and their family members. The central feature of the MSP program is a statewide panel of over 425 licensed clinicians who provide free, confidential outpatient counseling services to veterans, National Guard and Reserve members and their families (spouses, children, parents, siblings, significant others). MSP services are accessed through a 24/7 toll-free call center.

Forensic Services are provided through court clinics located in New Haven, Bridgeport, Newington and Norwich. The service recipient and therapist design the treatment plan for outpatient services which is tailored to the service recipient's needs. Outpatient treatment (including prescriptions and monitoring of medication) for persons with prolonged mental illness may be of an extended duration. Service types include traditional outpatient services, intake and evaluation, treatment for compulsive gambling, partial hospitalization, intensive outpatient, ambulatory detoxification and chemical maintenance. Court clinics are responsible for assessments required by statute. In addition, court clinics provide consultations to public defenders, judges, and criminal justice and correctional personnel as well as instruction and supervision to medical students, residents, and social work, nursing students. Forensic psychiatrists are employed for

the purpose of providing expert advice to DMHAS about competency restoration and services for insanity acquittees and other high-risk individuals with severe mental illness.

Deaf and Hearing Impaired Outpatient Services are provided by specially trained staff. In addition, the agency trains professionals to provide services, operates a network of consultative services and develops intermediate care programs and housing for individuals who have been discharged from state hospitals.

Young Adult Services are provided to young adults who may have been referred from the Department of Children and Families (DCF) and, per a clinical assessment, have been determined to require ongoing mental health services. These services may be provided in residential or outpatient settings and may include intensive supervision.

Community Services for people with ABI/TBI consist primarily of case management services and residential supports and are closely linked to the neuropsychiatry service at Connecticut Valley Hospital and in coordination with the ABI services of the Department of Social Services.

Jail Diversion Programs are provided statewide to all geographical area courts. These programs are provided on-site at the court to identify, diagnose, refer into treatment and monitor defendants with behavioral health treatment needs, thus reducing the need for incarceration and facilitating access to treatment.

RESIDENTIAL TREATMENT

Statutory Reference

C.G.S. Sections 17a-476, 17a-453a, 17a-485i, 17a-676.

Statement of Need and Program Objectives

To promote the recovery of adults with severe and prolonged mental illnesses and or addiction disorders by ensuring that clean, safe and affordable living environments are available for learning and re-learning rehabilitative skills necessary for independent living.

Program Description

Mental health residential services offer a wide variety of housing opportunities, including group

homes, family-style community residences, supervised and supported apartment programs and transitional residential programs. Some individuals may need support for an extended period while others can live independently after shorter periods of rehabilitated supports. Services, which vary in intensity with the independence of the living environment, include staff supervision, counseling and follow-up support to assure that residents receive needed community support and psychiatric services.

Substance abuse residential services offer a range of treatment and ongoing living opportunities. Residential detoxification programs offer medical

management of the withdrawal from alcohol and drugs. Substance abuse counseling is an integral part of the daily treatment process. Residential rehabilitation programs offer recovery-oriented treatment services in a structured, therapeutic environment for individuals who require supports in order to maintain a drug free lifestyle. Services

include recovery houses, halfway houses and residential drug-free programs, including a range of intensive residential programs. The range of services represents a continuum of care that affords an individual a progression through appropriate levels of care.

HOUSING

Statutory Reference

C.G.S. Sections 17a-453a, 17a-476, 17a-485f, 17a-485i, 17a-676.

Statement of Need and Program Objectives

To promote the recovery of adults suffering from severe and prolonged mental illnesses and/or substance use disorders by ensuring that recovery-oriented support services are available to support individuals through their recovery process. By

successfully engaging individuals in a variety of community-based support services, individuals increase their ability to plan and manage their lives. These services include supervised and supported housing, the PILOTS Supportive Housing program, the Next Steps Supportive Housing Collaborative, the federally-funded Shelter Plus Care program, recovery houses and sober housing.

INPATIENT HOSPITAL SERVICES

Statutory Reference

C.G.S. Sections 17a-458, 17a-560-576 and 17a-635(4).

Statement of Need and Program Objectives

To reduce acute psychiatric symptoms and improve the level of functioning of adults gravely disabled by mental illness and those dangerous to self or others, in order to enable them to live in a less restrictive treatment setting through the provision of inpatient treatment programs.

To promote recovery and reduce negative consequences associated with alcohol and drug use and abuse by increasing the number of individuals seeking care, increasing family and significant others participation in treatment, and reducing drug and alcohol abuse through the funding of a range of direct care services.

To protect the individual and society by operating a maximum-security facility that provides tertiary-level psychiatric care and treatment of adults with forensic involvement who have presented diagnostic and/or severe behavioral management problems for other DMHAS or Department of Correction facilities.

To assist the courts in diagnosing the mental status of individuals being processed through the criminal justice system and to provide ongoing psychiatric care and treatment to individuals found not competent to stand trial or not guilty by reason of insanity.

Program Description

There are three components of inpatient hospital services: Mental Health Inpatient Services; Substance Abuse Inpatient Services and Forensic Inpatient Services.

MENTAL HEALTH INPATIENT SERVICES

Statutory Reference

C.G.S. Section 17a-458.

Statement of Need and Program Objectives

To improve the mental health (level of functioning) of adults gravely disabled by mental illness and those dangerous to self or others in order to enable

them to live in a less restrictive treatment setting through the provision of inpatient treatment programs.

Program Description

There are three DMHAS facilities offering inpatient mental health services (Connecticut Valley Hospital

(CVH), Connecticut Mental Health Center and Greater Bridgeport Community Mental Health Center), each providing services to a wide range of psychiatrically disabled adults. CVH provides specialized services to individuals involved with the criminal justice system. In addition, some acute care services are provided under contract by general

hospitals. All DMHAS inpatient facilities provide a range of therapeutic programs designed to meet the treatment needs of adults in the most cost-effective manner possible. Specialty services include geriatrics, traumatic/acquired brain injury, cognitive rehabilitation and dialectical behavior training.

FORENSIC INPATIENT SERVICES

Statutory Reference

C.G.S. Sections 17a-560 through 17a-576.

Statement of Need and Program Objectives

To protect the individual and society by operating a maximum-security hospital that provides tertiary-level psychiatric care and treatment of adults with forensic involvement who have presented diagnostic and/or severe behavioral management problems for other DMHAS facilities or Department of Correction facilities.

To perform court ordered evaluations of adults with forensic involvement. To provide ongoing psychiatric care and treatment to individuals found not guilty by reason of insanity.

Program Description

The Whiting Forensic Division of the Connecticut Valley Hospital consists of the state's sole maximum-security hospital, as well as intermediate level inpatient services. The division accepts referrals of men and women 18 years of age or older from both psychiatric and correctional institutions, as well as persons committed by the superior court for evaluation and treatment. Services provided include psychiatric and nursing care, occupational therapy, education services, vocational assessment and recreational activities. The division also provides assessments of dangerous offenders, research, teaching and training services in the field of forensic psychiatry.

SUBSTANCE ABUSE INPATIENT

Statutory Reference

C.G.S. Section 17a-635(4).

Statement of Need and Program Objectives

To reduce the negative consequences associated with alcohol and other drugs by reducing alcohol and other drug abuse through a system that is responsive to the individual's needs, increasing the number of individuals seeking care, increasing the participation of family and significant others in treatment, and funding a range of direct care services that are responsive to individuals' varying levels of dysfunction.

Program Description

Treatment and rehabilitation is provided for individuals, regardless of ability to pay, through the direct operation by DMHAS of substance abuse

inpatient beds. There are two primary treatment settings:

Residential Medically Managed Detoxification Services involve 24-hour medically-directed evaluation, care and treatment of adults with substance use disorders, within a medically managed inpatient setting that includes 24-hour physician and nursing coverage.

Intensive Medically Monitored Inpatient Treatment Services offer an organized service, staffed by designated addiction treatment personnel, including physicians, that provides a planned regimen of 24-hour professionally directed evaluation, care and treatment in an inpatient setting. These services are provided to adults whose sub-acute biomedical and emotional/behavioral problems are sufficiently severe to require inpatient care.

RECOVERY SUPPORT SERVICES

Statutory Reference

C.G.S. Sections 17a-450, 17a-453a, 17a-476, 17a-484b, 17a-485i, 17a-676.

Statement of Need and Program Objectives

Mental health and substance abuse recovery support services offer a wide variety of community-based services that are designed to assist individuals in sustaining their recovery and achieving satisfactory levels of quality of life.

Program Description

A wide variety of specifically designed case management programs are available to individuals depending on their specific needs. Overall, case

managers ensure that individuals are actively involved in the development of a comprehensive service plan that identifies his/her needs and goals and matches them with community-based recovery support services designed to achieve these goals. Rehabilitation services, such as vocational, social and peer-to-peer rehabilitation support services offer individuals opportunities to learn social, vocational and educational skills necessary for independent living. Peer engagement services offer consumers/individuals in recovery the opportunity to engage other consumers/individuals in recovery in understanding their issues and their local systems of care.

CASE MANAGEMENT

Statutory Reference

C.G.S. Sections 17a-450, 17a-476.

Statement of Need and Program Objectives

To promote the recovery of persons with psychiatric disabilities by helping them to remain in the community using individualized planning, linkage to other services, support, monitoring and advocacy.

Program Description

This program provides a person with a psychiatric illness with a clinical case manager who ensures that the person is actively involved in the services he or she requires to achieve a satisfactory level of quality of life in the community. Adults are assigned to one

of three levels of case management depending upon their assessed need for services. “Assertive Community Treatment” (ACT, the most intensive), “standard,” or “monitoring” (the least intensive). Case managers identify required services by assessing an individual’s needs and developing a service plan with that person and with others to meet those needs. Case management includes activities such as linkage to services and community supports, monitoring the service recipient’s progress and appropriateness of services, advocacy, crisis prevention and intervention, and outreach. Case management may also be provided by residential programs.

REHABILITATION

Statutory Reference

C.G.S. Sections 17a-453a, 17a-476, 17a-676, 17a-635.

Statement of Need and Program Objectives

To assist persons with psychiatric and substance use disorders to successfully engage in community-based employment through the provision of specialized work related services and supports and to participate in community life by teaching them pre-vocational and daily living skills, improving their interpersonal skills, and increasing their ability to plan and manage their lives.

Program Description

Specialized vocational services and supports that enable persons with prolonged mental illness or substance abuse disabilities to participate

successfully in the competitive labor market include vocational counseling and assessment, the development of specific occupational skills, job seeking and retention training, assistance with job search, self-esteem building, life planning and relapse prevention. In addition to competitive employment, a variety of supported work settings such as transitional employment, individual placement, mobile work crews, enclaves, and small enterprises are also available.

Follow-up and ongoing support through one-to-one counseling and peer support groups are made available as needed.

In accordance with individual needs, recovery-oriented rehabilitation services provided may include the following:

Daily living skills: Training in hygiene, cooking and nutrition, budgeting, and housekeeping to enable the person to live with the maximum possible independence.

Interpersonal skills: Training in relating to other individuals and groups within the community.

Life management skills: Training to use personal, social and recreation time more effectively and to increase self-esteem.

Pre-vocational skills: Training to learn and master appropriate work-related behaviors such as punctuality, regular attendance, perseverance, the ability to interact with co-workers, and the ability to follow directions.

ANCILLARY SERVICES

Statutory Reference

C.G.S. Sections 17a-485i, 17a-676.

Statement of Need and Program Objectives

Ancillary support services are available to further enhance local systems of care.

Program Description

They include transportation services and basic needs vouchers (food, clothing, toiletries). Also available are pharmacy, special education and nursing home screening services; all designed to provide enhanced access to local systems of care for service recipients.

PREVENTION AND HEALTH PROMOTION

Statutory Reference

C.G.S. Sections 17a-635(4), 17a-636(a)(4) and (9), 17a-637(c) and 54-56g(d).

Statement of Need and Program Objectives

To prevent or delay the age of first use of alcohol, tobacco and other drugs.

To reduce the probability that individuals at some time will need intervention or treatment services because of substance use.

To reduce progression of alcohol, tobacco and other drug problems through identification and referral (early intervention).

To foster the involvement of all segments of the community and major societal systems in prevention related activities.

To promote mental health by designing and implementing comprehensive health education programs that focus on prevention, early detection and access to treatment and support resources in partnership with families, school systems, academic institutions, faith communities and other professionals.

Program Description

Prevention and intervention services use a capacity building and direct service model to support comprehensive, accessible programming for a broad range of populations. Prevention strategies include information and public awareness, education and skills development, alternative activities, community development, capacity building and system change, community mobilization and social policy initiatives and early intervention services.

ADVOCACY AND PREVENTION

Statutory Reference

C.G.S. Sections 17a-451, 17a-459, 17a-476, 17a-560-576, 17a-635(4), 17a-636(a)(4) and (9), 17a-637(c) and 54-56g(d).

Statement of Need and Program Objectives

To reduce those factors that are known to cause illness and problem behaviors and promote those factors that buffer individuals and promote good health.

To reduce the probability that individuals at some time will need intervention or treatment for psychiatric or substance abuse disabilities; and to limit the further development/progression of psychiatric and substance abuse problems by identifying individuals with such problems and referring them to appropriate treatment (early intervention).

Program Description

There are two components of advocacy and prevention: prevention and education and training.

EDUCATION AND TRAINING

Statutory Reference

C.G.S. Section 17a-476.

Statement of Need and Program Objectives

To improve the understanding of mental illness and substance use disorders by citizens, service providers and government employees who come into contact with people with these disorders by increasing the availability of information, education, training and consultation opportunities.

To provide continuing development and training for professional and para-professional staff in support of the knowledge and technical skills required to perform the prevention, diagnostic, treatment and rehabilitation and recovery-oriented tasks necessary to operate DMHAS' programs.

Program Description

DMHAS currently provides a full spectrum of education and training services through a public/private training model to a wide range of people including mental health professionals, substance abuse counselors, direct care workers, addiction prevention professionals, criminal justice staff, managers, supervisors, administrators, staff from other state agencies, concerned citizens,

consumers/individuals in recovery and families. Education, training, prevention, academic and resource linkages are offered through a wide array of sources. Consultation and education services are available to the general public, as well as in-service training for professional groups. The DMHAS Office of Recovery Affairs is involved with advocating on behalf of people using DMHAS services and in providing Connecticut residents with helpful information about mental health, mental illness and substance use disorders and how to obtain treatment and support services.

Comprehensive training is also available for professionals and volunteers in the field of substance abuse prevention, intervention and treatment through the DMHAS Education and Training Division as well as the Prevention Training Collaborative. Education and training is based on a scope and sequence of skills and knowledge that encompass all facets of treatment, cultural competence, women's issues and prevention. This ensures that counselors, prevention specialists, and other helping professionals can receive the course work necessary for re-certification and ongoing professional development.

RESEARCH

Statutory Reference

C.G.S. Sections 17a-451 and 17a-459.

Statement of Need and Program Objectives

To improve the prevention, treatment and rehabilitation methods used in providing mental health and substance abuse services by carrying out basic, epidemiologic and clinical research activities through partnership agreements with Yale University and the University of Connecticut.

Program Description

The department, through its partnership with Yale University, provides support for research at the Connecticut Mental Health Center. Current studies include: basic research into brain mechanisms operative in the treatment and pathophysiology of schizophrenia, depression, panic and anxiety and

epidemiological research into the incidence and prevalence of mental illnesses; clinical research into the diagnosis and treatment of depression, schizophrenia and panic disorders; research into the prevention of mental disorders and complications resulting from treatment; and the study of the use of medication in treating various mental illnesses. Funds provided to Yale are used to leverage additional research funding from the federal government and private foundations.

In addition to its partnership with Yale University, the department also obtains federal funding for research through the DMHAS Research Division. This division works closely with the University of Connecticut to evaluate and research a wide range of topics. Current studies are investigating criminal justice diversion and alternative community

programs; supportive housing; and implementation

of evidence-based practices.

AGENCY MANAGEMENT SERVICES

Statutory Reference

C.G.S. Sections 17a-450, 17a-451, 17a-480, 17a-636 and 17a-637.

Statement of Need and Program Objectives

To ensure that DMHAS provides appropriate, efficient and effective programs and services to Connecticut's adults who suffer from psychiatric or substance use disorders within the resources available. To lead the state's community-based prevention, intervention and treatment efforts through the development of a comprehensive policy and the assurance of the quality and appropriate range of services provided by the statewide network of grant funded programs. To plan for, integrate, coordinate, support and direct the delivery of programs and services to individuals through systems of care.

Program Description

The Management and Support Program has five major functions: conducts comprehensive statewide planning, research, data collection and policy

analysis to support the development of programs that address psychiatric and substance use disorders; supports administrative and financial management of the agency's programs including the operation of state programs by performing such functions as accounting, budget coordination, grants/contracts management, field audits and personnel services; ensures responsible program management and the provision of quality services through on-site monitoring of grantees, program evaluation, training and technical assistance and informs the general public (through press releases and television public service announcements), community organizations, municipalities, legislators and other state agencies about psychiatric and substance use disabilities and available resources in the state. In response to the federal Nursing Home Reform Act, DMHAS is also involved in determining the appropriateness of nursing home care and the need for active treatment for persons suffering with mental illness.

DISPROPORTIONATE SHARE PAYMENTS

Statutory Reference

C.G.S. Chapter 302, Part IV.

Statement of Need and Program Objectives

To allow the Department of Social Services to make disproportionate share payments for Department of Mental Health and Addiction Services' psychiatric hospitals.

Program Description

Under federal law (OBRA-90), Medicaid is allowed to reimburse the state for the cost of care for uninsured low-income persons in certain state-operated psychiatric facilities. The cost of such care must be paid by the Department of Social Services in order to qualify for federal reimbursement. A grant account in the Department of Social Services exists for this purpose.