

ANNUAL SUMMARY REPORT  
GOALS AND ACCOMPLISHMENTS  
FY 2012

Evaluating  
State  
Funded  
Mental  
Health  
Services

38 YEARS  
OF  
IMPROVING  
LOCAL  
SERVICES

Promoting  
Wellness

Stimulating  
Service  
Development  
and  
Enhancement



Influencing  
Policy and  
Resource  
Allocation

Fostering  
Consumer  
and Family  
Involvement

*Our Mission:  
To ensure that  
citizens are  
involved in  
determining and  
monitoring the  
kind of mental  
health services  
provided in  
Connecticut*

Educating and  
Collaborating  
with our  
Communities





The Regional Mental Health Board model created by legislators 38 years ago continues to be an important vehicle today as a means of ensuring that local citizens have a voice in determining and monitoring the quality of mental health services in their communities.

The North Central Regional Mental Health Board (NCRMHB) works to bring consensus concerning a wide range of issues affecting individuals with mental health and substance use disorders, relying on the input and involvement of numerous and varied interest groups including people who use mental health and addiction services, their families, town representatives, community officials, and national experts.

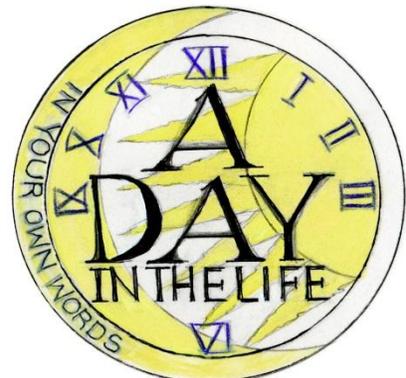
The examination and resolution of local service issues by local citizens is especially important today to help officials assess the impact in their communities of rapidly changing models of care, funding levels, and emerging needs, including those brought about by the current financial crisis and health care reform.

Our 2012 accomplishments are a **demonstration of how volunteer members and concerned citizens can improve state funded mental health services in their local communities. Over 100 NCRMHB volunteers provide hours of free services to their towns and state on behalf of our constituent groups.**

**The range and quality of our work is possible only because of combined funding from the Department of Mental Health and Addictions Services (DMHAS) and our 37 towns in Region IV.**

## 2012 MAJOR GOALS and INITIATIVES

- Evaluating State Funded Mental Health Services
- Stimulating Service Development and Enhancement
- Promoting Wellness
- Fostering Consumer and Family Involvement
- Influencing Policy and Resource Allocation
- Educating and Collaborating with our Communities



# EVALUATING STATE FUNDED MENTAL HEALTH SERVICES

Members of the North Central Regional Mental Health Board (NCRMHB) and their Catchment Area Councils (CACs) conduct yearly evaluations of DMHAS funded services, as mandated in the state statutes that created the Regional Boards in 1974. **The evaluation process is designed to identify areas for improvement and to provide an opportunity for a rich exchange of ideas between DMHAS, funded providers, and local recipients of services.**

In FY 2012 NCRMHB participated with the Connecticut Department of Mental Health and Addiction Services (DMHAS) in a series of fidelity reviews with agencies in Region IV that offer Community Support Program and Recovery Pathway (CSP/RP) services. The transition from Case Management to CSP/RP services was launched in October 2010 with numerous educational forums held at the outset to prepare service recipients, family members, and local service providers for changes in the service design. The service is designed to assist adults with severe and persistent psychiatric or co-occurring substance use disorders to achieve and maintain their recovery and sobriety and goals. The focus is on building and maintaining a therapeutic relationship with the individual while delivering rehabilitative, skill building interventions and activities, and facilitating community connections.

**Focus groups led by NCRMHB volunteers were conducted with 63 recipients of CSP/RP services from the community mental health providers in the north central region. Their feedback (below) was shared with DMHAS and agency staff, was incorporated into the fidelity review report, and is addressed locally at each NCRMHB Catchment Area Council.**

## *Positives from People in Recovery:*

- *Generally pleased with the services provided by CSP/RP staff*
- *Regard the relationship with staff as highly important, “a lifeline” to their recovery*
- *Skill building and wellness groups are helpful, especially smoking cessation, budgeting, and trauma recovery.*
- *Staff are flexible about where to meet with them, often at home or in community*

“I’m coming back to myself”

## *Concerns from People in Recovery:*

- *Getting help if needed once no longer getting services*
- *Getting help with employment*
- *Getting help with transportation*
- *Rigid standards staff have to follow about how often to meet with them and for how long*

“I feel like I’m moving somewhere”

## *Reviewer Concerns:*

- *Need for more effort to involve and educate families. Several people said they had to pretend everything was ok with families who did not want to acknowledge their illness.*
- *What is happening with people who were resistant to services and more difficult to engage?*

# STIMULATING SERVICE DEVELOPMENT AND ENHANCEMENT

**Regional Mental Health Boards are responsible to assist DMHAS in identifying regional priorities for community mental health and addiction services in order to make budgetary decisions and design service enhancements.** The Boards conduct surveys and hold focus groups in order to capture local and regional data and perspectives about needs and emerging trends. Input is gathered from DMHAS funded providers, town social services and community organizations that serve as referral agencies, people who use mental health services, their family members, and concerned citizens.

In FY 2012 NCRMHB focused its review on three emerging areas of priority need: **1) age-appropriate services for young adults who are newly diagnosed and new to the state mental health and addiction service system; 2) integration of medical care and medical issues for adults with serious mental illness, particularly older adults who, as they are aging, are experiencing more and more complicated primary health care issues; and 3) gaps and barriers to accessing care from several specific entry/discharge points -- inpatient, emergency departments, incarceration, and shelters.**

Nine focus groups were held with a total of 92 participants representing all of the constituent groups described above. As a follow-up to the focus groups a number of additional interviews were conducted with key informants who could provide further detail about the needs identified, nature and extent of obstacles, and existing or emerging programs and practices that offer promise for system improvement.

**Some of the key recommendations (below) are as follows:**

- Provide outreach and expansion of supported employment and supported education options geared to young adults
- Increase access to transitional, affordable, supportive housing for those young adults, ages 18-25 who are not eligible for Young Adult Service programs
- Spearhead a Mental Health and Aging Coalition/Intersystem Collaboration to improve policy and practices in the system of care for older adults
- Conduct training and workforce development to increase the numbers, clinical skills, and cultural competencies of professionals who work with older adults
- Promote collaboration between state agencies, hospitals, Community Health Centers, Local Mental Health Authorities, and the Behavioral Health Partnership to create vehicles for same day access to outpatient, prescriber and intensive case management, coordination with primary and specialty healthcare, and follow-up when needed after discharge from hospitalization or incarceration

“Once young people age out of services for children, they’re in limbo, in transit from here to there. Where are the points of entry?”

“CT has many knowledgeable professionals and services for seniors, but too many obstacles to getting good, coordinated care for those with behavioral health concerns”

*Call Marcia DuFore, Executive Director, and 860-667-6388 ext. 11 for information or input about service priorities or visit the NCRMHB website at [www.ncrmhb.org](http://www.ncrmhb.org).*

## PROMOTING WELLNESS

According to a National Council for Community Behavioral Healthcare Report, “Behavioral Health/Primary Care Integration and the Person-Centered Healthcare Home,” people living with serious mental illness are dying 25 years earlier than the rest of the population, in large part due to unmanaged physical health conditions. Three out of every five persons with serious mental illnesses die due to a preventable health condition. Persons living with serious mental illnesses...have significantly higher prevalence of major medical conditions that are in large part preventable. As a result, in NCRMHB identified the following as a **top priority issue to be addressed by DMHAS in FY 2012: Lead efforts and partner with community transformation initiatives that promote wellness and integration of mental and physical health services.**

In May 2012 NCRMHB held a **Regional Symposium showcasing innovative and promising practices for integrated behavioral, physical, and specialty care** being carried out by community mental health providers in the North Central Region in FY 2012. Highlights of the forum featured the progress by all the North Central Region providers toward **same day access for behavioral health services** and healthcare partnerships that facilitate **coordination and offerings of behavioral and primary care in a single location.**

- The Options 2 Health Program at Community Mental Health Affiliates, Inc. in New Britain in partnership with the Hospital of Central CT and UConn Health Center
- The Whole Person Network and Open Access Program at InterCommunity, Inc in East Hartford
- The Integrated Health Provider Learning Collaborative at Community Health Resources in Enfield, Windsor, Bloomfield, and Manchester
- Comprehensive behavioral health, dental, and medical service offerings at the Hartford Dispensary
- The Wellness and Care Coordination Program and Value Options across Connecticut

In addition, throughout FY 2012 NCRMHB sponsored invited guests at all of the Region IV Catchment Area Council meetings to share resource information about:

- Dental Services available to Medicaid recipients via the Dental Health Partnership
- Services and support available to active and returning military and their families via the Military Support Program and Military Family Life Consultants
- Collaboration with the City of Hartford to assess behavioral health needs, promote wellness, and address some of the social determinants of health concerns for Hartford residents

*For more information about the resources above or the NCRMHB Forum on Innovative and Promising Practices, call Marcia DuFore, Executive Director, 860-667-6388 ext. 11 or visit the NCRMHB website at [www.ncrmhb.org](http://www.ncrmhb.org).*

# FOSTERING CONSUMER AND FAMILY INVOLVEMENT

## FAMILY INVOLVEMENT INITIATIVE

NCRMHB began discussions in FY 2007 with key individuals throughout the State to clarify **the role of families in a recovery oriented service system and assist families in providing positive support for their family member who has mental illness**. In numerous focus groups with families during years of NCRMHB evaluations, family members identified their need for more involvement in and help from the adult mental health system. We heard this need from many families, including families with young adults who are developing a mental illness while facing the enormous challenges of adulthood and parents who are becoming frail or feel unable to support their family member who is living with them.

Starting in FY 2007 NCRMHB invited key individuals from across the State, including family members, people in recovery, researchers, and service providers, to form a workgroup to gather information on various options that would be helpful to family members and the person in recovery.

In response to our recommendations, DMHAS adopted a new family policy outlining its commitment to ensure its programs, services, facilities, and activities are responsive and supportive of family members, encourage their positive involvement in services for their loved one, and provide a range of educational, clinical, and support services to family members and significant others and/or assist them in accessing appropriate support services in their communities.

The workgroup has completed its work with the development of an instructional manual offering strategies and resource materials to assist local service providers in implementing DMHAS policy. All of the instructional and resource materials are now available on the DMHAS website. In FY 2013 NCRMHB will be partnering with DMHAS and NAMI CT to develop instructor led and web-based training for local providers on this topic.

**MYTH:** Many clinicians see HIPPA as a barrier to talking to or listening to families without their clients' permission.

**FACT:** Even if the client is saying they don't want their family or s/o involved it does not prevent the clinician from listening to them. Often times they may be able to offer new information that is important and can help in the treatment process.

**MYTH:** Families don't want to be involved

**FACT:** For some families that is true. They've been burned out by the member's illness and the system and have lost hope. However there is a group of families who would like to help if they can. They may need some education about the illness, hope that the member can improve, and some guidance about the way they can be helpful toward their member's recovery. They may fear being blamed for their member's illness or fear that, if they get involved, the treatment team will walk away and leave them with more responsibility than they want or can handle.

*For more information about the Family Involvement Initiative, call Marcia DuFore, Executive Director, 860-667-6388 ext 11 or visit the DMHAS website <http://www.ct.gov/dmhas/cwp/view.asp?a=2901&q=490584>*

## A DAY IN THE LIFE PROJECT

“A Day in the Life” is a presentation of findings that emerged out of a NCRMHB consumer-driven research project that **provides an extraordinary glimpse into the lives of individuals who obtain services through the state’s behavioral health system and a learning opportunity for persons in recovery and their family members, medical professionals, housing specialists, college students and faculty, and community and faith-based organizations.**

The research design and training components were developed under direction of Dr. Larry Davidson and the Yale Program for Recovery and Community Health (PRCH). All members of the research team were individuals with experience utilizing mental health services. Interviewees were all recipients of DMHAS-funded services and/or treatment for mental illness and substance use. The project describes the daily lives of people in their own words and from their own perspectives; identifies the kinds of supports that individuals perceive to have harmed and benefited them; and illuminates what people believe would improve their lives. Here is what they found, according to Jim F., member of the research team. *“People who receive mental health services often feel stuck – they are severely limited by poverty and circumstance. They often have mental, emotional and physical problems that hinder their ability to function in mainstream society. Some have suffered trauma and abuse. On a positive note, some spoke of core strengths that help them to survive and grow in a challenging environment. They still manage to work or volunteer and give back to the community.*

“Despite suffering and losses, people continue to dream of better days”

“People are really struggling.  
The Road to recovery is not linear  
People have multiple, complex problems: poverty, prejudice, loss of family and friends, low self-esteem. People hope for employment, education, and community involvement”

These results were shared throughout CT as a live presentation and summarized in a journal article in the Summer 2010 issue of “Psychiatry, Interpersonal and Biological Processes.” A digital production of the live presentation can be viewed on the NCRMHB website or ordered through the NCRMHB.

In the decision to initiate this consumer-driven research project and to present findings in live and digitally recorded formats, NCRMHB and the research team aimed to illuminate prejudice and stigma directed at individuals often marginalized by having mental illness; dispel myths about individuals with mental illness; impart new understandings of the lives of individuals with mental illness; and stimulate change in attitudes and beliefs toward eliminating discrimination and stigma and improving the Connecticut behavioral health services system.

Through the generous funding of DMHAS, NCRMHB was able to commence the final stage of its work on the “Day in the Life” project in December 2011. Project researchers completed a thematic analysis remaining interviews, and will be disseminating a report of those findings in the fall of 2012.

*For more information about the “A Day in the Life” project, call Marcia DuFore, Executive Director, 860-667-6388 ext. 11 or visit the NCRMHB website at [www.ncrmhb.org](http://www.ncrmhb.org).*

## RCAC CONFERENCE AND MINI-GRANTS PROJECTS

**RCAC Mini-grants funded thirteen-grant projects across the North Central Region in 2012.** Adults in recovery led projects ranging from the creative (Baroque music, sewing, photography, arts & crafts) to very technical. Examples given: an assisted-technology kiosk for the visually-impaired or blind adults in recovery as well as a recovery-based technology project providing equipment for presentations, sheet music stands other musical equipment, a serger sewing machine & materials, crocheting and craft materials of all kinds, etc. Among these types of grants there was also a business start-up for a consumer snack/coffee cart which included home-made, baked goods and sandwiches. A custom cart was funded along with a cash register for this project. The group also created a logo for paper goods (coffee cups) and for a future sign they desire mounted on their cart. This business will also serve as a training ground/consulting project led by grantees in educating other peers at various LMHA's wanting to replicate their business plan. Currently they are serving two agencies one of which has no cafeteria and is requesting visits from their snack business. Finally, a women's retreat was funded to Ender's Island, Mystic, to provide a sober, safe and bonding experience for women in recovery from substance-use disorders.

An awards luncheon in June highlighted this year's grantees. Each grantee discussed the challenges and benefits of leading a project in some instances for the first time. Grantees also shared thoughts on "next steps" in which they might plan another more challenging phase and/or are in the process of brainstorming improvements upon their completed grant project. Generally, projects include recruiting at least several peers which positively affects everyone's recovery. Grantees originate from all corners of the North Central Region with many involved in each project.

**RCAC Recovery Conference-April 2012.** This year's conference **focused upon the topic of "wellness."** RCAC has touched upon this topic in the past recruiting speakers focused upon natural remedies and Eastern philosophies to supplement clinical, Western treatments. This spring, RCAC re-visited the topic of wellness but with the focus upon treating mind and body as a whole. The planning council felt that systems of care were very segregated in their treatments. Some adults reported doctors did not even share treatment information with each other in making decisions concerning medications. Adults in recovery felt that the brain was just as much an organ as the heart, lungs, etc. and that providers/healthcare must treat it as such. The recent movement towards a more unified, holistic treatment plan covering everything making up the body: dental, physical, psychiatric, etc. has been long-awaited by the recovery population. With this in mind, RCAC set out to recruit the Region's non-profits supporting such changes and to educate participants at their annual RCAC Recovery Conference held in April. Speakers were drawn from the following non-profits: Behavioral Health Partnership, CT Dental Health Partnership, CommuniCare, Advocacy Unlimited as well as a private nutritionist. All spoke in support of healthier lifestyles which included: healthy diets, exercise, motivation to change unhealthy habits, smoking cessation and dental hygiene. Lunch was included as well as raffle prizes. This conference is inclusive of providers as well as family members in addition to adults in recovery in our region.

## INFLUENCING POLICY AND RESOURCE ALLOCATION

NCRMHB has undertaken several activities in response to needed mental health services and other funding that affects people with mental illness. In FY 2012 NCRMHB presented information in public hearings and at our annual legislative breakfast about the need for **1) funding to invest in affordable and supportive housing, 2) expansion of the young adult services program, 3) programs that support access to basic health care, and 4) cost of living increases for non-profit providers to preserve access to community mental health services.**

Lack of affordable housing threatens recovery and results in extra costs and system gridlock. A combination of affordable housing and flexible support services is essential to reduce our reliance on emergency shelters, prisons, hospitals, and nursing homes as places where we send people to live. Supportive housing is a necessary investment in our communities

“The thought of being in a secure environment like this has been nothing but a blessing and has given me hope. I don’t have to remain homeless anymore with no purpose and no direction. I can stick my key in the door and say I’m home. I can put my bags down and unpack because I am going to be here for a while. “

“I was homeless, pregnant, on the streets and scared to call my family for help. I was 19 years old – far from home. Imagine yourselves in my place. Once I connected with CMHA – the community mental health provider in my community and became involved with Young Adult Services, my life really turned around. So imagine yourself in my place now. What a ways I have come. I used to have no self-esteem. Now I have enough self-esteem to be coming and testifying before you now. I have enough to help others. I am a happy young adult, looking for a brighter future, and thankful for the services I hope you will continue to support.”

The needs of young adults are complex and their numbers continue to grow. Since DMHAS established their much needed Young Adult Services (YAS), the number of young adults requiring services has increased over 4500%. These are peak years when major mental illnesses develop and affect their future prospects for healthy, productive lives. These are also the times when challenges are great for completing education and preparing for the workforce and family life.

Our constituents on Medicaid for Low Income Adults are living at or below 56% of the federal poverty level (FPL). As people living in poverty, they have difficulty covering even basic living expenses. Many have chronic and debilitating medical conditions that are preventable given good health care. Restricting access to their health care does not save money. It does increase the likelihood that they will require more costly interventions and hospitalizations as their health declines. Our members have provided much needed testimony to the CT Legislature, the Department of Social Services, and anyone else who will listen about the need to preserve this safety net for Low Income Adults.

“I do not have health insurance and I do not have the means to pay for health insurance. I have taken great strides to obtain health care through bartering and qualifying for sliding scales at clinics. I am not on any prescription medications because I cannot pay for them. If I were to have an emergency, I would not call an ambulance or go to the hospital because there is no way for me to pay for those expenses.”

## **OUR WORK WITH THE BEHAVIORAL HEALTH PARTNERSHIP**

The CT Behavioral Partnership (BHP), created by legislative mandate in 2005, was expanded in 2011 to include DMHAS. The Partnership is designed to ensure a more complete, coordinated, and effective system of community based behavioral health services and support for Medicaid recipients. The BHP Oversight Council, comprised of Legislators and their designees, behavioral health consumers and advocates, medical and mental health practitioners, state agencies and insurers, has the legislative mandate to assess the development and ongoing implementation of the BHP program and make recommendations to the State agencies and the CT General Assembly. As CT prepares for the advent of health care reform, members of the BHP Oversight Council and subcommittees are in a key position to design the programs structures that will become CT's new health care system. Volunteer members of NCRMHB are active participants at all levels of the BHP and are working hard to make sure that the voices of individuals with mental health and substance use disorders and their families are heard.

## **OUR WORK TO ADDRESS HOARDING ISSUES**

In 2012 NCRMHB spearheaded a collaborative planning initiative to address issues brought forth by social services staff and community mental health providers in the North Central region about the challenges they face with compulsive hoarding situations in their communities. The issues are complex and require greater understanding and collaboration among the town officials and community partners who have a role in addressing the concerns. NCRMHB surveyed town officials and community partners in our region regarding their issues, concerns, successes; gathered information from communities that have developed effective protocols; and submitted proposals for funding a Summit and follow-up technical assistance for interested communities to develop protocols and effective interventions in their communities. NCRMHB continues to work closely with local communities, DMHAS, and the State Attorney General's Office on Housing to develop better solutions for CT communities and their citizens.

## **OUR WORK TO IMPROVE ACCESS TO PUBLIC TRANSPORTATION**

For the past 6 years NCRMHB has been working with a dedicated team from the Enfield Second Wind Clubhouse, Enfield Social Services, and the Capitol Region Council of Governments to promote a public transit route for Enfield citizens that will allow them to access community mental health and senior services, local schools and community college, shopping, doctor's offices and workplaces. We anxiously anticipate the first bus operation targeted for September 2012. Meanwhile NCRMHB is seeking funding to establish a mobility management function as a part of its operation. If funded, we will be in a position to establish and maintain a call-center to assist individuals with disabilities in our communities with trip planning and navigating multiple dispatch systems; provide outreach to disability groups and community organization to inform them of resources available; and work with the Capitol Region Council of Governments, local communities and transportation providers to improve coordination, collaboration and information about services available and service gaps.

*For more information and updates about any of these efforts call Marcia DuFore, Executive Director, 860-667-6388 ext. 11 or visit the NCRMHB website at [www.ncrmhb.org](http://www.ncrmhb.org).*

## EDUCATION AND COLLABORATION WITH OUR COMMUNITIES

For thirty eight years the NCRMHB has worked to improve services for the citizens in our region. We have been heartened by the continued funding from DMHAS since we were created and continuing into 2013. We are also enormously heartened by the overwhelming and steady financial support that towns provided in their yearly town contributions during FY 2012 and that they continue to provide for FY 2013 even in this time of hardship for many towns. This funding supports our general operations and provision of our statutory services. We could not operate without funding from DMHAS and our towns. **We are enormously grateful to DMHAS, our towns, and donors for the continuing funding they have provided in both 2012 and 2013 (See Funders and Donors on page 11).**

NCRMHB is dedicated to fostering collaboration between local communities and state funded mental health services to address the needs of persons with mental illness living in each community, to keeping key stakeholders informed about major changes in services or the service system that may impact them, and advocating with DMHAS officials, State representatives, and other public entities as needed to address their concerns. Given changes that are anticipated with the impact of national health reform and budget concerns at the state and national level, there has been a need to inform and mobilize our members in order to preserve the safety net individuals with mental illness in our communities.

Through its Catchment Area Councils, NCRMHB has also arranged for sharing of information and forging of new partnerships to address issues of concern to our towns and local communities such as: advocacy for expanded public transportation options; equitable distribution of resources for clubhouse activities; services and supports for active and returning veterans and their families, problem solving to address hoarding issues, access to dental services for adults with mental illness, and promotion of wellness activities and integrated behavioral and physical health practices by public health, community mental health, and community medical providers.

In addition to being a voice for consumers and families in the 37 towns in Region IV, we are also the voice for our town officials. **We welcome the opportunities resolve local issues, provide information about issues, or undertake an investigation or project to address a town's concerns.** We can also address town concerns in our monthly meeting with the Commissioner of DMHAS.

*Call Marcia DuFore, Executive Director, at 860-667-6388 ext. 11 for information, to provide feedback, or request assistance.*

***The North Central Regional Mental Health Board gratefully acknowledges the following individuals, organizations, public and governmental agencies for investing in our work and our communities during FY 2012:***

**STATE AGENCIES**

Department of Mental Health and Addiction Services

**FOUNDATIONS**

Hartford Foundation for Public Giving

**INDIVIDUALS**

Sheryl and William Breetz

Beryl Cantor

Susan and Wendell Coogan

Marcia and Thomas DuFore

George and Gayle Gaudreau

Tina Inferrera

Terry and Tedd Johnson

Dennis and Mary Keenan

Jacey Lui

Sarah Melquist

Joseph Ornato

June Roy

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