Question #1:

YAS Program/Services Description

The Department of Mental Health and Addiction Services (DMHAS) statewide Young Adult Services (YAS) program was established to facilitate the successful transition of young adults from the Department of Children & Families (DCF) to the adult mental health system and facilitate acquisition of the necessary skills for adulthood. YAS facilitates early engagement, referral, assessment, and transition planning for youth and young adults as early as age 16. YAS serves the most acute, high-risk cohort of young adults in the state between the ages of 18 and 25. In FY 2022, YAS served 1277 young adults in state, 277 of which were served at in-state community based state-operated and private non-profit residential programs. The service system consists of 18 community based age-specific programs across the state of Connecticut providing intensive, individualized wraparound interventions within an array of milieus. Services include treatment in community based specialized residential programs, supervised apartments, and supported housing, as well as outpatient and recovery support services such as behavioral planning, case management, psychiatric and clinical services, medication management, educational and vocational support, coaching, peer support, and perinatal support services for pregnant and parenting young adults. YAS also funds a 17-bed inpatient unit at Connecticut Valley Hospital.

YAS services include:

- Providing clinical and behavioral interventions to mitigate risk to the community or injury to self or others.
- Assisting clients to develop viable and durable recovery and social support systems.
- Fostering school success and vocational readiness with a significant emphasis on assisting clients in the early phases of employment.
- Fostering adaptive, pro-social behaviors.
- Teaching independent living skills and social skills.
- Fostering supportive relationships using both traditional clinical supports, positive behavioral supports, case management, wraparound, and nontraditional supports, including peer support.
- Providing services *in vivo*; focusing on activities, developing coping skills to deal with the impact of trauma and affect dysregulation, and emphasizing stabilization through supports, rather than relying predominantly on office-based psychotherapy.
- Teaching symptom management skills.
- Reinforcing substance use prevention and treatment.
- Utilizing planned, structured step-downs to less intensive levels of support commensurate with clients' progress.

Question #2:

Breakout of Discharge and HCBS Caseload/Expenditures Over Time

Discharge Funding expenditures:

FY 2023 Appropriation	FY 2024 Recommended	FY 2025 Recommended
$34,550,547	$40,945,054	$40,945,054

The FY 2023 discharge appropriation included caseload funding of $3.0M for 18 community placements and increased life coach services, with discharges staggered throughout the year. The Governor's biennial budget provides funding of $1,461,540 in both FY 2024 and FY 2025 to support approximately 10 community placements for individuals who no longer meet hospital level of care at Connecticut Valley Hospital and Whiting Forensic Hospital.

The DMHAS Medical Director's Office operates an internal utilization management process, including a weekly statewide meeting, to identify potential availability or to build capacity within our unique and specialized residential services, and to match these with individuals whose discharge cannot be supported with traditional resources in the community.

DMHAS Services funded by Home and Community Based Services (HCBS)

MFP Program

The goal of Connecticut's MFP program is to rebalance CT's long-term care systems with an emphasis on home and community-based services, rather than nursing home care. MFP provides services to persons with mental illness who are transitioning from nursing homes and chose to receive their long term services and supports in the community. Participants are assessed for MFP by a licensed clinician who conducts both a skills and psychosocial assessment. Once an MFP participant has received MFP mental health program services for 365 days, the Participant will automatically transition to the MH Waiver program for continued services.

MH Waiver Program

The MH Waiver program services are designed to assist a participant in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in a home and community based setting. These services include, recovery assistant training, skill building, case management, transitional case management, home delivered meals, chore service and in-home counseling. The MHW clinician, in partnership with the waiver participant, formulate a recovery plan based on client choice and desired goals. The recovery plan is reviewed every 6 months with the waiver participant.

HCBS Waiver Funding (Mental Health Money Follow Person Waiver Portion):

FY 2023 Appropriation	FY 2024 Recommended	FY 2025 Recommended
$25,074,941	$26,372,478	$27,339,211

The FY 2023 appropriation includes funding to support caseload growth for 30 Money Follows the Person (MFP) placements each year. In addition, the Governor's budget provides $1.9 million in funding over the biennium to support 30 new MFP placements in each year of the biennium.

The goal of Connecticut's MFP program is to rebalance CT's long-term care systems with an emphasis on home and community-based services, rather than nursing home care. Once an MFP participant has received MFP program services for 365 days, the Participant will automatically transition to the Home and Community Based Services (HCMS) mental health waiver program.

Services provided through the HCBS waiver program are designed to assist a Participant in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in a home and community based setting.

Question #3:

ABI Services (Funding Sources and Program Services)

DMHAS Acquired Brain Injury Program

ABI services are funded primarily through appropriations from the General Fund. In addition, in FY 2023 approximately $232,000 in federal ARPA funds supports the 4% private provider COLA. Funding for this COLA to continue is included in the Governor's general fund budget for the FY 2024-FY 2025 biennium as shown below:

FY 2023 Appropriation	FY 2024 Recommended	FY 2025 Recommended
$8,511,915	$9,190,172	$9,208,125

The ABI Community Services Program serves as a link for clients to in-patient services; arranging for clinical consultations; assisting in the development of treatment plans; serving as liaison to private/public services within the appropriate community; providing monitoring of services for DMHAS ABI clients; and providing support to consumers, family members and conservators.

Client Population

The DMHAS ABI Community Integration Specialist serves clients who are 18 years of age or older, are receiving services through DMHAS and have a qualifying ABI as determined through appropriate documentation.

Certified Brain Injury Specialists

The ABI Services has Community Integration Specialists (CIS) stationed across the DMHAS Local Mental Health Network. The Community Integration Specialist holds a Master of Social Work Degree and Certification as a Brain Injury Specialist (CBIS). The CIS is the primary staff/point of contact regarding qualification for services as well as issues pertaining to individuals who have an Acquired Brain Injury.

The Community Integration Specialist has the training and knowledge necessary to provide quality, efficient and effective service. This is accomplished through clinical supervision with the ABI Community Services Clinical Supervisor, monthly CIS leadership meetings, and on-going training specific to Acquired Brain Injury treatment and rehabilitation.

Program Services

- Consultation Services
- ABI Substance Abuse Services
- Training and Education
- Advocacy Supports

Question #4:

Total Funding for Hispanic Behavioral Health?

Expenditures for the Hispanic Behavioral Health in FY 2023 is estimated at $2.0 million.

The Hispanic Clinic, a collaborative endeavor between The Department of Mental Health and Addiction Services (DMHAS) and the Department of Psychiatry of the Yale University School of Medicine has provided bilingual and bicultural mental health, and substance abuse services to the Latino communities of New Haven and surrounding towns since 1972.

The Hispanic Clinic provide services Monday through Friday from 9:00AM-4:30PM. On-call services are provided after regular work hours for emergencies. The clinic staff is multidisciplinary, bilingual and bicultural. The target population is uninsured and low income, monolingual Latino clients ages 18 and over afflicted with mental health, substance abuse and/or co-existing disorders.

The clinic provides a wide range of outpatient clinical services: mental health, substance abuse/alcohol, co-existing disorders, the Adjunctive Stabilization Ambulatory Program and the Peer/Consumer Support Program. These services are funded by DMHAS and are provided by a multidisciplinary team constituted by DMHAS and Yale personnel. The clinic is also the hub for the Connecticut Latino Behavioral Health System, a collaborative endeavor of the Connecticut Mental Health Center, the Department of Psychiatry of the Yale School of Medicine and nine community agencies in South Central Connecticut. The CT-LBHS aims at increasing access to care for the Latino population.

Question #5

Residential Withdrawal Management (Formerly Detox) Beds

Current PNP Residential Bed Capacities

ASAM Level of Care	Number of Programs	Bed Capacity 5/12/2022	Bed Capacity 2/14/2023
ASAM 3.1	7	76	73
ASAM 3.3	2	50	50
ASAM 3.5	12	486	467
ASAM 3.5 PPW	5	54	48
ASAM 3.7	10	218	214
ASAM 3.7 WM	7	172	158
Total	**43**	**1056**	**1010**

*Excludes CVH Capacities

CVH Capacities

ASAM Level of Care	Site	Bed Capacity 2/14/2023
ASAM 3.7R	Merritt Hall	30
ASAM 3.7R	Blue Hills	21
ASAM 3.7WM	Merritt Hall	30
ASAM 3.7WM	Blue Hills	21
Total	**4**	**102**

Question #6:

Opioid Related Programs

Treatment

- DMHAS provides a full continuum of treatment services including inpatient, intensive outpatient, residential treatment, and outpatient services.
    - Withdrawal management, residential treatment, walk in services: Connecticut Addiction Services
- Levels of care include medication-assisted treatment.
    - Buprenorphine and naltrexone throughout the system.
    - A network of 30 methadone clinics.
- DMHAS funds outreach to individuals in need of treatment using street based / mobile services.
- Collaboration with sister state agencies including the Department of Correction and Department of Children and Families, as well as the Judicial Branch Court Support Services Division.
- Funds a 24/7 Access Line to help all citizens with SU information, referral, screenings, and transportation.

Overdose Prevention / Harm Reduction

- Support the five DMHAS Regional Behavioral Health Action Organizations (RBHAOs) to conduct Narcan training and distribution and include suicide screenings at such events; and provide mini-grants to a minimum of forty community coalitions for opioid awareness and prevention activities.
- Fund community-based "How Can We Help?" initiatives in overdose "hot-spots".
- Fund six organizations to provide opioid education and support to families.
- Purchase and distribute naloxone kits and fentanyl test strips.

Recovery

- Certified recovery coaches in EDs in withdrawal management programs and in treatment programs.
- Provide temporary housing "vouchers" to individuals in early recovery who are need of safe housing.
- Provide on-call Recovery Coaches at hospital Emergency Departments
- Fund the faith-based initiative, "Imani Breakthrough", in four CT cities and a similar Latino faith-based initiative.
- Provide employment support at recovery houses and halfway houses to assist people newly in recovery with getting employment. ("Mobile Employment Support.")
- Support a Youth Coordinator that will facilitate a statewide recovery support system that includes SMART Recovery groups and alternative peer/social groups (APGs) for youth.

Question #7:

SUD Demonstration Implementation- Challenges/Benefits to Providers and Clients?

The 1115 waiver project is a joint Departmental project (DMHAS, DSS, CSSD, DOC, and OPM) in which Substance Use Disorder (SUD) residential levels of care are eligible for Medicaid Fee-For-Service payments. The waiver allows CT to receive Federal Financial Participation (FFP) for services delivered to CT Medicaid members in all eligibility groups (Husky A, B, C, D) who reside in any of these facilities by "waiving" a long time FFP-exclusion for those staying in Institutes of Mental Disease (IMD).

To improve SUD access and quality of treatment services SUD providers are required to adopt the treatment criteria outlined in CT-established Clinical Standards for each Level of Care and ensure access to Medication Assisted Treatment.

Since 6/1/2022 Launch:

Major Successes	Major Challenges
Input from providers was used in the development and design of the Demonstration Standards and many providers were eager to start	Staffing shortages remain significant across continuum resulting in difficulty with: • Adapting to the prior authorization process • Adoption of staffing related requirements of the demonstration specifically hiring expectations. • Discharge planning • Staffing shortages throughout system are influencing access to services at all levels of care.
All applicable residential/PNP OP agencies were successfully enrolled in the C-MAP Systems	Shift to prior authorization process represents a significant operational shift for many facilities. It will take time for agencies to build infrastructure around this process.
All agencies have begun seeking prior authorizations through Beacon Health Options	Staffing shortages are slowing the ASAM training process. DMHAS/ABH continue to work with providers to prioritize this aspect of the Demonstration training regimen.
Participation in statewide provider drop-in meetings remains consistent and the dialogue has produced improved state standards and a FAQ document.	COVID continues to intermittently impact admission, service and staffing processes

Question #8:

Social Equity and Innovation Fund

The Social Equity and Innovation Funds are allocated to the Department of Economic and Community Development in the Governor's Budget. DMHAS initiatives are funded through the Cannabis Prevention and Recovery Services Fund. Additional information is provided in response to Question #9 below.

Question #9:

Cannabis and Tobacco Funding - State and Federal Totals by Major Initiative

Tobacco

A federal grant (Tobacco Retail Compliance Inspection Effort) funds tobacco compliance activities. The FFY 2023 grant award is $1,496,268. The FFY 2024 grant award is $1,580,334.

Cannabis

The Governor's budget recommends three new positions and $5.72 million over the biennium for the Department of Mental Health and Addiction Services in the Cannabis Prevention and Recovery Services Fund. These dollars will support cannabis prevention activities such as media campaigns focused on building public understanding of new cannabis laws and messaging to targeted sectors and specific populations, compliance check programs, and grants to local prevention entities that will pilot cannabis prevention strategies including education, enforcements, and information dissemination. While the specific breakdown of funding by major initiative is not yet finalized, it is anticipated approximately 30% will support the media campaign, 50% will be distributed to the local prevention entities, with the balance used for campaign compliance checks and program oversight.

Cannabis Prevention and Recovery Services Fund	FY 2024	FY 2025	FY 2026
Fringe Benefits	$221,000	$221,000	$221,000
Cannabis Prevention	$2,137,000	$3,137,000	$3,137,000
TOTAL-Cannabis Prevention and Recovery Services Fund	$2,358,000	$3,358,000	$3,358,000

Question #10:

Military Support Program (# Served and Scope of Services)

MSP has been successfully implemented at DMHAS. Last year's appropriation expanded the program to include a priority focus on identifying female veterans and active duty service members, including spouses and children, working in the community outreaching and engaging women with a military connection. The program is outreaching to providers in the community that work with female veterans to make them aware and educate them on this new resource.

The Community Specialist identifies individuals who will need longer-term outpatient treatment. This will include helping with insurance, entitlements and transitioning to other longer-term clinical outpatient services. The new MSP outpatient treatment network of credentialed, contracted clinicians authorized and paid by ABH to provide short-term treatment to eligible MSP service members, veterans and their families meets this need. These licensed clinicians have their own military experience and/or are STAR certified military clinicians with expertise in military culture, and integration and deployment related issues. Authorized short-term treatment is available at no cost to the eligible and authorized patient. The priority focus is on female service members, veterans and their families that meet one of the following:

- No insurance coverage or unaffordable high co-pay or gap before private insurance takes effect.
- Not able to access VA or Vet Center and otherwise lacking access to provider.
- Specialty treatment option not available through existing private insurance panel.
- Reluctance to use insurance that is under the jurisdiction of the Department of Defense (DOD).
- Women identified through outreach and engagement activates completed by the MSP Community Specialist.

Over the past 2 years:

- Embedded Clinicians interacted with 12,172 CT National Guard Service Members during drill weekends. They reported 835 individual sessions all related to a specific issue identified by a CT NG member.

- Embedded Clinicians reported 144 sessions with CT NG service members outside of regular drills. An MSP Community Clinician, working with our Community Case Manager, interacted with 286 individuals referred to the MSP program looking for case management or clinical supports. All were service members, veterans or their family.

Question #11:

Prevention Services- Wellness/Well-Being Campaign

DMHAS' prevention system is designed to promote the overall health and wellness of individuals and communities by preventing or delaying substance use. Prevention services are comprised of six key strategies including information dissemination, education, and alternative activities, strengthening communities, promoting positive values, and problem identification & referral to services.

Regional Behavioral Health Action Organizations (RBHAOs):
Assist providers/local communities in assessing prevention needs and coordinating resources to address these needs. Administer LPC funds.

Local Prevention Councils (LPCs):
Develop and implement municipal-based alcohol and other drug prevention initiatives. These funds are administered by the RBHAO's and distributed to each LPC through a formula based approach.

Connecticut Center for Prevention, Wellness and Recovery (Connecticut Clearinghouse):
Disseminate information via print and electronic media on substance use, mental health and other related issues.

The Governor's Prevention Partnership:
Support prevention efforts within the state by building the capacity of individuals and communities to deliver prevention services directed at schools, colleges, workplaces, media and communities.

Synar Program:
Enforce state laws that prohibit youth access to tobacco products by inspecting retailers across the state in order to maintain a retailer violation rate at or below 20%.

Tobacco Merchant & Community Education Initiative:
Educate tobacco merchants, youth, communities and the general public about the laws prohibiting the sale of tobacco products to youth under the age of 21.

Wellness Campaigns:

Change the Script Campaign – Aims to inform communities on the dangers of prescription pain killers and prevent overdoses. This campaign offers education on opioids as well as options for pain management.

Be In the Know CT Campaign – Aims to inform individuals on the new adult use cannabis laws, effects of cannabis and resources to mitigate the harmful effects of cannabis use.

Vaping Campaign – Aims to educate youth, ages 12-21, about the harms of vaping with tailored messaging designed to education youth on the harmful effects of vaping.

National Prevention Week – This annual event promotes community involvement, resource sharing and partnership engagement to increase public awareness of substance use and mental health disorders. Gizmo's Pawesome Guide to Mental Health Campaign – Supports mental health and physical health parity, self-care strategies and connections with others.

Question #12:

Suicide Prevention Hotline (who does this cover and will the funding last? How does this process work, from phone call through service delivery?)

In 2021, 364 CT residents died from suicide. An annual average of 403 CT residents died from suicide 2015-2019, which is a 14% increase from the annual average of 351 residents 2010-2014. The hotline is available to all members of the public and the Governor's budget has provided funding necessary to fully implement the requirements of the new federally-mandated 988 crisis call line pursuant to Public Law 116-172 for FY24. The funding for FY24 is $2,224,785 and the funding for FY25 is $3,094,235.

The United way of CT/211 is funded for the CT 988 Suicide and Crisis Lifeline Contact Center. Since December 2021, there was an 82.6% increase in calls into the 988 contact center. Additionally, the 988 contact center has increased staff to support and improve their ability to respond to CT callers. Calls are triaged and forwarded to Mobile Crisis or Emergency Responders as appropriate.

Question #13:

Any new programs the agency would like to pursue? Are there any current programs in need of additional funding?

The Governor's Budget adds in additional monies that are necessary for our program needs.

Question #14:

How are we going to fill the gap when ARPA funds go away in FY 26? The table below summarized the initiatives supported with ARPA funding and how they are supported in the Governor's budget for the next biennium. The question of continuation beyond FY 2025 is a policy decision to be addressed by the Governor and Legislature as part of a future budget.

Initiative	Funding	Notes
Enhance Mobile Crisis Services-Case Management: Provide clinical assessment and short-term, intensive clinical/case management services for individuals in crisis until they are able to be connected to a behavioral health services provider.	$3,200,000	The Governor's budget provides funding for this initiative through FY 2025.
Enhance Respite Bed Services for Forensic Population: Decrease the use of the CST evaluation and restoration process for defendants charged with misdemeanor-only crimes. Allow for restoration in the community for defendants that will not be dismissed or who have housing instability, poor adherence to mental health treatment and substance use who might otherwise be sent to WFH for restoration.	$4,292,834	The Governor's budget provides funding for this initiative through FY 2025.
Expand Availability of Mobile Crisis Services: Expand mobile crisis services to provide in-person, mobile crisis response 24 hours a day, 7 days a week, 365 days a year.	$6,000,000	The Governor's budget provides funding for this initiative through FY 2025.
Fund Supportive Services to Accompany Housing Vouchers: Fund supportive housing services for persons residing in RRH programs in CT. Offer pre-tenancy support and post tenancy housing sustaining services.	$1,125,000	The Governor's budget provides funding for this initiative through FY 2025.
Provide Mental Health Peer Supports in Hospital Emergency Departments: This funding will implement certified peer specialists in 12 hospital emergency departments.	$2,400,000	This program is a pilot, and continuation of the program will be re-evaluated in the next biennium.
Implement Electronic Health Records: Transition the current paper medical record system to an electronic health record for the 8 DHMAS-operated facilities.	$16,000,000	One time funding for implementation. Funding of on-going operating costs will be evaluated in the next biennium.

Support Public Awareness Grants for Mental Health Services: Public Awareness campaign focused on mental health promotion and access to treatment resources as needed.	$1,000,000	One time funding.
Fund United Services Crisis Intervention Pilot: Extend the United Services Pilot of the CRISIS program with the Connecticut State Police Troop D by providing a licensed clinical social worker to support and accompany law enforcement on behavioral health related calls.	$200,000	One time funding.
Support Clifford Beers: Beneficiary payment.	$200,000	One time funding.
Support the Pathfinders Association: Beneficiary payment.	$100,000	One time funding.
Support Fellowship Place New Haven: Beneficiary payment.	$150,000	One time funding.
Shatterproof: Host a web-based platform which help people seeking treatment, family members, providers and others looking for quality care.	$100,000	One time funding.
Provide Funding for Fair Haven Clinic: Expand access and improve delivery of primary care including mental health and substance use treatment services to the Fair Haven community located in a Qualified Census Tract. Focus will be on improving clinical spaces, clinical workflows and physical plant changes.	$20,000,000	One time funding.
Allocate ARPA Funds for Private Providers: A $15 million grant for a 4% Cost of Living Adjustment to all DHMAS mental health and substance use providers to be used for salary and related wage increases; and a $10 million for a grant program to support facility and infrastructure costs for these same providers for one time improvements.	$50,000,000	The 4% COLA for private provider COLA is budgeted in the general fund in the Governor's budget for the next biennium. The $10M for facility improvements was one time funding.

Question #15:

Number of Federally Funded Staff

The Department has 30 federally funded positions. The CT Promotes Recovery federal grant award funds 2 full-time positions for implementation and oversight of services focused on opioid use disorders. An additional 28 positions are federally funded for FDA compliance activities through the Tobacco Retail Compliance Inspection Effort grant award.