# CT STRONG -CONNECTICUT'S HEALTHY TRANSITIONS PROGRAM

Dawn Grodzki, B.S., CPS, CT Department of Mental Health & Addiction Services

Karen Hensley, M.S., Advanced Behavioral Health











### The President's Plan: Now Is The Time



## CT STRONG Program Overview

- The communities of New London, Middletown and Milford were selected in the grant application to engage youth and young adults who have, or are at risk for, behavioral health disorders and connect them to high-quality care.
- The fiduciary agencies are Child & Family Agency of Southeastern CT (New London), Community Health Center (Middletown) and Bridges (Milford).
- Advanced Behavioral Health (ABH) was selected to provide overall program management and house the positions of Program Manager and Peer Advocacy Specialist.

## CT STRONG Program Overview

- The project involves public awareness, outreach, and engagement strategies, as well as increasing access to appropriate treatment services and supports.
- Working with the 16-25 year old population has necessitated a flexible and creative approach that has been less clinical and traditional than most mental health services.
- A State Level Transition Team (SLTT) was developed that includes representatives from state and local agencies who are concerned about this age group.
- UConn School of Social Work provides evaluation services.

### Federal Support

### **Federal Support-**

**Technical Assistance** 

**Project Director Calls** 

**Grantee Meetings** 

Annual Research and Policy Conference on Child, Adolescent, and Young Adult Behavioral Health in Tampa

# Wraparound Model

#### Wraparound Values & Principles for Best Practice

Child & Family

Centered

Accessible **Unconditional Care** 

**Team Based** 

**Strengths Based** 

Promoting Independence

Outcome Based

**Needs Driven** 

Individualized

Accountable

Collaborative

Comprehensive

**Cost Effective** 

**Culturally Competent** 

**Family Involvement** 

Home, School & Community Based

Flexible



New Jersey Division of Child Behavioral Health Services (DCBHS) Slide 9 Child Behavioral Health System of Care: An Overview www.state.nl.us/humanservices/dcbhs\_DCBHS Referrals: 1-877-652-7624\_DYFS Hotline: 1-877-NJAbuse (652-2873)

### Strengths - System Wide-Collaborations

- State Level Transition Team
- Department of Education Transition COP (Community of Practice)/Disability Alliance
- CT Healthy Campus Initiative
  - Fresh Check Days
  - NAMI on Campus/ YACC

Peer Support

- Young Leaders Partnership
- Mutual Mentorship Program
- Peer Certification
- Inpatient Peer Support (Policy Change)

### Strengths - Local Sites

- Flexibility in Model
  - Youth Engagement- building trust
- Family Advocates
- School Collaboration
  - School based Clinical Model
  - Young Adult Job Fairs
  - Lets Erase the Stigma Group
  - Youth Groups/ Girls Groups/ Young Fathers Groups/ Life Skills Groups/ Social Groups

## **Digital Storytelling Video**

https://www.dropbox.com/s/0k3nutqoi6l78ws/CT %20Strong%20-%20New%20London.mp4?dl=0

## UCONN School of Social Work

### Staff-Client Activity Logs

- A log of staff activities is used to record client-related contacts and types of assistance offered on a weekly basis.
- Client Interviews GPRAs + Site-Specific
  - Three time intervals: baseline, 6 & 12 months after intake
  - Scales of Special Interest
    - Youth empowerment
    - Late adolescent connectedness
    - Stigma
- Focus Groups with clients and staff

### Evaluation – Weekly Logs

Weekly activity log data - describe the frequency, intensity and types of services being provided by staff. Graph shows most frequent types of services provided based on the logs received to date (3,279) for 299 clients.



### Results – Interview Data Housing

- Positive housing outcomes are indicated.
  - The percentage of participants who owned or rented a house or apartment nearly doubled from baseline to 6 month intervals (17.1% to 31.7%).
  - There was a decrease in the percentage of participants who reported living in an emergency shelter or in a place not meant for habitation (5.7% to 1.0%).

### Results – Interview Data

Mental Health, Stigma, Social Connections & Empowerment

Positive outcomes include:

- Improvement in mental health and perceived stigma around emotional difficulties,
- Improvements in social relationships,
- Increased self-esteem, and
- Empowerment around managing their health and services.

### Results – Focus Groups

**Program Participants** 

- Program staff meet the clients "where they are" by first working on what the client identifies as their immediate needs and goals
- Young adults appreciate the program flexibility to focus on their goals.
- There was a consensus that the participants feel like they can trust the staff, with participants saying "They keep your personal stuff personal and they respect you 100%."

### Focus Groups-YA Support Group Participants

#### Stigma

- The young adults identified stigma as a barrier to receiving mental health services. They mentioned that the fear of stigma often prevents young adults from getting help or talking about what is happening.
- They have noticed that there is less stigma in younger generations but reported that their parents often do not understand mental illness.
- One participant shared, "For me, I consider my [mental illness] experience as one small chapter of my whole book."
- Participants' perceptions and experiences with mental health providers and different types of treatment
  - All seemed to have had mixed experiences with services, including having found some mental health professionals they trusted and others they didn't.
  - Many expressed appreciation for receiving trauma-specific services.
  - Although some found relief for their symptoms with medication, they didn't want medication to be assumed to be the best course of treatment.
  - There was a strong preference for non-traditional/non-medical approaches such as yoga, art and meditation.

### Focus Groups- Quotes

- "I was by myself. I had no one to go to academic-wise, getting trust from somebody to give it back.... looking for other options...figuring out what I wanted to do. .....they don't judge me upon what I want to do, they are like, ok- let's work around it"
- "You're not doing it alone; you're doing it together, so they're helping you out. They can push you to your goals, so you don't have to struggle on your future or have anything to worry about."

## Sustainability

- Youth Coordinator Position
- Young Leaders Partnership
- Mutual Mentorship
- Inpatient Peer Support
- Young Adult Connection Community- Middletown
- Wellness Navigators on Campus (CCSUexpansion)
- Clinician at School Model -Expansion
- Certified Peer Specialist Work Force (RU- approx. 50)
- CT DOE Transition COP Collaboration (Mental Health work group)
- TPCT.org
- MHFA Instruction
- Wraparound approach in agencies
- WRAP (Wellness Recovery Action Plans) Tool in agencies
- Focal Point Article

### Questions???



**SAMHSA Disclaimer:** The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.