



DMHAS Women's Services System of Care & Key Initiatives

MAPOC– Women &
Children's Health
Subcommittee
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Presented by:

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**Behavioral Health Clinical Director- Women's Services &
Problem Gambling Services**



Evolution of Services

- DMHAS Women's Services continues to grow and focuses on the implementation, enhancement & quality of resources and services available to support the behavioral health needs of women and families in CT:
 - Diverse team guided by Masters level CT licensed clinical and public health staff
 - Services have evolved to meet current needs of women, birthing persons, and families
 - Key areas of focus include secure storage, reproductive health integration & safe sleep
- Ongoing collaboration to determine gaps in the system and develop resources to mitigate barriers and challenges
- "No wrong door" to access services
 - REACH Navigators can support individuals in learning about available services and connecting them to what is most appropriate for each individual and family
 - Real-time bed availability for SUD treatment services: [Connecticut Addiction Services \(ctaddictionservices.com\)](https://ctaddictionservices.com)



DMHAS Women's Services Program Oversight

- Minimum of annual on-site program reviews which includes:
 - Clinical & Recovery Chart Review
 - Client Focus Group
 - Leadership Interview & Policy review
 - Physical environment evaluation (including trauma & gender)
- Ongoing technical assistance on new initiatives, clinical best practices & interagency case collaboration
- Routine learning collaborative meetings
- PPW Specialty Population and Trauma Enhancement training opportunities
- Critical incident monitoring and review



Stigma & Trauma

- Stigma and trauma are interconnected
 - We see high levels of trauma through our system of care
- Stigma prevents people from seeking help
 - Stigma damages the health and well-being of people who use drugs and interferes with the quality of care they have access to and receive
- Stigma alone can lead to new trauma or to retraumatization
 - Many families have history with various systems (DCF, Justice, Police, etc.) and can be fearful, distrusting or cautious
- We all have implicit bias
 - Recognizing what our biases are helps us to ensure that they don't impact or cloud our decision making and put undue burden on those we serve
 - Own it, seek training opportunities & discuss in supervision
 - [Addressing Stigma as Providers - SEPI-CT](#)

Language Matters

- Language is powerful. Positive language increases access to recovery. Recovery friendly language focuses on the person, not the disease.
- When discussing substance use disorders, consider these shifts in language and perspective:
 - Substance use disorders are a treatable health condition and recovery is possible
 - Substance use disorder, person with addiction, person living with addiction or substance use disorder, person in recovery
 - Recovery is not linear **vs.** Relapse is to be expected
 - Harm reduction is a recovery pathway **vs.** Recovery = abstinence
 - There are multiple pathways to recovery, there is always hope
 - Medication is one of multiple pathways to recovery **vs.** Medication is a crutch, a person on medication is not sober/"clean"
 - Babies cannot be born with addiction because addiction is a behavioral disorder, they can be born substance exposed
 - Words and phrases like "clean time," "nodding out," or "dirty urine" reinforces stigma and shame



Women's Services Program Continuum

www.ctaddictionservices.com

- Pregnant & Parenting 3.5 Treatment Programs
 - Women's Recovery Support Programs (WRSP)
 - Women's Community Transition Support (WCTS)
 - Parent's Recovering from Opioid & Other Use Disorders (PROUD) Clinical Sites
 - REACH Programs
 - Women's Specific SUD Treatment Programs (Residential & Outpatient)
 - Parenting Support Parental Rights Initiative (PSPRI)
 - Access SUD & MH for Moms
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PREGNANT AND PARENTING (3.5) LOC – SUBSTANCE USE TREATMENT

- 48 beds statewide – Specialized LOC with the purpose of providing support to women during pregnancy, while parenting and/or during the reunification process
 - Reunification must be the established goal at time of admission
- 20 hours of treatment services per week – includes relapse prevention, parenting skills, co-occurring, trauma, anger management, & reproductive health education
- Individualized length of stay based on treatment plan and medical necessity
- Children can reside with mom in the program
- Real-time bed availability: www.ctaddictionservices.com
- SEPI-CT Video: [PPW and WRSP \(https://youtu.be/n-A2Xb3frdc\)](https://youtu.be/n-A2Xb3frdc)
- Services provided at:
 - Liberation Programs- Families In Recovery Program (Norwalk)
 - CHR- New Life (Putnam)
 - APT- Amethyst House (New Haven)
 - InterCommunity – Coventry House (Hartford)
 - Wellmore –Women and Children’s Program (Waterbury)

WOMEN'S RECOVERY SUPPORT PROGRAMS (WRSP)

- 21 beds statewide
 - 3 programs run by The Connection Inc. – Coley House located in Hamden, Hallie House located in Middletown, and Hogan House located in Hartford
- Designed for pregnant/parenting women and children who may reside in the program with their moms
- Coordination with community treatment and recovery supports
- Vocational assistance to help women gain and maintain employment
- Daily on-site groups focused on supporting recovery
- 24/7 staffing
- To learn more about WRSP or to make a referral, please contact: Denetra McBride, dgmcbride@theconnectioninc.org



Women's Community Transition Support (WCTS)

- A community-based independent living case management program available to pregnant and parenting women/birthing persons involved in the DMHAS substance use treatment continuum of care
- Case Management services will focus on independent living, linkages to treatment, budgeting and tenancy skills, parenting support, referrals to basic needs resources and transportation as needed
- Services are voluntary and include locating safe, affordable housing, and up to 12-month rent subsidy, where the client will incrementally increase their rent contribution as they work towards independent living
- For more information or to make a referral, please contact:

Aleksandra Slaski, alslaski@theconnectioninc.org

PROUD Site Service Delivery



- Community-based, family-centric SUD treatment and recovery program for pregnant and parenting individuals that provides individualized, holistic, wrap-around services based on harm reduction principles
- 3 multidisciplinary teams of a FT Therapist, FT Care Coordinator, and 1.5 FT Peer Recovery Specialist
- In-home, telehealth, and in-person services offered to reduce barriers and difficulties accessing care
- Targeted outreach and engagement to areas in the state significantly impacted by healthcare disparities and negative social determinants of health
- Family needs assessment conducted with eligible birthing individuals and their family members
- Creation of individualized recovery plans to address substance use and mental health treatment, connections to medical & community-based providers (including prenatal care), reproductive health needs assessment, basic needs, employment, housing and recovery support, development of CAPTA Family Care Plan
- PROUD – Parents Recovering from Opioids Use Disorder

PROUD- CT Hospital Association

- Funding through multi-year SAMHSA PPW Grant
- [PROUD Trainings | Connecticut Hospital Association | CHA](#)
- Annual summer series focused on targeted topics to support medical providers with behavioral health and perinatal mental health information
 - Reducing stigma & bias
 - Trauma Informed Care
 - Evolution of CAPTA
 - Understanding Substance Use Disorders
 - SPEAK Up – Dismantling Systemic Racism
 - New Series coming in 2026



WOMEN'S REACH

- **REACH** (Recovery, Engagement, Access, Coaching & Healing)
 - Women's Navigators/ Family Navigators are women with lived experience who are living their own recovery and are willing to use their experiences to help others find their recovery path
 - Recovery Coaching & Short-Term Case Management
 - REACH embraces the notion that recovery looks different for everyone- WN are knowledgeable about diverse pathways to recovery, community resources, and women's health issues
 - Target Populations: pregnant/parenting women with substance use and/or co-occurring disorders AND expecting/parenting fathers, grandparents, LGBTQIA+ individuals or any natural support impacted by substances use and caring for a child
 - Based on real-time program census & on a case-by-case basis there may be limited capacity for non-pregnant and non-parenting women with SU and/or co-occurring disorders
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Women's REACH Program

- Statewide and regionally based with a focus on community outreach & engagement
 - **Region 1:** Liberation Programs
 - **Region 2:** The Connection, Inc.
 - **Region 3:** CHR
 - **Region 4:** Wheeler Clinic
 - **Region 5:** MCCA
- For more information or to make a referral, please visit:
 - [Womens REACH Program \(https://portal.ct.gov/dmhas/programs-and-services/women/womens-reach-program\)](https://portal.ct.gov/dmhas/programs-and-services/women/womens-reach-program)

WOMEN'S SPECIFIC RESIDENTIAL PROGRAMS

- **Intensive Co-occurring Enhanced (3.7E) – CHR Milestone (Putnam)**
 - Treatment: 30 hours/week of individual/group therapy, medication management, case management, peer recovery support, and discharge planning
- **Intermediate Residential (3.5) – McCall Behavioral Health Network Hanson House (Torrington)**
 - Treatment: 20 hours/week of individual/group therapy, medication management, case management, peer recovery support, and discharge planning
- **Specialized Care (3.3) – MCCA Trinity Glen Women's Program (Kent)**
 - **Treatment:** 20 hours/week of individual/group therapy, medication management, case management, peer recovery support, and discharge planning
- **Transitional Living (3.1) – SCADD Gordon House Halfway House (New London)**
 - Treatment: 4 hours/week of group therapy, medication oversight, case management, peer recovery support, and discharge planning
 - Individuals can work and attend community-based SUD treatment services

Women's-Specific Ambulatory Treatment Programs

- Gender-specific and trauma-informed programming
- Same locations offer on-site childcare to reduce barriers to accessing treatment for parenting women
- Outpatient and Intensive Outpatient Programs
 - *CASA, Inc.* – Project Courage (Bridgeport)
 - *Family and Children's Agency* – Project Reward (Norwalk)
 - *Wheeler* – Lifeline Outpatient Programs (Plainville)
 - *MCCA* – Women and Children's Outpatient Program (Danbury)
 - *The Connection, Inc.* – The Center for Behavioral Health (Norwich)
 - *APT Foundation* – Access Center (New Haven) (Outpatient only)
 - *Wellmore Behavioral Health* – Women's Program (Waterbury)

Parenting Support Parental Rights Initiative (PSPRI)

- This voluntary, confidential, and home-based program is designed to support parents living with mental health conditions in the Greater New Haven area. PSPRI aims to help parents achieve greater stability, strengthen their caregiving role, and preserve family unity.
- This program is not statewide. The service area includes: Ansonia, Bethany, Branford, Derby, East Haven, Guilford, Hamden, Milford, New Haven, North Branford, North Haven, Orange, Seymour, Shelton, West Haven, and Woodbridge.
- For more information or to submit a referral, please contact Family Centered Services of CT:
 - (203)-624-2600, PSPRI@familyct.org, [Parenting Support & Parental Rights Initiative | Family Centered Services of CT](#)

DMHAS WOMEN'S RECOVERY HOUSES

- Fully funded by DMHAS and not an ASAM level of care
- Provides a “safe space” for women in recovery awaiting treatment of a higher or lower level of care
- Community-based treatment services
- Pursue employment and education programs
- Length of stay is approximately 90 days
- 3 Women's Recovery Houses:
 - **Mercy Housing** – St. Elizabeth House Women's Program (Hartford)
 - **Regional Network of Programs** – Tina Klem Serenity House (Bridgeport)
 - **Cornell Scott Hill Health Center** – Women's Recovery House (New Haven)

Substance Exposed Pregnancy (SEPI CT) Initiatives

- Co-funded initiative between DMHAS & DCF
 - Program Manager – Shayla Ranmal-Supplies
 - Email – sranmal-supplies@wheelerclinic.org
- CAPTA
 - Training on CAPTA & Family Care Plan (FCP)
 - [Strategic Plans | Substance Exposed Pregnancy Initiative](#)
 - Workgroup- Meets 2nd Thursday of the month at 1pm
 - Ensure collaborative approach to implementation of CAPTA and Family Care Plan Development throughout the state
 - Share best practices related to CAPTA strategy, policy, procedure and barriers/challenges
 - Please join us- we need input from all birthing hospitals



SEPI CT Continued



- Next Day Animation Video Series
 - [DMHAS Programs and Resources | Substance Exposed Pregnancy Initiative](#)
 - DMHAS funded women’s programs (REACH, PROUD, Pregnant & Parenting, Access)
 - Secure Storage
 - Women’s Health Considerations
 - [SEPI Resource Videos | Substance Exposed Pregnancy Initiative](#)
 - Talking about CAPTA, developing a FCP
- Virtual Family Care Plan Developer
 - [Family Care Plan | Substance Exposed Pregnancy Initiative CT](#)
- Labor & Delivery Unit Collaboration Project
 - Goal is to provide individual leaving hospital post-delivery with secure storage lock boxes, valuable resources & Naloxone
- [Community Baby Showers | Substance Exposed Pregnancy Initiative](#)

Key Initiatives

- Safe Sleep
- Reproductive Health Integration
- Breastfeeding Support
- Secure Storage Education
- Trauma & Gender
- Training

Safe Sleep within DMHAS system of care

A shared priority to keeping families safe

- Learning collaboratives & ongoing technical support & consultation
 - Ongoing discussions across all levels of care
 - Enhancing program websites to increase access to materials
 - Materials available for program display & distribution
 - Safe Sleep Video (SEPI Series) – [watch video here](#)
- Grant \$ provided to purchase items to support safe sleep practices including:
 - cribs, bassinets, rocking chairs, sleep sacks, etc.
- DMHAS Site Visits
 - Focus group with clients to ensure education is provided
 - Evaluating clinical documentation in chart review

Safe Sleep (cont.)

- Contracted Agencies
 - Policies related to safe sleep needs – shared with clients as part of intake and reviewed
 - Ongoing safe sleep education provided throughout treatment
 - Groups
 - Real-time safe sleep monitoring (as part of nightly checks) & intervention as warranted
 - Collaboration with DCF as indicated
 - Clinical service response
 - Parenting support, safe sleep plan as needed, increased clinical interventions including medication management to address post-partum symptoms/alertness

SAFE SLEEP SAVES LIVES

In 2024, 94% of infant sleep environment deaths in Connecticut were the result of sleep conditions that did not follow American Academy of Pediatrics guidelines.

The good news is that there are proven ways to prevent suffocation. By following these guidelines and practices you can decrease the risk of an unsafe sleep environment

Lay them on their back to sleep every time.

Never let baby sleep on a couch or adult bed.

Make your safe sleep values clear to others.

Plan ahead if using medications or substances that could potentially impair your senses, or make you feel sleepy.



Share a room – but not a bed.

Avoid too many clothing layers, including hats indoors.

Firm & flat sleep surface.

No bedding or soft objects in the crib.

For more on Safe Sleep visit the American Academy of Pediatrics:



Need more resources or additional supports?



For more on Safe Sleep:
Visit the American Academy of Pediatrics
<https://www.aap.org/en/patient-care/safe-sleep/>



For treatment and recovery resources for pregnant and parenting women:
Visit CT DMHAS
<https://portal.ct.gov/womensservices>



For additional resources in CT for Pregnant and parenting families:
Visit the Substance Exposed Pregnancy Initiative of CT
<https://www.sepict.org>



For postpartum support resources in CT:
Visit Postpartum Support International, CT Chapter
<https://psictchapter.com/>



Version 11.2025



Safe sleep for your baby, peace of mind for you.



Safe Sleep Saves Lives



A resource for parents and caregivers of newborns and infants



About Safe Sleep

In 2024, 94% of infant sleep environment deaths in Connecticut were the result of sleep conditions that did not follow American Academy of Pediatrics guidelines.

The good news is that there are proven ways to prevent suffocation. By following these guidelines and practices you can decrease the risk of an unsafe sleep environment.



Safe Sleep Recommendations

Share a room – but not a bed.

A crib, bassinette, or bedside sleeper are the best places for baby to rest.

Never let baby sleep on a couch or adult bed.

While these are comfortable spots for adults, babies can easily roll into crevices or become entangled in sheets or pillows.

Lay them on their back to sleep every time.

Young infants up to 1 year old cannot roll, lift their heads, or reposition themselves safely.

Avoid too many clothing layers, including hats indoors.

Babies can get overheated because they have limited ability to regulate their own body temperature

Baby's sleep surface should be firm and flat.

This helps to avoid rolling and using a sheet that's the right size and fits snugly reduces the risk of it inadvertently interfering with airflow.

Make your safe sleep values clear to others.

Ensure others caring for your child know what safe sleep practices are important to you.

No bedding or soft objects in the crib.

Soft bedding and bumpers might seem cozy or cute, but they actually increase risk to your baby's breathing.

Plan ahead if using medications or substances that could potentially impair your senses, or make you feel sleepy.

Make sure you have someone else in place to help safely care for your baby.

Access Safe Sleep Resources here:
<https://portal.ct.gov/dmhas/programs-and-services/women/safe-sleep>

Breastfeeding can be challenging —but if it's what you want, you deserve to do it.



Breastfeeding has **protective factors for both mom and baby**, such as lowering baby's risk of infections and reducing mom's risk of breast cancer and postpartum depression.



Strict feeding schedules can cause unnecessary stress. Most babies do best with **on-demand feeding**, especially in the early weeks.



Still breastfeeding and going back to work? You have the **legal right to time and a safe and private space** to pump at work.



Support matters. Share your breastfeeding goals with family and friends and let them know how they can help.

If you need help, reach out to your pediatrician, a lactation consultant, WIC (if you are a participant) or local community resources. Early support for breastfeeding or other postpartum challenges greatly increases your chances of success - don't wait.



CT 211 Breastfeeding Resources

Be empowered in your choice. Breast, bottle, or both - what matters is that baby is fed. **Any amount of breastmilk gives health benefits.**



Breastfeeding doesn't always come naturally or easily, it's a **learned skill for both parent and baby that helps you bond.**



Breast tenderness is common, but **if pain is ongoing** latch or positioning may need evaluation or adjustment.



Breastfeeding while on **medications for addiction treatment**, such as methadone or buprenorphine is **safe and encouraged, regardless of dose.**



Reproductive Health Integration

- DMHAS, in collaboration with CWC, provides multiple annual trainings on Reproductive Health Education (understanding pregnancy intention, contraceptive methods, pregnancy termination options, STI/HIV) partnered alongside Implicit Bias training specific to supporting families impacted by behavioral health during pregnancy
- Implementation of this best practice evaluated as part of annual contract reviews at all treatment/recovery programs (chart evaluation, policy review, client focus group, etc.)
- Funded through SAMHSA PROUD dollars



Secure Storage & Overdose Prevention

- Lock boxes/ bags offered to all clients as part of overdose prevention education
- Focus on discussing strategies to keeping environments safe and mitigate risk of accidental exposure
 - Reviewed as part of admission, throughout episode of treatment (in groups and individual sessions,) and as part of discharge
 - Use of DMHAS/SEPI educational video, printed materials, etc.
- Widespread Naloxone distribution & education
 - Naloxone cabinets installed at all programs, clients provided with Naloxone for time in community and at time of discharge

Trauma & Gender Work in collaboration with the CT Women's Consortium (CWC)

- Acknowledging that trauma experiences & gender identity impact one's overall perception of the world. It is important to create services that recognize the impact of trauma & gender. When successful, this supports higher service engagement and better outcomes, particularly for women and the LGBTQIA+ population.
- Trauma & Gender Collaborative (TAG)
- Women's Service Practice Improvement Collaborative (WSPIC)
- Trauma Enhancement 2025 Series:
 - Trauma Recovery Empowerment Model (TREM) & LGBTQ+ TREM
 - Seeking Safety
 - Motivational Interviewing
 - Dialectical Behavioral Therapy (DBT)
 - Trends in Trauma Treatment Trauma Conference with Stephanie Covington
 - National Acupuncture Detoxification Association (NADA)



5TH ANNUAL LGBTQIA+ CONFERENCE

The CT Department of Mental Health and Addiction Services remains committed to ensuring that the LGBTQIA+ community is supported within our system of care, and that our providers are well-poised to provide inclusive and affirming care.

Join us as a diverse range of experts speaking from a variety of lived experiences and professional perspectives present timely topics that impact the communities we serve, including practical skills, engaging research, and tools for providers to support themselves while supporting their clients.

Lifting voices. Transforming care.

VIRTUAL
JUNE 12, 2026
9 AM - 3 PM

5 CECS PENDING APPROVAL BY NASW-CT WITH RECIPROCITY FROM CT-CCB

[CLICK HERE TO REGISTER](#)
[OR SCAN THE CODE](#)



Conference Opportunity: Annual LGBTQIA+ Conference

- [Register: 2026 DMHAS LGBTQIA+ Conference](#)

Conference Opportunity: Innovations in Maternal Behavioral Healthcare

- [Register: DMHAS
Innovations in Maternal
Behavioral Healthcare:
Mitigating Risk &
Optimizing Wellness](#)

AUGUST 7, 2026
9AM - 4PM

Innovations in Maternal Behavioral Healthcare

Mitigating Risk &
Optimizing Wellness

Hartford Marriott Downtown

200 COLUMBUS BLVD. HARTFORD CT. 06103



Join us for a day of networking and presentations on holistic behavioral health approaches to addressing the challenges of the maternal mortality and morbidity crises.

\$50 TO REGISTER | BREAKFAST & LUNCH PROVIDED
8 CECS PENDING FROM NASW-CT WITH RECIPROCITY FROM CT-CCB

 **CONNECTICUT**
Mental Health & Addiction Services

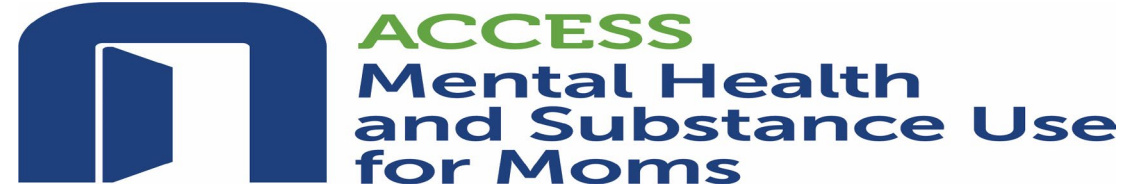
 The Connecticut
Women's Consortium

 **CONNECTICUT**

DMHAS Educational Series

- Began in 2021 to increase resources for on-demand trainings, accommodate workforce and staffing issues related to in-person trainings & allow second & third shift staff training opportunities
- 2025 DMHAS Educational Series
- Topics Include:
 - Brave Spaces, Shared Trauma in Uncertain Times, Cultural Humility: Strategies for Supporting LGBTQIA+ Clients, LGBTQIA+ Elders in Healthcare Settings, & LGBTQIA+ Basics,
 - Trauma 101, Trauma-Informed De-Escalation Strategies, and Facilitating Healthy Boundaries through a Trauma-Informed Lens
 - Together in Recovery: Addressing Stigma
 - An Introduction to DBT Skills & An Introduction to Facilitating Effective Groups
 - Introduction to the Biology of Addiction & Opioid Overdose Crisis and Medication
 - Overview of Gambling and the CT Landscape
 - Best Practices for Peer Support Specialists
 - Stages of Change and Motivational Skills

Access Mental Health & Substance Use for Moms



- Funded by DMHAS and contracted by Carelon Behavioral Health (formerly Beacon Health Options)
- Offers **psychiatric expertise and consultation to medical providers** treating perinatal women presenting with mental health and/or substance use concerns. For obstetric, pediatric and adult primary care, and psychiatric providers treating women up to one-year post delivery.
- Monthly clinical conversations on diverse topics impacting the perinatal population- [Home - ACCESS Mental Health for Moms](#)

Monday through Friday, 9:00 am – 5:00 pm
833-978-MOMS (6667)



Yale School of Medicine

Administered by
 **carelon**
Behavioral Health



Contact Information

Have a question about
one of our programs or
Initiatives?

[DMHAS Women's Services](#)

Shelly.nolan@ct.gov