CONNECTICUT COALITION to END HOMELESSNESS

Mental Health Supports and Services

A special thanks to our Presenting Sponsors:

dmhas
CT Department of Mental Health & Addiction Services

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CONNECTICUT COALITION to END HOMELESSNESS

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DMHAS Mental Health Services and Supports

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DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Discussion

Description of Connecticut's crisis care system

- Someone to Talk To
- Someone to Respond
- Somewhere Safe to Go

Other DMHAS Services and Supports

- Assertive Community Treatment
- Community Support Programs

NAMI/SAMHSA/Crisis Now
3 Essential Elements of a Crisis Care System

1. "Someone to talk to"

24/7 Local Crisis Call Centers

All calls to 988 should be answered locally by staff who are well-trained and experienced in responding to a wide range of mental health, substance use and suicidal crises. Crisis call centers should be able to connect people to local services, including dispatching mobile crisis teams and scheduling follow-up appointments with local providers.

NAMI/SAMHSA/Crisis Now
3 Essential Elements of a Crisis Care System

2. "Someone to respond"

Mobile Crisis Teams

Mobile crisis teams should be available for people in crisis who need more support than can be offered over the phone. Staffed by mental health professionals, including peers, these teams can de-escalate crisis situations and connect a person to crisis stabilization programs or other services. Mobile crisis teams should collaborate closely with law enforcement, but only include police as co-responders in high-risk situations.

NAMI/SAMHSA/Crisis Now
3 Essential Elements of a Crisis Care System

3. "Somewhere safe to go"

Emergency Rooms, Crisis Respite & Crisis Stabilization Programs

Some individuals in crisis will need more assistance from crisis stabilization programs that provide short-term observation and stabilization. These trauma-informed programs may also identify additional treatment needs and provide a "warm hand-off" to follow-up care, from peer supports and outpatient services to more intensive services, such as hospitalization.

Someone to Talk To

24/7 CRISIS CALL CENTER

Connecticut's Crisis Call Center

All operated by the United Way of Connecticut:

- National Suicide Prevention Lifeline/988
  - 1.800.273.TALK (8255) has become 988
- ACTION Line
  - Adult Crisis Telephone Intervention and Options Network
  - 1.800.HOPE.135
- DCF Crisis Hotline
  - Accessed by calling 211

United Way 24/7 Crisis Call Center FY22 Call Volume

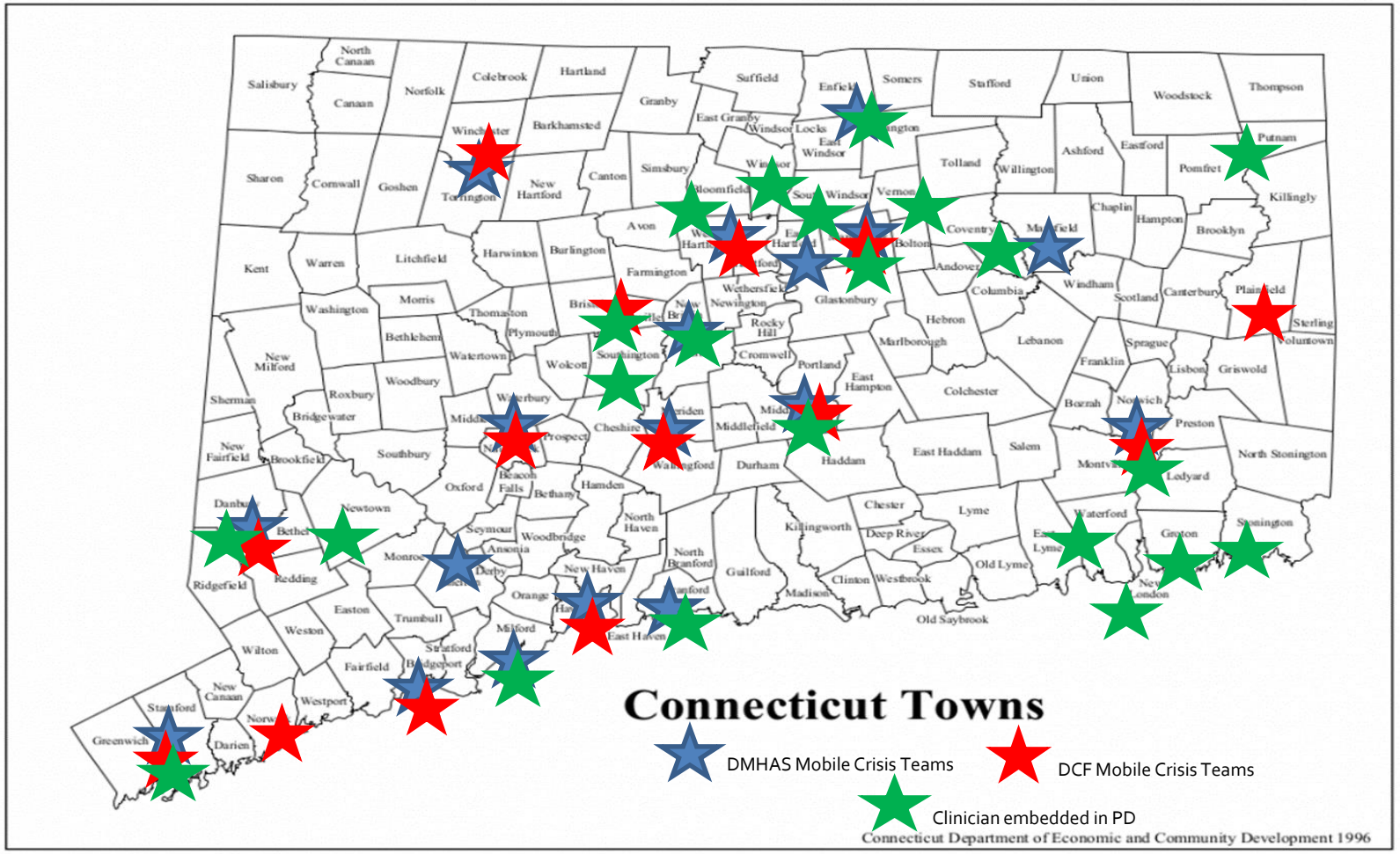
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
NSPL	919	914	988	986	959	985	822	1119	1388	1901	2230	2227	2493
ACTION line English	2,848	3,053	2,721	2,544	2,665	2,713	2,657	2,779	3,081	3,165	3,923	4,169	5,051
ACTION line- Spanish	85	79	73	78	66	92	77	106	87	114	128	113	99
Total Calls Handled	**3852**	**4046**	**3782**	**3608**	**3690**	**3790**	**3556**	**4004**	**4556**	**5180**	**6281**	**6509**	**7643**

Someone to Respond

MOBILE CRISIS TEAMS

Mobile Crisis Teams

- Department of Children and Families (DCF)
  - Mobile crisis response for individuals under age 18
  - 6 contracted providers, 14 locations
- Department of Mental Health and Addiction Services (DMHAS)
  - Mobile crisis response for individuals age 18 and over
  - 18 mobile crisis teams statewide
  - Emergency Certificates


Connecticut Towns
DMHAS Mobile Crisis Teams
DCF Mobile Crisis Teams
Clinician embedded in PD
Connecticut Department of Economic and Community Development 1996

Adult Mobile Crisis and Law Enforcement

- All adult mobile crisis teams collaborate and communicate with their local police departments
- Innovative and collaborative police response models are being initiated throughout CT
  - Hartford: HEARTeam, Hartford Emergency Assistance Response Team
  - New Haven: COMPASS, Compassionate Allies Serving our Streets
  - Stamford: Mental Health Crisis Adaptive Patrol Response Program

Somewhere Safe to Go

EMERGENCY ROOMS, CRISIS RESPITE & CRISIS STABILIZATION

Connecticut Suicidal Ideation and Self-Harm Emergency Department Visit Report

ED Visits for "Suicidal Ideation and Self Harm" Syndrome in Connecticut, by State/County, August 2022

State/County	Current Month Rate per 100,000 Population	Current Month Total Visits	Yearly Cumulative Rate per 100,000 Population	Yearly Cumulative Total Visits
Connecticut	91.67	3295	762.50	27408
Fairfield	60.49	573	481.67	4563
Hartford	98.95	888	836.73	7509
Litchfield	81.86	151	707.49	1305
Middlesex	81.65	134	673.33	1105
New Haven	126.32	1089	1047.53	9031
New London	89.00	241	807.69	2187
Tolland	61.35	93	495.40	751
Windham	107.99	126	820.23	957

Data Source is the Connecticut Department of Public Health EpiCenter Syndromic Surveillance System. In keeping with confidentiality regulations, numbers and rates are not disclosed for counts between one and six events ("a"). Fields with counts of 7 or greater may be suppressed to preserve censoring of an adjacent cell ("aa"). Rates were calculated based on 2018 population statistics. These data are preliminary and subject to change as data quality and completeness may vary over time. Of the 38 ED facilities participating in EpiCenter, 0 facilities transmitted data for less than 75% of the days in the specified one-month time frame. Caution should be used when interpreting these results.

Crisis Respite Programs FY22

Private Non-Profit Programs	Program Name	Town	# of Beds
CMHA	Crisis Services Respite Bed	New Britain	4
CHR	Respite Services	Enfield	6
Rushford	Crisis/Respite Program	Meriden	10
Inspirica	Gilead Jail Diversion	Stamford	3
Continuum of Care	Crisis Respite NH	New Haven	9
Continuum of Care	ASIST	New Haven	1
Continuum of Care	Crisis Respite Bridgeport	Bridgeport	10
Continuum of Care	Respite Jail Diversion	New Haven	1
Continuum of Care	YAS Crisis	New Haven	1
Mercy Housing and Shelter	Community Respite	Hartford	10
Yale New Haven Hospital	Acute Care	New Haven	7
State-Operated Programs	Program Name	Town	# of Beds
RVS	Crisis Respite	Middletown	8
WCMHN	Crisis Respite	Waterbury	8
WCMHN	Jail Diversion	Waterbury	4
WCMHN	YAS	Waterbury	3
SMHA	Crisis Respite	Norwich	15
Total Programs= 16			Total Beds= 100

DMHAS Next Steps…

- Seeking to expand the current array of ambulatory outpatient crisis services:
  - Peer Respite Program
  - 23-hour Crisis Stabilization Unit

Other DMHAS Services and Supports

- Assertive Community Treatment (ACT)
  - Evidence-Based;
  - Multidisciplinary team;
  - Provide the highest level of community outreach and engagement, rehabilitative and recovery-oriented outpatient support in the individual's natural environment;
  - 10 teams in the state: Bridgeport, New Haven, Norwich, Middletown, Waterbury, New Britain, East Hartford, Hartford, Enfield, Manchester.

Other DMHAS Services and Supports

- Community Support Programs (CSP)
  - Multidisciplinary team
  - Provides intensive, rehabilitative community support individual and group psychoeducation, skill building for activities of daily living, and peer support.
  - 35 teams in the state.

Questions?

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Middlesex County Community Care Team: The Impact of Care Coordination Across Providers

Connecticut Coalition to End Homelessness

May 17, 2023

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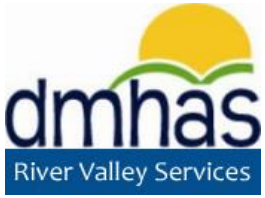
New Opportunities

The Smarter Choice for Care
MIDDLESEX HOSPITAL

CHA Community Service Award

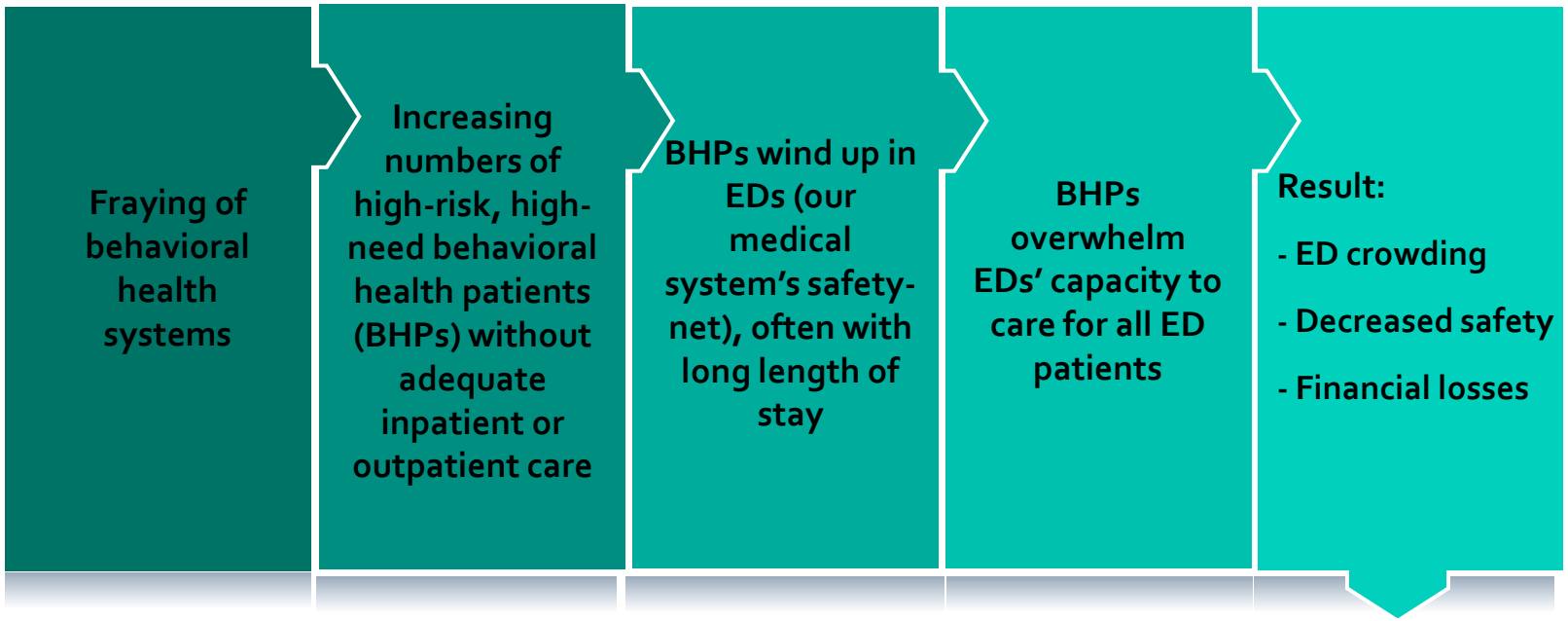
- https://vimeopro.com/cthosp/connecticut-hospital-association/video/68695816

A Community Collaboration



The Smarter Choice for Care
MIDDLESEX HOSPITAL

A National Crisis: Emergency Department Perspective



Needed: a different model of care

The Smarter Choice for Care
MIDDLESEX HOSPITAL

A Closer Look…The Major Challenge of BH Super Users

This population does not get better with the traditional model of episodic care delivery

"Falling through the cracks"

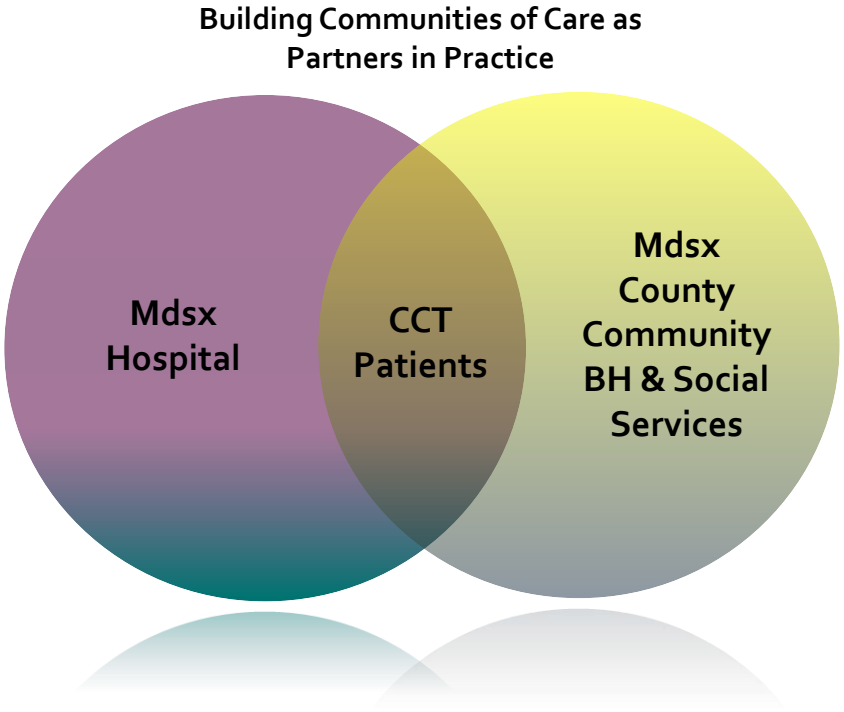
Required: Care Coordination

Question Uncovered Along the Way:

How is the experience different for the homeless and those experiencing fragile housing?

Middlesex County CCT Agency Members

- Middlesex Hospital
- River Valley Services
- Connecticut Valley Hospital (Merritt Hall)
- Rushford Center, Inc.
- The Connection, Inc.
- St. Vincent de Paul Soup Kitchen
- Middletown/Meriden Coordinated Access Network.
- Community Health Center
- Gilead Community Services, Inc.
- Carelon Behavioral Health
- Community Health Network



Case/care management agencies

Middlesex County CCT Guiding Principles

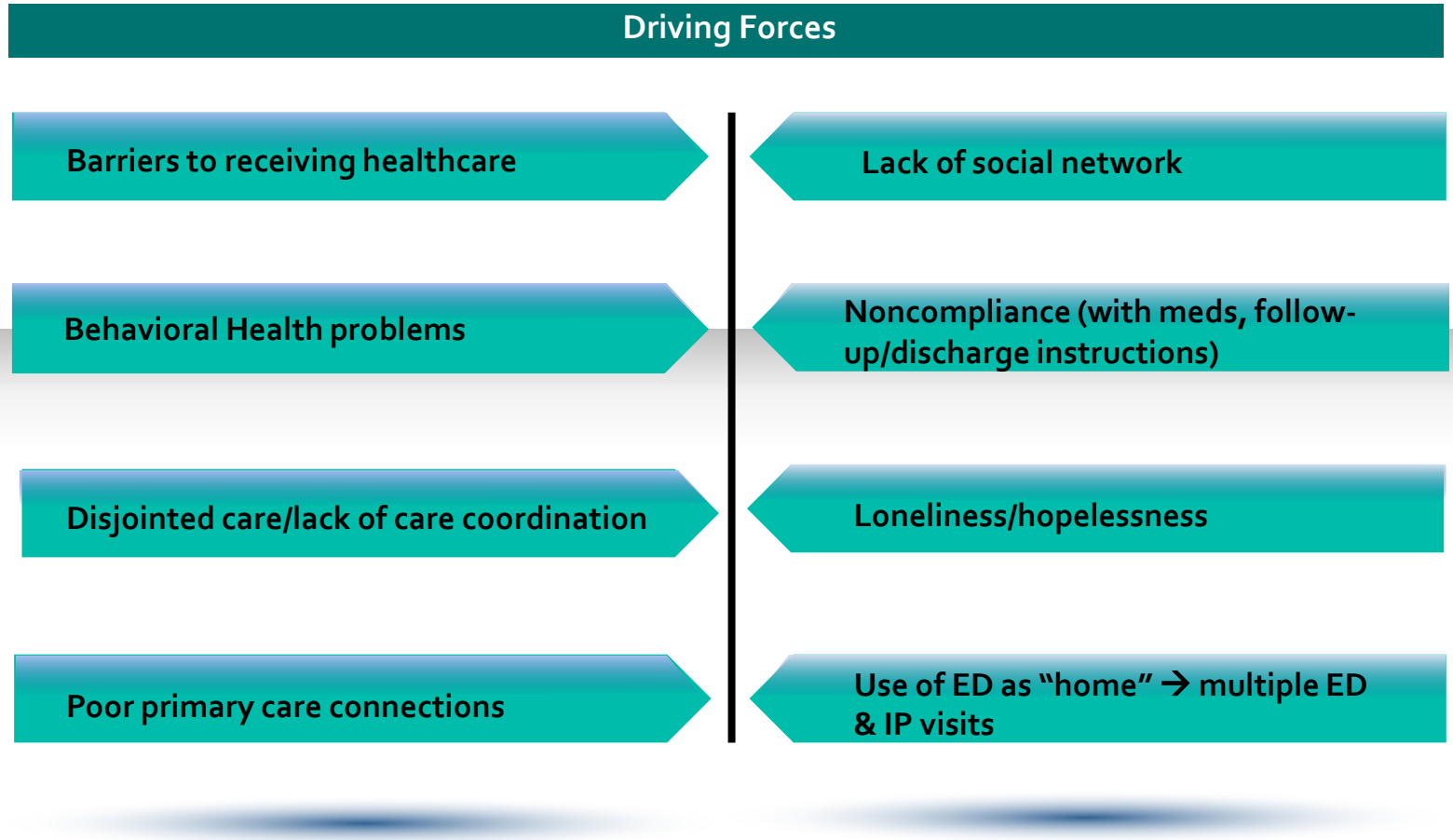
- **Objective**: To provide patient-centered care and improve outcomes by developing wrap-around services through multi-agency partnership and care planning
- **Core belief:** Community collaboration is necessary to improve health outcomes
- **Core understanding**: Psycho-social problems are community problems. No one entity alone can effectively improve outcomes for this population

Middlesex County CCT Weekly Meeting Format

Typical CCT meeting: discuss 10-20 patients per meeting; weekly tracking minutes

Element	Process
Research:	Team members research patient histories and psycho-social backgrounds (prior to meetings)
Review:	Team members share histories and review: 1) Outpatient and inpatient utilization 2) Access to care issues: what's currently being provided, where there are gaps 3) Housing status & options 4) Insurance status; available resources based on insurance 5) Arrests; legal issues
Brainstorm:	**Team brainstorms** re: best care management strategy
Care Plan:	Team members collaboratively develop customized care plans, with goals for: 1) Treatment and/or stabilization (PECs and adjudication, if necessary) 2) Stable housing 3) State insurance redetermination 4) Case management 5) Linkage to primary care, psychiatrists, specialists, outpatient services 6) Wrap-around services and supports for post-treatment 7) After-care planning
Ongoing:	Long-term follow-up: team members follow-up, review progress and revise care plan as needed; *once on CCT agenda, always on CCT agenda*

CCT Patients who are Chronically Homeless – Common Traits



Why We Do What We Do…

"I was living on the street. I was unemployed. I had a suitcase…I really didn't have too much hope for anything…the help that I was given and the resources that were made available to me changed my whole outlook on life. If I didn't have this help, I'd still be on the streets, drinking, maybe dead by now. I can't say enough about the help I got…

"All the services are desperately needed by people in the community who have mental health issues and substance abuse issues or both…this changed me from a frequent flyer in the ED to a law-abiding, productive tax payer…

"I feel good about myself. There were people that believed in me when I didn't believe in myself that I owe my life to. I can't put into words how hopeless I felt. My whole life is turned around."

- CCT patient (dual diagnosis, alcohol substance use disorder is primary)

Additional Benefits

Patient – Improved Quality of Life

- Sobriety
- Mental health stabilization
- Reduced homelessness
- Re-entry to workforce
- Re-connection with family
- Achievement of feelings of self-worth and respect

Patient – Linkages to Care/Support

- Primary care physicians, psychiatrists, specialists, etc.
- Supportive housing
- Appropriate outpatient services

Mdsx County CCT Collaborative

- Improved patient care
- Improved agency-specific care plans
- Improved inter-agency communication and relationships

Society

- Increase in safety to all
- Reduction in Medicaid & Medicare expense

What Have We Learned?

1) The CCT target population does not get better with the traditional model of care delivery

2) Behavioral health chronic diseases require care coordination and customized treatment plans

3) Individualized care plans must have the ability to be flexible and evolve

4) Many agency providers were unaware of frequency of ED visits → communication allows for agency-specific care plans (a major part of CCT's success)

5) We have an effective system in place to identify those CCT patients who would have better health outcomes when provided supportive housing

6) The integration of the housing and medical communities is critical for addressing the social and medical needs of a shared population

Next Steps

- Continued focus on after-care planning
- Continued focus on homelessness and housing vouchers
- Enhancing how housing status is captured @ registration at Mdsx Hospital
- Continued dissemination about CCT model → and, how it impacts homelessness/marginal housing

Questions?

Thank You!

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Questions?

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