Forging partnerships with people with mental health needs, families, and our communities to influence best practices, policies and access to resources.

Promoting success for people and the growth of healthy inclusive communities.

Engaging our communities in grassroots evaluation, education, and advocacy initiatives that result in service and system improvement

Advocating... with those who need us
Educating... to promote community health
Evaluating... to help improve the system

We want to address your questions and concerns about Our state’s mental health and addiction services at this time of unprecedented change.
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Executive Director, Partnership for Strong Communities

OUR STAFF: Marcia DuFore, Executive Director; Phoebe Hamilton, Regional Consumer Advisory Council Program Coordinator; Danielle Herbert, Way to Go CT Program Coordinator; Quyen Truong, Review and Evaluation Program Coordinator and Office Manager; Allison Gagnon, Office Assistant
Forty Years of Improving
Local Mental Health Services

Advocating….with those who need us
Educating…to promote community health
Evaluating…to help the system become better

North Central Regional Mental Health Board, Inc. (NCRMHB), is one of five regional boards established by the CT General Assembly in 1974, to study local needs, evaluate state funded mental health and addiction programs, and make recommendations to the Department of Mental Health and Addiction Services (DHMAS), providers, and government officials for improved and/or expanded services. NCRMHB involves people living with mental health and addiction challenges, together with family members and others who know and care about them in its education, evaluation and advocacy activities.

This visionary structure created by legislators forty years ago provides an opportunity for state and government officials to be informed and influenced at the grassroots level by people who are most affected by their decisions and activities—people with living with mental health and addiction challenges, their families and members of our communities who know and care about them. This kind of public scrutiny is especially important today to help officials assess the impact in their communities of rapidly changing models of care, funding levels, and emerging needs.

For information: contact Executive Director Marcia DuFore at 860-667-6388 or mdufore@ncrmhb.org
Our Major Initiatives to Improve Services

**EDUCATING**

**Mental Health First Aid (MHFA):**
MHFA is an internationally recognized 8-hour certification course to help community members better understand mental illness and respond to someone who is developing a mental health problem or experiencing a mental health crisis. Similar to CPR training, MHFA training helps an individual who doesn’t have clinical training assist someone experiencing a mental health crisis. During FY 2015 NCRMHB staff and volunteers trained and certified 58 members of our Region IV communities as MHFA responders.

**The Regional Consumer Advisory Council (RCAC):**
The Regional Consumer Advisory Council (RCAC) is our peer-run planning and advisory council that provides educational opportunities for adults with mental health and addiction disorders. Each year RCAC offers a series of mini-grants for projects that promote recovery. All projects have a 6-month term and are self-designed by individuals with mental health and/or addiction disorders. Applicants can apply for up to $2,000 from a total of nearly $20,000 in reserved funds. To date, $325,000 in funding has been awarded to more than 250 adults.

**Nineteen projects were funded in FY 2014-15.** At our annual celebration event we heard heartwarming stories from over 30 people who organized these projects about the importance of having the right equipment to support their recovery - so they could clear the snow off their walks at the clubhouse, enhance their advocacy efforts with state-of-art technology, develop healthy activities on new exercise equipment and bicycles, and develop their creative abilities with real art supplies. **Over 1600 people were touched by these projects this year.**

“It makes such a difference when you have the tools and support you need to move forward”

“I got to help others learn they were capable of so much more than they had ever believed or imagined!”
Community Conversations:
Thanks to our partners in the federal government we were awarded two SAMHSA grants over the last two years. These have allowed us to reach out to people in some of our underserved minority communities to provide information about the Affordable Care Act, to learn from them about barriers to enrollment and ways to make outreach and educational materials more culturally sensitive and appropriate. Through that work we have developed some new and rewarding partnerships with the CT Multicultural Health Partnership, African American Affairs Commission, Asian Pacific American Affairs Commission, Everyday Democracy, and the Federation of Churches, to name a few. We have just launched a whole new series of conversations targeted at local churches with predominantly African American congregations. So far we have engaged over 200 people from minority communities in these dialogues.

Spring Wellness Forum
NCRMHB hosted a very successful Wellness Forum and Resource Fair in April 2015 which was co-sponsored by RCAC, Value-Options, InterCommunity, CMHA, and CCSU. Many partners contributed led by CACs 16 and 19. 113 people & 30 exhibitors attended. We were pleased to see commitment and progress that has been made by Region IV Mental Health providers in support of integrated mental and physical healthcare and wellness.

News of the Week:
Through our “News of the Week,” Twitter, and Facebook communications, NCRMHB works to keep our communities informed about resources, educational events and forums, advocacy and self-advocacy opportunities, legislation, support groups, etc. that affect people with mental health and addiction concerns in our communities. We reach over 500 people weekly via our newsletter and up to 3,000 views on Facebook and Twitter. Please e-mail us at mdufore@ncrmhb.org to be added to our distribution list. To keep up to date on the latest behavioral health news and participate in online discussions, please “like” our Facebook page: www.facebook.com/ncrmhb.
Our Major Initiatives to Improve Services

ADVOCATING

Legislative Advocacy:

The 2015 Legislative session presented extraordinary challenges and new opportunities for NCRMHB staff and volunteers members to make sure their needs and voice were not lost in the formation of CT’s 2015-17 budget. The Governor’s budget proposal, if adopted, would have reduced funding for community mental health services by $25 million and completely eliminated funding for Regional Mental Health Boards and Regional Action Councils. We were heartened by the response of both houses of the General Assembly to reverse cuts that would have devastated the entire safety net counted on by Connecticut’s most vulnerable people.

As a result of our rallying cries from our members and partner agencies, here are just a few of the FY 2015 achievements that will have a significant impact on the lives the people we are most concerned about:

- $17 million in funding restored to DMHAS grant accounts to preserve critically needed community mental health & addiction services. Restoration of funding to preserve Regional Mental Health Boards & Regional Action Councils.
- Investment in 200 new units of affordable & supportive housing. As importantly, NOT passed into law were proposals to restrict housing options or discriminate against certain communities based on disability or diagnosis.
- Expansion of immunity provisions & prescriber resources for access to NARCAN, an opioid antagonist medication, to assist a person who is experiencing a drug overdose.
- Support for education & awareness initiatives i.e. Mental Health First Aid (MHFA) & Crisis Intervention Training (CIT) for law enforcement
- Support for the development of local Community Care Teams (CCTs) - which are working groups designed to improve care coordination between hospital and community providers and address the issues of frequent users of emergency and inpatient care.
Hearing Voices Network:
For the past year, NCRMHB has had the privilege of serving as fiduciary for the CT Hearing Voices Network (CT HVN), a peer-led support group for people who experience voices, visions, and unusual perceptions. The groups offer a safe place and support for people to talk about, accept and find meaning in their experiences in a way that helps them regain power over their lives. Each CT HVN group has two facilitators who are trained and certified by Hearing Voices Network—USA. In just one year, fourteen support groups have started up and the CT HVN is in the process of applying for independent non-profit status.

To learn more about CT HVN and groups available, please visit their website www.cthvn.org

Way To Go CT:
In July 2013 NCRMHB was awarded a grant from the Connecticut Department of Transportation to address an issue that has long been an obstacle for people with disabilities for accessing services, getting to work, and living quality lives in our communities.

“My son has a job and needs to be able to get to and from work. I’m 85 years old and can’t drive at night anymore. I need help!!”

Way to Go CT was created to promote coordination and marketing of all of the transportation options for people with disabilities, older adults, and Veterans in North Central Connecticut, to identify gaps and barriers in transportation and to create a “One Stop Shop” where individuals can find solutions to their transportation challenges.

We have established a comprehensive web-based and hard copy of the “Transportation Resources for North Central CT” guidebook, created a transportation navigation website: www.waytoct.org, installed kiosk stations in community locations for community members to utilize the Way To Go CT on-line tools, developed an on call-center for individual assistance, and engaged in advocacy for disability transportation challenges and barriers. Outreach to older adults, persons with disabilities and veterans is ongoing.

This year we have given out over 1,200 resource guides and conducted 53 outreach events. So far www.WayToGoCT.org has over 48,000 website views and 150 likes on Facebook.
Our Major Initiatives to Improve Services

EVALUATING

Crisis Response Review:
Throughout FY 2014-15 NCRMHB staff and volunteers conducted a series of focus groups, interviews and written surveys with DMHAS-funded mobile crisis staff and other key stakeholders involved with the crisis response system in Region IV communities.

Mobile crisis services are available under DMHAS contract to offer mobile, readily accessible, rapid response, short term evaluation and stabilization interventions for adults (18 and over) experiencing episodes of acute behavioral health crises. Services include assessment and evaluation, diagnosis, hospital pre-screening, medication evaluation and prescribing, targeted interventions and arrangement for further care and assistance as required. Mobile crisis services should be provided in person following a telephone screening when an individual is experiencing sudden, incapacitating emotional distress or other symptoms. Mobile crisis clinicians assist and collaborate with local police officers to de-escalate and divert crises.

Our review and recommendations have offered an opportunity for a rich exchange of ideas between recipients, providers and funders of services and will, we trust, lead to the expansion and enhancement of services and supports in our region. Please visit www.ncrmhb.org for a copy of our evaluation report.

Priority Planning:
Every year the Department of Mental Health and Addiction Services (DMHAS) Planning Division carries out a statewide needs assessment and priority planning process in order to capture needs and trends on the local, regional, and statewide basis. Regional Mental Health Boards (RMHBs) and Regional Substance Abuse Action Councils (RACs) assist in this process by gathering local and regional data and perspectives. Information gleaned from this process is used to inform the DMHAS Mental Health Block Grant and DMHAS biennial budgeting process as well as the planning and priority setting process for each RMHB & RAC.

“Do we have a good system of care that just needs to be tweaked, or do we even have the right system?”

“Effectively triaging & connecting people in crisis to appropriate services is greatly enhanced when a strong collaborative relationship exists between mobile crisis, hospital staff, town social services, police, and shelter programs. ”

“The consequences for people unable to access appropriate levels of care are 1) hospital readmissions, 2) failure to integrate back into the community, and 3) frustration, powerlessness in the face of challenges, and 4) feeling like they are alone and out there on their own. “
Priority Planning:

Feedback for the 2015 report was obtained via focus groups and a written survey conducted with the entire NCRMHB distribution list (60 respondents). Also reflected are insights gained through the NCRMHB Crisis Response Evaluation, a NCRMHB Service Response/Access Survey, NCRMHB WayToGoCT Public Transportation Survey, Region IV Community Conversations about Health Reform and Community Health Needs Assessments completed for the Hartford Hospital Service Area and Central CT Health District, and Older Adults Behavioral Health Task Force, as well as key accomplishments in the 2015 Legislative session.

The following were access to care issues of utmost concern to Region IV participants

- **Information and Referral:** Usefulness of access networks (211, Office of the Healthcare Advocate, etc.) for ease of navigation to services in both the public & private sectors.
- **Healthcare Coverage:** Unacceptable processing delays for Medicaid & SNAP benefits. Inadequate reimbursement rates to cover the cost outpatient behavioral healthcare. Affordability of behavioral healthcare via CT ACA plans.
- **Gaps in the Continuum of Care:** Lack of alternatives to emergency or inpatient psychiatric care for mental health crises, options with sufficient structure or support for people awaiting discharge from inpatient or state psychiatric hospitals; treatment and alternatives to incarceration for people with mental illness or addiction.
- **Housing and Homelessness:** Published reports indicate CT is on track to meet its annual goal for eliminating chronic homelessness, but people who have been waiting for years for subsidized housing are losing hope and options have decreased for people who are homeless as a number of emergency shelters have closed their doors.
- **Transportation:** Reported barriers to the use of ADA and Medicaid transportation include: missed appointments due to lateness or no shows, difficulty scheduling and long wait times on the phone, disrespectful treatment by driver or dispatch operator, and unwieldy authorization process.

The following are emerging issues requiring or attention:

- **Alarming rate of increase in opiate misuse and overdose**
- **Anticipated increase in problem gambling following expansion of lottery gaming (Keno and plans for a new casino along the Route 91 corridor.**
Our Major Initiatives to Improve Services

**FINANCIAL INFORMATION**

**FY 2014-15 Funding**

- **Department of Mental Health and Addiction Services**: 41%
- **Department of Transportation**: 22%
- **Municipal Contributions**: 12%
- **Other Grants**: 22%
- **Donations/Fundraising**: 1%
- **Other**: 2%

**FY 2014-15 Resource Allocations**

- **Personnel**: 60%
- **General Operating**: 20%
- **Administrative**: 9%
- **Special Projects**: 11%
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 2014-2015:

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<th>INDIVIDUALS</th>
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THROUGH UNITED WAY

Anonymous Donor
Hellyn Riggins