



Connecticut is a state of paradoxes. It strives to provide an excellent mental health care system and boasts many good conceptual ideas and interagency collaboration with the criminal justice system. However, the state's Department of Mental Health and Addiction Services (DMHAS) uses the word "gridlock" to describe its own system capacity failures. Mental health gridlock leaves people stuck in places they do not need to be, which is expensive and disruptive.

In 2006, the state received a grade of B. Three years later, its grade has stayed the same.

DMHAS is attempting to address many issues, but the state's budget shortfalls parallel the collapse of Wall Street. The state's challenge is to improve during a recession what it could not achieve in better times. Overuse of nursing homes and correctional settings and a U.S. Department of Justice (DOJ) report in 2007 documenting problems at Connecticut Valley Hospital (CVH) highlight the system's capacity failures. An Olmstead lawsuit is pending over the nursing home issue because of the failure to provide the least restrictive, appropriate treatment environments in communities for people with mental illnesses.

DMHAS is ahead of the curve in framing the system's mission based on recovery and co-occurring disorder treatment strategies. Historically, the state has been successful at obtaining federal grants to improve the system. Yale University is an academic partner that informs DMHAS vision and programming. Evidence-based practices are a priority for the state.

DMHAS has made great strides in collaborating with the state's law enforcement and correctional agencies. Court support services, supervised diversionary programs, and probation officer training are concrete examples of this important collaboration.

DMHAS has also recently developed a Military Support Program, a creative and comprehensive approach to aid military personnel and their families.

Innovations

- Military Support Program
- Collaboration with Department of Corrections
- Emerging electronic records capacity

Urgent Needs

- Increase community-based services
- Housing as an alternative to more restrictive placements
- End nursing home warehousing

Consumer and Family Comments

- *"Good services are available but not nearly enough, and many are languishing in prison or on the streets."*
- *"Trying to find a psychiatrist after being released from a hospital was nearly impossible and remains a crisis."*
- *"My family member was dumped in a nursing home where, in spite of my efforts, he eventually died."*

CVH is also moving forward. In anticipation of the harsh DOJ report in 2007, key CVH staff were fired and replaced. CVH is piloting a promising electronic information Recovery Management System. Although CVH had four suicides in four years, improvements in staffing, training, and monitoring appear likely to reduce this risk going forward. Connecticut also plans to reduce the overuse of nursing homes for people with serious mental illnesses. During 2006-2007, more than \$7 million was lost in federal payments to state nursing homes because too many people with serious mental illnesses were being inappropriately warehoused there.

Connecticut's paradoxes do not inspire confidence among consumers and family members. The fact that the state receives a B reflects its sophisticated vision and willingness to address problems. However, for a person with schizophrenia stuck in a nursing home, or a family who loses a loved one to suicide inside a state facility, the system is failing.

Connecticut's citizens deserve far better.