CONNECTICUT
Mental Health & Addiction Services

PROGRAM FOR SPECIALIZED TREATMENT EARLY IN PSYCHOSIS (STEP)

2025 ANNUAL REPORT

Pursuant to section 27 of Public Act 24-19, DMHAS is required to submit an annual report beginning in January 2025 on the functions and outcomes of the STEP program.

January 2025

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Executive Summary

Early intervention services (EIS) can significantly improve the lives of individuals with recent onset schizophrenia or first-episode psychosis (FEP). Connecticut has been at the forefront of research demonstrations of effective models of both rapid access and effective treatment of FEP and has an internationally recognized population health EIS (STEP) that was developed within a Public-Academic collaboration. This collaboration between the Department of Mental Health and Addiction Services (DMHAS), the Department of Children and Families (DCF) and Yale's Department of Psychiatry has now been extended to support a statewide learning health system, called the STEP-Learning Collaborative (STEP-LC). This includes a network of 13 Local Mental Health Authorities (LMHAs) who together will collaborate to improve access and treatment outcomes for Connecticut residents with FEP. This document will briefly review the prior development and accomplishments of the STEP Program, detail the development process for the STEP-LC and end with the first annual report of the statewide learning health system (LHS). The STEP-LC aims to both disseminate best practices for FEP care to all who can benefit across the state, continue to measure and improve outcomes via quality improvement and support research to address gaps in treatment and service effectiveness.

Background & Development of the STEP Program (2006-present)

Schizophrenia spectrum disorders can cause substantial suffering, disability, and societal costs. Onset usually occurs during the vulnerable developmental period of emerging adulthood (late teens to early 20s). In usual systems of care the course of these illnesses is marked by repeated psychotic relapse, rehospitalization, delayed entry into outpatient treatment, and slow recovery. However, a seminal 1998 review[1] demonstrated that a large proportion of the lifetime loss of function associated with schizophrenia occurred in the first 3-5 years after psychosis onset. This was labeled a 'critical period' when many modifiable causes of poor outcomes could be targeted. This inspired efforts across the world to build early intervention services to improve both access and quality of care for recent onset schizophrenia or 'first -episode psychosis' (FEP).

Over the past twenty years, the evidence base for such early intervention has steadily advanced from pilot demonstrations, to controlled experimental studies, service models, health economic analyses and nationwide implementations[2]. This has raised expectations of what can be achieved, with current best practices, even as research promises to further improve outcomes. Connecticut's public mental health system has played an important role in this exciting and international story.

The Specialized Treatment Early in Psychosis (STEP) program (www.step.yale.edu) began as a pilot clinic in 2006 within the state-operated Connecticut Mental Health Center (CMHC), in New Haven. CMHC is a Local Mental Health Authority (LMHA), which hosts a public-academic collaboration between the Department of Mental Health and Addiction Services (DMHAS) and Yale University's Department of Psychiatry. A multi-disciplinary group of social workers, nurses, psychologists and psychiatrists participated in the design and delivery of a specialized team-based service for recent onset schizophrenia-spectrum disorders (henceforth, first-episode psychosis, FEP). The STEP clinic was modeled on successful services in Denmark and the U.K., but made several adaptations to fit the resources available within a U.S. public-sector community mental health context[3]. STEP completed the first U.S. randomized trial (2007-'13) of such an FEP service and demonstrated improvements in relapse and vocational functioning vs usual care[4]. The results were validated by another study conducted in several community clinics

across several U.S. states, and this model of care was subsequently termed Coordinated Specialty Care (CSC) by the National Institute of Mental Health (NIMH)[5]. The STEP clinic is recognized as a model CSC and its results were influential in subsequent research, program development and the launch of a federal funding initiative for FEP included within the 21st Century Cures Act (co-sponsored by Senator Chris Murphy). Since 2016, SAMHSA has required all U.S. states to allocate 10% of their Mental Health Block Grant (MHBG) funds to such FEP services. This has catalyzed an unusually rapid growth of early intervention services across the U.S.[6]

STEP's clinic was able to use state appropriated funds in 2013 and MHBG set asides (starting in 2014) to convert its research pilot into a service line within CMHC. This clinic has remained continuously operational since 2006 and served as a resource to patients, families, clinicians, researchers and policymakers in Connecticut and has helped stand up new services in other U.S. states.

Stable funding of the clinic allowed STEP to target access delays. Worldwide, the time from psychosis onset to treatment initiation (or the Duration of Untreated Psychosis, DUP) is often measured in years and has been recognized as a critical barrier to improving outcomes. Even excellent care can have a limited impact on the lives of individuals who access them too long after illness onset. Changing pathways to care in the complex U.S. healthcare system required a multi-year effort with a wide range of expertise including media communication, data analysis and community outreach. STEP completed the first (and so far, only) successful U.S. demonstration of early detection to reduce the Duration of Untreated Psychosis (DUP) across an entire geographic region. The NIMH-funded Mindmap campaign (2014-19) (www.mindmapct.org) halved the DUP across STEP's 10-town catchment from about 10 to 5 months[7].

STEP has deployed the results of these research projects into a comprehensive Early Intervention Service (EIS) that delivers both rapid access or early detection (ED) and high-quality care (CSC) to all residents of a defined geographic catchment. This population health based model organizes the efforts of STEP to engage all stakeholders within in its 10-town catchment area to help ensure that all new individuals experiencing FEP have rapid, humane access to high quality care that is available regardless of insurance status and to target any disparities in access or care

quality based in membership within a vulnerable group (race, gender, socioeconomic class)[8]. The STEP Program added to its initial clinical service activities that fall in the domains of outreach and community stakeholder engagement, workforce development, research and healthcare policy.

In summary, Connecticut's investment in early psychosis care has resulted in a program that has been recognized as a model service that has also produced research that has been influential in national policy. This work was featured by the NIH as a successful case study of successful knowledge translation[9]. STEP has been able to optimize use of state and federal implementation funds to stabilize its clinical and community services while also competing for research dollars (NIH, other foundations) to support testing and continuous improvement of its treatment and service models. This public-academic structure has thus been able to both provide high value care and drive research to develop new interventions.

Problem Statement: Unmet need in Connecticut

Despite its growing impact outside the State, STEP's clinical resources at CMHC could only partially serve the needs of its Greater New Haven catchment (population ~ 400,000). While staff provided informal consultation and educational presentations to clinicians and lay audiences across the state, requests for treatment for those who lived outside STEP's catchment had to be referred away. Also, STEP had to transfer its own patients to usual care after 2-3 years to maintain an open door for new referrals.

STEP's empirically based model of care was thus reaching <10% of estimated need in Connecticut, and there were no metrics available on the access or quality of care for FEP in other regions of the state. Published national data were not reassuring, suggesting an average DUP of more than 74 weeks across the U.S. and evidence of poor outcomes in usual care systems were not specifically oriented to the needs of younger and more recent onset patients[10].

We estimate at least 500 young adults will experience the psychotic onset of a schizophrenia spectrum disorder every year in Connecticut. Under usual systems of care, these individuals are at increased risk for suicide, inappropriate diversion to jail, and losses in relationships, school or job enrollment. Their families will often have to take time off other obligations to help them access care. But this 'critical period' (i.e.,

first 3-5 years after psychosis onset) is an opportunity wherein we know that early intervention services can have a transformative impact on both immediate suffering and disability, but also improve long term outcomes[11].

However, estimates of both incidence (number of new cases of FEP per year) and prevalence (overall number of young Connecticut residents currently living with psychotic disorders) are very uncertain and based on epidemiological studies from outside the U.S. There is a lack of state level information on these measures of illness burden. There are also uncertainties about workforce capacity and training needs. While several effective clinical services were available across the State, there was a lack of information available on the distribution of individuals with FEP and their delays to access and levels of recovery.

Establishment of Statewide FEP Planning Committee

In September 2021, representatives from various agencies including DMHAS (including Young Adult Services), DCF, and STEP leadership began regular meetings to review data from STEP and peer early intervention services to develop a strategy to address the unmet needs of individuals experiencing schizophrenia spectrum disorders in the state. Presentations by leaders of statewide efforts in other U.S. states allowed detailed consideration of different approaches. There was strong consensus on an inclusive goal of enabling full lives for all individuals experiencing FEP across the state. This was translated into the concrete aims: to transform *access* and *quality* of care for all individuals with recent onset schizophrenia spectrum disorders (or FEP). Population *outcomes* would be measured and used to drive performance improvement and benchmarking to international standards. The target population was defined to include all residents of CT 16-35 years old and within three years of psychosis onset. No exclusions would be made for health insurance status and active efforts would be made to address disparities based on membership in vulnerable sub-groups (including race, ethnicity, gender, immigration status and socioeconomic status)**.** The committee has continued to meet on a regular basis to monitor progress. Quarterly reports (see **Appendix 2** for sample) include metrics of access and quality that are used to guide ongoing efforts. The range of activities and accomplishments are detailed below.

The STEP Learning Collaborative: A Statewide Learning Health System (LHS) for Connecticut

The planning committee proposed the development of a statewide Learning Health System (LHS) as a platform to disseminate best practice. The STEP-Learning Collaborative will leverage the STEP Program as a Hub that will build upon the existing network of 13 DMHAS state-operated and contracted Local Mental Health Authorities (LMHAs). Consistent with STEP's population health-based approach, each LMHA has a designated catchment area and together the network can cover every eligible individual in the state, regardless of their location. In instances in which the designated LMHA only serves adults (18+), the local DCF-affiliated child guidance clinics are included in the network.

The STEP Program, housed within the Connecticut Mental Health Center (one of the LMHAs) acts as the organizing and expert hub (STEP-Hub) within the collaborative, while also hosting a clinical site (STEP Clinic), which models best practice care for the rest of the partner sites, and continues to conduct research to develop or improve interventions. Five regional Early Detection and Assessment Coordinators (EDAC) were recruited to support the initiative. The EDACs act as the main STEP-LC contact for both the LMHAs and individuals experiencing psychosis. EDACs lead early detection efforts in the region across stakeholder groups (e.g., hospitals, schools, community agencies, advocacy, judicial), capture new cases via a central referral line, assess eligibility, and support engagement into care at the LMHA.

Engagement with spokes of the network

Members of the FEP Planning Committee began conducting in-person engagement meetings (Jan-March 2023) with LMHA leadership to understand current practices and strengths, needs, interest and suggestions to better serve individuals experiencing FEP within their agencies and communities.

Spring 2023 - STEP-LC leadership hosted a 6 session, "Overview of Early Intervention Services (EIS) for Schizophrenia" course which oriented two early psychosis champions from each LMHA to STEP's Early Intervention Service Care Pathway to gain an understanding of the structures, processes and outcomes that can guide implementation.

Fall 2023 - Regional Soft Launches were held to kick off LMHA involvement in the STEP Learning Collaborative statewide initiative. LMHAs were introduced to their regional EDAC. These meetings helped to establish a culture of community and collaboration around shared values, aims, mutually agreed upon outcomes, and to cultivate a shared responsibility and agreement to accept into care ALL individuals experiencing FEP, regardless of insurance status, as early in the course of their illness as possible. Agencies were also offered incentives (e.g., EDAC support, free training and consultation opportunities) to support participation.

Statewide launch of the Early Detection Campaign (Mindmap)

On February 1st, 2024, the STEP Learning Collaborative launched the statewide Early Detection campaign, Mindmap. This included dissemination of a single referral number for early psychosis screening and referrals. LMHAs committed to accepting all eligible individuals experiencing FEP as quickly as possible, and regardless of insurance status, and to assist with statewide data collection.

Annual Report of the STEP Program

Public Act 24-19 was passed into law during the 2024 legislative session. The bill included a section (**Appendix 1**) that charged the Commissioners of DMHAS and DCF to establish a '*program for persons diagnosed with recent-onset schizophrenia spectrum disorder for specialized treatment early in such persons' psychosis*'. The program was tasked with ***7 functions*** to address unmet needs for FEP care across Connecticut.

As detailed above, the STEP Program in collaboration with all 13 LMHAs across Connecticut has developed the STEP Learning Collaborative (STEP-LC) to address all of these functions. This is the first annual report for the STEP-LC. While the LMHAs form the healthcare services backbone of the network, we expect to continue to expand participation across all stakeholder groups (primary care, education, social services, criminal justice, clergy, youth and consumer groups, etc.) within and outside the healthcare system.

Progress Report on Activities of the STEP Learning Collaborative:

The STEP Learning Collaborative (STEP-LC) is Connecticut's statewide learning healthcare system (LHS) for individuals aged 16-35 with recent-onset schizophrenia-spectrum disorders. The goal is to ensure that all persons with schizophrenia can live fulfilling lives by providing rapid access to high-quality treatment for those with recent onset illness. STEP-LC focuses on improving local pathways to care (PTC), reducing the Duration of Untreated Psychosis (DUP), and enhancing population health outcomes. More info: https://www.ctearlypsychosisnetwork.org/

(1) Develop structured curricula, online resources and videoconferencing-based case conferences to disseminate information for the development of knowledge and skills relevant to patients with first-episode psychosis and such patients' families.

Workforce development: through various offerings by the STEP-LC hub experts, Connecticut has made strides in creating an engaged and educated workforce. To date the following deliverables have been produced.

Overview of EIS for Schizophrenia Course:
https://www.ctearlypsychosisnetwork.org/overview-of-eis-course1.html

Provider Trainings: Monthly trainings targeted at front-line clinicians working with individuals experiencing FEP.
https://www.ctearlypsychosisnetwork.org/provider-trainings.html

Family and Community Workshops: the STEP-LC provides regular family and community educational workshops, consisting of expert-led discussions on core curriculum and specialty topics of interest to young people and families impacted by early psychosis.

Family/Caregiver Course:
https://www.ctearlypsychosisnetwork.org/families.html

PowerBI Training Dashboard: An interactive dashboard displays the number of stakeholders reached based on training offered, discipline, agency, region, and other key variables.
https://www.ctearlypsychosisnetwork.org/offerings.html#dashboards

Virtual Resources: Tip sheets, educational blogs, and other evergreen educational materials have been developed and made available to the public (https://mindmapct.org/blog/ and https://www.ctearlypsychosisnetwork.org/early-psychosis-resource-library1.html)

(2) Assess and improve the quality of early intervention services available to persons diagnosed with a recent-onset schizophrenic spectrum disorder across the state.

- The STEP-LC has built a pipeline and informatics system that will allow for the continued assessment of outcomes for individuals with recent-onset schizophrenia spectrum disorders across the state.
- Health Outcomes Network Education (HONE) is an informatics platform developed at STEP that provides a user-friendly way to streamline the capture burden of illness and population health outcomes across the network. Accessible data will support quality improvement across the network.

- The STEP-LC produces a quarterly report which it reviews with the State Planning Committee and each of the participating LMHAs. At this phase, *access* outcomes are the focus of assessment and quality improvement (e.g., reviewing "wait times" and engagement rates with each agency).
- The next phase of the STEP-LC will include ongoing review of *quality* metrics (i.e. outcomes after entry into treatment) across the network sites. Variations on population outcomes will be used within a performance improvement ethos to allow sites to share lessons with each other to help drive up outcomes across the network. STEP has data on the same metrics collected for over 10 years and will be made available to level set standards.
- Preliminary results can be found in the attached sample report (**Appendix 2**). As participation in the STEP-LC grows, a wider range of metrics and more data will be available which will allow for increasingly accurate assessment of population health outcomes.

(3) Provide expert input on complex cases of a recent-onset schizophrenic spectrum disorder and launch a referral system for consultation with persons having expertise in treating such disorders.

The STEP Consultation Service. The STEP-LC has established a free provider-to-provider service, available to clinicians, administrators and leaders of healthcare systems who would like to consult about their continuing care of young people with recent onset psychosis between the ages of 16 and 35. The consultation service is designed to be a low-barrier, curb-side discussion. A brief online request form is publicly available (https://www.ctearlypsychosisnetwork.org/consultation-service1.html) and experts at the STEP-hub aim to get back to the requester within one business day to discuss the identified case.

Since August 2023, providers of varying disciplines have received expert consultations on topics related to FEP including medication, psychotherapy, managing risk and access to firearms, and building a new service for FEP. These consultations are flexible in their implementation. Most have been delivered via one-on-one calls but have also included STEP experts providing consultation to entire teams working with the individual experiencing FEP.

(4) Share lessons and resources from any campaigns aimed at reducing the duration of untreated psychosis to improve local pathways to care for persons with such disorders.

Early Detection: The STEP-LC has successfully built upon a regionally successful early detection campaign[7] and has launched a statewide Early Detection campaign (www.mindmapct.org). The Mindmap campaign aims to create pathways to care (PTC) that are faster and less aversive. To date the following deliverables have been produced:

- **Launch of a centralized referral number and assessment hub** staffed by Early Detection and Assessment Coordinators (EDACs) who rapidly screen and engage with referrals for FEP across Connecticut
- **Curated referral pathways** and workflows for each participating clinical agency (13 LMHAs) to support the EDAC in quickly engaging young people experiencing FEP into outpatient care
- **Mindmap Website** (www.mindmapct.org) landing page of the Early Detection campaign, hosts various digital assets, including a downloadable "Digital Tool Kit", educational blogs, and an archive of news related to the campaign efforts
- **Public education campaign** efforts via mass media outreach, including news appearances, press releases, transit, billboard and radio ads, targeted social media ads and engagement, google search terms
- **Professional outreach and detailing** of both clinical and non-clinical stakeholders, includes activities such as outreach presentations and events, individual detailing meetings with potential referral sources and community stakeholders, as well as dissemination of branded promotional items (e.g., brochures, stress balls, pens, stickers, water bottles)
- **Stakeholder Engagement:** Videos amplifying voices of those individuals and family members with lived experience of psychosis
- **Monthly newsletter** to a curated list of engaged stakeholders
- Utilization of collaboratively generated asset maps to guide professional outreach and detailing efforts of the Mindmap campaign
- Established dedicated staff to **lead efforts in different stakeholder** buckets including Educational Outreach, Judicial/Mobile Crisis, Healthcare, Workforce Development, and Community Partnerships

(5) Serve as an incubator for new evidence-based treatment approaches and pilot such approaches for deployment across the state.

Care Pathway Refinement: Ongoing goal of continuously updated best practice care pathway 'incubated' at STEP-Hub for dissemination across STEP-LC. Progress on activities and deliverables is outlined below:

- STEP continues to use data collected during care to improve outcomes via Quality Improvement (QI) methodologies. Ongoing projects are
    - The development of processes to ensure better monitoring of two key cardiovascular risk factors: weight gain and smoking and the responses with evidence-based interventions (including better ways to route eligible patients to new treatments e.g., GLP-1 agonists)
    - Development of processes to apply best available approaches for Cannabis use disorders, including integration of motivational interviewing, risk reduction
- STEP is currently engaged in collaborative research that spans the translational continuum (funded by extramural research grants) and that if successful will be easier to disseminate across the network. These include:
    - Basic efforts to understand impairments in social interaction using novel functional near infrared spectroscopy (fNIRS). fNIRS is a non-invasive way to explore brain function in the context of social interactions. This approach allows simultaneous recording of brain activity in two interacting individuals in a manner that cannot be done with conventional imaging approaches. A specific use of fNIRS has been pioneered by Yale collaborators working with STEP to investigate social interactions in individuals with psychotic disorders with the aim of testing and developing treatments for the well-known social difficulties that patients with schizophrenia spectrum disorders experience.
    - Clinical trials of a novel supplement to target cognitive deficits

(6) Advocate for policies addressing the financing, regulation and provision of services for persons with such disorders; and

The specific issue of fiscal viability remains an ongoing target. The recent approval of a CMS code for CSC is a positive step that will require state level negotiations to help right size budgets and limit the financial risk to healthcare providers who may be motivated to provide EIS and thereby reduce societal costs, but may incur unacceptable costs to their operational budgets.

We will continue to work with all stakeholders to build a fiscally sustainable LHS with decreasing reliance on State/Federal grants. Progress and directions on sustainability deliverables are detailed below:

- STEP Program leadership are involved in national fora to remain informed about ongoing efforts in other states toward Alternative Payment Models (APMs) that would permit reimbursement or bundling of more services to provide necessary empirically based services.
- In the meanwhile, concrete progress has been made in supporting the longer-term viability of the LC. Several private non-profit LMHAs have received limited support from DMHAS to offset clinical staff time spent on work to coordinate with the Hub and the wider LC activities that are currently not reimbursable.
- The codification of the STEP Program is itself an important step towards the long-term viability of this work. The public reporting offers a mechanism for public oversight, but also opportunities to review and allocate resources to target lagging population health indicators.

(7) Collaborate with state agencies to improve outcomes for persons diagnosed with first-episode psychosis in areas including, but not limited to, crisis services and employment services.

- The design of the STEP-LC includes continuous re-assessment of resource allocation to the various workflows to limit waste and maximize value. Related to this is an effort to coordinate with existing services (such as crisis services and supported employment) that are funded across the state to avoid redundant resourcing.

- There is a dedicated member of the STEP-hub team who is leading efforts on engagement with Judicial and Mobile Crisis stakeholders to better understand existing infrastructure, identify gaps, and begin to address those with training and consultation.
    - The STEP-LC has collaborated closely with Mobile Crisis leadership from DMHAS and DCF to conduct outreach and engagement with both adult and youth state mobile crisis services, including presenting to the mobile crisis learning collaboratives and offering distribution of branded materials (e.g., business cards)
    - STEP-LC has also engaged with Connecticut Alliance to Benefit Law Enforcement (CABLE) and Crisis Intervention Team (CIT) trainings to understand existing services and approaches and offer educational expertise where appropriate
    - Collaboration with United Way's 211/988 call center staff to ensure understanding of early psychosis resources in the state and offer workforce development support, as well as utilizing 211's vast directory of resources to support callers to the STEP-LC referral line who may present with additional needs (basic needs and/or be ineligible for early psychosis services, but still in need of mental health resources).
    - Collaboration with existing groups, such as Advocacy Unlimited, Regional Behavioral Health Action Organizations (RBHAOs), NAMI, and other advocacy and community organizations to appropriately direct individuals experiencing FEP to existing resources in the state.

Conclusion

DMHAS, in partnership with DCF, will continue to monitor implementation and outcomes of the STEP program and collaborate to promote long-term statewide sustainability. Annual reports will provide ongoing progress updates on the program's operationalization and identify the need, if any, for statutory changes to facilitate service delivery.

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Appendix 1: Statutory Language from Public Act No. 24-19

Sec. 27. (NEW) (*Effective from passage*) (a) The Commissioner of Mental Health and Addiction Services, in consultation with the Commissioner of Children and Families, shall establish, within available appropriations, a program for persons diagnosed with recent-onset schizophrenia spectrum disorder for specialized treatment early in such persons' psychosis. Such program shall serve as a hub for the state-wide dissemination of information regarding best practices for the provision of early intervention services to persons diagnosed with a recent-onset schizophrenia spectrum disorder. Such program shall address (1) the limited knowledge of (A) region-specific needs in treating such disorder, (B) the prevalence of first-episode psychosis in persons diagnosed with such disorder, and (C) disparities across different regions in treating such disorder, (2) uncertainty regarding the availability and readiness of clinicians to implement early intervention services for persons diagnosed with such disorder and such persons' families, and (3) funding of and reimbursement for early intervention services available to persons diagnosed with such disorder. (b) The program established pursuant to subsection (a) of this section shall perform the following functions:

(1) Develop structured curricula, online resources and videoconferencing-based case conferences to disseminate information for the development of knowledge and skills relevant to patients with first-episode psychosis and such patients' families.

(2) Assess and improve the quality of early intervention services available to persons diagnosed with a recent-onset schizophrenic spectrum disorder across the state.

(3) Provide expert input on complex cases of a recent-onset schizophrenic spectrum disorder and launch a referral system for consultation with persons having expertise in treating such disorders.

(4) Share lessons and resources from any campaigns aimed at reducing the duration of untreated psychosis to improve local pathways to care for persons with such disorders.

(5) Serve as an incubator for new evidence-based treatment approaches and pilot such approaches for deployment across the state.

(6) Advocate for policies addressing the financing, regulation and provision of services for persons with such disorders; and

(7) Collaborate with state agencies to improve outcomes for persons diagnosed with first-episode psychosis in areas including, but not limited to, crisis services and employment services.

(c) Not later than January 1, 2025, and annually thereafter, the Commissioner of Mental Health and Addiction Services shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health, regarding the functions and outcomes of the program for specialized treatment early in psychosis and any recommendations for legislation to address the needs of persons diagnosed with recent-onset schizophrenic spectrum disorders.

Appendix 2: Sample of Quarterly Report

Note: (i) private health data has been suppressed and (ii) not all metrics are displayed as we are still in the first year of implementation and some clinics have yet to enroll cases from the LC.

Learning Collaborative Report: November 2024

November 25, 2024

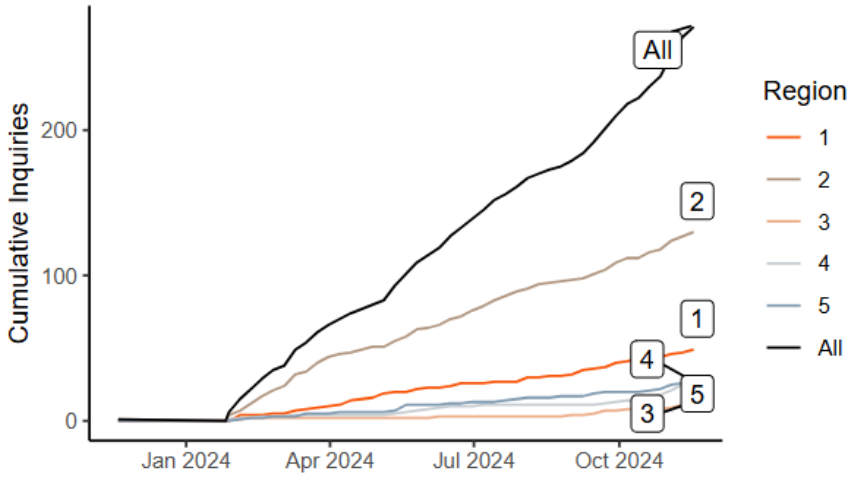
Inquiries Made to the Learning Collaborative

The total number of inquiries made since the Learning Collaborative (LC) launch is **272** (see Table 1 and Figure 1). Of these inquiries, 173 calls were made via the LC direct line, and 99 via other routes.

Table 1: Table of inquiries to STEP LC by DMHAS Region

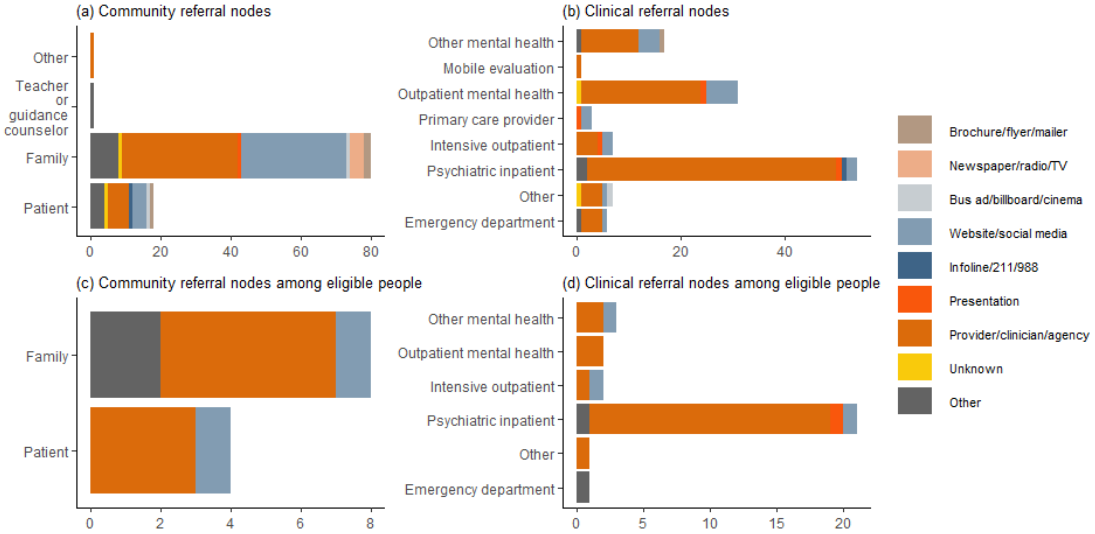
Location	No. Inquiries
Region 1	48
Region 2	130
Region 3	12
Region 4	26
Region 5	26
Location undetermined	27

Figure 1: Inquiries to STEP LC over time & by region



Information about Referrers - Who Made the Inquiries?

Figure 2: Referrals to the LC via clinical and community nodes. This is further split by how these groups heard about the initiative.



Those referred to the LC via a clinical route primarily came via **Psychiatric inpatient** (n = 54). Whereas for the community node, the **Family** route has been the most prevalent (n = 80).

Referrers to the LC program heard about the initiative in various ways (see Figure 2).

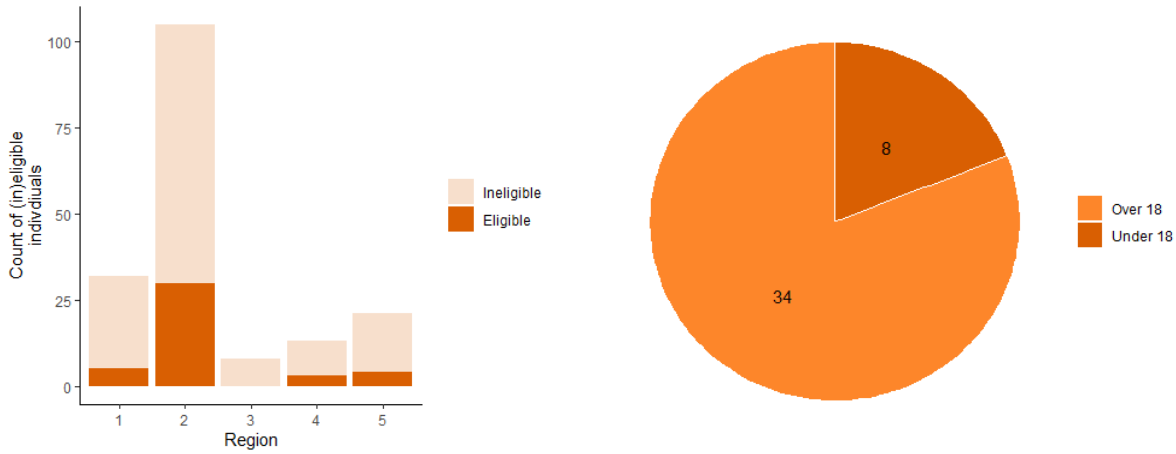
Who was found to be eligible for the Learning Collaborative initiative?

So far, **42** people have been eligible for the LC, and **8** were aged under 18yrs (see Figure 3).

Individuals did not meet LC eligibility criteria for a range of reasons (n=**230**; see Figure 4) and were provided with appropriate information on referrals and resources.

Remaining cases are either engaged in further assessment (n=16) or remain unresolved (n=64).

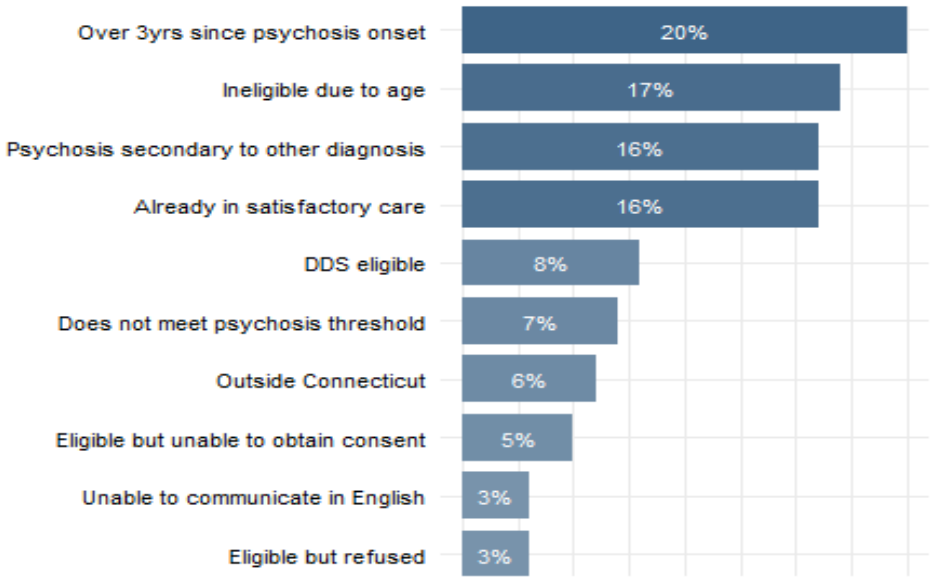
Figure 3: Capturing Eligibility Information by Region and Age



(a) Eligibility rates by region

(b) Pie chart showing age of eligible individuals.

Figure 4: Reasons for ineligibility to the LC



Referrals to LMHAs across Connecticut

The **42** eligible individuals have been referred to their local mental health facilities. Of those, **32** have been successfully admitted. *While we are tracking delays to each site (wait times) and a heat map of zip codes for residence, these have been suppressed to preserve privacy in this public report.*

Demographic and symptom data

The following section provides an overview of individuals found to be eligible for the LC (n=**42**). Here, we provide information regarding the distribution of various baseline datapoints such as age, gender, race, income, and drug use.

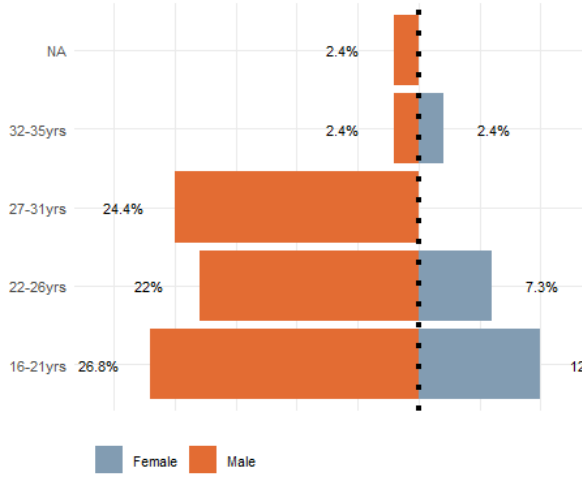


Figure 6: Age group by gender (%)

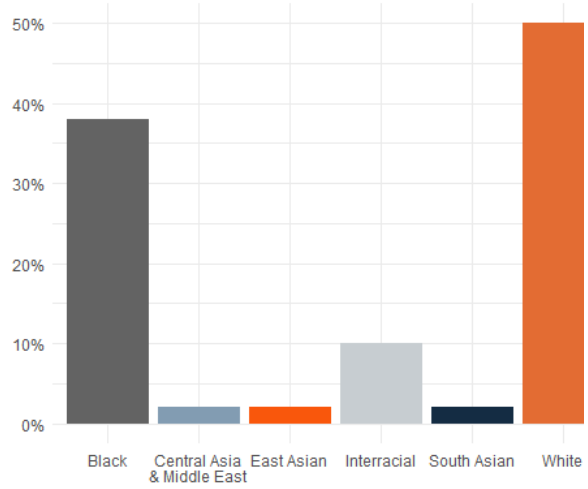


Figure 7: Race category membership (%)

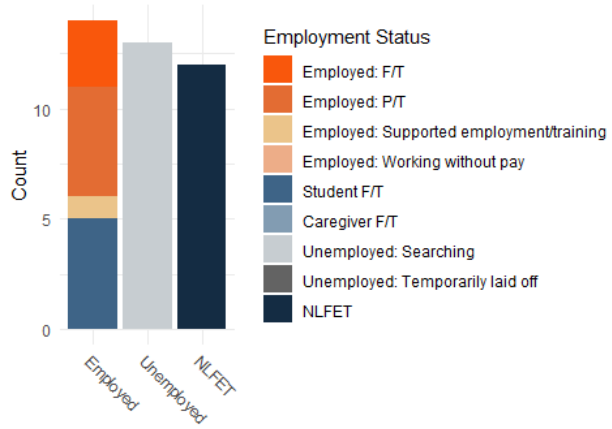


Figure 8: Labor statistic employment category (N)

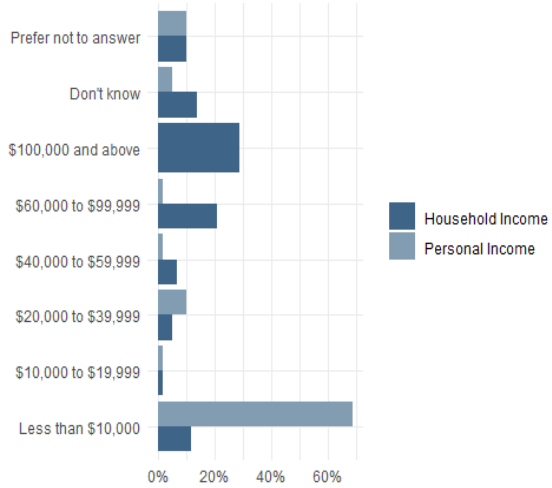


Figure 9: Household and personal income (%)

NLFET = Neither in the Labor Force nor in Education or Training is a measure developed by the International Labor Organization (ILO) as a more youth relevant measure of engagement in age appropriate school or work.

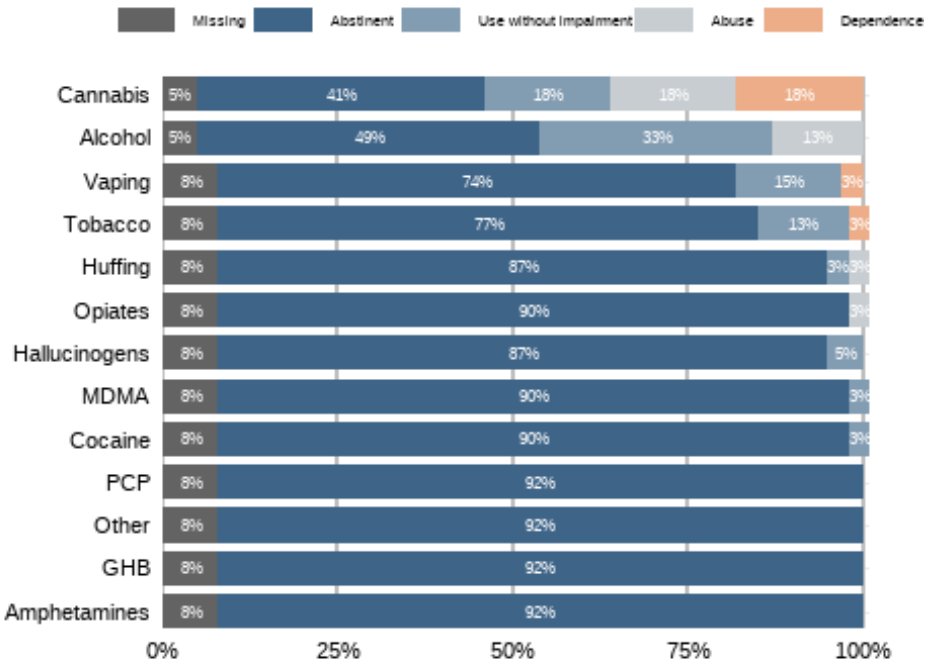


Figure 10: Figure showing drug use as measured by the Alcohol Use and Drug Use scale

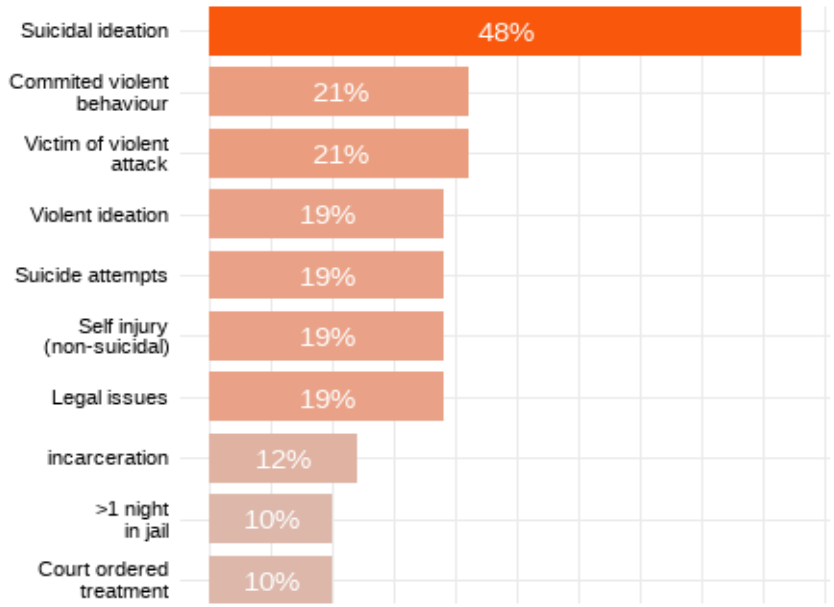


Figure 11: Lifetime suicide and judicial involvement