

North Central Regional Mental Health Board, Inc.

CAC 18

A Report to the Town of Simsbury

Submitted by,

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North Central Regional Mental Health Board

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A State Mandate

The Regional Mental Health Board system was created by Connecticut's General Assembly in 1974. Their mandate ensures grass roots involvement in identifying needs and monitoring services provided by the Connecticut Department of Mental Health and Addiction Services. This visionary structure provides consumers, family and citizen involvement in evaluating state services and meeting the requirements for transparency and outcomes that state government seeks today.

The Regional Mental Health Board model created by legislators thirty-five years ago is important today and remains innovative in gathering continuous feedback from consumers of adult mental health services and their families about service needs and improvements to state funded mental health services.

North Central Regional Mental Health Board

The NCRMHB is a non-profit agency with volunteer members from 37 towns in Region IV. The NCRMHB is also comprised of six Catchment Area Councils (CACs). Members of CACs are selected to represent all constituent groups – consumers of services, family members of consumers, town representatives, and private and public providers of mental health and other community services. CACs examine issues from the varied perspective of these constituent groups. Mental Health issues are not isolated issues, but involve questions of general health, public safety, criminal justice, education, housing and employment. Each town in Connecticut appoints a resident to serve on a CAC to represent its needs and identify problems experienced in their town. There is no other state service where citizens from every town are actively involved on a regular basis to monitor the quality of state service provide to their town.

During FY 2011 the NCRMHB had an impact on the following major projects:

- **Day in the Life Project**

The project yielded new information that we are presenting to increasing numbers of local mental health providers, administrators, families, and the community about the successes and struggles people with mental illnesses have described “in their own words” and the kind of help they feel they need to live better lives in the community – the ultimate measure of effective services and supports.

- **Family Involvement Project**

The workgroup is now developing strategies and materials to assist local service providers in implementing the new family policy. This new policy, when implemented at local agencies, will produce better results for recovery for many people with mental illness as shown in research studies. We are hopeful that it will also reduce the pain and confusion experienced by many families who remain “in the dark” about what to do.

- **Consumer, Youth, and Family Quality Improvement Collaborative (QuIC)**
Through their involvement in QuIC, Consumers, Youth and Families (CYF) have developed the knowledge, capacity, experience, and tools to effectively participate in continuous quality improvement in the DMHAS and DCF systems.
- **Youth and Young Adult Leadership and Development**
The youth and young adult voice is essential to bring about change in the kind of services that are provided locally. These are the peak years when major mental illnesses develop and affect their future prospects for healthy, productive lives. These are also times when challenges are great for completing education and preparing for the workforce. These are the years when the right kind of services can change the course of a lifetime.
Through the efforts described above NCRMHB has documented progressive steps that will lead to increased involvement of youth and young adults in ensuring that the services and supports they need to recover from mental illness and lead productive and meaningful lives are available in their communities.
- **Service Evaluations, Priorities, and Issues**
The evaluation process is designed to identify areas for improvement and to provide an opportunity for a rich exchange of ideas between DMHAS, funded providers, and local recipients of services. Recommendations were offered in 7 areas: access to transportation, relationships with staff, training needs, supervision, documentation, and contact standards, family involvement, and intake and discharge procedures.
- **Regional Priority Setting**
Grass roots information collected by NCRMHB continues to inform DMHAS budget decisions about the need for additional local funding.
- **Consumer Leadership, Collaborations, and Education**
The Regional Consumer Advisory Council (RCAC) often finds that many of the grantees who carried out mini-grant projects take on new challenges upon successfully completing a mini-grant project. At the awards dinner recipients give testimony about how their projects changed their lives. The conference also provides consumers with educational information to help improve their lives.
- **Collaboration Between Region IV Towns and State**
In addition to being a voice for consumers and families in the 37 towns in region IV, we are also the voice for our town officials. We welcome the opportunity to resolve local issues, provide information about issues, or undertake an investigation or project to address a town's concerns.
- **Activities to Address Funding and Other Legislative Issues**
In FY 2011 NCRMHB presented information in public hearings and at our annual legislative breakfast about the need to provide additional funding to expand DMHAS Young Adult Services (YAS), supportive housing, and community mental health services.

Catchment Area Council (CAC) 18

The CAC 18 is comprised of four towns in the Farmington Valley (Avon, Canton, Farmington, and Simsbury) and the Town of West Hartford. The CAC includes representatives from the five towns, consumers, family members, service providers and representatives from local mental health authorities.

Town of Simsbury

During SFY 2011 Simsbury residents who availed themselves to mental health services include the following:

- 44 Mental Health Only (increase of 5 from FY2010)
- 134 Substance Abuse Only (decrease of 33 from FY2010)
- 6 Mental Health and Substance Abuse (decrease of 1 from FY2010)

The total number of Simsbury residents who received mental health services equaled **184**, a **decrease of 29** from SFY2010. However, it is suspected that there are other residents who have mental health and/or substance abuse issues who have not been identified because they have not requested or do not receive services.

Towns throughout the North Central Regional Mental Health Board area are requested to contribute funds. These funds combine with funds from the Connecticut Department of Mental Health and Addiction Services (DMHAS) to enable the Board to perform their statutory functions. Town funds account for 30% of the NCRMHB operating dollars. **The FY 2012 contribution request for the Town of Simsbury was \$1,626.00, which is based upon 2000 census figures.** Since 1992 the per capita contribution of towns to the NCRMHB has remained constant at \$.07. On behalf of the NCRMHB I would like to thank the Town of Simsbury for their annual contribution.

The following are priorities identified for the Town of Simsbury:

- Work in concert with the Social Services Department to identify any special mental health issues/needs.
- Develop/coordinate transportation resources.
- Investigate conducting "clubhouse" activities in the Farmington Valley.
- Work in concert with legislative officials on legislation relative to mental health and substance abuse issues.

If there are any questions or comments regarding the North Central Regional Mental Health Board or CAC 18, please contact Edward LaMontagne, Town of Simsbury Representative, at (860) 651-8472 or edjlam@comcast.net