



ANNUAL SUMMARY REPORT ON GOALS AND ACCOMPLISHMENTS FY 2010

The following report on goals and accomplishments demonstrates the range of projects conducted by North Central Regional Mental Health Board (NCRMHB) and its six Catchment Area Councils (CACs). It also demonstrates how its volunteer members improve state funded mental health services in their local communities by learning from people in our communities who use and need services, their families, town representatives, community officials, and national experts. **The range and quality of projects is possible only because of combined funding from the Department of Mental Health and Addiction Services (DMHAS) and the towns in Region IV.**

Impact of Major Projects, FY 2010

Special Initiatives

Day in the Life Interview Project*

Family Involvement Workgroup

Consumer, Youth, and Family Quality Improvement Collaborative

Youth and Young Adult Leadership and Development**

Service Evaluations, Priorities, and Issues

Evaluation of Social/Rehabilitative Clubhouses in Region IV**

Regional Priority Setting**

Issues in Change from Case Management to Community Support Programs (CSP)

Consumer Leadership, Collaborations, and Education

Consumer Conference and Mini-Grants Projects**

Collaboration between Towns and State

Activities to Address Funding and Other Legislative Issues

This summary presents the history and achievements of our major initiatives. By maintaining a focus on key areas, obtaining grass roots information, and working year after year to produce change, **NCRMHB has an impact on State policies and the quality of the local services provided to the citizens in every town in our region.**

Our Board members (75% percent are consumers of mental health services and/or family members of consumers; 25% percent are providers of mental health or other services) offer their valuable experience and volunteer hours to provide the State cost effective, independent and ongoing evaluations to assist DMHAS and its provider agencies in improving services. We look for results and use tools of Results Based Accountability.

* Article describing this research study is available from NCRMHB as published in the professional journal *Psychiatry: Interpersonal and Biological Processes*. Presentation is also available in DVD.

** Report is available from NCRMHB.

SPECIAL INITIATIVES

“A DAY IN THE LIFE” PROJECT

In FY 2007 NCRMHB initiated a project –**possibly the first of its kind in the nation** – to interview people with mental illness to better understand their “life in the community”, what has helped them, and what is needed to further their recovery.

Project Background: In FY 2007-08, eight people in recovery from mental illness conducted interviews with eighty (80) clients receiving DMHAS mental health services. Dr. Larry Davidson of Yale University’s Program for Recovery and Community Health (PRCH) trained the interviewers in conducting interviews and performing qualitative content analysis of the transcribed interviews. A person in recovery with extensive experience in oral history directed the project. Interviews focused on what participants’ lives were like, what they would like their lives to be like, the role of mental health services, and how they would spend their mental health dollars.

FY 2010 Developments: The consumer researchers have disseminated information gathered in the interviews in live presentations in the state, in a DVD, and most recently in a **published article in the professional journal *Psychiatry: Interpersonal and Biological Processes***. The article is titled “*I don’t know how to find my way in the world*”: *Contributions of User-Led Research to Transforming Mental Health Practice*.

Live presentations have been presented to Yale University researchers, CT Association of Resident Services Coordinators (CARSH), the Conn-National Association of Housing and Redevelopment Officials (NAHRO) Convention, doctoral candidates in psychology at the University of Hartford and nursing students at Goodwin College, Town Social Service providers in Enfield, staff and consumers of services at DMHAS funded agencies and at Connecticut Valley Hospital, and the general community at Trinity Episcopal Church in Wethersfield. Discussion periods follow each presentation. Live presentations and the DVD were developed with funding from The Foundation for Mental Health.

***Local Impact:* 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 illness 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. A video and recent publication in a professional journal will enable even wider dissemination of findings and greater impact on changing services to respond to the needs identified in these very personal interviews. We urge our towns, service providers, and State to contact us for educational presentations and to use the services of our trained interviewer-researchers in their own projects.**

*Call Judith Shaw, Project Director, 860-667-6388 ext 14 to arrange for an educational presentation, DVD, or copy of the article published in *Psychiatry* (Vol. 73, No. 2).*

FAMILY INVOLVEMENT PROJECT

NCRMHB began discussions in FY 2007 with key individuals throughout the State to address how DMHAS can better clarify the role of families in a recovery oriented service system and **assist families in providing positive support for their family member who has mental illness.**

Project Background: In numerous focus groups with families during years of NCRMHB evaluations, family members identified their need for more involvement in and help from the adult mental health system. We heard this need from many families, including families with young adults who are developing a mental illness while facing the enormous challenges of adulthood and parents who are becoming frail or feel unable to support their family member who is living with them. In FY 2007 NCRMHB invited key individuals from across the State, including family members, people in recovery, researchers, and service providers, to provide information on various options that would be helpful to family members and the person in recovery.

In FY 09 a draft report was submitted to DMHAS with recommendations for bold change regarding options that should be offered to family members, including education about mental illnesses, opportunities for problem solving around family issues concerning the person with a serious mental illness, skill building so that family members know how to communicate with and support their family member in recovery, opportunities to meet with other family members for mutual support, and individual support that may be needed for some family members in distress. Recommendations were also made to change DMHAS policy, practices, training, and workforce development to support new family options. NCRMHB cited research data and best practices that demonstrate how family members can be an important aid in a person's recovery.

FY 2010 Developments: **We applaud DMHAS for adopting a new family policy that reflects dramatic changes recommended by NCRMHB's Family Workgroup.**

Local Impact: **The bold and unprecedented changes that DMHAS has approved in its new policy has the potential to better educate local families about mental illness, give them the skills to better support the recovery of their family members who have mental illness, and provide personal support for family members. 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. The Workgroup is now developing strategies and materials to assist local service providers in implementing the new family policy. The term family member is used broadly to include friends who function as family, and family members at all levels, including parents, siblings, and children.**

Call June Roy, Workgroup Chair, 860-667-6388 ext 12 for more information or to join the Family Workgroup.

CYF QUALITY IMPROVEMENT COLLABORATIVE (QuIC)

In July 2008 NCRMHB received a grant to develop a statewide Consumer, Youth, and Family (CYF) Quality Improvement Collaborative (called QuIC). Funding was provided as part of a major grant to the State from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to transform Connecticut's mental health system. QuIC is charged with engaging CYF in identifying standards for mental health services across the life span, including services provided by the Department of Children and Families (DCF) and DMHAS; developing performance measures for quality improvement; and designing surveys to evaluate current delivery systems.

Project background: To support development of QuIC, NCRMHB formed a critical **partnership for the first time in the state among the major consumer and family organizations across the two systems of DCF and DMHAS**. NCRMHB's partners are the State's other four Regional Mental Health Boards, Advocacy Unlimited (an adult consumer organization), and NAMI-CT and FAVOR (family advocacy organizations). Over 400 CYF have participated in QuIC. A statewide leadership group of 60 CYF members was formed to provide monthly input, decision making, and take an active role in carrying out the project. In 2009 CYF developed standards for their involvement in continuous quality improvement, surveys to assess their involvement, and administered surveys in a pilot with training and guidance provided by Yale University's PRCH. SAMHSA has requested copies of the standards, which are more extensive than any existing standards on consumer and family involvement in services.

FY 2010 Developments: In 2010 CYF developed standards and assessment tools for what they consider a high quality system of care. Training was provided to over 50 CYF to administer surveys to youth and adults receiving services in DCF and DMHAS and their family members. CYF developed plans to conduct surveys and build partnerships with local systems of care in each of five regions of DCF and DMHAS in the fall of 2010.

***Anticipated Local Impact:* The project has proceeded on the thesis that CYF involvement in continuous quality improvement is a powerful force in improving services and making services responsive to their needs. Through QuIC, CYF are developing the knowledge, capacity, experience, and tools to effectively participate in continuous quality improvement in the DMHAS and DCF systems. CYF will also reach out to local provider agencies to build partnerships to sustain CYF participation in continuous service improvement once the QuIC grant is ended.**

Although QuIC will not be completed until FY 2011, the process has resulted in (a) creation of a partnership of key consumer and family organizations in the State; (b) involvement of over 400 CYF; (c) development of a statewide CYF leadership group; (d) development of standards, surveys, and pilots for CYF involvement and quality systems of care; and (e) sustaining ongoing relationships with providers.

Call Kalan Ross, QuIC Project Coordinator, 860-667-6388 ext 16 for more information or to participate in QuIC.

YOUTH AND YOUNG ADULT LEADERSHIP AND INVOLVEMENT

Since 1998, NCRMHB has worked to improve services for young adults beginning with its first SAMHSA grant to build consensus in the State to develop and fund specialized services for young adults within DMHAS, now known as Young Adult Services (YAS). During evaluations of DMHAS YAS, NCRMHB has recommended that each YAS site have a young adult advisory council to help improve services, make them more responsive to and effective with young adults. National consultants assisting NCRMHB have also supported the need for young adult involvement in improving services.

Project Background: As Co-Chair of the State Mental Health Planning Council's Youth and Young Adult Committee, NCRMHB Executive Director was instrumental in 2009 in bringing together youth and young adults to develop recommendations for improving their services and for developing a statewide voice.

FY 2010 Developments: NCRMHB received **two grants from the Workforce Collaborative** funded by the State's Transformation Grant from SAMHSA to support and inform development of a youth and young adult voice in the State. The first grant was to form a statewide Youth and Young Adult Consortium in Mental Health to create a strong voice to ensure that their needs are addressed. The second grant was to (a) identify organizations in the State that support development of a youth and young adult voice, leadership and advocacy and (b) identify support for developing a youth and young adult voice within DCF, DMHAS, and the Court Support Services Division (CSSD).

***Local Impact:* Through the work of NCRMHB in the State Mental Health Planning Council, the Youth and Young Adult Consortium in Mental Health, and the documentation of interest in state agencies and community organizations in supporting a youth and young adult voice in the State, 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.**

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 the times when challenges are great for completing and education and preparing for the workforce and their own families. These are the years when the right kind of services can change the course of a lifetime.

In addition to these special initiatives, NCRMHB was pleased to learn that DMHAS Young Adult Services (YAS) had responded to NCRMHB's recommendations in its 2008 evaluation of YAS with strong and bold initiatives to address every recommendation in the evaluation report, including development of a young adult advisory council at each YAS program site.

Call Sheryl Breetz, Executive Director, 860-667-6388 ext 11 for more information.

SERVICE EVALUATIONS, PRIORITIES, AND ISSUES

EVALUATION OF SOCIAL/REHABILITATIVE CLUBHOUSES

Members of NCRMHB and their CACs conduct yearly evaluations of DMHAS funded services, as mandated in the state statutes that created the Regional Boards in 1974.

FY 2010 Developments: Social/Rehabilitative Clubhouses in Region IV were evaluated using information from a questionnaire designed by NCRMHB and filled out by providers of the services; separate focus groups with consumers, family members, and administrators; and site visits to each clubhouse. Previous discussions at NCRMHB's six Catchment Area Councils (CAC) identified issues to address in the evaluation. Findings and recommendations were given for individual clubhouses and clubhouses as a group.

Twenty-one (21) NCRMHB volunteers participated in site visits and focus groups as review panelists. Fifty-eight percent (58%) of panel members were persons in recovery or family members. In addition eleven (11) CAC members who did not act as panel members chose to participate as focus group participants at their individual clubhouse reviews. A total of one hundred twenty (120) clubhouse members participated in focus group discussions.

Evaluations were conducted at clubhouses at Genesis Center of Community Health Resources (CA 15), InterCommunity Mental Health Group (CA 16), North Central Counseling Services of Community Health Resources (CA 17), Phoenix Club (CA 18), Community Mental Health Affiliates (CA 19), and Chrysalis Center (CA 23), and at the Peer Support and Recovery Resource Center at Capitol Region Mental Health Center (CA 23).

Local Impact: Major recommendations were identified in 13 areas. Recommendations were offered regarding variation among clubhouses, diverse needs, member driven programs, access to clubhouses, community integration, access to services, skill building and training opportunities, employment, age-appropriate activities for young adults, diversity, support for families, funding to meet current demands, and demonstration of the value/outcomes of clubhouses.

The evaluation process is designed to identify areas for improvement and to provide an opportunity for a rich exchange of ideas among clubhouses. Our report has already had an impact, as we are aware of changes and improvements that have occurred since our visits. Actions taken or planned by each agency in response to our recommendations are included as part of the report. During FY 2011, each CAC will ask the clubhouse in their area to report on progress made in relation to their action plan to further ensure that our recommendations were carried out.

Call Marcia DuFore, CAC Support Specialist, 860-667-6388 ext 12 for more information or copies of evaluation reports.

REGIONAL PRIORITIES SETTING

Yearly DMHAS asks Regional Mental Health Boards to take major responsibility for developing Regional Priorities to assist DMHAS in making funding decisions. The Boards conduct surveys and hold focus groups to develop their recommendations for needed funding. Input is gathered from DMHAS funded providers, town social services and community organizations that serve as referral agencies, and consumers of mental health services, their family members, and concerned citizens.

FY 2010 Developments: A presentation was made to DMHAS to assist them in forming budget requests. Comparisons were made with findings in past priority setting processes. The presentation also described differing perceptions among constituent groups, including providers, town officials, community groups, consumers, and family members.

Survey information was gathered from 34 DMHAS funded mental health and/or substance agencies in Region IV and 59 community referral sources. In addition, 80 individuals (34 consumers of services, 18 providers, 18 community referral sources, and 10 family members) participated in CAC focus groups. Although the largest group of community respondents on the referral survey were town social service directors (37 %), other respondents included health departments, law enforcement, schools, youth service bureaus, general hospitals, court/judicial, community health clinics, senior centers, church, prevention agency, and recovery organizations.

Providers reported the longest wait times for co-occurring residential inpatient placements, outpatient sessions with psychiatrists or APRN, and co-occurring outpatient and standard outpatient counseling. They reported the longest wait times for substance abuse services for co-occurring mental health and substance abuse residential treatment, co-occurring mental health and substance abuse outpatient treatment, and standard outpatient treatment for substance abuse.

The only need that rated high among all groups – providers, community referral sources, and CAC focus groups- was transportation. It was the third highest need among CAC focus groups and the fourth highest need among provider agencies. This high rating by providers was remarkable in that the other areas identified in the top needs were all the most intensive, restrictive services. The top three were sub-acute treatment, licensed group homes, co-occurring mental health and substance abuse treatment; following transportation were acute mental health and DMHAS operated inpatient treatment, young adult services inpatient treatment, intensive outpatient counseling, assertive community treatment, and acute mental health hospital treatment. In contrast, the top ten rated needs in the CAC focus groups were mostly the less intensive non-restrictive community supportive services- supportive housing, supported employment, transportation, case management/CSP, clubhouse/psychosocial rehabilitation, supported education, peer to peer services, young adult community treatment, respite, and outreach/engagement.

Local Impact: Grass roots information collected by NCRMHB will inform DMHAS budget decisions about the need for additional local funding.

ISSUES IN CHANGING CASE MANAGEMENT TO COMMUNITY SUPPORT PROGRAMS (CSP) AND RECOVERY PATHWAYS

NCRMHB is pleased to assist in informing consumers and family members about major service changes planned by DMHAS. It is important that consumers of services and their family members have the opportunity to directly ask questions and voice their concerns directly to DMHAS officials whenever major changes are planned.

FY 2010 Developments: NCRMHB held an educational session for consumers of DMHAS funded services and family members to learn about DMHAS proposed changes from traditional case management to a newly designed Community Support Program (CSP) and Recovery Pathways Peer Supports. Numerous changes occurring in state services were of concern to consumers of services and their family members. They were particularly concerned about changes from case management which is valued highly in the community. Service providers also requested that NCRMHB arrange an educational session.

A previous service evaluation of Genesis Center of Community Health Resources in Manchester had also found that town officials and many community providers were concerned about having adequate case management services.

NCRMHB was interested in understanding and addressing consumer and family member concerns about what was planned and also in establishing a feedback loop between DMHAS and the consumers and family members that would give continuous feedback to DMHAS about how well CSP and Recovery Pathways was in fact taking care of their concerns as it was being implemented in the community. Three DMHAS officials - Sabrina Trocchi (Executive Assistant to the Commissioner), Susan Graham (Policy Analyst), and Steven Fry (Director of Recovery and Community Affairs) - presented the new models to sixty consumers and family members from Region IV and answered their questions. The major question concerning participants was "How are the new changes that are coming soon going to affect me?" Detailed questions about many particular aspects of the new model were also voiced and addressed by the DMHAS officials.

Local Impact: One participant reported that **"I've been to many meetings, but this was the most informative of all I have attended. The DMHAS Commissioner has asked NCRMHB and the other regional mental health boards in the State to continue to gather local community input and to assist in evaluating the impact of the change from case management to the new CSP and Recovery Pathways Peer Supports in FY 2011.**

Call Sheryl Breetz, Executive Director, at 860-667-6388 to voice any questions or concerns you may have about the new CSP and Recovery Pathways Peer Supports model, or other DMHAS services.

CONSUMER LEADERSHIP, COLLABORATIONS, AND EDUCATION

CONSUMER CONFERENCE AND MINI-GRANTS

NCRMHB supports a major consumer-run project conducted by the Regional Consumer Advisory Council. NCRMHB created the Regional Consumer Advisory Council (RCAC) which draws together service recipients from all six Catchment Areas to conduct a consumer conference and mini-grant projects to enhance recovery. The council draws the majority of its membership from Region IV DMHAS funded mental health agencies. There is also a small percentage of adults who use private services.

FY 2010 Developments in RCAC Mini-Grants: The RCAC conducted a grant project benefiting adults in recovery from mental illness and/or substance abuse. RCAC released its Mini-Grants proposal in September directing applicants to NCRMHB's website for access to all forms. Extensive advertisement via email, phone calls and on-site presentations within Region IV mental health or substance abuse agencies was conducted prior and during release of the RCAC Mini-Grants proposal. Technical assistance was provided to any applicant in need. Review and selection of proposals for funding was conducted by adults in recovery who do not have any conflicts of interest.

In FY 2010, **eleven projects were selected for funding**. Projects included: creative writing, a wellness forum, video editing software, sound equipment, camping equipment, materials for a recovery bookstore, a retreat, a recovery picnic, etc. The project's term lasts six-months, ending in June with an awards dinner celebrating each grantee. Each adult speaks regarding their personal experience leading their project and how it both benefited and challenged them.

FY 2010 Developments for Annual Consumer Conference: **The 2010 Conference focused on "Wellness: A Holistic Perspective Towards Better Health"**. The RCAC held its annual recovery conference with 65 participants on May 15th. This conference focused on wellness and the healthy things adults of all ages and abilities can do to improve their health, naturally. Keynotes included a naturopathic doctor, a nutritionist and a Yoga instructor. This conference also welcomed senior citizens which made up one-third of the audience making an integrated experience. The majority of adults in recovery are middle-aged to young seniors who often have poor nutrition and exercise.

Local Impact: **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 the project changed their lives. The conference also gives consumers educational information to help improve their lives. One woman in the conference audience who has struggled with weight issues was extremely inspired and followed up with a nutritionist right after the conference left a message of thanks for the RCAC and NCRMHB.**

Call Phoebe Hamilton, Consumer Initiatives Coordinator, for more information on RCAC initiatives or council membership at 860- 667-6388 ext 18.

CONTINUED COLLABORATION BETWEEN COMMUNITY AND STATE

NCRMHB is dedicated to fostering collaboration between local communities and state funded mental health services to address the needs of persons with mental illness living in each community.

FY 2010 Developments: Building upon efforts begun under the Planning Grant from Hartford Foundation for Public Giving in 2005 to promote local collaborations, in FY 2009 Town Social/Human Services Directors from the five towns in Catchment Area 18 (Avon, Canton, Farmington, Simsbury, and West Hartford) met with CAC 18 members to develop a proposal to share two outreach workers to work with citizens in their home if necessary to provide information, outreach, and engagement in services and needed supports. Efforts were halted due the constraints of the economy in FY 2009 affecting towns. A meeting in 2010 with the Mayor of Simsbury, however, has revitalized that effort and highlighted a more incremental path that may be taken to accomplish the same goal.

Also building upon the successful Planning Grant activities begun in FY 2005 with funding from the Hartford Foundation for Public Giving, NCRMHB is increasingly collaborating with town social service representatives to address issues experienced in Region IV towns. During the FY 2010 Priority Setting Process conducted for DMHAS, feedback from town social service departments was actively sought and accounted for over 50% of the survey responses collected; the other 50% of respondents were from thirteen other groups. This return rate from town social services exceeded other regions in the state. We believe this occurred because of the relationships developed during the Planning Grant and continued efforts in involve town social services in our work.

Many town social service directors or staff members have joined our CACs. They have also raised important issues that have launched many successful CAC projects, such as the coordination between mental health and substance abuse providers and efforts to address suicide rates in some towns.

ACTIVITIES TO ADDRESS FUNDING AND OTHER LEGISLATIVE ISSUES

NCRMHB has undertaken several activities in response to needed mental health services and other funding that affects people with mental illness. In FY 2010 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). This is an urgent need as more capacity is needed to serve increasing numbers of young adults entering those services. We were gratified that over a third of the legislators in Region IV attended our Legislative Breakfast. We are grateful to the legislators in Region IV for the time they took to attend our breakfast and learn about local needs. **We are pleased that legislators provided additional funding for Young Adult Services in their 2011 budget.**

SERVICE TO TOWNS AND DMHAS

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. NCRMHB volunteers provide hours of free services to their towns and the state on behalf of these constituent groups. In FY 2010 membership continued to grow, along with the number of projects - a testimony to the work and relevance of NCRMHB.

NCRMHB invites towns, local providers, organizations, and individuals to contact us to assist in resolving local issues, providing information about issues, or asking NCRMHB to undertake an investigation or project to address a town's concerns. We can also address town concerns in our monthly meeting with the Commissioner of DMHAS.

For thirty five years Regional Boards have worked to improve services for the citizens in our State. **We have been heartened by the continued funding from DMHAS since we were created and continuing into 2011. We are also enormously heartened by the overwhelming and steady financial support that towns provided in their yearly town contributions during FY 2010 and that they continue to provide for FY 2011 even in this time of hardship for many towns.** This funding supports our general operations and provision of our statutory services. We could not operate without funding from DMHAS and our towns. We are enormously grateful to both DMHAS and our towns for the continuing funding they have provided in both 2010 and 2011.

CONSUMER, FAMILY, AND COMMUNITY PARTICIPATION

NCRMHB supports consumer participation in providing feedback on services, planning development of new and needed services, and specific projects to enhance consumer leadership and recovery.

The newly formed CYF Quality Improvement Collaborative (QuIC) project will usher in an unprecedented era of consumer, youth, and family involvement in Region IV and the State. Once again, NCRMHB is on the cutting edge of enhancing consumer and family involvement, as recognized at the QuIC's FY 2010 meeting with federal officials from the SAMHSA.

Many more people in recovery have joined our CACs. **NCRMHB is comprised of 75 % consumers and family members, with 48% being consumers- the largest representation of any group on the Board.** Many consumers have passionately described the Regional Boards and CACs as their voice in mental health service delivery.

Call Danielle Herbert, Executive Secretary, 860-667-6388 ext 10 if interested in learning about becoming a member.

The following 2010 Reports are available from NCRMHB upon request:

Professional publication of “A Day in the Life” project findings in *Psychiatry*:
Interpersonal and Biological Processes
Evaluation of Social/Rehabilitative Clubhouses
Regional Priorities Report
Youth and Young Adult Leadership and Involvement
Mini-Grants Awarded 2010

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. . . . to ensure that citizens are involved in determining and monitoring the kind of mental health services provided in Connecticut.