

# CHR Adult Program Family Resource Guide

Resources and Information for Family Members of a Loved  
One with Mental Health and/or Substance Use Disorders



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[www.chrhealth.org](http://www.chrhealth.org)



## **CHR Adult Services Family Resource Guide**

If someone in your family has a mental health and/or substance use disorder, you are not alone. Mental illness and substance use disorders affect people from all walks of life and age groups. They are common, cyclical, and treatable and recovery is possible!

At CHR, families matter. We believe that including families in treatment leads to better outcomes for the individual receiving services. We define “family” broadly to include both traditional definitions as well as any supports that the individual receiving services identifies as supportive and invested in their recovery. Regardless of how people define family, we see the inherent value and support that families can provide to those in our services. Caring, supportive family members can play a vital role in helping the individual regain confidence and skills. CHR also recognizes that families need their own support.

The purpose of this guide is both to provide support and resources for you as a family member as well as to provide an overview of information to help you support your loved one.

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## **Family Member Support and Resources**

### **CHR Triage Center**

- **1.877.884.3571** (24 hours, 365 days a year)
- **Non Emergency** - Please call the Triage Center for questions about Behavioral Health Services at CHR, or when referring yourself or someone else in a non-emergency situation during regular business hours Monday-Friday.
- **In a Crisis** - The Triage Center offers both phone support and mobile emergency teams who travel directly to the person in need to provide intervention, stabilization and access to hospitalization when necessary.

### **Family Matters**

- A support group for family members of loved ones who receive services from CHR.
- *Contact Kathy Pappas, Family Liaison, at 860.989.1460 for registration or information.*

### **Consumer and Family Advisory Committee**

- CHR values the perspectives of consumers and family members.
- The Advisory Committee is a chance for consumers and family members to meet with key CHR staff to ensure their perspectives are considered regarding CHR services and major initiatives.
- Meetings are held monthly.
- *Contact Kathy Pappas, Family Liaison, at 860.989.1460 for more information or to join.*

### **CHR Website**

- Please visit the website for information on all programs and initiatives.
- **<https://www.chrhealth.org>**

### **Facebook**

- Please like our Facebook page to stay up to date on event posting and suggested resources.
- **<https://www.facebook.com/realliferealhope/>**

## **Mental Illness/Substance Use in the Family**

Family members experience a range of emotional responses when a family member is diagnosed with a mental illness and/or a substance use disorder. They may feel confused, angry, afraid, ashamed, guilty, resentful and/or sad, and almost always alone. Family members may deny the seriousness of the illness at first out of both fear and a lack of information. Sometimes the person with the illness will rebuff attempts to reach or help them; this can be especially difficult for family members. Even when it is understood that the person is ill, their behaviors can cause hurt, dismay, and anger to the family member trying to help.

### **Things to Keep in Mind to Support Your Loved One and Yourself**

**Avoid placing blame and guilt.** The family did not cause the illness, nor did the person experiencing the illness. Self-blame and blame leveled by others is destructive. Accept the “4 C’s”.

‘I didn’t cause it, I cannot control it, I cannot cure it. All I can do is cope with it.’

-Dr. David Karp, Boston College

**Seek your own support.** Consider attending **CHR’s Family Matters** group or other programs that are listed in this guide. It can be very helpful to connect with others who have ‘been there’ and understand what you are going through. Unless they have lived with a family member who has mental illness or a substance use disorder, it is difficult for others to understand the everyday trials and concerns that family members in support groups can.

**Continue with your own outside friendships and hobbies.** It is important that the role of caregiver not absorb all your time. If caregiving becomes all-consuming, the result for the caregiver can be isolation, burn-out, depression, or health issues. It’s not selfish to prioritize yourself; it is a necessary part of staying healthy.

**Maintain healthy boundaries.** Set reasonable rules and limits and stick to them.

**Learn all you can about the illness.** As families gain greater knowledge, they can experience general improvement in well-being, decreased feelings of confusion, stress, and isolation.

**Do not suggest to a mentally ill person that he ‘pull himself together.’** If he could, he would. Not being able to do this is part of the illness. At times people with mental illness can experience an inability to concentrate, which can be frustrating. Telling them to ‘concentrate harder’ won’t help; it is best that you simply repeat information in a non-judgmental way.

**Know that getting well is not a straight line** often tremendous progress is being made only to have a setback; recovery takes time.

**Try to avoid becoming stuck in ‘illness talk.’** As your loved one’s recovery journey progresses, try to gradually reduce the amount of conversation revolving around your relative’s illness.

**Allow your loved one to exercise choices and make decisions about their life.** While ‘rescuing’ may be necessary in times of crisis, this does not encourage empowerment. Support your loved one in making good decisions rather than making decisions for them. As your loved one begins to feel better, they will likely need your help less. Look at the ways in which you may be able to shift from helping to supporting.

**Have realistic expectations.** Some people with serious mental illness will go on to live fully independent, productive, and stable lives, while others may need some form of ongoing support. Though it may be difficult, it is important that you not have a specific vision of what the recovery process will look like for your family member. Support your relative in nourishing their own strengths and interests. Celebrate their success and accept limitations when necessary.

**Know your support matters.** Research confirms again and again that having the support of family is instrumental to the recovery process and undeniably linked to better treatment outcomes. Your support is invaluable.

## Topics and Terms

### Helpful in Supporting Your Loved One

#### Major Mental Illnesses

Mental illness refers to a group of brain disorders that cause disturbances in thinking, feeling, and relating, sometimes resulting in an inability to cope with the ordinary demands of life. They can cause great distress to the person affected. Symptoms can include social withdrawal, disordered thinking, excessive fear or suspiciousness, inappropriate expression of feelings and/or behavior, mood lability and distortions in perception. Accurate diagnosis can take time, and the initial diagnosis may be modified later. A thorough physical exam should be the first step in order to rule out medical causes for the symptoms. Below is a quick overview of the types of mental illness.

#### Schizophrenia

Usually diagnosed between ages 17-25, schizophrenia is a disorder that affects thinking and judgment, sensory perception, and the ability to interpret and respond to situations appropriately. People with schizophrenia may experience delusions (false ideas that the person believes to be true) and hallucinations, the most common being hearing 'voices.' Delusions and hallucinations are also called psychotic symptoms. People with schizophrenia can have a lack of insight about their illness. While there is no cure, medications can be very effective in reducing symptoms. Outcomes can be very successful when the individual is treated with medication and has access to rehabilitation services and a stable, supportive living environment.

#### Mood Disorders

Mood Disorders or affective disorders include depression and bipolar disorder. A mood disorder is marked by periods of extreme sadness as in **depression** or in the case of **bipolar** the individual can have periods of extreme sadness and periods of extreme excitement (mania). Delusional thinking can be present in mania. Both Depression and Bipolar disorder can be effectively treated with medications and psychotherapy, though even with treatment, episodes can recur.

#### Schizoaffective Disorder

This illness is a combination of psychotic symptoms such as hallucinations and delusions and mood symptoms, either depression or mania or both.

**Dual Diagnosis (also called a Co-occurring Disorder)** refers to a combination of mental illness and substance use disorder and is very common. Drugs and alcohol can seriously complicate mental illness, but they are not the primary cause of the illness. People with mental illness often use alcohol and drugs to relieve symptoms and feelings of despair associated with their mental illness, often referred to as "self-medicating."

Other mental illnesses include: **Anxiety disorders, Personality disorders, Obsessive compulsive disorder**

Detailed information on specific mental health diagnoses and substance use can be found at the National Institute of Mental Health website.

<https://www.nimh.nih.gov/index.shtml>

## **Additional Mental Health Terms**

**Advance Directive** - a written document that expresses the wishes of a person with a mental health condition in advance of a mental health crisis. This document indicates the treatments and services which are preferred by the individual. Advance Directives must be notarized. The link to the form to prepare an Advance Directive is below.

<https://portal.ct.gov/-/media/AG/Health-Issues/advdirectivescombinedform2006alt-pdf.pdf>

**APRN** - is an advanced practice registered nurse with at least a master's degree in nursing and specialized training. An APRN can prescribe medication

**Case Management** - a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet a client's health and human service needs

**Insight** - an individual's ability to understand and accept his/her illness(es)

**Intake** - initial service to assess the type and degree of mental illness and/or substance use and to determine if services are needed and link with the most appropriate level of care

**Paranoia** - suspiciousness not warranted by circumstances

**Psychosis** - a mental state characterized by impaired perception of reality, delusions, and hallucinations, and distorted thinking.

**Thought Disorder** - abnormalities in thinking, including the inability to concentrate or think in a logical sequence, rapid jumping between apparently unrelated thoughts.

**Treatment Plan/Recovery Plan** - a comprehensive plan of care for an individual client with interventions to address the problems and needs with measurable goals to be achieved in specified time frames

**Treatment Team** - refers to all the people who work to help a client in recovery. Each person has specialized skills and a unique role though they all work to a common goal.

**VNA (Visiting Nurse Association)** - A nurse who makes home visits, often to dispense medications.



## Medications

Medications can be very useful in helping a person with mental illness think more clearly and gain control of their own thoughts and emotions. Medications can produce both beneficial effects and side effects. Some side effects are temporary or become less severe after a few weeks.

There are four main groups of drugs used to treat the symptoms of mental illness:

**Antipsychotics, Mood Stabilizers, Antidepressants, and Antianxiety medications.**



### Injection Medication

Many anti-psychotic medications are available in injection form which in most cases are administered once every 3-4 weeks. Research shows that people receiving injection medication are less likely to relapse and less likely to be hospitalized than people who take pills. They are also less likely to experience unwanted symptoms. A once to twice a day pill schedule can be difficult to adhere to due to forgetfulness and changes in a person's daily routine. Research shows not taking medications consistently, as often happens with pills, can lead to a mental illness becoming a chronic condition—a once every 3-4-week injection is easier to manage and can lead to better management of the illness.

### Medication Assisted Treatment (MAT)

**Methadone** - this medication is used to treat addiction to opioids (such as heroin) as part of an approved treatment program. Methadone is an opioid analgesic that helps to prevent withdrawal symptoms caused by stopping other opioids. Methadone must be prescribed by a doctor and must be closely monitored. People on Methadone visit a Methadone Clinic daily to get their Methadone dispensed. Other medications used to treat Substance Use Disorders include **Suboxone** and **Vivitrol**.

**Narcan** - is a medication in injection or nasal spray form that can treat opioid overdose in an emergency situation to reverse overdose rapidly. You do not need a doctor's prescription for Narcan; it can be obtained through pharmacies. Family members can ask for Narcan at a pharmacy and present their own medical insurance card to cover the cost (Check with your insurance in advance to make sure it is covered). The cost of Narcan without insurance coverage is about \$150.

For more information about CHR's Medication Assisted Treatment (MAT) Programs, please call:

Manchester Program: Contact: Donna Camerota 860.646.5995

Enfield Adult Outpatient Program: Contact: Irja Welch 860.253.5020

Enfield Pathways Program: Contact: Kate Battista 860.835.7377

Putnam Pathways Program: Contact: Nicholas Gaughan 860.963.4971

Danielson Program: Contact: Marisol Tromley 860.771.4839

Willimantic Program: Contact: Jessica Szczygiel 860.456.7200

For more detailed information on medications, please visit the National Institute of Mental Health website:

<https://www.nimh.nih.gov/health/topics/index.shtml>

## **Helping a Loved One Who has Difficulty Maintaining a Medication Schedule**

There are a variety of factors that can contribute to an individual not taking medications as prescribed. These include: having a lack of awareness of their illness, concurrent alcohol or drug abuse, forgetfulness, and not communicating with the prescriber about side effects.

### **Factors that may encourage individuals in taking medications as prescribed:**

- Clear explanations of why medication is indicated and information on both the benefits and side effects
- Family Support
- A good relationship with a health professional
- Using electronic resources that assist with reminders. For example, setting timers on cell phones or watches.
- Setting Up a Weekly Medication Box
- Having medications delivered to the home
- Having medications prepared in Medication Bubble or Blister packs in prepared doses, as opposed to bottles
- Using Visiting Nurse (VNA) Services. Visiting Nurses go to the home to administer medications at appropriate times
- Communicating with prescriber if there are issues that prevent taking medications as prescribed
- Long-acting injectable medications are effective for extended periods of time. An injectable may be beneficial for individuals who have difficulty taking medications on a daily basis. The prescriber can tell you if an injectable is an option; not all medications are available in an injectable.

## **What to Do When You're Concerned a Loved One May Be Experiencing a Mental Health or Substance Use Crisis**

If someone you care about is experiencing or at risk of experiencing a crisis, it is important to get help quickly. Any time of day, you can call CHR's Mobile Crisis Response Team at 1.877.884.3571 or 911 for immediate assistance. However, if your loved one is experiencing a crisis during normal business hours, we encourage you to reach out to their primary provider at CHR.

It is useful to know your loved one's diagnosis, medications, and the specific behaviors that precipitated the crisis event. This information can be helpful to those responding to assist your loved one.

A mental health or substance use crisis can be stressful for family members also, and it is important for you to take care of yourself. Support from others who have had similar experiences **can** make a big difference.

For more information on the Family Matters Support Group and other support resources in the community, please Contact Kathy Pappas, Family Liaison, at 860.989.1460.

### **Mobile Crisis Response Team (MCRT)**

CHR's Mobile Crisis Response Team is a 24/7 crisis triage and mobile crisis assessment service. MCRT provides short-term crisis response, stabilization, and intervention. Services include telephone triage, mobile crisis interventions at home or in other community settings, and assessment to determine the level of risk and whether there is a need for hospitalization. Interventions provided by MCRT aim to assist the individual to remain safely in the community and engage in treatment.

The Mobile Crisis Response Team can be reached by phone 24 hours a day at 1.877.884.3571. (Mobile hours are 9 am-10 pm Monday-Friday and 10 am-8 pm on holidays and weekends)

### **Inpatient and Outpatient Care**

It is important to know that the purpose of inpatient hospitalization is to keep your loved one safe while assisting them with getting through the current crisis. While there are exceptions, the average length of stay in a psychiatric hospital or unit is 7-10 days. Generally, patients are allowed visitors during normal visiting hours. A psychiatric unit of a general hospital is referred to as a **Behavioral Health Unit (commonly referred to as BHU)**. Hospitalization can be voluntary or involuntary.

**Voluntary hospitalization** occurs when the evaluating emergency department provider and the patient agree that hospitalization would be best. The patient then voluntarily signs the necessary paperwork to be admitted to a locked unit. A voluntary hospitalization is always preferable to an involuntary hospitalization. However, there are times when a patient may not agree to hospitalization and can be deemed as needing one due to safety.

**Involuntary hospitalization** occurs when a provider determines that the patient needs inpatient level of care due to being a danger to self or others or grave disability, and the patient is not agreeable to a voluntary admission. In this circumstance, the Emergency Department MD writes a Physician Emergency Certificate (PEC) which enables the patient to be admitted to a psychiatric unit involuntarily.

**LCSW/APRN Emergency Certificates (EC)** can be written if a LCSW/APRN evaluates a client **in the community** and determines that the client requires further evaluation at an Emergency Department due

to concerns of danger to self or others or grave disability. The EC allows an ambulance to transport a client involuntarily to an Emergency Department for further assessment. EC's can only be written by providers working within a **Mobile Crisis Team, Jail Diversion, or an ACT team**. An EC does not ensure admission to a psychiatric unit, only assessment at an Emergency Department.

**PREE (Police Request for Emergency Evaluation)** is an Emergency Certificate written by a police officer who has reasonable cause to believe that a person has psychiatric disabilities and is a danger to themselves or others or gravely disabled and in need of immediate care and treatment. It allows the police to take the person into custody and be taken to a general hospital for emergency examination. The officer shall execute a written request for emergency examination detailing the circumstances under which the person was taken into custody, and such request shall be left with the facility providing further assessment.

Read additional information on procedures and laws for voluntary and involuntary commitment in Connecticut on the Connecticut General Assembly website at:

<http://www.cga.ct.gov/2013/rpt/2013-R-0041.htm>

**Medical clearance** is a term commonly used for the initial medical evaluation or focused medical assessment performed in the ED before transfer to a psychiatric facility. A patient must be medically cleared before transfer to a psychiatric unit.

**Intensive Outpatient Program (IOP)** is a comprehensive, inclusive treatment modality where clients have an opportunity to receive therapy, usually in a group setting. This treatment setting may include psychiatric evaluation and medication management. IOP is typically 9-12 hours per week over 3 to 4 days for a week. Each client is assigned a primary therapist who is responsible for administrative tasks related to client care, including involvement of the family whenever possible and maintaining communication with relevant providers. There are a variety of IOP programs available.

Please visit [chrhealth.org](http://chrhealth.org) for additional information on specific IOP programs.

**Detox** is short for detoxification. Addiction to alcohol or drugs can lead to physical and emotional dependence, and withdrawal symptoms can be dangerous or even life-threatening. For this reason, detox must take place in a medically supervised and safe environment. Commonly detox takes place in an Emergency Department or at a Substance Use Facility.

**Substance Use Treatment, Recovery and Rehabilitation Facilities** help people recover from substance use disorders. There are many different kinds of Substance Use facilities. These programs help patients learn healthy coping skills, impulse control, and emotional regulation skills to help them avoid relapse in the future. Substance use treatment can take place as an inpatient, where the person stays overnight at the facility, or as an outpatient where the person attends only during the day. Inpatient treatment is commonly followed by outpatient treatment so the person can continue with counseling.

## **Accompanying a Loved One to an Emergency Department**

The presence of a family member can be very helpful when an individual has an evaluation at the Emergency Department due to a psychiatric illness or emergency. A family member may be consulted during the evaluation with the client or separately before and/or after the evaluation. The input from a family member is a valuable resource in providing information on a client's medical history. The evaluator's goal will be to get a complete picture of the overall situation in the least upsetting way to everyone. Information such as the circumstances that contributed to the crisis, date of the last appointment with a medical professional, prescribed medication, and any substance use is important. Other details to share with the evaluator include any evidence the individual has in caring for oneself, any previous hospitalizations and/or suicide attempts.



As the family member accompanying an individual to the ED, this is your opportunity to discuss your concerns for your loved one's safety and provide historical information. Remember that a visit to the Emergency Department is stressful; ED's are often chaotic and loud. For this reason, having relevant information written down before an ED visit may be helpful. This way, you will not forget any key information.

## **Recovery**

Recovery is a process of change through which individuals live a self-directed life, strive to reach their full potential, and improve their health and wellness. Recovery is supported by a person being able to:

- Manage their own illness and make choices that support their well-being
- Have a safe and stable place to live
- Have purposeful, meaningful daily activities such as creative pursuits, a job, school, volunteering, or other pursuits
- Have a connection to the community and social networks that provide a connection to friendship, love, support, and hope

Self-determination and self-direction are the foundations for recovery, as individuals define their own life goals and design their unique path towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience.

Recovery is personalized and can take many pathways. Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds. They will all affect and determine their pathway to recovery. Recovery pathways can include professional clinical treatment, use of medications, support from families, faith-based approaches, peer support, and other approaches.

The belief that recovery is real and that people can and do overcome the challenges, barriers, and obstacles that confront them provides the essential and motivating message of a better future. Hope is internalized and can be fostered by peers, families, providers, allies, and others.

Hope is the catalyst for recovery.

## **Overview of Financial Entitlements, Medical Insurance and other Community Assistance Programs**

**Medicare** is a federal health insurance program administered by the Social Security Administration. It serves people over 65 as well as people who are determined to be permanently disabled by Social Security. For more information, go to [www.Medicare.gov](http://www.Medicare.gov) or call Medicare at 1.800.633.4227.

**Medicaid** is a public health insurance assistance program funded both by the federal and state government. Medicaid is administered by the State of CT Department of Social Services (DSS) and has eligibility requirements, including disability and income criteria. In Connecticut, the Medicaid insurance program is called Husky. For more information to see if you qualify and applications, please visit: <https://portal.ct.gov/dss>

**SNAP (Supplemental Nutrition Assistance Program also known as Food Stamps)** SNAP is also administered by DSS. Low-Income residents who meet income criteria. For guidelines of the SNAP program and applications, please visit: <https://portal.ct.gov/dss>

**State Supplemental Cash Assistance** provides cash assistance to the aged or disabled to supplement their income and maintain them at a standard of living established by the State Legislature. To qualify to receive this benefit, individuals must have another source of income (Such as SSI or SSDI) and must meet the disability criteria of the federal Social Security Disability insurance program or be age 65 or above. This program is funded by state funds but operates under both state and federal regulations. For application and additional information, please visit: <https://portal.ct.gov/dss>

All state benefits are placed on an **EBT (Electronic Benefits Transfer) Card**, a magnetic striped card used much like a debit card.

**Social Security Income Benefits** Social Security income is a federal benefit that provides partial replacement for qualified retirees and disabled individuals.

**SSI (Supplemental Security Income)** is a determination based on age/disability and limited income and resources. Disabled individuals who have a disability that prevents them from working or disabled individuals who have not earned enough work credits would fall into this category

**SSDI (Social Security Disability Income)** is a determination that is based on disability and work credits.

More information and applications about all Social Security Benefits (Medicare, SSI, and SSDI) are available at [ssa.gov](http://ssa.gov). Information on SSI, SSDI, Medicare, retirement, and disability benefits can also be accessed by calling 1.800.772.1213.

Information and applications for all Social Security benefits can be found at: <https://www.ssa.gov/>

**Energy Assistance** provides help to pay for oil, gas, and other heating sources for eligible persons. For more information and to obtain information on application deadlines, please visit Connecticut's Community Renewal Team website: [www.CRTct.org](http://www.CRTct.org)

**Renters Rebate Program** CT state law provides a reimbursement program for CT renters who are elderly or totally disabled and whose income does not exceed certain limits.

Renters Rebate Program provides a yearly rebate check for seniors 65+ or disabled renters 18+. Contact your local town office of human services or social services for income limits, appointments, and more information. Additional information can be found on the CT portal at the following website:

<https://portal.ct.gov/OPM/IGPP-MAIN/Grants/Tax-Relief-Grants/Renters--Rebate-For-ElderlyDisabled-Renters-Tax-Relief-Program>

## **Transportation**



**Veyo Transportation** - Veyo is the Connecticut state provider for non-emergency, plan-covered medical, behavioral health, or dental appointments for eligible state Medicaid (Husky) participants. To participate in Veyo services, registration is required, and reservations for rides must be made 2 days in advance of travel.

Visit <https://ct.ridewithveyo.com> or call 1.855.478.7350 for registration or to book travel.

**CT Transit** - Provides bus transportation in the State of Connecticut.

Visit [www.CTtransit.com](http://www.CTtransit.com) or call 860.525.9181 for information on fares, routes, location of bus stops, and schedules. (Discounted fares are provided for individuals who have Medicare. Simply show Medicare card to operator when boarding the bus.)

**Dial-A-Ride Services** - Dial-A-Ride is a community-based transportation service. Many communities have a Dial-A-Ride service to provide transportation for elderly and disabled; individual communities set their own eligibility, application and fee (if any) criteria, and the locations they drive to. Additional information on Dial-A-Ride can be found by calling 211 or by calling the Human Services Department at your town office.

**ADA Paratransit** - Mandated by the Americans with Disabilities Act in 1990, ADA paratransit provides door-to-door transportation along bus routes for people with disabilities who are unable to ride the bus due to physical or mental disability. ADA paratransit requires a fare (usually about \$3.00 one way), and registration is required. For more information, please visit:

<https://portal.ct.gov/DOT/Publictrans/Bureau-of-Public-Transportation/Paratransit-service>

For registration information, please visit: <https://HartfordTransit.org> or call 860.724.5340

**DMHAS 24/7 Access Line** - Facilitates access to treatment for substance use disorders and can arrange transportation to DMHAS residential treatment; priority is given for detox transportation.

1.800.563.4068





## **Confidentiality/HIPPA (Health Insurance Portability Accountability Act)**

The HIPPA law is a federal Privacy Rule to protect health information from being disclosed without the patient's knowledge. **HIPAA release forms** allow patients to authorize their health provider to disclose information to a civilian third party of their choosing.

Whether in a hospital or under the care of a community provider, ask your relative to sign a **Release of Information (ROI)** so you can be informed and updated. Sometimes a person in treatment will choose not to sign a release of information for their family. Under these circumstances, a treatment provider *cannot share information* with you. However, even in these circumstances the mental health professional *can listen* to family member's concerns. The provider may also be able to link you with family support groups and other resources in the community. Even if someone refuses to sign a Release of Information initially, they may be open to signing at a later time. A person in treatment is able to sign a release at any time in their treatment.

## **Conservatorships**

There are two basic types of conservatorships to accommodate the different needs of individuals. First, a **"conservator of the person"** is appointed to supervise the personal affairs of an individual who is found by the court to be unable to meet essential requirements for personal needs. These needs may include, but are not limited to food, clothing, shelter, health care, and safety. Second, a **"conservator of the estate"** is appointed to supervise the finances of an individual who is found by the court to be incapable of doing so themselves. This may include, but is not limited to, actions to manage assets, income, and public assistance benefits. A person may be in need of one or both types of conservators. A conservatorship can be voluntary, involuntary, or temporary—however, all must go through the Probate Court. Sometimes a lawyer serves as a conservator, though a relative or friend can also serve as a conservator.

In Connecticut, the Probate Courts have sole jurisdiction over the appointment of conservators. A person filing a petition for a conservatorship must apply to the Probate Court for the probate district in the town where the person they are applying to conserve resides.

Local probate courts can provide additional information and applications. For a guide to Conservatorship in CT please visit: <http://www.ctprobate.gov/Documents/User%20Guide%20for%20Conservators.pdf>

## **Additional Resources for Family Support and Information on Mental Illness, Substance Use, and Advocacy**

### **NAMI (National Alliance on Mental Illness)**

NAMI provides support and education to the families of loved ones who have been diagnosed with a mental health and/or substance use issue. The website offers support group schedules, publications, reports, videos and online discussion groups. One recommended class is NAMI **Family-to-Family**, a free 8-session educational program for families and friends of people with a mental illness. This is an interactive class taught by families who have been there and includes presentations and discussions. The class covers topics such as how to problem solve and communicate effectively, how to manage stress and take care of yourself, and the impact of mental health conditions on the entire family. Check the website below to see if a Family-to-Family class is scheduled in your area.

For the NAMI National website, please visit: <https://www.nami.org/Home>

For the NAMI Connecticut website, please visit: <http://namict.org/>

**Substance Abuse and Mental Health Administration (SAMHSA)** - A federal agency with information and resources on mental health and substance use disorders as well as information for families. <https://www.samhsa.gov>

**Mental Health Connecticut** promotes mental health and works to improve care and treatment of persons with mental illness. The website has information on legislative advocacy and educational programs: <https://www.mhconn.org/>

**National Institute of Mental Health (NIMH)** is the lead federal agency for research on mental illness and mental disorders. It also provides detailed information on specific mental illnesses. <https://www.nimh.nih.gov/index.shtml>

**Department of Mental Health and Addiction Services (DMHAS)** - The Department of Mental Health and Addiction Services (DMHAS) promotes and administers comprehensive, recovery-oriented services in the areas of mental health treatment and substance abuse prevention and treatment throughout Connecticut. The DMHAS website provides information on mental illness, substance use, advocacy and current initiatives. <https://portal.ct.gov/dmhas>

**Connecticut Addiction Services** was developed to help people in CT get timely access to detox, residential, and recovery house beds. The site is funded by DMHAS. The information on the site is updated daily in an effort to keep the public informed on the availability of DMHAS funded treatment facilities. <https://www.ctaddictionservices.com/>

**NFSTAC (National Family Support and Technical Assistance Center)** - The National Family Support Technical Assistance Center (NFSTAC) is a SAMHSA-funded Center of excellence focused on serving families whose children experience mental health and substance use challenges across the lifespan by providing resources. It also provides technical assistance and training to the workforce, organizations, and communities that support them. <https://www.nfstac.org/>

**Connecticut's Free Information and Referral Service-2-1-1 Infoline** - 2-1-1 is a free, confidential information and referral service that connects people to essential health and human services 24 hours a day, seven days a week online and over the phone. 2-1-1 provides resources such as community resources, including entitlement and assistance programs and housing and transportation information. Calling 2-1-1 is also the way to access a shelter in Connecticut. Dial 2-1-1 or visit [www.211ct.org](http://www.211ct.org).

**Keep the Promise Coalition (KTP)** is a Connecticut Coalition of advocates (people living with mental illness, family members, mental health professionals, and interested community members) dedicated to ensuring that a comprehensive, community mental health system is created and sustained across the lifespan (children, adolescents, emerging adults, adults, older adults) and families in Connecticut. Please see the website for more information, legislative priorities, and ways to get involved. <http://ctkeepthepromise.com>

**Today I Matter** is a non-profit 501(c) (3) organization established in loving memory of Timothy Lally, who died of a heroin overdose on January 21, 2016. Its mission is to reduce the stigma and shame of mental illness and addiction and promote the physical, emotional, and mental health of our community. **Today I Matter** is dedicated to speaking out and educating the public about recognizing, preventing, and treating these illnesses. It also supports positive health through the arts, education, sports, and other activities that enhance each individual's self-image and sense of well-being.

Please visit the website for more information and ways to get involved: <https://www.todayimatter.org/>

**Sources:** Substance Abuse and Mental Health Association <https://www.samhsa.gov/>, National Institute of Mental Health <https://www.nimh.nih.gov/>, National Alliance on Mental Illness <https://www.nami.org/Home>, Connecticut's Official State Website <https://portal.ct.gov/>, HeretoHelp <https://www.heretohelp.bc.ca>