Our Programs and Locations

**Avon**
35 Tower Lane
Adult outpatient treatment

**Cheshire**
680 South Main Street
Suite 204
Adult outpatient treatment

**Durham**
459 Wallingford Road
Rushford Academy and Stonegate residential program

**Glastonbury**
110 National Drive
Adult and teen outpatient treatment

**Meriden**
883 Paddock Avenue
Adult and teen outpatient treatment

**Middletown**
1250 Silver Street
Adult residential and outpatient treatment

**Portland**
325 Main Street
Stonehaven intermediate residential treatment
Innovative Solutions for the Best Care

Access. Community. Expertise. It’s the theme of Hartford HealthCare’s annual reports this year, and an apt description of Rushford in FY 2019.

Throughout this report, you will read about exciting accomplishments in the past year. None of this could have happened without the expertise and compassion of every staff member at every level of this organization, on and off site and every shift.

We want to thank everyone for their participation in improving the care we provide to our patients and solidifying our status as a safety net for the community. It takes a unique combination of expertise and compassion to care for behavioral health patients, who are sometimes vulnerable, traumatized and discriminated against.

None of this occurs by happenstance. In the past year, we have put into place policies, protocols and standard work to improve quality and safety.

We also are using innovative solutions to provide the very best care for substance use disorder and mental health issues.

Some specific successes include:

- The use of “telehealth” to help us bring the right care to the right place at the right time for patients. This has improved access, created efficiencies and improved results for our patients.

- Through our MORR and HOPE grants, we are working closely with community partners, including police departments, to offer treatment rather than incarceration for some drug offenders. Early statistics show this has been a great success.

- Offering suboxone in our emergency departments. This has bridged a significant gap, improving the percentage of follow-up appointments at our outpatient programs.

- The Zero Suicide initiative, where we have added standard work around our post-discharge and no-show phone calls, quarterly ligature risk rounding, review of suicide data and implementation of the Columbia Suicide Assessment.

- The addition of recovery support specialists to help patients identify with caregivers who have “lived experience,” including at our MATCH and emergency department locations. Our first ever Recovery Leadership Academy graduation in October helped us keep up the momentum and build on this success.

All of the accomplishments we mentioned above, and throughout this annual report, were done through innovation, efficiency and standard work. A heartfelt thank you to our team — our footprint is growing and it has been a remarkable year. These accomplishments take a team that works together, coordinates, cares about each other and puts patients first. We see your dedication every day, and are confident that our patients have a better chance at recovery because of you.

Patricia Rehmer, MSN, ACHE
President, Hartford HealthCare Behavioral Health Network
Senior Vice President, Hartford HealthCare

John Santopietro, MD, DFAPA
Physician-in-Chief
Hartford HealthCare Behavioral Health Network
Senior Vice President, Hartford HealthCare
How MATCH’s Telehealth Video Conferencing Can Aid Sobriety

The Rushford clinical team offering supervised, medication-supported help for opioid addiction has made getting sober even easier by introducing video conferencing, so patients don’t have to travel far to check in with an addictions doctor.

Called telehealth, the initiative is an extension of Rushford’s Medication Assisted Treatment Close to Home (MATCH) Program that operates 13 locations across the state so people can easily access the opioid replacement medication and behavioral support often needed to successfully achieve sobriety.

The technology connects patients with medical experts to help manage withdrawal, induction and ongoing medical treatment of opioid use disorder (OUD) via online video conferencing, according to Melissa Monroe, clinical director of MATCH ambulatory programs.

“When someone is ready and willing to access treatment, it’s most effective to get them started as soon as possible,” added Dr. J. Craig Allen, vice president of addiction services for the Behavioral Health Network. “The challenge at our satellite locations is that we didn’t have medical staffing available every day to be able to do this. We didn’t want new clients to have to wait for the next available appointment, which could be a couple of days or even weeks. Delaying the start of the medication increases the risk of relapse and the patient can be lost to follow up.

“With telehealth, we tap into the resources available in our hub locations in Meriden and Middletown.”

One pathway into MATCH can be through the emergency room. There, after treating someone for an overdose, it’s best practice to initiate opioid replacement treatment immediately, but there must be an outpatient program that can accept the client to continue the medication within 24 hours of discharge, Dr. Allen said.

Monroe noted, “If referred to a nearby MATCH location, patients can continue their medication and avoid withdrawal symptoms that can include stomach cramps, tremors, vomiting and sweating.”

When appropriate, MATCH clinics offer timely follow-up visits with telehealth. The initial visit after emergency room discharge is about an hour, and patients must be seen every two days after until they are considered stabilized.

“This is where we had previously lost patients,” Monroe said. “This program is about consistency and these appointments are important. With telehealth, they can see a provider without needing to travel. They can be seen sooner and if something about their withdrawals gets more serious or they have questions, they can connect with the provider faster.

“Telehealth increases people’s access to MATCH and better serves the community. Our goal is to create a better experience for the patients and create a feeling that they’re together with the clinician because they can see each other on the monitor.”

By tapping a $1.5-million grant from the federal Substance Abuse and Mental Health Services Administration (SAMSHA), Rushford bought the necessary technology to add a telehealth component to MATCH and will fund the time clinicians spend on video visits, she said.

“Telehealth appointments for detox are not currently reimbursable by insurance,” she said. “We will be presenting a case for reimbursement to insurers in the next few years, because telehealth is truly the new wave of what’s being done in psychiatry.”

MATCH telehealth visits are currently available at the Avon and Glastonbury locations. The former, Monroe said, is where many patients experience trouble with the distance they must travel for in-person visits, while the latter has heightened need for appointments that cannot be accommodated with traditional sessions.

She went on to add that part of the process with initiating telehealth for MATCH is to create standard work so the concept can be applied to other service lines in the Behavioral Health Network.
Fueled by a $2 million Department of Health and Human Services grant, Hartford HealthCare Behavioral Health Network (BHN) and Meriden town officials announced the Meriden Opioid Referral for Recovery (MORR) program — a partnership between Rushford, MidState Medical Center, the BHN and the town of Meriden, including fire, police and ambulance personnel. Former Rushford client K.C. Conklin (center) with MORR staff members (left to right) Jacqueline Rodriguez; Robert Koenemund; Jessica Matyka, LCSW; Conklin; Krystle Blake; Megan Fitzimons and John Potter, MSW.

Saving ‘MORR’ Lives

K.C. Conklin’s song “Sober” debuted in January 2019, reaching the Top 100 on the iTunes Hip Hop Chart and grabbing more than 1 million views online and through social media.

But that’s not the amazing thing about this 31-year-old Wallingford resident. The real story is his comeback from the depths of opioid addiction with the help of Rushford and the Hartford HealthCare Behavioral Health Network.

Conklin spoke Wednesday, Feb. 20, at MidState Medical Center, where health and town officials announced the Meriden Opioid Referral for Recovery (MORR) program. Fueled by a $2-million federal grant, it is a partnership between Rushford, MidState Medical Center, the Hartford HealthCare (HHC) Behavioral Health Network (BHN) and the City of Meriden fire, police and ambulance departments.

The monies funded the purchase of Narcan kits for first responders, made Rushford clinicians and caseworkers available to first responders, and provided training to police on mental health and addiction, all as part of an overall approach to recovery that counteracts the vicious cycle of treatment and relapse.
“Addiction can be a very, very dark and lonely place,” said Conklin, who was born in Meriden. “I think a grant like this is so important to help people that are struggling on their terms. This can really help change and save lives.”

Conklin was introduced to painkillers in his early 20s, first using pills, such as Percocet, recreationally and then daily. He eventually progressed to heroin, ending up jobless and stealing to support his habit.

By the age of 25, he was living in an apartment without electricity in Middletown, running an extension cord to his neighbor’s to power a small space heater. Later, he found himself living in his car in Florida. He remembers thinking, “This can’t be it; I have to be capable of more than this.” Finally, he got serious about making changes and, with the help of Rushford, has been sober since June 19, 2016. He has his own business, KC Makes Music, which is beginning to pay dividends.

Most importantly, he is enjoying life again.

BHN Physician-in-Chief John Santopietro said the opioid crisis continues to claim 70,000 lives annually, almost twice the toll of breast cancer, and MORR is a way for the community to work together to solve the problem.

“I truly believe we can solve this,” he said. “But we can’t do it alone, we must do it together.”

James O’Dea, PhD, MBA, BHN vice president, praised Rushford staffers Jessica Matyka and Krystle Blake for work on MORR and community outreach, then told a story about an overdose patient at the Backus Hospital Emergency Department about a decade ago. He and others were able to save the patient’s life, but unable to coax him into long-term recovery.

“I don’t know what happened to him. I truly don’t know,” Dr. O’Dea said. “But that story has stayed with me for a decade. I knew then we needed better tools.”

The MORR grant offers tools. Police Chief Jeff Cosette said the opioid epidemic is ravaging Meriden, and arming police with training and Narcan will help them understand the minds of those with mental health and substance abuse issues. The end result, he said, will be more people getting treated instead of locked up for petty crimes.

“This is a win-win for the community,” he said.

Fire Chief Ken Morgan said the grant offers a new path for first responders.

“This will take our band-aid fix in the field and lead to a global approach to getting them better and reducing the epidemic in this city,” Morgan said.

Dr. J. Craig Allen, medical director of Rushford and vice president of addiction services for the Hartford HealthCare BHN, said resources, training and partnerships — with medication-assisted treatment and recovery coaches in emergency departments and outpatient locations — is an evidence-based approach to tackling such health issues.

“It’s important that people with opioid use disorder be given options once the Narcan saves them from death by overdose. Through MORR, Meriden’s first responders can seamlessly connect people with the services of the Rushford Crisis Team,” he said. “That provides direct access to a clinician who can assess the client’s physical and emotional condition and make appropriate referrals for treatment.”

MORR expands the programs Rushford and Hartford HealthCare already offer in the area, including the presence of recovery coaches in the emergency department at MidState Medical Center. Rushford has also hired a team of skilled professionals to work with individuals referred through MORR. These include peer support specialists who play an integral part in supporting people in recovery, and their families.

The city will use MORR grant monies to purchase up to 400 doses of Narcan in each of the grant’s four years, saving excess for future use. In addition, Meriden will collaborate with Rushford and Hunter’s Ambulance on educational programs outlining the dangers of opioids for local healthcare providers, while providing them with materials on treatment and recovery for patients and families.

**Suboxone Treatment Can Begin in the Emergency Room**

On a Saturday in November 2018, a patient was brought into The Hospital of Central Connecticut (HOCC) Emergency Department overdosing on opioids; doctors diagnosed him with Opioid Use Disorder and asked if he wanted to start recovery.

When he agreed, they gave him a dose of Suboxone, a medication that eases what can be painful withdrawal symptoms and stops cravings for the drug. The man was then sent home. He returned to the emergency department for a second dose on Sunday and a third dose Monday. On Tuesday, he walked into Hartford HealthCare’s Medication Assisted Therapy Close to
Home (MATCH) Program at Rushford in Meriden to work on his sobriety in an outpatient setting.

“This is what we consider a successful transition,” said Dr. J. Craig Allen, medical director at Rushford, vice president of addiction services for the BHN and co-chair of the HHC Opioid Management Council, which identified a need for providers to administer Suboxone in system emergency departments across the state.

The move, he said, was prompted by a state Medical Examiner’s Office report that there were more than 1,000 opioid-related overdose deaths in Connecticut in 2017.

“We saw this as a huge opportunity,” Dr. Allen said. “Research supports identification and intervention as a path to decreasing opioid overdose deaths. Screening for misuse and providing harm reduction education, naloxone prescriptions (the opioid overdose reversal medication) and referrals for medication-assisted treatment are considered ‘best practice’ to beat this crisis and improve public health.”

He added, “Optimal treatment is starting buprenorphine medication, such as Suboxone, as soon as possible with patients in the emergency department. This shows improved engagement and patients are more likely to remain in outpatient treatment 30 and even 60 days after discharge.”

**Crucial Change**

MidState Medical Center was the first HHC emergency department (ED) to initiate Suboxone treatment on site. Dr. Jeffrey Finklestein, vice president of medical affairs for MidState and HOCC, says it was a change in thinking for ED providers that opened the door for the change.

“We were not serving this population well,” he said. “Based on the stigma of substance abuse, we felt it wasn’t the job of the ED to give outpatient medication. But, with all the news on the opioid crisis, we realized we could do something fairly easy and save lives.

“It was like an awakening.”

At Windham Hospital, Emergency Department Medical Director Dr. Mark Dziedzic said, “Being able to initiate Suboxone in the emergency department allows us to take advantage of a crucial moment in that patient’s path of drug abuse. When a patient comes to us seeking detox and is in active withdrawal, we can treat their symptoms completely with Suboxone. In the past, we only gave symptomatic treatment which is not very effective.

“Patients in active withdrawal are uncomfortable and could be more likely to use again even if they want to quit. By initiating Suboxone, we can bridge them for the time it will take for them to get to the medication-assisted treatment program as opposed to having them suffer.”

In order to start Suboxone in the ED, there has to be an outpatient clinic the patient can go to receive therapy and continue their prescription. Without the medication, which is called opioid replacement therapy, the patient will experience withdrawal symptoms and cravings leading to a high risk of relapse. In the past, the lack of outpatient programs has been a barrier to inpatient or ED induction of Suboxone. However, at HHC, the Behavioral Health Network (BHN) has developed 13 locations.

“Our goal is to create a seamless system to help people with opioid use disorder receive first-line, evidence-based care regardless what Hartford HealthCare ‘door’ they enter. The emergency departments are our initial focus given the large number of high-risk patients, but soon we’ll be treating opioid use disorder in all our acute care hospital settings and primary care clinics,” Dr. Allen explained.

A three-day, broadly focused quality improvement project called a “Kaizen” was held last summer, bringing all BHN programs offering medication-assisted treatment for opioid use disorder into alignment. The workgroup established five areas or “pillars” they felt were essential for substance use disorder treatment. All programs working toward meeting these goals will be considered MATCH clinics. The goals are:

- Foster shared understanding and education. All staff, clients and involved family members receive standardized education on substance use disorder and its treatment.
- Create a single point of contact for all MATCH programs. Regardless of a person’s location, one phone call will connect them to the closest MATCH clinic or other community treatment resource.
- Establish same-day access to clinicians and Suboxone prescribers.
- Create financial transparency so there is a clear understanding of insurance coverage and the client’s financial responsibility.
- Expand recovery capital by placing a priority on engaging the family and community support services.
in the treatment and recovery process. “The expansion of our medication provider network now allows us to treat more people with first-line, evidence-based, FDA-approved medications because we can safely transition them to outpatient MATCH settings,” Dr. Allen said.

Dr. Dziedzic said offering Suboxone in the emergency department should help increase the number of people seeking recovery.

“It gives them instant access during a moment where they are seriously considering getting help,” he explained. “These moments can be fleeting and the longer the patients have to wait, they might lose their resolve.”

The patient successfully transitioned from Suboxone in the HOCC ED to Rushford for outpatient services is a perfect example, Dr. Finklestein said, of helping patients. “Sometimes it’s really hard to know the right thing to do but once you know it, it’s hard not to do the right thing,” he said. “A life was saved. You don’t get much better than that.”

TryCycle, a Mobile Tool, Gives Added Connection in Recovery

It’s easy enough to talk about the urge to use opioids when you’re seated across from your counselor in a regular appointment. It’s the reason you’re there. But office visits are typically not when the temptation of opioid use disorder (OUD) is most challenging. That itch comes later, when you’re with friends at a party and using is part of the fun, or when you’re home alone, hoping a fix will help ease feelings of depression.

“Opioid use disorder is a 24-hour struggle for people and, as clinicians, we need to find ways to be supportive when people need us most, when the disorder distorts their thinking and incites impulsivity,” said Melissa Monroe, clinical supervisor at Rushford.

To expand availability for clients to confer with their clinician, Rushford — with Natchaug Hospital and the entire Hartford HealthCare Behavioral Health Network — used a portion of the funds allocated under a $1.5 million, three-year Connecticut Treatment Expansion for Accessibility (CTEA) grant to fund access to a special digital communication tool called TryCycle, developed by TryCycle Data Systems of Farmington.

“TryCycle allows clients to use their phones to stay engaged and communicate with their provider outside of regularly scheduled appointments,” Monroe explained, adding that there are more than 10,000 phone apps in the mental health and substance abuse field, but none tethers the client to the clinical team the way TryCycle does.

The app allows clients to create a relationship with their treatment team, journaling and sharing thoughts with their program psychiatrist, clinician and recovery support specialist electronically. This interaction enhances the support clients receive during recovery. The TryCycle algorithm evaluates client input and behavioral data to predict the risk of relapse, which sparks decision-making by providers to help those most at risk.

“The goal of CTEA grant is to engage new and existing patients in treatment for OUD through a variety of recovery support services and new technologies. TryCycle is an innovative way to help clients in real time,” Monroe added.

Besides TryCycle, CTEA has helped Rushford fund:

- Telehealth, (see page 7), a technology that enables clients to connect instantly with providers by computer or smartphone for face-to-face interactions.
- The hiring of full-time peer supports called “recovery support specialists” to work directly with clients in the Medication Assisted Treatment Close to Home (MATCH) program. These specialists will monitor TryCycle at night and on weekends and holidays to expand access for clients.
- Increased access to medication-assisted treatment for those who struggle to access or are unlikely to follow up on treatment without peer support.
- Provider education about OUD.

“We are excited to be offering access for clients in ways that have never been possible before,” Monroe said.
New Physician-in-Chief Brings ‘Servant Leadership’ to Behavioral Health Network

Every summer and Christmas vacation from high school through medical school found John Santopietro, MD, DFAPA, donning a rubber apron and working in his family’s fish market, preparing, stocking and selling filets, squid, eel and snails.

The large Italian family that gathered often and talked incessantly was a good breeding ground for the future psychiatrist, who became the first physician-in-chief of the Hartford HealthCare Behavioral Health Network on Oct. 1, 2018.

“I’ve always been fascinated by the mind and relationships,” he said, chuckling. “Then, I went for 12 years to a Quaker school, where it was all about looking inward. It was inevitable that I would go into mental health.”

A longtime supervisor at the fish market also helped Dr. Santopietro, a Rhode Island native, hone his work ethic and “servant leadership” management style.

“Angelo would never ask you to do something he couldn’t or wouldn’t do himself,” he recalled. “I take pleasure in watching others succeed. If I’m good at anything, it’s putting together great teams that go on to do great things.”

“John has a career-long track record of leadership that promotes and embraces servant-leadership, feedback and quality improvement based on standard work,” said Patricia Rehmer, the Behavioral Health Network president.

Dr. Santopietro, who assumed the vacancy left by Institute of Living Psychiatrist-in-Chief Dr. Harold “Hank” Schwartz, wants to continue the quest to “bring the best care to the most people.” His arrival changed the position from a focus on the Institute of Living to the entire Behavioral Health Network president.

“We have extraordinary resources here and this is a great opportunity to leverage those resources across a network to a wide population,” he said of Hartford HealthCare.

In a nation that treats only about 40 percent of people with behavioral health issues, there are many barriers to care, including stigma and discrimination.

“The situation as it stands is not okay,” he said. “What people don’t generally understand is that we have excellent treatment for mental illness and substance use disorders. If you get somebody into treatment at the right time, 60 to 80 percent will recover.”

Dr. Santopietro returned to Connecticut as president and medical director of Silver Hill Hospital after a stint as chief clinical officer for behavioral health and chair of the Department of Psychiatry at Carolinas HealthCare System. While there, he spearheaded the integration of behavioral health practitioners in 70 primary care practices. He wants to continue that work at Hartford HealthCare.

“The rates of depression and anxiety, the rates of hospitalization and emergency room visits, and patients’ diabetic numbers all went down,” he noted. “Insurers are starting to see that if they pay for behavioral health, physical health improves and the total cost of care for these patients goes down. They can prevent so much downstream cost and suffering.

“Caring both for a person’s physical and behavioral
health helps on both sides. The focus needs to be on integration of behavioral health into primary care but also specialties, emergency departments, inpatient and long-term care. Integration with a capital ‘I.’”

People with behavioral health concerns are accessing care today more than before and the stigma is easing slightly, but Dr. Santopietro would like the trend to continue, especially as other concerns heighten. The nation’s suicide rate, for example, is rising, as is the rate of post-traumatic stress syndrome and suicide among military veterans.

“What are we doing to diagnose those who need help? What kind of access do they have? How do we help them reach out?” he said of veterans.

Other aspects of modern life threaten our mental well-being, he continued.

“We’re still learning about the effects of living in the age of terrorism, with a 24-hour sensational news cycle focused on things people have little control over and social media,” he said. “It will take time, but we’re starting to understand more about how this affects our brains, our relationships and our communities.”

At Hartford HealthCare, Dr. Santopietro said a strong network of facilities — the IOL, Rushford and Natchaug, as well as programs in acute-care hospitals — gives him hope we will be able to bring excellent care to more and more of the community members in need.

“People at HHC have a deep sense of a heritage of treating people like human beings,” he said.

When he joined Rehmer to lead the Behavioral Health Network, Dr. Santopietro added the perspective of a physician and someone with experience in a variety of systems of care — public and private, large and small, across several geographic and demographic areas.

Still, his goal is to breach barriers and deliver care to those who need it.

“The number one need is access,” he said. “If we just got people into the care they deserve, our recovery rates are amazing.”

A graduate of Yale University, Dr. Santopietro earned his medical degree from Northwestern University Medical School, and completed his residency in psychiatry at Cambridge Hospital and a fellowship at the Austen Riggs Center, both in Massachusetts and part of the Harvard system. He has published and lectured extensively, especially on the use of technology to enhance the delivery of behavioral health services.

**BHN in the National Spotlight**

As the National Council for Behavioral Health held its annual conference in Nashville in late March, a Behavioral Health Network (BHN) contingent was on hand, with several clinicians presenting research and observation as part of professional sessions throughout the four-day event.

“Hartford HealthCare was well represented at the conference by an enthusiastic group of providers,” said BHN Physician-in-Chief John Santopietro, MD, DFAPA, who was in attendance and was invited to give a tribute to outgoing CEO Linda Rosenberg as well as to introduce the opening session. “It was an energetic, inspiring few days and I’ve urged our contingent to bring back the many pearls of wisdom they gleaned to share with their teams.”

Dr. Santopietro enjoyed attending the annual conference of National Council for Behavioral Health in Nashville in the spring with a group of staff members. He participated in a panel discussion about mass violence and a podcast.
Dr. Santopietro and Harold “Hank” Schwartz, MD, psychiatrist-in-chief emeritus of the Institute of Living, were part of the panel presenting “Mitigating Mass Violence — What Can a Community Mental Health Center Do?” on day one. The session related directly to the aftermath of the Sandy Hook Elementary School shooting in 2012. Afterwards, they both participated in a podcast for Netsmart.

In addition, J. Craig Allen, MD, medical director of Rushford and vice president of addiction services for the BHN, was part of the group presenting sessions entitled “Peer Services in the Emergency Department” and “Applying Technology to Addiction Treatment,” which reviewed the range and focus of available smartphone apps and future opportunities for mobile technology in treating addictions.

He also presented and facilitated discussion about the opioid epidemic at the Medical Directors’ Institute, a full day of programming also attended by Dr. Santopietro.

Other BHN staff attending the national conference included: Patricia Graham, LMSW, of the Connecting Adolescents with Psychosis (CAP) Program and a mental health first aid coordinator with the BHN; Jessica Matyka, LCSW, director of crisis services and community programs with Rushford; Melissa Monroe, LPC, director of the MATCH ambulatory programs at Rushford; and Patricia Rehmer, MSN, ACHE, president of the BHN and senior vice president of Hartford HealthCare.

“I left the conference feeling extremely proud of the work we are doing throughout the Behavioral Health Network, and further inspired to do more to meet the needs of those in our communities,” Rehmer said.

The conference was celebrating the National Council for Behavioral Health’s 50th anniversary and stressed the joint commitment of behavioral health clinicians everywhere to people in need. With the simple header “We,” the conference underscored that “when we work together, we change lives.”

“It was an amazing experience. We have many ideas to introduce at the BHN and have some follow-up action items already in the works,” said Graham, who, with case worker Paula Rego, also attended the Mental Health First Aid summit on the Sunday before the conference.
National Accreditation Boosts Rushford Addiction Medicine Program

Dr. Samuel Silverman, director of medical education and the Rushford Addiction Medicine Fellowship, announced the program earned Accreditation Council for Graduate Medical Education accreditation, the final step in bringing national recognition to local efforts to elevate addiction medicine as a subspecialty in American medicine.

Once a field has American Board of Medical Specialties approval, fellowships need to be established to train physicians who have completed residencies in other fields. Rushford has had an Addiction Medicine Fellowship since 2013. This past year, it was one of the first Addiction Medicine Fellowships approved nationally by ACGME. Locally, it becomes the third ACGME-approved fellowship as part of the Hartford HealthCare/Institute of Living’s Psychiatric Residency Training Program.

“The yearlong opportunity provides advanced training in the evaluation and treatment of patients with substance use disorders.”

“This is a huge honor for our program and a jewel in the cap of Hartford HealthCare and the Behavioral Health Network,” Dr. Silverman said, noting that the Rushford’s Addiction Medicine Fellowship is one of only two in the state. Rushford shares combined resources with the other program at Yale.

According to Dr. Silverman, the advancement of addiction medicine is due to the medical establishment’s acceptance of addiction as a disease and recognizing the need to properly train physicians to help those with addictive disorders.

“Typically, most medical schools spend five hours on average teaching addiction medicine,” he said. “We are using our fellowship as a ‘Center of Excellence,’ teaching fellows as well as residents and medical students how to recognize and treat addictive disorders with evidence-based medicine.”

The program is located on Rushford’s Middletown campus. Fellows also have multiple opportunities within Hartford HealthCare to enrich their education. The yearlong opportunity provides advanced training in the evaluation and treatment of patients with substance use disorders. Rushford has inpatient detoxification and residential treatment beds as well as outpatient programs and MATCH clinics (Medication Assisted Treatment Close to Home) in urban and suburban settings for adults and adolescents.

“It’s a common disease, but not a common fellowship,” Dr. Silverman added.

Zero Suicide

Since 2015, the Hartford HealthCare Behavioral Health Network has committed itself to improving patient safety through the implementation of Zero Suicide.

The Zero Suicide initiative represents a philosophy of care and set of tools for healthcare systems to dramatically reduce the number of suicide deaths among people in care. The BHN continued to advance this key quality and safety initiative in 2018 through the implementation of a number of best practices.

As more organizations throughout the BHN began implementing Zero Suicide, leadership recognized the need for a system-wide governance structure to organize and support this work. Subgroups were developed to focus on areas identified as opportunities for improvement in initial case review, including care transitions, environment of care and suicide risk assessment.
Post-transition phone calls have been rolled out to inpatient, partial hospital and intensive outpatient programs and some residential settings. The goal of these Caring Connection calls is to continue the connection with patients after transitioning from care, when they are most vulnerable and at risk for readmission.

Through this follow up, BHN entities are able to support patients as they access care and resources in the community, fill prescriptions for important medications, and follow through on aftercare plans. Documentation templates for these calls have been built into the electronic medical record, and data is being collected on completed calls to reduce variability across the system. Ultimately, the hope is that these calls not only reduce suicide risk, but also improve the overall patient experience.

In addition to Caring Connection calls, wellness checks are now being done for patients who fail to show at initial intake appointments at partial hospital and intensive outpatient programs. These follow ups, which align with the Zero Suicide best practice of supporting patients at vulnerable transitions in care, are designed to prevent patients from falling through the cracks in the healthcare system and increase opportunities to connect them with care.

The Zero Suicide model prioritizes the training of both clinical and non-clinical staff to improve their ability to assess suicide risk and intervene appropriately. The BHN created a four-hour suicide assessment training for clinical staff and also made it available to non-clinical staff across the Network. In addition, 25 individuals — both clinical and non-clinical — have been trained to run professional education courses for non-behavioral health staff on an evidence-based approach to identifying and intervening with suicidal individuals. The goal is to offer this 60-minute training to HHC partners in medical settings across the system, thus broadening the footprint of Zero Suicide across the continuum of care.

Lastly, the BHN has modified its approach to suicide risk assessment and chosen the Columbia Suicide Severity Rating Scale (C-SSRS) as its system-wide screening and assessment tool. Pathways to care have been developed to aid in interpretation of the C-SSRS and to assist in triaging patients to appropriate levels of care. Smart forms are being built into the electronic medical record that will allow staff to accurately capture data and report on progress.

Von Hofe Honored With Nightingale Award for Nursing

Rushford nurse Alaric von Hofe, BSN, RN, was honored with the 2019 Nightingale Award for Excellence in Nursing. The annual Nightingale Awards recognize nurses that have made a significant impact on patient care and/or the nursing profession; gone “beyond the call” in a clearly illustrated scenario; demonstrated excellence above what is normally expected; shown commitment to the community served in a way that is significantly above the norm; or achieved a life-long legacy in a particular arena.

Von Hofe started his career as an emergency room nurse, but was always bothered by the negative attitude towards substance abuse patients that he observed in other nurses and providers.

“It really motivated me to seek out somewhere to work where I could lend my nursing skills to this misunderstood clientele,” von Hofe said.

Now, as a nurse for Rushford’s detox/residential programs and admissions team, von Hofe gets to help and advocate for people struggling with substance use on a daily basis.

“I couldn’t be happier or more satisfied with what I am doing at Rushford, and I think my excitement and true interest about the field and clients shines through.”
Planet Fitness Partners With Rushford

In a small room crammed with eight pieces of exercise equipment, dozens of Rushford clients are logging actual miles of recovery.

The Rushford Fitness Center in Middletown, featuring equipment donated by an area Planet Fitness and painted with the brand’s bold yellow and purple, has been booked solid by clients eager to push themselves physically on the elliptical, treadmill, recumbent bikes or weight machines while they mark the days of sobriety.

“I was curious and wanted to burn off some anger,” says one female client who visited the gym recently.

Under such Planet Fitness signs such as “In the end, it’s all about you” and “Judgment-free zone,” she and other clients sweated and groaned.

“It was eye-opening to see how much strength I lost,” she says, adding that the exercise “helps me release negative emotions.”

That was the thought that prompted Jillene Bertolini, LMFT, director of residential services with Rushford, and Kate McNulty, director of development, when they announced intentions to partner with Planet Fitness to introduce equipment to the facility.

“It’s something our clients have been asking for as long as I’ve been here,” Bertolini says. “To be able to do it at this level is a blessing.”

Many clients, she says, like being physically active when they’re living a sober life. When they are working on their sobriety at Rushford, they long to be active again but all that had been available was walks outdoors.

“I go to the gym regularly and I have personal goals I want to attain,” a man using the gym recently says. “I think this is great. I started off light and set reasonable goals for myself.”

In addition to returning to a hobby they enjoy, the opportunity to exercise helps clients in their recovery process, according to Rushford Vice President of Operations Justin Sleeper.

“There’s definitely a connection between physical and mental health, and it’s also a way of coping. It’s an alternative to the addiction, which has become the person’s only coping skill,” he says. “It’s a naturally good feeling and helps distract them from their cravings. Cravings only last about 10 minutes, so it helps them get through them.”

The Rushford Fitness Center is open Sunday through Thursday from 5 a.m. to 11 p.m. and on Friday and Saturday until midnight. Clients can sign up for one-hour sessions, with a capacity of six people allowed at a time. If there is space available on the schedule, staff can also use the machines.

“The feedback has been amazing. They feel that it’s a gift and it helps them learn to address their coping skills instead of reverting back to unhealthy behavior,” Bertolini says.

A partnership with Planet Fitness and Rushford allows clients to use donated exercise equipment as part of their recovery. Exercise can help with releasing stress as well as distracting them from their cravings. Below: a ribbon cutting ceremony celebrated the opening of the fitness center.
Annual Reception

Rushford hosted its 2018 Annual Reception on Wednesday, Nov. 28 at the Inn at Middletown. Many staff attended the event (top right) and David Humphrey, (top right), Chief Executive Officer of the franchise that owns 73 Planet Fitness Gyms across the country, received special recognition for his role in helping to open a Planet Fitness for use by clients at the Rushford Middletown facility. Pat Rehmer, ACHE, MSN, Hartford HealthCare Behavioral Health Network president and HHC senior vice president for Behavioral Health, presented him with signed thank you cards from the staff and clients.

International OD Day

Rushford and The Roadway of Hope CT hosted the 4th annual Rally for Hope & International Overdose Remembrance and Awareness Day on Saturday, Aug. 31 from 1-7 pm in Hubbard Park in Meriden. The event honored those who lost their lives to overdose as well as those in recovery, while also helping spread awareness to fight the ongoing opioid crisis.

Recovery Concert

Caption The second annual Rushford Recovery Concert at Middletown took place Saturday, June 8. The concert featured two bands — opening act The Chase followed by main act Selfish Steam — whose members have been through recovery. Proceeds from the event benefitted the Rushford at Middletown client fund.
Rushford 5K

Rainy weather cleared out just in time for the second annual Rushford Race for Recovery 5K on Saturday, May 11. Almost 70 runners and walkers came out to support the Rushford Stonehaven Program in Portland, raising almost $3,000. Starting next year, the race will be renamed the Michael Sinkewicz 5K Race for Recovery in memory of the Rushford employee who passed away this year.

Rushford Golf

Rushford raised more than $20,000 during the Annual Rushford Golf Classic on Tuesday, May 21 to support children and adolescents receiving treatment at Rushford programs. The event — now in its 31st year — drew more than 70 golfers.
Grants Support Vital Programs.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Way of Meriden &amp; Wallingford</td>
<td>$3,100</td>
<td>For MHFA/suicide prevention activities and training support for Rushford’s prevention professionals</td>
</tr>
<tr>
<td>Main Street Community Foundation</td>
<td>$4,000</td>
<td>To support the provision of adjunctive therapies for women in the partial hospitalization program at Paddock Avenue in Meriden</td>
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<tr>
<td>Community Foundation of Middlesex County</td>
<td>$4,980</td>
<td>To support clients in acquiring Planet Fitness memberships in recognition of their efforts using the Planet Fitness Mini Gym at the Silver Street residential location</td>
</tr>
<tr>
<td>BHcare, Inc.</td>
<td>$5,000</td>
<td>Meriden Healthy Youth Coalition’s (MHYC) Alliance for Prevention and Wellness</td>
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<tr>
<td>City of Meriden Community Development Block Grant</td>
<td>$6,500</td>
<td>To fund Students Against Destructive Decisions</td>
</tr>
<tr>
<td>United Way of Middlesex County</td>
<td>$25,226</td>
<td>Early Intervention Program through Prevention to serve teens in Middlesex County</td>
</tr>
<tr>
<td>The Hartford Foundation</td>
<td>$50,000</td>
<td>To support adjunctive therapies at the Glastonbury ambulatory site to increase clients success in finding wellness</td>
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<tr>
<td>SAMHSA MORR – in partnership with the City of Meriden</td>
<td>$500,000</td>
<td>To bridge the gap that exists between the delivery of Narcan™ by first responders to reverse opioid overdoses and valuable follow-up assessment and treatment that can yield long-term recovery</td>
</tr>
<tr>
<td>SAMHSA C-TEA</td>
<td>$524,000</td>
<td>To support telehealth activities and peers recovery support specialist services in the MATCH Programs across the Behavioral Health Network</td>
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</tbody>
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SAMHSA

Visionary
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United Way of Middlesex County

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BHcare, Inc.
City of Meriden Community Development

Benefactor
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To improve the health and healing of the people and communities we serve.

Vision
Most trusted for personalized coordinated care.

Our Values

**Integrity: We Do the Right Thing**
Our actions tell the world what Hartford HealthCare is and what we stand for. We act ethically and responsibly in everything we do and hold ourselves accountable for our behavior. We bring respect, openness and honesty to our encounters with patients, families and coworkers and support the well-being of the communities we serve.

**Caring: We Do the Kind Thing**
Every Hartford HealthCare staff member touches the lives of the patients and families in our care. We treat those we serve and each other with kindness and compassion and strive to better understand and respond to the needs of a diverse community.

**Excellence: We Do the Best Thing**
In Hartford HealthCare, only the best will do. We work as a team to bring experience, advanced technology and best practices to bear in providing the highest-quality care for our patients and families. We devote ourselves to continuous improvement, excellence, professionalism and innovation in our work.

**Safety: We Do the Safe Thing**
Patients and families have placed their lives and health in our hands. At Hartford HealthCare our first priority — and the rule of medicine — is to protect them from harm. We believe that maintaining the highest safety standards is critical to delivering high-quality care and that a safe workplace protects us all.