

PROGRAM FOR SPECIALIZED TREATMENT EARLY IN PSYCHOSIS (STEP)

ANNUAL REPORT PURSUANT TO CGS §17A-453J

JANUARY 2026

Executive Summary:

Early intervention services (EIS) can significantly improve the lives of individuals with recent onset schizophrenia or first-episode psychosis (FEP). Connecticut has been at the forefront of research demonstrations of effective models of both rapid access and effective treatment of FEP and has an internationally recognized population health EIS called Specialized Treatment Early in Psychosis (STEP) that was developed within a Public-Academic collaboration. This collaboration between the Department of Mental Health and Addiction Services (DMHAS), the Department of Children and Families (DCF), and Yale's Department of Psychiatry has now been extended to support a statewide learning health system, called the STEP-Learning Collaborative (STEP-LC). This includes a network of thirteen Local Mental Health Authorities (LMHAs) who together collaborate to improve access and treatment outcomes for Connecticut residents aged 16 through 35 experiencing FEP. This document provides the second annual report, highlighting progress and implementation of the STEP-LC since the inception in February 2024 with a specific focus on progress and activities throughout 2025. The STEP-LC aims to both disseminate best practices for FEP care to all who can benefit across the state, continue to measure and improve outcomes via quality improvement, and support research to address gaps in treatment and service effectiveness. Connecticut's STEP-LC has been published as national model of a Learning Health System for recent-onset schizophrenia spectrum disorders.

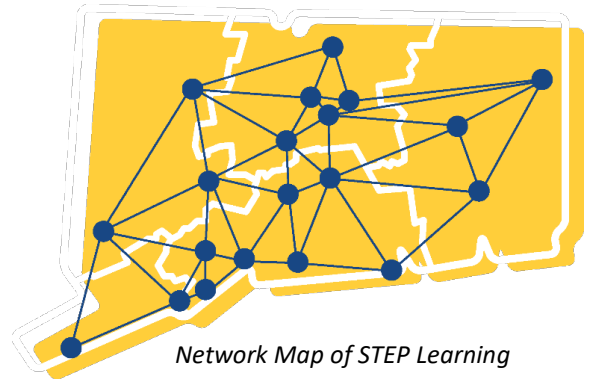
Table of Contents

Legislative History: Annual Report of the STEP Program..... 4
Progress Report on Activities of the STEP Learning Collaborative: 4
FEP Planning Committee 4
(1) Workforce Development and Community Education: 5
Develop structured curricula, online resources and videoconferencing-based case conferences to disseminate information for the development of knowledge and skills relevant to patients with first-episode psychosis and such patients' families. 5
(2) Informatics: Assessment and Quality Improvement: 7
Assess and improve the quality of early intervention services available to persons diagnosed with a recent-onset schizophrenia spectrum disorder across the state. . 7
(3) Provider-to-Provider Consultation Service..... 10
Provide expert input on complex cases of a recent-onset schizophrenia spectrum disorder and launch a referral system for consultation with persons having expertise in treating such disorders. 10
(4) Early Detection 10
Share lessons and resources from any campaigns aimed at reducing the duration of untreated psychosis to improve local pathways to care for persons with such disorders. 10
(5) Care Pathway Refinement: 18
Serve as an incubator for new evidence-based treatment approaches and pilot such approaches for deployment across the state..... 18
(6) Sustainability..... 19
Advocate for policies addressing the financing, regulation and provision of services for persons with such disorders 19
(7) Collaboration with Existing State Agencies 21
Collaborate with state agencies to improve outcomes for persons diagnosed with first-episode psychosis in areas including, but not limited to, crisis services and employment services. 21
References 22
Appendix A 23
Enabling Statutory Language 23
Appendix B 24
Sample of quarterly report 24

Legislative History: Annual Report of the STEP Program

Connecticut Senate Bill 1 (SB 1) for the 2024 legislative session was passed on May 2, 2024, in the Senate and on May 6, 2024, in the House. The bill was then signed into law by the Governor on May 21, 2024, and codified in Connecticut General Statutes (CGS) §17a-453j. Subsection (a) of this provision (**see Appendix 1 for statutory language**) charged the Commissioners of the Department of Mental Health and Addiction Services (DMHAS) and the Department of Children and Families (DCF) to establish, within available appropriations, a ‘*program for persons diagnosed with recent-onset schizophrenia spectrum disorder for specialized treatment early in such persons’ psychosis*’. The program was tasked with performing **7 functions** to address unmet needs for FEP care across Connecticut.

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



Network Map of STEP Learning Collaborative Sites

Progress Report on Activities of the STEP Learning Collaborative:



The STEP Learning Collaborative (STEP-LC) is Connecticut’s statewide learning healthcare system (LHS) for individuals aged 16 through 35 with recent-onset schizophrenia-spectrum disorders. The goal is to ensure that all people with schizophrenia can live fulfilling lives by providing rapid access to high-quality treatment for those with recent onset illness. STEP-LC focuses on improving local pathways to care (PTC), reducing the Duration of Untreated Psychosis (DUP), and enhancing population health outcomes. More information on this initiative can be found by visiting m.yale.edu/STEP.

FEP Planning Committee

Representatives from DMHAS (including Young Adult Services), DCF, and STEP meet quarterly to discuss and monitor the progress of the STEP-LC and the goal of addressing the unmet needs of individuals experiencing schizophrenia spectrum disorders in the state. Quarterly reports (**see Appendix 2 for sample**) include metrics of access and quality that are used to guide ongoing efforts. The range of activities and accomplishments are detailed below.

(1) Workforce Development and Community Education:

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

Through various educational offerings curated and presented by the STEP-LC hub experts, including live trainings, case discussions, structured curricula, and educational tip sheets and blogs, Connecticut has made strides in creating an engaged and educated workforce. To date, the following deliverables have been produced.

Overview of EIS for Schizophrenia Course

- STEP-LC continues to offer a 6-session overview of EIS for Schizophrenia course, now available at <https://medicine.yale.edu/psychiatry/step/education-and-training/for-providers/early-intervention-services-course/>.

STEP Learning Collaborative Early Psychosis Educational Series

Presented monthly, this is a series of educational webinars and workshops that include a variety of offerings: presentations on best-practice approaches to care for front-line providers, updates on the latest research in the field, specialty topics, and family focused workshops. Free 1.0 CME/equivalent are offered for eligible participants. Feedback has been incorporated from the learning community to be responsive to requests for educational offerings on topics of interest (Catatonia, ECT), offering a live family educational workshop in Spanish, and examining the latest evidence and best practices for co-occurring disorders (Autism Spectrum Disorder and Psychosis). This year's series included 13 trainings, reaching over 368 live attendees, and numerous others asynchronously.

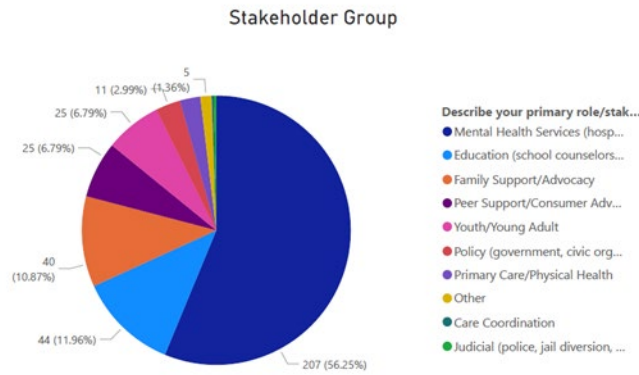
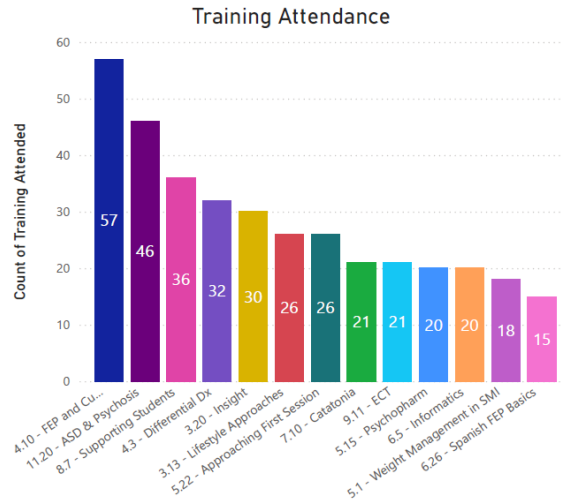
Workshops are detailed below:

- | | |
|---|--|
| - Lifestyle Approaches to Mental Health | - "Entendiendo la Psicosis temprana y cómo podemos ayudar" [Understanding early psychosis and how we can help] |
| - Insight in Psychosis | - Supporting Young People with FEP in Schools |
| - Differential Diagnosis in FEP | - Electroconvulsive Therapy (ECT) for the Treatment of Psychotic Disorders |
| - FEP and Culture | - Autism Spectrum Disorders and Psychosis |
| - Practical Weight Management in SMI | |
| - How to approach a first session with someone experiencing psychosis | |
| - Informatics in the LHS | |
| - Catatonia in Early Psychosis | |

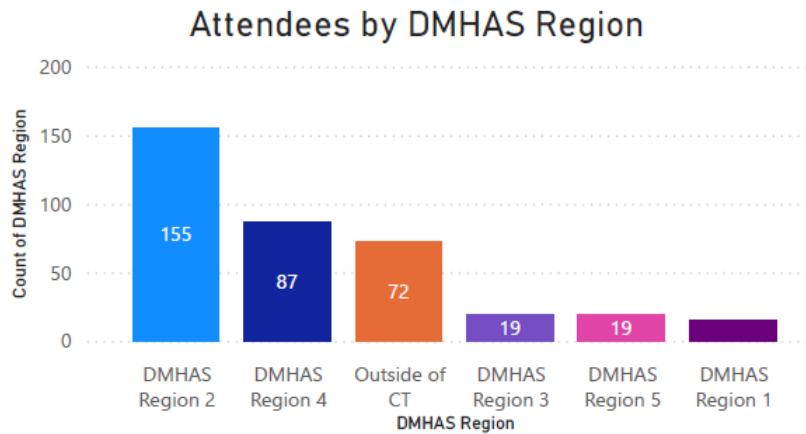
Recordings are available on the [m.yale.edu/STEP website](https://m.yale.edu/STEP) and our [YouTube channel playlists](#).

Educational Series Attendee Dashboard

See below for screenshots of visual representations of 2025 STEP Educational Series Attendees by training, region, and stakeholder group. A [PowerBI interactive dashboard](#) is available.



13 Trainings
368 Total Stakeholders
56% Behavioral Health Providers



Family/Caregiver Workshops

Families and all stakeholders are welcome to engage in the aforementioned STEP Learning Collaborative Educational Series. In addition, there are specific resources available for families and caregivers, including a workshop series that will run monthly starting December 2025 and continue through April 2026.

Family/Caregiver Course

The STEP-LC continues to host the Family/Caregiver course, available on [the STEP-LC website and YouTube channel](#).

This serves as a comprehensive resource for families across Connecticut, as well as the providers who are supporting them and their young person. Trainings are included on: [Family and Caregiver Workshop YouTube Playlist](#).

- Understanding and Breaking the Stigma Surrounding Early Psychosis
- Strategies for Supporting a Young Person Experiencing Early Psychosis
 - o Part 1: General Strategies
 - o Part 2: Communication Strategies for Common Scenarios
 - o Part 3: Caring for the Carer

Virtual Resources

[Tip sheets, educational blogs, and other evergreen educational materials](#) have been developed and made available to the public.

Other educational blogs and tip sheets include:

- [Partnering with First Responders for Better Outcomes](#)
- [Resources for Navigating Mental Health Crises in the Community - Tip Sheet](#)
- [World Schizophrenia Day: Understanding Psychosis and How to Help](#)
- [Effective Communication Strategies in Psychosis](#)
- [Tip Sheet for Clergy](#)
- [Relationship Between Insight and Suicide Risk in Early Psychosis](#)
- [Understanding Social Disconnect in Psychosis: A New fNIRS Study](#)

(2) Informatics: Assessment and Quality Improvement:

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

The STEP-LC has established a statewide learning health system that supports continuous assessment and improvement of care for individuals with recent-onset schizophrenia spectrum disorders. This effort is anchored by a growing informatics infrastructure designed to integrate data from multiple sources and feed routine quality-improvement cycles across all participating LMHAs.

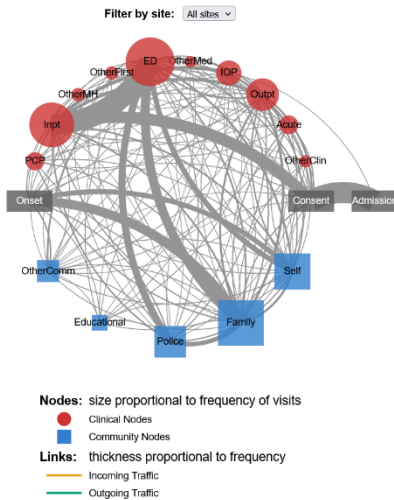
The Health Outcomes Network Education (HONE) platform¹, developed at STEP, serves as the core system for capturing, visualizing, and interpreting key clinical and population-level indicators. HONE is designed to streamline data entry burden while generating timely, user-friendly performance dashboards to support shared learning.

HONE visualizations

- **Access and Pathways to Care:** Demographics, Duration of Untreated Psychosis (DUP), referral sources, and coverage patterns.
- **Quality and Outcomes:** Hospitalization rates, vocational/educational engagement, symptom remission (e.g., PANSS remission), cardiovascular/metabolic risk monitoring, and suicide risk indicators.

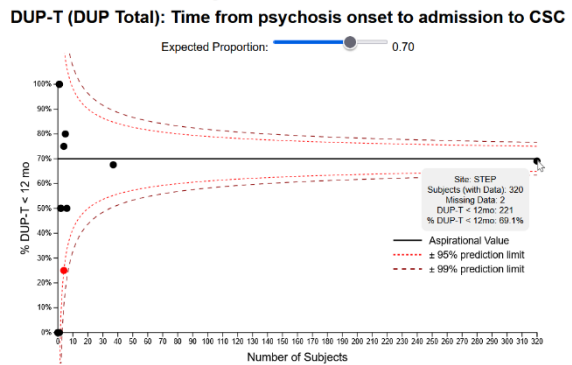
HONE Screenshots Demonstrating Measurement Domains

What pathways are patients taking to get to CSC?



HONE Network graph visualization demonstrating Pathways to Care (PTC) that individuals in the STEP-LC experienced².

Are Patients Getting CSC Within 12 Months of Psychosis Onset?



HONE funnel plot visualization showing timely access to Coordinated Specialty Care (CSC) across STEP-LC sites (% entering CSC within 12 months of psychosis onset), with prediction limits accounting for site size.

¹ Mathis, W.S., Gibbs-Dean, T., Cahill, J.D., Srihari, V.H., 2025. HONE: A learning health system platform for advancing early intervention in first episode psychosis. *Schizophr. Res.* 280, 1–9. <https://doi.org/10.1016/j.schres.2025.04.009>

² Mathis, W.S., Ferrara, M., Cahill, J., Karmani, S., Tayfur, S.N., Srihari, V., 2024. TimelinePTC: Development of a unified interface for pathways to care collection, visualization, and collaboration in first episode psychosis. *PLOS ONE* 19, e0302116. <https://doi.org/10.1371/journal.pone.0302116>

2025 Progress — Informatics Workstream

In 2025, the Collaborative began visualizing and reviewing retention in treatment over time (3, 6, 9, and 12 months). Reviewing retention patterns with each LMHA has supported constructive discussions about strategies that promote sustained engagement and has also helped identify emerging challenges requiring targeted support. In addition, STEP-LC has worked on the following:

- **Multisite data integration launched.** Preliminary data from LMHAs beyond STEP New Haven now flow into HONE, enabling early statewide indicators for access, referral pathways, and outcomes.
- **Front-end optimization from user feedback.** Clearer filters, context-specific tooltips, and in-dashboard definitions improve usability and interpretability.
- **End-to-end data validation.** Implemented systematic checks at ingest → transformation → harmonization → visualization, ensuring high-quality indicators for decision-making.
- **PTC tool enhancements.** Streamlined interviewer workflow, clarified operational definitions, and added structured prompts to reduce ambiguity and improve DUP dating consistency.
- **External data linkage.** Began incorporation of external hospital encounter data to contextualize access and acute-care utilization.

Near-Term Priorities (in progress)

The next phase of the STEP-LC informatics strategy will shift toward routine review of post-entry quality and functional outcomes across the network. Variation across sites will be used to support performance improvement, fostering shared learning rather than performance ranking. The Collaborative also maintains over 10 years of STEP program outcome data, which can be used to establish benchmarks and guide expected standards of care. These new features are also being prepared:

- HIPAA-secure cloud deployment of HONE with role-based access controls and streamlined stakeholder onboarding across all LMHAs.
- AI-assisted exploratory visualizations allowing users to generate on-demand charts/tables from natural-language queries.

Reporting and Shared Learning

The STEP-LC produces a quarterly data report and reviews it with both the statewide Planning Committee and individual LMHAs. During the current implementation phase, emphasis has been placed on access and engagement outcomes—for example, wait times, assessment completion, and initial engagement rates. A sample quarterly data report is included in **Appendix 2**. As participation grows and longitudinal data accumulates, the STEP-LC will be able to support increasingly robust population-level assessment of system performance and equity.

Additional Resources

- [Overview of the STEP-LC informatics platform](#) (video)

(3) Provider-to-Provider Consultation Service

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

The STEP Consultation Service

The STEP-LC has established a free provider-to-provider service, available to clinicians, administrators and leaders of healthcare systems who would like to consult about their continuing care of young people with recent onset psychosis between the ages of 16 and 35. The consultation services is designed to be a low-barrier, curb-side discussion. A brief online request form is publicly available (<https://medicine.yale.edu/psychiatry/step/consultation-service/>) and experts at the STEP-hub aim to get back to the requester within 1 business day to discuss the identified case.

This year the program has added a Microsoft Bookings page, which allows providers to directly book consult slots with members of the STEP-LC hub team, ensuring a more efficient avenue to scheduling consultation.

In 2025, the STEP Consultation Service responded to 12 provider-to-provider consultation requests across multiple DMHAS regions. The majority were submitted by front-line clinicians seeking guidance on diagnostic clarification, family engagement strategies, treatment planning, and connection to early psychosis resources. Requests reflected a statewide reach. Most have been delivered via one-on-one calls but have also included STEP experts providing consultation to entire teams working with the individual experiencing FEP.

Additional formats to continue to provide accessible case consultation are being incorporated for 2026.

Early findings of the STEP Consultation Service were published documenting the statewide reach and clinical impact³.

(4) Early Detection

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

The STEP-LC has successfully built upon a regionally successful Early Detection (ED) campaign Mindmap⁴ (Srihari et al., 2022) and launched a statewide Early Detection campaign. The STEP-LC's

³ Tayfur, S. N., Yoviene Sykes, L. A., Tek, C., & Srihari, V. H. (2025). Utilization of a psychosis consultation service: Early lessons from a statewide initiative. *Schizophrenia Research*, 282, 198-202. <https://doi.org/10.1016/j.schres.2025.06.019> [PubMed](#)

⁴ Srihari, V. H. et al. Reducing the Duration of Untreated Psychosis (DUP) in a U.S. community: A Quasi-Experimental Trial. *Schizophrenia Bulletin Open* 3, sgab057- (2022).

Early Detection campaign aims to create pathways to care (PTC) that are faster and less aversive. To date the following processes and deliverables have been produced:

Continued staffing of a centralized referral and assessment hub

STEP-LC Early Detection and Assessment Coordinators (EDACs) rapidly screen and engage with referrals for FEP across Connecticut via a centralized referral number (203) 200-0140. This now includes an online referral form called [Connect to Care](#).

Curated referral pathways

STEP-LC staff meet regularly with LMHA appointed FEP champions and representatives to utilize and improve upon specific FEP workflows for each participating clinical agency (13 LMHAs). These workflows support the EDAC in quickly engaging young people experiencing FEP into outpatient care at the LMHA that is closest to the young person's place of residence.

As of October 28th, 2025, **547 inquires** have been made to the STEP-LC. Of those, **95** individuals have been eligible and referred to their local mental health facilities. Ineligible referrals have been offered various resources to connect to appropriate care. Of the eligible inquiries, **70** have been successfully admitted. Among them, **43 (61.4%)** had a wait time of 7 days or less, and **53 (75.7%)** had a wait time of 14 days or less. For a detailed report on STEP-LC Outcomes **see Appendix 2**.

STEP Program Website: (m.yale.edu/STEP)

The previous www.Mindmapct.org and ctearlypsychosisnetwork.org websites have now been merged into one centralized website, the STEP Yale website (m.yale.edu/STEP). [The STEP website has been redesigned](#) to feature all aspects of the STEP Program, including the STEP-LC Early Detection Campaign efforts, consultation service, workforce development offerings and resources, and hosts various digital assets, including a downloadable "Digital Tool Kit", educational blogs, newsletters, and an archive of news related to STEP Program efforts that support Early Detection statewide. This website merger was one of many to move toward sustainability in response to the ending of the time-limited ARPA funds which had supported aspects of the Early Detection campaign and other workstreams.

Public Education Campaign Efforts

These efforts included promoting public education via mass media outreach, such as news appearances, press releases, targeted social media ads and engagement, google search terms.

Digital Assets

- [Narrative video explaining the STEP-LC from the client's perspective](#)
- [STEP-LC Campaign Clip](#) (15 seconds)

Social Media:

- YouTube: [@STEPLearningCollaborative](#)
- Facebook: [STEP Learning Collaborative](#)
- Instagram: [@STEPLearningCollaborative](#)

Select News Appearances:

- [CT Live! Supporting Young Adults with Psychosis by Collaborating with First Responders](#)
- [CT Live! Collaborating with LMHAs for Early Detection of Psychosis](#)
- [A Statewide Collaboration for Early Detection of Psychosis in Young People](#)



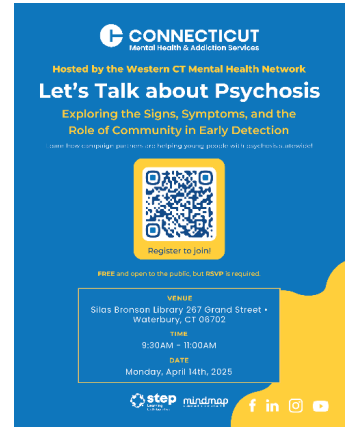
Video: [STEP Learning Collaborative: Transforming Care for Early Course Schizophrenia](#)

“Let’s Talk About Psychosis” Community Events

The STEP-LC supported LMHAs in hosting regional, in-person events to educate the community about early psychosis, available resources, as well as highlight local FEP champions such as LMHA staff, police, government officials, hospital staff, and other stakeholders. These events were open to the public and facilitated meaningful discussion and connections between community members across stakeholder groups.

Events included (date/location/LMHA host)

- Feb 13th - Middletown Russell Library – River Valley Services
- Feb 25th - Bridgeport Library– SWCMHS
- April 7th - Public Library of New London – SMHA
- April 14th – Silas Bronson Library – Waterbury – Western CT Mental Health Network



Example flyer for Community Event



(L to R): RVS CEO Sarah Gadsby, Mayor Ben Florsheim and Chief Erik Costa discussing the important of collaboration between mental health and law enforcement at the Middletown Let’s Talk about Psychosis event on 2/13/25.



L to R: STEP-LC: Deepa Purushothaman, Western: Bridget McCue-Connolly, Deb Lawrence, Lisa Murray, Chelsea Kapitancek (RBHAO), Laura Yoviene Sykes, Western: Christine Melfi



(L to R): STEP-LC: Laura Yoviene Sykes, SMHA: Robin Edwin, John Leuba, Linda Partridge, Mitchell College: Gizelle Tircuit at the event hosted by SMHA at the Public Library of New London on 4/7/25



Attendees of the “Let’s Talk About Psychosis” Community event at Bridgeport Library, including SWCMHS CEO Francis Giannini.

Professional Outreach and Detailing (POD)

A key aspect of Early Detection is engaging outreach and detailing with both clinical and non-clinical stakeholders. This includes activities such as outreach presentations and events, individual detailing meetings with potential referral sources and community stakeholders, as well as dissemination of branded promotional items (e.g., brochures, pocket-sized cards, stress balls, pens, stickers, water bottles). To date, over 90 POD activities have been conducted this year by the STEP hub team.

Established dedicated staff to lead efforts in different stakeholder groups including Educational Outreach, First Responders (police, mobile crisis), Healthcare, and Community Partnerships. Detailed descriptions of the engagement and activities conducted in each of these areas are detailed below:

Educational Outreach: Schools, Colleges & Universities

The STEP-LC has a dedicated team member to lead outreach and education to all levels of the educational sector. The work engaging educational stakeholders over this year was highlighted by tailored trainings, informational sessions, outreach to 26 college counseling centers and attendance at over 20 campus events reached 1,700+ students statewide.

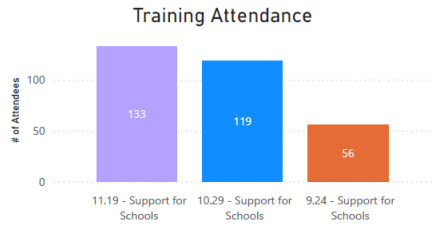
- **College Counseling Centers:** Met with staff from 26 college counseling centers at colleges and universities across the state to discuss early psychosis and connecting students of concern to care
- **College and University Events:** Participated in 20 student campus events (e.g., Fresh Check Days/Resource Fairs) across all five DMHAS regions and spoke with 1700+ students about early psychosis, recognizing signs and symptoms, and getting care.
- **Graduate Program Outreach and Presentations:** Provided early psychosis basics training at three graduate Social Work programs and one graduate Nursing program
- **High School Staff, Providers and Health Organizations:** With the support of DCF leadership and connections, the STEP-LC connected with various organizations including: Association of Public Schools Superintendents, CT Association of School Based Health Centers, Community of Practice Nurses serving high school students statewide, ACES staff trainings/professional development days
- **Educational Workshops and Informational Sessions:**
 - **Supporting Young People with FEP in Schools** – In-depth training on the role of and strategies for coordination between treatment providers and school staff in supporting young people experiencing psychosis in school settings
 - **Early Psychosis in Schools: Recognizing, Responding, and Connecting to Care (3 sessions)** Conducted a series of informational sessions targeting school counselors and other school-based staff. Attendees included 308 stakeholders, representing over 115 Connecticut school districts. [2025 STEP LC School Specific Training Attendee Dashboard \(page 3\)](#).



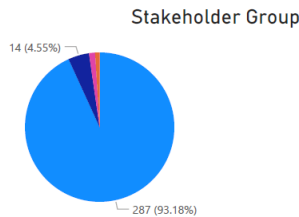
STEP-LC's Josina James and University of New Haven students at a fall resource fair

Organization	Count
Glastonbury Public Schools	18
Sacred Heart University	12
North Haven Public Schools	7
The Village for Children and Families	7
Wheeler	7
Plainfield Public Schools	6
Common Ground High School	5
Community Health Resources	5
Yale/STEP/CMHC	5
CREC	4
Fairfield Public Schools	4
Groton Public Schools	4
Klingberg	4
Southington Public Schools	4
Wethersfield Public Schools	4
Windham Public Schools	4
Yale New Haven Health	4
ACES	3
East Lyme Public Schools	3
Fairfield University	3
MPS Pride	3
Region 14	3
Regional School District 13	3
Regional School District 17	3
Western CT State University	3
Berlin Public Schools	2
Bristol Youth and Community Services	2
Career Resources Inc	2
CES-Fairfield Co.	2
Charter Oak	2
Community Child Guidance Clinic - Manchester	2
Total	287

2025 Early Psychosis Trainings Attendees
School Specific Series



3 School Specific Trainings
308 Total Attendees
115+ Connecticut School Districts represented



Describe your primary role/stakeholder...

- Education (school counselors, school psychologists, etc.)
- Mental Health Services (hospitals, etc.)
- Youth/Young Adult
- Family Support/Advocacy

First Responder Outreach & Engagement

In 2025, STEP-LC expanded its early detection and community engagement strategy to include a designated Liaison to First Responders, responsible for developing relationships with law enforcement agencies, fire departments, EMS personnel, mobile crisis teams, and public safety networks across the state. This role ensures ongoing communication, training, and resource sharing to support safe, compassionate, and effective response when first responders encounter individuals experiencing possible psychosis.

Media Outreach

To increase public and professional awareness, STEP-LC collaborated with the New Haven Department to produce a televised segment highlighting collaborative crisis response models.

- [NBC CT Live Interview with Captain Michael Fumiatti & Carrie Veillette, LCSW](#)
Focus: partnership between law enforcement and behavioral health in early psychosis intervention.

Outreach Presentations to Law Enforcement, Crisis, and Public Safety Networks

STEP-LC provided education and system-connection support across multiple state-level and regional forums:

Date	Audience / Event	Purpose
1/17/25	Mobile Crisis Managers Meeting	Strengthen coordination between crisis response teams and early psychosis care pathways

Date	Audience / Event	Purpose
1/23/25	Fairfield Behavioral Health Network @ Fairfield Police Dept	Build shared approach to referral and early engagement
3/5/25	DMHAS Forensic Services	Explore alignment with forensic and diversion programs
3/6/25	Fairfield PD Mobile Crisis Collaboration	Integrate psychosis training into quarterly public safety meetings
4/4/25	CABLE Annual Conference @ Aetna Center, Hartford	Statewide training on early psychosis recognition and referral messaging
5/14/25	CT CAN Homeless Youth & Young Adult Subcommittee	Address psychosis pathways among unstably housed youth
7/16/25	COMPASS and REST All Staff Meeting	Improve warm handoffs across crisis & outpatient programs and reduce emergency department cycling

Crisis Intervention Team (CIT) Trainings

STEP-LC was integrated into CABLE’s CIT training cycle, providing early psychosis modules, resource navigation, and strategies for engagement into the monthly CIT trainings across the state. Participation for 2025, includes trainings in Groton, Fairfield, Watertown, and Wallingford, with 8 additional trainings scheduled for 2026.

Resource Development Based on First Responder Feedback:

In response to common questions raised during trainings and field interactions, STEP-LC developed communication & referral pocket cards for CIT officers and Mobile Crisis clinicians (*pictured below*) These pocket cards were utilized during field response to help identify possible early psychosis and guide referral language.

Supporting Communication in Psychosis
 Keep Calm. Be Clear. Don't Argue.
 Scan here to learn more: [QR Code]
 m.yale.edu/step
 203-200-0140

Experiencing psychosis can be frightening and confusing. People may hear, see, or sense things, feel paranoid, and become overwhelmed by their environment.
One Voice – One person should be the sole communicator
 • Keep statements short, clear and one directive at a time
Don't Argue with Psychosis – Agree to disagree
 • Accept the individual's reality, "I don't hear those voices, but I know you do"
Feelings are Valid – Respond with empathy
 • "That sounds scary" "I understand how you might feel that way"
Be Curious – Ask open ended questions
 • "Tell me more" "Help me understand that"
Ask Permission – Help others feel in control
 • "Is it okay if I ask you some questions?" "I have an idea about how to help, is it okay if I share my thoughts?"
Stay Calm
 • Give space, move to quieter environment
Take threats seriously!

Are you concerned about yourself or a loved one?
 Connect to care here.
 [QR Code]
 m.yale.edu/step
 203-200-0140
 @STEPLearningCollaborative

step Learning Collaborative
Is it psychosis?
 • Hearing or seeing things others can't
 • Feeling suspicious or paranoid
 • Thinking or speaking in a confused way
 • Believing that one has special powers or abilities
 • Avoiding social interaction or withdrawing from others
 • Showing significant changes in behavior
 Scan here to learn more. [QR Code]
 203-200-0140

Pocket-sized Communication and Referral Cards

Educational Blog Resources

To extend learning beyond live training events, STEP-LC created accessible public education materials:

- [Partnering with First Responders for Better Outcomes](#) (Educational Blog)
- [Resources for Navigating Mental Health Crises in the Community](#) (Tip Sheet)

In 2025, STEP-LC formalized and expanded its collaboration with first responders by designating a Liaison to First Responders, embedding training in the statewide CIT curriculum, producing media and educational resources, and developing communication tools for field use. These efforts strengthen pathways to early intervention and support safer, more coordinated crisis response across Connecticut.

Healthcare: Hospitals, Primary Care, Outpatient Clinics

The STEP-LC actively targeted and engaged in outreach to statewide assets across the healthcare sector, with a particular focus on psychiatric inpatient and acute care settings, striving to connect with every major hospital in the state. Outreach and detailing have also been conducted with primary care providers and pediatricians, as well as across behavioral health and integrated care settings.

These activities included:

- Conducted frequent meetings and check-ins to support identification and referral via the STEP-LC, including in person visits and presentations to acute care staff from inpatient units and in emergency rooms.
- Collaborated with LMHAs to bolster their existing connections between inpatient and LMHA referral streams and inform units of updated eligibility/increased access, when applicable.
- Developed and disseminated physical materials, including a 1 page flyer (image to the right) to be hung in high visibility areas to help support inpatient staff about the STEP-LC resources.
- Conducted outreach and educational talks to primary care providers and pediatricians. Disseminated physical materials (e.g., brochures, pocket cards, flyers) to place in medical waiting rooms and provide to appropriate individuals. Including PCES community and ACCESS Mental Health.

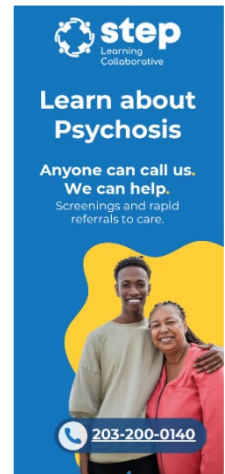


1 page STEP-LC Flyer for Hospital settings

Community Partnerships

The STEP-LC continues to engage with community (non-clinical) stakeholders, including the faith-based community, peer and family advocacy, prevention organizations, and coalitions across the state to increase knowledge of the STEP-LC. Activities to support these partnerships include:

- Co-created the [Tip Sheet for Clergy](#) with Urban Alliance to support clergy in talking to congregants who may be experiencing psychosis.
- Continued participation in the Health Improvement Alliance (HIA) -- A coalition of two neighboring hospitals, Bridgeport Hospital and St. Vincent’s Medical Center, along with the seven departments of public health, federally qualified health centers, and about 100 community and non-profit organizations all serving the Greater Bridgeport Region.
- Continued outreach and partnerships with NAMI, Advocacy Unlimited, and RBHAOs.
- Continued collaboration with leading student and psychosis advocacy organization, [Students with Psychosis](#).



STEP-LC Trifold Brochure

Stakeholder Engagement:

STEP-LC is committed to including and amplifying voices of lived experience, including through the following activities:

- The collaboration with RedRock Branding and Students with Psychosis allowed the production of 16 videos featuring stories of individuals or family members with lived experiences of psychosis: [STEP-LC - Voices of Lived Experience Playlist](#). In addition to the playlist, were created to highlight key aspects of these powerful stories. [Lived Experience Shorts](#) were created to highlight key aspects of these powerful stories.
- Additional evergreen media assets were produced, including interviews with early psychosis experts, clinicians, law enforcement, and recovery support specialists.
- Featured interview includes: [Peer Support as Key to Connecting Young People Experiencing Psychosis into Care](#)



Rushford RSS speaking to the importance of Peer Support in Early Psychosis

Stakeholder Feedback

Feedback was solicited from various stakeholders including young adults with lived experience of psychosis on the collaborative and specifically on outreach and educational materials that would be more accessible for young people. This feedback resulted in the development of pocket-sized cards. These cards have been well received at college/university wellness fairs and in waiting rooms of various medical offices (pediatrician, PCP, college counseling). Examples of pocket-sized cards included below:



Pocket-sized informational cards targeting young people, focused on cannabis risk and general symptoms

Consumer Advisory Board

In 2025, the STEP-LC proposed a strategic plan to state leadership for development and implementation for a consumer advisory board to solicit meaningful feedback from a broad group of stakeholders, including individuals and families with lived experience. This plan proposes to conduct the first Community Advisory Board meeting in the first quarter of 2026.

Newsletter Dissemination

To keep our learning community engaged and updated on the latest happenings and offerings of the STEP Learning Collaborative, STEP-LC curates a monthly newsletter that is disseminated to over 1500 stakeholders across Connecticut.

(5) Care Pathway Refinement:

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

The STEP-LC has an ongoing goal of continuously updating best practice care pathways 'incubated' at STEP-Hub for dissemination across STEP-LC. Progress on activities and deliverables is outlined below:

- STEP continues to use data collected during care to improve outcomes via Quality Improvement (QI) methodologies. Ongoing projects include:
 - o The development of processes to ensure better monitoring of two key cardiovascular risk factors: weight gain and smoking and the responses with evidence-based

interventions (including better ways to route eligible patients to new treatments e.g., GLP-1 agonists). As well as development and dissemination of educational materials on nutrition and physical wellness to clients and families.

- Producing a workshop on [Nutritional Counseling in Psychiatric Care](#)
- Development of processes to apply best available approaches for Cannabis use disorders, including integration of motivational interviewing and other strategies.
- STEP is currently engaged in collaborative research that spans the translational continuum (funded by extramural research grants) and, if successful, will be easier to disseminate across the network. These include:
 - Basic efforts to understand impairments in social interaction using novel functional near infrared spectroscopy (fNIRS)
 - Clinical trials of a novel supplement (MitoQ) to target cognitive deficits
- The STEP Program is working to incorporate direct peer support within the hub team.

(6) Sustainability

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

In order to build a fiscally sustainable LHS with decreasing reliance on State/Federal grants, collaboration with all stakeholders will be crucial. Progress and directions on sustainability deliverables are detailed below:

- STEP Program leadership are involved in national fora to remain informed about ongoing efforts in other states toward Alternative Payment Models (APMs) that would permit reimbursement or bundling of more services to provide necessary empirically based services.
- Several private non-profit LMHAs had received time-limited support from DMHAS to offset clinical staff time spent on work to coordinate with the Hub and the wider LC activities that are currently not reimbursable.
- The STEP-LC strategically utilized the allocation of time-limited ARPA funds to build infrastructure to support the continuation of the statewide Learning Health System. A summary of sustainability initiatives can be viewed in the table below:

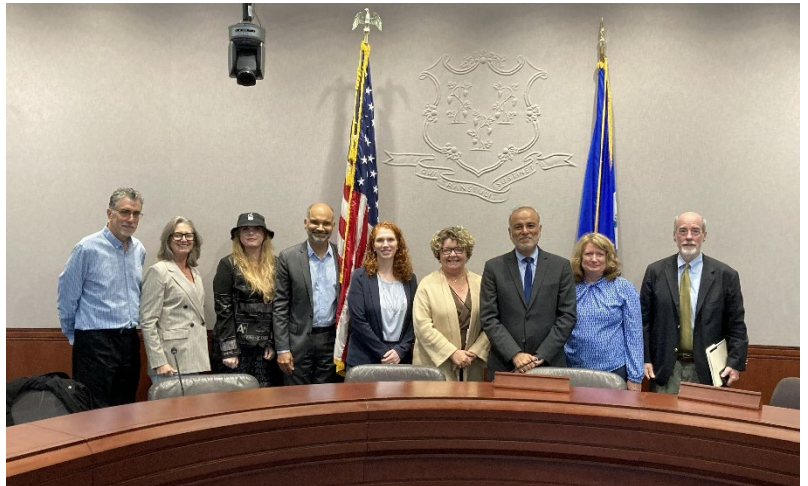
STEP-LC Workflows	Sustainability Initiatives
Workforce Development	<ul style="list-style-type: none"> - Convert resource intensive fora into online assets for asynchronous learning - Leverage experienced STEP clinicians for consultation, webinars, community presentations
Informatics	<ul style="list-style-type: none"> - Develop queries to scrape data from existing databases - Free codebase and tools for use by clinics (e.g. to measure pathways to care)
Care model refinement	<ul style="list-style-type: none"> - Quality improvement initiatives to improve efficiency of care processes in response to outcome indicators
Early Detection	<ul style="list-style-type: none"> - Use of Yale resources: e.g., website development & maintenance, newsletters, social media channels, media opportunities

Stakeholder Engagement	<ul style="list-style-type: none"> - Use and develop skills of experienced STEP clinicians to lead statewide outreach efforts on particular stakeholder groups
Sustainability	<ul style="list-style-type: none"> - Periodically review above indicatives across all above workflows - Develop cost estimates for various delivery models across LMHAs - Consider Alternative Payment Models

Connecticut Public Health Committee Informational Session on FEP

On July 31st, leaders from across Connecticut gathered at the Legislative Office Building to spotlight the state’s groundbreaking work in expanding care for young people experiencing early psychosis. The forum, convened by Senator Saud Anwar, Co-Chair of the Public Health Committee, focused on the release of the [first annual report](#) from the STEP Learning Collaborative.

[Press release](#) of this forum includes a link to the recorded informational session.



Public Health Committee Informational Session on FEP, featuring DMHAS/DCF state leadership, individuals and families with lived experience of psychosis, STEP-LC leadership, and co-leaders of the Connecticut’s Public Health Committee.

Participating and Providing Leadership in National Fora

The STEP Program, in collaboration with DMHAS and DCF leadership, have published⁵ on Connecticut’s STEP-LC as a national model of a Learning Health System for recent-onset Schizophrenia spectrum disorders.

Leaders from the STEP-LC and DMHAS were invited to present on Connecticut’s innovative Learning Health System approach to a national audience at the **SAMHSA ESMI State Leadership Learning Community Series** on two occasions: Benchmarking and Monitoring Approach to Outcomes – June 26th, 2025 and Outreach and Engagement (Early Detection) – July 24th, 2025.

STEP-LC and DMHAS Leadership also attended the **SAMHSA FEP/CHR Conference** in Rockville, MD to participate in national discussions on the current state and future of FEP and CHR services in the US.

⁵ Yoviene Sykes, L. A., Levine, N., Tayfur, S. N., Gibbs-Dean, T., Hazan, H., Imetovski, S., James, J., Karmani, S., Mathis, W. S., Markovich, P., Purushothaman, D., Riley, S., Tek, C., Veillette, C., Cahill, J. D., Giard, J., Marracino, A., Barrette, K., Bozak, S., ... Srihari, V. H. (2025). The STEP Learning Collaborative: A statewide learning healthcare system (LHS) for first-episode psychosis. *Schizophrenia Research*, 278, 96–108. <https://doi.org/10.1016/j.schres.2025.03.029>

(7) Collaboration with Existing State Agencies

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

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

- Partnerships with existing DCF supported school based mental health initiatives and leaders to engage with school-based communities to serve the under 18 populations (see Section 4).
- Dedication of a member of the STEP-hub team, Liaison to First Responders, to lead efforts on engagement with Judicial and Mobile Crisis stakeholders to better understand existing infrastructure, identify gaps, and begin to address those with training and consultation. (See section 4 for more detail on this integration)
- Collaboration with existing groups, such as Advocacy Unlimited, RBHAOs, NAMI, and other advocacy and community organizations to appropriately direct individuals experiencing FEP to existing resources in the state (see Section 4).
- Collaboration with DMHAS supported Recovery Support Specialist (RSS) pilot program that respond to those seeking psychiatric care in emergency rooms
 - o Provision of outreach and training on FEP to LMHAs participating in this initiative (Rushford and Community Health Resources). These connections support collaboration and dissemination of STEP-LC educational and informational resource materials at ER and acute care settings.

References

Yoviene Sykes, L. A., Levine, N., Tayfur, S. N., Gibbs-Dean, T., Hazan, H., Imetovski, S., James, J., Karmani, S., Mathis, W. S., Markovich, P., Purushothaman, D., Riley, S., Tek, C., Veillette, C., Cahill, J. D., Giard, J., Marracino, A., Barrette, K., Bozak, S., ... Srihari, V. H. (2025). The STEP Learning Collaborative: A statewide learning healthcare system (LHS) for first-episode psychosis. *Schizophrenia Research*, 278, 96–108. <https://doi.org/10.1016/j.schres.2025.03.029>

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Tayfur, S. N., Sykes, L. A. Y., Tek, C., & Srihari, V. H. (2025). Utilization of a psychosis consultation service: Early lessons from a statewide initiative. *Schizophrenia Research*, 282, 198-202. <https://doi.org/10.1016/j.schres.2025.06.019>

Appendix A

Enabling Statutory Language

Sec. 17a-453j. Program for persons diagnosed with recent-onset schizophrenia spectrum disorder. Report. (a) The Commissioner of Mental Health and Addiction Services, in consultation with the Commissioner of Children and Families, shall establish, within available appropriations, a program for persons diagnosed with recent-onset schizophrenia spectrum disorder for specialized treatment early in such persons' psychosis. Such program shall serve as a hub for the state-wide dissemination of information regarding best practices for the provision of early intervention services to persons diagnosed with a recent-onset schizophrenia spectrum disorder. Such program shall address (1) the limited knowledge of (A) region-specific needs in treating such disorder, (B) the prevalence of first-episode psychosis in persons diagnosed with such disorder, and (C) disparities across different regions in treating such disorder, (2) uncertainty regarding the availability and readiness of clinicians to implement early intervention services for persons diagnosed with such disorder and such persons' families, and (3) funding of and reimbursement for early intervention services available to persons diagnosed with such disorder.

(b) The program established pursuant to subsection (a) of this section shall perform the following functions:

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

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

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

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

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

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

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

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

(P.A. 24-19, S. 27.)

Appendix B

Sample of quarterly report

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

Learning Collaborative Report: October 2025

Report Run Date: Oct 28, 2025

A. INQUIRIES (all requests for help)

A.1 WHERE are the inquiries coming from?

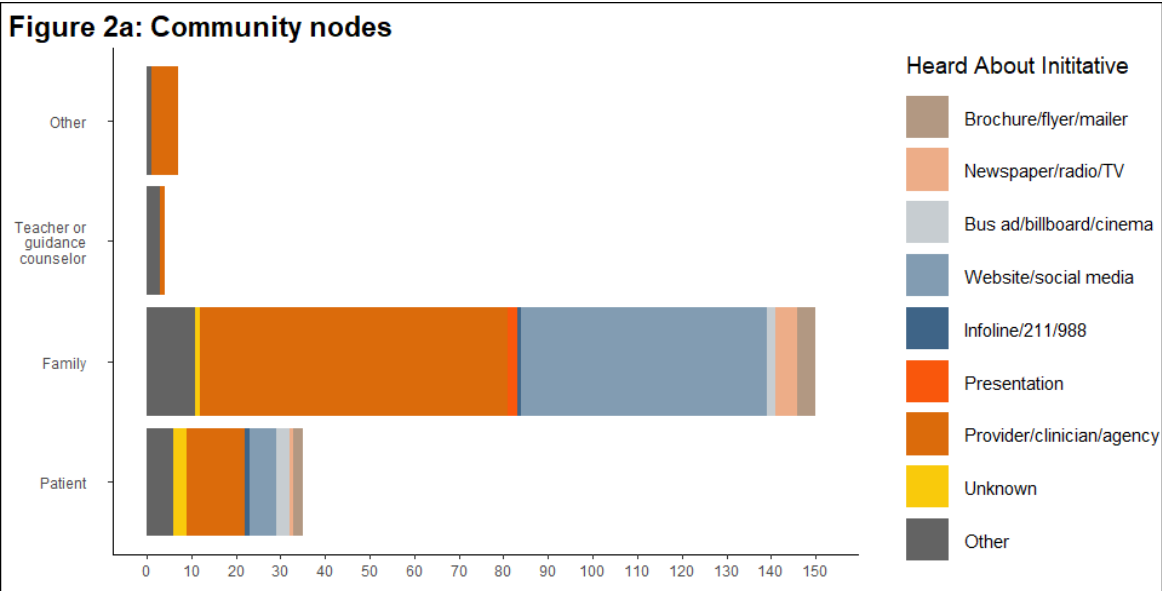
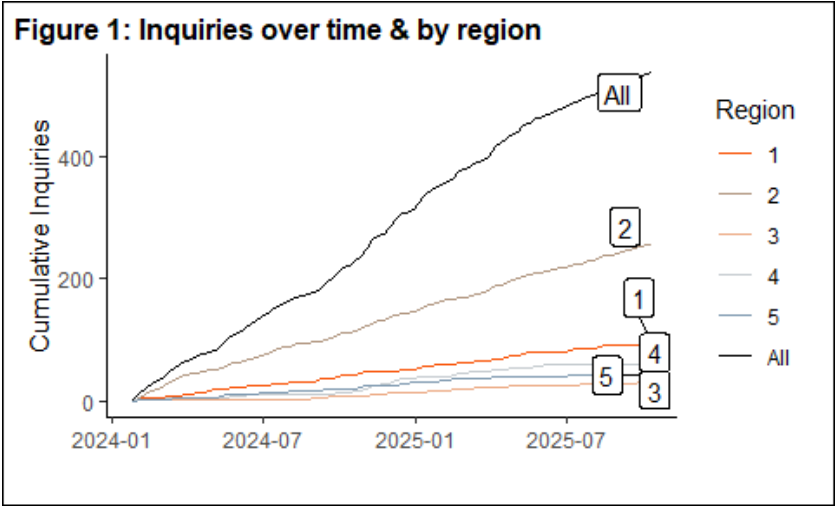
Table 1: Inquiries by DMHAS Region

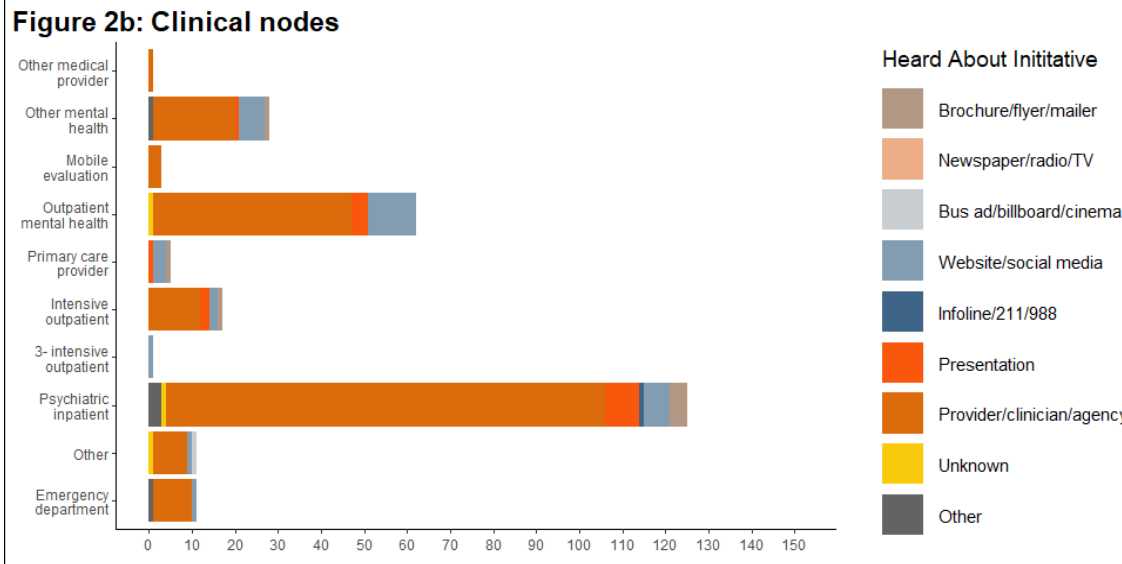
Location	No. Inquiries
Region 1	94
Region 2	259
Region 3	31
Region 4	63
Region 5	44
Undetermined	55

The total number of inquiries made since the Learning Collaborative (LC) launch is 547 (see Table 1 and Figure 1). Of these inquiries, 312 calls were made via the LC direct line, 67 calls were made via Online Inquiry, and 163 via other routes.

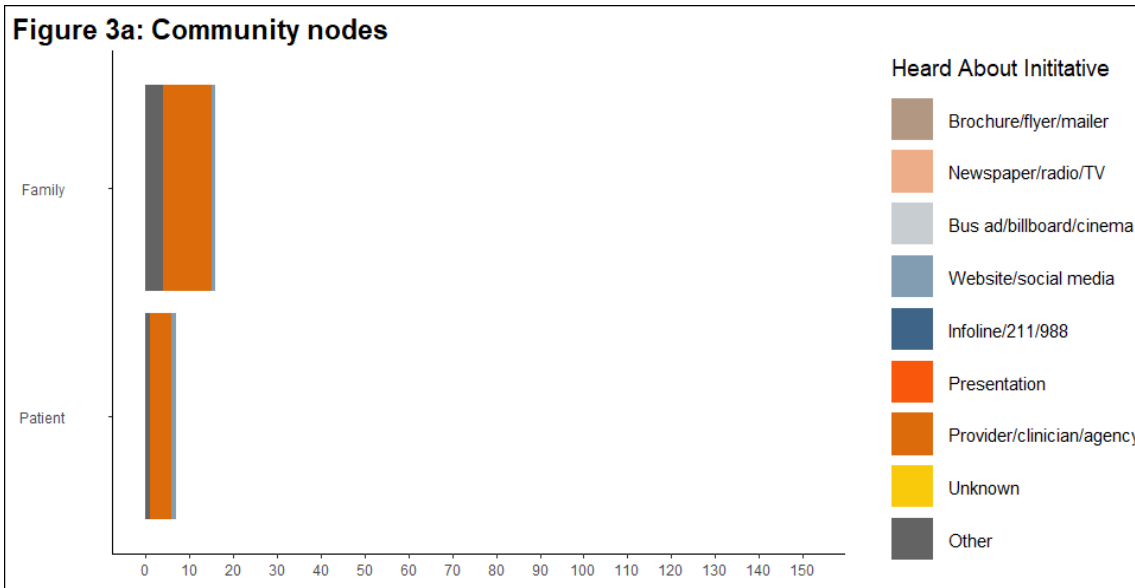
- Between Q1 (2024-01-31 ~ 2024-05-01) and Q2 (2024-05-01 ~ 2024-08-01), the percentage change in inquiry numbers is 5%.
- Between Q2 and Q3 (2024-08-01 ~ 2024-11-01), the percentage change in inquiry numbers is -4%.
- Between Q3 and Q4 (2024-11-01 ~ 2025-02-01), the percentage change in inquiry numbers is 46%. (Q1: 77, Q2: 81, Q3: 78, Q4: 114).
- In the second year, the inquiry numbers are: Q1: 82, Q2: 68, Q3: 46, Q4: 0.

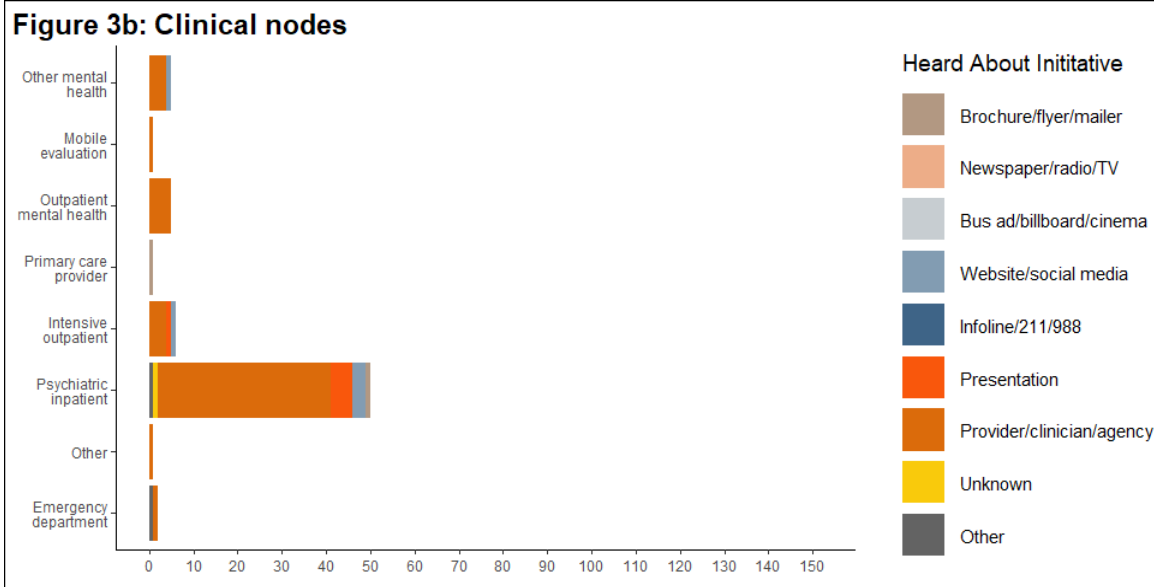
A.2 Who inquired? And HOW did they hear about the Learning Collaborative?





A.3 Who inquired about FEP (i.e. eligible individuals)? And HOW did they hear about the Learning Collaborative?



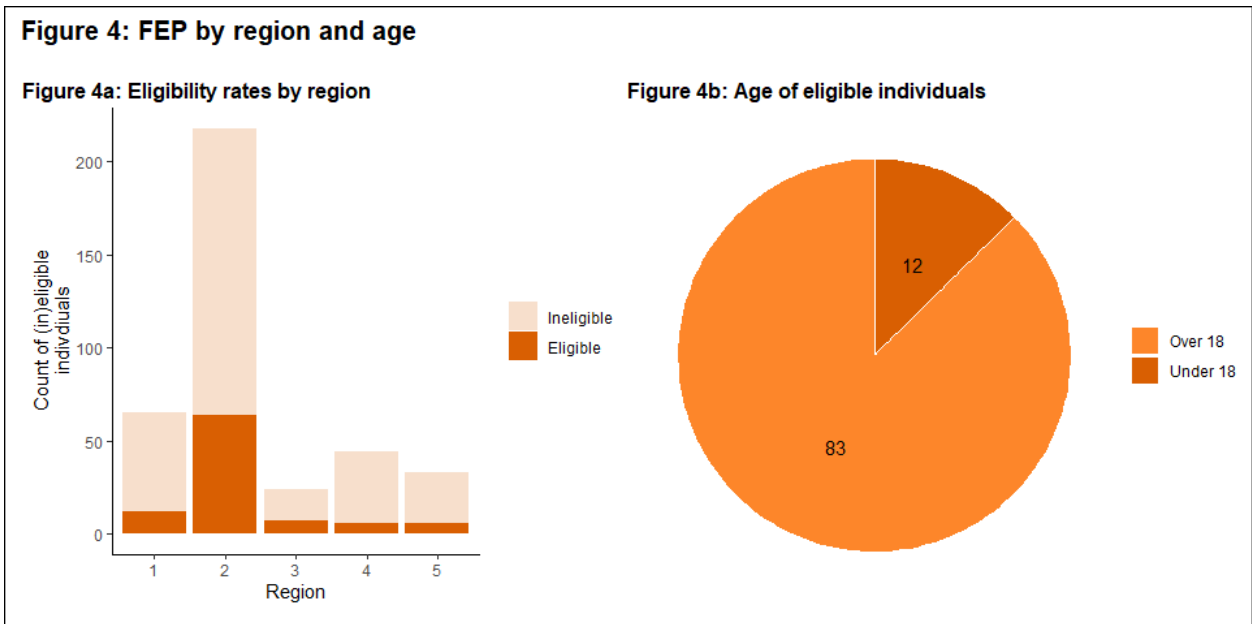


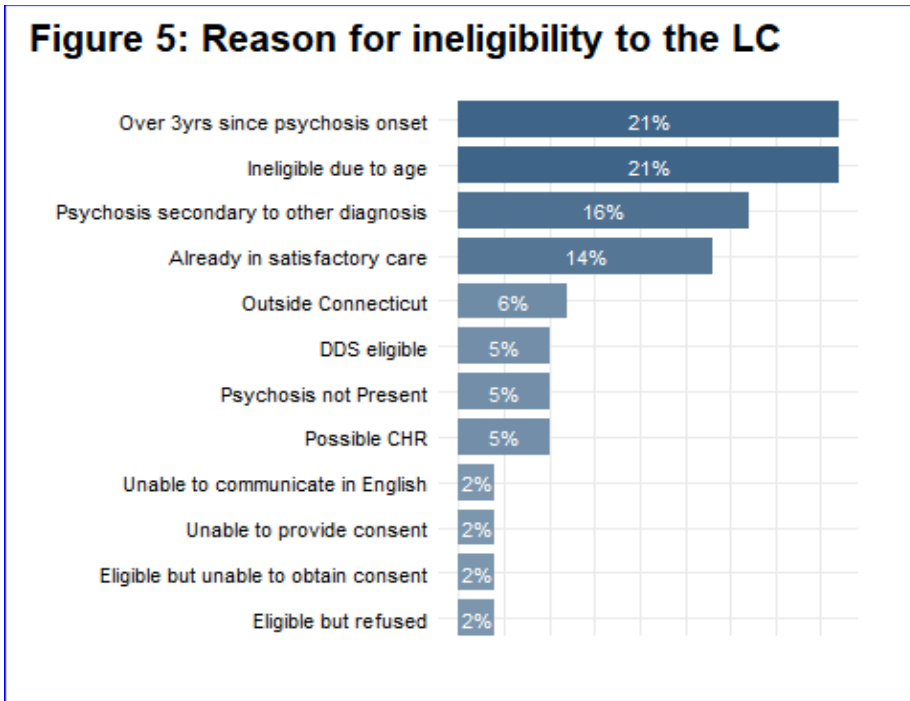
Those referred to the LC via a clinical route primarily came via Psychiatric inpatient (n = 125). Whereas for the community node, the Family route has been the most prevalent (n = 150).

B. FEP (eligible for learning collaborative: 16-35yo and within 3yrs of psychosis onset)

So far, 95 people have been eligible for the LC, and 12 were aged under 18yrs (see Figure 4).

Individuals did not meet LC eligibility criteria for a range of reasons (n=310; see Figure 5) and were provided with appropriate information on referrals and resources. There are 17 cases engaged in further assessment (n=17).





C. Referrals from EDACs to LMHAs across Connecticut

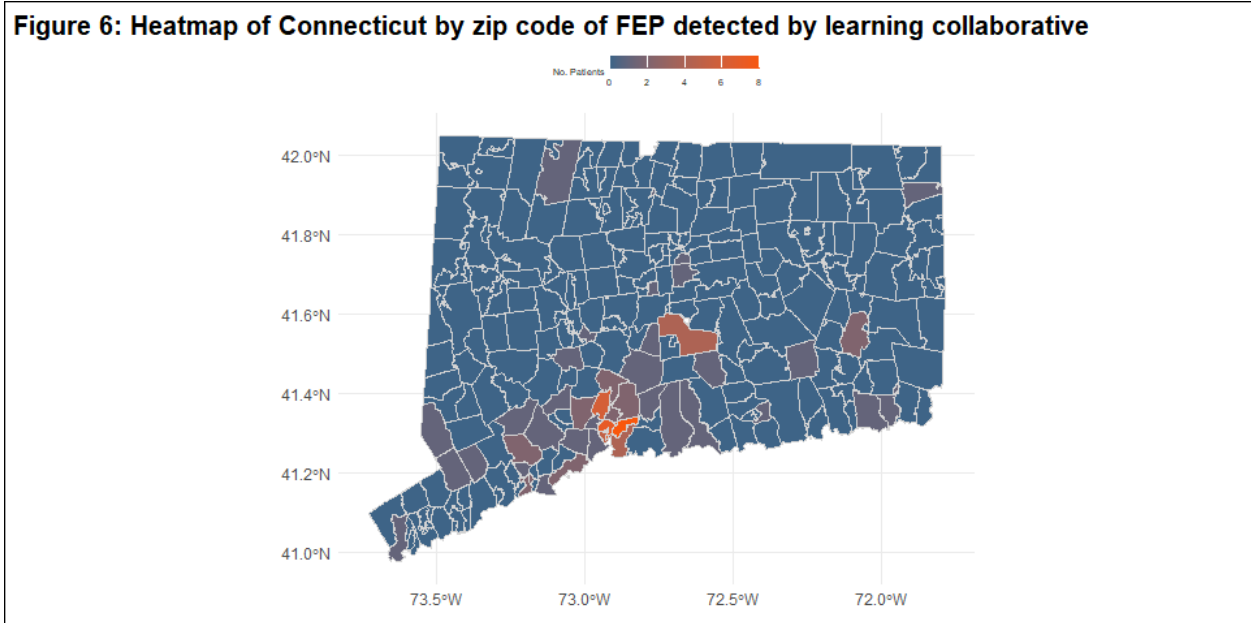
The 95 eligible individuals have been referred to their local mental health facilities. Of those, 70 have been successfully admitted (see [Table 2](#) for wait times by individual care facility). Among them, 43 (61.4%) had a wait time of 7 days or less, and 53 (75.7%) had a wait time of 14 days or less.

Table 2: Delay to admission in days (date of consent to the LC to date of admission to care)

Referred to	Admitted to	No. admitted	Median (IQR) (Days)	Range (min-max) (Days)
LMHA 1	Matches referral	3	9 (5-49)	1-89
LMHA 1	Matches referral	2	9 (8-10)	7-11
LMHA 2	Other Outpatient	1	3 (3-3)	3-3
LMHA 2	Matches referral	1	17 (17-17)	17-17
LMHA 3	Matches referral	1	14 (14-14)	14-14
LMHA 4	Matches referral	4	25.5 (19.2-31.2)	14-35
LMHA 5	Matches referral	2	49 (31-67)	13-85
Other	DCF Clinic	1	6 (6-6)	6-6
LMHA 6	Matches referral	6	26.5 (14.2-44)	10-68
LMHA 7	Matches referral	2	15 (13.5-16.5)	12-18
LMHA Hub	Matches referral	42	0 (0-0)	0-12
LMHA 8	Matches referral	1	13 (13-13)	13-13
LMHA 9	IOP Program	1	21 (21-21)	21-21
LMHA 9	Matches referral	2	43 (43-43)	43-43
LMHA 9	Matches referral	1	37 (37-37)	37-37

*Note: not all LMHAs have received a referral so are not represented in this table

Figure 6 is a map of Connecticut. Here, we can see the number of eligible cases by zip code.



We had 8 cases where it can be determined that the individual will not end up successfully enrolled at the 3-month mark (see [Table 3](#)). There are also 17 cases where admission with the agency is yet to be confirmed.

Table 3: Lack of engagement with care

LMHA	# Patients not admitted	Reason
LMHA 11	2	Doesn't have time, MIA
LMHA 4	1	Subject does not have time
LMHA 12	3	MIA, Subject believes doing better, Incarceration
LMHA 9	2	Subject believes "I don't have a problem", Subject believes doing better

D. Characteristics of FEP detected by LC

The following section provides an overview of individuals found to be eligible for the LC (n=95). Here, we provide information regarding the distribution of various baseline datapoints such as age, gender, race, income, and drug use.

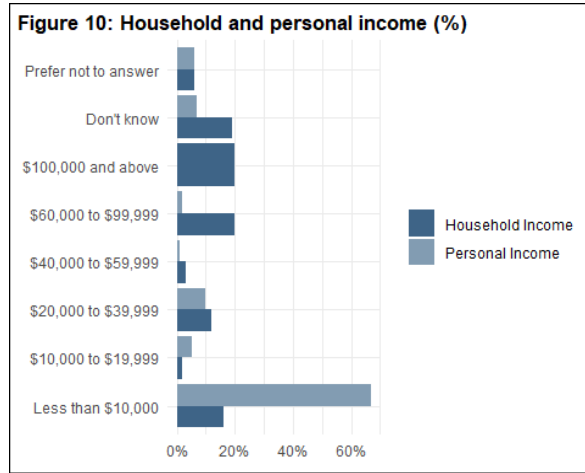
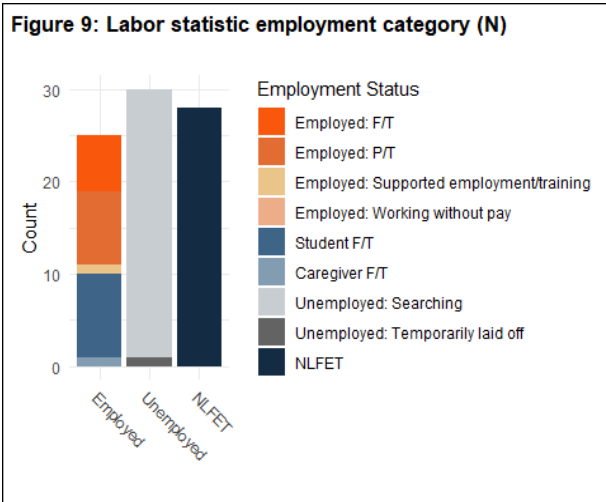
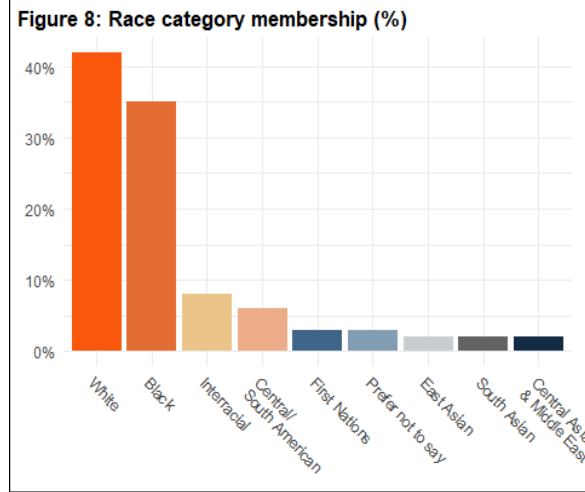
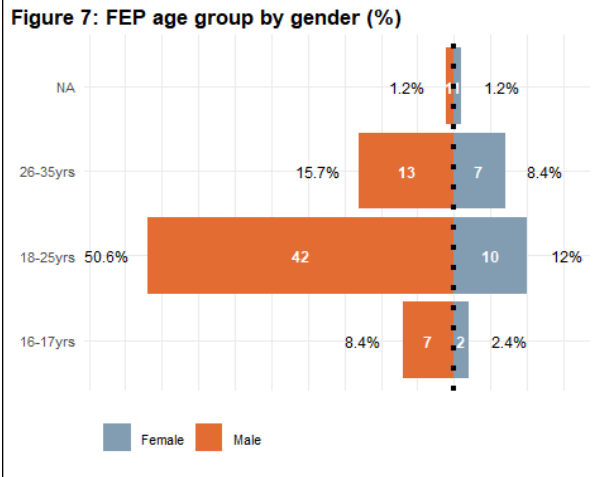


Figure 11: Drug use as measured by the Alcohol Use and Drug Use scale

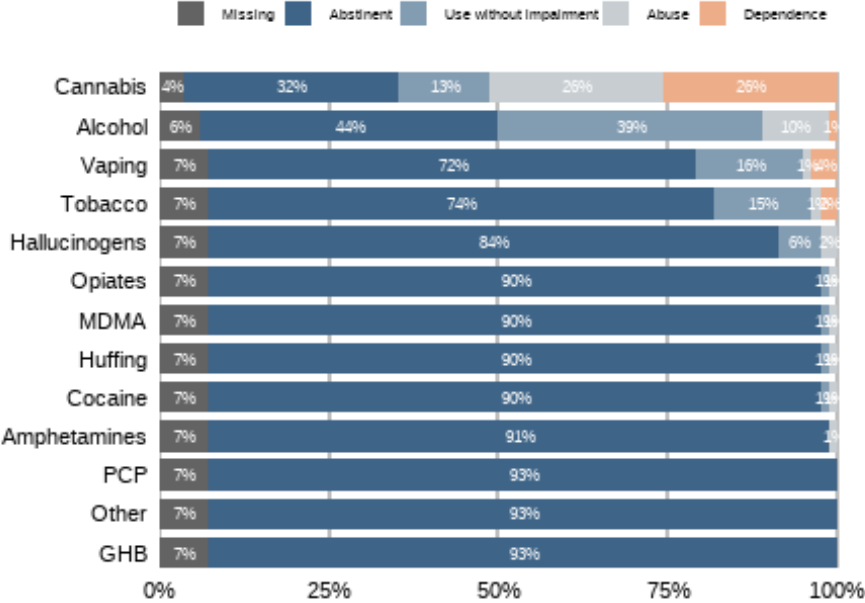
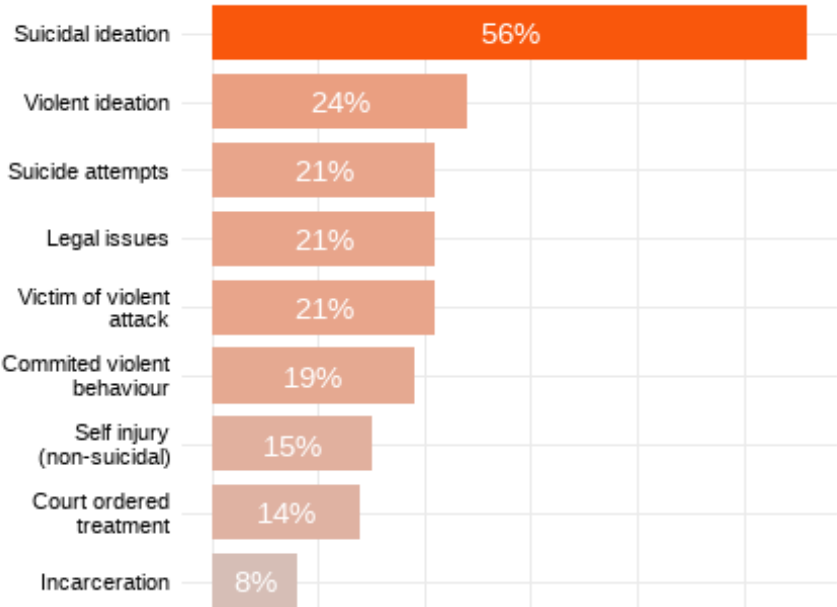


Figure 12: Lifetime suicide and judicial involvement



E. Pathway through care

Patients are followed up every three months to track their progress. Among the 86 eligible patients recorded in REDCap, the number and percentage of patients who completed or missed the survey at each time point are summarized in [Table 4](#). These numbers and percentages do not include participants who ended participation in the STEP-LC at certain time point, which can be seen in [Table 5](#).

Table 4: Follow-Up Completion Status of Eligible Patients at every 3 Months

Status	month3	month6	month9	month12	month15
Missing	14 (21.21%)	17 (29.82%)	12 (28.57%)	6 (24.00%)	7 (38.89%)
Complete survey	24 (36.36%)	25 (43.86%)	21 (50.00%)	9 (36.00%)	7 (38.89%)
Incomplete survey	27 (40.91%)	13 (22.81%)	8 (19.05%)	10 (40.00%)	3 (16.67%)
Waiting for response	1 (1.52%)	2 (3.51%)	1 (2.38%)	0 (0.00%)	1 (5.56%)

Table 5: Disengagement from Learning Collaborative Reason and Number By Month

Reason for end of participation	Month 3	Month 6	Month 9	Month 12	Month 15
End clinical services	0	0	1	0	0
Moved out of CT	2	0	2	0	1
Requested to withdraw	1	0	0	0	0
Unable to contact	0	0	3	5	0
Cumulative number	3	3	9	14	15

[Table 6](#) summarizes participant engagement across different LMHAs. For each LMHA, the table displays the proportion and number of participants who were admitted out of those who consented and were referred, as well as the percentage and count of participants who continued treatment at 3, 6, 9, and 12 months. The follow-up percentages only include participants who had reached that time point.

Table 6: Engagement and Retention Status at LMHAs for STEP-LC Participants (%) (# admitted/# referred)

LMHA	Engagement (%)	Treatment at 3mo	Treatment at 6mo	Treatment at 9mo	Treatment at 12mo	Treatment at 15mo
LMHA 1	83.3% (5/6)	60% (3/5)	50% (2/4)	50% (1/2)	0% (0/1)	100% (1/1)
LMHA 2	100% (2/2)	0% (0/2)	0% (0/1)	0% (0/1)	- (0/0)	- (0/0)
LMHA 3	100% (1/1)	100% (1/1)	- (0/0)	- (0/0)	- (0/0)	- (0/0)
LMHA 14	0% (0/1)	0% (0/1)	- (0/0)	- (0/0)	- (0/0)	- (0/0)
DCF Clinics	33.3% (1/3)	0% (0/3)	0% (0/1)	0% (0/1)	100% (1/1)	100% (1/1)
LMHA 11	0% (0/2)	0% (0/2)	- (0/0)	- (0/0)	- (0/0)	- (0/0)
LMHA 4	66.7% (4/6)	40% (2/5)	66.7% (2/3)	100% (2/2)	100% (1/1)	100% (1/1)
LMHA 5	100% (2/2)	50% (1/2)	0% (0/2)	0% (0/1)	0% (0/1)	- (0/0)
LMHA 6	85.7% (6/7)	85.7% (6/7)	33.3% (1/3)	- (0/0)	- (0/0)	- (0/0)
LMHA 7	66.7% (2/3)	66.7% (2/3)	100% (2/2)	0% (0/2)	50% (1/2)	0% (0/1)
LMHA 12	25% (1/4)	25% (1/4)	- (0/0)	- (0/0)	- (0/0)	- (0/0)
LMHA Hub	97.6% (41/42)	78.1% (25/32)	84% (21/25)	69.6% (16/23)	66.7% (12/18)	54.5% (6/11)
LMHA 8	100% (1/1)	100% (1/1)	100% (1/1)	0% (0/1)	- (0/0)	- (0/0)
LMHA 9	80% (4/5)	40% (2/5)	33.3% (1/3)	0% (0/2)	50% (1/2)	0% (0/1)

	Engagement (%)	Treatment at 3 mo	Treatment at 6 mo	Treatment at 9 mo	Treatment at 12 mo	Treatment at 15 mo
Missing	18.8% (16/85)	34.2% (25/73)	26.7% (12/45)	37.1% (13/35)	34.6% (9/26)	43.8% (7/16)
Confirmed not in care	- (0/0)	6.8% (5/73)	6.7% (3/45)	8.6% (3/35)	3.8% (1/26)	0% (0/16)
Total (for each column)	81.2% (69/85)	58.9% (43/73)	66.7% (30/45)	54.3% (19/35)	61.5% (16/26)	56.2% (9/16)

For any accessibility issues with this document, please contact Nina.Levine@yale.edu.