

State of Connecticut
State Board of Mental Health and Addiction Services
January 17, 2024
Microsoft Teams Meeting

Present online: Chmn. John Hamilton, J. Craig Allen, Rebecca Allen, Janice Andersen, Thomas Burr, Sharon Castelli, Kaitlin Comet, Angela Duhaime, Jordan Fairchild, Kathy Flaherty, Allison Fulton, Pamela Mautte, Allyson Nadeau, Denise Paley, Manuel Paris, Melisa Perez-Constantine, Phil Valentine

DMHAS Staff: Commr. Nancy Navarretta, Deputy Commr. Colleen Harrington, Jose Crego, Cheryl Arora, Marilyn Duran, Chris McClure, Shah Sarju, Kelly Sinko, Elsa Ward

Excused: Manuel Paris

Agenda Item 1: Welcome and Call to Order

The meeting was called to order at approximately 2:30 PM by Chmn. John Hamilton.

Agenda Item 2: Minutes of previous meeting review and action

The minutes from the November 15th meeting were reviewed and accepted.

Agenda Item 3: Commissioner's Update

Other – The Lieutenant Governor is pulling together some folks to do some work on loneliness and social isolation. Senator Murphy is also doing some work around that topic. It is very central to DMHAS since we have social rehabs, clubhouses, peer supporters, recovery centers, all these things really are how we approach recovery and connecting people to other people and having meaningful lives in the community.

We are awaiting the start of the session and state of the state release of the governor's proposed budget, and that happens in February. A lot of you are involved with your lobbyists and your organizations to put forward your own legislative agendas. Certainly, reach out to Kelly Sinko or Chris McClure if there are things you want to discuss with DMHAS. Kelly could be helpful in any way to help the people that you work with understand the process and she's available to talk people through that, so you are encouraged to reach out.

Multiple agencies got together including DMHAS and talked about 2 Gen work, speaking to a generational family approach to our work. And whenever we can include a family perspective, we are really looking at systems and looking at the work we do with pregnant and parenting women and not only being concerned with the kids but the parents and perhaps even parents in a caretaking role for older adults in the family. That project also speaks to the voice of people with lived experience. In fact, this was a DMHAS legislative proposal that got approved and got put into statute last year.

The Opioid Settlement Advisory Committee (OSAC) met this month. DMHAS tied out the municipal reports so last year in the session it was put into statute that the municipalities would have to report out to DMHAS once a year to tell us how much money they got and how much money they spent and what they spent it on. DMHAS heard from all but three municipalities, so Connecticut did a real good job with that report, and all of this is posted on the website. We also went through themes related to what people think our priorities should be. DMHAS had an open portal and an open call for ideas.

Medication for Opioid Use Disorder (MOUD) can be looked at in different ways, whether it's methadone clinics, buprenorphine, extended hours, vans and so these are all ideas that have been coming up; a lot of themes related to stigma, not only regarding substance use disorder, but regarding the treatment of substance use disorder. We are hoping to have at least one or two additional proposals for our next meeting, which will be in two months and to get that money out to providers. It depends whether we would have to RFP or not, how quickly that will happen, but things are moving along.

State Board Composition: Chris McClure met with the RBHAO's leaders to talk about generating some new folks for the committee, people with lived experience or family members with lived experience. And what they agreed upon is that we need a job description for people unfamiliar with the board and what they do. Chris is in the process of creating that so that contacting new folks who have never taken part in it before will understand what they do, the commitments and going through the appointment process. We have an opening on the provider level and there are some people who

have been serving on the committee or on the on the board without active appointments. Please let Chris know if you want to continue being on the State Board.

Agenda Item 4: Quarterly Report – Whiting Forensic Hospital – Jose Crego

Over the last quarter WFH was accredited by the Joint Commission. The work in the hospital continues to reduce security on all the units where they are really implementing the Safe Word program. The hospital utilizes the Safe Word as a way of reducing the acuity on the units by making the patients more a part of the decision-making process. It's a ten-intervention process that really takes into consideration where the patients are and gives the patients a voice on the units when we're discussing anything that's happening within their home.

With the Joint Commission accreditation, there's been a lot of work that's been done to both buildings physically and they continue to do that work throughout the hospital. They have renovated an entire unit there at the Whiting building and they are now in the process of setting up another unit to act as swing space so that they can have their patients move into another living unit rather than impose on them daily coming on and off the unit to have maintenance do their work.

WFH has gotten the approval to do a building study that the legislature had wanted to do. The study is at the tail end of completion. The hope is that by the end of next month, the Commissioner has the study in her hands for her and her team to review before presenting it further. That study looked at a couple of locations at WFH hospital, and on those locations three variations of a new hospital and one of the variations is a 100-bed facility with expanded treatment space. Another variation is the entire hospital under one roof with varying security sections. So folks that need maximum security and the others that have more freedom have those freedom on the enhanced side with a much greater treatment area and space for vocational rehabilitation and education.

Lastly, they have had a little bit of an uptick in COVID. Luckily, right now they have no units that are positive and the patient symptomology of those that were positive for COVID were no more than a common cold. They took precautions on the units by isolating them and making sure the patients were well taken care of and that the rest of the hospital remained free of the COVID-19 spreading. They have had a total of 3 units over the last month and half or so that have been positive and it's in keeping with the holidays. They had a spike in positive staff and patients right after the holidays. Folks and staff members are often visiting more family and getting together with individuals, so they took some measures right after the holiday to have folks not meet in person for about a week or so rather meet on teams so that they can ensure that the hospital continues to stay as free of COVID-19 as possible with that.

Agenda Item 5: RBHAO Report - Pam Mautte:

The good news is their priority reports are published, so they should be on the DMHAS website as well as on each RBHAO website. They are in the process of launching the Community Readiness Survey next and for those of you who are in the State Board and fall into their regions, they encourage you to participate in the Community Readiness Survey. Again, that helps move their process along with planning and their communities. As always, they call upon those with lived experience to participate in all these activities with them and their work. They are also in the planning stages for National Prevention Week in May and May is also Mental Health Month with activities as well. There's also a statewide suicide conference coming up in May through their Regional Suicide Advisory Board.

Agenda Item 6: Other Workgroup Updates/General Updates/Announcements

Homeless Task Force: Sharon Castelli thanked John for his work in getting this homeless task force put together, but also, Molly Machado from DMHAS has been very helpful on this task force. She took the minutes, and she organized our meetings and just brought information back and forth between all of us, the Connecticut Coalition to End Homelessness, DMHAS and a lot of other folks.

This is a committee that was formed in October of last year due to the rising numbers of homeless folks on the street and difficulty getting through the 211 system. First was concerns that came up through the CAN, given the cold weather season coming up they wanted to make sure that they could work with the 211 system for people who weren't being seen for weeks. DMHAS engaged in a statewide planning related to the 211 staffing and those challenges last year with multi agency involvement, 211 was able to maintain their staffing levels through the 22/23 winter level and they were very worried about that, which is why the committee was formed.

In addition to that, they created goals. The first goal was to ensure access to transportation after the end of free ridership. They were fortunate enough that while this group engaged with several folks with Department of Transportation (DOT) to identify the options to ensure that those experiencing homelessness would continue to have access during the

winter months to get the treatment, to get the shelter, to get to the 211 assessments and DOT did discontinue the free ridership in the spring. But partnerships with DOT persisted and because of the cold weather resources in Stamford, particularly this improved collaboration throughout the state. And they have several people that they were able to get bus passes and other resources as well as connecting with a lot of the shelters who had bus passes that they could get them to people so that those assessments getting into the system weren't held up.

The next goal was connecting with the LMHA's. They were having difficulty making sure that that they could get disabling conditions verified with the local mental health authorities. They put together a list of LMHA contacts throughout the state of Connecticut and got that out to the Connecticut Coalition to End Homelessness and as many of the coordinated access networks as possible. So there wasn't a lot of time lost that if a client came in and they needed a disabling condition verification to get into permanent supportive housing.

The next goal was to increase clinical services for shelter and housing organizations. Again, that list of LMHAs was shared with everybody, so that not only getting the disabling condition verified and put on the forms, but in addition to that they were able to go ahead and have clinical partnerships, clinical linkages with the mobile crisis teams and clinicians at the LMHA's.

The last couple outcomes increase the availability of additional dollars to support case management so that caseloads weren't getting too high and working with the population. DMHAS was able to release an RFP for H2H in 2023, adding additional service dollars to the system. DMHAS was also able to find additional funding for security deposits and utility rears through block grant programs. Provide technical training and assistance to staff in cold weather shelters and warming centers. DMHAS collaborated with the Coalition to End Homelessness, to support their annual training institute. At that institute they featured trainings that focus on harm reduction, mobile crisis team, long term services and through the mental health waiver supports that would be available to people.

And then the last goal was to create a forum for planning and partnerships with DMHAS, service providers, people with lived experience of behavioral health conditions and that Task Force continue to meet throughout 2023. And the Connecticut Coalition to End Homelessness, the We Can End Homelessness campaign got off the ground. Because of the work of the committee, they made the decision that they were able to end their committee accomplishing all of those goals and the task force is now over.

Cannabis workgroup: Sarju gave an update and stated they submitted the document back in January of 2023 that outlined some of the recommendations that they identified to the Prevention Subcommittee and some of them related to funding the RBHAOs to do some cannabis work at the at the regional level. They also talked about developing a cannabis merchant education program. They have identified and hired a field inspector who will be going out to non-dispensary retailers around the legalities of having cannabis.

CCAR: Rebecca Allen provided an update. One of their initiatives this year is to expand their recovery community centers. They are fortunate where they had some congressionally directed spending that was awarded to them, and they are going to be opening 3 new recovery community centers in Torrington, Danbury, and New London. Their Willimantic Center is celebrating 20 years this year on February 20th. If people are interested in learning more about the recovery community model, they would be happy to come and do a presentation at a future meeting.

Agenda Item 7: Potential Future Topics (need for Presenters):

- RBHAO's Priority Report
- Mental Health Incarceration – Denise Paley
- Access to Beds or Lack of for Mental Health and Substance Use – Denise Paley
- Cannabis recommendations – Allison Fulton

Adjournment: The meeting was adjourned at 4:00 P.M. The next meeting will be held on Wednesday, February 21, 2024, beginning at 2:30 PM.