

**State of Connecticut**  
**State Board of Mental Health and Addiction Services**  
**January 18, 2023**  
**Microsoft Teams Meeting**

**Present online:** Chmn. John Hamilton, Rebecca Allen, Thomas Burr, Sharon Castelli, Angela Rae Duhaime, Jordan Fairchild, Kathy Flaherty, Allison Fulton, Ingrid Gillespie, Holly Hackett, Jennifer Henry, Pamela Mautte, Giovanna Mozzo, Allyson Nadeau, Larry Pittinger, Brian Reignier, Kevin Sevarino

**DMHAS Staff:** Commr. Nancy Navarretta, Deputy Commr. Colleen Harrington, Jose Crego, Marilyn Duran, Mary Mason, Chris McClure, Lakisha Hyatt, Arthur Mongillo, Sarju Shah, Elsa Ward

**Excused:** J. Craig Allen

**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 16<sup>th</sup> meeting were reviewed and accepted.

**Agenda Item 3: Commissioner's Update**

- **Legislation** – Commissioner Navarretta announced DMHAS has finally hired somebody to shadow Mary Kate during this legislative session and then that person will be taking over from there. Mary Kate Mason reported mental health is still clearly on the forefront of the legislator's minds. Mental health is in several of the priority Senate bills. There will be a lot of information shared at hearings related to mental health. Senator Anwar is back, he was a Co-chair last year and Representative McCarthy-Vahey is the House chair for the Public Health Committee. The DMHAS bill that was put in is in line with the bill from last year related to making sure the voice of individuals with lived experience was at the forefront. This year we looked at all of the state run facility Advisory Boards to make sure that individuals with lived experience were represented on those boards in statute. This DMHAS proposal has been given approval to move forward to the Public Health Committee. The Commissioner has been nominated by Governor Lamont to serve another term and we are very excited about that. The hearing date where her nomination will be heard in on January 26<sup>th</sup>. Sharon Castelli made a motion in full support of reappointing Commissioner Navarretta.
- **Budget** - Tabled
- **Other** - Commr. Navarretta reported she met with all the Health and Human Services Commissioners for the Governor's meeting this week to share some of DMHAS successes, like getting out the ARPA dollars and building up the mobile crisis teams, as well as some of DMHAS challenges. DMHAS has several workforce challenges that is affecting both the PNP providers and the state operated providers as well. We anticipate that the Governor's proposed budget will be released in the second week of February and that is followed by Appropriations' budget. DMHAS will go testify and answer questions from the Appropriations committee. The Executive nominations are scheduled for January 26<sup>th</sup>.

Over the next nine months or so, keep your eye out on the DMHAS and DAS web page for RFP's. DMHAS will be continuing to put out dollars in the peer field related to mental health peers in the Ed's, peer navigators and harm reduction.

Chris McClure is working hard to support the commissioner in starting the opioid settlement committee, in the next month or so. There should be a press release coming out and then DMHAS will go into the first meeting and get that process going.

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

Jose Crego reported that right now he is happy to report that there are no units in isolation or quarantine. There are no patients that are positive currently over the last quarter, WFH had a couple instances of positive patients, but nothing of any major significance. While there has been some relaxation of mask policies on all patient care areas, WFH continues to have a mask requirement for all staff on any patient treatment area. We continue to protect our patients

as much as possible. We also continue ongoing reminders of best practices for our staff while they are in and out of the hospital. We are very cognizant of the fact that our patients live here and the and it is up to us, those of us that go home every day to make sure that we are taking those precautions in order to keep our patients safe and we continue to remind our staff to do that.

For risk management over the last quarter, there was a total number of 198 incidents and those are total incidents that happened within the hospital and that is down from 259 the previous quarter. Of those incidents, 6 became critical incident reviews, all of which were ingestions. Allegations are down from 13 to 4. All four allegations for this period were unsubstantiated. Restraints in the Whiting building while they went up, we had an outlier patient. WFH hours of average restraint time went down from 2.12 hours to 1.8 hours. Dutcher had a reduction in restraints from the previous quarter from 22 down to 12 and the average of time in restraints was just a little over 1/2 hour. For seclusions, there was a total of 13 in Whiting and none in the Dutcher building. There were 10 acts of aggression towards self over the last quarter, down from 28 previous quarter. Our falls are also down. We are doing a lot of work within our environment of peer committee to mitigate any aspects to do with falls and we have patients that are on constant observation obviously to ensure that those that need the extra support have it while they are ambulating throughout the unit and outside.

We have been able to hire 2 administrative positions that were empty for quite some time. We have brought on board Elizabeth Brayshaw who is our new Chief Operating Officer and Doctor Bentley Strockbine joins us as our Chief Medical Officer. Over the last quarter we've been able to fill 62 positions. A lot of those were movements from one area to the other of the hospital. They were not all new positions, but those movements have helped us improve staff morale, which is there is a direct correlation to staff morale and patient treatment. We have also seen some improving changes within HR as a whole and support that they are providing to the hospital. Those changes are a direct result of the help of the Commissioner's office working with DAS to get the hospitals and all facilities the support that they need with HR staff. We continue to explore more vocational opportunities. We have added a few more vocational therapists to our hiring pool, so we will be bringing those individuals on board shortly. We have just recently started to work pretty significantly with some of the LMHA's. We are working together on some PSRB programming and tying that into the programming that is already happening here in the hospital, so that the entire program of programming is more fluid. Our goal is to work with our patients through that process through the hospital and out into the community and ultimately on a conditional release in a much quicker process.

#### **Agenda Item 5: RBHAO Report**

Pam Mautte reported that all RBHAOs are extremely busy doing naloxone and QPR trainings and you can find those upcoming trainings either going out through emails or registration on our websites as well.

#### ***Region 1: The HUB***

Region 1 has a CAC meeting coming up on the 19th from 2:30 to 4:00 PM and you could register through events at <https://www.thehubct.org/events>. A regional legislative forum will be held on the 30th of this month from 6:00 to 8:00 PM. The LPC hosted an awesome virtual legislative breakfast event on cannabis in Connecticut. They had 60 attendees that were online, ten of them being legislators from their area. They had really good conversations and the info briefs, the recording and slides are all available through Giovanna Mazzo at the Hub. Their weekly newsletter is available and you could sign up through their website as well. They are also working on their priority report. They have completed their virtual focus groups. They do QPR on the 1st and 3rd Tuesday of the month which is question, persuade refer and that is suicide prevention and they do naloxone trainings on the 1st and 3rd Wednesday of every month.

#### ***Region 2: Alliance for Prevention & Wellness***

In Region 2, staff were trained in or certified in dialogue, education through professional development training. They have a pediatric group training coming up that they are partnering with Connecticut High Intensity Drug Trafficking on drug trends and concerns that they have, specifically a lot around marijuana and not just with their pediatric clients but with the family members. They are working on advocacy efforts for the upcoming legislative session within our region. We've conducted a postvention training with Tri-Town Youth and Family Services and they have 3 workplaces in the process of becoming certified through the Recovery Friendly Workplace Initiative. They are also implementing the National Association of Community Health Organizations Planning grant with community partners in New Haven, specifically judicial and the Police Department through some overdose response strategies. They will be presenting in two weeks at SAMHSA National Prevention Day. They are giving a presentation on our Connecticut River Valley Comprehensive Overdose Engagement Initiative that was previously funded through the University of Baltimore Overdose

funding. And for their federal grants, they have de-escalation in mental health first aid training scheduled with their partners in the medication for opioid use disorder through Community Anti-Drug Coalitions of America. So they are in the pilot cohort with 19 other coalitions. They are in the process of building their strategic plan and beginning to implement that in some of their lower Naugatuck Valley towns and that ties in with their comprehensive Addiction Recovery Act grant, which is more focused on youth initiatives for those towns as well.

### ***Region 3: SERAC***

In Region 3, the priority report is top focus right now as well as focusing on advocacy efforts for the legislative session. They are re-engaging and planning CAC workgroup and memberships. They have been conducting suicide prevention efforts and outreach. They have had two losses in their region in the past month. They are launching the Bright Light to Mental Health Campaign. They have been doing some mini grants in the communities, which is the state overdose response. They have a recovery friendly workplace coordinator that is coming on board in February. Their federal projects are alcohol seller/server compliance education; cannabis education and awareness media campaign. They have wellness coordinators, conducting community outreach in rural communities and planning spring events at the town level. They have youth leadership engagement activities in the northeast region for middle and high school aged youth through partnerships with local prevention councils in schools.

### ***Region 4: Amplify***

Region 4, continues to support the local prevention council and local efforts to promote best practices; examples include collaboration with school resource officers, school administration and nursing and municipal leaders. The gambling awareness team is focusing on the prevalence of raffles at local community events and they are planning special presentation for March that will focus on veteran outreach and gambling prevention. They are currently conducting focus groups across the region in tandem with the release of the biennial survey, all in support of biennial priority needs report process. Key interest areas include suicide, mental health, substance misuse, overdoses and problem gambling/gaming. They recently trained the Farmington Fire Department, EMR staff, Mercy Housing and Shelter in Hartford in suicide prevention gatekeeper training. And for statewide opioid response they are getting ready to deploy the min grants; as the contract should be executed and they are receiving questions from the local municipalities of how they can use the opioid settlement funds and are looking at the RBHAOs for support and guidance on how these funds should be used.

### ***Region 5: Western CT Coalition***

In Region 5, they are welcoming a new board member tomorrow night, Kim Morgan. She was formerly on the board of United Way Connecticut and started Prosper Key in Connecticut, it is a subsidiary of the United Way that connects low income people to services resources. Their board of directors is partaking in team building for staff enrichment. They participated in a dialogue education as well as compute positive community norm training. Their drug free schools group is working on the Be in the Know campaign, along with the You Think You Know materials in collaboration with that their regional Suicide Advisory Board has monthly opportunities for postvention info networking and postvention training and a quarterly newsletter. Their recovery friendly workplace in December Tis the Season to be Recovery Friendly Initiative and they launched a one pager on healthy language around recovery. CAC-21 had a site visit in the Danbury Salvation Army starting hybrid meetings and CAC – 20 did suicide prevention resource presentation conducting outreach and building membership. Their opioid work group presentations on the 11:15 waiver DMHA Naloxone Saturation Plan and Prevention Committee. With the You Think You know campaign they will be presenting in April at RX Summit. 48 states that have jumped on. You think you know ct.org and downloaded our toolkit and 125 of our 169 communities in Connecticut are utilizing the campaign as well.

### **Agenda Item 6: Homelessness Taskforce Update – Sharon Castelli**

Sharon started by reminding people why this committee came together and that is because there were cuts to the 211 system. So that after 5:00 o'clock and on weekends, people can no longer call 211 if they are homeless. To date the committee has met 8 times. The first couple meetings level-set everybody, including folks from the mental health field new to homelessness, with information and recommendations.

Two things that people need when they are homeless, in order to get into housing or into an emergency shelter is homeless verification, which the providers can do, and then you need to make sure that you have a clinically diagnosed qualifying disability. Many of the shelters don't have clinical staff and so the LMHAs have been very instrumental in making sure that they are either coming out via mobile crisis or with their staff to get the shelter staff those diagnoses so that then the whole process can begin to move forward.

Sharon shared that Molly has been a terrific person on this committee. She has really been the person that has helped all of us identify throughout the state of Connecticut, the LMHAs and who the contacts are. Molly is also working on the key contacts at each LMHA so that we can get that out to as shelters have turnover that we can get those individuals, those contacts. So that if a staff person leaves that information is there and it is institutionalized.

One of the items on the committee's list was to advocate for free bus passes. But fortunately, that is already has been approved by our governor and has allowed for free transportation going forward. We also realized, that there is a lot of training going on from DMHAS and yet the shelter providers don not have access to that because they don't get funded. And so we are now sending that information out to our DOH counterparts. There are staff that are participating in those trainings and that is been very welcomed by the shelter system.

The committee is going to be making a recommendation to the state of Connecticut Interagency Council on Housing. We would like to recommend an interagency Council on Homelessness, very specifically to DVA, DCF, DSS, and DMHAS to all be a part of that. So we can really focus on people that have mental health diagnosis as well as substance use disorder that end up in a homeless situation and that everybody is talking together.

And then I think the last thing that came up was just this discussion about on the mental health side of things. We have social clubs that are very, very active. There is training, drop in, socialization, groups and that really doesn't happen on the homeless side of things. And so we were talking about a way in which we can create a place for people to go, whether they're using or not, using a safe place for people to come and take apart of resources, take the resources with them as well as when they are there, get the support that they need, and maybe get a hot meal. Many of the shelters kick people out at 8:00 o'clock in the morning. They're not allowed back until 6:00 PM. So folks are wondering during the day on the streets and they are cold and hungry and they need help. So through our last eight meetings, those are our deliverables.

#### **Agenda Item 7: Other Workgroup Updates/General Updates/Announcements**

- Kevin Sevarino announced that neither of the subcommittees have met but we finished the work on the *Be In The Know* campaign. DCP is now focused on rolling out everything. Legalized sales began this month and potency limits here in Connecticut are 30% for smoked and 60% for other products, so only CT and Vermont have those potency limits. Other recommendations that were made that then went through the ADPC Subcommittee were increasing some of the distances from schools and places like that from 1000 to 1500 feet.
- Rebecca Allen from CCAR wants to invite everybody to an open-house at the new Recover Community Center in Waterbury on February 10<sup>th</sup> from 12-2pm on 132 Grand Street.

#### **Agenda Item 8: Potential Future Topics (need for Presenters):**

- *Brief overview of YouThinkYouKnowct.org – Giovanna Mozzo*
- *Fentanyl in the State of CT – Bobbie Lawlor*
- *DMHAS Facilities LMHAs Services – Chris McClure will get presenter*

**Adjournment:** The meeting was adjourned at 4:00 P.M. The next meeting will be held on Wednesday, February 15, 2023 beginning at 2:30 PM.