

State of Connecticut
State Board of Mental Health and Addiction Services
October 20, 2021
Microsoft Teams Meeting

Present online: Chmn. John Hamilton, Rebecca Allen, Tyler Anderson, Daniella Arias, Sharon Castelli, Michele Devine, Kathy Flaherty, Allison Fulton, Ingrid Gillespie, Jennifer Henry, Joe Lindbeck, Pamela Maute, Giovanna Mozzo, Allyson Nadeau, Manuel Paris, Larry Pittinger, Brian Reignier, Kevin Sevarino

DMHAS Staff: Acting Commr. Nancy Navarretta, Dana Begin, Yvonne Addo, Marilyn Duran, Julienne Giard, Marlene Jacques, Carol Meredith

Agenda Item 1: Welcome and Call to Order

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

Agenda Item 2: Minutes of previous meeting review and action

The minutes from September 15, 2021 meeting were reviewed and accepted.

Agenda Item 3: Commissioner's Update

- **COVID-19** -- Acting Commr. Navarretta started by providing the Pandemic Management Update. DMHAS continues to follow all COVID-19 protocols: About 80% of all staff are vaccinated and a similar percentage of in-patient clients are vaccinated across all state operated facilities. DMHAS encourages vaccination of staff and clients. DMHAS is working with the DPH mobile vaccination vans and the local health departments for on-going vaccination needs, which have been extremely helpful. In terms of EO13G, the Governor's Executive Order #13G, vaccine mandate compliance requires employees working in hospital settings to be fully vaccinated. This is slightly different for the non-hospital staff. Staff can request religious or medical exemptions. DMHAS receives daily non-compliance reports. Most people are working toward being fully vaccinated and in compliance. DMHAS is also working on a large project with DAS regarding contractor vaccine compliance.
- **Budget** – Acting Commr. Navarretta stated that we will have the final approval for implementer dollars (\$25 million) that was set aside for our PNP providers. Ten million went for capital improvements and another 15 million for wages. An email from DMHAS with all the details will go out soon.
- **Other** – Acting Commr. Navarretta announced that the DMHAS Office of Recovery and Community Affairs is hiring a Behavioral Health Manager/Director. The job description has been posted and DMHAS is accepting applications through November 15th. Please share this information.

Agenda Item 4: Presentation: Crisis Response, Julienne Giard – DMHAS CSD Director, Dana Begin - Manager

Julienne started the presentation by sharing that she as well as others at DMHAS are working on enhancing the crisis response system for adults. For today's discussion the topics are: -988 Implementation; -Description of Mobile Crisis Services; - Description of ACTION Line Services; - Crisis Intervention Teams & Training; - Mobile Crisis and Law Enforcement; - Next Steps. There is new national legislation to create a three-digit number for people who are looking for help with a mental health crisis including suicide. The new number 988 is to be implemented in all states by July of 2022. This service already exists it's called the National Suicide Prevention Lifeline (NSPL). The enhancement to this is that instead of a long 1-800 number it's now a three-digit number. Julienne provided an overview of the 988 Crisis System that with alignment of services toward a common goal will help decrease jail, ED and in-patient. In CT, we have a 988 coalition that meets on a monthly basis and which include a variety of stakeholders and anyone is welcome to join. Julienne also provided an overview of CT's Crisis Line Services at United Way of CT. United Way of CT/211 – free, confidential information, referral and crisis line that connects people to essential health and human services 24/7, 365 online and over the phone.

Dana Begin started the conversation by mentioning that CT has a behavioral health care system. This system is provided to adults 18 and older by DMHAS. For those under 18 the services are provided by DCF. We have two separate mobile crisis programs and two separate crisis call lines. Mobile Crisis Teams (MCT) provide mobile emergency crisis services to individuals 18 years of age or older. These services are defined as mobile, readily accessible, rapid response, short-term services for individuals and families experiencing episodes of mental health or substance use crises. Across the state of CT we have 18 MCT's; Ten are DMHAS funded and eight are DMHAS operated.

As of August 12, 2020, DMHAS, in partnership with the United Way of CT, launched a statewide and centralized crisis call center for adults in the community experiencing an emotional crisis for which an immediate response may be required. This service is called the Adult Crisis Telephone Intervention and Options Network. The ACTION Line is available 24 hours a day, 7 days a week and is the provider of afterhours telephonic coverage for mobile crisis teams. Services include telephonic support, referral to the MCT nearest to the caller in the form of a "warm handoff", information about resources/services in their area and, if needed, direct connection to 911. Dana also talked about Crisis Intervention Teams (CIT). Every Mobile Crisis Team in the state has CIT trained clinicians who work collaboratively with police departments. DMHAS has contracted with The Connecticut Alliance to Benefit Law Enforcement (CABLE) Inc. to provide CIT training to law enforcement personnel and behavioral health clinicians. When needed, CIT clinicians will respond to crisis calls along with the police. Moving forward there will be collaboration between MCTs and local police departments in response to the Police Accountability Bill; Continuing to support CABLE's work to offer CIT trainings statewide; enhancing data collection procedures and analysis of crisis responses involving police; and to examine and expand our crisis continuum of care.

Agenda Item 5: Presentation: Warming Centers-Gaps and Challenges, Steve DiLella – Department of Housing

Last year DOH was able to leverage some hotels to be able to assist. Therefore, we have been able to identify 3.8 million dollars to work with our homeless service providers to be able to stand-up. DOH will have access to hotels again through FEMA. Some of our Coordinated Access Networks (CANs) are going to be accessing this as resources and others will continue to do congregate sheltering at a lessened capacity to ensure that there is enough social distancing and isolation space to keep COVID from spreading. In addition, DOH also has additional housing resources. The goal is not to shelter people but to get them back into permanent housing. DOH has been able to get resources from the CARES Act and HUSKY. DOH has 380 vouchers that are in the process of being disseminated across our CANs and DOH has been able to identify 150 state-funded rental assistance vouchers for homeless families. Some of the other funding coming to DOH is Home ARPA funding which is mostly for capital development and DOH also has some Community Development Block Grant money that will be used to improve shelter conditions. DOH should be able to provide a spot to those in need. DOH has 8 million dollars for rapid rehousing right now but one of the biggest challenges is finding available units.

Chmn. John Hamilton asked Steve, is there is any way that respite housing or short-term housing can be put into the new crisis line- 988-implementation plan? Steve said that is something DOH can look into. DOH, DMHAS and other agencies have been working on a Recovery Housing Program, since pre-covid, to try and figure out how we can create some more transitional living, but more in the substance use side, however. Some of the models can be replicated if found to be successful. Housing is a big issue and the more housing options we have the better. Creating flow will help get people into permanent housing.

Agenda Item 6: Workgroup Updates/General Updates/Announcements

- Kevin Sevarino stated that the Marijuana workgroup has not been active for a while. Kevin and Craig Allen met with the ADPC last month and their first priority, in terms of the recreational cannabis legalization, is choosing a vendor for things like highway billboards and such. An email was sent to workgroup members regarding the next meeting. The focus will be on harm reduction concerns regarding the bill roll-out. SAMHSA just released "Preventing Marijuana Use Among Youth" for download.
- Pam Maute, from Region 2, announced that some of the RBHAOs along with other community prevention partners launched the *You Think You Know* campaign aimed at adolescent and their parents specifically for prescription pills and the fake pills. www.youththinkyouknowct.org

- Rebecca Allen, from CCAR, announced that CCAR held their First Recovery Festival Event at Quassy Amusement Park last month with over 1500 in attendance. The CCAR center in Manchester did something downtown with collaboration of other community partners to promote recovery.
- Allison Fulton announced that this weekend is the Drug Enforcement Administration (DEA) coordinated National Take Back Day.

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

- RBHAO's State Wide Priority Report – [Jennifer Sussman]
- Psilocybin and Ketamine [Dr. Dike or Dr. J. Craig Allen]
- Peer Bridger Program – AU staff [Dana Smith, Program Manager & Jennifer Henry, Advocacy Engagement Specialist]
- Olmstead Initiative – AU Staff
- Alcohol Awareness
- Problem Gambling Awareness - March

Adjournment: The meeting was adjourned at 4:00 P.M. The next meeting will be held on Wednesday, November 17th beginning at 2:30 PM.