

State of Connecticut
State Board of Mental Health and Addiction Services
April 15, 2020
Conference Call

Present online: Chairman John Hamilton, Paul Acker, J. Craig Allen, Michael Askew, Terry Budlong, Sharon Castelli, Michele Devine, Marcia DuFore, Kathy Flaherty, Michaela Fissel, Allison Fulton, Ingrid Gillespie, Bill Gillotti, Jennifer Henry, Gabriela Krainer, Pam Mautte, Marcus McKinney, Manuel Paris, Brian Reignier, Diana Rios, Dr. Peter Rosenberg, Kevin Sevarino, Margaret Watt

Excused: Bob Painter

DMHAS Staff: Commissioner Miriam Delphin-Rittmon, Deputy Commissioner Nancy Navarretta, Yvonne Addo, Cheri Bragg, Marilyn Duran, Ana Florence, Marlene Jacques, Mary Kate Mason

Agenda Item 1: Call to order and introductions

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

Agenda Item 2: Minutes of previous meeting review and action

The minutes from the March 18, 2020 meeting were reviewed and accepted.

Agenda Item 3: Commissioner's Update

- **COVID-19** - Commissioner Delphin-Rittmon reminded everyone that DMHAS participates in the daily calls with the Governor's Unified Command Infrastructure as well as various state agencies, folks from utilities, and other key groups. It is an opportunity to update and share information and also forward need for resources. DMHAS also continues to activate the Incident Command Team (ICT) daily for updating and sharing of information and putting forward any need for resources.

One of the items that came up on the Governor's unified command calls is that Connecticut will continue to be under the Governor's Emergency Order. The Governor mentioned that although there is a flattening of the curve on COVID-19, we must remain vigilant and continue with the social isolation and schools being closed. A recovery planning team is coming together in collaboration with other states to take a regional approach similar to the discussions for vaping and marijuana.

In terms of clients at DMHAS, we have 16 people who have tested positive for COVID-19 throughout our system and 12 have recovered so far; and per CDC guidelines have been reintegrated back into the units. In term of staff at DMHAS, there have been twenty nine that have been diagnosed as positive for the virus and some have already returned to work. Since we are experiencing staffing challenges now, we are doing some hiring to bring staff on to work on an emergency basis. We also had to tap into the Medical Reserve Corp. and have been able to get some staffing through them. We are also looking to bring staff back through TWRs so people who have worked with us before can work with us for a short-term basis.

The department is looking at housing opportunity for staff. We currently have Personal Protective Equipment (PPE) including N95s. When we run low, we have an on-going request to the Emergency Operations Center (EOC) to get additional PPE. We also started distributing PPE to private non-profit providers as well.

A goal and focus area is to try and contain this virus as much as possible on the units; in terms of managing it through isolation to minimize spread for both patients and staff. We are also continuing to restrict

visitors and are also doing screenings that include taking temperatures. There are iPhones on all the units now so people can talk with their family and friends via video chat. We worked to decompress the units so about one third of our staff are teleworking. We developed protocols around what staff should do if a patient exhibits symptoms or tests positive and what to do during the screening process if somebody test positive as well as wearing of masks, etc. Both CVH and WFH have developed isolation space specifically for people who have COVID-19.

A two million dollar SAMHSA grant was submitted last week addressing mental health as it relates to COVID-19, for increasing mobile crisis opportunities and expanding hours of operation as well as expanding Telehealth to help people connect with provider services and supports. We should hear back soon and will keep you informed.

The Department is being proactive and we have been putting together regular press releases, since we received several requests on how DMHAS is doing related to COVID-19.

Some of the meeting members expressed their thankfulness to Commissioner Delphin-Rittmon for her leadership and all that she is doing during this pandemic crisis. Throughout all of what is happening with COVID-19, Commissioner Delphin-Rittmon expressed great appreciation to all of the significant collaboration across state agencies, community providers and municipalities.

- **Legislative Session-** Tabled
- **Budget-** Tabled

Agenda Item 4: Discussion: Opioid Use Disorder and Treatment Challenges and Changes Related To The Current COVID-19 Environment

Dr. J. Craig Allen started the discussion by stating his goal is to review important areas as they relate to opioid use disorder and the opioid crisis. The objectives are to understand the impact of COVID-19 pandemic on people with opioid and substance use disorder; to describe what changes are taking place at local, state and federal level to address treatment for people with opioid use disorder; and to assess barriers and opportunities to improve care for people with opioid use disorder. Some of the topics covered were access to medications and naloxone, therapy, monitoring, keeping patients and staff safe, community based support groups, harm reduction, and the importance of self-care.

Dr. Allen went on to say that tele-health services by either video and/or by telephone have been very useful for access to medications and therapy. For monitoring purposes, social distancing has been implemented by spacing out appointments and seeing one person at a time or video communication. He stated that since some people do not have access to technology, appointments are still being made and laboratories are still open. Patients and staff safety is maintained through the wearing of masks and other PPE, social distancing and quarantine. There are a lot of online virtual support groups available, he said and for harm reduction purposes it is important to get Naloxone out in the community and needle exchange, etc. He stressed the importance of self-care and asked people to take care of themselves and their families.

Agenda Item 5: Discussion: COVID-19 Warm-lines/Hot-lines (availability, access, capacity, resource for business community and others, etc).

- 211 has been tracking calls and there has been an increase
- Recommendation to have a PSA for more warm-lines and to try and have something in place around emergency alerts from towns regarding sharing information via text or other
- There are some warm-lines available and there have been discussions about if there is a need for more
- Advocacy Unlimited (AU) and Connecticut Community for Addiction Recovery (CCAR) provide warm-

lines. Michaela Fissel, of AU, announced that their young adults warm-line has seen an increase in call volume. AU also established a new phone-based peer support line that is available from Monday-Friday, 9am to 5pm, in response to being in social isolation as well as the uncertainty, fear and anxiety caused by the COVID-19 Pandemic.

- Marcia Dufore, of Region 4, announced that there is a need for more working hours to take calls at Community Health Resources (CHR), since they only work for four hours a day.
- Pam Mautte, of Region 2, said that BHCare has seen an increase in calls so they have added a few extra hours to work their work schedule.
- Margaret Watt, of Region 1, said that the Sound View peer run warm-line, which is a DMHAS operated warm-line based out of Bridgeport, had to increase their call hours. They have Spanish language capability as well. Access to technology like Zoom meeting, etc. has been an issue for some folks.
- There was some discussion regarding having more smart phones available on units for clients/patients to be able to have access for text messaging or video chats with family and providers.
- A request was made for DMHAS to make a list of all the warm-lines across the state.
- There was a question about tracking or data trend for the number of overdoses during this pandemic.
 - DMHAS has a number of ways of tracking data sets that can help in tracking the trend.
- There was a question regarding whether or not there is a tracking system in place for the number of alcohol related domestic violence calls during the pandemic.
 - DMHAS has proposed to do some collaborative work with DCF to end domestic violence, in the submitted SAMHSA grant.
 - Kathy Flaherty, J.D., Executive Director, Connecticut Legal Rights Project, shared that the courts are open for criminal proceedings and for people applying for restraining and protective orders.

Agenda Item 6: General Updates and Announcements

- John Hamilton announced that the passing of former DMHAS Commissioner, Tom Kirk. He also announced that Dr. Bob Painter is retiring and leaving DMHAS State Board of Mental Health and Addiction Services.
- Brian Riegner announced that Irene Herden, who was part of the RMHB and State Board for many years, has passed away.
- Hartford Health care is opening up a warm-line 888-984-2408
- Marcia DuFore, of Region 4, announced that there was a town hall meeting related to COVID-19 with the Ministerial Health Fellowship and topic of conversation was around health disparities and equities around care and the higher percentage of death from COVID-19 and the need for better data collection around the ethnicities and racial disparities.
- Allison Fulton, of Region 5, announced there is a suicide prevention training as well as other trainings that can be done online. She has asked people to contact their RBHAO for more information.

Agenda Item 7: Ideas for future meeting topics and presenters

- Housing Initiative - Some Board members suggested having someone from DMHAS do a presentation regarding the 211 calls and continuum of care.

Adjournment: The meeting was adjourned at 4:30 P.M. The next meeting will be held on Wednesday, May 20, 2020 beginning at 2:30 PM.