

**State of Connecticut**  
**State Board of Mental Health and Addiction Services**  
**April 20, 2022**  
**Microsoft Teams Meeting**

**Present online:** Chmn. John Hamilton, Rebecca Allen, Sharon Castelli, Michele Devine, Jordan Fairchild, Kathy Flaherty, Allison Fulton, Ingrid Gillespie, Jennifer Henry, Erin Levitt-Smith, Giovanna Mozzo, Allyson Nadeau, Denise Paley, Manuel Paris, Larry Pittinger, Brian Reignier, Kevin Sevarino, Phil Valentine, Holly from Keep the Promise Coalition

**DMHAS Staff:** Commr. Nancy Navarretta, Cheryl Arora, Marilyn Duran, Colleen Harrington, Marlene Jacques, Kim Karanda, Mary Mason, Chris McClure, Carol Meredith, Arthur Mongillo, Elsa Ward

**Excused:** Dr. J. Craig Allen

**Agenda Item 1: Welcome DMHAS Chief of Staff Christopher McClure and Call to Order**

The meeting was called to order at approximately 2:30 PM by John and he introduced DMHAS Chief of Staff Chris McClure. Commr. Navarretta introduced DMHAS Directory of Recovery Community Affairs Elsa Ward.

**Agenda Item 2: Minutes of previous meeting review and action**

The minutes from the March 16<sup>th</sup> meeting were reviewed and accepted.

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

- **COVID-19** -- Commr. Navarretta reported no COVID positive residents. Nevertheless, there were four (4) in-patient staff that tested positive. DMHAS is doing very well compared to the Connecticut numbers and what is going on in the community with the increase rates of positivity.
- **Budget** – Commr. Navarretta stated the DMHAS budget is in a holding pattern right now. Cheryl Arora stated the Appropriations Committee came out with the budget a few weeks back and we are waiting for the final numbers to come through.
- **Legislation** – Mary Kate Mason provided an update. There are two (2) weeks left of the Legislative Session. Last night, the opioid bill passed the house. Therefore, this will legalize the use of fentanyl test strips for individuals. It also paves the way for us to implement mobile methadone vans. So we can actually take treatment to the streets, literally, so that's very exciting and in an amendment the Legislature again advocated for peer Navigator programs to be implemented so that needs to go to the Senate and be voted on. A lot of the big mental health bills are still being negotiated SB 2, which is the Senate priority on mental health does have some money in it for DMHAS to make mobile crisis 24/7. The other big mental health bill is HB 5001 that looks mostly at children, but there is some language on the new suicide hotline number 988 and that should move forward. DMHAS bill HB 5419 is apparently very controversial in the community of individuals with lived experience. There have been conversations going on and it seems like the primary section of the bill that is troubling is the State Advisory Board. Mary has been working on alternative language and proposes that 50% of the Advisory Board be individuals with lived experience. SB 450 is a WFH/Connecticut Valley Hospital Task Force Bill and that is moving forward.
- **Other** – Commissioner Navarretta announced that Cheryl Arora has transitioned into the role of Chief Financial Officer following Steve DePietro's retirement. Mary Kate Mason and Carol Meredith are retiring in May and Barbara Bugella and Daisy Hopes will retire in June.

CMS has approved Connecticut's application for the 1115 waiver. This effects SUD residential, so that will no longer fall under RBHRP program. Those will be Medicaid entitlements. To this point, those are services that fell under "IMD Institute for Mental Disease" and we had not been able to seek reimbursement or federal

match for those services, until this application was accepted. So that'll be moving forward.

#### **Agenda Item 4: Presentation and Discussion: Olmstead Initiative – Jennifer Henry, Advocacy Unlimited**

Jennifer Henry provided an overview of the Olmstead Initiative before it was in place and where it is now. Since the Olmstead lawsuit if a resident with a mental health diagnosis is fully or partially able to take care of themselves and no longer have a medical necessity to continue as a resident of the nursing home, Olmstead Initiative can work with them to transmit to a least restrictive environment.

Process: The process to get a referral to the Olmstead Initiative is the social worker or diversion nurse at the nursing home files the application for Money Follows the Person (MFP). The MFP staff at DMHAS goes to the nursing home to conduct the assessment of the nursing home resident to determine whether the resident can get services in the Olmstead Initiative. Once accepted the Olmstead coordinator would then meet with the resident to develop individualized goals they want to work on while waiting to be discharged into the community. The resident will also come up with activities their own study coordinator would do with them while meeting with them in the nursing home. The Homestead coordinator will meet with them twice a month until actual discharge from the nursing home. Once the resident is being discharged from the nursing home, they will meet with MFP to get placed in a least restrictive environment, for example in an assisted living facility or group home or their own apartment with support.

Historical Background: MFP started in 2005 and 44 states were given federal funding for this program. Residents with Medicaid are eligible for MFP. Since 2007 to 2018, over 90,000 people have participated in MFP. Home and Community Based Services (HCBS) may be able to pick up where MFP left off. HCBS gives this participant services in their new transition. Support and services such as transportation to and from doctor's visits home health aide and other services. Each person who is discharged in Connecticut by MFP fills out a survey to track six (6) quality of life areas. The survey also tracks global life satisfaction and in Connecticut, the survey is done before discharge; six (6) months after discharge; twelve months after discharge and twenty-four months after discharge. It usually takes about one (1) to two (2) years for the resident to be discharged. At Advocacy Unlimited – Olmstead Initiative, we build trust and hope by using the principles of intentional peer support. We built connection by listening to what the other person is saying we honor each other's worldview. We have a mutual respect. We move towards with hope and not fear. For more information, contact Jennifer Henry at [JHenry@advocacyunlimited.org](mailto:JHenry@advocacyunlimited.org)

#### **Agenda Item 5: State Board Composition**

Membership or composition of the Board is dictated by Connecticut General Statutes. Several openings are available with priority for people with lived experience and family members. Mary Kate Mason shared that right now there's 19 board members appointed by the Governor and since that is way too many appointees there has been an ask to reduce that number. Then there are a bunch of members listed that don't have any kind of process for getting on the board, so it's not clear how you pick, which person who's a family member of those with lived experience gets on the board. There is no application process and no vetting process. The state board membership needs to be clarified. Chmn. John Hamilton mentioned if you do know of somebody with a lived experience and that includes somebody with a family member please send all candidates through to his office. Then we will hopefully bring them on the board as soon as possible to be able to get that complement of that goal of 50% on the Advisory Board of people with lived experience or family members. Michelle Devine shared that it could be important to actually send out a survey and ask the current members if they feel that they fall into one of those positions. Chmn. John Hamilton said we will follow-up on the idea of a survey.

#### **Agenda Item 6: Workgroup Updates/General Updates/Announcements**

- Kevin Sevarino reported on the Cannabis Workgroup: The workgroup submitted a letter to the Governor's office but have not received a formal response yet. The bill does have the provision for now the ADPC to have input on policy. Some of the recommendations that we are currently seeking are increasing decreasing the amount that you're allowed to carry in a car where they are locked or not from five ounces to one and a half ounces; to have signage put outside all establishments that sell recreational cannabis that people under 21 are not allowed to enter. We are not sure how to address the fact that people 18 to 21 are allowed to work there. Moreover, we do want all those working in the RCL recreational cannabis legalization industry

to have some sort of substance misuse and mental health rudimentary training to recognize issues in those that may be purchasing the products.

- Ingrid Gillespie announced that Senate Bill 399, which is about allocating funds for tobacco control, passed the Appropriations Committee with the language that we wanted \$12,000,000.00 annually and mandated. Therefore, those dollars would really support tobacco cessation and prevention, which covers everything that we do in this department in terms of addiction and prevention. The bill is going to be reviewed by the Finance Committee over the next couple of days and if anybody wants, any more information or they know different people on the Finance Committee please just give me a quick email and I can give you the language. [ingrid.gillespie@liberationprograms.org](mailto:ingrid.gillespie@liberationprograms.org)

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

- Alcohol Awareness
- Coordinated Access Networks with DOH/211

**Adjournment:** The meeting was adjourned at 4:00 P.M. The next meeting will be held on Wednesday, May 18<sup>th</sup> beginning at 2:30 PM.