

State of Connecticut
State Board of Mental Health and Addiction Services
April 19, 2023
Microsoft Teams Meeting

Present online: Chmn. John Hamilton, Rebecca Allen, Thomas Burr, Angela Rae Duhaime, Jordan Fairchild, Kathy Flaherty, Holly Hackett-KTP, Manuel Paris, Brian Reignier

DMHAS Staff: Commr. Nancy Navarretta, Deputy Commr. Colleen Harrington, Jose Crego, Cheryl Arora, Marilyn Duran, Mary Mason, Chris McClure, Arthur Mongillo, Kelly Ramsey-Fuhlbrigge, Kevin Sevarino, Sarju Shah

Excused: Manuel Paris, Ingrid Gillespie, Sharon Castelli, Pamela Mautte

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 March 15th meeting were reviewed and accepted.

Agenda Item 3: Commissioner's Update

- **Legislation** – Kelly Ramsey-Fuhlbrigge stated DMHAS is tracking about 150 bills now and we are halfway through the legislative session. The legislators budget came out yesterday and it passed. Mary Mason said the Governor's budget is HB6659 does not include the language on the Appropriation's budget. Some of the bills that DMHAS is involved in are:

SB 9 regarding overdose prevention sites it would allow individuals to use street drugs on site. That obviously is against federal law at this time. So the language changed to have DMHAS open 3 harm reduction sites, which would provide services to individuals up to but excluding using illegal street drugs on site.

HB 6915 is the cannabis bill which increases the amount of money in the prevention and recovery fund and also names coalitions, including the RBHAOs, Drug free Communities, Youth Service Bureaus and LPCs who may be funded to do prevention work around cannabis. All these bills have not been voted on. They are still likely to change before they are fully through both chambers, if they even get through both chambers.

HB 6913 still has a concerning section in it because it prohibits methadone vans; vans delivering methadone from going within 500 yards of schools, daycare centers or parks.

HB 6877 has a provision that people who are sent to the hospital with a physician's emergency certificate, their data will be entered into what is called the VATS, which is a data system that is matched with DESP information about gun permits and individuals who are PEC would then lose their right to hold a license or a gun for six months.

SB 972 has some police training in it related to working with individuals with mental health issues. The one thing that is a little odd is it leaves CABLE out of the bill. So CABLE is a little concerned that people who have not had experience doing this type of training would be doing it instead of CABLE. We all know CABLE very experienced with police training.

SB 1163 kind of uses the opioid settlement money outside the process that was established last year. This particular bill says that the opioid money would be used outside of the regular approval process to buy Narcan for first responders, which is interesting because DMHAS already provide first responders with Narcan.

HB 6581 this bill comes up repeatedly in public safety. The police are advocating for it. It is if someone overdoses on an opioid, the police can take them into protective custody and bring them involuntarily to the emergency room. We all share a concern related to Involuntary transport and Mary has asked repeatedly what the process would be for someone who is overdosed, who says they do not want to go on the ambulance. Does

that mean the police, if this bill passes, are able to cuff the person and put them in the back of their car and take them to the emergency room? We all know there's a lot of other less coercive methods like offering the person Narcan, offer to call a support person, offer to get a recovery coach out there, offer services, or just wait with the person and talk with them long enough to convince them that maybe this is the best step for them. So this is very concerning, it's voted out of committee out of public safety.

- **Budget** – Commr. Navarretta gave an introduction to the Appropriation's budget. The budget came out and is very similar to the governor's proposed budget. It removes about half a million of the funding for inflation. There is one million to support our RBHAOs through our managed service system SID; \$500,000 to support an opioid antagonist bulk purchase fund in our managed service system; \$500,000 to support a pilot program for psychedelics with veterans. There was an effort to consolidate IT functions and centralized it, and this particular budget does not do that. There is in the OPM budget \$20 million added to support private nonprofits, including DMHAS private nonprofit providers.

Agenda Item 4: WFH Quarterly Report – Jose Crego, CEO

Jose started the conversation by stating WFH currently has no positive COVID patients and no units that are on quarantine or isolation over the period of January through March, which is a period that he is reporting on. WFH had three positive patients during that time. All the symptomology was just mild cold symptomology and as a result, they did isolate a couple of units, but continue to work through the COVID positive cases that they get and continue to have all of their mask policies and other COVID policies in place to ensure that WFH is keeping the hospital as safe as possible and their numbers down to that extent.

With regard to the numbers that he typically covers during these calls are critical incident reports they had four for the period between January and March, two of which were for falls and two of which were for ingestion. They have gone through them throughout the hospital to determine what corrective actions need to be taken to improve those situations and have implemented them. They had two allegations through the period and those are allegations of abuse and neglect or exploitation. One was found to be unsubstantiated and the other was an allegation of neglect. It was during a constant observation someone was found not being fully observant of a patient that still is under investigation and they continue to look into that. Jose is happy to report that restraints were down this period in both buildings the Dutcher and Whiting buildings, as well as were seclusions. And they had no elopements for the period, which is always a positive thing to report.

They continue work on the Joint Commission and just had a mock survey from the Barrens Group, which is their Consulting Group, for their Joint Commission process. The goal is to go for Joint Commission accreditation by September or October of this year as subject to hospital is working very hard on and they are looking forward to accomplishing by the end of this year.

Staffing continues to improve. DAS and their HR folks continue to work with WFH and getting the staff in that is needed, it is a slow but steady movement forward. They were able to hire a chaplain which is something that they lost throughout COVID and happily they have a chaplain now that can bring in spiritual services. This is the first time that Whiting has its own chaplain. In the past they shared it with other hospitals on the hill and the thought is to bring some spirituality based groups to patients as well, rather than just a more traditional chapel type services. So they are excited to have him on board, a seasoned chaplain who actually came up through the mental health field. He was an MHA at one point in his career and went to school and finished his chaplaincy education.

WFH's work with Middlesex Community College continues to bring education to patients while they are there. WFH is in the contractor MOU phase and they are getting close to completion on that. Education and vocational opportunities are something that they are really moving forward and is one of the areas that Jose would like to see continue to increase there in the hospital. They continue to work towards those things and they are pretty excited about the Middlesex piece. They also started conversation with a farm locally. This is not completed yet, but it is very exciting and Jose wanted to bring it to the group as a possibility of being able to provide some minimum wage jobs. So actual jobs that pay a wage to our patients at a local farm. That they will be able to work a few hours a week and get training with all the things that take place on a farm and things of that nature and that will be predominantly for some of our Dutcher patients. But as they get closer on that road Jose will present more to this

group. He believes it is an exciting opportunity for patients as they continue to move forward with their vocational opportunities. They have hired four additional vocational rehab counselors. They had a few retirements and have filled a couple of new positions. Recently, patients had the opportunity of testifying before the legislative hearing and that was regarding a proposed bill that would end mandatory commitments under the PSRB. They had quite a few patients that were interested in and they made the accommodations for them to be able to testify. And one of the benefits that have come out of COVID is the technology that is now available to have folks be able to testify from the hospital. So they continue to encourage that.

Agenda Item 5: RBHAO Report

Angela Duhaime, Executive Director of SERAC did the update for the RBHAOs. All the RBHAOs are in the process of finalizing and submitting their priority reports. Continue to host Narcan trainings; Continue to host QPR – suicide prevention trainings; National Prevention Week Initiatives; May is Mental Health Month Initiatives; Host regularly scheduled RBHAO and CAC meetings.

Angela is also serving as the Chair for the Behavioral Health Planning Council. So that is the new exciting thing that she is grateful to be able to contribute to because she has been around for a while and helping to do some of that alignment between local, regional and federal initiatives is really her passion.

The RBHAOs received their state opioid response grants. They also all have the SOR mini grants which are \$5000 mini grants for each of our regions to do more prescription education awareness and overdose prevention work. You can go to the RBHAOs websites and get any of that information.

The RBHAOs are all planning for national prevention week. They all have lots of activities going on between trainings, outreach to libraries, schools, and local prevention councils. They are doing all those mailings and drop offs and preparing for that huge week of awareness, social media campaigns; and really focusing on May for Mental Health Month and making sure that they are getting all of their messages aligned, focusing on adult concerns and issues. Their priority reports are definitely showing more interesting in depth information around mental health issues. They are all in the process of planning events with the Attorney General's Office for each region. So between now and May through June they will be have an opioid settlement town hall type of event to have some conversations around best practices and some of the suggested technical assistance for the towns on what they can do with some of these dollars and just show them that they are here as a resource if they need to have some planning meetings or if they need some more guidance.

Angela also spoke regarding the funding issue and they are so excited and so appreciative of the support to be part of that state budget in the history of all that. The money that they receive right now is so tied to substance use prevention, which they love, but they do not have a lot of money to help support the part of the statute that really fulfills the mental health, the adult role all of looking out into across the lifespan helping to support that intervention, the treatment and recovery. She really advocates very strongly with all her colleagues that this is the area that this money in this budget can really fill.

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

Chrmn. John Hamilton spoke about the Homeless task force to let people know they identified certain needs in this group including training for frontline staff on mental health issues, substance use, harm reduction and compassion and care. They recognize the need to collaborate amongst the different bodies and different entities instead of kind of reinventing the wheel, state government, people with lived experience, housing and homeless. They wanted to collect data on those in the homeless system that had substance use or mental health issue and increased collaboration with service providers in the homeless system, specifically the mobile crisis teams and then support on the completion of disabling condition verification forms for individuals not currently engaged with treatment providers. That becomes an obstacle in getting in the system. So the action items have included DMHAS and the Connecticut Coalition to End Homelessness (CCEH) to collaborate on trainings on the DMHAS service system through the CCEH Annual Training Institute, which is going to set up additional virtual trainings in the months ahead. Beyond that, one-day training CCEH will take on up the mantle of advocacy for homeless service providers and have begun holding statewide meetings open to the public. The task force has shared information about these

meetings and participants in the group that Connecticut Department of Housing was able to share data around the number of people who are self-reporting mental health and substance use to enter a shelter or outreach project. They are seeing many individuals self-reporting these conditions/issues. Mobile crisis teams have now formally joined the local coordinating access networks to give presentations on service availability and have encouraged staff to reach out to the mobile crisis for case consultations. The state operated LMHA across the state have identified a point person who will support staff in the coordinating access networks to complete the disabling condition verification forms for individuals who are not currently engaged in treatment services. John wants to commend Molly Machado from DMHAS, who has been instrumental in really keeping them on track and helping them kind of build those bridges.

Rebecca Allen of CCAR announced that they are hosting their first in-person volunteer recognition event tomorrow. There were over 325 volunteers that put in almost 28,000 hours of volunteer time last year. They went back to their original celebration, which is a dinner and a dance. They are all looking forward to that. Their volunteers are very excited. They dress up and it is really a good time. They have a golf tournament next month and it is not too early to start thinking about our September Recovery Month event, which is going to be the recovery walk in Bushnell Park.

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

- *DMHAS Facilities LMHAs Services*
- *Peer Support Certification*

Adjournment: The meeting was adjourned at 4:00 P.M. The next meeting will be held on Wednesday, May 17, 2023 beginning at 2:30 PM.