

State of Connecticut
State Board of Mental Health and Addiction Services
February 16, 2022
Microsoft Teams Meeting

Present online: Chmn. John Hamilton, J. Craig Allen, Rebecca Allen, Tanya Barrett, Wil Brady, Michele Devine, Clare Doyle, Jordan Fairchild, Kathy Flaherty, Ingrid Gillespie, Holly Hackett, Jennifer Henry, Martin Lad, Pamela Maute, Giovanna Mozzo, Allyson Nadeau, Denise Paley, Manuel Paris, Larry Pittinger, Brian Reignier, Joseph Riter, Lisa Tepper Bates

Excused: Kevin Sevarino

DMHAS Staff: Interim Commr. Nancy Navarretta, Cheryl Arora, Jose Crego, Marilyn Duran, Colleen Harrington, Mary Mason, Carol Meredith, Arthur Mongillo

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 the January 19th meeting were reviewed and accepted.

Agenda Item 3: Commissioner's Update

- **COVID-19** — Interim Commr. Navarretta stated DMHAS has (two) 2 clients statewide and (two) 2 staff that are Covid-19 positive. That is a huge decline from where we were last month and the month before that. Nancy sends a big thank you to all DMHAS CEO 's and DMHAS service providers who are doing such a wonderful job in keeping our client population safe.
- **Budget** – In terms of the Governor 's budget, this is the beginning of a shorter process and we are starting in a very good place in terms of this midterm adjustment. DMHAS had already \$3.3 million in the budget that annualized prior year placements for this current year for YAS. This is caseload growth for YAS and allows us to place an additional 15 clients in the coming year. In terms of new adjustments in the Governor's budget that was just released through ARPA, there was a project that was based in home and community based services that was led by DSS. There is \$1.2 million for training on evidence based models. The mental health peer supports and enhancements to mobile crisis and the forensic respite beds as well as the wrap around services to go with the new housing vouchers that are all federally funded. There is also additional caseload growth for hospital discharges, \$2.5 million which could be a couple dozen additional placements for folks coming out of the hospital. At the end of the day when you take all the pluses and minuses it is a \$5.7 million reduction to DMHAS related to the substance use services. Other additions are mental health peer supports in twelve hospital emergency departments and continued focus on the mobile crisis response. By enhancing mobile crisis services at the PNP's we can move toward our goal, which is the ability to deploy people into the community, by expanding what we're calling mobile crisis bridge 24/7. DMHAS has an exciting program with expanded respite bed services for the forensic population. This has started in Bridgeport and is going to be expanding to other locations, so that folks don't need to go to Whiting Forensic Hospital for restoration to competency and they can be served in the community.
- **Legislation** – Mary Kate Mason provided an update. This legislative session is for 12 weeks. Things are moving along rapidly. The legislature is focused on mental health. There is a draft of the children 's mental health bill that is in the Children's committee and it mostly focuses on DCF and DPH. It looks at some workforce as well as trying to support the implementation of 988. There is a mental health bill that's going to run through Public Health Committee that will focus on lifespan mental health with an emphasis on adults. There will also be a suicide advisory bill and Public Health raised the concept, which means they acknowledge they're going to be doing something on that topic, but they don't have any language yet. DMHAS has been working on one bill for the past several years, which will codify the existing structure of the Regional Behavioral Health Action Organizations since they merged with the RACs and the boards. DMHAS is looking to make

the language in line with what currently exists. The Public Health Committee did bring up a concept about Connecticut Valley Hospital and Whiting Forensic Hospital to address the issues that the task force raised. The Governor has proposed the opioid litigation settlement fund bill. It sets up a committee to oversee the opioid settlement funds. The bill is largely codifying the language of the settlement agreement.

The DMHAS commissioner's nomination is moving forward and the hearing is with the Executive Nomination Committee on February 24th. The Appropriations hearing is also on February 24. All hearings are again virtual this year.

- **Other** – Interim Commr. Navarretta announced Stephen DiPietro has retired from DMHAS.

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

This report is from October to December of 2021. The total number of incidents for that period were 213, which lead to six critical incident reviews over that period. Two (2) of the critical incident reviews were due to deaths and they were both expected, unfortunately due to illness. There was a serious fall and a couple of ingestions that came as a result of those incidents. When a complete review is done, we actually go through the entire incident and look for any items within the incident itself and also environmentally that we can possibly improve. There was a total of nine (9) allegations and eight (8) of which were unsubstantiated over significant investigation. One (1) of those was substantiated and it was for a physical abuse allegation and the investigation ended with the staff member being terminated for those actions. On the restraint side there was 49 restraints 24 were in the WFH building and 25 in the Dutcher building. In the Dutcher building, those 25 had an average total time of 30 minutes and in the Whiting building, there were about 50 minutes or so per restraint. There were 18 Emergency room visits. Four (4) patients were admitted into inpatient, which is down from 11 from our previous period and we had eight (8) patients that were just returned back to the hospital.

WFH currently has no COVID positive patients and staff and no units are currently under quarantine and we don't have an isolation unit up and running. We were pretty well impacted by the Omicron variant and we saw a surge and our total number of patients impacted during that period were 46 bringing our total number of patients throughout the pandemic to 69. With regard to staff members, we went from 73 prior to January to 222 staff members that were positive.

We continue to work with HR on our staffing and getting folks in the hospital where our continued focus continues to be on nurses and our frontline mental health workers and forensic tech specialists. We are completing our last two (2) interventions for the Safe Word Program. There was a little bit of a delay due to COVID, but we were able to finish the last two (2) of the 10 interventions. We continue our work with Middlesex Community College on arriving toward a method to provide higher education to our PSRB patients. Lastly, we were fortunate to be able to bring onboard our own state schoolteacher, towards the latter part of last year.

Agenda Item 5: Presentation: 211 Overview, President and CEO of United Way Connecticut Lisa Tepper Bates and Tanya Barrett:

The focus of the presentation is on 211's role in mental health services and working in very close partnership with DMHAS and DCF among other state partners on crisis services focused on mental health. 211 is very deeply involved with childcare in the state of Connecticut. 211 is the home of the comprehensive directory of Connecticut childcare and provides a lot of supports in the way of training, technical assistance and other forms of support to child care providers. 211 also administers Care4Kids. 211 is also the association of the 15 local United Ways in the state of Connecticut. As part of our work as United Way Network and The Connecticut ALICE Project, ALICE stands for Asset Limited Income Constrained and Employed, and that is a methodology that we have been using in Connecticut to help yield data that really explains why it is that people struggle to make ends meet here and what we can do about it. 211 is working closely in cooperation with Connecticut Paid Leave where we provide a call center support for businesses and now for Connecticut residents who may be seeking to use that benefit. 211 is a free and confidential information and referral service that connects people to essential services. 211 is open 24/7, 365 days a year, both online and over the phone. 211 provides information and referral in connection to our 40,000 programs and services in the database. These are community based providers, crisis intervention where we are serving as the entry point for people to access. On the youth side 211 is dispatching the adult mobile crisis teams and on the adult side 211 is working in collaboration with the mobile providers to get people out when it's necessary. 211 also play a key role in the emergency and disaster

response framework for the state of Connecticut. 211 also does housing and shelter work and some additional specialized services. 211 responded to lots of enquiries over 6 million in calendar year 2021. Healthcare and COVID were the top reasons why people contacted 211. 211 played a key role in the COVID response working closely with DPH, DMHAS, DCF and DSS in responding as part of the Governors Unified Command. The 211 Contact Center is accredited by AIRS (Alliance for Information and Referral Services) and AAS (American Association of Suicidality). In 2020, 211 and DMHAS established the ACTION Line for adults 18+ in the midst of a psychiatric/emotional crisis can dial 211 or 1-800-HOPE-135 to connect with a Crisis Contact Specialist. 211 Contact Specialists provide telephone support, information and referrals to community resources; warm transfer to Mobile Crisis Teams; and when necessary, direct connection to 911. The ACTION line operates 24/7/365 with multilingual staff or interpreters available as needed. To learn more: <https://portal.ct.gov/DMHAS/Programs-and-Services/Finding-Services/Crisis-Services>

988 is a new national three-digit dialing code for accessing the Suicide Prevention Lifeline. Calls to 988 in CT will go through to the 211 CT Crisis Services Team; existing Suicide Prevention Lifeline number, 1-800-273-TALK: active indefinitely; callers can reach crisis services by dialing Action Line (1-800-HOPE-135), dialing 211 and choosing Crisis Services Option (Option 1), or calling 1-800-SUICIDE.

UWC 211 provides the point of entry and triage for Youth Mobile Crisis Intervention Services in partnership with DCF. Gizmo's Pawesome Guide to Mental Health and accompanying curriculum introduce mental health and wellness knowledge and skills to children. www.Gizmo4mentalhealth.org

The "211/911 Which/When" Pilot Campaign will include education and outreach to promote enhanced awareness among Stonington residents of which to call, when for the services and assistance they need. The campaign will serve to encourage anyone facing mental health issues to engage proactively with existing supports through 211 (mental health crisis assistance, emergency food, rental support, and other essential resources). 211 Connecticut also maintains a public database of mental health resources that can be accessed visiting the 211ct.org Mental Health Category Page: <https://uwc.211ct.org/categorysearch/mental-health/>.

211 Housing Program overview: CAN system, which stands for Coordinated Access Network. That's really the entirety of the homeless response system. 211 plays an important role. When a household needs assistance, they call us. If we are able to do so we will help find a solution and that's what we called diverting them from homelessness, so they are not therefore going through to the next step of that assessment. However, if it is a housing crisis and someone is experiencing homelessness or at imminent risk of homelessness then they do go through to that coordinated access network assessment with their local service provider team. The effort is really to work with them so that they can exit homelessness and exit homeless shelter, as quickly as possible, either through a solution, that is theirs and they might need a little bit of help on or sometimes through more intensive resources, which go all the way through to permanent supportive housing. There are seven (7) different CANs across the state and these are the local teams of providers that 211 works in partnership with. Some parts of the state have better resources than others. Eastern Connecticut, for example, is a one of the biggest geographically but does not have the resources that Hartford or New Haven or Fairfield County have to offer. So all of our local partners do everything they can to make the best use of their existing resources and we believe that through this coordination. With CAN we are all working in partnership around the clients that we work with in order to actually do the coordinating for them rather than asking a client to coordinate and to be in touch with any number of different resources in the community. We do feel strongly that our team does the very best they can, we have come through the longest ever activation that we have experienced for cold weather protocol and that is very important work when there is a cold weather protocol. If someone outside calls in our contact specialists will stay on the phone with them until there's a resolution; until they have been picked up by transportation; until they know that they are headed to warm safe place. Therefore, those calls can take from 20 minutes up to 2 hours. Our hearts are in this mission.

Agenda Item 6: Workgroup Updates/General Updates/Announcements

- Dr. Allen reported that the Marijuana Workgroup made a decision on what the group is going to go with in terms of creating the public service announcements and so forth. Going forward the group will be looking at some things that are more physiologically, biologically, or medically based.
- The Psilocybin Workgroup finished up the report and that's going back to the Legislature. Psilocybin appears to have a clear place in treatment of psychiatric illness and substance use disorders and probably cluster headaches. We are recommending waiting for FDA approval, but looking for opportunities in grants to continue to support ongoing research and explore avenues for people that have really exhausted the current avenues. It is important that they still have compassionate access to the medications and so we've made some recommendations around that towards the legislature.
- Ingrid Gillespie wanted to make sure that people are aware that there were three bills introduced that are supporting putting twelve million dollars annually back into the Tobacco Health Trust Fund for cessation and prevention services around that. Therefore, there has been thirty-six democrats signed on and a number of republicans.

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

- Online Sports Betting Impacts on Problem Gambling – March 16, 2022
- Olmstead Initiative – AU Staff
- Alcohol Awareness
- Coordinated Access Networks with DOH

Adjournment: The meeting was adjourned at 4:00 P.M. The next meeting will be held on Wednesday, March 16th beginning at 2:30 PM.