

State of Connecticut
State Board of Mental Health and Addiction Services
February 15, 2023
Microsoft Teams Meeting

Present online: Chmn. John Hamilton, Craig Allen, Thomas Burr, Jordan Fairchild, Allison Fulton, Anna Gasinski, Jennifer Henry, KTP, Bobby Lawlor, Giovanna Mozzo, Allyson Nadeau, Denise Paley, Manuel Paris, Catherine Park, Brian Reignier

DMHAS Staff: Commr. Nancy Navarretta, Deputy Commr. Colleen Harrington, Cheryl Arora, Marilyn Duran, Deb Lawrence, Chris McClure, Arthur Mongillo, Kelly Ramsey-Fuhlbrigge, Sarju Shah, Elsa Ward

Excused: Ingrid Gillespie, Kevin Servarino

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 January 18th meeting were reviewed and accepted.

Agenda Item 3: Commissioner's Update

- **Legislation** – Kelly Ramsey-Fuhlbrigge announced she sent the first legislative update to all with links to the budget and addendum as well. Outside the appropriations process the Public Health Committee has been very busy and Mary Kate and Kelly are working on a comprehensive update that will come out soon. The Appropriations hearing is coming up next Tuesday and we are in the process of getting the testimony ready for it as well as for the Public Health Committee. Commr. Navarretta's re-nomination was approved by the Senate Committee last week.
- **Budget** – Cheryl Arora talked about a few things in the Governor's budget. The budget funds full implementation of the requirements of the new federally mandated 988 Suicide Hotline. It supports cannabis prevention activities including media campaigns and strategies. It expands caseload growth for discharge and diversion, YAS and the mental health waiver program. It annualizes our recent COLA funding both the 4% COLAs to PNP that started with ARPA dollars and the 5.41% COLA dollars that began this fiscal year. It extends ARPA funding for a few initiatives that we are beginning this year. These are fully funding through 2025, including mobile crisis expansion to 24/7 for the PNPs; case management for individuals waiting for treatment post crisis; expanded forensic respite beds; wrap around services for individuals that received a housing voucher from DOH. Lastly, the budget provides an additional \$1.25 million for the SUD waiver to support existing and expansion capacity and great changes that have happened since the implementation.
- **Other** – Commr. Navarretta attended the CCAR event of the opening of a new recovery center in Waterbury. It is a very nice space that is warm, welcoming and nonjudgmental. She thanked everyone on the Board as well as everyone else for their support on her re-nomination. She also mentioned the press release on housing and homelessness issues that DMHAS and DOH applied for funding from HUD came out. Connecticut was the 14th highest award given nationally; \$18 million is coming to the state to help with supportive services and getting people housed. It was a collaborative effort and extremely successful. It was very competitive process and we did very well.

Agenda Item 4: Presentation – Western Connecticut Mental Health Network (WCMHN) Deborah Lawrence, CEO

Deb talked about the services at WCMHN which include Torrington, Danbury and Waterbury. All of the facilities have out-patient services and YAS. **Danbury** is the smallest site and they provide jail diversion services and work closely with the court. They have a CIT-community outreach worker that works closely with the Danbury and Newtown Police Departments. There is no mobile crisis team at the Danbury site. Danbury Hospital runs the mobile crisis team which the Danbury facilities works collaboratively and closely with. One of the challenges is that it is difficult to recruit staff to come down to the Danbury area, in part is because the cost of living is so high. Unfortunately for clients housing is very expensive. **Waterbury** has a 24 hour 15-bed respite program open to anybody in the state; a 16 hour YAS residential support program; an assertive community treatment team for clients that require contact with staff; a

community skill building support program; a recovery and TBI/ABI case management program; Jail diversion and mobile crisis on site. Right now they are in the process of making the mobile crisis 24/7. Finding safe and affordable housing is a challenge for clients in the Waterbury area. **Torrington** is a rural area that has basic services and has a recovery and wellness program geared in teaching. They also have mobile crisis and are in the process of going 24/7. They also have a six bed YAS transitional housing that houses males. One of the challenges for the area is transportation because it is rural and hard to get.

COVID-19: The mask mandate was a little bit relaxed, although staff are very careful and diligent about making sure to have a mask on when working with clients. As of yesterday, there are no staff within the network that are Covid positive. There are 2 clients within the community that are Covid positive. **Staffing:** Staffing has been a struggle for a while. A new structure is in place and Deb is meeting with HR on a weekly basis and getting updates on all the vacancies. WCMHN has the ability to have 249 staff and they have 61 vacancies at this point in time. Since November 1st they have hired 22 people.

Dr. Sheila Cooperman, WCMHN Medical Director, is an addiction specialist and she created trainings for staff on LMS. She created medication treatment of substance abuse disorders. She has speakers coming in talking about different kinds of substance abuse treatment and injectables and medicating for opiate disorders. She is also in the process of partnering with Quinnipiac School of Medicine focusing on rural psychiatry.

Dr. Ellen Whalen, a psychologist at the Waterbury YAS, is trained in providing services for human trafficking victims as well providing training for people that will work with victims.

Agenda Item 5: Presentation – Fentanyl and drug trends in Connecticut – Robert Lawlor Jr. & Anna Gasinski

The presentation focused on the high level overdose data. From January to the 1st week of December 2022, there were 1,284 confirmed fatal overdoses, with 85.4% of the cases involving Fentanyl, and 24.3% of the cases involving Xylazine containing Fentanyl; Gabapentin was involved in 11.3% of the cases. CT DPH modeling estimate a decrease in fatal overdoses in 2022 from 2021. In 2021, the overdose mortality rate substantially increased in the non-Hispanic Black and Hispanic populations compared to the previous years. Illicitly Manufactured Fentanyl (IMF) is the number one threat in CT and fake pills are also a major issue examples are Blue M30, White 2mg Xanax bars; Cocaine is also the number one drug seized in CT and about 10-15% of the cocaine/crack supply are contaminated with IMF. Connecticut has become a source state for cocaine on the east coast. Emerging concerns for drug use are stimulants, Adderall shortage, high potency marijuana, and normalization of drugs. Emerging concerns in the illicit drug market for overdose are Xylazine, Nitazenes, and Desiger Benzodiazepines. Whenever there is an overdose administer Naloxone as quick as you could and call 911.

Agenda Item 6: RBHAO Report

All RBHAOs are working on Priority Reports; Naloxone and QPR trainings; Legislative Advocacy on key issues; RBHAO H.B. 6600; Met with the Attorney General to understand opioid settlement dollars and work in collaboration to plan and host community listening events

Region 1: The HUB

Recurring Naloxone training (1st and 3rd Wednesday of month at 3pm); Recurring QPR training (1st and 3rd Tuesday of month from 9-10:30am). January 30th held the Regional Legislative Forum – and had a great turnout with many legislatures present. If anyone is interested to see out the recording, info brief, PPT you can reach out to gmozzo@thehubct.org. Completed CADCA's boot-camp related to problem gambling. From that the region has created a logic model to address problem gambling. On 2/14 - Hub hosted a suicide postvention training to their region 30 people signed up and out of that 5 towns who do not have a postvention plan attended to start that conversation in their towns. Currently working on our priority report that is taking much the efforts to be completed by April.

Region 2: Alliance for Prevention & Wellness

In Region 2, **Bi-annual Priority Report:** Wrapping up the focus groups and gathering of data and Regional workgroup meeting scheduled for 3/5 and compiling information for the final report due in April. **LPC's:** Regional LPC meeting held in January – major topic of concern is marijuana. Monthly coffee break networking sessions continue and have been very successful. **Gambling:** Gambling team participated in the CADCA bootcamp and presented at region's logic model which they will be working to implement the activities in Region 2. Gambling Awareness Info-Networking /

Stories of Recovery-Legislative Updates / Lunch will be provided. To RSVP or questions, please contact: Stephen Matos at smatos@mccaonline.com or 203-448-0144; 2 CEUs offered through CCB & IGCCB Gambling programming of Powered Up and CAPP continues. **RSAB:** Held postvention training for Tri-town and continue to assist them in developing a comprehensive community postvention plan. QPR trainings continue. Pop of tabling and awareness events have been successful in local communities. Responses to recent tragic losses continue in the region, which includes youth loss from non-suicide. Monthly meetings continue to be held and new members engaged. **SOR:** Community Naloxone trainings continue with 67 kits distributed last month. Continue to engage with local companies to engage them in Recovery Friendly Workplaces. **Other:** Presented the “Connecticut River Valley Comprehensive Overdose Engagement (CT-COE): A Collaborative Approach to PRE and POST Overdose Outreach” at SAMHSA’s National Prevention Day on January 30th. APW is one of 20 agencies / coalitions in the CADCA Medication for Opioid Use Disorder (MOUD) Academy pilot project cohort 2. In working with the Opioid Task Force in the Lower Naugatuck Valley (Ansonia, Derby, Shelton) we continue to work on strategies that increase access to MOUD in these communities based on the SPF framework.

Region 3: SERAC

Bi-annual Priority Report: Wrapping up qualitative data collection by end of next week; Regional Workgroup Members will participate in ranking early March; Final report due April, Initial review and findings indicate issues of priority in mental health, workforce capacity, education and awareness, and early intervention services. **LPC/CAC:** Regional LPC Meeting scheduled for 2/3; and SE CAC meeting scheduled for 2/13 at Oasis and NE CAC meeting scheduled for 2/22. **Gambling Awareness Month March:** Offering CAP Trainings; Powered Up Program in Schools; CADCA Bootcamp and Gaming Presentation March 14th. **RSAB:** Meetings continue to be held on a monthly basis; Uptick in suicide loss since beginning of the year; Staff are providing prevention training to schools, community members, providers; Staff are providing postvention supports to communities and schools; DCF Contract renewed; DMHSA RSAB contract is over at the end of the month7; and Local marketing and awareness campaign materials “Bring Light to Mental Health” <https://www.seracct.org/bring-the-light/>. **SOR Grant:** Reached a fully executed contract; Provide Narcan training on case to case requests until contract is finalized; SOR mini grants are on hold until contract is finalized; and Project Coordinator (supported by agency funds) is providing community outreach and engagement to the business sector and employers regarding workplace culture, education, and stigma related to mental health, substance use, problem gambling, and suicide issues. **Federal Grants STOP Act Grant (youth)** - Working with local towns (Windham and Putnam) on developing youth leadership programs in partnership with youth services and schools; and increasing evidence-based training capacity internally to be able to provide to the community. **SPF-Grant (Quiet Corner, youth)** - Training on Cannabis Prevention, Asset Development are planned; Cultural equity and inclusion training; Retailer education and awareness activities regarding compliance laws and policies; Collecting youth survey data at the schools, sustainability planning (last yr. 23-24); Marketing campaign on public policy 21 For A Reason <https://www.seracct.org/21-for-a-reason/>. **Congressional Direct Spending Grant (target population adults):** Community outreach to 13 towns through workshops, tabling events, partnerships with libraries, recreation departments, local prevention councils, selectperson’s office, and senior centers in Ashford, Bozrah, Canterbury – Events Scheduled spring, Chaplin, Columbia, Eastford, Franklin, Hampton, Lebanon – Events Scheduled march, Lisbon, Scotland, Sprague, and Union.

Region 4: Amplify

QPR and Narcan trainings in-house at the new space and in the community are still in very in high demand. Amplify hosted a Talk Saves Lives TOT with AFSP to provide training for the all RSAB leads in addition to the Bristol Burlington Health District. The next Regional Suicide Advisory Board is tomorrow, 2/16, in person at our Glastonbury office and will include a discussion and presentation with the Chief Medical Examiner’s Office. Most Local Prevention Councils are going strong however; Amplify needs to provide extra support to some LPCs that are struggling with capacity issues and/or high turnover rates right now. Amplify continues to hear from school district leadership in need of support and/or to support school-based surveys. The Region 4 Regional Gambling Awareness Team (RGAT) met last week to discuss “Prevalence of raffles at local community events” and registration is currently open for our event on March 10th for Problem Gambling Awareness month with Jonathan Crandall from NY who will be presenting on *Problem Gambling for US Veterans*. You can find the event info on Amplify social media and website. For State Opioid Response (SOR) – waiting for executed contract and communities are on stand-by waiting for the mini-grants.

Region 5: Western CT Coalition

They are diligently working on their Regional Priority report, setting up roundtable discussions and collaborating with a variety of regional strategic partners. **Prevention Committee/LPC Leadership:** LPCs provided updates of recent activities which included a webinar on internet safety, Red Ribbon Week, youth survey administration, restorative

practices (alternatives to suspension for substance use), vaping quit kits distribution, Gizmo Read along, film series, and acts of kindness poster contest; Group discussion to collect ideas on creative prevention programs for their Regional Priority Setting Report; and Conor Burke did a short presentation and demonstration of their new shared google drive- a tool the LPCs can utilize to help them organize documents for reporting. **PGAT:** A subset of their team just completed a Problem Gambling Bootcamp with CADCA; Problem Gambling Awareness Month plans include a webinar, social media posts and March Madness messaging and they are providing banners to all the LPCs; Youth focus groups will be conducted this month with their youth serving partners in New Milford, Wolcott and Naugatuck; A new gambling awareness infographic was shared with various stakeholders in the region; and a Group discussion of stakeholder questions for Regional Priority Setting Report. **Drug Free Schools Committee-** Members participated in a focus group for the Regional Priority Setting report. They are developing a newsletter with information about high potency THC and edibles. Vaping continues to be the most prevalent substance use issue in schools, mental health remains the highest need. School based health centers are expanding in the region, services are well received, and staff are aware of resources. **Opioid Workgroups-** 24 people trained in naloxone administration and 11 kits were distributed. The Danbury Opioid Workgroup and the Waterbury Opioid Workgroup had presentations by Mark Jenkins, CT Harm Reduction Action Group, John Hamilton provided information on innovative programs running in Stamford and Torrington, Mui Mui Hin-McCormick from Rushford provided an overview of the impact of 1115 waiver. **Catchment Area Councils** -CAC22 did not meet, CAC 21 met on January 26th Approximately 26 people were in attendance. Tracey Dolan, Cooper Holbrook and Dr. Jorge Aguilar-Zanatta gave a presentation on Mobile Crisis services through Nuvance Health, which was very informative and well received. CAC 20 has been creating a plan for building up membership among both people with lived experience and some new providers. **RFW-** RFW elevator pitch at monthly WCT Coalition Overdose Prevention Training, Black History Month as racial health disparities relate to recovery friendly workplaces. Developed a dialogue-based presentation for potential workplaces. Dissemination of Recovery Inclusive language package-specific to workplace. **R5SAB- 32 people were trained in suicide prevention this past month-** our postvention information teams met as a group and Region 5 SAB Newsletter was distributed.

Agenda Item 7: Other Workgroup Updates/General Updates/Announcements

- Sarju Shah announced the ADPC Cannabis workgroup completed their work and prepared a report on recommendations that was shared with the general assembly in January. The “Be In The Know” a cannabis prevention awareness campaign was launched in November and there have been over 90 thousand views to it and a toolkit has been put together for local communities to utilize.
- Commr. Navarretta suggested that the RBHAO’s add mental health initiatives as part of their report out

Agenda Item 8: Potential Future Topics (need for Presenters):

- *Brief overview of YouThinkYouKnowct.org – Giovanna Mozzo*
- *DMHAS Facilities LMHAs Services*

Adjournment: The meeting was adjourned at 4:00 P.M. The next meeting will be held on Wednesday, March 15, 2023 beginning at 2:30 PM.