

State of Connecticut
State Board of Mental Health and Addiction Services
January 19, 2022
Microsoft Teams Meeting

Present online: Chmn. John Hamilton, J. Craig Allen, Rebecca Allen, Benjamin Anderson, Char Bussue, Sharon Castelli, Ingrid Gillespie, Kathy Flaherty, Allison Fulton, Ingrid Gillespie, Pamela Maute, Giovanna Mozzo, Alley Nadeau, Denise Paley, Manuel Paris, Larry Pittinger, Kevin Sevarino, Brittany Sidler, Dana Smith, Luc Uriel Emmanuel

DMHAS Staff: Interim Commr. Nancy Navarretta, Yvonne Addo, Cheryl Arora, Jose Crego, Stephen DiPietro, Marilyn Duran, Mary Mason, Carol Meredith, Arthur Mongillo, Megan Sopolak

Agenda Item 1: Welcome Denise Paley and Call to Order

The meeting was called to order at approximately 2:30 PM by Chmn. John Hamilton. John introduced Denise Paley to the Board.

Agenda Item 2: Minutes of previous meeting review and action

The minutes from November 17, 2021 meeting were reviewed and accepted.

Agenda Item 3: Commissioner's Update

- **COVID-19** — Interim Commr. Navarretta provided the Pandemic Management Update. DMHAS continues to follow all COVID-19 protocols established by the CDC and Department of Public Health. As guidelines change we are right on top of that and Dr. Dike follows whatever is published and makes sure that our protocols are up to date. We did see an increase nationally in COVID19 positivity over the Holidays into January. We are now on the decrease in terms of what our staff and clients are experiencing. So, there has been a drop in COVID19 positive numbers for staff and clients testing positive. Over 90% of staff are fully vaccinated.

One of our concerns and that of many of our contracted providers is the exhaustion among our direct care staff. So we really want to encourage them and thank them whenever and wherever we can. We often offer Employee Assistance Program (EAP) to our providers and we continue our on-boarding of critical staff. The retention rate in Connecticut and nationally is very difficult. We have distributed over 16,000 test kits to over 100 PNPs that is ongoing. We also have plenty of PPE available to distribute upon request at our warehouse in Middletown.

- **Budget** – Megan Sopolak, DMHAS Director of Contract Administration, provided an update on the 4% Cola for the ARPA money related to facility improvements. DMHAS has rolled out the 4% Cola for salary increases across its provider community. DMHAS has released July to December payments for all those providers who have returned attestations. DMHAS is in the process of amending all contracts to include the 4% Cola that will be applied to the human service and direct care contracts that received the Cola Awards.

DMHAS is in the final stages of reviewing all the applications that were received, approximately 90 applications, for the \$10 Million in facility money. Notice of Grant awards have started to go out this week. We do expect, within the next week, that all of the notice of Grant awards should be completed and sent out to applicable providers.

- **Legislation** - Tabled
- **Other** – Interim Commr. Navarretta announced DMHAS has a new Deputy Commissioner and that is Colleen Harrington. She has a wide breadth of experience. She has worked in the PNP world up until very recently and also worked in the state-operated system out in Western and at OOC. DMHAS is now interviewing for a Director for the Office of Recovery and Community Affairs. Michael Giralmo has been promoted to Chief Data Officer and he will be overseeing anything related to data internally and externally. We hope to be implementing an Electronic Health Records (EHR) in the future so that is something that is going to be a heavy lift for the Department and hopefully he can show DMHAS some leadership in that regard. And sadly, DMHAS Chief of Staff Yvonne Addo, is leaving. She has a wonderful opportunity with OPM. She has done a phenomenal job and is such a hard worker.

Agenda Item 4: Presentation: Ketamine Presentation, Benjamin Anderson, MD, Psychiatry, Hartford Hospital The Institute of Living

Depression is a global health problem with over 300 million patients worldwide and 17million in this country.

- Over 2 million US patients have treatment resistant depression (TRD)
 - TRD: continued depressive symptoms despite trials of at least 2 antidepressant medications of adequate dose/duration in current episode
- Affects all aspects of life: eating, sleeping, energy level, self-worth, and desire to live
- 65% report significant inability to function in life
- Major cause of disability in USA and worldwide
- Worsens outcomes of other general medical and mental conditions
- 10-year reduction in life expectancy

MDD vs. TRD

- More comorbidities (e.g. hypertension, diabetes, heart failure)
- Twice rate of hospitalization
- 36% longer mean hospital length of stay
- 7-fold increase suicide rate

Additional Challenges

- Low remission/response rates, high relapse rates
- Current antidepressants target monoamines (SSRI's, MOAI's)
- Current antidepressants take weeks to work

History of Ketamine

- 1962: Ketamine synthesized by chemist Calvin Stevens
- 1964: First used on human prisoners
- 1970: FDA approval for anesthesia
 - Benefits: cardiorespiratory effects, airway reflexes, bronchodilation
 - Drawbacks: behavioral effects
- 1970-1990's: increasing recreational use
- 1999: Schedule III controlled substance

Use in Depression

- 1990's: incidental antidepressant findings at Yale
- 2000's: ketamine studies showed efficacy, off label use in depression
- Studied racemic form and both enantiomers

Patient Selection

- Ketamine (IV)
 - FDA approved for anesthesia, not for depression
 - used "off label" in unipolar and bipolar depressive illness
 - Not covered by insurance, patients private pay
- Esketamine (nasal spray)
 - FDA approved for treatment resistant depression and major depressive disorder with suicidal ideation/behavior
 - Covered by insurance
 - Adults, age 18-64, currently on oral antidepressant

Drug Abuse and Dependence

- 1970-1990's saw increasing ketamine abuse
- Schedule III under Controlled Substances Act (1999)
- Abuse potential: euphoria, dissociation, intoxication, perceptual effects
- Dependence with prolonged daily use at higher doses
 - Withdrawal: craving, fatigue, anxiety, poor appetite
 - Not seen in prescribed doses/intervals
- IV ketamine only offered in clinical setting
- United States Food and Drug Administration mandated REMS for intranasal esketamine

Risk Evaluation and Mitigation Strategy

- FDA required to ensure benefits outweigh risks
- Mandated for intranasal esketamine only
- Risks of serious adverse outcomes and potential abuse/misuse (CIII)
- Patient, prescriber, healthcare setting, pharmacy must be enrolled

- Patients self-administer medication in office setting under staff supervision
- Patients must be monitored in clinical setting for at least 2 hours after medication administration
- After every treatment appointment, REMS monitoring form must be completed/submitted
 - Report experience of sedation, dissociation, blood pressure, any serious adverse events

Agenda Item 5: Presentation: Peer Bridger Program, Dana Smith, Coordinator, Co-Chair Greater New Britain Reentry Round Table, Advocacy Unlimited

Dana Smith, Char Bussue, Brittany Sidler and Luc Uriel Emmanuel presented. They discussed how the Peer Bridger program works by serving and supporting participants and assisting them to find resources in their community. As a peer run organization, team members use their direct lived experience navigating mental health, addiction, and trauma to promote individual growth, human rights, and systems transformation. They believe that everyone has the inner capacity to heal, grow, and change. The team envisions a world in which everyone regardless of socio-economic status or psychiatric/addiction histories has space to be seen, heard, and valued.

The Bridger program provides non-clinical, person-centered support to people statewide whose lives have been affected by psychiatry, trauma and/or addiction. Engagement in the Bridger Program is 100%voluntary. Our team is made up of individuals who draw from their own diverse lived experiences, coupled with the principles of Intentional Peer Support and their training as Recovery Support Specialist to build authentic, safe relationships defined by mutual trust, respect and personal agency.

The program works with individuals in transition from institutional living to the larger community; Individuals who are conserved; Individuals "at-risk" for entry/re-entry into institutional systems, including mental health and addiction services, or the criminal justice system; and Individuals dealing with a major life change.

The Bridger Program provides 1:1 peer support; a flexible approach; enthusiasm and understanding without pressure or judgement; a space of understanding, where individuals feel seen, heard and valued; opportunity to discuss personal concerns within a solution-oriented, and supportive relationship; facilitate connections to community resources; and encouragement during difficult life events.

For more information, visit Advocacy Unlimited Online<https://advocacyunlimited.org/program/community-bridger>. Contact the Bridger Program Manager Dana Smith at dsmith@advocacyunlimited.org

Agenda Item 6: Workgroup Updates/General Updates/Announcements

- Mary Kate Mason provided a work group update on the Psilocybin Taskforce. The workgroup will be receiving the final draft of the recommendations within the next two weeks and will meet and finalize that draft and forward it to the Legislature for them to take whatever action they see fit. So primarily the group is recognizing that FDA approval is very important before we really move too far along around the use of psilocybin for therapeutic purposes and its structure will need to be set up once the FDA approves medicinal use of Psilocybin.
- Kevin Sevarino talked about the marijuana workgroup. They have finished its work with its subgroup on cannabis legalization as far as vendor recommendations and they are now moving onto taking suggestions as far as policy recommendations.
- Alley Nadeau – Region 4, in response to the Hartford loss last week, multiple Narcan trainings are being planned and Amplify (among others) are responding to Narcan training requests.

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

- 211 Overview – February 16, 2022, Lisa Tepper Bates and Tanya Barrett, United Way of CT
- Online Sports Betting Impacts on Problem Gambling – March 16, 2022
- Olmstead Initiative – AU Staff
- Alcohol Awareness

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