

State of Connecticut
State Board of Mental Health and Addiction Services
June 21, 2023
Microsoft Teams Meeting

Present online: Chmn. John Hamilton, Craig Allen, Rebecca Allen, Thomas Burr, Sharon Castelli, Jordan Fairchild, Kathy Flaherty, Allison Fulton, Pamela Mautte, Giovanna Mozzo, Allyson Nadeau, Denise Paley, Manuel Paris, Larry Pittinger, Brian Reignier, Kevin Sevarino

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

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 May 17th meeting were reviewed and accepted.

Agenda Item 3: Commissioner's Update

Legislation – Kelly Ramsey-Fuhlbrigge provided an update. DMHAS bill HB6729 passed and will have more folks with lived experience on our boards and committees. There are several police bills that DMHAS has been discussing. SB972 about crisis intervention and education for police. DMHAS is partners with CABLE and they are a great resource for this. Both Chairman Hamilton and Brian Reigner helped get that bill through the finish line. DMHAS testified with concerns about police intervention when there is an emergency with somebody who is overdosing. DMHAS does not want anyone to be taken against their will to an emergency room. There is a Good Samaritan bill that passed that would protect someone who calls the police about an overdose from any criminal penalties. The bill that would have created a Chief Drug Policy Officer did not pass. DMHAS did get passed a safe storage bill, which will have labeling on with specialized fonts. Additional funding was made in that bill for some targeted education. Funding was provided for a study on Psylocibin and the effects on veterans with post-traumatic stress syndrome. Comptrollers is going to be putting together a pilot study to see if there is a way that agencies can work together on prescription drug purchasing, with the caveat that DMHAS has some very specific prescriptions that we need to get quickly and cannot be burdened by an overwhelming process.

SB 1067 about the nursing shortage efforts to assist with that and to also make sure that there are nurse staffing plans available, this ended up in the bond bill and it did pass and all the process will enhance WFH processes.

SB 1082 an act implementing the recommendation of the Department of Transportation regarding a reduction in blood alcohol limits for impaired driving and boating would have sent more people to the pretrial alcohol and drug education program did not pass. We know that is important legislation and we will be monitoring that going forward.

SB 9 which is the all-encompassing public health bill, and this one provides for DMHAS to use, drug use harm reduction centers by July 2027. DMHAS is going to create a pilot program establishing harm reduction centers, where people with substance use disorder can access counseling, receive and use fentanyl or xylazine test strips and other services, it makes sure that opioid antagonist bulk purchase funds and EMS provide opioid antagonist kits. It directs money from the fund to make sure that the police and EMS have kits for that on hand. There is a new Opioid Settlement Fund Advisory Committee adding eight members to that committee. There is going to be a maternal mental health toolkit and perinatal mood and anxiety disorder training. There are several studies on emergency room overcrowding, psychosis, tax force, and rural health task force.

Budget – Cheryl Arora provided an update on the budget. DMHAS has new caseload growth in a couple different accounts. The Young Adult Services account has \$500,000 in new case load growth in each year of the biennium

for individuals transitioning to DMHAS from Department of Children and Families. There is 2.8 million in fiscal year 24 in the discharge and diversion account to provide community supports for people discharging from our state hospitals and then just under \$500,000 in new money each year for the mental health waiver, sometimes known as the nursing home waiver, to help divert or discharge folks from nursing homes. DMHAS did receive 2.2 million in fiscal year 24 and then an additional 900,000 in fiscal year 25 to support the 988 line that DMHAS runs with United Way to meet all the new requirements for suicide prevention and that expansion. There is \$1,000,000 in new funding for the RBHAOs.

There is \$500,000 in the opioid bulk purchase fund for the department. In OPM's budget there is 53.3 million set aside for private provider increases. And that is across a number of state agencies including DMHAS that would receive a portion of those dollars for our private providers. DMHAS is waiting for written guidance on that. Anecdotally, DMHAS is hearing that equates to approximately 2 1/2% COLA. As soon as DMHAS has more information on that, they will be getting it out for providers.

Commr. Navarretta added related to 988 she just met with United Way, there is "text in chat" available, but it is through the national platform. So DMHAS will be working with the United Way to bring up the "text and chat" locally, and that will be happening over the next six months or so. There are some technical questions that have to be figured out, but that will be the next step for our local 988 services.

Other – Commr. Navarretta invited the Dir. of Recovery Affairs Elsa Ward to provide an update on what she is planning for Recovery Month. Elsa started by saying that Prevention and Recovery divisions are teaming up and they have a two-prong approach for Recovery Month. The first is they contracted with someone to help with the video campaign. Recovery month is all inclusive and a lot of people think it is primarily substance use and it really is not, if you look at SAMHSA's definition. So they are going to start getting that message out so they could celebrate recovery as a whole state. They are going to have short video clips, people sharing of their recovery and posting that on Facebook, Twitter, and Instagram, to really get it out to celebrate recovery. And then in Recovery Month DMHAS will be holding five recovery breakfast, one for each region. They have asked the Clearing Houses that is overseeing to ask the RBHAOs if they could help. They want it to be very inclusive and really get the whole recovery community together. They have asked the Surgeon General to present on the topic of Recovery Connection from Loneliness to Connectedness and that is the title of the breakfast event. If he is not able to present then they will have a backup and ask Miriam Delphin-Rittmon, from SAMHSA Office of Recovery, to present. They are going to pick three names from the audience to see if they would like to share their recovery journey story; because there is so many pathways to recovery and it is really getting that word out. All recovery should be celebrated.

Commr. Navarretta shared some of the events that she has been involved with since we last met. She was able to attend the NAMI walk at the end of May and they had a good turn out and that was a fun event. The comptroller Sean Scanlon, who previously represented part of the shoreline area up in Brantford, held a roundtable about mental health for adult and children in New Britain and she attended with the Commissioner of DCF. The Fatherhood Initiative Conference happened in Groton and it was co-sponsored by the Department of Social Services and DMHAS. DMHAS has been a strong partner over the years and DCF is involved as well. Really highlighting the role of fathers or dads in a family and in a child's life and the importance of that relationship. Last week DMHAS held their Integrated Care Conference and that was for all state-operated facilities and hospitals. A Friday evening with Survivors of Society Rising Production, a group of artists all who receive services at CMHC, who partake in a theater production. They kind of write the script and perform it, and it was it was really a fun and thought-provoking event. Next week she will be attending the SAMHSA / NASADAD annual meeting Monday - Wednesday, and this Friday is the Future Prevention Leaders Conference and that will be at Central Connecticut State University.

Agenda Item 4: Presentation from Southeastern Mental Health Authority (SMHA) – Richard (Rick) Callahan, CEO Rick is the CEO the SMHA located in Norwich and they serve a large geographic area from Colchester over to the Rhode Island border. They have a very collaborative network and two large nonprofits - Sound Community in New London and Reliance Health in Norwich, and multiple other smaller affiliates. They meet monthly and hold a clinical meeting across their entire network to include three area hospitals on a weekly basis. The services that they provide are for approximately 700 at any given time. They have a mobile outreach team and includes crisis intervention. They would like to be able to be more proactive and just be out in the community and available. They

have a first and 2nd shift CIT social worker that go out with the police. And one of the things they are very proud of at SMHA is they are the first LMHA to establish a relationship with the Connecticut State Police with Troop E out of Montville. They have an Assertive Community Treatment Team (ACTT) which right now serves approximately 80 clients. They also have a Young Adult Services (YAS) team with about 65 plus clients assigned to it right now. They do some really nice work and data shows that young people coming into their services do not continue in SMHA services; they actually graduate. They have a Community Support program that serves a little over 200 clients and it is a skill building model, identifying what skills need to be taught to specific individuals. They have a residential facility within the SMHA building 15 bed residential and it is rather unique. It is called the Brief Care Unit and they have nursing coverage 24/7 and a psychiatrist on call 24/7, who can come in at any time, and so they can take in some more challenging clients, both stepping them up from the community or stepping them down from hospital settings. They have a traditional outpatient program which serves probably 350 clients with medication management and clinical needs. They have a Forensics program and they do jail diversion, veterans jail diversion, and a lot of time in the courts and they also are tasked with monitoring and providing some case management for those individuals who fall into the Psychiatric Security Review Board (PSRB).

Additional services that they have is employment, both on site and through a contractual arrangement with two outside providers. They have behavioral health home services, which is an integration of SMHA's fiscal health with the mental health. They have a team that actually tracks people when they land in ED and then tracks them around their medical health in conjunction with SMHA teams. They also have a housing office at SMHA and it is a partnership between the two large nonprofits and SMHA.

The internal workings of SMHA's organization are driven by 5 standing committees - Clinical Practice, Health and Safety, Pharmacy and Therapeutics, Cultural and Spiritual Enhancement, and a Training and Education committee. They meet at least monthly, and then they feed into the management team. They get ideas and feed it back out. Some of the things that they have participated in recently are the Integrated Care Initiative.

They have been very involved in bringing in people from the recovery community to help them shape their programming and so they have a Citizen Committee where they actually have people that meet from the recovery community once a month and again feed information into them as a management team so that they can make informed decisions on their behalf.

Some of the practices they do are around medication assisted treatment and they have five APRNs on staff and a psychiatrist, and all are able to prescribe. Some of the clinical interventions that they use are EMDR, DBT, Behavioral Health Homes, and they have Fidelity that they follow on the Community Support Team, ACTT and YAS team. They use a fidelity measure as well for employment, individual placement, and support. They provide trauma informed care, integrated care, and they do a Columbia Suicide Severity Rating Scale on everybody coming through the door and put a lot of emphasis on the DLA 20 Functional Assessment to see what people's skill set are and what does SMHA need to target to help them grow and move.

Some of the performance improvement initiatives that they have going on right now are Diversity, Equity and Inclusion. All of the teams are required to have a plan and they review that and make sure people are staying on track. They have a Health Disparities Initiative around Diabetes management education for clients. The two areas that they are targeting this year are communication between and among programs trying to see if they can get a better fit there, so that clients get everything they need and nobody falls through any cracks.

Agenda Item 5: RBHAO Report – Pamela Mautte

All RBHAO's -June 2023

- Recurring QPR and Narcan trainings
- Closing out LPC end of year reports
- All of us will be holding Recovery Month event in September –planning underway more to come up!
- All of us have been receiving SOR mini-grant applications and we are excited to support the successful implementation of SOR deliverables at the local level.
- All of us hosted Attorney General Tong roundtables to discuss the JUUL and Opioid settlement dollars.

- Awaiting priority reports to be approved and hopefully will be able to have it presented at a fall state board meeting.
- Recovery Friendly workplaces each region continues to on-board the goal is 50 businesses which is 10 per region. If you know of any local businesses let us know.
- CAC meetings are being held check with your local RBHAO
- We are all working to continuously recruit members with lived experience to our meetings/committees.
- New funding for the RBHAOs in the state budget.
- Out of the Dark suicide walks will be happening in Sept. and October throughout the state.
- Thank you for your support with the legislative session and your continued support of the RBHAOs.

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

- *Homeless Taskforce:* Chrmn. John Hamilton said that they had a presentation from the Department of Housing around the HUBS. There was a very successful annual training institute held at the Conference Center which was well attended and well received. Liz Evans and Mark Jenkins spoke on harm reduction and low barrier care and housing. There is a great emphasis in his agency on trying to support some of the low barrier care in the future. Then there was discussion around respite programming coming out and perhaps expansion of services for respite in the state. Sharon added that they now have contacts at every LMHA where they can get disability verification. This has had a huge impact on moving the document ready paperwork along.

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

- *DMHAS Facilities LMHAS Services*
- *Status of grassroots review/evaluation of DMHAS Services*

Adjournment: The meeting was adjourned at 4:00 P.M. The next meeting will be held on Wednesday, September 20, 2023 beginning at 2:30 PM.