

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

Present online: Chmn. John Hamilton, Rebecca Allen, Kaitlin Brown, Sharon Castelli, Michele Devine, Allison Fulton, Jennifer Henry, Pamela Maute, Giovanna Mozzo, Allyson Nadeau, Denise Paley, Manuel Paris, Larry Pittinger, Brian Reignier, Kevin Sevarino

DMHAS Staff: Commr. Nancy Navarretta, Cheryl Arora, Marilyn Duran, Colleen Harrington, Kim Karanda, Mary Mason, Carol Meredith, Arthur Mongillo, Jeremy Wampler

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 February 16th meeting were reviewed and accepted.

Agenda Item 3: Commissioner's Update

- **COVID-19** — Commr. Navarretta stated DMHAS (in terms of COVID) is doing great. There are zero COVID-19 positive patients in our inpatient units. DMHAS is still following all the CDC guidelines and using PPE.
- **Budget** – Commr. Navarretta stated the DMHAS budget has significant investment in adult behavioral health. DMHAS has reviewed some of those additions to the budget including mobile crisis discharge dollars, mental health peers in the emergency departments, diversity training and supportive housing. Some of that came out of the state ARPA dollars and some is in our state allocation.
- **Legislation** – Mary Kate Mason provided an update. There is a lot going on related to adult and children's mental health. There are two priority bills: House Bill 5001 and Senate Bill 2 related to children. Everyone came out and testified on Monday on House Bill 5419 which is an act concerning the regional behavioral health organizations. We appreciate everyone's testimony and pitch for more resources. DMHAS has to do some tweaking of the language, since there were some drafting errors and not enough emphasis on the importance of people with lived experience, giving their voice to the process. So that bill will receive a little bit of change prior to it being voted out of committee. There are number of other bills that we have our handprints all over: One is the opioid settlement Bill HP 5044, which looks at codifying the opioid settlements that the attorney general is negotiating. The bills at this point are just taking the settlement language and putting it into legislation, so that the money can go towards opioid mitigation, best practices, treatment. There will be an oversight council with specific members noted in the legislation to help advise the dollars. There is now legalized testing equipment for Fentanyl and other substances for those who are ingesting street drugs or other substances to make sure that they're not lethal. This is great harm reduction strategy right now and they do get distributed. But since it's against state law we do not use DMHAS funds for that. So we will be able to start using DMHAS funds for that when that laws changed. There's also language in the bill that is going to allow for methadone vans, so opioid treatment on vans. Also and most importantly, the Senate unanimously on consent voted on and confirmed our own Nancy Navarretta as Commissioner of DMHAS.
- **Other** – Commissioner Navarretta announced there are several changes to the Executive Team at the DMHAS. Christopher McClure will join the team as Chief of Staff, Elsa Ward as Director of Recovery Community Affairs, and Shannon Wegele as the Chief Administrative Officer. There are people taking advantage of retirements and that includes Mary Kate Mason and Barbara Bugella. We wish them both well and thank them for all they've done for the department.

Agenda Item 4: Presentation and Discussion: Online Sports Betting Impacts on Problem Gambling – Jeremy Wampler and Kaitlin Brown

Jeremy Wampler started the presentation talking about problem gambling being a public health issue. Experts estimate that gambling related problems affect more than 100,000 Connecticut residents plus 270, 5000 of their family members. DMHAS coordinates a statewide Problem Gambling Services (PGS) division that oversees a network of

services in Connecticut for prevention treatment education and integration to help individuals and families address problem gambling and gambling disorders. PGS prevention efforts include working with regional and local organizations to strengthen their network around problem gambling. This is done through collaborating with a gambling awareness teams in each of the state's regional behavioral health action organizations offering training on gambling related topics and ensuring initiatives follow the strategic prevention framework and our research based and data driven. The gambling specific treatment programs in Connecticut are called Better Choice and offer outpatient individual group and family counseling services as well as a connection to recovery support specialists with lived experience all at little to no cost. The Disordered Gambling Integration Program (DIGN) recognizes that gambling disorders go hand in hand with substance use and mental health disorders and ensures problem gambling is a relevant topic in treatment. The DIGN recognizes that gambling disorders go hand in hand with substance use and mental health disorders and ensures problem gambling is a relevant topic in treatment. DIGN supports providers to include problem gambling in their screening assessment and treatment services. Help is available for individuals and families struggling from problem gambling reach out.

Recently as in October, we had the largest expansion of gambling we have seen in the state since the 90s when the casinos came online. With that expansion, there has been a lot of focus on the sports betting aspect of it. We have sports betting both in person and online each. Connecticut is one of thirty plus states that has legalized sports betting to this point. We anticipate that most states will have legalized sports betting by the end of the year.

We always like to remind folks that PGS and the Connecticut Council on Problem Gambling are gambling neutral. We are neither for nor against gambling. We understand that gambling is a source of entertainment for many and often supports worthy causes such as charitable raffles. For more information or to contact PGS, please visit our website at www.ct.gov/PGS.

Kaitlin Brown of CCPG, shared some helpline data from 2021. Helpline calls have tripled and quadrupled over the months compared to last year around the same time prior to the legalization of online casino and sports betting. CCPG does track a lot of different demographic information on the helpline calls, although the majority of our callers tend to stay anonymous. We also track the amount of people that are being referred and where they're referred. So 94% of the callers were referred directly to the Better Choice Treatment Programs; 87% of callers also are referred to self-help programs like Gambling Anonymous and CCPG also monitors for co-occurring concerns; 32% of callers were reporting some kind of co-occurring concern mostly anxiety, depression and bipolar disorder. CCPG also tracks if anybody is experiencing suicidal ideations or having any suicidal plans and about 60% for 2021 of those who were talking about current or past suicidal ideations. CCPG does awareness, education and training opportunities. For more information go to <https://ccpg.org/>

Agenda Item 5: Workgroup Updates/General Updates/Announcements

- Kevin Sevarino reported on the Cannabis Workgroup: The ADPC subcommittee on cannabis legalization is trying to put together a list of priorities and so right now, it is policy recommendations. The committee is now working on choosing a vendor for a public service campaign.

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

- Olmstead Initiative – AU Staff – Jennifer Henry
- Alcohol Awareness
- Coordinated Access Networks with DOH/211

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