State of Connecticut
State Board of Mental Health and Addiction Services
March 19, 2025
Microsoft Teams Meeting

Present online: Chmn. John Hamilton, Rebecca Allen, Deb Bibbins, Jennifer Buckley, Thomas Burr, Angela Duhaime, Kathy Flaherty, Allison Fulton, Pamela Maute, Giovanna Mozzo, Allyson Nadeau

DMHAS Staff: Commr. Navarretta, Deputy Commr. Harrington, Lakisha Hyatt, Cheryl Arora, Marilyn Duran, Chris McClure, Chandra Persaud, Kelly Sinko, Elsa Ward

Agenda Item 1: Welcome and Call to Order

The meeting was called to order at approximately 2:30 PM Chmn. John Hamilton

Agenda Item 2: Minutes of previous meeting review and action

The meeting minutes from February 19, 2025, were reviewed and accepted.

Agenda Item 3: Commissioner's Update

Budget: We are monitoring the federal landscape and so far our funding is flat. There could be possible implications for us, depending on if there will be Medicaid cuts and federal grant cuts. The agency did have our Appropriations budget presentation and our subcommittee meeting. We have met all the requests for information. The Appropriations Committee budget will come out next month.

Agency Update: Commr. Navarretta continues to participate in the Governor's kit cabinet. The focus right now is on unhoused folks under the age of 18 and what they're calling "crossover youth", so criminal justice and behavioral health involved individuals.

The Opioid Settlement Advisory Committee (OSAC) has approved a pickup of coverage of nine emergency departments with recovery coaches. That was previously paid for by the McKinsey settlement and the first settlement that came down for $7 million and it was before the OSAC was formed. So it was before that legislation and it falls outside of the purview of the OSAC.

Legislative: When we last met, we just wrapped up the Public Health committee public hearing on our agency bill, which is a HB 36834, an act concerning the DMHAS recommendations regarding various provisions to mental health and addiction services statutes. We had submitted substitute language to the Public Health Committee leaderships with the addition of the term covered benefits. So just a couple weeks ago, our bill was successfully voted out of committee with those requested changes. So where we're at now in the process is that the bill must be voted in the House and Senate before it becomes law. And at this point a lot of committees are voting bills out of committee. We are slowly starting to get into the last leg of session where a lot of debate will be taking place on the House and Senate floor.

Subcommittees are beginning to present their recommendations to the Appropriations Committee chairs based off the conversations they had in the work session. DMHAS falls under the health subcommittee, but other state agencies fall under various other subcommittees. The Appropriations Committee will work to present their version of the budget, which will come out next month. Then the Governor's office and OPM will work with legislators to reach a compromise hopefully before the session ends. If not, then the legislature will go into special session, which just means session will continue.

Another part of the budget, the Bonding subcommittee hearing, is happening tomorrow. Basically, bonds create a debt of the state and principal. The interest is usually repaid over a 20-year period. There are various types of bonds such as the general obligation bonds, transportation bonds and revenue bonds.

DMHAS general obligation bonds basically fall into facility repairs, sprinkler systems, different kinds of things that help enhance our capital physical plant. What's included in the Governor's capital budget for DMHAS $50 million in the next fiscal year for development and planning for a new Whiting Forensic Hospital, $60 million over the biennium for facility repairs at various locations and $25 million over the biennium for new sprinkler systems.

Recovery Certification – Elsa Ward: DMHAS has initiated the grand parenting process for the new integrated peer support worker certification. It is a certified peer support and recovery professional certification overseen by the CCB and what makes it unique is a combining the recovery support specialist and recovery coach under one certification. Part of their training is they will all have the SAMHSA basic peer core competencies and Connecticut's updated pure ethics and values that the advisory committee developed. Every employer will know that they have these basic trainings. It is an optional credential. The grandparenting process is free. If anyone wants to apply for a peer support worker, they can go on a CCB website and complete the application, if they have any questions they can reach out to Elsa Ward. It is made barrier free so people could get the credential. The testing date ends May 15th, so if people could submit their applications by April 15th, it's a 10-minute process to fill out an application and quick and easy.

There will also be a peer support worker learning collaborative and this is for anyone working in DMHAS PNP's. They don't have to be certified as an RSS or recovery coach if they're working in the role of a peer support worker. They can apply to be in the learning club. There will be two groups, 25 people in each group and meet twice a month, one for a 2-hour training in the beginning of the month, and then once for two hours at the end of the month for a reflective learning to talk about what they learned and how they practiced and work with each other. The first group that's going to be integrating the recovery support specialists and recovery coaches are really going to get to bond and learn from each other because they're both highly skilled in different ways. The training will also be open for any care worker in the state and that will be held monthly, if they can't commit to a learning collaborative. And all of those will be virtual, except in the month of September, the learning collapse will come together for an in-person self-care day retreat and training.

<u>Agenda Item 4:</u> CVH Update – Lakisha Hyatt, CEO

Connecticut Valley Hospital is a 361 bed joint commission accredited for acute care hospital as well as CMS certified, with 17 units of which 11 of them are general psychiatric unit, with specialties and young adult services, traumatic and acquired brain injury, as well as jury psych and in general, while our addictions medicine program specializes in 3.7 rehab as well as withdrawal management and a gender specific unit on our Middletown campus. Basically, two small and certified hospitals.

Some of the accomplishments over the year:

- Connecticut Valley Hospital decreased the number of the usage of constant observation by 20%, experienced a 34% in the delivery of active treatment. We had an 81% decrease in the use of restraints and a 95% decrease in the use of seclusion. Acts of aggression decreased by 56%.
- We currently have 314 individuals participating in one level or another of our vocational programming. Treatment is what we do so individuals come in for recovery and then we work to stabilize them and the goal is not just discharge planning, but community reintegration towards success and some of those programming,
- We are proud to say that we have increased and tripled our use of dialectical behavioral therapy. We have individuals that are now on the docket to be trained in IDDT. The professional development is that clinical services can be maximized and provided.

- Some of our areas of our medical grand rounds is a requirement for a monthly minimum of for our professional staff to receive the trainings necessary. Some of our areas included vicarious traumatization, suicide assessment building and truly building a healthy work environment. We also implemented the grand rounds for our physicians as well as all clinicians and nurses. Professional nurses now also have their grand rounds focused on their unique areas of care. February 25th, we had eating disorders and our focus for March is fall prevention.
- In terms of employ engagement, the buildup of our quality of work life we fared very well on our customer satisfaction survey, employee satisfaction survey and specifically culture safety survey. The employees are giving us some really good feedback hospital wide on the individuals that we serve.
- We now have 10 steering committees that happen per month. Because we moved to having program specific steering committees. So your jury psychiatric service should have a very different steering committee experience then maybe your young adult services and the standard is a minimum of twice per month so that we ensure that we hear the input of the individuals that we serve.
- We have 6 individuals slated for EMDR that's coming up, and we have all our supervisors, managers, leaders slated to go through supervision training specifically in the delivery of supervision in a person-centered fashion.

Agenda Item 5: Presentation – The CT Collaborative to End Loneliness

The collaborative was launched in May of 2023. The idea is that it is a statewide cross sector gathering and alliance of several people across the state to foster social connection for Connecticut's residents. What is social health and why is it important? It is a relatively newer term that was really coined over the past decade and it's all about the idea that social connection is the foundation of our mental and physical health, and that social health is all about that it being a human need, that is basic and just as vital as food, water and oxygen. The idea is that when we don't have the amount of positive social connection in our lives, it can lead to loneliness and all its resultant negative mental and physical health impacts. Loneliness is a little bit different from isolation. We often hear those two terms used interchangeably and they're not the same. Isolation really is something that you can view and its objective. It is the state of being alone, whereas loneliness is a subjective feeling. It is akin to disconnectedness, and it's a feeling that we don't belong and that we don't have the positive support network in our lives

More than 60% of adults before the pandemic were feeling lonely. Many on a regular basis.
That number crept up to around 85% during the pandemic and it is now back down to 60%, which is still at an epidemic level. It really has multiple detrimental health impacts, including it being a root cause of anxiety, depression, substance use and abuse, suicidal ideation, gun violence, and domestic violence. And as relates to physical health impacts, some of the data that's coming out in the new research that's coming out is extremely troubling; 29% increase risk of developing heart disease, if you are lonely as an older adult, which is defined as age 50 plus for purposes of all of the research that's being done; 56% increase risk of having a stroke; 50% higher chance of developing some form of dementia, whether that be Alzheimer's or something else. And we're also seeing now links to type 2 diabetes and other physical health impacts.

It really comes back to the power of social connection, which is the foundation of the work that we are doing with the Connecticut Collaborative to End Loneliness, thinking about how we can foster that for Connecticut's residents of all ages. The loneliest population is the young adult population age 18 to 22. The second loneliest is older adults, age 70 plus. For all the reasons that you can imagine. And we know that when people have a strong support network, there's many mental and physical health problems that seem to sort of disappear and there's a reduced risk.

The five overarching goals as set forth in May of 2023: 1. Raise awareness, 2. Engage healthcare professionals, 3. Eliminate the stigma of loneliness, 4. Address young adult loneliness, and 5. Address older adult loneliness.

This year we are working on the Pathways for Inclusive Connection project and the whole idea around that is to improve social connectivity for adults with developmental disabilities across the state of Connecticut. We will hold a series of listening sessions for adults with developmental disabilities for their caregivers and for support agencies. And then over the summer, we will be creating a series of action guides that we will be publishing hopefully for clinicians, legislators, municipal leaders, caregivers, support agencies, and for self-advocates themselves.

Agenda Item 6: RBHAO Report – Highlights for this month:

- Our adult use alcohol coordinators who are working throughout the five regions in the state on one of our initiatives, they do have an alcohol conference coming up on April 1st. It is full and it was really targeted to the specific communities that they're working with to bring people together and we have John as one of our speakers.
- It is Gambling Awareness Month and throughout many of our cities and towns we have had proclamations to bring awareness to problem gambling. There's been events. We had the kickoff event earlier in the month and there are events happening all over the region regarding awareness.
- We are all working on planning for National Prevention Week and Megan's Mental Health Month coming up in May. So besides our statewide event that will be at the Danbury Fair Mall. All of the other RBHAOS and the local prevention consoles will have things going on throughout each weekend of the month.
- We have all been busy working on our biannual priority report, so that process started a few months back and we hope to conclude for the end of April early May.
- All of us are participating with our teams in some evaluation and equity training based on our statewide strategic plan that RBHAOs are using, which is based off the priority reports initiative.
- Next Tuesday, all the Regional Suicide Advisory Board coordinators are hosting a training of the trainer for QPR, which is also full, but if you have any other questions for any of us about any of our initiatives, please let us know.

Agenda Item 7: General Updates/Announcements

- **NAMI CT - Thomas Burr:**
  For May Mental Health Month we are asking everyone to save the date for our annual walk and we're moving it up to May 3rd, and we're actually going to be at Walnut Hill Park in New Britain this year.
  CCAR - Rebecca Allen:
  Regarding CCAR's announcement closures last month, it was a whirlwind kind of activity, but we did receive some emergency funding. Thank you very much, Commissioner Navarretta, for that. So all of our centers are going to be remaining open at least until July. That is when the emergency funding is kind of due to run out. We are still very hopeful that we can have a line item in the budget. But again, there's a lot of different groups that are asking for money from our legislators this year, but we remain hopeful, and we also remain hopeful around doing fundraising and things like that.

Adjournment: The meeting was adjourned at 4:00 P.M. The next meeting will be held on Wednesday, **April 16, 2025**, beginning at 2:30 PM.