State of Connecticut
State Board of Mental Health and Addiction Services
May 15, 2024
Microsoft Teams Meeting

Present online: Chmn. John Hamilton, Scott Allen, Joshua Bernegger, Jennifer Buckley, Thomas Burr, Sharon Castelli, Andrea Deyo, Liz Evans, Allison Fulton, Jordan, Giovanna Mozzo, Allyson Nadeau, Denise Paley, Manuel Paris, Lauren Pristo

DMHAS Staff: Deputy Commr. Colleen Harrington, Cheryl Arora, Marilyn Duran, Liz Feder, Michael Girlamo, Chris McClure, Lady Mendoza, Sarju Shah, Kelly Sinko

Excused: Holly Hacket

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 April 17th meeting were reviewed and accepted.

Agenda Item 3: Commissioner's Update

Opioid Settlement Advisory Committee (OSAC) – Chris McClure provided and update. In the last few months, the Committee has expanded membership. It will now have 49 Members, 42 of whom are voting. The state received a few deposits from some of the settlement agreements to date they received about $124 million. They have made funding recommendations that consumes about 12 and a half million of that have. They have about $111.9 million available for budgeting and funding recommendations. It represents about one fifth of what was anticipated receiving over the next two decades. The committee took some time to put all the folks together to write the bylaws and create a process. Since November, they have recommended allocations in about $20 million including funding for the treatment pathway program, expanded MAT at DOC, and a full year's worth of naloxone and a 3-year enhancement on the states funding of the needle and syringe exchange program that's funded about $500,000 from the state General fund. The OSAC has added $500,000 per year for the next three years.

Legislation – Lady Mendoza and Kelly Sinko gave a high-level legislative update for the 2024 session. The session has wrapped up. What happens next is once the bill is passed and concurrence, which means it passed both chambers, it will receive a Public Act or Special Act number, and the difference between a Public Act and Special Act is that public acts are codified, whereas special acts are not. But both have the power of law. The numbers are assigned by the nonpartisan Legislative Commissioners Office LCO in the order that they're received. After a bill receives a public act number, it's transmitted to the Secretary of State's office who then transmits the bill to the governor for signature. Once the governor's office receives the bill, they will do one final review before they consider a bill for signature or a veto. And there's also a ceremonial bill signing that the governor holds for big pieces of legislation. That doesn't necessarily mean it's the actual date that the governor signed it, but more so when they're able to coordinate an event around a ceremonial signing.

How the 2024 budget process goes is there's a two-year budget during the long session year, which is the odd number year. They present a two-year budget and then they come in on the even year and they make tweaks and adjustments based on newer projections. There are new fiscal guardrails, there's certain caps to adhere to, certain things that say when we can spend money, when we must save money, when we must cut money in order to make sure we're saving enough in our rainy-day fund, paying down our pension obligations, and things like that. This is the first year since that's gone into place. Since we have a two-year budget, we kept all our original estimates in place. They had a pot of about $400 million of ARPA money that they were able to reallocate and the biggest priority areas that they reallocated to were higher education, children's behavioral health, and nonprofit providers got about 50 million, which is about 2.5% cola increases.

SB 1, now PA 24-19, was one of the Senate Democrats priority bills. It really brought in scope, focusing primarily on the improvement of health and safety of Connecticut residents. The original bill and what ultimately passed is quite different. So as conversations and negotiations happen throughout session, some sections were removed or modified while other bills were folded into SB 1. This bill specifically has 40 sections. Section 1, effective October 1st of this year, each home health healthcare agency and home health aide agency must collect during intake of client information such as history of violence toward healthcare workers, a list of their diagnosis and information regarding the location where the employees will be providing services. And there was also language added that would ensure that patients would not be denied services. Which is something that the Commissioner raised during the public hearing of concern with that specific section, just making sure that folks are not going to go without services. Section 6 of the bill establishes a working group to study staff safety issues affecting home health care agencies and hospice organizations. Several state agencies, including DMHAS, are part of this working group that is going to be convened by the Public Health Committee. The working group has a couple months to do their business and they must issue their report by January 1st of next year. Sections 14 through 16 are regarding opioid deactivation and disposal system. The pouches to dispose of unused medication would allow pharmacists to give patients information regarding the pouches. Section 15 would require DMHAS to post on our website information regarding the pouches, and then Section 16 establishes a study to be done, led by DMHAS, to review long term payment options for the pouches. Section 27 generally codifies current practice of the successful DMHAS initiative, the Step program, which is specialized treatment in early psychosis, which was created through a collaboration of Yale and the LMHAs CT Mental Health Center. Section 36 requires DMHAS to establish a peer run respite center pilot to provide peer respite and support services to adults. DMHAS is also required to provide a report identifying barriers of implementation and ways and recommendations on addressing them. Lastly sections 38 and 39 prohibit nursing homes from refusing to admit applicants for admission only because they're receiving mental health services, and it would make it a discriminatory practice under CHRO laws, which means essentially that folks that feel they've been aggrieved by these violations, they can file a CHRO complaints.

Other – Deputy Commr. Harrington gave an update for Commr. Navarretta. Commr. Navarretta, Kim Karanda and Gina Florenzano will be representing DMHAS at the National Association of State Alcohol and Drug Abuse Directors in June. In April, the Commissioner spoke at a launch party for the release of Substance, the 2024 issue of the Perch, which is a publication that features artwork, creative nonfiction, fiction, poetry, and scholarly works which provide multiple perspectives on substance use and celebrates the process of recovery. Substance is developed and co-produced by the Yale Program for Recovery and Community Health and the College of Letters at Wesleyan University. This week the Commissioner participated in the Interagency Council on Homelessness, which is a multi-agency group responsible for collaborating on things that strengthen the state's homelessness prevention and response efforts. This is set up by the governor. There are three goals, strengthening current programs, improving the effectiveness of homelessness response system, and meeting the demands of housing. There is a social determinants of health summit next Tuesday, which will be convening a community based and healthcare organizations along with state and local agencies and legislative partners, to discuss and promote collaboration and alignment on efforts to address social determinants of health and improve health outcomes. DMHAS will be well represented in that the Commissioner will be participating in a Health and Human Services Commissioners panel and DMHAS leadership will be leading a breakout panel on improving access to safe and affordable housing for vulnerable populations.

You all should have received an invite to the Art Show next Tuesday, May 21st at the Office of the Commissioner, 410 Capital Ave. in Hartford, from 1:00 to 3:00. To honor and share the work of the talented artists DMHAS will be hosting an art opening and reception. This is something that the Commissioner has been working on for well over two years and finally came to fruition and over the past two years, artists belonging to the recovery community have generous, graciously donated their time, talent, and artistic treasures to DMHAS. The artists' work has yielded a collection of work that will grace the walls of the Office of the Commissioner in perpetuity.

Also, Commr. Navarretta will be representing DMHAS at a NAMI walk on Saturday at the Bushnell Park starting at 9:30, and then going up to the Connecticut Science Center for the National Prevention Week event that is taking place from 1 to 3.

Agenda Item 4: Evaluation, Quality Management & Improvement Division (EQMI) - Elizabeth Feder

Liz shared an overview of an annual report that they produce on the consumer satisfaction survey. The satisfaction survey is conducted by DMHAS annually to get a better sense of individuals experiences in our services. It also can inform quality improvement activities. The survey is from SAMHSA with 23 questions and has several domains such as general satisfaction, access, quality and appropriateness, outcome, participation in treatment, and respect.

In the fiscal year 2023 report there were a total of 18,371 responses and of those total responses, there were almost 18,000 completed surveys and 97 providers participated. For the most part, males respond more than females and that is in sync with the DMHAS population. And that's the same for race 58% Caucasian, 20% black or African American, and the other category includes Asian, American Indian, Native Hawaiian, and more than one race. For ethnicity, non-Hispanic 63%, Hispanic including Puerto Rican and other Hispanic Latino 22%, and unknown 15%. The average age of most respondents was 44.6. The program type for those who are in substance use programs were 45% and people who are in mental health programs 46%. Over the course of the last five years, these numbers are consistent. General satisfaction is over 90%. The outcome domain is the lowest rated at almost 84%. Connecticut versus the United States in every domain we're doing a bit better. With the data collected they want DMHAS providers to understand the consumer experience as they are providing the services and as the mental health authority in the state of Connecticut. Such as how are funded providers doing, what's the experience for the consumers there, and then how is all of Connecticut doing? For next steps some changes in terms of race and ethnicity information need to be made on the survey and getting guidance from the federal government and OHS.

Agenda Item 5: Project CLEAR – Scott Allen, Lauren Pristo - Director of Community Engagement at McCall Behavioral Health Network

CLEAR is for community and law enforcement for addiction recovery. CLEAR was launched in 2022 in six jurisdictions across Connecticut. They were able to implement P mats which are project management adherence tools used to assess the maturity of deflection models and what is needed for each local community to implement the program. They have now done several more deflection academy trainings over the years.

Police officer Scott Allen from Massachusetts, stated they have created a deflection outreach model, police peer recovery specialist, and a behavioral health partners to collaborate and to address the opiate crisis. Then it grew and morphed into a community health collaborative response initiative across the entire county. So if there was an overdose at risk individual for substance use disorder, alcohol use disorder, and mental disorders, those co-response team members were engaged and connected people to treatment resources and care.

Lauren shared that they took a lot of learnings from their colleagues here and have identified that this was a critical need in gap in our service system and something that they really wanted to implement. Everything from zero to five of the SAMHSA's sequential intercept model there are different pathways that they can engage people to reconnect them or to connect them to services, treatment, and gear to get them to a place of healthy well-being. They recognize that once people enter the systems of law enforcement and corrections that they can be rather harmful. So if they can prevent people from entering that system and then getting stuck in that cycle of reentering the system even better, and this was critical because in Connecticut, we continue to see a devastating crisis.

They developed CLEAR TO be a little bit different than some of the models you may have heard of, including PARI and QRT and that this is a behavioral health led program. It prioritizes meeting folks where they're at, bringing them harm reduction services, addressing social determinants of health, and not just measuring our success based on access to treatment, expanding access to treatment and good evidence-based models like medications for opioid use disorder are a key component of this work. They are expanding out access to different models including harm reduction, MUD community outreach, and alternatives to policing, and increasing those referrals to teams

who can wrap folks up with care. So in addition to the deflection the teams are really prioritized on engagement. So that's about building those relationships and connections with the folks out in the community through Narcan trainings, harm reduction work, drug checking, mobile MUD recovery supports a lot of education opportunities and a lot of partnerships.

To support the work being done they have included collaboration surveys, law enforcement surveys, deflection, academy evaluations and equity assessment and then ongoing program research and evaluation component, to make sure they establish quality of individual and community life and well-being, not necessarily cessation of all drug use as the criteria for successful interventions and policies. To help measure that they have also recently implemented a bark 10, which is a brief assessment of recovery capital to see if they can measure incremental change over time for the folks that they are working with.

Since they have kicked off in August, they have nearly 5000 interactions documented. This is critical because once those referrals are made, it really shows how their teams are continuing to engage with the people who are referred and build those connections and relationships and make sure they're wrapped up with support. Folks are getting connected to a broad range of services. Everything from therapy to housing to treatment services to MUD and most of the folks who are being connected to treatment are successfully engaging with those services. There is a lot of other research going on including cost benefits. What they hope to see next is implement handle with care, which supports identifying at risk children who may have experienced something in the home and notifying the schools for support, additional family and grief supports, at risk referrals and warm handoffs from our Department of Corrections partners and engagement with additional partners as well as building out that statewide infrastructure to support those onboarding additional communities.

Agenda Item 6: RBHAO Report – Allyson Nadeau

May is Mental Health month. There are a variety of events going on at the RBHAOs across the state. They started the month with the Statewide Suicide Conference organized by the Regional Suicide Advisory Board coordinators. It was well run very well attended. They had a waiting list. Amplify in Region 4 is holding their annual amplify mental health event tomorrow and it was sold out. SERAC is hosting their annual press conference, which includes webinars on loneliness, safe messaging around suicide and accessing services, among other topics. Western Connecticut is sponsoring a youth mental health art project in partnership with their neighbors in Watertown. Their Watertown office is right next door to Art Lighten Art Therapy, and so they recruited the director there to help solicit artwork from youth. And it's all kind of prescribed by themes for mental health and they will be doing an open house in late June. There have been several mental health first aid trainings and many schools and universities have held their mental health check and fairs this month.

It is National Prevention week this week and on Saturday it culminated in a free statewide event at the Connecticut Science Center from 11 to 3. Lots of fun there. Activities for families, trivia games and an author will be there to sign children's books. A youth performance resource tables, therapy dogs and Stella the Starfish. Places of interest where they have held some Narcan trainings this past month have been at The Nature Conservancy, Family and Children's Aid, Greater Bridgeport CRC, the community health workers at Saint Vincent's Medical Center. And there were 68 staff trained at Danbury public schools and at Western Connecticut State University the social work grad students were all trained. QPR has been held for the Hartford Public Schools and Association of People Supporting Employment First at their conference in partnership with the Ability Beyond and the city of Danbury Health Department, Health and Human Services Department and Compassionate Ridgefield, which led them to having a plan to put 988 signs all around town. CPN has submitted a statewide proposal to the OSEC.

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

- Access to Beds or Lack of for Mental Health and Substance Use – Denise Paley
- Cannabis recommendations – Allison Fulton

Adjournment: The meeting was adjourned at 4:00 P.M. The next meeting will be held on Wednesday, **June 26, 2024**, beginning at 2:30 PM.