State of Connecticut
State Board of Mental Health and Addiction Services
May 21, 2025
Microsoft Teams Meeting

Present online: Chmn. John Hamilton, Jennifer Buckley, Thomas Burr, Sharon Castelli, Kathy Flaherty, Allison Fulton, Mark Irons, Giovanna Mozzo, Allyson Nadeau, Manuel Paris

DMHAS Staff: Deputy Commr. Harrington, Jose Crego, Marilyn Duran, Christopher McClure, Chandra Persaud, Melanie Richard, Sarju Shah, 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 April 16, 2025, were reviewed and accepted.

Agenda Item 3: Commissioner's Update

Budget: With some of the proposals that we've seen and some of the actions that have been taken by committees within Congress so far, where we could be facing an environment where both DMHAS and our federal dollars that come in are at risk and also the state could have to backfill huge amounts of money with some of the proposals in place. This is part of the negotiations for the state budget, but then they also need to remain open to the possibility that if the federal budget gets adopted and goes in place, that they're going to have to reopen as early as September to potentially fill some gaps. We just don't know yet and that's going to be the hardest part that all of these actions are out there, but we don't know what the final form will look like or what the volume will be and that uncertainty is incredibly destabilizing for individuals, for providers, for the state actors, and unfortunately, there's just not a lot of concrete answers anybody can give right now and unfortunately that doesn't help. A little bit of good news to that is that you may recall from last meeting that we had received notice that our American Rescue Plan Block Grants had been halted by the administration as part of the Department of Government Efficiency cuts. We had prevailed in getting a temporary restraining order that reopened that spout, and then just at the end of last week, we were successful in having a preliminary injunction granted.

Legislative: The House and Senate are under their way today. Right now, they are taking out a bill related to the Trust Act that has to do with immigration laws in Connecticut. We're going to be in session pretty frequently until the last day, which is June 4th. There are potential session days on Saturday and Sunday. Next week is also possibly going to be one of the days of where they will be bringing out the budget, so that will be something to keep an eye out on. Earlier this week, they voted on the deficiency bill, so you might have seen that in the headlines related to Medicaid as Medicaid was facing a deficiency. Some of the major bills that are active negotiation, the budget bill and related implementers. As a reminder, implementers are the language put into place that needs to either make changes or make new statutes to implement. They are actively negotiating that with leadership in the Governor's office and policy and management. Particularly related to DMHAS, there are some larger healthcare and health related Senate bills that are in play. SB 7 has a few public health provisions. SB 11 has a few human services and health care provisions. It's unclear at this moment if those are going to run separately or possibly be negotiated into a larger omnibus bill. There's a lot of moving parts, but one of the big discussions is private equity that they're talking about as well as mergers, insurance and prescription drug prices. There is Trust Act provisions, instead of having just one bill relating to the Trust Act, we are hearing that there are going to be some in multiple different bills. So, they're debating that right now, the Majority Leader held some housing roundtables. And they are planning on having some

sort of major bill, that's being talked about. Finally, something that isn't really related to DMHAS specifically, but something that's in play is electric rates and energy costs. All of these are the big issues people are negotiating.

Some of the actual bills that don't have movement. HB 6186 - Maternal mental health has been significantly important this session that Belton had done a big event on Mental Health Awareness Day. Luckily, the Commissioner was able to attend and is really starting to do even a caucus around maternal mental health. There was one bill that we were following that had to do with mandated reporting changes for prenatal medical records. So, what that was going to do was kind of reduce the stigma and hopefully help their healthcare disparities about people reporting people that might be doing substance use or have mental health issues like reporting them as maybe being a danger to their child instead of getting them the help they need. We don't think that's going to move forward this session, but we think it's an important conversation that we brought forward.

SB 1367 - for bail bondsman, this bill was voted on last week. This has to do with prohibiting a bondsman or agent from apprehending the principle or an individual on the premise grounds or campus of any healthcare facility, school, institution of higher Ed, or House of worship that includes our state operated facilities. There was substantial language that would include state operated facilities. That is now on its way to the house to be voted on.

HB 6894 - would codify the Governor's existing Interagency Council on Homelessness, adds perhaps one or two new members that aren't on the council at this time. So that is also going towards the Senate.

HB 6834 - our DMHAS agency bill, there aren't any concerns with it right now because of all the negotiations we were talking about. It's just a matter of time and how they wanna put them together. We haven't heard anything about our agency bill that's concerning, but we'll keep you updated about where it moves.

HB 1355 – This is a provision in a much bigger bill, but there were some limitations for naloxone secure boxes that were in statute before it became over the counter federally, something that is very important to Senator Austin and her district and were able to negotiate language with our partners Department of Consumer Protection to remove the limitations for the naloxone secure boxes and add exemptions to drug permits. So just to make it easier for people to continue to hand out naloxone in those secure boxes. That goes on to the Senate.

Agency Update: Here are some of the things the Commissioner has been participating in over the course of the month.

- Today she's at the Connecticut Coalition to End Homelessness 22nd Annual Training Institute, and that's an event at which leaders across the homeless response system will be recognized.
- She started off the month by joining representatives from the governor's office, the Legislature, the Attorney General's office and people with lived experience at a press conference to kick off Mental Health Awareness Month.
- She followed up participating at the NAMI Walk
- She presented at the Suicide Prevention Conference.
- She did an internal tour, going to the friends and family event at CMHC and participated in the CVH town hall.
- She went to the RVS Recovery Recognition event
- Tomorrow is Recovery Day at the Capitol, and that's an event that aims to connect legislators with individuals and organizations in the recovery community to highlight the importance and impact of recovery services and to emphasize the need for continued support.

- And then finally, last week our young Adult Services Division participated in the ribbon cutting for Continuum's grand opening of the Connecticut's very first DBT residential program. The Young Adult Service program has been trying to get this off the ground for about 5 years.

Agenda Item 4: WFH Quarterly Report – Jose Crego, CEO

- Critical incidents – are those events that are significant enough that rise to a level where we do our own in-house investigation. We had *two* this last quarter down from three the previous quarter and we do those investigations so that we're able to apply any lessons learned and any of the corrective actions that need to be implemented or are implemented as part of our continuous quality program.
- Restraints - we had 57 restraints in the quarter from 45 in the previous quarter. We had a couple outlier patients during this period that impacted both staffing and patients. Our patients are doing well and as our staff now moving forward. Dutcher had *four* restraints, no change from the previous quarter at four. It's important to know that we remain well below half the national average for restraint and seclusion nationwide. It's something that we continue to work on to lower, but it's a number that we're very proud of as we do more trauma informed restraints. For instance, all our units have restraint chairs rather than restraint beds to be more trauma informed so that no one is ever restrained unless necessary in a prone position.
- Seclusions - Whiting had *seven* seclusions. No change from the previous quarter and Dutcher had no seclusions at all within this quarter and it's down from 1. You can tell our folks at Dutcher are really working towards community reintegration.
- Physical aggression - in total throughout the hospital, we had 51 acts of aggression. Again, going back to this quarter being a more acute quarter. We had 51 aggressive acts, up from 36 in the previous quarter. We had a couple of outlier patients there that were both aggressive to staff and peers; we've been able to work with those individuals and happy to report that most of them were doing much better.
- Physical aggression towards self - We had *one* incident as compared to 12 in the previous quarter.
- Falls – is an area where we've done a lot of work throughout the hospital. We've even addressed a lot of our internal environmental issues that we had with falls. For instance, some of the showers in the Dutcher building had a little bit of a drainage issue due to the incline of where the drain was and where the showers were. We've been able to remedy that so that there is no accumulation of water decreasing the ability for someone to slip. We've also made a change in the footwear that our patients are using, especially those patients that are more prone to falls and we're also using bed alarms now so that our patients that might be at risk of falling in the middle of the night if they get up the team is alerted that they've gotten up and were able to respond immediately before any kind of a fall.
- On regulatory and accrediting body news, DPH has recently granted Whiting our license renewal. In my 10 years this is the first time that we've achieved this goal and that we had no clinical findings throughout the DPH survey. It's exciting outcome. We did have some environmental findings, but given the age of our buildings, that's typical.
- Our Joint Commission reaccreditation survey is scheduled for next year already. And as such, we have our consultant, the Barons Group, coming back out later this year for another mock survey. Smaller mock surveys are something that we do as part of our own continuous improvement program here at the hospital. We run those monthly, and we pick a unit and go to that unit and do a mock survey and then we extrapolate the findings to other units so that we can ensure that we're addressing whatever the findings are hospital wide and not just limited to that unit. And the fire marshals came out and we did OK with that and not at risk of any kind of imminent fire here at the hospital.
- Investments in patient careers - We're getting to a place now where we're almost ready to open up, especially in the Whiting building, the treatment mall, a couple of the rooms there have received a full facelift with new paint, floor, ceilings and we've added areas to add to work as hair salon and occupational therapy suite and accessory sensory immersion suite, a life skills area, an art therapy room

as well as a vocational training suite. These are new areas that we're bringing into the Whiting building. Some of these areas are currently covered for our Dutcher patients in Page Hall, but we're really bringing some of these services here to Whiting with the addition of some of these services, so that our patients even those that are here for competency restoration can avail themselves of these resources and treatment opportunities.

- Treatment - we continue to expand through our staff knowledge base, as many of our staff recently finished DBT as well as EMDR training. We've got a couple of other training that are coming up as well. We've increased the number of our co-occurring disorder groups throughout the hospital, both hospital-wide and unit-based patients are working and continue to work at Valley View Cafe. Our staff work on Fridays at Valley View. They're also working at the boutique. We started a commissary cart which provides various job sites. There's even an opportunity in there for some entrepreneurial type skills for folks to understand what it takes to buy inventory to sell it, to mark it up. We have access to our own green house and we're working on plans to renovate it so that our patients can grow and sell plants there that augment what's currently being planted, grown and sold over at CVH, and it'll give us an opportunity to have more vocational positions available for our patients throughout the hospital. And we're considering on having conversations with a vendor for adding a serenity panel to the Whiting Activity Center as a pilot. It's mounted on a wall and basically allows our patients to have some music through some sensory items in there that are available. There's an opportunity for them to check in on a regular basis. There are also some games involved in there and some other learning activities. The goal is to pilot it in the activity center. If we feel that it's something that will benefit our patients, then we'll bring it back to a budget consideration to see if we're able to move it along throughout the hospital. We continue in conversations with four of the tablets we're waiting on the vendor to come back with the tablet quote for us to consider adding that for our patients. That'll bring in a lot more education for our patients, a lot more entertainment as well as in ability to communicate with family members and friends through an app that's like an e-mail for us, but it's a little bit different.
- Patient activities - We have *NBA for a day* next week and that's where we have both patient and staff teams play against one another. That really is an exciting day for both staff and patients, and it's a really great opportunity to see the community that's built between staff and patients here at the hospital. *Michala's Garden planting* was done today. That's because of the tragedy that the Pettit family went through and the Pettit Foundation, we plant 5:00, which are plants that Michaela Pettit planted around her home. Doctor Pettit will be visiting again this year, as he does every year to meet with our patients and the staff that are involved in the gardens. *Family night* is something that we've been doing for about a year after COVID. We've had nights at family night that reach about 125 participants that includes patients and families. It's exciting to see families come in and gather and have meals with patients and even patients come in and have meals with one another. For those that don't have family to come and visit.
- Staff activities - some of our psychologists participated along with other DMHAS psychologists in a fire setting conference where we've been able to share the work that we're doing. Some of our clinicians also recently presented a recent grand round. It's really a great opportunity for us to showcase the work that we do at the hospital and what we're doing to prepare our patients for discharge. And today we had the Taste of Whiting. This is a staff event put on by our I Dream Team, which is our Diversity Inclusion committee and folks are encouraged to bring in foods from their culture and represent them at the meal. I recently participated at the Capitol Region Chiefs of Police and gave a presentation to the work that we're doing here at the hospital and how that impacts patients as they move out into the community and trying to demystify some of misconceptions of our patients as they go to entering the community, and that has proven fruitful. That conversation led to a visit from some other chiefs of police to come here to Whiting and better understand the work that we do, who our patients are and what it means to have our patients in their communities and the services that wrap around our patients when they're out in the Community. We've been also getting more involved in

the Middletown community itself. On May 3rd, Lakeisha Hyatt, Sarah Gatsby, and myself participated in Mental Health Awareness Day at Harbor Park on May 3rd.

It is exciting continue to expand our community ties and my goal is, as we do that is, to again demystify Whiting to the Community and expand opportunities for our patients out in the community, especially around education, training and jobs.

Agenda Item 5: RBHAO Report – Highlights for this month:

- It was Mental Health Awareness Month, and it was also National Prevention Week this month. So we have a lot of activities that went on around that. The big thing that happened to us at the end of April and early May was the Regional Priority Setting Reports were due. And so those are finally off our desks and in the capable hands of The Center for Prevention Evaluation and Statistics at UConn. UConn will be going through the reports, and they distill them. We can expect to see a kind of published finished product sometime in the early part of the summer.
- The Suicide Conference was attended by the RBHAOs, and we must give credit to the whole team that put it together. The Commissioners from DMHAS and DCF were there and did a nice job. The breakout rooms were on interesting topics.
- National Prevention Week was last week on Saturday, at the Danbury Fair Mall. There were about 14 exhibitors and there were activities for families. Both the Change the Script and the Problem Gambling Awareness vans was there. It was really a great event.
- This past week we started with the PDO implementation that has to do with opioid overdose prevention and the work through the RBHAOs with the emergency medical services instructors. That is a statewide endeavor, and the instructors are training and providing materials to their instructors to train all the different EMS in the Leave Behind Kit.

Agenda Item 6: General Updates/Announcements

- **Keep The Promise Coalition** has hired a new executive director, and her name is Anna Allen. She formerly was employed up at the state Capitol and worked with some of the caucuses up there. She has a great legislative background and we had her introduce herself at the first KTP monthly meeting this morning.
- **Recovery Community Affairs** will be holding six peer recovery support listening sessions across the state between June 9th and August 7th. Three of them will be virtual and three will be in person. We are working on different areas of the state and where we're holding them so that anyone that is in recovery, anyone working, peer support, anyone supporting, they're welcome to attend. We really wanting to hear people's thoughts on peer support, education, training, credentialing, and any other issues. The first meeting will be Teams on June 9th, and it will be from 6:00 to 7:00 at night. After these listening sessions are through, we will be holding bi-monthly Teams meeting.

Adjournment: The meeting was adjourned at 4:00 P.M. The next meeting will be held on Wednesday, **June 18, 2025**, beginning at 2:30 PM.