State of Connecticut
State Board of Mental Health and Addiction Services
May 20, 2026
Microsoft Teams Meeting

Present online: Chmn. John Hamilton, Thomas Burr, Sharon Castelli, Sam DeCarlo, Allison Fulton, Mark Irons, Pamela Mautte, Dena Miccinello-Barbarula, Allyson Nadeau, Manuel Paris

DMHAS Staff: Jose Crego, Cheryl Arora, Marilyn Duran, Christopher McClure, Felicsha Osbourne, Chandra Persaud, 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 15th were reviewed and accepted.

Agenda Item 3: Commissioner's Update

- This being Mental Health Awareness month the Commissioner has been busy at events. She did a press conference with a handful of elected individuals, Governor, Attorney general, and the chairs of the relevant committees.
- This past week, the Commissioner did an event with Perch, they did a mural unveiling.
- The Commissioner is speaking today at the Housing Conference in Hartford.
- She did the NAMI walks last weekend.

Budget: FY 2027 Budget:

- Provides $690,000 in funding to support wage increases for low wage workers under the Mental Health Waiver.
- Provides funding of $775,000 in FY 2027 for Regional Behavioral Health Action Organizations ($155,000 each) to expand suicide prevention and postvention services via Regional Suicide Advisory Boards.
- Transfers $10.75 million from DSS to DMHAS to reflect reinvestment requirements for the substance use disorder demonstration waiver.
- Supports increased Competency Restoration costs of $1.9 million. These funds will cover the continued cost of services and supports for individuals with mental illness who are facing low level criminal charges and enable DMHAS to respond to the increase in outpatient competency referrals in the least restrictive setting.
- Provides $3.5 million in FY 2027 to facilitate discharge from state hospitals by supporting community resources for individuals clinically ready to transition to the community.
- Provides $1.0 million to allow for 100 participants in the CT Housing Engagement and Support Services (CHESS) to transition to supportive housing at DMHAS as the CHESS program sunsets.
- Includes funding of $200,000 for Ender's Island Recovery Residence program in Mystic.

Legislative Update:

The legislative session ended two weeks ago. It was a short session, so things ended a little bit earlier than normal. And then next year, we'll be in a long session. This year the legislature passed the most bills during a short session since 2016. 218 bills total that were passed by both Chambers. One of those bills was the DMHAS agency bill. That was House Bill 5515. Unfortunately, the recovery language piece did not make it and all the other provisions kind of folded into another DMHAS bill. The major provisions were:

-Naloxone Access in Schools

- Updates education statutes to conform with changes in FDA designation (OTC)

-Naloxone Access in Communities

- Clearly allows distribution of OTC opioid antagonist by state agencies and other organizations
- Exempts free distribution form the nonlegend drug permit requirement

-Minor and Technical Changes

- Adds DMHAS to a list of agencies DESPP coordinates with for deployment of behavioral health professionals in certain emergency situations
- Updates state facility advisory council language to reflect current practice
- Repeals outdated references to Catchment Area Councils

The budget had implementer provisions. It had the deficiency bill, the bond bill and the implementer pieces all combined into one big bill, not the federal version of the big bill, the state version. Pieces of bills get added into implementer just in case for some reason the bill does not make it through both chambers.

To highlight some budget related bills, money allocated to increase the federal Cuts Response fund by $50 million and just last week, the Governor did allocate some of that funding towards several things ranging from homelessness response assistance to funding DSS positions to research grants, dairy farmers, etc. House Bill 5039, this was another one of the governor's priorities when it comes to legislative directed funds. So whenever the General Assembly approves an earmark, the identity of the recipient organization, a description of the purpose of the funding, and a determination on whether the funding can be directed to a sub awardee must be specified in the legislation or budget book. Secondly, it also requires OPM to establish uniform policies on the administration of these funds for state agencies to ensure appropriate use and administration and publish reports on the website.

To highlight outside of the budget on some other bills that passed both chambers.

- Public Health various revisions – HB 5514, generally allows hospitals to establish ED Bridge Program and has DMHAS consult on extreme weather protocol related guidance
- Supported Decision Making – HB 5485, creates working group to study “supported decision making” agreements and make recommendations.
- Gaming – HB 229, toll-free phone numbers requirements; advertising restrictions/prohibitions; studying prediction markets
- Psychedelic Assisted Treatment (PAT) Pilot – SB 191, expands eligibility to pilot to anyone over 18 and removes provision terminating the pilot when the FDA makes certain decisions
- Encampment Removal Noticing – HB 5464, establishes a 14-day notice policy for encampment removal and requires a DOT/DMHAS joint study on best practices.
- Child Welfare – HB 5004, DCF training; seeking mental health treatment, new Child Welfare Policy and Oversight Committee
- Eating Disorders – HB 5447, working group to study treatment of eating disorders; study of young adults complex care
- Peer Support – HB 5562, study on Medicaid reimbursement for peer support services; study of feasibility of PRTF for complex care young adults
- DDS Definition of ID – SB 296, DCP agency bill to include sports wagering specifically in online gaming regulations/enforcement

When it comes to Department of Correction, there's been a lot of conversation related to Healthcare HB 5567 and HB 5563 where two bills kind of tackling on those issues and working on that one of the provisions had to do with a pilot program that DOC, DMHAS, DSS, and OPM will work on to assist with the discharge planning for patients with chronic disease and behavioral health needs at York Correctional, and it requires the agencies to coordinate specialty referral persons who are incarcerated at York upon release, the implementation of the pilot program is set to begin no later than October 1st, and the 1st report is due to the legislature by January 15, 2028.

Bills related to tobacco, hemp and cannabis: HB 5350 and HB 5222, makes out-of-state qualifying patients and caregivers eligible for medical marijuana; increases allowable THC levels in infused beverages from 3 to 5mg;

lifts the cap on THC by dry-weight-bases for cannabis flower, other plant material, and concentrates, and prohibits DCP from limiting their dosage, potency, or concentration; final Bill did not include changes to edible products marketing/advertising restrictions.

Agenda Item 4: WFH Quarterly Report

Nursing department staffing positions continue to trend upwards up to 400 positions. On the recruitment side, they brought on 34 people. They currently have 32 nursing positions that they are working on, of which eight are getting ready to start in the next pay period or so. Of those, they have 3 Outside hires.

Mandated overtime has started to decrease now. The issues that continue to impact for mandates and operational challenges are:

- Number of staff on Workers' Compensation
- Number of staff utilizing intermittent FMLA
- Outlier high acuity patient decreasing
- Minimum staffing requirements – meeting DPH expectations
- Meeting employee time off needs
- Difficulty recruiting RN's improving
- Length of recruitment process improving

Restraint and seclusion data is being tracked with an outlier and they have had 51 events in March. But if you remove the outlier hospital wide, they had 30 throughout the entire month of March and continue to see that trend go down, the outlier patient continues to work with him very positively and that number is also starting to come down.

Patient fall rate per thousand bed days at the hospital is 2.63. That has decreased since December. The overall fall rate increased a little in Q2. However, decreased in Q3 to be in line with the first quarter of the year. They had zero falls with serious injuries in Q2 and Q3, according to ORYX Level 3 reporting guidelines. 92% of the falls in in Q3 had no injury or required very minor first aid.

The settlement agreement, Timeline:

- 2022-CLRP, later joined by DRCT, filed a lawsuit in federal court indicating that DMHAS has failed to discharge forensic patients under the PSRB from WFH in a timely manner, and that this violated their civil rights under Olmstead.
- 2022-2024, there were numerous motions and hearings.
- December 2024 – the court granted the Plaintiff's motion to for a class certification and the complaint survived a motion to dismiss.
- January 2025 – negotiations began and continued for over a year.
- June 16, 2026 – Fairness Hearing in federal court.

The settlement agreement does not alter or interfere with the existing statutory framework that governs in acquittee's transition to the community via "temporary leave" or "conditional release". It doesn't interfere with the treatment professionals' clinical determinations and judgments. DMHAS treatment professionals and the PSRB only allow a patient to transition to receiving services in the community if the patient's transition would not constitute a danger to the acquittee or others. And it does not require any increase in specific services.

What the settlement agreement does do is it allows for a gradual and thoughtful transition with careful and continuous risk assessments. It allows decisions regarding stages of the community readiness to be based on clinical assessments and risk mitigation; clinical stability, adherence to treatment, appropriate use of privilege levels and pass times, risk factors can be appropriately mitigated and reasonably accommodated, and the patient has developed a meaningful therapeutic relationship with the treatment team.

The framework of the agreement increased periodic reviews at both the hospital level and the medical director's level, at various phases of the patient's hospital stay to ensure the patients move through the treatment continuum at a clinically appropriate rate, and that patients do not wait an unreasonable amount of time to receive services in the community solely because of insufficient community resources. Once a patient is determined to be clinically appropriate the transition must occur within certain time periods. Compliance monitored by an independent reviewer and increased resources for the LMHAs and an increase in the number of residential programs to facilitate community integration. Under the agreement, DMHAS retains flexibility to determine what resources it needs. Funding for the initial anticipated increase in fiscal year 27 has been included in both the Governor's and Appropriations budget.

Agenda Item 5: RBHAO Report – Highlights for this month

- They had a great National Prevention Week across the state, local prevention consoles and RBHAOs doing different things as well as all of us are continuing to support May's Mental Health month that's being celebrated.
- Across all five regions, we focus on prevention, community engagement, and capacity building. Some of the focus areas are nicotine, cannabis, alcohol, Jewel. Education and training across schools, community groups and providers is continuing and ongoing.
- They have expanded retailer engagement and safe storage distribution of lock boxes and resource bags.
- They are working on public awareness campaigns and media efforts across the state.
- For Opioid work on Naloxone trainings and large-scale distribution continues across the regions. They have been successful in each region getting the Naloxone cabinets out as well as the leave behind kits.
- Continue to meet with the Opioid Task Force and engage with first responders in the Overdose Response Kit training for
- For suicide prevention and mental health, they continue doing question per state referred and the COM trainings, and mental health first aid trainings. All the RSABs have been very engaged in community awareness and outreach with schools, crisis teams, and community partners. They have seen a lot of increased collaboration, and all have been actively doing a lot of postvention planning with different community groups or groups of folks, some of them are small sub regional communities or natural communities that work together, and some of them are individual communities. Through the Garrett Lee Smith funding all five regions will be hosting the Interpersonal Theory of Suicide in Practice, it's specifically for clinicians working with youth. Each region is hosting James Geissler. It's also an offering for clinical social worker hours. It's a great resource and we'd love to have all the seats filled in every region, just reach out to your RBHAO.
- For problem gambling, expansion of education training and community conversations, there has been a lot of integration with schools and colleges and community events. They have had a nice focus on language Stigma reduction and youth engagement.
- Recovery Friendly Workplaces progress is moving forward towards workplace designations recovery friendly communities continued outreach to employers and community partners.
- LPC stuff is moving along, and they will be working on getting their final reports and they will be getting out additional payments to them for the new fiscal year. They are continuing to do their events and represent in their communities.

Agenda Item 6: General Updates/Announcements

Recovery Support: The certified peer support and recovery professional credential. The grandparenting process has been in effect since October 2025. The new requirements are going to be starting for June 1st. Elsa Ward will be holding two informational sessions to go over the credentialing process. She will be starting up the recovery conversations. In July, she will be starting, with the organization, educating their HR and supervisors on the requirements and training type and the specific skills and for evaluating all of that.

Adjournment: The meeting was adjourned at 4:00 P.M. The next meeting will be held on Wednesday, **June 17, 2026,** beginning at 2:30 PM.