

State of Connecticut
State Board of Mental Health and Addiction Services
November 17, 2021
Microsoft Teams Meeting

Present online: Chmn. John Hamilton, J. Craig Allen, Rebecca Allen, Sharon Castelli, Kathy Flaherty, Ana Florence, Allison Fulton, Ingrid Gillespie, Jennifer Henry, Beth Kerrigan, Joe Lindbeck, Pamela Maute, Allyson Nadeau, Manuel Paris, Larry Pittinger, Brian Reignier, Kevin Sevarino, Jennifer Sussman

DMHAS Staff: Acting Commr. Nancy Navarretta, Yvonne Addo, Marilyn Duran, Marlene Jacques, Carol Meredith, Arthur Mongillo

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 October 20, 2021 meeting were reviewed and accepted.

Agenda Item 3: Commissioner's Update

- **COVID-19** – Acting Commr. Navarretta provided the Pandemic Management Update. DMHAS continues to follow all COVID-19 protocols: 87% of all staff are fully vaccinated and a similar percentage of inpatient clients are vaccinated across all state operated facilities. With the recent Governor's Executive Order #13 G, DMHAS has, 97% of staff compliance and 4% are working toward compliance or are being placed on leave. A number of staff have asked for accommodation or exemption and those are granted taking consideration on where the employee works and whether or not it's a hospital setting. Non-permanent employees or those still in their probationary period who are refusing to comply with the vaccine requirements have been separated from state services. Non-compliant permanent state employees are placed on unpaid leave. DMHAS will be working on booster shots for staff and clients with the help of the DPH mobile vaccination vans and local health departments for on-going vaccination needs.
- **Budget** – Acting Commr. Navarretta stated that letters were sent to all DMHAS contractors regarding the statewide budget 4% increase related to COLAs/Wages. Now DMHAS will work on amending the contracts. An initial letter went out on the capital improvement funds. So far, 21 applications were received from providers for those funds.
- **Legislation** - Tabled
- **Other** – Acting Commr. Navarretta announced that Jose Crego was promoted from COO to CEO of WFH. DMHAS will be posting the position for COO at WFH. The Behavioral Health Program Manager position for the Office of Recovery Affairs was also posted.

Agenda Item 4: Presentation: RBHAO Regional Priority Reports Summary of Elements Statewide, Jennifer Sussman, Research Associate, The DMHAS Center for Prevention Evaluation and Statistics at UConn Health-

The Center for Prevention Evaluation and Statistics at UConn Health Center is a DMHAS resource link and funded to support DMHAS's prevention and health promotion work at the state and regional and community level around data and evaluation. For the SAMHSA funding it is required that that states annually assess needs, strengths and critical gaps in their service delivery systems; identify target populations and priorities for those populations. As strategic community partners, Regional Behavioral Health Action Organizations (RBHAOs) assist with this charge by assessing the needs for children, adolescents and adults across the regions and developing Regional Strategic Plans to include epidemiological profiles and priority recommendations for prevention, treatment, and recovery services. The purpose of the regional priority reports provides a thorough description of substance use, problem gambling, and mental health problems, including suicide, among the various populations (overall and subpopulations) in a region; describe the current status of instances of the substance use problems, problem gambling, and mental health issues, including suicide, in the region and examine trends over time where possible; identify characteristics of the general population and of populations who are living with,

or at high risk for, substance use and mental health problems, suicide, and problem gambling in the regions and who need primary and secondary prevention or health promotion services; provide information required to conduct prevention needs assessments and gap analyses for substance use and mental health problems, suicide, and problem gambling; define regional priorities, resources, assets and subpopulations at increased risk for behavioral health issues, and make recommendations on addressing regional gaps and needs, as well as health disparities. The regional priority reports are used to set priorities among populations who need behavioral health prevention, treatment and recovery services; to provide a basis for determining emerging needs, projecting future needs, and identifying health disparities; to inform a comprehensive strategic plan; to increase general community awareness of substance use and other behavioral health problems; to support leveraging of funding; to respond to public data needs (e.g., providers, educators, funding agencies, media, policymakers); to enhance membership of planning or advisory groups to be more demographically representative and/or more responsive to priority needs of the region. The process of the report is 1. Identify regional behavioral health priority setting workgroup (RBHPSW) members; 2. Review and update process and content for focus groups and surveys; 3. Administer provider/stakeholder surveys and implement focus groups; 4. Review and analyze data; 5. Prepare epidemiological profiles by priority problem; 6. Identify strengths, services and resources, gaps, and needs; 7. Understand and utilize criteria for selecting priorities; 8. Convene RBHPSW and select priorities; 9. Prepare comprehensive report, utilizing specified report template; 10. Submit and disseminate report.

Jennifer Sussman also shared priority data from all five regions on substance misuse/addiction and mental health as well as recommendations. Top emerging issue on substance use are Marijuana (legalization, declining perception of risk/harm, ED visits, vaping); Vaping (Vaping CBD, THC); Stimulants (cocaine, methamphetamine) New Haven; COVID-19 effects (alcohol use, substance use, telehealth barriers). Top Emerging Issues: Mental Health and Gambling: Suicide - (teens, young adults, youth transitioning to college, elderly); Mental health effects of COVID-19 (youth, access to treatment, staff, funding); Expansion of online gambling (youth, college students); Gaming and gaming disorder (COVID-19 increase); Lack of awareness of problem gambling, gaming disorder. Some resource gaps and needs are: Funding, resources (human, staff, financial); Resources to address stigma, cultural barriers; Education and awareness resources, in schools and community; Mental health screening for youth; Local data (behavioral health). Underserved Populations/Groups are People of color, minority groups; Veterans; Children/youth/young adults; Non-English speakers; LGBTQ (+ I); Senior citizens/elderly; Caregivers/providers/first responders; Undocumented immigrants. For more information on the Regional Priority Setting Process or results, contact Jennifer Sussman at sussman@uchc.edu

Agenda Item 5: Presentation: Psilocybin Workgroup Update, Dr. J. Craig Allen

Dr. Allen shared what has been happening with the workgroup. The 2021 Connecticut legislation directed DMHAS to study the health benefits of psilocybin and report out findings and recommendations by January 1, 2022. The workgroup is to explore and answer questions on whether Psilocybin, under the direction of a health care provider, may be beneficial to physical or mental wellbeing. FDA approval is the normal route for bringing a drug to the general population with four (4) different phases and with phase (3) being clinical trials, large rigorous clinical studies conducted over several years. This process is to ensure efficacy and patient safety. Individual states can legalize a drug/medication without FDA approval as has been done in Connecticut with both medical and recreational marijuana. Oregon has recently done this with psilocybin and the Oregon (SB 109) legislature charged the Oregon Health Department to create a Psilocybin Services Program. This will be the first program in the United States offering therapeutic services outside of the research lab. Of note Psilocybin is currently a schedule one (1) substance with no currently accepted medical use and a high potential for abuse. In 10/18/21, the DEA issued a notice proposing increased production for cannabis and signaling a potential change for the federal government particularly in the area of research. The FDA (2018, 2019) designated Psilocybin-assisted therapy (PAT) as a breakthrough therapy status for treatment-resistant depression and for Major Depressive Disorders. Potential therapeutic uses of psilocybin/Current research have been done on depression, post-traumatic stress disorder, substance use, anxiety disorders, cluster headaches and palliative care related to terminal cancer. Some of the universities doing this study are Johns Hopkins Center for Psychedelic and Consciousness research, UCLA, NYU, University of Wisconsin, Mt. Sinai Hospital NY, University of California Berkley, Yale University, Multidisciplinary Association for Psychedelic Studies (MAPS), and the Veteran's Administration. Psilocybin assisted therapy is a therapeutic process in research and is supervised by medical or behavioral health

professionals. Serious adverse effects with unsupervised psilocybin including acute psychological distress, dangerous behavior and enduring psychological problems. Psilocybin is not viewed as a take-home medication and participation in research involves careful screening for psychiatric or physical conditions including schizophrenia or a family history of schizophrenia, or uncontrolled hypertension among others. The therapeutic process typically involves a 3 phases with two facilitators, ideally a male and female. The American Psychological Association (APA) is concerned that the use of psilocybin in clinical practice is outpacing the research supporting these drugs. The FDA best makes decisions about the official safety and approval for use. APA does not support states authorizing the use, manufacture, or sale of psilocybin prior to FDA approval of psilocybin for safe treatment of patients. Some considerations that the workgroup is working on is that the State of CT wants to develop a way for people living in CT to access this treatment even though there is no FDA approval yet. There is good data for this being an effective and helpful medication.

Agenda Item 6: Workgroup Updates/General Updates/Announcements

- Kevin Sevarino stated that the Marijuana workgroup has not met but the ADPC Cannabis Advisory Subgroup is still focusing on choosing a vendor. The workgroup will work on something to present to the subgroup.
- Kevin Sevarino announced that CDC Vital Statistics released that from April 2020 to April 2021 over 100K people died by drug overdose and the number of people that died by Fentanyl implicated overdose during that time period exceeded the total number of overdose deaths in 2016. Fentanyl is by far the deadliest drug in the country.

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

- Ketamine Presentation – [Dr. Allen’s Recommendation –Institute of Living (IOL) Psychiatrist-Dr. Benjamin Anderson – January 19, 2022]
- Peer Bridger Program – AU staff [Dana Smith, Program Manager & Jennifer Henry, Advocacy Engagement Specialist – January 19, 2022]
- Olmstead Initiative – AU Staff – February 16, 2022
- Alcohol Awareness
- Online Sports Betting Impacts on Problem Gambling – March 16, 2022

Adjournment: The meeting was adjourned at 4:00 P.M. The next meeting will be held on Wednesday, January 19th beginning at 2:30 PM.