

State of Connecticut
State Board of Mental Health and Addiction Services
November 16, 2022
Microsoft Teams Meeting

Present online: J Craig Allen, Rebecca Allen, Sharon Castelli, Evan Dantos, Jordan Fairchild, Allison Fulton, Holly Hackett, Jennifer Henry, Elizabeth Kerrigan, Pamela Mautte, Giovanna Mozzo, Allyson Nadeau, Winifred Olson, Denise Paley, Manuel Paris, Larry Pittinger, Brian Reignier

DMHAS Staff: Commr. Nancy Navarretta, Deputy Commr. Colleen Harrington, Marilyn Duran, Mary Mason, Chris McClure, Lakisha Hyatt, Arthur Mongillo, Sarju Shah, Elsa Ward

Excused: Chmn. John Hamilton, Kevin Sevarino

Agenda Item 1: Welcome and Call to Order

The meeting was called to order at approximately 2:30 PM by Pamela Mautte.

Agenda Item 2: Minutes of previous meeting review and action

The minutes from the October 19 meeting were reviewed and accepted.

Agenda Item 3: Commissioner's Update

- **Legislation** – Chris McClure reported the PSRB work group, which is chaired by Dr. Michael Norko, will hold their first meeting next week. The Whiting Forensic Advisory Board is now the new Whiting Oversight Board and almost all appointments are done. Both the Governor's office and DMHAS got out appointment letters for the Opioid Settlement Advisory Committee to oversee those dollars coming in from the settlement agreements that the Attorney General's Office has reached. Even though the money has come in to deploy those resources, these settlements are restrictive and we have to comply there. It will take us a little bit of time since there are states ahead of us that are still sort of navigating this course and hopefully we can learn from them.
- **Budget** – Commr. Navarretta reported that in terms of budget there is not much happening now other than we are still following up on what happened in the last session. In terms of our ARPA dollars, providers received 4% COLA in the last session, all of FY22 dollars went out last year and FY23 dollars continue to be dispersed as contracts are amended. About 98% of the contracts have been amended. There was an additional \$10 million linked to COVID and facility improvements. So last year providers had a chance to apply. Notices were sent out a couple of times and another notice was sent out for this year's \$10 million. Proposals need to be received by December 16th. Other ARPA initiatives, a lot of press and effort is going into bringing those mobile crisis teams up to 24/7; those dollars continue going out. This is for the established mobile crisis teams across the state which covers every catchment area. We sent out additional dollars for both the teams and for what we are calling Bridger Services. We have also started enhanced forensic respite beds down in Bridgeport. Those have been expanded and so far that project is going well also.

Agenda Item 4: Update on CVH Services

Lakisha Hyatt, CVH CEO, provided an update on CVH services. She has been in this role since September of 2020 and in the interim role prior beginning July of 2019. Connecticut Valley Hospital is 154 years strong and the largest free-standing state funded psychiatric hospital here in Connecticut. At present, we continue to provide services through our Hartford campus and Blue Hills as well as here in Middletown, we are functioning at a total of 84% of our total capacity. Particularly because of the reduction in capacity and addiction services, even more specifically without the addictions, one addictions medical withdrawal management unit as well as one rehabilitation unit. And that is primarily due to staffing and some of our quarantine requirements. At present, we are experiencing an overall average length of stay for general psychiatry is about 2.8 years. That is what we are seeing for general psychiatry, that is the average length of stay recognizing that general psychiatry serves young adult services and has our shortest length of stay. We experienced a significant decrease in the number served just because of the pandemic; comparatively fiscal year 2019 we saw about 3000 individuals served and fiscal year 2022 we saw about 1300.

Some of those things that CVH is doing around service rebuilding is the implementation of onboarding of the 1115

waiver process; 80% reimbursement to deliver withdrawal management and co-occurring assessment that just occurred on-site. CVH is looking at strategies for rebuilding co-occurrence services. The ability to allow for greater sharing across general psychiatry addiction services is very exciting, which we will see through our implementation of virtual treatment spaces that is 80% up and running. The magnitude of increase in recovery support services, CVH went from 2 recovery support specialist, on the unit in our hospital to 8. There are at least 30 to 40 services delivered, specifically group services, bringing people together weekly by these recovery support specialists along with the individual supports. This is really exciting because those are the strategies of sustainability.

The campus is embracing a movement away from restraints and have gotten rid of all forms of restraint vests. CVH has implemented the restraint chairs because that is the least traumatizing way. The goal is eliminating all restraint beds by the summer of 2023 and then maximize the restraint chairs again.

Lakisha is excited about SharePoint and the two-year plan around the implementation of the electronic medical record. There is also a number of campus engagement strategies that are going on, anything from my psychological first aid, my culture, safety task force. There are nurses out there doing survey of nurses and bringing data back for how we are going to keep the nurses that we do have. That is the greatest recruitment challenge we have. And so a lot of listening sessions. Lakisha will bring her executive team into an executive tree on Friday to really move everything aside and work on this 2 to 3-year strategic plan to get to where they need to be.

Nurse, psychiatrist and social work recruitment continues to be a struggle. Lakisha's strategies are to close the back door, retain those that are there and then continue with the recruitment strategies underway. And then it's time to rebuild trust. Lakisha has a great presence with her people, her managers, all conducting walking rounds, non-fault finding walking rounds, just where you are praising, commending, educating and supporting.

Agenda Item 5: Youth and Alcohol

Sarju Shah, Director of Prevention & Health Promotion Division, presented on the Connecticut Partnerships for Success 2022 initiative related to underage drinking. Alcohol is the most commonly used substance nationally as well as in Connecticut. And according to the 2018 National Household Survey of Drug Use and Health, Connecticut has the fourth highest prevalence of current alcohol use in the US, which is higher than the national prevalence. Connecticut is at 62% and nationally 51%. The 2019 Connecticut School Health Survey shows that almost 26% of high school students reported using alcohol in the past month and almost half of them around 13% reported binge drinking. So even though the drinking behavior is declining, it also does highlight some of the sociodemographic disparities that we are seeing in both use and in risk factors. For example, we know that high school females were more likely than their male counterparts to report drinking and binge drinking.

This is a five year grant for about \$6.25 million. It is focused on underage drinking prevention in 12 preselected communities. The communities were selected based on information showing that they have historically been underserved and underfunded when it comes to prevention. So in region one it is Stamford; region 2 is Ansonia, Derby and East Haven; Region 3 is Ashford, Brooklyn and Chaplin; Region 4 is Bolton, East Hartford and East Windsor; and region 5 it is Southbury and Thomaston. This grant will be funded and administered by DMHAS, Prevention and Health Promotion Division. This will be evaluated by our Center for Prevention, Evaluation and Statistics, which is through UCONN Health. The Alcohol and Drug Policy Council's Prevention Subcommittee will be utilized as the advisory group. Working with partners at the Department of Consumer Protection Liquor Control Division we will also be looking at doing an alcohol compliance city.

Some of the goals being looked at are to reduce alcohol consumption among youth between the ages of 12 to 17; to build community readiness, the capacity and resources to address underage drinking; to increase awareness and education on underage drinking; and reduce retail access to alcohol among youth. The goal is to build on existing resources to implement environmental strategies known to be effective in reducing youth alcohol use. This includes retail and social access policy changes, enforcement, media advocacy and parental merchant education. Measure and demonstrate quantifiable changes in use rates utilizing student surveys as well as community surveys and social indicator data.

Some information about the Alcohol Compliance Study we are partnering with DCP, Liquor Control Division and the goal is to develop a baseline for retail sales to minors; continue compliance checks throughout the year statewide. The next steps are to develop contracts with DCP and UConn Health; develop RFP and release for sub recipients; provide quarterly updates to anyone who is interested.

Agenda Item 6: RBHAO Report

Region 1: The HUB

Region 1 is working with their CAC on their legislative priorities and hosting a legislative breakfast. They are having their CAC meeting on Thursday the 17th from 2:30 to 4:00. And if you go to thehubct.org you can register for that event.

Region 2: Alliance for Prevention & Wellness

Region 2 will be presenting at the RX Summit in April on Public Health and Safety Toolkit Implementation in Middlesex County. The RBHAO was also awarded a planning grant entitled South Central, New Haven, Innovative Comprehensive Overdose Engagement, the NHI-COE Planning Grant to the National Association of Community Health Organizations in the CDC. The statewide You Think You Know ct.org campaign was selected for our summit to be a workshop in Atlanta. The campaign is really about the educating young adults, parents and teenagers about fake pills and how pills can kill, especially with the fentanyl and the other contaminants in it right now.

Region 3: SERAC

Along with their QPR and Naloxone training and distribution, they hired a new epidemiologist and they are interviewing and hiring new staff and offering problem gambling mini grants to their colleagues and the community.

Region 4: Amplify

On 10/19 they hosted a very well attended in-person regional LPC meeting. They had Southington's C3 which is Create Community Change as their presentation and networking followed. Their LPCs are encouraged to address preventing the sale of alcohol, tobacco and other vape products to underage youths as part of their deliverables and the state as it rolls out their new campaign to support this effort. Their Gambling Awareness Team will be addressing the prevalence of raffles at local community events. They partnered with Enfield as part of the National DEA take back day and resources were distributed to about 150 people. And new folks were connected with Regional Suicide Advisory Board. They also are partnering with Connecticut Children's Hospital on their QPR trainings. They hosted a successful in-person assist training which is a two-day suicide prevention training and they attended a number of out of the darkness walks and had tabling events.

Region 5: Western CT Coalition

Region 5 has been meeting with local officials to discuss the initial opioid settlement allocations, helping them to figure out what to do with those dollars. Also working on identifying some new local prevention council members and volunteers for FY23 contracts. They held their regional LPC leadership meeting last night. They had suicide prevention information networks meeting for their technical assistance last month; and also hosted a de-escalation training at Western Connecticut State University, it was a half a day training at Western and will be doing it again in December. CAC 21 had a remarkable 50 people in-person legislative forum last month. CAC 20 Advisory group met and they have got a new location at the Western Connecticut Coalition, Waterbury Office for their monthly meetings from now on. They are doing some outreach and getting some new providers at the table. The region also distributed 9000 direct mailers to businesses advertising the Recovery Friendly Workplace Initiative.

The Connecticut Prevention Network (CPN) is the association of the five RBHAOs a nonprofit in the state of Connecticut. They meet once a month and altogether one thing that they did this past month is review applications from the over 150 municipalities that look for the LPC contracts. So they have been executing those and getting those dollars out. They totally trained across the state 448 people on how to administer Narcan and distributed 506 Narcan kits during October. As a group, they trained 133 people on QPR, the gatekeeper Suicide Prevention Training. There were a couple of mental health first aid trainings and the total participants were 16 and the Screening Brief Intervention Referral to Treatment Training where a total of 48 people were captured last month. They participate in a lot of the statewide meetings, Connecticut alcohol Drug Policy Council, some of their subcommittees, behavioral Health Planning Council, Connecticut Suicide Advisory Board. These are all meetings that were attended last month. The problem Gambling awareness teams all meet. The tobacco merchants and Community Education Steering Committee also met last month, and they sit in on the Connecticut Harm Reduction Alliance meetings as well. Now they are preparing for priority setting reports that they will be together for next year to help inform the block grant. And finally, CPN recently drafted our public policy priority documents for the upcoming legislative session.

Agenda Item 7: Other Workgroup Updates/General Updates/Announcements

Brian Reigner talked about the newly established Homelessness Taskforce. John Hamilton and some folks from the Liberations program, the Housing Collective, Reliance Health, DMHAS, Charlotte Hungerford and a number of others are all part of the taskforce. There have been three meetings so far and we are hoping to have some folks who have been homeless or are homeless come to the meetings. The primary thrust that has come out so far is that there is a need for collaboration amongst the various stakeholders, including the different state agencies, providers at all the various levels and advocacy organizations like KTP and NAMI and AU. To improve this homeless system, we have and to try to raise its awareness to a higher level and to increase its standing on the scale of importance in the Connecticut by those who control purse strings and policy the most, so we are trying to see about getting those raised. There is a desire to see the Department of Transportation extend their no fare bus service. So in general, concerns have been raised around the 211 process

Adjournment: The meeting was adjourned at 4:00 P.M. The next meeting will be held on Wednesday, January 18, 2023 beginning at 2:30 PM.