

State of Connecticut
State Board of Mental Health and Addiction Services
October 18, 2023
Microsoft Teams Meeting

Present online: Craig Allen, Rebecca Allen, Thomas Burr, Sharon Castelli, Angela Duhaime, Jen Hale, Pamela Mautte, Denise Paley, Manuel Paris, Larry Pittinger, Callyn Priebe

DMHAS Staff: Commr. Nancy Navarretta, Deputy Commr. Colleen Harrington, Cheryl Arora, Marilyn Duran, Chris McClure, Arthur Mongillo, Kelly Ramsey-Fuhlbrigge, Susan Niemitz, Katherine Ramos, Kelly Sinko

Agenda Item 1: Welcome and Call to Order

The meeting was called to order at approximately 2:30 PM by Sharon Castelli.

Agenda Item 2: Minutes of previous meeting review and action

The minutes from the September 20th meeting were reviewed and accepted.

Agenda Item 3: Commissioner's Update

Opioid Settlement Committee update – Katie Ramos provided an update on the Opioid Settlement Advisory Committee and what they have been working on. In order to comply with the settlement agreements and to be transparent to the public, last year the Opioid Settlement Advisory Committee was established to evaluate and implement programs and deploy the states portion of settlement funds. As that committee has been established and began its work, there has been a clear call for more information to and from the municipalities to ensure we utilize these resources in the most efficient and productive manner. Consequently, this year new legislation was passed that requires municipalities to report on the use of settlement proceeds to the Opioid Settlement Advisory Committee pursuant to Public Act 2392, Section 2: Any municipality that receives monies directly from the settlement administrator pursuant to a judgment, consent decree or settlement related to opioid litigation shall submit an annual report to the committee detailing its expenditures for the preceding fiscal year. Each municipality shall submit such report to the committee honor before October 1 and annually thereafter until the total amount of such monies received has been expended. DMHAS did allow for an extension to allow those municipalities that hadn't submitted their report to do so, and they will be working on finalizing that report once they do have that finalized, they will have that posted to the website.

A summary of what they did receive so far. They did have 106 municipalities submit their expenditure report. Some of the successes that that were reported that they wanted to highlight is there was a lot of collaboration between many towns and departments, police, fire departments, EMS, local health departments, Human Services and schools. Some reported that funds were used for expansion of existing programs for continued success. Some municipalities identified short- and long-term projects that would have the most impact on their communities. Some provided in the lock zone to 1st responders and some municipalities reported that the funds were used for training and education within their communities, and once that report is finalized, we will be posting to the OSAC website to ensure transparency and it will also help provide resources to those municipalities that maybe are having difficulty with determining how to spend their funds or if they can have some collaboration with their colleagues.

The Connecticut Opioid Response Report (CORE) was reviewed and revised by Dr. Fiellin and his team at Yale. The draft summary of report is posted on the OSAC website, so this report is a preliminary set of recommendations to provide timely guidance to the OSAC. the strategies and tactics highlighted in the report, aligned with guidance from the opioid litigation settlement, which is Exhibit E that is a list of allowable remediation uses. The priorities aim to provide both general and specific guidance on potential funding initiatives. This early draft will allow for public and expert comment, and it is anticipated that a more detailed version will be available in February. There's also a 60-day public comment period that is now open and that will close on November 12th. They encourage you all to review the draft report and provide comment as you see fit.

To ensure that they have robust public involvement, the OSAC has opened a link to received input from diverse stakeholders regarding recommendations for funding of initiatives to combat the opioid crisis that are evidence based or promising practice. Governmental and nonprofit nongovernmental entities shall be eligible to receive monies from the

fund for programs, services, supports and resources, prevention, treatment, recovery and harm reduction. Any member of the public, subject matter experts, individuals with lived experience, preventionist, academics, service providers, municipalities, policymakers, and researchers may submit an idea on how these funds could be used to help those most impacted by the opioid crisis.

The OSAC will follow the approved guidelines for processing these recommendations and keeping in mind submitting a recommendation does not guarantee funding. However, the committee will review and make determinations on all recommendations that are received. They do ask that individuals not submit multiple recommendations. Ads will be having to follow the process. They will have a referral subcommittee review those recommendations and any additional background pertaining to the OSAC. The link for the webpage is <https://portal.ct.gov/COSAC>. This link opened yesterday it will be open for a 30 day period and that will close on November 17th.

The next OSAC full meeting is November 14th and that is from 10-12pm and that is a virtual meeting. That meeting invite is posted on the website. They have five subcommittees right now and they continue to meet monthly and any questions pertaining to OSAC you can contact Katherine.Ramos@ct.gov

Other - Commr. Navarretta provided some updates. A lot of the DMHAS focus internally has been on workforce development. Some of the same challenges is the state is facing is bringing people on board. There's a lot of competition, a lot of creative ideas floating around out there. DMHAS is finally at a point where they're bringing in more people than they are losing, so that's a good thing. DMHAS retirements have slowed down, so they are rebuilding their workforce. DMHAS is looking internally to develop training series that meets the need of needs of the CEO's. DMHAS held their first ADC meeting in person in probably over 3 1/2 years. It was a very good meeting. Katie Ramos presented there about the Opioid Settlement Advisory Committee. Commr. Navarretta now chairs the ADPC, The OSAC, and she has a recent invitation from Commr. Barton Reeves to co-chair The Fathers Initiative. She attended the KTP Awards ceremony. That was a very well attended and the Disability Resource Fair on Friday with Commissioners Schef and Porter. Next Friday is the DMHAS MOUD and Skilled Nursing Facility Conference so she would encourage people to sign up and register for that.

Agenda Item 4: Capitol Region Mental Health Center – Susan Niemitz, CEO

Capital Region is the state operated local mental health authority serving Hartford, West Hartford, Farmington, Avon, Canton and Simsbury. They serve approximately 2000 people a year. They have about 240 staff across 3 shifts. They also partner with 21 affiliated not for profit agencies that are integral part of the Hartford system of Care and the contract in part for about 200 residential beds at various levels of care. Most of their clients live in Hartford itself and they struggle with issues of poverty, including safe and affordable housing and access to food. Most people we serve have both a mental health illness and substance use disorder, and many also have chronic medical conditions. So in integrated care approaches really vital to helping people make progress in their recovery. They offer a full range of services, including a locked 16 bed psychiatric inpatient unit in a large outpatient clinic. Additionally, they have specialty teams like an Assertive Community treatment Team, Young Adult Services, a Forensics team that's housed in both the civil and criminal court systems in Hartford for jail diversion purposes, the Behavioral health Home Community Support Program, peer supports and a deaf and hard of hearing team were all the staff are themselves deaf and hard of hearing and you utilize American Sign Language. The mobile crisis division provides services 24/7 over 3 shifts. For many years they have had a very strong working partnership with the Hartford Police Department and always carry a police radio so that they can have direct contact with them. All their mobile clinicians are CIT trained. Since the Black Lives Matter movement, mobile and the Hartford Police Department have joined together to reduce police presence when responding to behavioral health crises in the community. That's resulted in a significant increase in mobile crisis responses, especially over the last two years. Prior to the pandemic, they provided about 30 community evaluations a month, but recently they have been conducting well over 80 evaluations a month. They have a DPH license and primary care clinic on site that serves approximately 60 clients at any given time. These are people who would not otherwise receive these necessary services because some of our clients struggle with being organized enough to keep appointments or struggle with waiting room expectations. Their primary care clinic not only provides all the primary care services, it also prepares clients so that they can eventually transition to community provider care provider of their choice. Additionally, both the primary care clinic and the Behavioral health home coordinate with specialty medical providers like cardiology and have even on occasion assisted clients with end of life supports. This service has saved lives. They have worked with clients who hadn't seen a primary care provider in decades. They identified life threatening medical conditions and then were able to successfully treat them.

They are hiring and as they hire new employees, they really have looked at what training they need to provide inhouse, both to assist with the delivery of quality care and to help with staff retention. Most recently, they designed and implemented a full day mandatory training for about 150 direct care staff on how to provide integrated care services. Concurrently, they developed a parallel training just for supervisors to help the supervisors reinforce how this new knowledge can be applied on a day to day basis. Their peer supports are an invaluable asset in terms of what we can offer to clients. Just one example is their bus training program that consists of four different levels. First is basic on how to access public transportation and how to read a bus schedule; Second is routes to most common service providers like dental and primary care clinics; Third is routes to access social supports like food pantries and secondhand clothing stores and other nonprofits that help, and the fourth is recreational routes to things like the library, museums and parks. Currently, we offer approximately 15 outpatient groups, ranging from relapse prevention to specific trauma groups. Many of the groups are co-led by a clinician and a peer with lived experience, which has been essential in engaging clients in the process. Like most of their sister facilities, they have crisis interventions, stress management teams that provide psychological first aid to the community after tragic events. Tomorrow at the city's request they will be sending out two teams to work with people who witnessed the fatal shooting by the Hartford Police Department earlier this week.

Agenda Item 5: RBHAO Report – Pamela Mautte

The RBHAO's are waiting for their final priority reports to be returned to them and once they have those, they plan on doing a presentation at the State Board of those. The RBHAO's did get state dollars in the line item which they use to be doing a deep dive utilizing their priority reports and they just began working on that process now. So more to come on that.

Region 1 – The HUB: Continue to hold recurring QPR/ Narcan trainings. Will be hosting a hosting a Naloxone TOT for our region later this month. Currently there is a waitlist, but if interested sign up. CAC meetings are now monthly. Two staff members are now YMHFA trainers, and we will be offering training for free in our region. Anyone can go to thehubct.org to our training page to request a training and to our events page for our upcoming meetings/events.

Region 2 – APW: Continue to hold QPR / Narcan trainings in our region. Held 3 YMHFA trainings for educators and school administrators held Recovery Luncheon with more than 80 people attending and had 4 people share their recovery journeys with musical intervention program providing an amazing performance as part of the program. Executing 34 Local Prevention Council contracts and issued SOR mini grant applications. Held suicide post-vention training with another one scheduled for the end of the month. Tabled at the Hamden AFSP Out of the Dark Suicide Walk and at Quinnipiac University Fresh Check Day. Tabled at numerous events throughout Region 2 this past month. Hosting roundtable breakfast with Valley leadership regarding opioid settlement dollars. Continue to host all regular meetings.

Region 3 – SERAC: Recovery breakfast held in September in Windham, approximately 55 people in attendance, highlighted the Town of Windham as a Recovery Friendly Workplace. Approximately 25 LPC applications have been received. CAC meetings are being scheduled and working toward re-engaging membership. Ten SOR Grantee for the 2023 YR. Open for new SOR. QPR/Narcan Training = Mansfield and Windham. October 16th 9-10 (virtually) – Perinatal Mental Health: An overview of perinatal mood and anxiety disorders. October 24th 9-1 (virtually) - Understanding Mental Illness: What people affected by mental illness wants you to know. Regional Gambling Awareness Team (RGAT) Meeting with Lisbon Senior Center, 10/10, to drop off resources, conduct survey, and discuss possible training opportunities for seniors. CAP training for Ledyard Senior Center, Child and Family Agency, Salem Senior Center.

Region 4 – Amplify: Great turnout for "Amplify Recovery Month Lunch" on Sept 12th, 2023, in Hartford (registration full) w/ community members featuring 5 panelists/people who shared the story and perspectives on their recovery journey. Coordinated multiple events and opportunities in recognition of Suicide Prevention Awareness Month including sponsoring the "Believe 208" Run for law enforcement w/ the Buchanan family, CABLE and the East Hartford Police Department and hosted a Question, Persuade, Refer (QRP) training of trainers that included partners from the faith community, schools, state agencies, and NAMI. Amplify has awarded SOR mini-grants and we are excited to support the successful implementation of SOR deliverables at the local level. Amplify supported multiple tabling and outreach events including Veterans events, Senior centers, and transportation-related functions. All Region 4 Catchment Area Councils had their 1st meeting of the year (Sept – May) and almost every meeting is in-person or offered hybrid to ensure easy access to attend the meetings. Multiple Naloxone (Narcan) trainings partnered with the RHAM High School Girls Varsity Soccer team in an anti-stigma event. The team wore Amplify shirts w/988 Crissi Line messaging. The Executive Director met with the team to talk about suicide prevention and overdose awareness. See pics on social media (FB & IG)! <https://www.facebook.com/AmplifyCT> https://www.instagram.com/amplify_ct/

Region 5 – Western CT Coalition: In the process of executing 24 LPC contracts and offering new SOR mini-grant applications. Held 3 QPR trainings, including the monthly QPR at Waterbury Police Training Center. Conducted 4 Narcan trainings and followed up with our schools that needed to replace expired kits. Attended 16 LPC meetings, 2 Catchment Area Council meetings. Provided facilitation for Brookfield Community Cares Coalition at a Community forum presenting results from the most recent youth survey published a Vaping Newsletter that was shared with more than 3000 contacts and had an open rate of 46%. Held a quarterly Problem Gambling Awareness Team meeting. Coordinated a Recovery Event with close to 80 people. Wellness at Work statewide Forum coordinated for over 100 people. Coordinated the following monthly meetings: -Waterbury Opioid Task Force; -Regional Opioid and Other Drug Policy Workgroup; -DFS-Drug Free Schools Committee

Met with Danbury Area Multi Discipline Investigation Team. We held our first bi-monthly LPC leadership meeting with of the fiscal year with 25 in attendance. We updated our Behavioral Health Training “Menu” and shared it with Local Officials and LPCs, among others. We had a Recovery billboard in September and DEA Take Back message for our semi-permanent location on Route 8 in Waterbury and currently have Change the Script messaging on over 100,000 prescription bags with four different pharmacies across the region. The Executive Director and Behavioral Health Directors are serving on municipal commissions to guide the appropriate evidence-based use of the Opioid Settlement dollars.

Agenda Item 6: Other Workgroup Updates/General Updates/Announcements

Housing Workgroup: They were meeting on a monthly basis and the biggest thing last month they were waiting on cold weather protocols money to come out and that has come out. So a lot of discussions are going on right now.

Sharon Castelli, from Chrysalis Center, talked a little regarding workforce for her organization. In Hartford through the pandemic, they were really struggling getting people we had extremely high caseloads, extremely high turnover. That has settled down quite a bit. They have only a couple of vacant positions and that's only because they did some internal promotions. They were sort of counting on a 2 1/2% additional cola for employees and it looks like the wording came out as a onetime cola. So She is not sure that's going help in future recruitment, but right now and right here we're doing significantly better than having a 30% vacancy rate several years ago.

Rebecca Allen, from CCAR, stated that they haven't had too many struggles with staffing. They always prioritized pay and benefits. There has been some shifts, they have lost staff to other agencies, but they have concentrated on, especially with recovery coaching, working with their volunteers and training them and giving them opportunities to learn new skills and things like that. So they have been able to grow their own recovery coaches, so to speak, but there's definitely some positions, supervisory positions and things like that, have stayed vacant for more time than they are comfortable with.

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

- *DMHAS Facilities LMHAs Services*
- *RBHAO's Priority Report*
- *DMHAS Statewide Statistics: on who is being served and what the demographics are and what kind of services people are seeking – Liz Feder*

Adjournment: The meeting was adjourned at 4:00 P.M. The next meeting will be held on Wednesday, November 15, 2023 beginning at 2:30 PM.