State of Connecticut
State Board of Mental Health and Addiction Services
September 18, 2024
Microsoft Teams Meeting

Present online: Chmn. John Hamilton, Rebecca Allen, Thomas Burr, Angela Duhaime, Kathy Flaherty, Allison Fulton, Mark Irons, Pamela Maute, Giovanna Mozzo, Allyson Nadeau

DMHAS Staff: Deputy Commr. Harrington, Cheryl Arora, Jose Crego, Marilyn Duran, Chris McClure, Lady Mendoza, Sarju Shah

Excused: Manuel Paris, Sharon Castelli

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 minutes from the June 26th meeting were reviewed and accepted.

Agenda Item 3: Commissioner's Update
OSAC – Chris McClure provided the updates. The Settlement Advisory Committee was set up via legislation about two and a half years ago. We have 51 members, 44 of whom vote, and we are by far the largest in the country. We anticipate we're going to receive somewhere in the ballpark of $600 million over the next 16 years. To date, we received about $154,201,019, with funding recommendations having passed for $16,397,084, leaving a balance in the in fund of $137,803,935. Last week, the committee passed three funding recommendations totaling $4,839,010. The hard part that the committee is facing with this kind of money is that it's not sort of a spend it all right away plan, but the settlement agreements are very prescriptive about when dollar amounts are supposed to come in and yet none of them have come in according to those schedules and or in those amounts. And sometimes we do get a notice from the Attorney General's Office in as little as a few hours that we're going to get $20 million. There are other settling parties in the State of Connecticut. We have municipalities and they receive 15% of the settlement dollar directly from the settlement administrator. And then the tribal governments have settled on their own. Due to the municipalities receiving the money directly last year, the Connecticut General Assembly passed a law that requires them to report to the state what they have received and how they've spent it, and this has been incredibly helpful for all parties, because now we won't necessarily duplicate efforts. We have the portal open right now for municipalities to report in their proceeds and how they've spent them. We've received somewhere about half of the municipalities have reported in and there's an October one deadline.

The settlement committee thus far has approved 10 total recommendations. The first one, which was $500,000 received to the state's syringe program in state appropriations, and we doubled it. In March, we approved $4 million to move forward with a mobile OTP program. The RFP is still posted and live. We do anticipate that it will roll out sometime in the winter. And in May, we passed 4 recommendations. One was a 3-year continuation of the Treatment Pathway Program at the Judicial branch. We expanded opioid treatment facilities at the Department of Corrections. We did a 1-year funding of the state's naloxone saturation plan, which had been previously funded through a different settlement, and then the 3-year expansion of the syringe program.

Then in July, we decided to go after prevention and harm reduction. We did a three-pronged approach. The first is funding for 20 naloxone vending machines to be placed throughout the state. And that is still underway for planning. We're working with the Department of Public Health and Department of Consumer Protection to figure out where to place these in and what is going to go in there. But there is the possibility we could add other harm reduction supplies and those all must be compliant with the state law. There must be alarms and temperature control. The second part of this was an increase in primary prevention through education, opioid diversion, and that's mostly done through literature and then putting some folks out there and loading the Change the Script van

with some more resources. And then the third one is a distribution of deactivation pouches being handled through the Governor's Prevention Partnership. They'd run a program that was federally funded this past year and wanted to make some adjustments to it, but also keep it going. We did a 5-year expansion of that. Then on September 10th of this year we passed three additional funding recommendations. One is a 1-year expansion of the award-winning Live Loud Campaign. The second item is a 2-year program to increase emergency department initiated MOUD. We've been calling it the ED Bridge program. And then the last one is a 2-year program for contingency management.

Agency Update – Deputy Commr. Harrington provided the update. Just considering getting ready for the legislature earlier this week, the Commissioner presented on the Substance Use Prevention and Treatment block grant and the Community Mental Health Services block grant allocation plans to the joint hearing of the Committees of Appropriations, Health, Human Services and Public Health, and both plans were accepted.

Late last month the Commissioner spoke at an event for Overdose Awareness Day and the Attorney General and the Comptroller were also present. Tomorrow there is a screening of a movie called Moving America's Soul on Suicide, for suicide prevention awareness. And if anyone is interested, there are still spots that are available that will be down at the Women's Consortium tomorrow afternoon and the Commissioner will be giving some opening remarks, along with NAMI and a representative from the Suicide Prevention Advisory Board. And finally, late last week the Office of Multicultural Health Equity kicked off the Champions for Diversity and Health Equity cohort program. And this is in person for 15 full days of training between September and June. There are 32 people who have applied and were accepted. The great news is that there's representation from both CVH and WFH, all six state-operated local mental health authorities, five different state departments, including DCF and DPH, and finally, four private nonprofit providers. And this is really a great opportunity for people to be able to grow within their knowledge of themselves and others in terms of DENI and information and the skills that they can bring forth in both their direct service care but also working within their organizations to really keep everybody on a higher level of awareness around cultural sensitivity.

Agenda Item 4: Quarterly Report – Whiting Forensic Hospital – Jose Crego, CEO

We had eight critical incidents last quarter, and it was up from three the previous quarter. Four or five of these were the same patients. And allegations of abuse, neglect or exploitation we had four allegations this last quarter, none of which have been substantiated. We had a verbal that was completely unsubstantiated. One of the neglect allegations was substantiated and two are still pending investigation. Our restraints looking at Whiting, we had a decrease in restraints from 198 FY24 to 182. It's important to note that our numbers remain less than half the national average for restraint and seclusions hospital wide. And all our units now have sheer restraints and bed restrict only when available. The chair restraint proves to be more humane. We've done studies here and our patients prefer them, especially those of who've had a trauma history, and folks tend to spend less time in the chair than they do in the bed. For seclusions we had a decrease in WFH 34 to 28 and an increase in Dutcher. We went from one seclusion throughout the year to three seclusions throughout the year.

Over the last quarter, we've been able to add to our administrative staff. The new Chief Medical Officer, which is Doctor Nadia Gilbo, which joins us from Yale as a consulting forensic psychiatrist and prior to that, she held the role of assistant medical director in Bridgeport. Kimberly Richard joins us as our Chief Nursing Officer, and she comes with over 35 years of experience in nurse leadership from outside the state agency.

From our Regulatory and Accrediting body news we've been recently granted our new license renewal from DPH. Our Joint Commission consulting firm will be on site next month, which is the Barons Group for continued improvement and sustaining our Joint Commission accreditation. And we've also implemented on our own several monthly internal audits to achieve the same goal of continued improvement. For instance, we do tracers each month on each unit.

Some of the different issues within Joint Commission to ensure that we remain compliant. Some recent investments in patient treatment areas due to a $50,000 infusion from the Office of the Commissioner. We've been

able to put those dollars directly into our treatment areas and into our treatment malls in both buildings, basically giving some facelift to that area with fresh paint on ceilings and floors. We've also been able to add a salon so that our patients in WFH can get culturally appropriate hair treatment. Also added an occupational therapy suite, sensory immersion suite within the WFH building, The Life Skills Area and our therapy room vocational training suite. And we're also adding a small greenhouse over to the Dutcher area. These additional activities allow our patients to explore and learn in many areas which lead to a more meaningful stay while in the hospital as well as successful discharges.

To highlight the work that our PSRB hospitals forensic team is doing. There is some significant growth due to the clinical work that's being done on the units as well as the relationship that we're building with the Psychiatric Safety Review Board, as an example in 2023 we have a total of 18 applications. This year through June we've already had 16. We have more patients on temporary leave today than before.

And lastly, we had a Juneteenth celebration. We have units compete with different poster boards that include art and had them on full display in both hospital lobbies. We also have a celebration that takes place in each building. In the Whiting courtyard for our Whiting patients and outside of the Dutcher building for patients, and the celebration includes everything from dance, prayer, and commemoration of what The Juneteenth holiday is. It's a neat opportunity for the patients to work together with staff. We do that quite a bit and whenever we're able to do a staff patient event together, whether it's art or whether it's we have an ongoing basketball tournament that's joined and comprised by staff and patients alike. It really builds a sense of community without the hospital, which is exciting.

Agenda Item 5: RBHAO Report – Pamela Mautte

We have been very busy with all our RBHAO work and all our different contracts doing needs assessment and starting our implementation plans and getting our reports pulled together. It is national Suicide Prevention Month as well as National Recovery Month. We have been all busy in our various areas, doing a lot of promotion of the two months with trainings and resources available and our counterpart Amplify has much of all of those on their website on their calendar of all the good work that we've been involved in. We have been working hard across all our regions, building capacity around all the various issues, continuing with our naloxone trainings and naloxone distributions as well. We've trained just in the past month between the five of us, well over 400 plus people in our regions. Region 2 is hosting for all of us as part of CPN for this month. The screening of the movie in the evening for community members on September 26th at the North Haven Cinemark Cinemas at 7:00 PM

Agenda Item 6: General Updates/Announcements

CCAR: Just to get everybody in the loop. Phil Valentine, our executive director for the last 24 years, is stepping down and we just announced that his replacement is going to CCAR's Director of Training. So, she's taking over for Phil officially on October 6th. And everyone is invited to our Recovery Walk on Saturday, September 28th, which starts at 11. This is a family friendly event, so we have live music, things for the kids to do and it's really a celebration of recovery.

NAMI: The Connecticut annual conference will be held Saturday, October 26th. The theme this year is stronger together, breaking barriers, enabling better mental health for all.

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

- Access to Beds or Lack of for Mental Health and Substance Use – Denise Paley
- Cannabis recommendations – Allison Fulton

Adjournment: The meeting was adjourned at 4:00 P.M. The next meeting will be held on Wednesday, **October 16, 2024**, beginning at 2:30 PM.