



Behavioral Health Partnership Oversight Council

Legislative Office Building Room 3000, Hartford CT 06106
(860) 240-0346 Info Line (860) 240-8329 FAX (860) 240-5306
www.cga.ct.gov/ph/BHPOC

rd Wilson

*

ber 13, 2017 @

*A
V
S
(
P
J
V*

*'hair), Beresford
; Heather Gates, Dr.
ickey Kramer
eill-Davis, Ann
Representative
Tom (DPH), Mark
owski (OHA)*

I

Co-Chair Sharon Langer convened the meeting at 2:01 PM, asked members to sign the attendance sheet, and members introduced themselves. Sharon informed members that the Governor has some open appointments and if anyone is aware of anyone wanting to be on the Council, they should make the recommendations to David Kaplan, Council Administrator. She then brought up her own retirement and announced the nomination for Co-Chairpersonship of the Council. She said the Pat Rehmer has accepted the nomination to be the Council's next Administrative Co-Chair. Nominations will be open until the next meeting on September 13, 2017 when the Council will vote to fill the seat for the new Co-Chair.

Sharon asked for a motion to accept the May and June BHPOC summaries. Terri DiPietro made the motion and it was seconded by Dr. Steven Girelli. Bill Halsey (DSS) asked that an amendment be made to the May summary on page 4, first paragraph, second sentence to strike "CMS directed DSS to change the regulations" to "DSS needs to change the regulations". All voted to accept both summaries with the change to the May summary with no nays or abstentions.

In recognition of Sharon's upcoming retirement, Representative Mike Demicco was joined by Representative Jonathan Steinberg (House Chairman of the Public Health Committee) in presenting and reading to Sharon a legislative citation, honoring her for her dedication and many years of working for the children and families of Connecticut and for her guidance and

leadership in co-chairing the BHPOC. When Representative Demicco said that he will miss Sharon very much, he spoke for all of the Council Members. Then on behalf of the Executive Committee and Council, Janine Sullivan-Wiley presented and read from an engraved plaque to Sharon honoring and thanking her for her role as advocate for children and families and for co-chairing the BHPOC. Sharon thanked the membership, the state agency liaisons, family and mental health advocates, and provider members for making her job easy and for the honors that were bestowed upon her.

Action Items

None

State Budget

Co-Chair Sharon Langer announced that due to a conflict in the presenter's schedule, the DMHAS presentation on the Psychiatric Services Study Report had to be postponed until the fall and opened up the discussion to providers on how the lack of a state budget affects their agencies. Heather Gates (CHR) said that not having a state budget in place means that providers cannot move forward with increasing access to behavioral health services, for example, the opioid treatment that is life-saving. Trying to project what the state budget will cover is difficult, that is in addition to the cuts in individual service provider budgets as well. Alicia Woodsby (PSC) said that there is a very dramatic reduction for supportive housing and for homeless youths. There is a lot of urgency to getting a budget soon to pursue and maintain critical funding for housing. Pat Rehmer (HHC) said that one cannot expect to get paid and keep the beds open. Hospitals cannot keep absorbing costs and losing money. Janine Sullivan-Wiley (Northwest Regional Mental Health Board) said that clients are already not getting the services in which they are enrolled because there is not enough staff to provide mental health services. Also, a backlog exists because there is not enough staff to see clients on a timely basis. In the northwest part of the state, some transportation services have already been cut and if one cannot get to services, there are no services. Judith Meyers (CHDI) said that how do you plan if there is no money coming from the state for contracts and programs. Eventually layoffs will not be far down the road. She is sure that every non-profit organization is stuck in the same place. Anxiety is building for everyone. Co-Chair Representative Mike Demicco said that everyone has a state representative and senator they could contact and tell them to fund the programs that they want, and, "yes", it does make a difference when the legislators are contacted by their constituents. They listen to their constituents and they respond to their needs and requests. Steve Girelli said that the long-term implications can be dire and hard to reverse even when the state's fiscal situation is better. Co-Chair Beresford Wilson said that not having a state budget will impact each and every one of us and the lives he is concerned with are the ones who are in poverty and there will be lives lost.

Opioid Summit

Co-Chair Sharon Langer asked members if they attended the Opioid Summit earlier in the week in Bridgeport that was sponsored by Senators Blumenthal and Murphy and if they would give their comments and views on the issues raised at the summit. Janine Sullivan-Wiley attended and said that it was well attended and divided into small work groups. The numbers of people

affected by this crisis are staggering both in the national and state populations including the increase in rates of use and of the lethal amount of drugs on the street. Areas of discussion:

- There needs to be a warm hand-off after overdose rescue
- There needs to be an evaluation of substance abuse, mental health and medical status
- Doctors need to change their prescribing practices
- There needs to be medication assisted treatment
- There needs to be a continuum of care model
- There need to be recovery support services
- There needs to be fewer barriers and more record keeping (changing some of the privacy limitations imposed by federal regulations)

The barriers to working more collaboratively include the differences in data bases and electronic medical records, as well as the lack of universal best practices. She said that if money for these programs is not well spent, it will challenge the credibility of these programs. This is seen as a real concern. There needs to be comprehensive mental health and substance abuse co-treatment all the way through the process with a hand-off to recovery supports. Every town should have a “drug drop-off” where excess drugs in peoples’ medicine cabinets can be easily be disposed. Also discussed: What is the medical impact on the body after an overdose?

Pat Rehmer told Council Members that a few years back, DMHAS funded recovery coach positions for hospitals that would identify opioid users when they entered the ED and get them into treatment. This is the way to go. Having these recovery coaches available is working and the hospitals are very happy with the work and results the recovery coaches produce. These positions cannot be underestimated. She also told the Council that she was a little dismayed that she heard rumors that some states and towns were limiting the number of times that narcon and suboxone would be given to patients when they overdose. Co-Chair Sharon Langer added that H.B. 7052 was enacted into law and just signed by the Governor (**Public Act 17-131**): **AN ACT PREVENTING PRESCRIPTION OPIOID DIVERSION AND ABUSE** which became effective on June 30, 2017 could help in combatting the opioid crisis.

Alicia Woodsby asked if the issue of stable housing came up as a topic at the summit. Janine Sullivan-Wiley said that it did come up and meaningful recovery cannot take place if there is no place to go to after treatment and no meaningful relationships and meaningful employment to return to. Bill Halsey (DSS) said through the claims-based warehouse system, the partnership is tracking the amount of morphine being dispensed to individuals. This is known as the **Morphine Milligram Equivalence Score (MMES)**. It calculates pharmacy data on the amount of morphine use of individuals. The MME scores do not include methadone that is dispensed at a methadone based facility. The combination of methadone maintenance and prescribed opiates for pain does not make sense; it can be both expensive and deadly. The MME score will help identify individuals whose treatment needs to be modified in order to prevent overdoses.

Dr. Andrew Feller said that there are not enough BH counselors in the state so suboxone and narcon are needed in the communities. It would be helpful in combatting the opioid crisis in having more recovery coaches in hospitals across the state. Maureen O’Neill-Davis likens the recovery model with a sponsor for addicts coming off a 30-day treatment as very necessary to

reach and maintain sobriety. Jeff Vanderploeg spoke of different kinds of treatment options that are available in the state. Co-Chair Sharon Langer asked Council Members if there is a need for a conference to share information about the Opioid Crisis and available treatment procedures. Kristina Stevens (DCF) informed Council Members about the Alcohol, Drug, and Policy Council's (ADPC) sub-committees relative to prevention, early intervention, screening, treatment and recovery supports. The DMHAS Website hosts the ADPC's sub-site and more information on the Opioid Crisis can be found there. She suggested that someone from the ADPC come to the BHPOC and provide updates on what they are doing.

Meryl Tom (DPH) suggests that in terms of prevention, if there are adequate mental health services for children at the elementary age level where the protective factors against identified potential high risk behaviors for opioids such as coping, self-esteem, and social skills are learned then early intervention can be successfully achieved. Co-Chair Beresford Wilson confirmed that opioid addiction has been around for a long time. It is not just a suburban issue for white people. He has been a witness to it since he was a young child growing up in Hartford. He said that it is impacted by health disparities and institutional implicit biases (racism), and costs societies millions of dollars and lost lives.

Terri DiPietro said in this day and age, many people are not able to socialize and have leisure time without using substances. Day treatment used to consist of individual therapy, occupational therapy, and psycho-therapy and is now group therapy only. The whole person and their needs are not being treated properly and that is one of the reasons why we are not getting the outcomes we want. People are still self-medicating and overdosing.

Judith Meyers asked the question of so what does this mean for us and what do we do about it? She said that we should stay focused and action oriented. Talking about the opioid problem may be informative but it does not take the Council very far. Does the Council need an Action Item? Maureen O'Neill-Davis said we need to change the culture and we can start educating with an advertising campaign that works in conjunction with school based programs for children at the elementary level that includes their families. Valerie Wyzykowski (OHA) said that once again, it looks like the opioid crisis is being met in silos which are never good to conduct a policy.

Dr. Charles Herrick asked specifically what does Medicaid pay for in terms of in-patient detox and rehab. Bill Halsey (DSS) replied that Medicaid does pay for in-patient hospital detox beds and are covered under state free standing residential detox programs. Dr. Herrick asked Bill if there are an adequate number of beds available. Bill said that he would find out. Co-Chair Sharon Langer said that as a follow-up to this discussion about the opioid crisis, the cuts in state funding, and the need for the Council to weigh in, she said that the Council's committees could come up with actionable solutions addressing health equity, better coordination across systems, and increasing prevention efforts at the community level.

She also mentioned **H.B. 6997** which became **Public Act 17-210: AN ACT CONCERNING THE WELL-BEING OF CHILDREN AFFECTED BY PRENATAL DRUG OR ALCOHOL EXPOSURE**. The new law will study the effects of the programs offered by the Department of Children and Families that address the well-being of children in the state. Kristina Stevens (DCF) verified that the department knows about this new law and wanted it.

This bill requires the Department of Children and Families (DCF) commissioner to implement policies and procedures in accordance with federal law to secure the health, safety, and well-being of infants identified at birth as being affected by drug abuse, withdrawal symptoms related to prenatal drug or alcohol exposure, or fetal alcohol spectrum disorder.

Janine Sullivan-Wiley asked about new legislation, Public Act 17-146 (H.B. 7222): **AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES** that affects Licensed Alcohol and Drug Counselors. Bill Halsey said that he would have to review it and get back to her on it. Heather Gates said this new legislation really does not expand the scope and practice for LADCs but it would be a good topic for the Council to work on.

Connecticut Behavioral Health Partnership Agency Reports:

Department of Social Services-Bill Halsey

Bill Halsey reported that he had no comment on the budget.

Department of Children and Families – Dr. Stephney Springer

Dr. Stephney Springer said that the Governor's Executive Orders have allowed the department to continue services on a quarterly allotment.

Department of Mental Health and Addiction Services –Mark Vanacore

Mark Vanacore represented the department in lieu of Alyse Chin who could not be present and he said that he cannot comment about the budget at present time.

Committee Reports:

Coordination of Care: - Janine Sullivan-Wiley, Co-Chair, Kelly Phenix, Co-Chair, Benita Toussaint, Co-Chair

Janine Sullivan Wiley told Council Members that the next meeting will be on Wednesday, September 27, 2017 at 1:00 PM in 1E LOB.

Child/Adolescent Quality, Access & Policy: – Steve Girelli and Jeff Vanderploeg, Co-Chairs

Co-Chair Steve Girelli they heard a report from Beacon on profiles of the Medicaid population using behavioral health services with variables. The report is posted on the BHPOC Website. This would be a good presentation for the whole Council to hear in the fall. The next meeting is July 19, 2017 at 2:00 PM in the Hartford Conference Room on the third (3rd) floor at Beacon Health Options in Rocky Hill, Connecticut. The August meeting is canceled and the next meeting will be on Wednesday, September 20, 2017.

Adult Quality, Access & Policy: -Heather Gates, and Pat Rehmer, Co-Chairs

Heather Gates said at the last meeting a follow-up report was given by Lindsay Betzendahl and Erika Sharillo of Beacon on data of trends and patterns of utilization of Behavioral Health services for adults. The discussion included the factors that contribute to the increase in in-patient admissions and the impediments to discharge. The August meeting is canceled and the next meeting will be Tuesday, September 12, 2017. All meetings are at 3:00 PM at the CT Non-Profit Alliance office, 35 Cold Spring Road, #522, Rocky Hill, CT.

Operations: – Susan Walkama and Terri DiPietro, Co-Chairs

Co-Chair Terri DiPietro said the July committee meeting was canceled and the next committee meeting will be on Friday, August 4, 2017 at 2:30 PM in the Hartford Conference Room (third floor) at Beacon Health Options in Rocky Hill, CT.

BHP Consumer Family Advisory Council (CFAC) Update

Kelly Phenix told Council Members that CFAC is looking for an adult provider to come and join their meetings in the Hartford Conference Room on the third (3rd) floor at Beacon Health Options in Rocky Hill, CT. The meetings take place on the third Wednesday of the month. The next annual i-CAN Conference will be held on September 28, 2017 at the Artist's Collective in Hartford from 8:00 AM to 2:30 PM. If anyone or any organization can sponsor part of the conference, please see the Beacon Health Options Website for more information.

New Business/Meeting Announcement/Adjournment

Co-Chair Sharon Langer thanked the Council again for her plaque and citation. She then asked for new business. Maureen O'Neill-Davis told the Council that **H.B. 6297** now **Special Act 17-6: AN ACT ESTABLISHING A TASK FORCE TO STUDY VOLUNTARY ADMISSIONS TO THE DEPARTMENT OF CHILDREN AND FAMILIES** was signed into law by the Governor on June 20, 2017. This Special Act prohibits the Commissioner of Children and Families from requesting or requiring that the parent or guardian of a child or youth admitted to the department on a voluntary basis terminate such parent or guardian's parental rights or transfer legal custody of the child or youth to the department. The first task force meeting will be in late August or early September.

Ann Phelan (Beacon) said that Lori Szczygiel will be returning to her position as CEO and President of Beacon Health Options and will be present at the next Council meeting. Hearing nothing else, Sharon announced the August meeting is CANCELED and the next meeting will be on September 13, 2017 at 2:00 PM in 1E LOB. Sharon then adjourned the meeting at 3:59 PM.

***NOTE: August Meeting is CANCELED: Next Meeting: Wednesday, September 13, 2017 @ 2:00 PM 1E LOB**