

NORTH CENTRAL REGIONAL MENTAL HEALTH BOARD

2015/2016 Annual Report



NORTH CENTRAL REGIONAL
MENTAL HEALTH BOARD, INC.

.....partnering with people with behavioral health needs, families and our communities
to influence best practices, policies and access to resources.



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OUR STAFF: Marcia DuFore, Executive Director; Phoebe Hamilton, Regional Consumer Advisory Council Program Coordinator; Danielle Herbert, Way to Go CT Program Director; Quyen Truong, Review and Evaluation Program Manager; Sounthaly Thammavong, Outreach Coordinator

For information: contact Executive Director Marcia DuFore at 860-667-6388 or mdufore@ncrmhb.org



Over Forty Years of Improving Local Mental Health Services

Advocating...with those who need us
Educating...to promote community health
Evaluating...to help the system become better

...Forging partnerships with people with mental health needs, families and our communities to influence best practices, policies and access to resources

As we close out FY 2015-16, we are grateful for being able to work with you to improve mental health and addiction services, and to promote the growth of healthy, inclusive communities.

We are excited to be taking on a **new challenge** funded by the State of CT to conduct outreach and engagement for the **Consumer Advisory Board (CAB)** of CT's State Innovation Model (SIM). The CAB was created to make sure that our communities are heard in all CT SIM healthcare reform activities. The vision of the CAB is to ensure that planned innovations lead to positive health outcomes for communities across CT. The CAB focus areas are: Behavioral Health, Health Equity, Population Health, and Workforce. We are excited to be involved in this work because it is **closely aligned with our efforts to promote healthy, inclusive communities.**

We wish to thank you for your generosity, help, and support. As we take a look back and reflect over the past year, we are amazed at all we have been able to accomplish together:

- Awarded funding to 18 individuals recovering from mental health and/or addiction issues to conduct **mini-grant projects** (see page 4)
- Gave out over **1,300 transportation resource guides** and conducted **46** transportation outreach events (see page 7). So far www.WayToGoCT.org has over **80,000** website views and **580** likes on Facebook.
- Certified 46 members of our community as **Mental Health First Aid responders**, **25 of whom were police officers** trained in a MHFA module specifically designed for law enforcement personnel (see page 4).
- Helped launch a **Health Ministry Fellowship** for churches in the Middletown, New Britain, and Hartford to cultivate a cohort of Black Pastors for developing resources and strategies that address behavioral health needs of their parishioners (see page 5).
- Hosted an annual **Legislative Breakfast** and testified at numerous public hearings regarding state policy and budget issues of highest importance to our members (see page 6).
- Informed our communities about resources, educational events, advocacy opportunities, legislation and support through **News of the Week** and social media campaigns (see page 5).
- Partnered with community leaders, advocates, and legislators, in Region IV town hall forums in order to educate and engage our citizens in the **fight against Opioid addiction and drug related deaths** (see page 5).
- Conducted a comprehensive **review of outpatient services** in North Central CT and provided recommendations for improvement to providers and state policy makers (see page 8).

NCRMHB's vision is for people to have the **awareness, access, and connection to services and supports** to lead quality lives in our communities. We hope for your continued support. NCRMHB appreciates any level of contribution or donations to help us to address the mental health and addiction needs of our communities.



Our Major Initiatives to Improve Services

EDUCATING

Mental Health First Aid (MHFA):

MHFA is an internationally recognized 8-hour certification course to help community members better understand mental illness and respond to someone who is developing a mental health problem or experiencing a mental health crisis. Similar to CPR training, MHFA training helps an individual who doesn't have clinical training assist someone experiencing a mental health crisis. During FY 2016 NCRMHB staff and volunteers trained and certified **46 members** of our Region IV communities as MHFA responders, **25 of those were police officers** who were trained in a MHFA module specifically designed for law enforcement personnel.



The Regional Consumer Advisory Council (RCAC):

The Regional Consumer Advisory Council (RCAC) is our peer-run planning and advisory council that provides **educational opportunities for adults with mental health and addiction disorders. Each year RCAC offers a series of mini-grants for projects that**

promote recovery. All projects have a 6-month term and are self-designed by individuals with mental health and/or addiction disorders. Applicants can apply for up to \$2,000 from a total of nearly \$20,000 in reserved funds. To date, \$340,000 in funding has been awarded to more than 275 adults.

Eighteen projects were funded in FY 2015-16. At our annual celebration event we heard heartwarming stories from grant recipients about the joy and fulfillment they experienced carrying out projects and investing in the recovery of others— investments in emotional and physical health, opportunities for academic, creative and social enrichment, and resources of self-discovery, advocacy, and basic human needs. **Over 500 people were touched by these projects this year.**



"It meant a lot to our recovery and also to our hearts."

"My project was mostly about prompting joy in others."

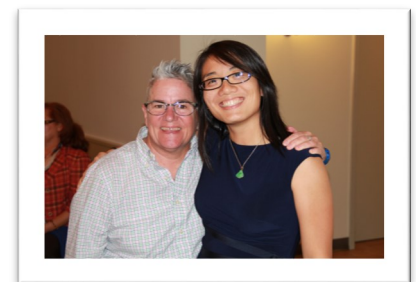
Health Ministry Fellowship:

Thanks to a grant award from the CT Health Foundation, NCRMHB helped launch a Health Ministry Fellowship for churches in the Middletown, New Britain, and Hartford. The project grew out of our 2015 Community Conversations with the Black faith community and a recognition of influential role that pastors and health ministerial leaders have with parishioners. The project seeks to address health disparities and increase access to care for parishioners by cultivating a cohort of 15-18 Black Pastor Advocates and Health Ministerial Leaders. A series of monthly trainings was developed for ministerial fellows to learn about the Affordable Care Act (ACA), to understand how to offer support for mental health and addiction issues, and to prepare to engage in legislative advocacy. The Fellowship will continue through October 2016. One of the early outcomes of the project has been the formation of ministerial alliances within the three targeted communities to share resources and strategies that address behavioral health needs of parishioners.



Opioid Forums:

The abuse of and addiction to opioids such as heroin, and prescription pain relievers has become a problem of epidemic proportions for CT citizens; in 2015, there were 723 drug related deaths in CT, with 415 as a result of heroin or other opioids. NCRMHB has joined hands with many committed partners, holding town hall forums throughout Region IV in order to educate and engage our citizens in the fight against this disease. We are thankful to individuals in recovery from addiction, family members, service providers, emergency responders, and public officials who are standing up, working together, sharing stories, insights, and strategies. Please watch for updates and events on our website www.ncrmhb.org, Facebook page www.facebook.com/ncrmhb, or [News of the Week](#).



News of the Week:

Through our “News of the Week,” Twitter, and Facebook communications, NCRMHB keeps communities informed about resources, educational events and forums, advocacy and self-advocacy opportunities, legislation, support groups, etc. that affect people with mental health and addiction concerns in our communities. We reach over 500 people weekly via our newsletter and up to 3,000 views on Facebook and Twitter. Please e-mail us at mdufore@ncrmhb.org to be added to our distribution list. To keep up-to-date on the latest behavioral health news and participate in online discussions, please “like” our Facebook page: www.facebook.com/ncrmhb.





Our Major Initiatives to Improve Services

ADVOCATING

Legislative Advocacy:

The 2016 Legislative session was a drawn-out and challenging session for all involved. Much of our energy, time, and attention were taken up by state budget issues—a deficit nearing one billion dollars. The resulting cuts in spending across all sectors were devastating, but less severe and deep as they could have been, or were originally proposed. **Thanks to your advocacy, the proposed 10% reduction to mental health and addiction services was reduced to about 8%.**



Thank you to all of our members and partners who gave testimony, called or emailed their legislators, wrote articles and shared your voice. **Please keep telling your stories as we need to monitor the impact of these cuts on services and the health of our communities.**

Just a few other session outcomes of importance:

- **Funding was preserved** at reduced levels for Regional Mental Health Boards, Regional Action Councils, housing vouchers and supports, and the CT Legal Rights Project.
- **A few bills that were of concern to us DID NOT become law:** 1) Two **housing** bills that would have violated the privacy of individuals living in group home settings and/or restricted access to elderly and disabled housing for younger tenants with disabilities. 2) A bill that threatened **confidentiality protections** for people who receive services from the public health care system by allowing access to their medical records after death. 3) A bill that would have given conservators greater authority to consent to **forced medication** over the objection of persons under their care.
- Funding was restored to maintain a cost **cap on prescribed medications for low income adults** who are eligible for both Medicare and Medicaid.
- **Legislation was enacted help us address CT's Opioid Epidemic.** Important provisions 1) impose a 7-day limit on opioid prescriptions for first time use or minors, 2) enhance the prescription monitoring program, 3) permit certified pharmacists to dispense the life saving overdose reversal drug (Narcan), 4) require municipalities to equip and train all first responders to administer Narcan, 5) expand liability protections for health care professionals who administer Narcan.

Alcohol and Drug Policy:

In October 2015 Governor Malloy reconstituted the CT Alcohol and Drug Policy Council in response to a frightening increase in opioid-related overdose deaths. The Council is charged with making recommendation in the following areas:

- Best practices in the treatment of alcohol and substance use disorders, including Medication Assisted Treatment and other evidence-based treatment
- A coordinated, audience specific, prevention messaging to be used the school districts, parents, medical professionals, municipal leaders, state agencies, and law enforcement
- A collaborative effort with medical professionals to educate prescribers about the dangers of overprescribing narcotics, best practices for screening , and resources available for treatment
- A strategy to make Narcan widely available and affordable to first responders, in pharmacies, and to any individual who may be able to use it to reverse an overdose



The Council is co-chaired by the Commissioners of DMHAS and DCF. NCRMHB is an appointed member (designee for Senator Kissel) of the Council and the Treatment and Recovery Support Subcommittee. The Council has made recommendations and is assisting with the development of a CT Strategic Plan. For a link to updates re: meeting and strategic plan developments go to: <http://www.ct.gov/dmhas/cwp/view.asp?q=334676>.

Way To Go Connecticut:



wayto go CONNECTICUT

NCRMHB Way to Go CT staff continue to **promote coordination and marketing of transportation** options for people with

disabilities, older adults, and Veterans in North Central Connecticut. Our Mobility Manager works closely with individuals and communities to address gaps and barriers in transportation options. We are a “**One Stop Shop**” where individuals can find solutions to their transportation challenges.

Resources available via Way to Go CT include a comprehensive web-based and hard copy of the “Transportation Resources for North Central CT” guidebook, a transportation navigation website: www.waytogoct.org, kiosk stations in several community locations for people to utilize the Way To Go CT on-line tools, an on call-center for individual assistance. Outreach to older adults, persons with disabilities and veterans is ongoing.

This year we have given out over resource guides and conducted **46** outreach events. So far www.WayToGoCT.org has over **80,000** website views and **580** likes on Facebook.

Coming soon—an updated website with language translation capability and accessibility features (including screen reader) for people with visual impairments.



Our Major Initiatives to Improve Services

EVALUATING

Outpatient Services Review:

In FY 2015-16 NCRMHB staff and volunteers reviewed **outpatient services** offered by DMHAS funded providers Region IV. The team conducted focus groups, surveys, and key informant interviews with people receiving services as well as staff and leadership in nine outpatient program across the region. We focused on the system of care (including special populations), treatment models available, and how effectively programs are implemented and promote pathways to recovery. We looked at programs with an eye for **co-occurring programming, cultural competency, and trauma-informed work**.

Strengths noted

- Many people felt genuinely cared for and safe in their treatment settings;
- Integration of mental health and addiction treatment was strong in most programs;
- Most people were asked about trauma at intake and felt that trauma was addressed in therapy and groups;
- Same-day access for outpatient services increased across agencies in our region.
- Many programs are moving towards an integrated health model where people can get primary physical health care alongside mental health and addiction issues. This gives people with complex medical issues a way to address the needs of their mind and body all at once; enables people and cultural groups who stigmatize mental health and addiction issues to have access to behavioral health services while seeking primary care; and gives people with mental health and addiction issues access to primary care.

"I was surprised at how honest I was because I was so comfortable"

Recommendations

- Ensure that shifting people from individual treatment into group therapy meets the needs of individuals served.
- Increase availability of interpretation, offer translated materials, and prioritize cultural competency training for all staff.
- Ensure people have avenues for and know how to provide feedback and file grievances.
- Explore new ways to assist with transportation barriers to better access services.

"No more discharges to nothing."

- Ensure services are geared to the developmental and lifestyle needs of young adults.
- Continue workforce development efforts for qualified prescribers.
- Offer more step-down options and more comprehensive follow-up after discharge.

Priority Planning:

Every year the Department of Mental Health and Addiction Services (DMHAS) Planning Division carries out a statewide needs assessment and priority planning process in order to capture needs and trends on the local, regional, and statewide basis. Regional Mental Health Boards (RMHBs) and Regional Substance Abuse Action Councils (RACs) assist in this process by gathering local and regional data and perspectives. Information gleaned from this process is used to inform the DMHAS Mental Health Block Grant and DMHAS biennial budgeting process as well as the planning and priority setting process for each RMHB & RAC.

Feedback for the 2015 report was solicited from key informants from both within and outside of the DMHAS services system (NCRMHB Catchment Area Council [CAC] and Review and Evaluation Committee [R & E] members, staff from town social services, shelters, health departments, local colleges and universities, and parents and individuals in recovery who are new to the system or in the private sector, and providers of mental health and addiction services. For a complete summary of process and data sources, please see the full report at: <http://www.ncrmhb.org/publications>.

Strengths and concerns were noted for the following DMHAS funded core services areas:

- ⇒ **Overarching concerns:** *Lack of access, capacity, and coordination of services, and lack of affordable and supportive housing were identified as concerns across all areas.*
- ⇒ **Outpatient Services:** *Improvement noted in ease of access for outpatient treatment. Inadequate services at a community support level result in crises and higher demand for intensive and more expensive services.*
- ⇒ **Education, Research, and Prevention:** *This core area is ripe in terms of strategies that are available to affect change and the system's ready and willingness to change.*
- ⇒ **Recovery Services :** *DMHAS and DMHAS-funded providers have demonstrated a strong and long-standing commitment to developing and maintaining recovery support services, however the sustainability of these services are threatened by recent budget cuts.*
- ⇒ **Residential, Crisis Response, and Respite:** *We lack capacity and have waiting lists for all of these services. People fail and experience dire consequences before getting the care they need.*
- ⇒ **Inpatient treatment:** *Gridlock is a long-standing problem that plagues both DMHAS funded and private inpatient treatment. It is costly to the system and to people, resulting in poor access and lower quality of care.*

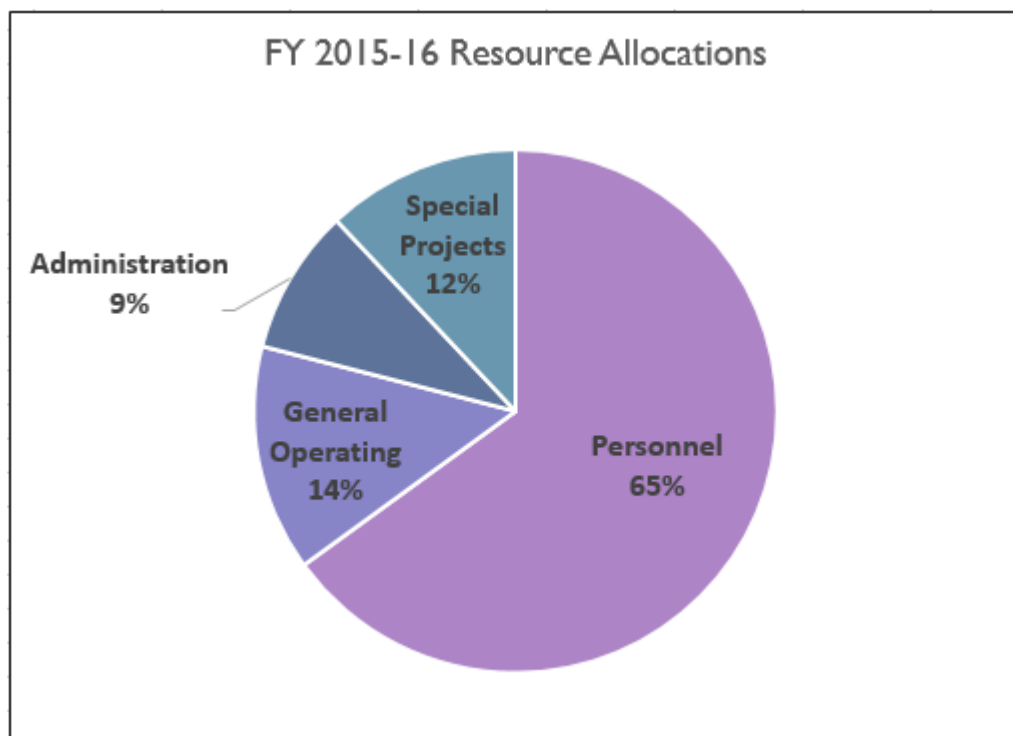
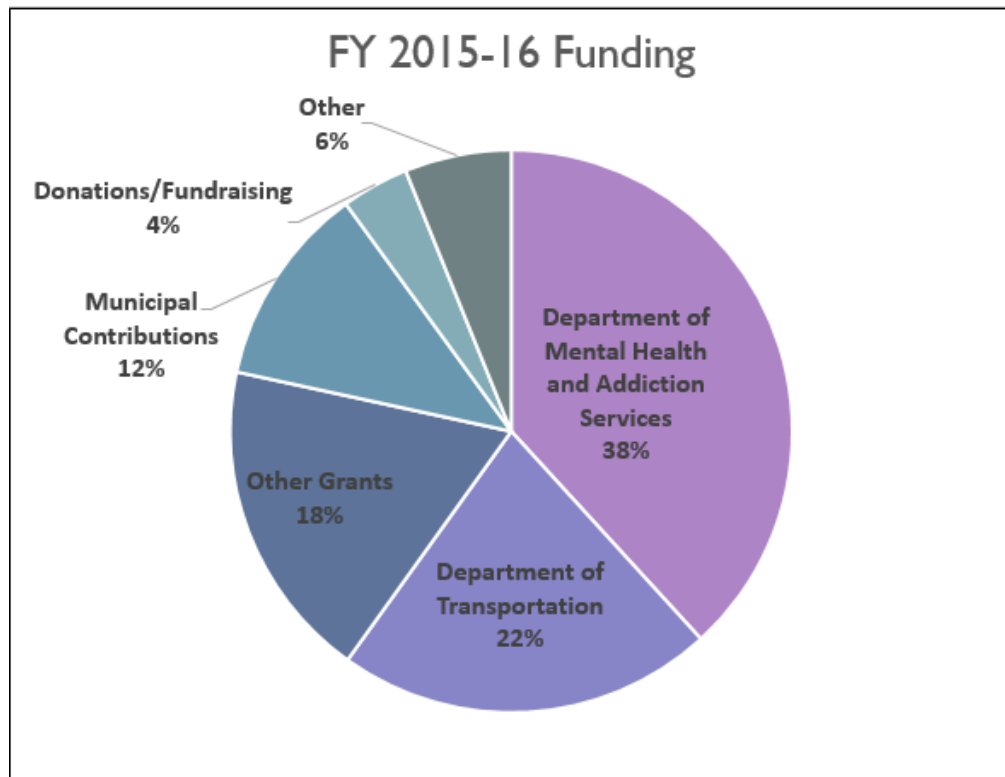
Recommendations:

- ⇒ Advocate for funding and policy changes that help advance **CT's Opioid Response Initiative** (<http://www.plan4children.org/wp-content/uploads/2016/05/COREInitiativeForPublicComment.pdf>).
- ⇒ Increase efforts to ensure health equity in all health-related work. Issues of translation, interpretation, workforce diversity, and cultural sensitivity all play a role in creating healthier communities.
- ⇒ Promote age-appropriate treatment across the lifespan (address gaps and barriers for younger and older adults).
- ⇒ Continue to explore avenues for redesign and alternate funding for supportive housing, residential, crisis response and respite services.



Our Major Initiatives to Improve Services

FINANCIAL INFORMATION



The North Central Regional Mental Health Board gratefully acknowledges the following individuals, organizations, public and governmental agencies for investing in our work and our communities during FY 2015-2016:

INDIVIDUALS

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 Healthy Body Massage Therapy, LLC
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STATE & FEDERAL ORGANIZATIONS

- Asian Pacific American Affairs Commission (APAAC)
- Department of Mental Health and Addiction Services (DMHAS)
- Department of Transportation (DOT)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

MUNICIPAL GOVERNMENTS

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ORGANIZATIONS & FOUNDATIONS

- Advanced Benefit Strategies (ABS)
- Connecticut Health Foundation (CHF)
- East of the River Action for Substance Abuse Elimination (ERASE)
- Eastern CT Area Health Education Center (AHEC)
- Hartford Foundation for Public Giving (HFPG)
- Lulu's Pizzeria
- Newington Greater Federation of Women's Club
- Pleasant Street Network Center
- Sinatra Agency
- Trinity Episcopal Church
- United Way
- Value Options



North Central Regional Mental Health Board, Inc.
367 Russell Road, Newington, CT 06111

tel 860-667-6388

fax 860-667-6390

email info@ncrmhb.org

web www.ncrmhb.org

facebook www.facebook.com/ncrmhb