

NORTH CENTRAL REGIONAL MENTAL HEALTH BOARD

2016-2017 Annual Report



NORTH CENTRAL REGIONAL
MENTAL HEALTH BOARD, INC.

.....to ensure that citizens are involved in determining and monitoring
mental health and addiction services provided by the State of Connecticut



2016-17 BOARD OF DIRECTORS



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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, Outreach and Evaluation 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 2016-17, we find ourselves especially grateful for being able to work for over 40 years and the very grassroots level and in partnership with many of you to improve mental health services and promote the growth of 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. Through your generous support, you have helped:

- Ensure the voice of community members are heard in Connecticut's efforts to reform healthcare access and outcomes. (see page 6)
- Award funding to 15 individuals recovering from mental health and/or addiction issues to conduct **mini-grant projects**. (see page 4)
- Offer transportation navigation options to empower and foster independence for thousands of senior citizens and individuals with disabilities. (see page 7)
- Certify **36 members** of our community as **Mental Health First Aid responders, 21 of whom were Resident Service Coordinators at a local university**. (see page 4)
- Launch a Health Ministry Fellowship of Black Church Leaders in New Britain, Hartford, and Middletown to address healthcare access and behavioral health needs in Black communities. (see page 5)
- Educate legislators and public officials about policy and budget issues of highest importance to our members. (see page 6)
- Hold forums with community leaders, advocates, and legislators to educate and engage our citizens in the **fight against opioid addiction and drug-related deaths**. (see page 7)
- Build partnerships with representatives of the faith community, persons in recovery, family members, advocates, behavioral health providers, and law enforcement personnel to design enhancements to our crisis response system for individuals struggling with mental health and/or addiction issues. (see page 8)

NCRMHB's vision is that people to have the **awareness, access, and connection to services and supports** for quality lives in our communities. We hope we can count on your continued support. NCRMHB appreciates any level of contribution as all donations 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 without clinical training to assist someone experiencing a mental health or drug related crisis. During FY 2017 NCRMHB staff and volunteers trained and certified **36 members** of Region IV communities as MHFA responders, **21 of whom were Resident Services Coordinators at Amherst College.**



The Regional Consumer Advisory Council (RCAC):

The Regional Consumer Advisory Council (RCAC) is a peer-run planning and advisory council that provides **educational opportunities for adults with mental health and addiction disorders.** For the past 18

years **RCAC has offered mini-grants for projects that promote recovery from mental health or addiction challenges.** 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 \$15,000 in reserved funds. To date, over \$350,000 has been awarded to more than 290 adults.

Fifteen projects were funded in FY 2016-17. At our annual celebration event RCAC members thanked Phoebe Hamilton, Consumer Initiatives Coordinator for her many years of **dedicated service to mini-grant applicants and recipients.**

Unfortunately, we anticipate this will be the last year of funding for mini-grant projects due to budget reductions faced by DMHAS and the Regional Mental Health Boards.



To Phoebe Hamilton

*"Thank you for 18 Years
of Dedicated Service!"*

From RCAC members

Ministerial Health Fellowship:



Thanks to funding from the CT Health Foundation, NCRMHB has continued to work with the Ministerial Health Fellowship (MHF) led by the Cross Street Training and Academic Center. MHF is an **advocacy coalition** comprised of Black faith leaders and works to address health equity concerns and state healthcare policy. MHF aims to involve Black faith communities in legislative advocacy and improve healthcare access for African Americans across CT. Currently **27 church leaders** and **15 churches** across Middletown, New Britain, and Hartford – with a reach of **3,500 Black parishioners**—are involved in our work.

Greater Hartford Ryan White Planning Council

Hartford's Ryan White Part A Planning Council unites our funders, healthcare providers, and people living with HIV/AIDS under a common goal: to help those with HIV and AIDS improve their health and the quality of their lives.

The Planning Council is mandated by the federal government to identify gaps in HIV care and services as well as allocate Ryan White funds to establish a comprehensive continuum of care for persons with HIV/AIDS. As of **March 2017**, **NCRMHB Staff Sounthaly Thammavong provides staff support and administrative services** to the Planning Council for carrying out its work. For more information about the Planning Council and its activities, please go to: www.RyanWhiteHartford.org

News of the Week:

Through our "News of the Week," Twitter, and Facebook communications, NCRMHB informs communities 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 thousands of people weekly via our newsletter, Facebook and Twitter.





Our Major Initiatives to Improve Services

ADVOCATING

Legislative Advocacy:

The 2017 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 between 3.6 and 5 billion dollars. Thank you to all of our members and partners who continue to offer testimony, call, e-mail and meet with their legislators, write articles and share their voice.



Just a few other session outcomes of importance:

- The role of **Community Health Workers (CHWs)** was defined in statute, a first step for establishing and increasing access to CHWs as a mechanism for improving the quality and cultural competence of healthcare and social services. This is also an avenue for promoting peer support services, a role for people with lived experience with mental illness or addiction to engage and connect others to needed services and supports.
- Bills were passed to create two task forces to study and make recommendations to **address 1) a critical shortage in our psychiatry workforce and 2) concerns about subsidized housing options for older adults and individuals with disabilities.**
- The Legislature **repealed discriminatory sections** of statute that required healthcare professionals to notify the Department of Public Health of a diagnosed mental illness or behavioral health disorder.

CT's State Innovation Model (SIM) for Health Reform



For the past 3 years CT has been working under a federal grant to design and implement healthcare reforms that will improve population health and access to care while reducing healthcare costs. In June 2016, NCRMHB was awarded a contract to work with SIM's Consumer Advisory Board (CAB) and support CT's efforts to ensure consumer voices are heard in all SIM activities. For more information about SIM, or CT's Consumer Engagement Plan, go to:

<http://www.healthreform.ct.gov/ohri/site/default.asp>

Addressing the Opioid Epidemic:

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 developing and implementing a strategic plan for CT's prevention and treatment efforts in response to the Opioid Crisis. 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.



NCRMHB has joined forces with many committed partners working at the state and regional level on strategies to stem the tide of this disease. Strategies include: public forums and PSAs to raise awareness, expanding access to life-saving NARCAN and medication-assisted treatment programs, employing recovery coaches in hospital emergency departments, physician and pharmacist training, legislation to limit initial prescriptions for opioids to 7 days, and strengthening CT's Prescription Drug Monitoring Program.

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:

NCRMHB Way to Go CT staff **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.

Our www.waytogoct.org website is fully ADA compliant, translatable into more than 195 languages and compatible with accepted screen reader programs for the visually impaired. Hardcopy resource guides have been translated into Polish and Spanish and are available in braille. We provide regular updates to the public via Facebook and Twitter.

In August 2017 we said farewell to Dani Herbert, creator of the Way to Go CT. We also welcomed our new Mobility Manager, Marlene Schempp. We hope you will connect with Marlene for outreach or assistance by calling 860-667-6388 or mschempp@waytogoct.org.



Our Major Initiatives to Improve Services

EVALUATING

NCRMHB Reviews:

In FY 2016-17 NCRMHB set out to conduct three reviews: 1) A coordinated review of Connecticut Valley Hospital services by all five Regional Mental Health Boards; 2) A series of Community Conversations about CT's Crisis Response system with individuals in recovery from mental health or addiction, family members, representatives of the faith community, behavioral health providers, and law enforcement, and 3) A review of NCRMHB's Catchment Area Councils and their impact on carrying forward of NCRMHB's mission and vision.

Results:

- The review of CT Valley Hospital was delayed at the request of the Department of Mental Health and Addiction Services due to events that resulted in governmental and criminal investigations that pre-empted our review.
- Community Conversations regarding Crisis Response offered opportunities for participants to learn from each other, identify resources, and develop strategies for enhancing crisis care in their communities. One result was the commitment of participating faith leaders to establish health ministries, respite, and enhanced recovery supports in their local churches.
- NCRMHB's review of its Catchment Area Councils (CACs) affirmed the importance of the constituent engagement and monitoring roles of Regional Mental Health Boards. The review focused on two features of the CACs: 1) How and to what extent are the CACs achieving their purposes aligned with the mission of NCRMHB; and 2) How and to what extent are the CAC meetings addressing the needs of our volunteer members? We found CAC members to be very passionate about the CAC's work and committed to our mission to serve as a voice for their communities. **Members are engaged, connecting with legislators and decision-makers, learning, and benefiting from the CACs.**

They appreciate opportunities to network with people who work in the mental health field or who have direct experience with mental health on a personal or family level.

For a link to all of these reports and findings, go to:

<http://www.cthealthycommunities.org/publications>

"The intensity of involvement and level of conversation was outstanding. Glad I came!"



CAC members discussing legislative advocacy

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. Information gathered 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 Regional Mental Health Board (RMHB).

Feedback for the 2017 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, and parents and individuals in recovery from mental health or addiction challenges, and providers of behavioral health 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, coordination of services, affordable and supportive housing, and transportation were identified as concerns across all areas.*
- ⇒ **Outpatient Services:** *Strengths noted were provider commitment to same or next day access, promotion of overall health and wellness, and trauma-informed care. Shortages, understaffing and high turnover continue to be problematic especially as it relates to prescribers, bilingual staff, and for services to youth and older adults.*
- ⇒ **Recovery Services:** *DMHAS and DMHAS-funded providers have demonstrated a strong and long-standing commitment to developing and maintaining recovery support services; however supports for employment, housing, social rehabilitation have all experienced multiple rounds of service reduction as a result of 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 needed care.*
- ⇒ **Education, Research, and Prevention:** *Increased funding and a coordinated response across state departments and local initiatives in response to the Opioid crisis were noted.*
- ⇒ **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 ineffective care.*

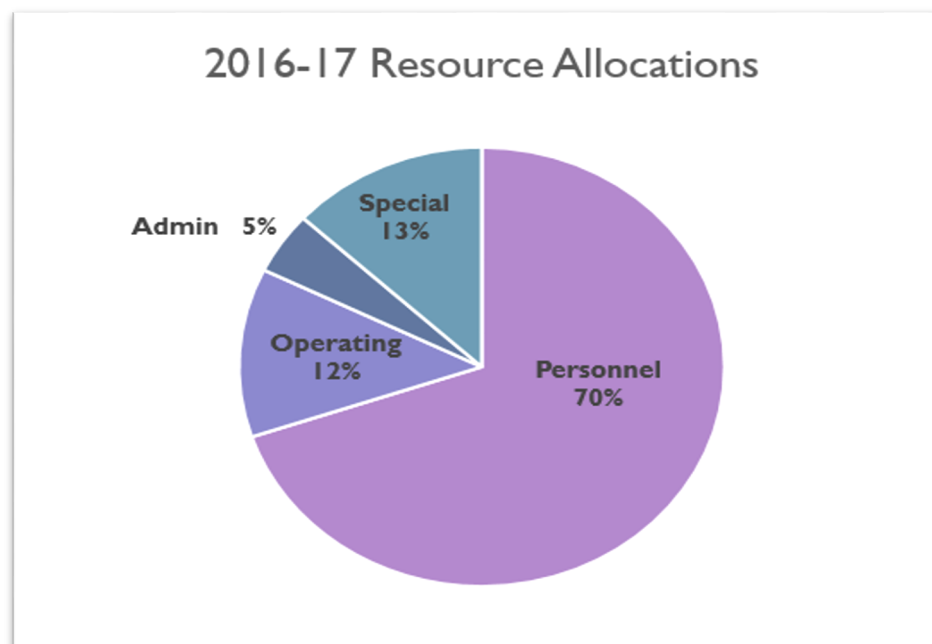
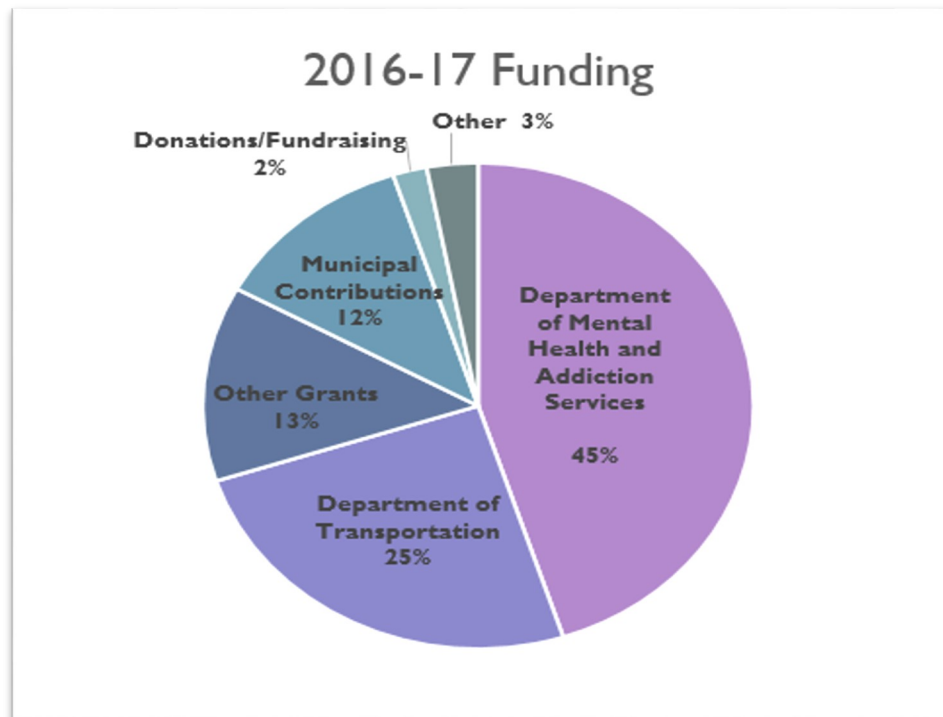
Just a few of our recommendations:

- ⇒ Ensure that a significant portion of attention and funding are focused on outreach, awareness/advocacy and access to care for new, emerging, and growing concerns caused by substance and gambling addictions.
- ⇒ Continued investment in peer training, peer supports, holistic and wellness initiatives.
- ⇒ Reduce gridlock and over reliance on inpatient or emergency room care by protecting (and developing) residential options and support services across the full continuum of care.
- ⇒ Maintain support for Regional Action Councils and Regional Mental Health Boards for important community organizing, education and prevention work.
- ⇒ Expand use of recovery coaches in inpatient settings for engagement and follow-up in the community.



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 2016-2017:



INDIVIDUALS

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THROUGH UNITED WAY

Anonymous Donor
 Hellyn Riggins

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MUNICIPAL GOVERNMENTS

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 Rocky Hill
 Simsbury
 South Windsor
 Southington
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 West Hartford
 Windsor
 Windsor Locks

ORGANIZATIONS & FOUNDATIONS

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 Asian and Pacific Islander Health Forum
 The Benevity Fund
 Center for Social Innovation
 Connecticut Health Foundation
 Cross Street Training and Academic Center (CTSAC)
 East of the River Action for Substance Abuse Elimination (ERASE)
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