

NORTH CENTRAL REGIONAL MENTAL HEALTH BOARD

2017-2018 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.



2017-18 BOARD OF DIRECTORS



Eileen Swan, Chairperson

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Marisa Walls

Children's Advocacy Services for Education

Recovery Resources Manager, Hartford Dispensary

Retired VP of Human Resources

Retired Executive Director, Wheeler Clinic

Director of Policy and Research, Advocacy Unlimited

Consumer Advocate, InterCommunity, Inc.

Advocate

Retired Director of Research & Development, Wheeler Clinic

Service Coordinator, South Park Inn

Private Practice

Advocate

Director of Young Adult and Social Rehabilitation Services, InterCommunity Inc.

Program Officer, Everyday Democracy

Programs and Services Director, CT Council on Problem Gambling

Retired Teacher

Retired Program Coordinator, NCRMHB

Executive Assistant, Community Renewal Team, Inc.

OUR STAFF: Marcia DuFore, Executive Director; Phoebe Hamilton, Regional Consumer Advisory Council Program Coordinator; Marlene Schempp, Way to Go CT Program Director; Quyen Truong, Outreach and Evaluation Manager; Sounthaly Thammavong, Outreach Coordinator, Shane Putney, Office Assistant

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



Over Forty Years of Improving Behavioral 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 behavioral health needs, families and our communities to influence best practices, policies and access to resources

As we close out FY 2017-18, 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 and addiction services and promote the growth of healthy inclusive communities. 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)
- Offer transportation navigation options to empower and foster independence for thousands of senior citizens and individuals with disabilities. (see page 7)
- Support the growth of the Health Ministry Fellowship of Black Church Leaders 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 5)
- 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 7)

Along with significant funding reductions for Regional Mental Health Boards and Regional Action Councils came a requirement from DMHAS that our organizations were going to have to figure out ways to come together if we were to continue to receive any funding from DMHAS.

And in that spirit, the Boards of Directors of NCRMHB and ERASE, Inc. have expressed their intent to merge their organizations and operations in order to carry out the work on an integrated mental health and addiction advisory service under contract with DMHAS.

Our united mission is to strengthen the ability of our region to assess needs, develop plans, and advocate for strategies and resources to advance healthy and inclusive communities.

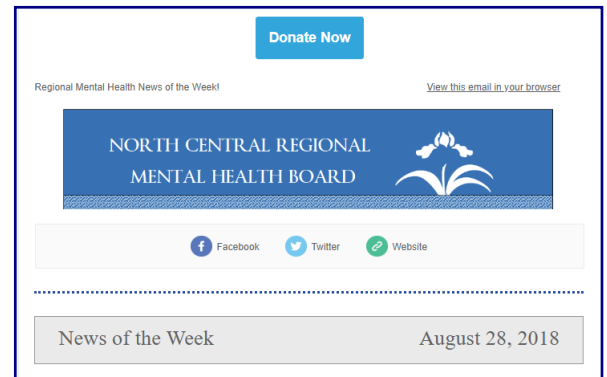


Our Major Initiatives to Improve Services

EDUCATING

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



Community Conversations:

Along with our partners in the CT Wellness and Recovery Coalition (CWRC), we launched a 6-part series of Community Conversations in Middletown, Hartford and Suffield. Other CWRC initiatives included training for Recovery Coaches in hospital emergency departments, developing a proposal for peer-led respite, and training for urban communities’ response to victims of violence. All are designed to improve crisis care for people struggling with mental health and/or addiction issues. Through our work with the CWRC, we are building partnerships with representatives of the faith community, persons in recovery, family members, advocates, behavioral health providers, and law enforcement personnel. We foster communities of care and design enhancements to our crisis response system.



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, training for athletic directors and coaches about risks and alternatives to prescription narcotics for treating sports injuries, expanding access to life-saving NARCAN and medication-assisted treatment programs, employing recovery coaches in hospital emergency departments, physician and pharmacist training, strengthening CT's Prescription Drug Monitoring Program, and developing on-line resources for navigating treatment, inpatient bed availability, and prescriptions for NARCAN.

For a link to more resources go to: <http://www.ct.gov/dmhas/opioidresources>

Greater Hartford Ryan White Part A 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 and 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.



The Council conducted a series of successful Greater Hartford outreach events this year including the Hartford Festival of Jazz and A Celebration of World AIDS Day. Over 500 information packets about Pre-exposure prophylaxis (PrEP) were distributed. PrEP is an antiviral drug used to protect people who have not yet been exposed to HIV/AIDS but are at substantial risk for contracting the disease.

For more information about the Planning Council and its activities, please go to: www.RyanWhiteHartford.org



Our Major Initiatives to Improve Services

ADVOCATING

Legislative Advocacy:

The 2018 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. 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:

- Several new measures intended to reduce opioid abuse and misuse
- Regulation of Whiting Forensic Hospital and the establishment of oversight and mandatory reporting and investigation of suspected patient abuse at DMHAS-operated behavioral health facilities.
- Provisions for certification of sober living homes
- Preservation of funding for the Medicare Savings Program for low-income Medicare recipients.

Unfortunately funding was not preserved in the CT budget for Regional Mental Health Boards and Regional Action Councils. Along with significant funding reductions came a requirement from DMHAS to consolidate our organizations. And in that spirit, the Boards of Directors of NCRMHB and ERASE, Inc. have expressed their intent to merge their organizations and operations in order to carry out the work on an integrated mental health and addiction advisory service under contract with DMHAS.



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



For the past 4 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>

Ministerial Health Fellowship:

Thanks to funding from the CT Health Foundation, NCRMHB has continued to work with the Ministerial Health Fellowship (MHF) an **advocacy coalition** comprised of over 30 Black faith leaders working to address health equity concerns and state healthcare policy that impact persons of color, i.e. promotion of Community Health Workers and protecting funding Medicaid and Medicare. MHF's second legislative



breakfast, held in May 2018, was a great success this year—attended by over 70 passionate advocates including 5 legislators and 7 aides. MHF is also working with local hospitals to build capacity within the church for faith leaders to respond to healthcare crises. MHF has the ability to build capacity within the church, transforming congregates and community members into passionate advocates, a work closely aligned with our own mission.

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**, 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.

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**.

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Our Major Initiatives to Improve Services

EVALUATING

NCRMHB Reviews:

In FY 2017-18 NCRMHB conducted reviews of 28-day inpatient residential rehabilitation programs available in Region IV. We recognize that 28-day programs are only one level of services and must be viewed within the context of range a co-occurring services including detox, community supports, inpatient, outpatient, intensive outpatient, and medication assisted treatment (MAT). Please see the full report at: <http://www.ncrmhb.org/>

Overall Program Themes and Recommendations:

- ⇒ **Preserve Community Accessibility:** We need to preserve programs located in the heart of our communities hardest hit with high overdose rates.
- ⇒ **Develop Patient-Centered Programs:** Patient-centered care must have a wide range of therapeutic, recreational, and recovery supports. It must accommodate people who do not neatly fit into insurance-approved time limits for recovery. It must have flexible options for those who lack housing/family, or who are not ready for discharge within 28 days.
- ⇒ **Fund Wisely:** Given our limited state budget, we must carefully consider the strengths and constraints of both state vs. private non-profit (PNP)-operated programs. Funding is a big concern—both PNPs we visited reported they were operating at a loss. One was forced to reduce bed capacity due to budget cuts. Given our current Opioid crisis, ensuring adequate funding for treatment is a must.
- ⇒ **Cultivate Provider-Consumer Relationships:** Feelings of isolation from friends and family and lack of connection with treatment providers were cited as barriers to recovery from consumers of both inpatient and outpatient treatment programs.
- ⇒ **Support Responsive Care:** Rehabilitation programs must foster community and empower patients to build human connections. Patients cited the use of peer recovery coaches and alumni engagement as effective motivators for their long-term recovery.
- ⇒ **Promote Peer Support:** Peer support services delivered by individuals who have common life experiences with they people they serve is an essential element of successful programs and integral to recovery.

“Finding joy and pleasure in healthy ways is probably the biggest barrier to long-term recovery.”

Overall Conclusion:

Our healthcare system lacks adequate support for people with chronic illness. Recovery is a long-term process that may take months or years to address. In order to promote stability and recovery, we must prioritize programs that help develop human connections and healthy lifestyles. This way, people can find recovery supports within residential programs and beyond. The most effective rehabilitation programs help people trust their healthcare providers, cultivate supportive relationships, and create a thoughtful plan for tackling addiction long-term.

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). 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:** *Climate of economic uncertainty, lack of access, capacity, affordable and supportive housing, and transportation were identified as concerns across all areas.*
- ⇒ **Outpatient Services:** *Strengths noted were options for same or next day access, promotion of overall health and wellness, trauma-informed care, and increased availability of medication assisted treatment for addiction. Shortages, understaffing and high turnover continue to be problematic especially as it relates to prescribers and bilingual staff.*
- ⇒ **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. Despite reports that chronicle the end of chronic homelessness, most respondents expressed frustration about the lack of options for shelter, transitional housing, and permanent housing for people who do not meet the definition of “chronically homeless. In fact, the number of active DMHAS clients in Region IV who are homeless has increased (from 1079 in 2015 to 1147 in 2017).*
- ⇒ **Residential, Crisis Response, and Respite:** *We lack capacity and have waiting lists for all of these services. Strengths noted included Crisis Intervention Training and diversion efforts on the part of local police departments and efforts by the Community Wellness and Recovery Coalition to improve CT’s mobile response services*
- ⇒ **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. Strengths noted include Community Care Teams in all Region IV Hospitals and deployment of Recovery Coaches to 3 Region IV emergency departments.*
- ⇒ **Education, Research, and Prevention:** *Increased funding and a coordinated response across state departments and local initiatives in response to the Opioid crisis were noted.*

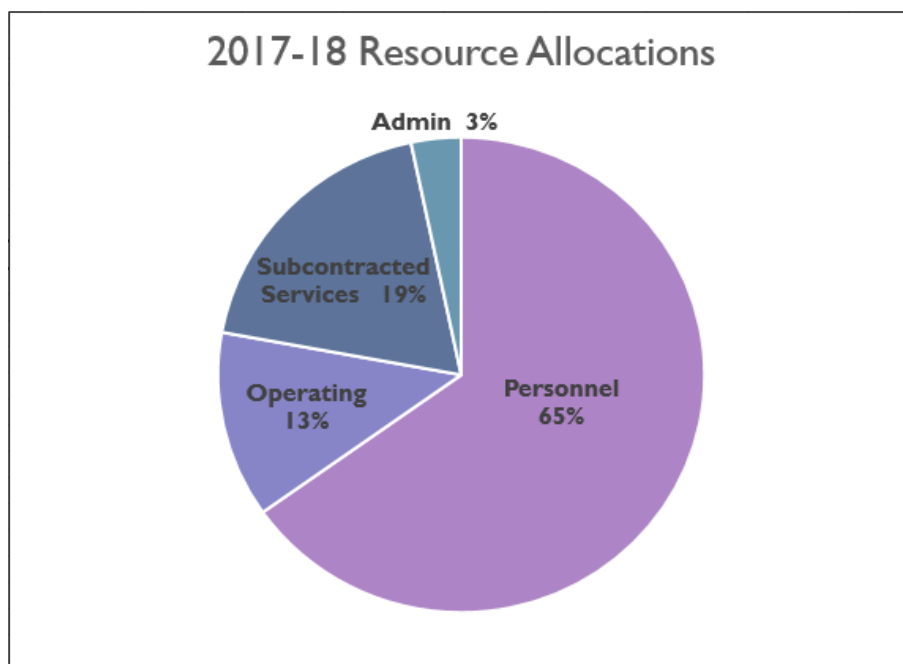
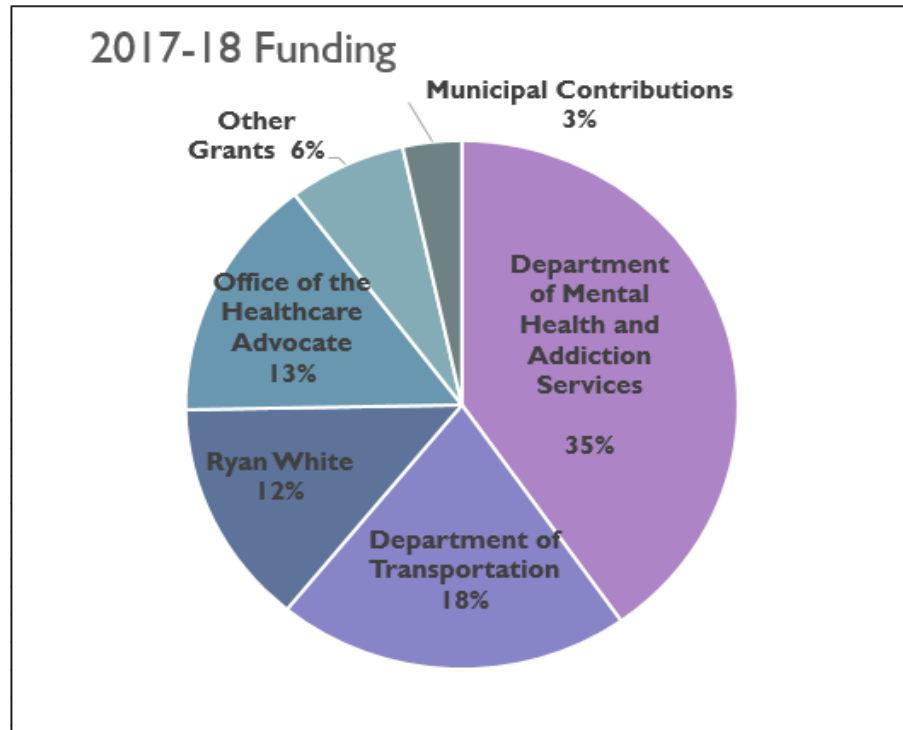
Just a few of our recommendations:

- ⇒ Develop partnerships between behavioral health services, primary, inpatient, and urgent care centers. Explore these and other partnership as avenues to build community capacity for wrap around care with supportive relationships responsive to individual needs.
- ⇒ Continue investment in recovery coaches, 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.
- ⇒ Exercise influence at the state level to ensure CT’s efforts to end homelessness include efforts address the needs of individuals with behavioral health challenges.



Our Major Initiatives to Improve Services

FINANCIAL INFORMATION



NORTH CENTRAL REGIONAL MENTAL HEALTH BOARD

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		<u>MUNICIPAL GOVERNMENTS</u>
Margaret Attanasio Novem Auyeung Erica Bodden Kathy and Joe Braga Sheryl and William Breetz Beth Bye and Tracy Wilson John and Nancy Calderbank Beryl and Yale Cantor Adam Cohen Max Condren Adam Cohen Susan and Wendell Coogan Annette Diaz George Diep and Deanne Dworski-Riggs Marcia and Thomas DuFore Kathy Flaherty Michaela Fissel and Alvin Fryxell Nanette Fryxell Wanda Garcia Denise Hart Mary and Peter Hess Allison Hwong Tina Inferrera Nancy Jordan Dennis and Mary Keenan	Natacha Kerelejza Cathy Kriss Marcia Kuck Shan Shan Nie and Alex Lee Tracy Liner Tracy Longoria Gloria Mengual Joseph Navarra Lynn Nguyen Jane O'Leary Larry Pittinger Gayle and Howard Renker Marilyn Ricci Marlene Schempp Sherry and John Schreiber Alice Seidenberg Evan Seitz Ali Silverman Noemi Soto Andrea Willis and Eileen Swan Richard Tashjian Sounthaly Thammavong Quyen Truong Rachel Van Cleve Diann Wienke Cheryl Zeiner Julie Zink	Andover Avon Berlin Bloomfield Bolton Bristol Burlington Canton East Granby East Hartford East Windsor Ellington Enfield Farmington Glastonbury Granby Hartford Hebron Manchester Marlborough Newington Plymouth Rocky Hill Simsbury South Windsor Southington Stafford Suffield West Hartford Wethersfield Windsor Windsor Locks
<u>ORGANIZATIONS & FOUNDATIONS</u> Advocacy Unlimited American Foundation for Suicide Prevention (AFSP) (Northern CT Chapter) AIDS-CT The Benevity Fund Connecticut Health Foundation Cross Street Training and Academic Center (CTSAC) CT Community for Addiction Recovery CT Council on Problem Gambling East of the River Action for Substance Abuse Elimination Hartford Foundation for Public Giving InterCommunity, Inc. Schwab Charitable Trust Sorrell Family Foundation UConn Health United Way (Anonymous Donors)	<u>LOCAL BUSINESSES</u> 99 Restaurant B & M Tree Service Country Diner CT Business Systems Fred Astaire Dance Studios Hampton Inn Hannoush Jewelers Harkin's Market Health Trax Lulu's Maneeley's Banquet & Catering Nutmeg Restaurant Roberto's Real American Tavern Sinatra Agency One Suedes Jewelers The Roberts Agency, Inc. Thomas Fallon Photography Tutenago—Bags by Julie Zink Yarde Tavern	<u>STATE & FEDERAL ORGANIZATIONS</u> CT Health Foundation Department of Mental Health and Addiction Services (DMHAS) Department of Transportation Gr. Hartford Ryan White Planning Council Office of the Healthcare Advocate (OHA) State Innovation Model (SIM) Substance Abuse and Mental Health Services Administration (SAMHSA)



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