

NORTH CENTRAL REGIONAL MENTAL HEALTH BOARD

2018-2019 Annual Report



**NORTH CENTRAL REGIONAL
MENTAL HEALTH BOARD, INC.**

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2018-19 BOARD OF DIRECTORS



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Larry Pittinger, Vice-Chairperson

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Director, Community Based Education , Community Medicine and Health Care, UConn Health

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Service Coordinator, South Park Inn

Advocate

Diversion and Inclusion Coordinator, Capitol Regional Education Council

Clinical Director of Adult Residential Services, Hartford Healthcare

Retired Teacher

Retired Program Coordinator, NCRMHB

OUR STAFF: Marcia DuFore, Executive Director; Wende Cooper, Prevention Coordinator; Marlene Schempp, 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@amplifyct.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 2018-19, 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 7)
- 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)
- Offered training and Community Conversations to raise awareness about prevention strategies and helpful resources to people struggling with gambling addiction. Designed programs targeted to youth, Asian Americans, and members of our faith communities (see page 4)

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. merged their organizations and operations in order to carry out the work on an integrated mental health and addiction advisory service under contract with DMHAS. The merger was effective July 1, 2019. under the name of Amplify, Inc.

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.



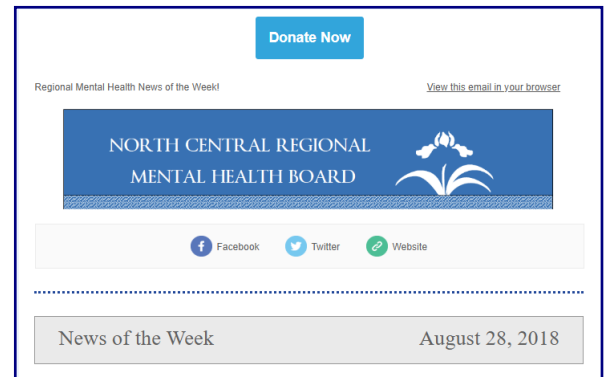
Our Major Initiatives to Improve Services

EDUCATING

News of the Week:

Through our “News of the Week” and social media communications, NCRMHB informs communities about resources, educational events, forums, advocacy opportunities, legislation, etc. that impact community members with behavioral health concerns.

Please e-mail us at mdufore@amplifyct.org to be added to our distribution list.



Addressing Problem Gambling

Thanks to funding from the DMHAS Problem Gambling Unit, we provide leadership for a robust team of consumers and professionals to raise awareness about problem gambling at a time when legalized gambling is rapidly expanding.



The team organizes trainings to raise awareness about prevention strategies, and shares helpful resources to people struggling with gambling addiction. Here are some of our accomplishments:

- 48 people received training on issues of mental health, substance misuse, problem gambling, and suicide prevention through the Congregation Assistance Program, specifically designed for outreach and training for faith communities.
- Dozens of people participated in Community Conversations about problem gambling designed specifically for Asian Americans. The program was featured on National Public Radio “Where We Live” and in a news article series in the CT Mirror.
- 140 Middle School youth participated in a youth-led statewide PAWS (Peers Are a Wonderful Support) conference designed to raise awareness and build leadership skills among youth. Participants reported significant gains in their understanding of gaming and e-sports as they relate to gambling, and also gained strategies for making safe and healthy decisions when playing on-line games or e-sports.

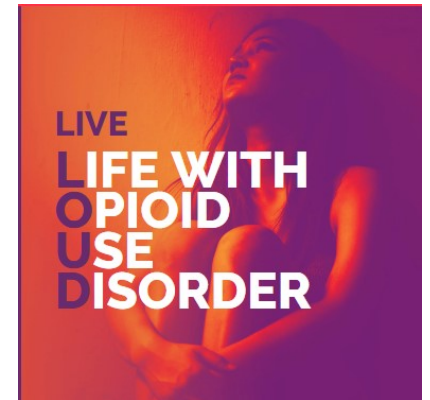
Addressing the Opioid Epidemic:

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. NCRMHB is an appointed member (as a 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 and social media campaigns to raise awareness, training for use by educators and coaches about risks and alternatives to prescription narcotics, 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, developing on-line resources for navigating treatment, increasing inpatient bed availability, offering prescriptions for NARCAN, and establishing Recovery Friendly Communities.

During FY 2018-9, training was provided to over 700 individuals about prevention overdose and administering life-saving NARCAN. Free NARCAN kits were offered to anyone in need.

For more resources, go to: <http://www.drugfreect.org>.



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. Members identify gaps in HIV care and services and allocate Ryan White funds to establish a comprehensive continuum of care for persons with HIV/AIDS. **NCRMHB Staff, Sounthaly**

Thammavong, provides staff support and administrative services to the Planning Council.

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 2019 Legislative Breakfast was well attended by about 85 members and 25 legislators and aides. Our focus was on protections to address the explosion in use of harmful vaping products by youth and the lack of affordable housing for individuals with disability and low income.

Just a few other legislative session outcomes of importance:

- Comprehensive legislation intended to reduce opioid abuse and misuse
- Legislation prohibiting the sale of cigarettes, tobacco products, and electronic nicotine delivery systems and vapor products to anyone under the age of 21
- Established a certification program for Community Health Workers
- Established reporting requirements for health insurance carriers to demonstrate how they design and apply their managed care tactics, so regulators can determine if there is compliance with mental health parity law

Unfortunately, proposed legislation that would have clarified the role of Regional Behavioral Health Action Organizations was not passed, resulting in continued confusion over the unfunded statutory functions of Regional Mental Health Boards, Regional Action Councils, and Catchment Area Councils. In spite of this, the NCRMHB and ERASE Board of Directors were able to consolidate our organizations and move forward with an integrated mental health and addiction advisory service under contract with DMHAS.



Health Reform Efforts:



For the past 5 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. NCRMHB staff, Quyen Truong, provides consulting services to the Office of Health Strategy (OHS) Consumer Advisory Board (CAB) and supports CT's efforts to ensure consumer voices are heard in OHS Health Reform initiatives. For more information about 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 people of color. Initiatives include the promotion of Community Health Workers and protection of Medicaid and Medicare funding. 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 builds capacity within faith communities, transforming congregants and community members into passionate advocates, a work closely aligned with our own mission.

Way To Go Connecticut:

NCRMHB's Way to Go CT program **promotes 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, and an on-call-center for individual assistance.



Outreach to older adults, persons with disabilities and veterans is ongoing.

Our 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 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 2018-19 NCRMHB conducted reviews of supportive housing programs in Region IV. Supportive housing offers optional, DMHAS-funded support services for individuals who qualify for housing subsidies and who hold their own lease. Housing supports are crucial to long-term recovery. Please see the full report at: <http://www.ncrmhb.org/publications>.

Overall Program Themes and Recommendations:

- ⇒ **Cuts to the DMHAS budget for housing supports and services have resulted in significant gaps in the continuum of care for individuals served by DMHAS**, some of whom struggle with significant mental health and substance use challenges. This includes people who need higher levels of care such as group homes, transitional housing, or supported housing (supervised apartments). This also includes individuals who are housing insecure.
- ⇒ **Supportive housing programs are only available to those who meet the U.S. Housing and Urban Development (HUD) definition of “chronic homelessness”**: Supportive Housing is the only service offered that is not available through an internal referral process—in other words, supportive housing programs cannot accept anyone; they can only accept referrals through the Coordinated Access Network (CAN). Therefore, many service providers who want to offer supportive housing and individuals who are facing homelessness struggle with HUD’s “chronic homelessness” requirement because this limits their flexibility to connect more people with necessary resources
- ⇒ **The age difference between supportive housing staff and clients requires awareness of intergenerational dynamics**: Staff are on average about 30 years old, while the clients are on average about 60 years old. One question that came up during the review is whether either group has understanding about how to work with people from another generation.

Overall Conclusion

Recovery is a long-term process that can take months or years to address. In order to promote stability and recovery, we need to prioritize housing as a foundation for recovery. Given the progress that has been made ending chronic homeless in Connecticut, it is imperative that more of DMHAS’s limited resources are reinvested into homelessness prevention. In other words, more services need to be available to those who are housing insecure and who do not meet HUD’s definition of “chronic homelessness.”

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 the process and associated data sources, please see the full report at: <http://www.ncrmhb.org/publications>.

Emerging issues:

- ⇒ Explosion in use of electronic nicotine devices (ENDs)
- ⇒ Accidental overdose deaths caused by use of substances laced with Fentanyl
- ⇒ High rates of anxiety among youth
- ⇒ Overlap between computer gaming, sports betting, and problem gambling
- ⇒ Concern over loss of CAC consumer engagement & monitoring roles in new RBHAO structure

Resources, strengths, assets:

- ⇒ CT's commitment to developing and maintaining recovery support services
- ⇒ Integration of behavioral health and overall health, and promotion of wellness activities
- ⇒ Increase in offerings of Medication Assisted Treatment ("MAT")
- ⇒ Decrease in CT youth facing alcohol dependence and abuse by 50% from 2008 to 2016
- ⇒ Strong problem gambling awareness and treatment programs in Region IV
- ⇒ GIZMO's Pawesome Guide to Mental Health Curriculum was piloted in 4 Region IV schools
- ⇒ Geriatric Behavioral Health services offered at two hospitals in Region IV

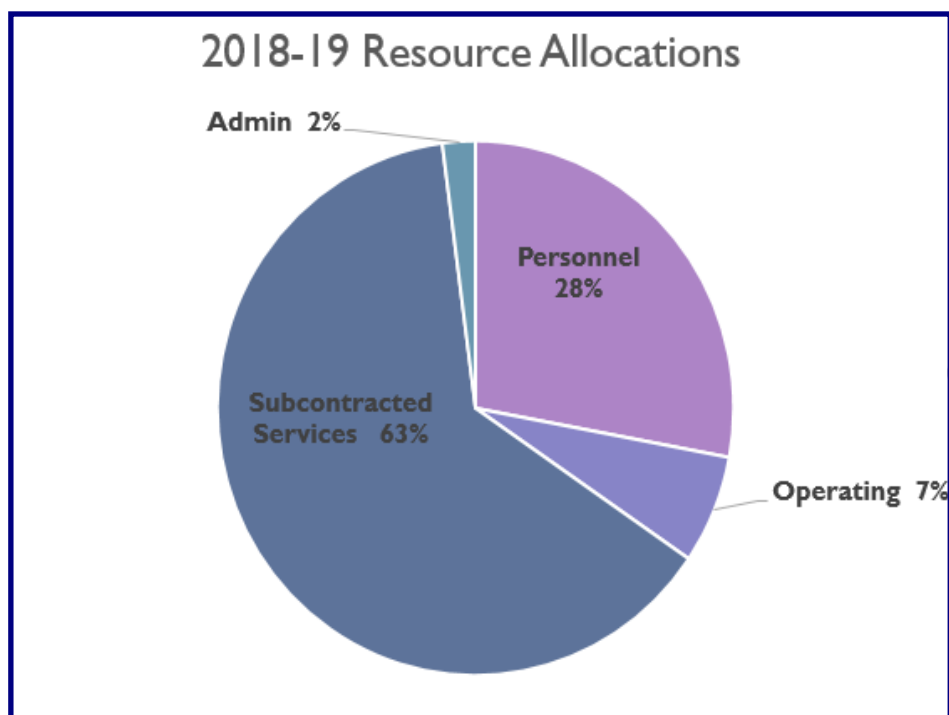
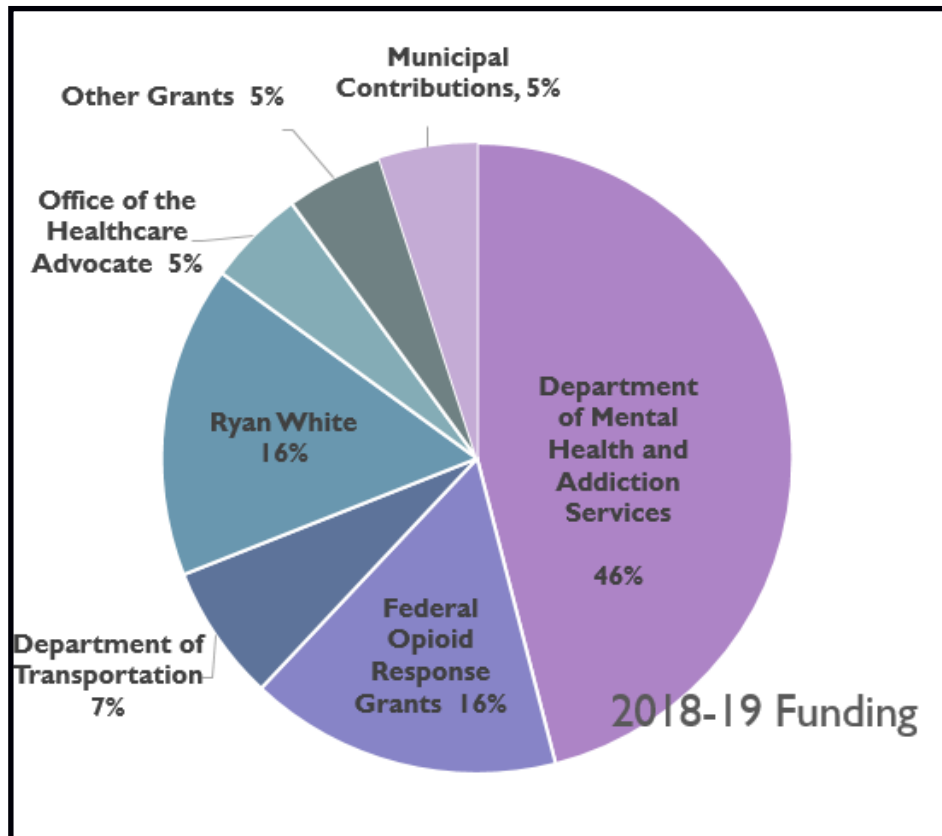
Just a few of our recommendations:

- ⇒ Continue efforts to reduce opioid-related deaths through the promotion of prevention, treatment, and recovery activities for opioid use disorder with a focus on highest-risk communities (including mobile and tele-health options)
- ⇒ Address gaps in the continuum of care for supportive, supported, and residential housing for individuals with mental health and addiction challenges to prevent rehospitalizations
- ⇒ Support the role of Catchment Area Councils (CACs) as vital mechanisms for consumer engagement and service monitoring.
- ⇒ Promote inclusion of problem gambling in recovery coach and recovery support specialist training



Our Major Initiatives to Improve Services

FINANCIAL



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 2018-2019:

INDIVIDUALS		<u>MUNICIPAL GOVERNMENTS</u>
Mary Abrams Novem Auyeung Lara Bold Kathy and Joe Braga Sheryl and William Breetz Max Condren Alex Diaz-DeVillavilla Beth Bye and Tracy Wilson John and Nancy Calderbank Beryl and Yale Cantor Susan and Wendell Coogan George Diep & Deanne Dworski-Riggs Marcia and Thomas DuFore Tekisha Everette Bob Fitzgerald Kathy Flaherty Chris George Denise Hart Mary and Peter Hess Mui Mui Hin-McCormick Linda Howard-Sorrell Alison Hwong Nancy Jordan Tamkiet Jenkins Dennis and Mary Keenan Judy Kelly Linda Kulinski Meghann LaFountain Shan Shan Nie and Alex Lee Joyce Cohen Liebert	Jesse & Thai Binh Luong Marlee Mooney Joseph Navarra Nicole Netkin-Collins Lynn Nguyen Ebony Murphy-Root Michael Moricz Lindsey Musen Lynn Oliver Jean O'Leary Luis Perez Tra Phan Elizabeth Paige Post Larry Pittinger Louise Blais Pyers Monica Reed Gayle and Howard Renker Mark Roellig Anh Vu Sawyer Michael Schaefer Sherry and John Schreiber Karen Shih Allie Silverman Bill & Maureen Suroviak Andrea Willis and Eileen Swan Richard Tashjian Quyen Truong & Laura Suroviak Fred Volkert John Vo Cheryl Zeiner	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> -Benevity Fund -Catholic Campaign for Human Development -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 -Sorrell Family Foundation -UConn Health Disparities Institute -United Way (Anonymous Donors)	<u>LOCAL BUSINESSES</u> -B & M Tree Service -Roberts Agency -Sinatro Agency One <u>STATE & FEDERAL AGENCIES</u> -Department of Mental Health and Addiction Services (DMHAS) -Department of Transportation -Greater Hartford Ryan White Planning Council (GHRWPC) -Office of Health Strategy (OHS) -Substance Abuse and Mental Health Services Administration (SAMHSA)	



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