

Meeting Date: 01/21/2021

CAC 1-4

Location: Online

In Attendance: Nicole Hampton (Nuvance Health), Maggie Young (Liberations), Denice Qualey (Kids in Crisis), Denique Weidema-Lewis (Norwalk ACTS), Kaitlin Comet (The Hub), Daniella Arias (The Hub), Megan Purvis (The Hub), Deirdre Ekholdt (Town of Westport), Barbara Kuryluk (Recovery Network of Programs), Sharon Hanford (Recovery Network of Programs CCIH), Jeff Greenblatt (Connecticut Counseling Centers-Norwalk), Cherish Robertson (Liberation Programs) Barbara K., Jessica Wisnieski, Candace Bartlett, Natalie, TStewart, JDemarco, Tina Cortlett, 2 phone numbers

Recording: https://www.youtube.com/watch?v=o2ki6HxJiGs&ab_channel=TheHubCTInfo

1. Introductions:

- a. Nicole Hampton introduced self and Carol Cruz.
- b. Remaining meeting participants introduced themselves in the chat.

2. Sam from Confidant Health; Presentation on transforming mental health and substance use treatment

- a. "Digital First" – delivering care in a virtual setting.
 - i. Recently launched in the state of CT
 - ii. Focus is not on the 10% of people who are currently receiving treatment but the barriers that limit others from not seeking and receiving help for SUD
- b. Barriers (ie. Why people don't get help)
 - i. Not ready to give up substance of choice (40%)
 - ii. Don't know where to go for services (24%)
 - iii. Cannot afford treatment (21%)
- c. How Confidant Health combats these barriers – "suite of person-centered, evidence-based care without barriers"
 - i. "be more available/accessible than a drug dealer"
 - ii. Transparent pricing/same day service/come to you
 - iii. Utilization of the chat box for pertinent info that is often forgotten (40-80% of things discussed in visit is forgotten)
- d. How is Confidant different:
 - i. 10x clinical data compared to addiction treatment facilities
 - 1. Track symptoms in between visits (ie better informed clinicians)
 - ii. Available nights/weekends (ie outside typical 9-5 hours)
 - iii. Harm reduction approach
 - 1. Don't require people to commit to never using drugs/alcohol again.
- e. Measurement based Care – widely known to improve outcomes (at lower costs!!)

- i. Only used. By 1/5 of mental health professionals
 - f. New Payment Method – community payment model
 - i. Everyone is required to pay minimum of \$1.00
 - ii. “pay what you can” and “pay it forward” methods
 - iii. Clinical services – lower than typical market value
 - g. Harm Reduction Approach
 - i. Welcome regardless of sobriety/moderate to severe condition
 - h. Matchmaker – care navigator
 - i. Help them book appointments, ease the process
 - ii. Work with community-based referral resources – try to build community based network
 - i. Discussion:
 - i. Meet with same therapist/coaches on regular basis is desired
 - ii. All team members work together to recommend client to the best services
 - iii. Partnered with CARES group (family focused)
 - iv. Family and Home Care
 - 1. How to get connected to these specific services
 - a. Services start with virtual visit scheduled through the Confidant app
 - b. Currently using opioids to facilitate detox – schedule an “in home induction”
 - i. Only service that is in home (COVID barriers)
 - ii. Clinicians do not travel with medications
 - v. Remaining barrier – accessibility to both internet and technology to utilize telemedicine
- 3. Carol Cruz – Strengthening Diversity, Equity and Inclusion in the Recovery Movement**
- i. The idea/concept of “culture”, “cultural awareness”, “diversity”, “equity”, “inclusion”, “respect”
 - ii. Why is diversity, equity, inclusion important in recovery
 - 1. Shallow Diversity versus Deep Diversity
 - a. Shallow Diversity – “areas in our lives that make us different but do not have a direct impact on equity and social injustices”
 - i. Ex. Favorite colors, tv shows, political affiliations
 - b. Deep Diversity- “refers to the less observable deeper attributes such as personality, attitudes, beliefs that are susceptible to discrimination, systemic oppression and other injustices
 - i. Ex. Race, religion, ability, gender, sexual orientation
 - iii. The connection between equity and treatment, as community organizers, working with others in treatment with mental health and SUD

- 1. The importance of inclusion – creating safe spaces of equity where all people and their ideas, backgrounds and perspectives are acknowledged.
 - iv. Need more than just diversity
 - 1. Issue arises in “labeling”, encourages stereotyping, emphasize differences rather than commonalities can have negative consequences
 - v. The importance of inclusivity in recovery, exploring intersectionality of people’s identities
 - 1. Idea of tokenism because of the color of their skin
- b. Clip on intersectionality
 - i. Understanding and addressing oppressions and how they intertwine and compound to create social divisions
 - 1. Essential to understand and combat privilege and power
 - ii. Kimberlé Crenshaw – coined the idea of intersectionality
- c. Important take away
 - i. Recognize bias, be willing to learn start conversations to educate yourself, empower and embrace differences, seek out trainings within the community

4. Nicole Hampton – Communications and Policy Issues

- a. Current issues:
 - i. DMHAS cannot share online supports to clients because of email policies
 - 1. lack of information on DMHAS website for clients, little communication from state to local communities,
 - ii. Difficulty identifying and engaging with people struggling during the pandemic
 - iii. Turf issues – which mobile crisis team serves which shelter clients who are relocated to a hotel in a different region
 - iv. IOP not taking clients due to COVID concerns
 - v. Time constraints in relation to budgets with COVID, relocation, social distancing policies for clients in congregate care,
 - vi. Accepting clients to residential treatment after COVID exposure,
 - vii. reopening protocols,
 - viii. social services unaware of state phones, clients unaware of how to use them
 - ix. lack of emergency medical coverage for undocumented populations
- b. Updates:
 - i. Crisis Team –
 - 1. New Resource (app)
 - a. <https://smiadviser.org/mymhcp>
 - i. Mention issue of Wi-Fi access even after receiving cell phones.
- c. Discussion:
 - i. DSS increase in minutes (barrier of 200 minutes a month)

1. Call and ask if DSS is still doing this
- ii. Sub-Committee/taskforce
 1. Creating legislation surrounding money for communities, apply specific grants, find areas where they want to focus on
 - a. Suggestion – donation of old phones
 - b. Stratford Senior Center – tablet drive

5. New Business

- a. Meeting every other month
- b. Think about developing sub committees
 - i. Getting people connected to electronics and Wi-Fi
 1. Look into secure measures to treatment – all stems back to access
- c. Tina Corelette
 - i. Amazon fire tablets are \$50 for Wi-Fi only
 1. Discussion of vaccine rollout and delay in getting off virtual only treatment
- d. Create committee support with peers to become “job ready”
- e. Kaitlin – free virtual Narcan training with Narcan kit (starting on the 27th)
 - i. Weekly on Wednesdays 3-4pm
- f. Megan – basic data literacy training
 - i. In conjunction with CT data collaborative
 1. Feb 4th 1-3pm “Basics of Data Literacy”
 - a. Limited to 25 people
- g. Giovanna -
 - i. Region is hosting a methamphetamine 101 training
 1. Feb 10th from 12:00 – 1:15pm
- h. Nicole – need for support groups for COVID loss
 - i. Danbury and Westport
 1. Lead by someone with a license in counseling

Upcoming 2021 Meetings: (Thursdays)

- **March 18th 2:30pm-4pm:**
- **May 20th 2:30pm-4pm:**
- **July 15th 2:30pm-4pm:**
- **Sept 16th 2:30pm-4pm:**
- **November 18th 2:30pm-4pm:**