



Healthy Connecticut 2025 State Health Improvement Plan

Community Strength and Resilience ACTION Team Meeting AGENDA

Date: 12-14-2022

Time: 9:00am-10:30am

Virtual Meeting Link: <https://hria.zoom.us/j/88285615085?pwd=UDlnUzkrVmtKNS9MUTlrUk5hKytVQT09>

Attendees (Please list all who participated):

Agenda Items	Time	Discussion & Notes	ACTION Items and Person Responsible
Welcome & Moving Forward	9:00	<ul style="list-style-type: none"> Name & Organization (in the chat) Next Meeting: Jan 11, 2023, 9:00-10:30 	•
Action Plan Discussion & Updates	9:10	D1: Increase the number of community members who have the critical, essential resources to meet emergencies by 2025.	•
	9:30	D2: Increase the capacity of first responders, public health departments, and municipal service and community-based providers to deliver barrier-free, timely, trauma informed, and transparent aid to the public by 2025.	•
	9:50	D3: Increase the number of residents who have access to safe, affordable, and accessible technology, including internet-based public health and emergency information, by 2025. <ul style="list-style-type: none"> Did not discuss at 11/9/22 meeting D4: Align existing multi-sector communication networks to provide a central point for accessing information statewide by 2025.	•
	10:10	D5: Increase the number of safe methods, spaces, and places for connecting residents to community life to measurably strengthen social capital by 2025. D6: Increase the number of policies and systems that address environmental and social justice, health disparities, and community safety as a result of meaningful community engagement by 2025. <ul style="list-style-type: none"> Did not discuss at 11/9/22 meeting 	•
Closing	10:30	<ul style="list-style-type: none"> Evaluate Meeting: (+/-) in chat before signing off 	•



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Date: 12-14-2022

Time: 9:00am-10:30am

Attendees (Please list all who participated): (22)

Adrianna Ramirez, Andrea Duarte, Ann Gionet, Ashley Starr Frechette, Gail Hurley, Mario Garcia, Jonathan Lillpopp, Richard Porth, Sue Major, Steven Walleth, Jeanette Goyuza, Robyn Gulley, Nilda Fernandez, Luis Rivera, Louise Pyers, Marianne Buchelli, Brian Mattiello, Francesca Provenzano, Christine Hahn-Dunn, Orlando Velazco

HRiA: Donna Burke, Rose Swensen

Agenda Items	Time	Discussion & Notes	ACTION Items and Person Responsible
Welcome & Moving Forward	9:00	Name & Organization Next meeting: 1/11/23 Remembrance of Sandy Hook families, emblematic of Community Strength and Resilience Newtown condolence archive on the CT State Library digitized collections page https://cslib.contentdm.oclc.org/digital/collection/p15019coll8	•

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Action Plan Discussion & Updates	9:10	<p>D1.2</p> <ul style="list-style-type: none"> Update from Fran: <ul style="list-style-type: none"> Point of dispensing (POD) sites are not advertised intentionally. Community resource center for RAD. There are designated shelters set up by town. Intentionally flexible with communities' sites. Heavily advertised locally during an emergency. PODs are a supplement to basic needs (food, water, shelter, warmth); people with limited resources do not have access. CAFCA provides information on community action agencies and services they provide; nonprofits are not covered by CAFCA. Each major municipality organizes pop-up supports with community and nonprofit partners (e.g., Ukrainian refugees). Strong, local network not managed at a state level. Communication is decentralized and managed by each town. Many shelters are managed by American Red Cross and United Way. DMHAS has done a good job strengthening state agencies' communications/outreach to municipalities and nonprofits (apps); need to build on what we've learned from the pandemic. Need to make it a regular feature of the safety net to coordinate across levels of government, towns, nonprofits. Richard: United Way/211 maintains and updates shelter list as needs emerge. A lot of a, b, c has been amplified as a result of the pandemic. Mechanics of PODs and shelters are practiced every year, not a departure from services already provided. Messaging re: locations happens locally. Need to think about what would be helpful moving forward so that individuals and families know about these resources, not just during emergencies. Town websites? Big lesson from pandemic: people who are isolated and cannot move around as easily are the most vulnerable (e.g., home-bound, special populations cared for by DDS). People need to have personal plans in case of emergencies. 	<ul style="list-style-type: none"> Fran to export/share shelter board Fran and Richard to identify what is needed here for next meeting.

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	9:30	<p>D2.2</p> <ul style="list-style-type: none"> • Cathy and Ann shared information re First Responders' training. Discussed the level of detail needed for data – with a focus at this time on existing sources and frequency of updates. • Louise shared info on CT Alliance to Benefit Law Enforcement. Provides trauma-informed mental health training to law enforcement. Funded by DMHAS to provide 10 trainings/year, 40 hours total. Best practices on how to work with people who are in crisis/experiencing mental health issues and how to connect them to services in the community vs arrest. Work in collaboration with DMHAS mobile crisis teams. Officers work on de-escalation. Have trained 8,000 officers over past 20 years. • 6 departments have imbedded mobile crisis clinicians. This is not well-known; could be better publicized. Looking at spreading into civilian communities/peer training re: safety, communication and de-escalation skills for working with people in crisis (e.g., libraries, Hartford Heart Program). • Fran mentioned would like this mental health training for Medical Reserve Corps (MRC) members. • Brian - Mental Health First Aid (MHFA) – the need to spread this through the community to build resiliency. Building programs and finding staff takes time. We are starting professional and going up and out as fast as we can to become more resilient. Maybe we can broaden this strategy a bit. • Adrianna – have seen small groups offer the adult and youth versions of MHFA. • Gail – have provided a few mobile crisis trainings for libraries over the past few years, so people are aware of who they can call in addition to the police. If there is a forma training that I can offer for front line staff to go through, I would love to know more. They want to know how to help better and respond better. • Louise: Mental Health First Aid is a great resource for civilians. • Andrea – there is a statewide listserv that lists when these trainings are available to the public. To join the statewide Prevention listserv, email Cathy Sisco at the CT Clearinghouse CSisco@Wheelerclinic.org • If people are interested in additional de-escalation training, they can reach out to Louise Pyers: Louise@cablect.com or 203-848-0320 • https://portal.ct.gov/DMHAS/Commissions-Councils-Boards/Index/Regional-Behavioral-Health-Action-Organizations-RBHAOs • Training information for the CT Alliance to Benefit Law Enforcement (CABLE) can be found at www.cablect.com. 	

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	9:50	<p>D3:</p> <ul style="list-style-type: none"> • Ann: Can be point person for School-Based Health Centers. Has access to this information. Telehealth works well for mental, less so for medical/dental. • Discussed locations for telehealth: libraries, schools, etc. Ask Gail if libraries have capacity for this service. • Orlando: Primary Care Office receives data annually re telehealth, medical claims, etc. There is a connection to CHN-CT, for Medicaid population. Can tweak MOU if data is valuable to the SHIP. • The Dept. of Aging and Disability Services is aligned with and oversees the CT Tech Act. https://cttechact.com/#sthash.yt90bsBA.dpbs. They have a network of providers. • Close to having broadband available state-wide; worthy to work with Telecomm industry to expand broadband to northern part of the state. • Brian: hundreds of laptops available, being refurbished for seniors and youth. If others could join in this effort state-wide, made an appeal to major corporations/state agencies, we could bring this to scale. OPM and BEST could coordinate. This group should reach out there. https://cttechact.com/bridging-divide/#sthash.sSnoN8VX.dpbs • Challenge is access to technology and knowing how to use it. • Steve: If the surplus computer property cannot be transferred between state agencies, it is then offered to municipalities. If the property is not claimed by a municipality, at that point the property is offered to non-profit organizations. https://portal.ct.gov/DAS/Procurement/State-Surplus/State-Surplus-Computers-Laptops-and-Hard-Drives--State-Agency-Procedures-to-Surplus • Need to start with D3.5 next meeting. <p>D4: Did not discuss at this meeting</p>	<ul style="list-style-type: none"> •

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	10:10	<p>D5: D5.4</p> <ul style="list-style-type: none"> a: Nilda, Adrianna, and Orlando working on getting list of key persons/contacts/programs. No additional information at this time. c, d: Have not discussed this recently. Suggested that these be next steps after list is created. <p>D6: D6.3</p> <ul style="list-style-type: none"> a: Looking for different definitions of wraparound services. Present definitions at next AC meeting. Confusion about what the strategy is trying to achieve. Is the focus on restrictive aspects of current policy? Bring to next AC meeting. Which health disparities are we trying to reduce? Need to reword to be more focused. Ashley: focus is on negative health consequences from domestic violence (range of health consequences for mental, physical health). Suggestion to reword as “health consequences” vs health disparities. Working with CT PRAMS around pregnancy data. <p>D6.4</p> <ul style="list-style-type: none"> Ashley: Can help compile resources. Have 10 health outreach advocates across the state. Health Professional Outreach Project focuses on requirements for screening, resources available in the state. Conduct trainings and can promote them. The Alliance to End Sexual Violence (Kelsey Alexander; kelsey@endsexualviolencect.org) is another good partner. Ashley has data for the state, will share. The wording of the strategy was discussed regarding disparities, and the group recommended removing the word “health” in the strategy. It is about comparing populations vs health conditions. 	<ul style="list-style-type: none"> • Adrianna to send list to HRiA • Ashley to share data for use by the SHIP Data Committee.
Closing	10:30	<ul style="list-style-type: none"> • Policy needs/recommendations: Bill being presented to require all hospitals to provide IPV information at time of discharge for new mothers. Request for SHIP Coalition to support this bill. • Agenda format is set; invitation to join specific sections/invite guests if cannot make the whole 90 minutes. • Group prefers large group meetings vs smaller subcommittee structure. • Evaluate Meeting: (+/-) in chat before signing off 	