

**ALCOHOL & DRUG POLICY COUNCIL (ADPC)**  
**Meeting of Tuesday, August 20 18, 2024**  
**Video Conference Call Through TEAMS**  
**10:00 a.m.**

**ATTENDANCE**

**Members/Designees:** **Rebecca Allen**, Recovery Co-chair; **Luiza Barnat**, Treatment Representative (DMHAS); **Paulo Correa**, Carelon Behavioral Health; **Maria Coutant Skinner**, McCall Center for Behavioral Health; **Ines Eaton**, Criminal Justice Representative (DCF); **Danielle Ebrahimi**, Criminal Justice Representative (DMHAS); **Katie Farrell**, Criminal Justice Co-chair; **Ingrid Gillespie**, Liberations Program; **William Halsey**, DSS; **Jodi Hill-Lilly**, Commissioner, DCF; **Mark Jenkins**, GHRC; **Nicole Klarides-Ditria**, State Representative; **Deborah Lake**, Prevention Co-chair; **Justin Mehl**, Recovery Representative (DMHAS); **Pamela Mulready**, Recovery Co-chair; **Nancy Navarretta**, Commissioner, DMHAS; **Gerard O’Sullivan**, DOI; **Gary Roberge**, Judicial Designee; **Kris Robles**, DCF Designee; **Melissa Sienna**, Treatment Representative (DCF); **Scott Szalkiewicz**, DCP Designee; **Toni Walker**, State Representative

**Visitors/Presenters:** Aliaga, Bridget; Allard, Samantha; Allyson Nadeau; Babcock, Daniela; Bobby Lawlor; Burke, Brendan; Clyne-Hamitouche, Kristen; David Fiellin; Doyon, Suzanne; Eller, Curtis; Gasinski, Anna; Giard, Julienne; Giovanna Mozzo; JOHN LALLY; Kanehl, Robert; Kaplan, David; Karanda, Kimberly; Knowles, Christy; LLOYD, KERI; Logan, Karonesa; Lombardi, Jennifer; Longo, Michelene; Mara, Lesley; Marriott, Rodrick; McClure, Christopher; Messier-Smith, Sarah; Monika Nugent; Monterosso, Michael; MYSOGLAND, KEN; Nicole Tomassetti; Nita Asani; Nolan, Shelly; O’Grady, Megan; ; Pangilinan, Shauna; Petersen, Rebecca L; PJ Cimini; Rebecca Petersen; Richard, Melanie; Robert Heimer; Rudy Marconi; Shah, Sarju; Shaw, Diana; Sinko, Kelly; Sussman, Jennifer; TAYLOR, NICOLE; Tek, Ece; Torres-Martinez, Bryana; Ward, Elsa; Wytrykowska, Karolina

**Recorder:** Karen Urciuoli

The August 20, 2024 meeting of the Alcohol & Drug Policy Council (ADPC) was called to order at 10:00 a.m. by Commissioner Navarretta, DMHAS. The meeting was co-chaired by Commissioner Hill-Lilly, DCF

<b>Topic</b>	<b>Discussion</b>	<b>Action</b>
<b>Co-Chair Welcome and Introduction</b>	Commissioner Navarretta welcomed everyone to the June meeting.	Noted
<b>Review and Approval of Minutes</b>	The June 18, 2024 minutes were approved as written.	Noted
<b>Opioid Settlement Advisory Committee</b>	<p>Chris McClure, DMHAS Chief of Staff, provided the following OSAC update:</p> <p>OSAC Updates - Funding Disbursements</p> <ul style="list-style-type: none"> <li>• This summer, the state received another round of disbursements from the settling parties.</li> <li>• To date, the state has received a total of \$154,201,019, with funding recommendations having passed for \$16,397,084, leaving a balance in the fund of \$137,803,935.</li> <li>• There are other settling parties in Connecticut, such as the municipalities and tribal governments. Those parties receive their proceeds directly from the settlement administrator and not the state.</li> <li>• The state does collect information on the municipal governments’ receipts and expenditure of funds annually, with the reporting period due to open again in the Fall 2024.</li> <li>• Additionally, OSAC has published the projected settlement amounts to be received by municipalities on our website and we anticipate having information to publish in the months ahead.</li> </ul> <p>OSAC Updates- Funding Recommendation Updates</p> <ul style="list-style-type: none"> <li>• In November 2023, OSAC approved \$500,000 to expand the state’s SSP supplies at the Department of Public Health.</li> <li>• Those funds have been fully utilized as follows, serving an estimated 6,418 individuals.</li> <li>• As a result, in May, the OSAC approved a three-year extension of the supplemental SSP funding at \$500,000 per year.</li> <li>• In March, OSAC approved \$4 million for a pilot mobile OTP program, which then received approval by OPM and the Attorney General. The RFP is posted, and bids are welcome.</li> <li>• At the May OSAC meeting, four funding recommendations passed unanimously:</li> </ul>	Informational – The full PowerPoint presentation can be found on the DMHAS ADPC webpage.

Topic	Discussion	Action
	<ul style="list-style-type: none"> <li>• A three-year continuation of the Treatment Pathway Program in the Judicial Branch.</li> <li>• Expansion of opioid treatment facilities at Department of Corrections facilities.</li> <li>• One year of funding for the state’s Naloxone Saturation Plan</li> <li>• A three-year extension of the SSP supply funding</li> </ul> <ul style="list-style-type: none"> <li>• In July, as part of DMHAS’ Prevention and Harm Reduction Strategy, OSAC funded an increase in statewide dissemination of both prevention and harm reduction tools including the distribution of medication lock boxes, medication safe disposal pouches, naloxone, fentanyl and xylazine test strips, and prevention and harm reduction educational materials. This recommendation is aligned with the ADPC Prevention Naloxone Recommendations and SAMHSA’s Harm Reduction Framework. This will be accomplished through a three-prong approach including: <ul style="list-style-type: none"> <li>• Pilot Harm Reduction Vending Machines in 20 municipalities across Connecticut.</li> <li>• Increase primary prevention through education and reduction of opioid diversion.</li> <li>• Distribution of deactivation pouches.</li> </ul> </li> </ul>	
<b>Annual CT Substance Use Data Trend Report</b>	<p>Megan O’Grady, PhD, Director CPES UCONN Department of Public Health Sciences and Dr. Jennifer Sussman provided the following report:</p> <p><b>Percent of Individuals (Ages 12+) Reporting Use by Substance, 2021-2022 (US Data vs. CT Data)</b></p> <ul style="list-style-type: none"> <li>• Past month reported alcohol use was higher in CT than nationally.</li> <li>• Binge drinking in CT is similar compared to the US</li> <li>• Tobacco use is lower in CT than nationally</li> <li>• Past year marijuana, pain reliever misuse, cocaine and heroin use in CT are all similar to US percentages</li> <li>• Reported past month alcohol use was most prevalent among respondents aged 26 and older (61.2%).</li> <li>• Reported past month marijuana/cannabis use was most prevalent in young adults 18-25 (30.0%).</li> </ul> <p><b>Treatment Admissions for Adults by Primary Substance: FY2021-FY2023</b></p> <ul style="list-style-type: none"> <li>• Alcohol admissions are the highest</li> <li>• Cannabis admissions have remained the same throughout 2021 – 2023</li> <li>• Heroin admissions were higher in 2021 than in 2022, and 2023</li> <li>• Cocaine/crack admissions were higher in FY 2022</li> <li>• Other opiates/synthetics have slightly increased throughout 2021-2023</li> </ul> <p><b>Drug Overdoses in CT - Rates per 100,000 (visits)</b></p> <ul style="list-style-type: none"> <li>• 2021: 377.0 (13594)</li> <li>• 2022: 352.2 (12669)</li> <li>• 2023: 338.1 (12260)</li> </ul> <p><b>Problem Substances of Greatest Community Concern for Age Groups According to Key Informants in CT, 2022</b></p> <ul style="list-style-type: none"> <li>• Among 12- to 17-year-olds, they are less concerned about alcohol but more concerned about things like vaping and about cannabis use.</li> <li>• Looking at older adult age rages, they are more concerned about alcohol use and less concerned about things like vaping</li> <li>• The older population 66 and older people are concerned about things like prescription drugs.</li> </ul> <p><b>Reported Past 30-Day Use of Alcohol and Other Substances Among Gay/Lesbian/Bisexual (GLB) vs. Heterosexual High School Students in CT, 2023</b></p> <ul style="list-style-type: none"> <li>• Across the board the LGBTQ population is reporting higher use of all substances and in particular cannabis and vaping, in addition, GLB students also reported higher prevalence of mental health issues and other risk factors for substance use.</li> </ul>	<p>Informational – the full PowerPoint presentation that includes data can be found on the DMHAS ADPC webpage.</p>

Topic	Discussion	Action
	<p><b>Alcohol</b></p> <ul style="list-style-type: none"> <li>Alcohol remains the substance of highest use prevalence in Connecticut compared to all other substances.</li> <li>Connecticut has experienced a steady decline in alcohol use among high school students over the past 12 years. However, the prevalence in the state has been and remains consistently higher than alcohol use nationally.</li> <li>Reported past month alcohol use was most prevalent among respondents aged 26 and older in 2022.</li> <li>Heavy episodic drinking is most prevalent among young adults 18-25, both in Connecticut and nationally.</li> <li>There was a higher reported prevalence of past month alcohol use and past month binge drinking in 2023 among Connecticut's high school students who identify as gay, lesbian, or bisexual (LGB).</li> <li>LGB students also reported higher prevalence of other substance use and risk factors for substance use, making LGB youth a key risk population of focus.</li> </ul> <p><b>Cannabis and Marijuana</b></p> <ul style="list-style-type: none"> <li>Adult-use cannabis products exceeded the sales of medical-use cannabis in May 2023 and the number of adult-use cannabis products sold continued to increase during the latter months of 2023.</li> <li>Perception of risk of harm from smoking marijuana is decreasing across all age groups in CT.</li> <li>Connecticut's high school students who identify as Gay, Lesbian, or Bisexual (GLB) have a higher reported prevalence of past 30-day use of marijuana than heterosexual students.</li> </ul> <p><b>Tobacco and Electronic Vapor Products (EVPs)</b></p> <ul style="list-style-type: none"> <li>The use of tobacco products in CT (excluding EVPs) has been gradually decreasing over the years across all age groups.</li> <li>The use of EVPs has continuously increased and exceeded the use of tobacco among high school students in Connecticut.</li> <li>High school students who identified as LGB had a higher prevalence of past 30-day use of EVPs compared to students who identified as heterosexual.</li> <li>Tobacco sales violations remained stable until 2020, when the violation rate increased markedly post-COVID. Violation rates are trending downward.</li> </ul> <p><b>Prescription and Illicit Drugs</b></p> <p><b>Opioids</b></p> <ul style="list-style-type: none"> <li>The number of opioid prescriptions dispensed per year has been steadily decreasing since 2015.</li> <li>Fentanyl continues to be involved in the majority of substance overdose mortalities in Connecticut.</li> <li>Opioid-involved overdose mortalities in Connecticut have been more prevalent among Individuals aged 35-44, the Non-Hispanic Black population, and in urban core communities.</li> <li>Substance overdose mortalities in Connecticut often involve multiple substances (e.g., no heroin-involved overdose deaths in 2022 involved only heroin and no other substance).</li> </ul> <p><b>Cocaine</b></p> <ul style="list-style-type: none"> <li>Cocaine-involved overdose mortalities in CT have risen over recent years.</li> <li>The rate of cocaine-involved overdose mortalities is highest, and has increased most markedly, among non-Hispanic Blacks and in urban core communities.</li> <li>Past year cocaine use in CT was most prevalent in young adults aged 18-25.</li> </ul> <p><b>Looking Ahead</b></p> <ul style="list-style-type: none"> <li>Fentanyl-involved overdoses have decreased slightly but continues to be a public health crisis and needs to be rigorously addressed.</li> <li>Data on post-legalization cannabis use and effects in CT requires continuous surveillance.</li> <li>Subpopulation data that highlight health disparities and groups at increased risk/burden are needed to inform</li> </ul>	

Topic	Discussion	Action
	<p>prevention planning.</p> <ul style="list-style-type: none"> <li>• Keep an eye on stimulants (e.g., cocaine, methamphetamine)</li> </ul>	
<p><b>Family First Prevention Services - Community Pathways</b></p>	<p>Ken Mysogland, DCF provided the following report:  In 2018 the federal government passed the Family First Prevention and Services Act plan. CT embarked on a 2-year process to develop CT's Family First Prevention Plan led by DCF. Over 400 individuals came together over that two year period to provide ideas and be part of work groups to develop this plan for CT families. DCF was a leader nationally in the way they engage youth and parents with lived expertise to bring them into the planning process.</p> <p><b>The Vision for Family First</b></p> <ul style="list-style-type: none"> <li>• Connecticut has reimagined its system to not only serve those families who come to the attention of the child welfare agency, but to also develop supports for families "upstream," resulting in families being diverted from involvement with the child welfare agency.</li> </ul> <p>Community Pathway: Approved Community Pathway Candidates  No Child Welfare Involvement</p> <ul style="list-style-type: none"> <li>• Children who are chronically absent from preschool/or truant from school</li> <li>• Children of incarcerated parents</li> <li>• Youth that have experienced human trafficking</li> <li>• Unstably housed/homeless youth and their families</li> <li>• Families who experience interpersonal violence (IPV)</li> <li>• Youth who have been referred to juvenile review boards, youth service bureaus, or another diversion program or who have been arrested</li> <li>• Caregivers or children who have a substance use disorder, mental health condition, or disability that impacts parenting</li> <li>• Infants born substance-exposed</li> </ul> <p>"Known to" Population</p> <ul style="list-style-type: none"> <li>• Families with accepted Careline calls</li> <li>• Siblings of Youth in Foster Care</li> <li>• Families accepted for Voluntary Services (referred from hotline)</li> <li>• Pregnant and Parenting Youth in Foster Care</li> </ul> <p><b>Community Pathways Line</b> – The goal is for families to be served as far upstream as possible to prevent ongoing involvement in the child welfare system.</p> <ul style="list-style-type: none"> <li>• Child/Family is Referred – Potential referral sources are identified</li> <li>• Initial Assessment – Community management entity (CME) conducts assessment</li> <li>• Eligibility Determination – Child welfare staff makes final determination</li> <li>• Service Referral &amp; Monitoring – CME leads case management efforts</li> </ul> <p><b>Community Pathway</b> – Establishing a Care Management Entity for Community Pathway</p> <p>Potential Referral Sources</p> <ul style="list-style-type: none"> <li>• Family</li> <li>• Schools</li> <li>• Partner Agencies</li> <li>• First Responders</li> <li>• Healthcare</li> <li>• Judicial</li> <li>• Community or Faith-Based Organizations</li> </ul> <p><b>Update on Community Pathways Line</b></p>	

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	<p>10/1/23 – Community Pathways line went live  Marketed towards families and family groups initially</p> <ul style="list-style-type: none"> <li>• Dispel – “Calling DCF”</li> <li>• Tangible and Concrete needs priorities for families</li> </ul> <p>Families connected to Evidence Based Programs:</p> <ul style="list-style-type: none"> <li>• Functional Family Therapy</li> <li>• Multi-Systemic Therapy</li> <li>• Brief Strategic Family Therapy</li> <li>• Parent Child Interaction Therapy</li> </ul> <p>Marketing with Mandated Reporters and Others</p> <p><b>Next Steps - DCF Prevention Framework</b></p> <ol style="list-style-type: none"> <li>1. Fully Implement Connecticut’s Family First Prevention Plan</li> <li>2. Targeted Partnerships with Top 3 Mandated Reporter Groups</li> <li>3. “Seeking Support is a Sign of Strength”</li> <li>4. “This is DCF” Presentation</li> <li>5. Educate all Members of the Community Regarding the Array of Supports in Connecticut</li> <li>6. Hire Young Adult/Parent with Lived Expertise</li> <li>7. Continued Collaboration with Community Partners</li> </ol>	
<b>Sub-committee Reports</b>		
<ul style="list-style-type: none"> <li>• <b>Criminal Justice</b></li> </ul>	<p>Katie Farrell provided the following update:</p> <ul style="list-style-type: none"> <li>• Barbara Lanza, a tri-chair of this committee and an employee of CSD, has retired. Committee is currently taking nominations to fill her slot.</li> <li>• Over the last month they have been discussing re-entry needs with inmates. They will be meeting with parole to find out what kind of needs there are from a parole officers’ perspective. They will also be going to a halfway house and to a welcome center. They are trying to look at different perspective to get at some needs. Will continue to update.</li> </ul>	Informational
<ul style="list-style-type: none"> <li>• <b>Treatment</b></li> </ul>	<p>Maria Coutant Skinner provided the following update:</p> <ul style="list-style-type: none"> <li>• This report continues to center around the work that this committee has been doing to continue to vet the recommendations that are treatment oriented and to move them forward to the Referral committee of the OSAC. Using a newly developed scoring matrix this committee was able to move forward two recommendations, one is for contingency management and the other is for the buprenorphine Bridge Program in emergency departments. Will review two more recommendations this week. This committee is finding that having the matrix tool to review findings has brought about thoughtful discussions and has been very helpful. They are happy to share the tool with this group if anybody would like to see it.</li> </ul>	Informational
<ul style="list-style-type: none"> <li>• <b>Recovery and Health Management</b></li> </ul>	<p>Rebecca Allen provided the following update:</p> <ul style="list-style-type: none"> <li>• The Recovery Housing Work group continues to meet monthly exploring ways to enhance the quantity and quality of recovery housing in Connecticut. Next month, this committee will have a presentation from New Life Two around the peer respite model and Gloria House, which is the first peer respite house in Connecticut.</li> <li>• The Recovery Friendly Campus and School Work group continues to meet and are finalizing a proposal to OSAC for some TA support for the Recovery Friendly Campus initiative.</li> <li>• In July this committee had a presentation from APEX and the Connecticut Harm Reduction Alliance on the overdose prevention centers.</li> <li>• Reviewed and finalized an updated language matters document. The recovery and harm reduction language is ever evolving and will continue to be reviewed and updated when necessary and brought back to the full Council for review.</li> </ul>	<p>Informational</p> <p>The updated Language Matters document can be found on the DMHAS ADPC webpage.</p>

Topic	Discussion	Action
	<p>A QR code was added to the bottom of the one-page document where people can learn more about recovery language and the way it has evolved over time. The QR code directs you to the Drug Free CT website recovery page.</p> <ul style="list-style-type: none"> <li>This committee continues to consider the OSAC public Comment Portal Committee members and the core report. Next month we will be having another in person meeting to try to move some recommendations forward to the OSAC committee for funding.</li> </ul>	
<ul style="list-style-type: none"> <li><b>Prevention, Screening and Early Intervention</b></li> </ul>	<p>Deborah Lake provided the following update:</p> <ul style="list-style-type: none"> <li>This committee met in July and August.</li> <li>Time was spent during both meetings reviewing the OSAC recommendations</li> <li>Looked at subcommittee charter and discussed who may not currently be represented within this subcommittee. Will be reviewing committee membership; ADPC committee members are invited to join this subcommittee.</li> <li>Spent some time talking about the Connecticut Youth Needs Assessment Survey as well as the upcoming prevention summit on October 17<sup>th</sup> that is being hosted by DMHAS. Committee members are invited to register.</li> <li>Had a presentation regarding Naloxone in schools and it being more readily available now that there have been changes to how Naloxone is available to the general public.</li> <li>Had a presentation from CPES on the State of the State: Substance Use in CT.</li> </ul> <p>The following recommendation was put forth for approval:  <i>Convene a workgroup of the Prevention and Early Intervention and Recovery Subcommittees to review, enhance and implement strategies to increase awareness of and expand the number of Recovery Friendly entities in the state including workplaces, higher education and communities.</i></p>	Informational
<b>Other Business</b>		

**NEXT MEETING** – Tuesday, October 15, 2024 – In person

**ADJOURNMENT** – August 20, 2024, meeting of the Alcohol and Drug Policy Council adjourned at 11:30am.