

**ALCOHOL & DRUG POLICY COUNCIL (ADPC)**  
**Meeting of Tuesday, April 19, 2022**  
**Video Conference Call through Teams**  
**10:00 a.m.**

**ATTENDANCE**

**Members/Designees:** Luiza Barnat, DMHAS; Jennifer Chadukiewicz, CCAR; Maria Coutant Skinner, McCall Center; Vanessa Dorantes, DCF; Ines Eaton, DCF; Tammy Freeberg, Village for Families and Children; William Halsey; Allison Fulton; Ingrid Gillespie; Mark Jenkins, GHRC; Barbara Lanza, Judicial; Susan Logan, DPH; Justin Mehl, DMHAS; Carol Meredith, DMHAS; Nancy Navarretta, DMHAS; Dr. William Petit; Sandrine Pirard, Beacon; Surita Rao, UCONN; Kris Robles, DCF; Melissa Sienna, DCF; Scott Szalkiewicz, DCP; Sandra Violette, DOC; Representative Toni Walker; Sandy Valentine

**Visitors/Presenters:** Alixe Dittmore; Samantha Allard, Allyson Nadeau; Ana Gopoiian; Ramona Anderson; Andressa Granado; Kyle Barrett; Cheri Bragg; Brendan Burke; Christopher Burke; Deborah Daniel; David Borzellino; Deborah Lake; Anuja Dhungana; John Doyle; Ines Eaton; Danielle Ebrahimi; Ece Tek; Eddie Aledia; Brian Foley; John Frassinelli; Tammy Freeberg; Thomas Fulton; Gabriela Krainer; Giovanna Mozzo; Joshonda Guerrier; Karin Haberlin; William Halsey; John Simoncelli; Julia Einhorn; Julia Jagger; David Kaplan; Kara Sepulveda; Kim Karanda; Kasandra Rowe; Christy Knowles; Nicole Leonard; Lisa Gray; Karonesa Logan; Susan Logan; Lyne Stokes; Michael Makowski; Rod Marriott; Mary Mason; Justin Mehl; Art Mongillo; Erin Mulhern; Pamela Mulready; Nicole Hampton, Shauna Pangilinan; Rebecca Allen; Gary Roberge; Robert Heimer; Robert Kanehl; Robin Tousey-Ayers; Sarah Toomey; Sarju Shah, Diana Shaw; Janessa Stawitz; Suzanne Doyon; Mark Vancore; Wende Cooper; Alison Wisner; Yashira Pepin

**Recorder:** Karen Urciuoli

The April 19<sup>th</sup> meeting of the Alcohol & Drug Policy Council (ADPC) was called to order at 10:00 a.m. by Interim Commissioner Navarretta, DMHAS. The meeting was co-chaired by DCF Commissioner Vanessa Dorantes.

<b>Topic</b>	<b>Discussion</b>	<b>Action</b>
<b>Welcome and Introductions</b>	Commissioner Navarretta welcomed all in attendance.	Noted
<b>Review and Approval of Minutes</b>	Minutes were reviewed and approved as written.	Noted
<b>Connecticut's Opioid Response: What is Working?</b>	<p>Luiza Barnat following DMHAS report:</p> <p><b>Why focus on what works? CT Data</b></p> <ul style="list-style-type: none"> <li>• OCME data/DPH report: <ul style="list-style-type: none"> <li>• 1535 confirmed overdose deaths in 2021</li> <li>• 11.4 % increase compared to previous year</li> <li>• 85% of fentanyl analog involved in these deaths</li> </ul> </li> </ul> <p><b>Over \$60 Million in Federal Grant Awards</b></p> <p>CT Medication Assisted Treatment Expansion Grant (MATx)</p> <ul style="list-style-type: none"> <li>• \$3 million over three years</li> <li>• September 2016 – 2019</li> </ul> <p>CT State Targeted Response to the Opioid Crisis Grant (STR)</p> <ul style="list-style-type: none"> <li>• \$5.5 million each year over two years. Total \$11 million</li> <li>• May 2017 – April 2019</li> </ul> <p>CT State Opioid Response (SOR) Grant</p> <ul style="list-style-type: none"> <li>• \$11 million each year over the first two years: Oct 2018 – Sept 2020</li> <li>• Additional \$5.8 million supplemental grant</li> <li>• \$ 14 million per year over the next two years: Oct 2020 – Sept 2022</li> </ul> <p><b>New Anticipated Funding</b></p> <ul style="list-style-type: none"> <li>• Settlement funds</li> </ul>	Information – Full reports with data is available on the DMHAS ADPC webpage.

Topic	Discussion	Action
	<ul style="list-style-type: none"> <li>• Advisory group</li> <li>• Data informed</li> <li>• Innovation</li> <li>• Evidence based practices</li> <li>• COSSAP (Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program) grant</li> </ul> <p><b>DMHAS Priorities</b></p> <ul style="list-style-type: none"> <li>• Naloxone</li> <li>• Treatment - Primarily medication assisted treatment</li> <li>• Recovery Supports</li> <li>• Outreach and engagement</li> <li>• Overdose Prevention</li> <li>• Harm Reduction</li> <li>• Public Education</li> <li>• Family Support</li> <li>• Criminal Justice Interventions</li> </ul> <p>*for more detailed information about these priorities and associated initiatives, you may view our webinar series. Please visit our website: <a href="http://Opioid Services (ct.gov)">Opioid Services (ct.gov)</a></p> <p><b>Naloxone, Naloxone Everywhere!</b></p> <ul style="list-style-type: none"> <li>• DMHAS Regional Behavioral Health Action Organizations (RBHAO's)</li> <li>• Department of Correction, Parole</li> <li>• Department of Public Health</li> <li>• ALL Hospital Emergency Departments Statewide</li> <li>• ALL DMHAS facilities</li> <li>• Treatment and Recovery Support Providers</li> <li>• Police Departments</li> </ul> <p>Statewide CPMRS Prescriber Outcomes</p> <ul style="list-style-type: none"> <li>• One of DMHAS' priorities included public education, the DMHAS prevention Team was awarded the CT Strategic Prevention Framework for Prescription Drugs grant (SPF-Rx), one of the goals of the grant is to reduce prescription drug misuse, to reduce prescription drug and other opioid related consequences among adults 18 and over, to have increased physician and pharmacist enrollment in use of the CPMRS, and to reduce the availability and misuse of prescription opioids. A UCONN study shows that there has be a significant reduction in the number of high dose opioid prescriptions from 2017 to 2020. The Prevention Team also has the Change the Script public media campaign which aims to change provider and consumer behavior.</li> </ul> <p>Live Loud Campaign - Facebook Promoted Feed Posts</p> <ul style="list-style-type: none"> <li>• Live Dates: 9/3/21 – 11/12/21</li> <li>• Total Reach: 87,030</li> <li>• Total Impressions: 159,068</li> <li>• Total Engagement: 8,796</li> </ul> <p>Kris Robles provided the following DCF report:  DCF funds a continuum of evidence-based community services to address youth substance at different levels of care.</p> <ul style="list-style-type: none"> <li>• Clinic-based outpatient - General substance use treatment</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Intensive in-home outpatient - General substance use &amp;</li> <li>• opioid use treatment</li> <li>• Recovery supports - Any substance use</li> </ul> <p>Clinic-based treatments aim to prevent more serious problems and the need for more intensive services  Program Name: Substance Use Screening, Treatment &amp; Recovery for Youth: SSTRY  Type: Clinic-based outpatient  Target Population: Youth up to age 24 years, statewide  Service Characteristics: Evidence-based Community Reinforcement Approach (CRA) treatment provided in clinic setting. Also offers community Substance use Disorder (SUD) screening and recovery supports.  Outcomes at discharge:</p> <ul style="list-style-type: none"> <li>• 73% of youth reduced or were abstinent from substance use</li> <li>• 96% were living in a home setting</li> </ul> <p>Youth also showed other significant improvements at discharge in:</p> <ul style="list-style-type: none"> <li>• school or vocational functioning (87%)</li> <li>• reductions in juvenile justice – no new arrests (93%)</li> </ul> <p>Opioid treatment for youth: early data from pilot program shows positive outcomes  Program Name: Helping Youth and Parents Enter Recovery: HYPE Recovery  Type: Home-based outpatient  Target Population: Youth up to age 21 years, statewide  Service Characteristics: Intensive in-home family treatment, youth and family recovery support, Medication for Opioid Use Disorder (MOUD) is available.  Outcomes at discharge:</p> <ul style="list-style-type: none"> <li>• 63% of youth with Opioid Use Disorder (OUD) were abstinent from opioids and all other hard drugs</li> <li>• 94% were living in a home setting</li> </ul> <p>Youth also showed other significant improvements at discharge in:</p> <ul style="list-style-type: none"> <li>• mental health (69%)</li> <li>• school or vocational functioning (75%)</li> <li>• reductions in aggression and violence (63%)</li> <li>• reductions in involvement with anti-social peers (81%)</li> </ul> <p>Services for DCF-involved caregivers with SUD aim to keep families stable and together  Program Names: Family Based Recovery (FBR)  MST-Building Stronger Families (MST-BSF)  Type: Home-based outpatient  Target Population: DCF-involved caregivers age 18+ with minor children living in the home, or where reunification is imminent.  Available across CT.  Service Characteristics: Intensive in-home family treatments, parenting skills and support.  Outcomes at discharge:</p> <ul style="list-style-type: none"> <li>• Total Number Admitted/Served in FY2021 – FBR % (N): 314 / MST-BSF % (N): 147</li> <li>• Outcomes for Clients who Discharged in FY2021 - FBR % (N): 86 / MST-BSF % (N): 70</li> <li>• Abstinent in Last 30 Days of Treatment - FBR % (N): 94% (81) / MST-BSF % (N): 77% (54)</li> <li>• No New DCF Careline Reports During Treatment - FBR % (N): 92% (79) / MST-BSF % (N): 87% (61)</li> </ul>	

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	<ul style="list-style-type: none"> <li>Child(ren) Living at Home at Program Discharge - FBR % (N): 91% (78) / MST-BSF % (N): 86% (60)</li> </ul> <p>Child(ren) Living at Home at Program Discharge  Program Name: Youth Recovery CT  Type: Online or in-person support group  Target Population: Youth (16 &amp; older) and family members, statewide  Service Characteristics: Free SMART Recovery® meetings based on Community Reinforcement and Family Training (CRAFT) evidence-based program, and Alternative Peer Groups (APGs). Non-profits apply for \$10,000 mini-grants using a simple application</p> <ul style="list-style-type: none"> <li>SMART Recovery Groups</li> <li>SMART Friends &amp; Family Groups</li> <li>Alternative Peer Groups</li> </ul>	
<p><b>“How Can We Help?” Initiative</b></p>	<p>Justin Mehl and Zachary Green provided the following report:  How Can We Help? (HCWH?)</p> <ul style="list-style-type: none"> <li>'The How Can We Help?' project was developed by the CT Department of Mental Health and Addiction Services (DMHAS) in response to the opioid epidemic in CT. 'HCWH?' is currently operating in nine (9) communities around CT that have been especially hard-hit by the opioid crisis.</li> </ul> <p>HCWH? Collaborative Providers:</p> <ul style="list-style-type: none"> <li>There are a lot of partners throughout the state, it's an interfusion of health departments, first responders, faith leaders, and harm reduction leaders. All are paired with outreach workers, someone who can connect with as individual in a deep and meaningful way, based on a certain level of shared life experience.</li> </ul> <p>Unique Individuals Supported</p> <ul style="list-style-type: none"> <li>Total Number of Individuals served: 1,212</li> </ul> <p>Demographics</p> <ul style="list-style-type: none"> <li>Of the 1,212 individuals collectively served... <ul style="list-style-type: none"> <li>Non-Binary: 1%</li> <li>Females: 41%</li> <li>Males: 58%</li> </ul> </li> <li>Total # of individuals served who identify as homeless/displaced: 541</li> <li>Ages of those services <ul style="list-style-type: none"> <li>Younger than 18: 3%</li> <li>18-24: 12%</li> <li>25-38: 31%</li> <li>39-50: 28%</li> <li>50+: 26%</li> </ul> </li> <li>Ethnicity <ul style="list-style-type: none"> <li>Caucasian: 979</li> <li>Black-African American: 211</li> <li>Hispanic-Latino: 190</li> <li>Native American or Alaskan Native: 3</li> <li>Native Hawaiian or Pacific Islander: 3</li> <li>Other: 172</li> </ul> </li> </ul> <p>Individual substance-use patterns/changes after receiving HCWH services</p>	<p>Informational</p>

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	<ul style="list-style-type: none"> <li>• Changes to Substance-use Pattern as a Result of HCWH Services: <ul style="list-style-type: none"> <li>• Abstinence from all substances: 10%</li> <li>• Decreased use: 39%</li> <li>• Safer Use: 37%</li> <li>• Increase Use: 4%</li> <li>• No Change: 10%</li> </ul> </li> </ul> <p>Connect to Care</p> <ul style="list-style-type: none"> <li>• Treatment types individuals requested/received while with HCWH providers: <ul style="list-style-type: none"> <li>• Detox: 27%</li> <li>• Medication Assisted Treatment: 40%</li> <li>• Sober Residential Program: 11%</li> <li>• Outpatient: 11%</li> <li>• Other: 11%</li> </ul> </li> <li>• Number of individuals treated following an overdose: 362</li> <li>• Number of individuals connected to treatment: 647</li> </ul> <p>Harm Reduction</p> <ul style="list-style-type: none"> <li>• Individuals Educated on Harm Reduction and Harm Reduction Services: 609</li> <li>• Distribution of Naloxone: 2000 + kits</li> </ul> <p>Group Outcomes</p> <ul style="list-style-type: none"> <li>• Number of individuals served in a group setting: 577</li> <li>• How many groups (total) were held? 137</li> <li>• Average # of individuals in each group; 20</li> <li>• How many groups were virtual? 27</li> </ul> <p>Sarah Toomey &amp; Julia Jagger provided the following report on Outreach and Engagement in Litchfield county Community Outreach and Recovery Navigation</p> <ul style="list-style-type: none"> <li>• Mobile outreach throughout Litchfield County focusing on the more rural and underserved communities.</li> <li>• Meet and assess individuals in the community or in our outreach van.</li> <li>• Connect individuals, families and friends to treatment options, resources and services.</li> <li>• Outreach Clinician</li> </ul> <p>What's Happening in Our County</p> <ul style="list-style-type: none"> <li>• 1 overdose a day in Litchfield County (which has population of 140k people)</li> <li>• Less than half occurring in Torrington and the rest throughout Litchfield County</li> <li>• Per capita, our county has one of the highest rates of opiate and alcohol use disorders</li> <li>• In 2020, there were 71 fatal overdoses in Litchfield County, 60 of these overdoses occurred in a residence</li> </ul> <p>Prioritizing Community Needs</p> <ul style="list-style-type: none"> <li>• Where are the overdosing happening</li> <li>• Spike Alerts</li> <li>• What we are hearing on the street</li> <li>• Overdose map</li> <li>• Overdose tracking</li> </ul> <p>Harm Reduction – We deliver</p>	

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	<ul style="list-style-type: none"> <li>• Narcan/Harm reduction addiction treatment resources</li> <li>• Overdose Follow Up Kits</li> <li>• Community Presence <ul style="list-style-type: none"> <li>• Narcan distribution sites</li> <li>• Social media &amp; Advertising</li> <li>• Community partners support</li> <li>• Visible locations</li> </ul> </li> <li>• CPR with Narcan training</li> </ul> Partners in Overdose Response <ul style="list-style-type: none"> <li>• Police</li> <li>• Town Leadership</li> <li>• Emergency Medical Services and F9rst Responders</li> <li>• Community Members</li> <li>• Businesses</li> <li>• Places of Worship</li> </ul>	
<b>Sub-Committee Reports</b>		
<ul style="list-style-type: none"> <li>• <b>Prevention, Screening and Early Intervention</b></li> </ul>	Allison Fulton provided the following update: <ul style="list-style-type: none"> <li>• Continue to get quarterly reports on all federal grants that are being submitted across the state regard prevention.</li> <li>• During the month of March, the state department of education provided a report to this committee about the Naloxone school survey that went out. Approximately 178 schools responded to the survey, approximately 60% of them reported that they had Naloxone on site. Those that did not have it said it was due to perceived lack of need, challenges obtaining Naloxone, and parents and or administrations objections or concern.</li> <li>• In April this committee had a report from SHOBA on the incidents of Gabapentin overdoses in CT, which is interesting data and is being tracked.</li> <li>• Robert Lawlor from NE HIDTA reported that there are two new role call videos being created, one of them will be about safe handling of Fentanyl for law enforcement, will continue to hear more about that.</li> <li>• Media and Stigma workgroup – currently creating a list of subject matter experts that the media can contact if they are looking for information going forward. They will continue to hold their annual forum every year to help media use best practices when they are doi8ng reporting.</li> <li>• Cannabis workgroup - Initiated a statewide media campaign to address safe storage, transportation across state lines, and possession. Looking for people to participate in a focus group to help create the campaign. Also, they continue to work on policy around public health and safety, placement and access and product potency.</li> <li>• The Community Readiness Survey is wrapping up this month, hopefully results from the CT Evaluation group at UCONN will be presented soon.</li> <li>• Parents Against Vaping E-cigs (PAVE) have a two-day campaign coming up May 24<sup>th</sup> and 25<sup>th</sup> from 10:00 – 12:00.</li> <li>• The 2<sup>nd</sup> week in May is National Prevention Week, there will be a big event held in Bridgeport.</li> </ul>	Informational
<ul style="list-style-type: none"> <li>• <b>Treatment</b></li> </ul>	Maria Skinner provided the following update: <ul style="list-style-type: none"> <li>• This group continues to discuss the opioid settlement, and alternate methods for controlling pain.</li> <li>• Continues to discuss resources related to grief and loss, had a presentation by TriCircle, and are in the process of pulling together a list of resources and training to expand those offerings throughout the state.</li> <li>• Looking at recommendations for workforce training around harm reduction and the recovery process.</li> </ul>	Informational

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	<ul style="list-style-type: none"> <li>• The CT Harm Reduction Alliance started their action workgroup, they are currently meeting 2 times a month. The group is co-chaired by Mark Jenkins and Joanne Montgomery. If you are interested in joining the workgroup you may contact Mark or Joanne.</li> <li>• Looking at and have had presentations from people who have developed technological advancements in how to integrated harm reduction and how to development apps. There is a lot of information out there, this group continues to look at it.</li> <li>• There are concerns about diminishing resources as it relates to SSPs. With the demand up for Narcan and for syringe exchange programs this group feels the need to highlight that and bring it forth to this council. It's alarming to see that these resources are in a shortfall.</li> <li>• Looking in to creating a public service campaign around Fentanyl and the safe use of Narcan to reduce an overdose.</li> <li>• Looking at patients with complex medical needs on MAT and the difficulty in having them accepted into nursing homes. And also looking at issues around Medicare still being a barrier to higher levels of treatment.</li> <li>• Continue to discuss concerns around punitive measures and juvenile crime. Would like to make sure that any policies informed by research and best practices are promoted as effective pathways to healing.</li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Recovery and Health Management</b></li> </ul>	<p>Jennifer Chadukiewicz provided the following report:</p> <ul style="list-style-type: none"> <li>• Sandy Valentine has been named the new co-chair of this committee.</li> <li>• Have been connecting with one of the voices for change recipients at Grosso Technical High School. There is a group of students there that are really passionate about being recovery allies and getting something happening on their high school campus. This group is investigating ways to connect with them to find out what type of services and information high school campuses may need.</li> <li>• In June this group will be meeting and doing some strategic planning around what their goals should be for the next fiscal year, including conversations around bringing recovery friend behaviors not only into our communities but into our homes, friendship groups and family groups.</li> <li>• The Recover Friendly Campus initiative was rolled out to approximately 120 participants both virtually and in person in the Student Union on the UCONN Storrs campus. Seven CT campuses were represented as well as campuses from Massachusetts, New York and New Jersey. Presenters included Assistant Secretary Delphin-Rittman, and Dr. Hernandez.</li> </ul>	Informational
<ul style="list-style-type: none"> <li>• <b>Criminal Justice</b></li> </ul>	<p>Barbara Lanza provided the following report:</p> <ul style="list-style-type: none"> <li>• Had a presentation from Joey Linbeck, who talked about Medicaid coverage and the reentry issues for individuals who have been incarcerated.</li> <li>• Had a presentation from Carrie Lloyd, DSS and Mike Aiello, CSD, provided an update on the 1115 Demonstration Waiver.</li> <li>• Had Dr. Springer from Yale provide an update on two research projects that Yale is working on. The first one is called INSTRIDE (Integrating Substance Abuse Treatment Research with Infectious Diseases for Everyone), and focuses on persons involved in the criminal justice system and in the community who have opioid use disorder as well as being at risk of being exposed to HIV and other infections. The second research project is called ACTION (Addressing Risk Through Community Treatment for Infectious Disease and Opioid Use Disorder Now) and is among justice involved populations. It is an NIH funded 5-year study and will compare the effectiveness of patient navigation to mobile health unit. Services provided will be treatment and prevention of HIV, medication for opioid use disorder, HEP C and sexually transmitted diseases. They are accepting referrals into ACTION for individuals 18 and older.</li> <li>• Marty Cordol and Natalie Dumont provided an update on the Sequential Intercepting Mapping model, they will be providing training and rolling out this model across the state in mid-summer.</li> <li>• Robert Lawlor from NE HIDTA presented to this group and talked about the roll call videos that are being created that</li> </ul>	Informational

Topic	Discussion	Action
	involve safe handling of Fentanyl as well as the Good Samaritan video. He also talked about community drug testing. <ul style="list-style-type: none"> <li>• Jack Doyle provided an update on the Early Screening process and provided some great outcomes, they are continuing to research that model.</li> <li>• MAT in DOT – MAT is in 9 facilities; Garner will open in May.</li> </ul>	
<b>Other Business</b>		

**NEXT MEETING** – Tuesday, June 21, 2022, Video Conference Call Through TEAMS

**ADJOURNMENT** – The, April 19, 2021 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.