ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, October 17, 2017
Legislative Office Building, Meeting Room 2B
Hartford, CT
10:00 a.m.

ATTENDANCE

Members/Designees: Craig Allen, Rushford; Charles Atkins, CMHA; Hope Auerbach, Recovery Health Management Subcommittee; Theresa Conroy, Representative for Terry Gerratana; Miriam Delphin-Rittmon, DMHAS; Katie Farrell, Public Defenders Officer; David Fiellin, Yale School of Medicine; Ingrid Gillespie, CT Prevention Network; Matthew Grossman, Yale New Haven Hospital; David Guttchen, OPM; William Halsey, DSS;Kevin Kane, Criminal Justice; Joette Katz, DCF; Shawn Lang, AIDS, CT; Susan Logan, DPH; Gerard O'Sullivan, Dept. of Insurance; Sandrine Pirard, Beacon; Surita Rao, UCONN Health; Ariel Reich, DESPP; Julie Revaz, Judicial; Betsy Ritter, Dept. on Aging; Gary Roberge, Judicial; Jerry Schwab, High Watch Recovery Center; Greg Shangold, Windham Hospital; Xaviel Soto, DCP; Judith Stonger, Wheeler Clinic; Phil Valentine, CCAR; Melissa Ziobron, CT General Assembly

Visitors/Presenters: Loel Meckel, DMHAS; Nancy Navarretta, DMHAS; Julienne Giard, DMHAS; Rebecca Allen, CCAR; Jennifer Chadukiewicz, CCAR; Joseph Riter, RSL, Yanike Whittingham, CT DOC; Yashira Pepin, Alkermes, Inc; Louis Sorrentino, LADC, CVH ASD; Kim Karanda, DMHAS; Michael Klau-Stevens, DMHAS; Robert Heimer, Yale SPH

Recorder: Karen Urciuoli

The October 17, 2017 meeting of the Alcohol & Drug Policy Council (ADPC) was called to order at 10:00 a.m. by DMHAS Commissioner Miriam Delphin-Rittmon. The meeting was co-chaired by Commissioner Joette Katz, DCF.

Topic	Discussion	Action
Welcome and Introductions	Members of the Council introduced themselves and Commissioner Delphin-Rittmon welcomed all in attendance.	Noted
Review and Approval of Minutes	Minutes were reviewed and approved with the following change; Dr. Kathleen Mauer will be added as Criminal Justice Sub-committee chair.	Noted
CT-Recovery Oriented Support System for Youth	Judith Stonger reported that Connecticut Recovery Oriented Support System for Youth (CROSS) is in response to the fact that that there aren't as many youth recovery support services, they lag behind recovery support systems for adults. This initiative is being funded through the DMHAS awarded State Targeted Response to the Opioid Crisis grant (STR). DCF has contracted with Wheeler Clinic to implement a statewide substance use recovery support system specifically oriented to the needs of youth aged 16-24 years. The goal of this initiative is to design, develop and implement youth recovery supports in CT. DCF has contracted with Wheeler Clinic to hire a full-time statewide youth recovery support coordinator who will help to lead this initiative. A steering committee is being developed and will be comprised of a majority of youth in recovery and their families; they will be guiding the selection of recovery groups to be implemented around the state. The committee will be meeting next Tuesday, October 24th at 6:45 at the Meriden Public Library. The committee will help to identify possible locations for ten Self-Management and Recovery Trainings (SMART) that will be for youth ages 16-18 and 18-24. It will be a skill building program with four main points: 1. Building and maintaining motivation for recovery; 2. Helping young people and others to cope with the urge they might have related to their drug and alcohol use; 3. Helping them to manage their thoughts, feelings and behavior and building strategies around that; 4. Living a balanced life. With regard to building and living a balanced life, the expectation from these ten smart recovery groups is that they will also implement alternative peer group activities such as social events, adventure groups, outings, and community service type activities. In addition, the group will be developing a long-term, three year strategic plan for continuance of the initiative, and hopes to host a symposium in April 2018 that will bring speakers in on the topic. The symposium will highlight successes and will hopefully have some people that have been part of those groups talk about their experience with youth recovery supports and	Will continue to update.

Topic	Discussion	Action
	with smart recovery. The goals are to increase involvement of youth and families, to address substance use disorders among young people to reduce stigma associated with substance use, to increase access to recovery supports and to build recovery support structures for young people around the state. If anyone is interested in participating in the steering committee they are looking for additional young people, people in recovery and families that might want to participate. Contact Judith Stonger if interested.	
Department of Correction Update	Dr. Kathleen Maurer reported that the ADPC recommended increased MAT and access to Naloxone in Corrections. The benefits of MAT in Corrections are: it reduces illicit opioid use, reduces criminal behavior, reduces mortality and overdose risks, and reduces HIV risk behaviors. Of all the accidental overdoses in 2016, 52 percent of them had come out of the correctional system at some time. As a state, it's our obligation to address this issue. Connecticut Correctional System MAT Programs • Phase 1 – Bridgeport and New Haven – Methadone and maintenance programs. Induction has been done in these programs but it's been difficult. The programs have been running since 2013 (New Haven) and 2014 (Bridgeport). They see 65 patients a day and the programs are full. Since they've been operational they have treated between 950 and a thousand patients. • Phase 2 – Hartford and Niantic – These are programs are just getting underway and the contract have just been executed for those programs. The Hartford program has started; it's starting out with an assessment phase and then moving into both induction and treatment. They are see between three and seven patients daily coming in on opiates. The need for induction is very great in Hartford. • Phase 3 – Enfield – This is a pre-release induction program and is designed to take some of the burden off of the jail based programs. It is an STR funded program and will offer methadone. Part of that RFP was to design a statewide methadone re-entry program. Sequential Intercept Model The Living Free Program – 1 New Haven Living Free Program – 2 New Britain • Living Free Program—1--Re-entry program funded by SAMHSA and operated by the Forensic Drug Diversion Clinic in New Haven • Entering 3rd year of funding • FORDD Clinic directed by Dr. Sherry McKee and Assistant Director, Dr. Lindsay Oberleitner • FORDD is jointly funded by DMHAS and Yale Law and Psychiatry • Living Free Program—2—Similar program situated in community mental health agency (LMHA) in New Britain and just starting out • Funded by DMHAS through STR/SAMHSA program • Population focus is those with moderate to severe substance use disorder, • Program includes extensive in-reach, escorted visit to clinic prior to release, and comprehensive mental health and substance use disorder treatment including MAT (if clinically appropriate) after release • Peer advocates play important role • Support from parole officers critical How to improve addiction care to break the cycle of recidivism? Client Flow Through Treatment – This project has four basic steps: • IDENTIFICATION: <6 months prior to release	Informational

Topic	Discussion	Action
	• IN-REACH: <2 months prior to release • ESCORTED VISIT: <1 month prior to release • COMMUNITY BASED SERVICES: Immediately upon release Treatment, Case Management, and Re-Integration Services Post-Release • Treatment will focus on ~ Addiction issues ~ Co-morbid psychiatric issues--trauma ~ Health (HIV, HCV screening) ~ Intensive case management ~ Peer support throughout • Coordinate care across providers, as well as parole and probation • Length of treatment will be for a minimum of 3 months, but no maximum Early Living Free—New Haven Outcomes* *Living Free – 2 - New Britain is Just Getting Off the Ground The New Haven program is a SAMHSA funded program; the STR program is just starting out in New Britain. Recruiting for 14 months • 137 enrolled ~ 71 women ~ 66 men Community supervision • 65% on parole • 18% on probation • 17% end of sentence Primary Substance of Choice • Alcohol – 35% • Opioids – 33% • Cocaine – 18% • Cannabis – 9% • PCP – 3% • MDMA – 2% Preliminary Outcomes • 94% Addiction treatment engagement ~ 58% with psychiatric co-morbidity (depression, PTSD, anxiety) ~ 38% of those with psychiatric co-morbidity receiving medication • 82% have stable housing • 48% have stable employment • 35% with chronic health condition ~ 26% HCV ~ 22% hypertension ~ 13% diabetes, HIV, pain	

Topic	Discussion	Action
	~ 4% seizure, glaucoma, asthma, lupus, arthritis, UTI • 76% show rate at Transitions Clinic • 79% agreeing to HIV testing • 72% agreeing to HCV testing Opioid overdose prevention plan • 33% identify opioids as drug of choice • 75% recommended to MAT are taking medication ~ 38% on buprenorphine ~ 25% on methadone ~ 12% on naltrexone/vivitrol • Opioid overdose risks discussed with all clients (recruitment, in-reach, escorted visit) • Kits are prescribed or provided at first outpatient visit (train client, family, etc). • Only 3 have refused kits Sentence Histories • 89% of our clients have been incarcerated multiple times • 20% have been incarcerated more than 15x. • The top 7 reasons for incarceration are non-violent Legal Outcomes— 12 months into program N = 113; Male = 55; Female = 58 New Arrest • 6/58 engaged women = 10% • 4/55 engaged men = 7% New Incarceration • 2/58 engaged women = 3% • 2/55 engaged men = 4% Summary • Existing MAT programs continue to serve 65 patients daily (BCC and NHCC) • New MAT programs are all in various stages of development, all should be operational by January 1, 2018 • One of these at OCI will be the first prison-based program for males • The York CI program is both prison and jail based in our female facility • Living Free—2, New Britain, is modeled after a very successful re-entry program, Living Free—1 New Haven, and is designed to test whether the approach can be successfully implemented in other community settings	
Recovery Coaches in the Emergency Departments Initiative	Rebecca Allen- Director of Recovery Support Services and Jennifer Chadukiewicz- ED Recovery Coach Manager provided an update on the use of Recovery Coaches in emergency departments. In January 2017 Connecticut Community for Addiction Recovery (CCAR) hired a ED Recovery Coach Manager who immediately developed best practices for the Recovery Coaches. Recovery coaches are not therapists, clinicians, clergy or 12 step sponsors. They occupy a very unique and distinct lane on the recovery highway, and are invited guests in the emergency departments and respect and trust the relationship that the emergency department staff has given them. They meet with people in the emergency department and have very meaningful conversations that start out with "I have been where you are right now, I know how you feel and how can we not come back here. ED Recovery Coach Training consists of:	Informational

Topic	Discussion	Action
	• 5 day CCAR Recovery Coach Academy (30 hours) • Ethical Considerations for Recovery Coaches© (12 hrs.) • Spirituality for Recovery Coaches© (12 hrs.) • Professionalism for Recovery Coaches© (12 hrs.) • Medicated Assisted Recovery (6 hrs.) • Mental Health First Aid (8 hrs.) • Crisis Intervention & Conflict Resolution • Narcan training • Hospital specific training (fire/general safety, OSHA, blood borne pathogens, infection control, hazardous materials, HIPPA , etc.) Program Logistics: • 4 hospitals (Manchester, Windham, Backus, Lawrence & Memorial) ➢ Manchester- March 1st ➢ Windham- April 17th ➢ Lawrence & Memorial- April 20th ➢ Backus- June 14th • ***Expansion- Mid-state, St. Francis, Danbury & Day Kimball ➢ Mid-State- October 16th ➢ St. Francis- pending ➢ Danbury- pending ➢ Day Kimball- pending • 1 Manager/6 Recovery Coaches (soon to be 9 Recovery Coaches) • 8am-midnight 7 days a week • Dispatch model (answering service) • ED staff identifies appropriate patient; asks if they'd like to speak to a Recovery Coach • Coach immediately calls hospital; responds in person within 2 hrs. of call • Overdoses priority! • Establish MOU's • Meet with Hospital administrators • Community Outreach • Staff buy in (presentations to administrative & ED staff) • Onboarding (immunizations, hospital trainings, badging, etc.) • Ongoing program feedback (manager, coaches, hospital staff) Expected Outcomes: • Reduce recidivism (fewer return visits). • Reduce alcohol and other addiction related Emergency Department visits overall. • Reduce costs (less clinical staff time) and ED caseload. • Reduce opioid overdose risk for individuals. • More people enter into long-term recovery (better overall health). • Increased awareness about the hope, healing and power of recovery for persons struggling with addiction, their family	

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	members, hospital staff and volunteers. • Infuse the hospital system with recovery values and concepts. • Increase the connection rate to community care. Outcomes (3-1-17 to 9-28-17) • Manchester - 127 • Windham- 119 • Lawrence & Memorial- 86 • Backus- 77 • Total= 409 Overdose • No= 365 • Yes= 42 • Total= 407 Recidivism • 13 seen 2x more • 6 at same hospital • 7 different hospital Gender • Male=287 (70%) • Female= 122 (30%) Drug of Use • Alcohol (238) • Alcohol & OS (40) • Heroin (53) • Heroin & OS (46) • Prescription Opiates (4) • Prescription Opiates & OS (9) • Cocaine OS (12) Connected to Care • 409 individuals seen • 405 individuals were connected to care Level of Care Referrals • Detox – 220 • Community Supports – 86 • Inpatient – 49 • Outpatient – 28 • Intensive Outpatient – 13 • Medicated Assisted Treatment - 9	
Sub-Committee Reports		
• Prevention, Screening and Early Intervention	Dr. Mark Grossman provided the following update. Core Competencies	Informational

Topic	Discussion	Action
	• Dr. Dan Tobin from Yale has developed core competencies for the state. • Dr. Tobin held a number of Scope of Pain trainings around the state. • An op-ed was published in the Cleveland Clinic Journal of Medicine to raise awareness of PD misuse. Prevention and Education Strategies • The DPH conference on 10/27/16 for health and human service professionals revealed the CT Opioid Response (CORE) plan. • The DPH awarded 7 health districts grants to implement community health interventions. • Drugfreect.org was re-launched in June 2017. The site is averaging about 9 visits a day. Judith Stonger and her staff have been trained to update the site. • National Prevention Week was in May 2017. A conference was held on May 15th and included workshops, networking and panel presentations. • The quilting project continues. • Benzodiazepine trainings have been done and were attended by approximately 400 people. • The Connecticut Health Investigative Team (C-HIT) and Wheeler Clinic hosted a community forum entitled "Working Women: The New Face of Addiction" on April 6, 2017. It was attended by over 500 people live and on Facebook. • A summit for the CT CDC-Prescription Drug Overdose Prevention grant for states was held in April 2017 and attended by the health districts, the Yale evaluation team and representatives of state and other healthcare agencies. • A 2-day prevention and recovery opioid conference was held on July 18 &19 2017. • Wheeler's Connecticut Clearinghouse will host two trainings on Naloxone, the "Hidden in Plain Sight" presentation, and remembrance quilt square making throughout the day on August 31 for International Overdose Awareness Day. • Fighting Against Drugs Everywhere (F.A.D.E.) hosted a sunset memory 5k run, 1 mile fun run, and 1-2 mile health walk followed by candle light remembrance service on August 31st. • The New Canaan Parent Support Group and the New Canaan Community Foundation hosted an Overdose Awareness Day and Vigil on August 31st. • CDC-produced factsheets and posters directed at patients and families were mailed to more than 1,000 healthcare agencies. • The DCP created a new "How to dispose of your medications" for Youtube; licensed additional law enforcement drop boxes; drafted language for drop boxes in pharmacies; provided brochures for distribution including "Secure Your Meds" and "Safe Storage and Disposal of Prescription Medication. • The vendor DrinkCaffeine has been procured to: 1) create an integrated, statewide communications plan for messaging and tactics, this is in the beginning stages. Supporting Integration of the Prescription Drug Monitoring Program • The DCP is working on developing and disseminate a print campaign to address: CT Prescription Drug Monitoring Reporting System (CPMRS) purpose, key features and benefits for improving clinical practices, and, detecting patient abuse. • Negotiations are ongoing between Appriss and at least six facilities that expressed interest in integration. Naloxone Availability in Schools • There were 2 naloxone prescribing events in March and April 2017 in New Britain to allow pharmacists to prescribe in a group setting. • The president of the Connecticut State Colleges and Universities (CSCU) announced in September that starting in the fall of 2017 all 16 physical campuses will be supplied with Naloxone. • Work continues with developing a protocol for the purchase, storage, distribution and tracking of naloxone kits that will be purchased through the STR grant.	

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	• Discussions with school-based health centers, the School Nurses Association, the Association of Boards of Education and the Boards of Regents are ongoing. Tasks from BH7052 • A one-page fact sheet on the risks of OUD and resources available to address has been finalized and is posted on the DMHAS website and the Drugfreect.org website. • The VNOD form has been approved by the DCP and DMHAS and posted on the DPH website. • Work continues on the recommendations for statutory or policy changes that would enable first responders or healthcare providers to safely dispose of a person's opioids upon death. • A statewide media campaign called Change the Script targeting users, their families and friends, prescribers and the general public is underway.	
• Treatment	Dr. Charles Atkins provided the following update: Task from HB7052 • There is currently a real time bed availability system being formatted, the projected go live date is November 2nd, a lot of time was spent discussing what it will and will not do. It will be heavily geared towards HUSKY; however some facilities which are able to take HUSKY plus private insurance will be able to get onto the system. Require 13 DMHAS Operated/Funded LMHAs to Provide Buprenorphine Treatment • This is ongoing with two monthly learning collaboratives. DMHAS expands MAT Learning Collaborative to include 7 STR funded sites. Maintain/expand through involvement with Project ECHO. SBIRT • This is ongoing and has been folded into the ASSERT Grant through DCF. There are a number of learning initiatives they will be going through as a part of the ASSERT grant, which includes multi-disciplinary family therapy, MAT for adolescents and young adults, and a very strong peer component. Enhance Early Identification of Substance Use Problems • Urine toxicology guidelines for clinics have been developed. A second one will be developed which will be more geared towards adolescents and young adults. Workgroup to Identify and Address Regulatory Barriers • Have looked at a variety of regulatory barriers; continue to have ongoing discussions with various involved agencies.	Informational
• Recovery and Health Management	Phil Valentine provided the following update: • 50% of the committee members are people in recovery or family members. • They are coming up with some new goals and objectives. • The one page Language of Recovery document is finished. • Looking at resources available to people in recovery, family members, friends and how to access those resources within your community.	
• Criminal Justice (New)	Julie Revas provided the following update: The full workgroup had their first meeting, and scheduled a series of meetings over the next 6 months. Their intention is to quickly develop a five year plan including deliverables and timeframes for approval by the full ADPC. They will begin with an inventory of existing programs that are at various stages of justice system access that will help them do a gap analysis to identify what effective programs exists and/or are missing, and how to improve access. There is a sub workgroup that is already actively meeting to study substance use programs to which municipal police can refer. Tasks from HB7052 Loel Meckel reported that Public Act 17-131 required the ADPC to come up with a report by February 1st to look at municipal police department with substance abuse treatment referral programs. The report must identify any barriers these programs face	

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	and determine feasibility of implementing them statewide. A subgroup of this committee has been formed; it has two police officers on it. They are starting out with the survey through the Connecticut Chiefs of Police Association of all 92 municipal police departments in the state to see who has programs, the will then check with those departments that have programs to get some detail in addition to getting detail from the state police program that has been in existence. We also want to describe the variety of programs around the nation. There are a number of different models around the country that police departments are using to connect people with the services. They expect to present a report to this council at the December 19th meeting for consideration.	
Other Business	In order to help save the state some money and to get more treatment options for our patients, a therapist from CVH said they have had a lot of high utilizers that he's been trying to get out into the community to a lower level of care, however, is being told there are long waiting lists. He feels that high utilizers that have had DMHAS case conferences should be a higher priority once they are discharged from a state facility.	Noted
	Dr. Rao, Director – UCONN Psychiatry Residency Training Program reported that one of the big initiatives they have done for many years is an annual educational competition/education day for their residents, because training for the next generation of doctors to go into to addiction as a specialty has to start early. Basically a competition is held where a select number of residents do a PowerPoint presentation on addictions to a panel of judges. Then the rest of interns not selected show their work in poster presentations, which gives them scholarly activity that they need as part of their training because they're doing original poster presentation and gets them interested in the whole topic. This has been an increasingly successful event. Commissioner Delphin-Rittmon suggested that some of the poster presentation be displayed at some of the ADPC meetings.	Informational
	Dr. Fiellin noted that there are two addiction medicine residencies/fellowships in the state and there are no state or federal designated private funds for those programs, so they are consistently turning away physicians who are interested in specializing in addiction medicine because there are no funds to support their training. Commissioner Delphin-Rittmon indicated that perhaps this is something that can be looked at when looking training grants or any other creative way to access those types of resources.	Noted
	Dr. Charles Atkins reported that on November 15th at Quinnipiac University, there will be daylong event about women, babies and the opioid epidemic. The event is being put on by the Women's Consortium and will have multiple experts presenting challenges and barriers unique to women with opioid use disorders, and babies born opioid dependent.	Informational
	Mark Jenkins from the Greater Hartford Harm Reduction Coalition noted that because of their affiliation with agencies and organizations outside of the state they are in a position to make their resources available to anyone who addresses people who use drugs and would be able to help make medication available to those who engage those people who use drugs. Commissioner Delphin-Rittmon said she could connect the GHHRC with individuals who can help build some of the bridges around disseminating Naloxone.	Informational

NEXT MEETING – Tuesday, December 19, 2017, 10:00 – 12:00, Legislative Office Building, Meeting Room 1D
ADJOURNMENT - The October 17, 2017 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.