

**ALCOHOL & DRUG POLICY COUNCIL (ADPC)**  
**Meeting of Tuesday, December 20, 2022**  
**Video Conference Call through Teams**  
**10:00 a.m.**

**ATTENDANCE**

Members/Designees: Craig, Allen, Rushford; Luiza Barnat, DMHAS; Wende Cooper; Ebrahimi, Danielle, DMHAS; Vannessa Dorantes, DCF; Katie Farrell, DOC; Allison Fulton; Ingrid Gillespie; Jill Griffin, Inspire Recovery CT; Claudio Gualtieri, OPM; William Halsey, DSS; Deborah Lake; Barbara Lanza, Judicial; Justin Mehl, DMHAS; Nancy Navarretta, DMHAS; Gerard O’Sullivan, DOI; Gary Roberge, Judicial; Kris Robles, DCF; Melissa Sienna, DCF; Sarju Shah, DMHAS; Scott Szalkiewicz, DCP; Sandy Valentine; Colleen Violette, DPH; Sandra Violette, DOC;

Visitors/Presenters: Samantha Allard; Allyson Nadeau; Ramona Anderson; Andressa Granado; Angela Duhaime; Anna Gasinski; Chyrell Bellamy; Robert Lawlor; Chlo-Anne Bobrowski; Carol Bourdon; Jeana Bracey; Cheri Bragg; Brendan Burke; Heather Clinton, Nocholas Coretes; Daniel Deborah; David Borzellino, Ines Eaton, Kelley Edwards; Thomas Fulton; Julienne Giard; JoShonda Guerrier; Robert Heimer; Jennifer Kolakowski; Jesse Revicki; Julie Einhorn; Robert Kanehl; David Kaplan; Kim Karanda; Alison Karimi; Kasandra Rowe; Christy Knowles; Donna LoCurto; Jamie LoCurto; Karonesa Logan; Mollie Machado; Margaret Lancaster; Mark Costa; Pam Mulready; Shelly Nolan; Karyn Olivieri; Rebecca Allen; Graziela Reis; Vincent Russo; Sara Piatti; Samuel Saylor; Diana Shaw; Janessa Stawitz; Judith Stonger; Ece Tek; Shobha Thangada; Elsa Ward; Michael Williams; Karolina Wytrykowska

Recorder: Karen Urciuoli

The October 18<sup>th</sup> 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 Vannessa Dorantes, DCF

| <b>Topic</b>  | <b>Discussion</b>  | <b>Action</b> |
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| <b>Welcome and Introductions</b>  | Commissioner Navarretta welcomed all in attendance.  | Noted         |
| <b>Review and Approval of Minutes</b>   | The October 18, 2022 minutes were accepted as written.   | Noted         |
| <b>Approval of Recommendation</b>   | The Prevention, Screening and Early Intervention subcommittee presented the following recommendation or approval:<br><br><i>Convene a Naloxone Workgroup of the Prevention Subcommittee to research and develop policy and program recommendations that increase public awareness of naloxone as a lifesaving medication, establish standard minimum training requirements, eliminate barriers, and improve access to naloxone statewide. Review current policies and practices to determine their effectiveness; and identify and recommend new policies and strategies.</i>  | Approved      |
| <b>Project Aware: Comprehensive School Mental Health and Substance Use Prevention</b> | Jamie LoCurto, PhD and Jeana Bracy, PhD, provided the following presentation:<br><b>CT Project AWARE</b> <ul style="list-style-type: none"> <li>• Advancing Wellness and Resilience in Education</li> <li>• 5 year, SAMHSA-funded</li> <li>• Awarded to SDE, in partnership with DCF, CHDI</li> <li>• Middletown, Naugatuck, Windham school districts</li> </ul> <b>AWARE Advisory Board</b> - Agencies/Organizations represented on the board: <ul style="list-style-type: none"> <li>• CT State Department of Education</li> <li>• Department of Children and Families</li> <li>• Department of Public Health</li> <li>• Department of Mental Health and Addiction Services</li> <li>• UConn Collaboratory on School and Child Health</li> </ul> | Informational |

| Topic | Discussion  | Action |
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|       | <ul style="list-style-type: none"> <li>• Clifford Beers</li> <li>• Beacon Health Options</li> <li>• FAVOR</li> <li>• Connecticut Children's</li> <li>• CT United Way</li> <li>• RESC Alliance (CREC, EASTCONN, ACES)</li> </ul> <p>This is a five-year project. In 2018 when it was started this model was conceptualized using a three tier public health approach along with collaboration with providers.</p> <ul style="list-style-type: none"> <li>• Tier 1: Universal – Promotion of positive social, emotional, and behavioral skills and overall wellness for all students</li> <li>• Tier 2 – Selected – Supports and early intervention for students identified through needs assessment as at-risk for mental health concerns</li> <li>• Tier 3: - Indicated – Targets interventions for students with serious concerns that affect daily functioning</li> <li>• Professional development and support for a healthy school workforce</li> <li>• Family-school-community partnerships</li> </ul> <p>In 2018, when SAMHSA awarded this grant, they were not prescriptive in the type of requirements or interventions that they required as part of this implementation plan. Wanting to take a broad and comprehensive approach, an implementation plan was developed to span a lot of interventions. When COVID began to impact schools and student’s mental health, SAMHSA became more prescriptive in what they wanted to see in terms of suicide prevention or social emotional learning, better known as SCL. However, there was a gap in bridging substance use prevention, recovery, friendly spaces and other kinds of mental health behavioral health interventions. In an effort to insert this in part of the comprehensive model, trauma screening and other types of behavioral health screening were inserted into the model to get a better understanding of student populations. Three screeners are used in the Project Aware and the comprehensive school mental health model, which includes the Ohio scales, which are more about internalizing and externalizing disorders (anxiety disorders, depression, ADHD). A trauma Screener called the CTS is being used. For substance use identification and prevention A-SBIRT is used. The great thing about universal screening students is that you really get a clear understanding of your student population. You know, what percentage of your students are doing OK and don't really need a lot of selected or targeted supports, you can also intervene early for those students who are approaching that risk level or are already at that risk level.</p> <p>A lot of Tier 1 or preventative interventions as part of Project Aware and comprehensive school mental health are being used. One of them is a training and suicide prevention model, the model that is being used is Question, Persuade, Refer or QPR, all three districts that are using it are successful in implementing it. QPR is an intervention that anybody can be trained in, including students and their families. It's the CPR of suicide prevention, it's opportunity to get the whole school invested in this behavioral health preventative model. Another Tier one tasks being used is looking at a needs assessment. Allowing districts to get a sense of what their behavioral health needs are, what are they really strong in and then how to move forward with closing those gaps from a behavioral health perspective by utilizing the Shape Assessment, which is an online free portal. The Shape Assessment, used in tandem with the universal screening gives a rich understanding and assessment of what the needs are from a school perspective as well as a student level perspective. The third kind of Tier 1 intervention that is being used is social emotional learning, better known as SEL, which is the ruler program out of Yale.</p> <p>From a Tier 2 perspective, CBITS and Bounce Back initiatives are being used, they are CBT and group based therapy sessions that happen directly in school. Students who have participated in CBITS and Bounce Back at least 51% or more are showing signs of improvement, and the really positive thing about CBITS and Bounce Back is that it's that intermediary step where you're</p> |        |

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|   | <p>helping students as they're rising to that risk level or that are just experiencing going above that risk level, thus potentially preventing the need for more targeted or Tier 3 services and supports.</p> <p>From a Tier 3 perspective, it was ensured that all 3 school districts had updated MOA's with their mobile crisis providers and that they connected with their mobile crisis supervisors fairly early in this process to get a sense of how many mobile crisis calls occurred in the last school year, how many resulted in referrals and then of those referrals where students went. It was important for them to have that level of information and that knowledge.</p> <p>Out of all of the work that has been done and all of the progress that has been made as part of Project Aware, the screening goal is still somewhat lagging in this project and particularly around the A-SBIRT Screener in terms of the substance use Screener. There are a few reasons for why schools aren't utilizing universal screeners. One of them is just the barrier to getting parental or caregiver consent. As a result of implementing the DESSA statewide, schools are now required to either have an opt in or an opt out consent process for any universal screening that students are given, which is a big undertaking for school districts. And so having to print out those consent forms hand them to caregivers and ensure that they come back is really a lot of time and effort. I think the other barrier is given these workforce shortages and in tandem with the workforce shortages that we're experiencing in schools and everywhere across the state. There are very few clinical staff that can actually help ensure that students fill out these screeners, ensure that they are scored, interpreted, and then students get the appropriate referral. In an already understaffed area, it's very difficult to do this for thousands of students every single year. One really important piece of this is ensuring that schools are maintaining those collaborative relationships with their local behavioral health providers and other child serving systems in their communities to ensure that that continuity of care happens.</p> <p>Next Steps:</p> <ul style="list-style-type: none"> <li>• Invest in a state-wide behavioral health screening/data portal</li> <li>• Purchase an already-existing portal</li> <li>• Helps with identification of students</li> <li>• Increases continuity of care</li> <li>• Use existing reimbursement mechanisms to incentivize collaboration between local agencies engaged in substance use/behavioral health prevention and schools</li> </ul> |               |
| <b>Imani Breakthrough</b>   | <ul style="list-style-type: none"> <li>•</li> </ul>   |               |
| <b>Sub-Committee Reports</b>  |   |               |
| <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>• Dr. LoCurto, and Dr. Bracy presented to this subcommittee on Project Aware at the November meeting. In addition, Wendy Mills from the Governor's Prevention Partnership (GPP) regarding the Youth Advisory Board. GPP builds the youth prevention programs that are relevant to the states youth to prevent underage drinking and substance use. They provide trainings for future preventionists. The board is made-up of youth who are actively engaged in local prevention councils, and they are provided with opportunities for to serve as ambassadors and lead by example, they also receive professional training skills. All ADPC committee members are invited to mentor or present at any of the future Youth Advisory Board meetings to share expertise with future preventionists.</li> <li>• Tobacco and vaping campaigns – The first phase of the DPH media campaign focused on building awareness about the health risks of tobacco use and encouraging users to quit, the second phase of the campaign focused on youth who use and vaping, they are now working on the third phase, which is based on community needs. So far they've surveyed local health districts and departments to identify and prioritize their awareness needs. From the survey, it appears that there is a need for the parent youth focus and they're going to be issuing an RFP. DMHAS is developing an influencer vaping campaign, this type of social media marketing strategy collaborates with Connecticut specific celebrities who are</li> </ul>   | Informational |

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|   | <p>popular on social medias such as TikTok, Instagram and YouTube. The campaign is to raise awareness on the dangers of vaping, herb based use among youth and young adults and reduce youth from starting their use. Use of social influences are geared towards youth and young adults from ages 12 to 24, as well as parents and trusted adults.</p> <ul style="list-style-type: none"> <li>• Prevention related initiatives - DPH provided the following updates for the OD 2A grant. The CDC has updated their harm education guidelines for allowable activities and purchases, the CDC is allowing Naloxone and Fentanyl testing strips to be purchased with OD 2A funds. More guidance will be coming on maximum funding amount allowed to purchase naloxone and fentanyl testing strips. All OD 2A activities are continuing as normal as we enter into the last year of OD 2A funding. The funding forecast has been released and DPH will be reapplying for funding in the spring of 2023. DPH has also been working with the CDC Foundation staff to assist with surveillance activities, prevention activity evaluation and the coordination of the launch of an overdose fatality review panel. The CDC Foundation staff will be with DPH until July 2023.</li> <li>• State Opioid Response – CT has received a third round of state opioid response funding and with the funding, there is a component focused on prevention. Funding will be used for education and awareness training, workforce development and outreach.</li> <li>• The strategic prevention framework for prescription drugs (SPF RX) are in their second year of funding from SAMHSA to reduce non-medical use of prescription drugs and prevent opioid overdose using evidence based prevention, education, prescriber education and the increased use of CPRS. DMHAS Has been in partnership with the UCONN School of Pharmacy and local health districts, they've begun placing graduate students in health districts and departments to implement prevention programming. The first set of students coming from public health and pharmacy have been placed at Ledge Light Health District for two semesters, and UCONN School of Pharmacy is actively recruiting additional students to be placed at other health departments districts along across the state.</li> <li>• The SOW CP MRS data subcommittee has their first meeting in December. The data subcommittee was established as a way to focus on prescription drug misuse through the CT Prescription Monitoring and Reporting system as part of the federal reporting deliverables. The subcommittee will serve as an expansion of the SOW to increase community access to CP MRS reports and data to inform interagency planning and collaboration, as well as to increase the cross agency understanding of strengths and limitations of the data sets. The next meeting is this Wednesday from 10:30 to 12:30. DCP will be presenting on the CP MRS data strengths and limitations, what is currently available and opportunities for collaborations. DPH will include the current links to CP MRS and OCME data to demonstrate the current collaborative efforts. OHS will introduce the Connecticut's health information exchange to give a high level overview of the HIE CPRMS connection.</li> <li>• Media and Stigma workgroup - Group members are planning a third Power of Media, Changing the Narrative on Substance Use virtual forum, it is currently scheduled for February 10, 2023. Registration will be available soon.</li> <li>• Naloxone workgroup - Met on December 2nd with quite a diverse representation from state agencies and PNPs. They reviewed the work group recommendations approved by the full Council. There are two smaller task groups. One is researching and reporting on what other states are doing for naloxone education and dissemination to glean effective strategies, and best practices. The other is assessing current Naloxone training and distribution strategies in CT. The goal is to make recommendations to the ADPC no later than August of 2023.</li> <li>• The Cannabis workgroup launched the “Be in the Know CT” campaign right before Thanksgiving and in less than three weeks over 20,000 website users were received. The campaign also launched streaming audio ads in English and Spanish and has gone out on Pandora, Spotify and iHeart media, digital billboards, bus tails and both Instagram and Facebook reels. If you're on Instagram or Facebook please like and share the pages with your friends.</li> </ul> |               |
| <ul style="list-style-type: none"> <li>• <b>Recovery and Health Management</b></li> </ul> | <p>Jill Griffin provided the following update:</p> <ul style="list-style-type: none"> <li>• This committee has been focusing on actively recruiting additional members to support recovery efforts in the state, new members have joined the meetings in the past couple of months.</li> </ul>   | Informational |

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|   | <ul style="list-style-type: none"> <li>• Work on establishing work groups to support ongoing initiatives continues one of which is for recovery friendly campuses they are working on the recommendations that will be finalize over the next couple of months. the other is to focus on recovery and health management and special populations with a particular interest in criminal justice in the LGBTQ populations that will be starting those next month.</li> <li>• Had two presentations from Dr. Jamie LoCorto with AWARE and Carrie Lloyd for the SUD 1115 waiver presentation to see how our recovery efforts interchange with those efforts going on already.</li> <li>• This group spent one of their meetings hammering out the details of the recovery friendly community work that is being done and the documents that are going along with that initiative. Portland is now the newest recovery friendly community, the Board of Selectman passed a unanimous resolution to make Portland recovery friendly. In addition, this group is working on convening a meeting for all recovery friendly community advocates to share information and ideas.</li> </ul>  |               |
| <ul style="list-style-type: none"> <li>• <b>Treatment</b></li> </ul>        | <p>Dr. Craig Allen provided the following update:</p> <ul style="list-style-type: none"> <li>• This committee met twice since the last ADPC meeting and had three different presentations. One was by Asia, Bettencourt talking about her program, Never Use a Loan, which is a program where there's an 800 phone number, that someone who is planning to use can call. The organization is comprised of volunteers who will stay on the line and they have training on how to engage emergency personnel if that situation came about, it's available both in English and in Spanish. The other presentation was by Stephanie Marchesano, the founder of the Harris Project out of New York, which looks at breaking down the silos between mental health versus substance use disorder. It follows the Ken Minkoff model of Co-occurring Integrated Systems of Care. Related to that she presented on the CODA Program, Co-occurring Disorders Awareness, which launched in Greenwich, CT as a student led group. That program is connected to Paula Riggs Encompass Evidence Based Treatment programs, Students Against Destructive Decisions and education program. In addition, this committee also had a presentation from Vincent Santilli from Homes for the Brave applied Behavioral Rehabilitation Institute incorporated, located in Bridgeport and West Haven. This is a veteran's program that helps with housing and also offers vocational training and job placement, life skills coaching, case management, community services, computer courses, etc. The best way for veterans to access Home for the Brave services is via a walk in center or the VA homeless outreach team. This committee also spent time during both sessions talking about safe consumption sites and gathering information and hearing reports. New York is running two different models of safe consumption sites. One is a peer run model and the other is more of a medical model. Luiza Barnat, and a group from DMHAS has been looking at the programs in New York. It was very interesting to hear about those programs and the Wellness approach. The other program discussed is in Rhode Island is going to open in February, John Hamilton shared some information he had regarding that program. Also talked about opportunities in the future that may be available in Bridgeport as well as Mark Jenkins' work that he's done across the state. Currently looking at different types of substances, and exploring ways to be prepared to address them here in Connecticut. Also putting some of this committee's attention into looking at stimulant use disorders and methamphetamine use disorder and will be having a presentation on evidence based treatment programs in regards to that.</li> </ul> | Informational |
| <ul style="list-style-type: none"> <li>• <b>Criminal Justice</b></li> </ul> | <p>Sandra Violette provided the following update:</p> <ul style="list-style-type: none"> <li>• This committee has two new work groups, recovery coaches where the committee is evaluating and assessing who in the criminal justice population has access to recovery coaches, and will be developing some best practices. That work group has met twice and does not have much information to share just yet, but they are working towards collaborating on who has access to criminal justice recovery coaches. Also had the training requirements for criminal justice professionals focusing on substance abuse, stigma and harm reduction. Currently reviewing curriculum for that workgroup. The DOC presented what they're currently doing in their training Academy. Will be looking at DMHAS and DCF and any other criminal justice providers that offers training to staff on what they offer around substance abuse.</li> <li>• MAT is currently in 10 correctional facilities, primarily offering methadone and Vivitrol with three of the correctional facilities offering Suboxone. The rollout of Suboxone will continue within the New Year to offer at the remaining 10</li> </ul>  | Informational |

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|                       | <p>facilities that have medicated assisted treatment. Currently all sites have gone through NCCHC, National Commission on Correctional Healthcare Accreditation, currently in the process of doing some corrective planning around those things and have successful accreditation at the Bridgeport and York Correctional Facilities. Have to go through the process of that accreditation at the Corrigan site in January.</p> <ul style="list-style-type: none"> <li>• Had a presentation from ESI, Early Screening and Intervention, which is the only prosecutor led diversion program. They gave a lot of great information on how that has progressed. Had a lengthy conversation around, suggestions for MAT services for those that are being discharged from the courthouses, primarily end of sentence bond outs and how to bridge the gap. Some suggestions came out of that meeting, conversations will continue around this issue.</li> </ul> |        |
| <b>Other Business</b> |  | Noted  |

**NEXT MEETING** – Tuesday, February 21, 2023, Video Conference Call through TEAMS

**ADJOURNMENT** – The, December 20, 2022 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.