

ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, June 15, 2021
Video Conference Call through Teams
10:00 a.m.

ATTENDANCE

Members/Designees: Craig Allen, Rushford; Luiza Barnat, DMHAS; Jennifer Chadukiewicz, CCAR; Maria Coutant Skinner, McCall Center; Miriam Delphin-Rittmon, DMHAS; Vanessa Dorantes, DCF; Marcia DuFore, Daniel Ebrahimi, DMHAS; Shayn Ember, Wheeler Clinic; Katie Farrell, DOC; Tammy Freeberg, Village for Families and Children; Ingrid Gillespie, CT Prevention Network; William Halsey; Mark Jenkins, GHRC; Barbara Lanza, Judicial; Susan Logan, DPH; Justin Mehl, DMHAS; Carol Meredith, DMHAS; Nancy Navarretta, DMHAS; Gerard O’Sullivan, Dept. of Insurance; Dr. William Petit; Sandrine Pirard, Beacon; Surita Rao, UCONN; Gary Roberge, Judicial; Kris Robles, DCF; Judith Stonger, Wheeler Clinic; Phil Valentine, CCAR; Sandra Violette, DOC;

Visitors/Presenters: Allyson Nadeau; Ramona Anderson; Cheri Bragg; Christopher P Burke; Cameron Breen; Christine Michelle Rodriguez; Donal Cieslukowski; Heather Clinton, Daniel Tobin; Deborah Daniel; David Fiellin; David Kaplan, Anuja Dhungana; John Doyle; Thomas Fulton; Gabriela Krainer; Julienne Giard; Zachary Green; Claudio Gualtieri; Joshonda Guerrier; Robert Heimer; Joanna Keyes; John Simoncelli; Lisa Deane; Lisa Gray; Margaret Lancaster; Rodrick Marriott, Mary Mason; Arthur Mongillo; Erin Mulhern; Shauna Pangilinan; Nadine Repinecz, Kendall Richardson; Robert Richeson, Erica Rogers; Rushnee Vereen; Vincent Russo; Shobha Thangada; Robin Tousey—Ayers; Anne Trimachi; Sandy Valentine; Colleen Violette

Recorder: Karen Urciuoli

The February 16th meeting of the Alcohol & Drug Policy Council (ADPC) was called to order at 10:00 a.m. by Commissioner Delphin-Rittmon, DMHAS.

Topic	Discussion	Action
Welcome and Introductions	Commissioner Delphin-Rittmon welcomed all in attendance.	Noted
Review and Approval of Minutes	Minutes were reviewed and approved with the following update: The spelling of Dr. Shayn Ember’s name to be corrected from Shayne to Shayn.	Noted
DMHAS and DCF SUD/ODU Legislative Update	<p>Mary Kate Mason provide the following update:</p> <ul style="list-style-type: none"> • SB1201 - Adult Use of recreation cannabis – came out late last night, – it has a role for the ADPC to make recommendations moving forward, and requires DMHAS, DPH and DCF to provide a report from the ADPC to the committees of cognizance. Section 125 makes a provision for 25% of the tax from cannabis to go to prevention and recovery services. Will also need to work with DPC and DPH to disseminate data related to adult use cannabis, and there are some changes to the pretrial drug and alcohol program in the bill as well. There is some work around children in the bill too. There is an implementer bill that bans flavored vapes, along will limiting the nicotine content, DMHAS will be involved with compliance of the vapes. It expands the crisis program, increases methadone rates, extends Medicaid post-partum benefits for up to 12 months, and it also makes some change to the ARPA funding. Vinny Russo reported that an additional 10 million dollars will go through DPH for mental health and substance abuse providers so they have the resources to get through the pandemic. • SB1 – language regarding peer support services, a task force to look a peer support services • BH5997 – expands the peer navigator program, which has been very successful in New London • SB895 – allows registered syringe programs to use dispensing machines for syringes, and also adds opioid agonist to the PDMP <p>Vinny Russo provided the following update:</p> <ul style="list-style-type: none"> • SB919 passed - provides immunity to children under 21 from possession of alcohol if they report that a friend is suffering from some sort of medical emergency due to consumption of alcohol or drug use. • There was a hearing on Friday regarding the substance use disorder waiver, DCF, DMHAS, DSS, DOC joined efforts to apply for this waiver. There is the potential to get federal dollars to increase the number of services available. 	Informational

Topic	Discussion	Action
<p>Update on MAT implementation in the Department of Correction</p>	<p>Submission of the waiver was approved.</p> <p>Sandra Violette, DOC, Deputy Warden and Deborah Daniel, DPH, Opioid Services Coordinator for DOC provided the following presentation:</p> <p>Addiction Treatment History</p> <ul style="list-style-type: none"> • 1998 - OTP Created at York Correctional Institution • 2013 - Opened first vendor-based program at New Haven Correctional Center • 2014 - Opened second program at Bridgeport Correctional Center • 2018 - Opened programs at Osborn Correctional Institution, Hartford Correctional Center, and Corrigan-Radgowski Correctional Institution • 2021 - Licensed OTPs: Bridgeport, New Haven, Hartford, Corrigan jails and Osborn, Carl Robinson. CT DOC will have 9 licensed OTP's offering all 3 medications <p>Connecticut DOC System Today</p> <ul style="list-style-type: none"> • Unified System • Average Daily Population decreased, currently 8,977 • 13 Facilities • MOUD Model • 7 MOUD treatment programs • Treating ~ 444 patients daily (methadone/*buprenorphine/Vivitrol) <p>Expansion of Current MOUD Programs</p> <ul style="list-style-type: none"> • Work with OTP partners to expand all 5 current programs resulting in a DPH and DEA Licensed, NCCCHC Accredited and SAMHSA Certified Opioid Treatment Program • Provide Narcan at release. Expand the use of all 3 FDA approved medication at all programs to include Methadone, Buprenorphine and ER-Naltrexone • Induction: Initiate patients with MOUD. This will provide newly incarcerated, sentenced and pre-release inmates an opportunity for medication treatment prior to release <p>New MOUD Programs Added</p> <ul style="list-style-type: none"> • Carl Robinson Correctional Institution - Went Live May 2021 - Male prison in Enfield - 9 patients today on Methadone - Vendor—CHR - Program— Licensed OTP • Willard Cybulski Correctional Institution - GO Live July 2021 - Male prison in Enfield - Vendor— CHR - Program— Licensed OTP • Walker Reception Center - GO Live July 2021 - Male Assessment/Orientation in Suffield - Vendor— CHR - Program— Licensed OTP <p>Next Steps</p> <ul style="list-style-type: none"> • Add MOUD programs at remaining DOC facilities • Improve linkages to Care- Recovery Coach referrals and community programs <p>Conclusion</p> <ul style="list-style-type: none"> • All three approved FDA medications will be available • 9 facilities will offer a full MOUD program covering services through the continuum of care. Completion goal December 2021 • Remaining DOC facilities without MOUD programs are in discussion for Phase 3 expansion plans. • Linkages to care and Narcan distribution to continue 	<p>Informational – The full PowerPoint presentation can be found on the DMHAS ADPC webpage</p>

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<p>Overdose to Action (OD2Action)</p>	<p>Susan Logan provided the following presentation:</p> <p>OD2A Surveillance Strategies</p> <ul style="list-style-type: none"> • Collect/report in more timely way on overdose-related EMS calls, ED visits, and deaths. • Develop innovative ways to identify and collect data on drug misuse or overdose. Frequent requests are made by LHDs to abstract data for their communities. • Provide training on EpiCenter ED data system use and data abstraction. • Expand testing capabilities on new fentanyl analogs and emerging substances. • Improve stakeholder timeliness in receiving information about trends in suspected non-fatal and fatal opioid overdoses in the event of a spike to assist in prevention planning. <p>Overdose Morbidity Surveillance Databases</p> <ol style="list-style-type: none"> 1. DPH Epicenter syndromic surveillance system: Near-real time Emergency Department Visits, Many Urgent Care Centers 2. SWORD Data: <ul style="list-style-type: none"> • CT Poison Control Center – Collects data on EMS 911 overdose calls into the ToxiCall Data System • ODMAP data – Creates Maps and Charts of EMS 911 overdose calls 3. New web-based EMS data system available for all EMS providers since June 2020 <p>Overdose Morbidity Surveillance - Collect and disseminate timely emergency department (ED) data on suspected all drug, all opioid, heroin, and stimulant overdoses</p> <p>Overview:</p> <ul style="list-style-type: none"> • Monitor 38 EDs in near-real time using DPH Epicenter syndromic surveillance system to identify potential mass poisonings, increases in overdose activity, and overdose anomalies. • Utilize data from EMS, ODMAP, EpiCenter, and the Office of Chief Medical Examiner (OCME), and notify local health depts./districts (LHDs), EMS, and other stakeholders of spikes or events requiring further action. • Assist stakeholders in identifying overdose trends by socio-demographics and Zip Code to target interventions to most at-risk populations and geographies. <p>ED Data: Monthly Counts/Rates - EpiCenter Syndromic Surveillance System</p> <ul style="list-style-type: none"> • Highest average rates in Windham and New Haven Counties (34.2 to 36.8 per 100,000 residents). • Next highest are Litchfield, Hartford, and New London Counties (28.8 to 29.8 per 100K) • Lowest average rates in Fairfield, Middlesex, and Tolland Counties (17.7 to 23.4 per 100K) • Overall the state – was 27.09 per 100K <p>Drug Overdose ED Visits, Feb. 2020 vs. Feb.2021</p> <ul style="list-style-type: none"> • Slight decreases or about the same rates in most of the CT Counties from 2020 to 2021. • Increased rates in Litchfield and New Haven Counties from 2020 to 2021, • Slight increase in Windham, it looks larger because of the darker color but only about 1% increase. <p>EMS and ED Data Alignment and Data Linking</p> <p>In Progress:</p> <ul style="list-style-type: none"> • Data linkage project including multiple EMS data sources and ED data from Epicenter; • Creating a dashboard to show combined overdose data. <ul style="list-style-type: none"> • Will allow DPH to visualize and see potential overdose trends from ED and EMS data in one place. • Will help improve data quality and completeness, as well as identify data gaps. <p>EMS and ED Data Alignment - RI DOH Presentation (June '18)</p> <ul style="list-style-type: none"> • Slightly higher # of EMS runs than ED visits – some people refuse to be transported to ED. • In CT, about 10% refusals to transport. 	<p>Informational – The full PowerPoint presentation that includes data can be found on the DMHAS ADPC webpage</p>

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	<p>EMS and ED Data Alignment - Quick View of Suspected OD Morbidity and Mortality</p> <ul style="list-style-type: none"> • Working towards developing a dashboard similar to the (NC DHHS) where data can be compiled in the same timeframe and visually show the similarities and differences. • Help to better understand the trends in EMS, ED, and deaths due to overdoses over time. • Want to be able to break this out by different demographics so that we're comparing by same region, timeframe, age group, gender, etc. across all the targeted databases. <p>Overdose Morbidity Surveillance Outcomes</p> <p>Selected Outcomes:</p> <ul style="list-style-type: none"> • Improved understanding of demographic and seasonal overdose trends for targeted outreach and intervention programs. • Improved communication and collaboration between DPH, LHDs, First Responders, Medical Examiner's, DMHAS, CDC, and other stakeholders for rapid medical and intervention responses to overdose patients. <p>Overdose Morbidity Surveillance Program Highlights</p> <ul style="list-style-type: none"> • Developed monthly opioid publication to better inform statewide and LHD OD prevention activities. • Issued four alerts to LHDs/stakeholders for unexpected increases in OD morbidity/mortality. • Notified LHDs/stakeholders of seasonal changes in OD trends in the Fall and Spring; notified stakeholders of trends associated with COVID-19. • Provided data to 10+ LHDs/stakeholders for prevention and response. <p>Innovative Surveillance Strategies</p> <ol style="list-style-type: none"> 1. Track supply of illicit opioid and other drugs <ul style="list-style-type: none"> • State Public Health Lab testing for controlled substances in overdose patient urine specimens • DPH and NE HIDTA – Outfitting Spectrometers in mobile units (GHHRC and Yale Syringe Services Program) 2. Opioid overdose spike alerts <ul style="list-style-type: none"> • Overdose Response Standard Operating Guide • Timely public health notification of local and regional stakeholders <p>Innovative Surveillance Outcomes</p> <ol style="list-style-type: none"> 1. State Public Health Lab (SPHL) Drug Testing of OD Patients <ul style="list-style-type: none"> • SPHL identifies comprehensive array of drugs responsible for drug overdose; • Reports results to hospital EDs; • Disseminates aggregate drug testing data to DPH and stakeholders 2. Opioid overdose spike alerts <ul style="list-style-type: none"> • DPH has increased capacity to identify and investigate opioid overdose spikes <p>Innovative Surveillance Program Highlights</p> <ul style="list-style-type: none"> • State Public Health Lab (SPHL) acquired instrumentation and personnel to conduct comprehensive drug testing of OD patient urine and blood specimens • SPHL Director and DPH IVSU received approval to work with CT Hospital Association to recruit hospital EDs • DPH is working on contracts with 2 harm reduction orgs. to purchase spectrometers for their mobile vans and share surveillance <p>Innovative Surveillance Program Highlights</p> <ul style="list-style-type: none"> • Set alert thresholds in ODMAP and EpiCenter to monitor suspected overdose activity within a rotating 24-hour period • Policy in place to investigate, respond, and notify state partners of suspected overdose incidents <ul style="list-style-type: none"> • Provide situational awareness • Link them to resources and assistance 	

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	<ul style="list-style-type: none"> Collaborated daily with OEMS SWORD, OCME, and CT Poison Control Center to better detect anomalies and spikes in overdoses 	
Sub-Committee Reports		
<ul style="list-style-type: none"> Prevention, Screening and Early Intervention 	<p>Judith Stonger provided the following update:</p> <ul style="list-style-type: none"> There has been interest at the national level in our states recovery friendly toolkit, other states have been contacting this committee and have been extremely complementary of the work that's been put into it. Next week there will be recovery friendly workplace multistate community of practice meeting. Have been reaching out to other states regarding legalized cannabis to find out lessons learned. The Naloxone survey will be sent out in the Fall 	Informational
<ul style="list-style-type: none"> Treatment 	<p>Sandrine Prirard provided the following update regarding the recent harm reduction training:</p> <ul style="list-style-type: none"> Harm reduction training was provided to over 350 attendees. It was attended by approximately 130 treatment providers, 30 private practice clinicians, 53 community based providers, 40 employees from the judicial branch, 56 from various state departments and others with no identified affiliations. A survey was sent following the forum, approximately 120 attendees completed the survey, with 95-99% saying they were very satisfied with the training and were very likely to incorporate the principals into their practice, 72% felt more knowledgeable following the forum. 	Informational
<ul style="list-style-type: none"> Recovery and Health Management 	<p>Jennifer Chadukiewicz provided the following report:</p> <ul style="list-style-type: none"> The Recovery Friendly Camus initiative conducted a survey among all students on campus not just students in the recovery community. It included a self-assessment piece. There are a lot of youth and recovery efforts that are underway. Met jointly with the criminal justice chairs around being ready to look at a stabilization model for the State of CT. They agreed that they had mutual needs that lined up along with mutual strategies. Both committees are in a position to work together to research evidence based models and assess community needs and feasibility in the hopes to have a recommendation in the fall to make a policy recommendation to this council. Reviewed their charter, one directive was to ensure that there is health equity in all populations. 	Informational
<ul style="list-style-type: none"> Criminal Justice 	<p>Barbara Lanza provided the following report:</p> <ul style="list-style-type: none"> Had a presentation by Ines Eaton from DCF, she presented information on the CT Alliance for Drug Endangered Children (DEC). The goal is to work with police to have an immediate plan in place should there be a planned arrest. There is an MOU that has been in place for several years, DCF, with the support of the statewide narcotics task force is considering connecting all of those parties that are currently a part of the MOU and reconvene a meeting in order to revitalize things and to start using DEC more frequently. They had a joint meeting with Recovery and Health Management to talk about their mutual strategies for stabilization models. This committee is very much in support of working with the Recovery committee. Have been working on the expansion of methadone and other MATs within DOC. And also have been talking about Narcan. 	Informational
Other Business	<p>Commissioner Dorantes recognized Commissioner Delphin-Rittmon's nomination to the lead SAMHSA, and presented her with an award thanking her for her commitment to the citizens of CT. Council members we given the opportunity to comment on her leadership. Commissioner Delphin-Rttmon thanked everyone for all their support and kind words.</p>	Informational

NEXT MEETING – Tuesday, August 17, 2021, Video Conference Call Through TEAMS

ADJOURNMENT – The, June 15, 2021 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.