

**ALCOHOL & DRUG POLICY COUNCIL (ADPC)**  
**Meeting of Tuesday, October 15, 2024**  
**Legislative Office Building, Meeting Room 1D**  
**10:00 a.m.**

**ATTENDANCE**

**Members/Designees:** **Dr. Craig Allen**, Treatment Co-chair; **Luiza Barnat**, Treatment Representative (DMHAS); **Maria Coutant Skinner**, McCall Center for Behavioral Health; **Brian DeLude**, Tri-chair, Criminal Justice; **Tammy Freeberg**, The Village for Families & Children; **Claudio Gualtieri**, OPM Designee; **Jodi Hill-Lilly**, Commissioner, DCF; **Mark Jenkins**, GHHRC; **Deborah Lake**, Prevention Co-chair; **Justin Mehl**, Recovery Representative (DMHAS); **Pamela Mulready**, Recovery Co-chair; **Nancy Navarretta**, Commissioner, DMHAS; **Gerard O’Sullivan**, DOI; **Dr. Surita Rao**, UCONN Health Designee; **Gary Roberge**, Judicial Designee; **Sandra Violette**, Tri-chair, Criminal Justice;

**Visitors/Presenters:** Ben Grippo, David Kaplan, Dr. Frank Gregory, Ciara Beattie, Carol Jones

**Recorder:** Karen Urciuoli

The October 15, 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

Topic	Discussion	Action
<b>Co-Chair Welcome and Introduction</b>	Commissioner Navarretta welcomed everyone to the October meeting.	Noted
<b>Review and Approval of Minutes</b>	The August 20, 2024 minutes were approved as written.	Noted
<b>Opioid Settlement Advisory Committee</b>	<p>Luiza Barnat provided the following update:</p> <p>Overview</p> <ul style="list-style-type: none"> <li>• Connecticut is expected to receive over \$600 million over 18 years as part of the nationwide opioid litigation settlement agreements with various pharmaceutical distributors and opioid manufacturers</li> <li>• Proceeds will be spent on substance use disorder abatement infrastructure, programs, services, supports, and resources for prevention, treatment, recovery, and harm reduction with public involvement, transparency, and accountability</li> <li>• To date, the State has received a total of \$154,201,019, with funding recommendations having passed for \$21,236,094 leaving a balance in the fund of \$132,964,925.</li> </ul> <p>Overview of Opioid Settlement Committee</p> <ul style="list-style-type: none"> <li>• The Opioid Settlement Advisory Committee (OSAC) was established to ensure the proceeds received by the state are allocated appropriately</li> <li>• OSAC is comprised of: <ul style="list-style-type: none"> <li>• State and municipality representatives</li> <li>• Treatment providers</li> <li>• Persons or family members with lived experience</li> </ul> </li> <li>• Opioid Remediation Recommendations are provided by various community organizations and groups to OSAC, who vets the recommendations via specialty committees, followed by a vote by OSAC members to approve the recommendations</li> </ul> <p>Municipalities and other Partners</p> <ul style="list-style-type: none"> <li>• DMHAS works in partnership with the other state agencies on implementation of the approved recommendations</li> <li>• Other settling parties in Connecticut, such as municipalities and tribal governments, receive their proceeds directly from the settlement administrator and report yearly receipts and expenditures to the state to publish on the OSAC website</li> <li>• <a href="https://portal.ct.gov/cosac">https://portal.ct.gov/cosac</a></li> </ul>	Informational – The full PowerPoint presentation can be found on the DMHAS ADPC webpage.

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	<ul style="list-style-type: none"> <li>• The FY24 annual municipal reporting was due on October 1</li> </ul> <p>Approved Recommendations</p> <ul style="list-style-type: none"> <li>• There is a reciprocal relationship between the OSAC Referral Subcommittee and the ADPC subcommittees when making recommendations.</li> <li>• Approved recommendations have come in through the public portal and have been approved by one of the ADPC subcommittees.</li> <li>• The recommendations are voted on by all OSAC subcommittees with a final vote in the OSAC committee meeting.</li> </ul> <p>Expansion of Syringe Service Program (SSP) Supplies</p> <ul style="list-style-type: none"> <li>• In November 2023, \$500,000 approved to expand the state's SSP supplies at the Department of Public Health</li> <li>• Funds were fully utilized as show in the table, serving an estimated 6,418 individuals</li> <li>• As a result of the utilization, in May 2024 OSAC approved a 3-year extension of the supplemental SSP funding at \$500,000 per year</li> </ul> <p>Pilot Mobile Opioid Treatment Program (OTP) Approved March 2024</p> <ul style="list-style-type: none"> <li>• \$4 Million over 3 years was approved to fund 2 Mobile OTPs allowing for easier access to Medications for Opioid Use Disorder (MOUD), particularly methadone.</li> <li>• Mobile OTPs will be able to serve individuals in remote locations of the state as well as residential settings such as long term and skilled nursing facilities.</li> <li>• Units must always include a minimum of two staff (nursing and recovery coaching) and ensure all regulatory requirements are met.</li> </ul> <p>Treatment Pathway Program (TTP) Continuation Approved May 2024</p> <ul style="list-style-type: none"> <li>• Treatment Pathway Program (TTP) is court-based pretrial diversionary initiative that provides clinical evaluation and connection to: <ul style="list-style-type: none"> <li>• Clinical Services: Substance use disorder and mental health treatment and support services, including medications for opioid and alcohol use disorders</li> <li>• Recovery Coaching</li> <li>• Support Services/Referrals: housing assistance, entitlement enrollment, access to medical care, employment services, social supports, and basic need items</li> <li>• The target population is justice involved individuals with substance use disorders (mainly opioid/alcohol) charged with nonviolent offenses, who are less likely to be released from custody at time of arraignment.</li> </ul> </li> <li>• Amount Approved: \$1,280,000 annually for 3 years totaling \$3,840,000</li> </ul> <p>Dept of Corrections Opioid Treatment Program Expansion Approved May 2024</p> <ul style="list-style-type: none"> <li>• Ensures access to all FDA-approved MOUD for people incarcerated in and transitioning out of CT DOC</li> </ul> <p>Naloxone Saturation Approved May 2024</p> <ul style="list-style-type: none"> <li>• One year of funding for purchase of Naloxone for overdose reversal to ensure an abundant supply is going into the community</li> <li>• Supports the State's Naloxone Saturation plan of distribution of 60,000 naloxone kits per year</li> <li>• Annual Cost: \$2,323,200</li> </ul> <p>Prevention and Harm Reduction through Public Access Approved July 2024</p> <ul style="list-style-type: none"> <li>• Pilot Harm Reduction Vending Machines in 20 municipalities across Connecticut <ul style="list-style-type: none"> <li>• Approved for 2 years at \$1,377,392 annually</li> </ul> </li> <li>• Primary Prevention through education and reduction of opioid diversion, including Medication Lock boxes and mounted Naloxboxes <ul style="list-style-type: none"> <li>• Approved for 2 years at \$709,000 annually</li> </ul> </li> </ul>	

Topic	Discussion	Action
	<ul style="list-style-type: none"> <li>• Campaign to mail opioid deactivation pouches to 50,000 homes across CT with potential to remove more than 2 million pills from circulation annually <ul style="list-style-type: none"> <li>• Approved for 5 years at \$393,530 annually</li> </ul> </li> </ul> <p>Emergency Department Treatment Bridge Approved September 2024</p> <ul style="list-style-type: none"> <li>• Initiative with CT hospitals to increase low-barrier Emergency Department-initiated MOUD in CT and includes funding for the following: <ul style="list-style-type: none"> <li>• Training and technical assistance</li> <li>• Development of processes to screen individuals for OUD and introduce MOUD as a treatment option</li> <li>• Support for Site Champion</li> <li>• Salary and fringe costs for 2 recovery navigators per site</li> </ul> </li> <li>• Approved for 2 hospitals for 2 years. Total funding amount: \$1,250,000</li> </ul> <p>LiveLOUD Media Campaign Approved September 2024</p> <ul style="list-style-type: none"> <li>• An expansion of Live LOUD to maximize the impact and reach of the public health campaign and meet the Connecticut Opioid Settlement Advisory Committee (OSAC) goals of urgently and efficiently decreasing the adverse impact of opioids. Includes efforts to: <ul style="list-style-type: none"> <li>• Reduce stigma</li> <li>• Raise awareness about recovery pathways</li> <li>• Prevention and harm reduction information</li> </ul> </li> <li>• Approved funding for one year: \$600,000</li> </ul> <p>Contingency Management Approved September 2024</p> <ul style="list-style-type: none"> <li>• Contingency Management to complement existing continuum of substance use disorder treatment at 5 programs serving adults and 2 programs serving youth.</li> <li>• Evidence Based Contingency Management protocols to target stimulant use in the context of co-involvement with opioids and overdose risk and Medications for Opioid Use Disorder (MOUD) adherence.</li> <li>• Approved for 7 sites with funding for two years.</li> <li>• Total funding amount: \$2,989,010.</li> </ul>	
<p><b>Harm Reduction Centers in CT: An Update</b></p>	<p>Justin Mehl: Opioid Services Coordinator -DMHAS provided the following report:  In July 2023, DMHAS put out an RFP to set up 3 harm reduction centers in cities of need. Part of this was tied to Senate Bill #9, an act concerning health and wellness that asked for the development of the 3 harm reduction centers. The centers are in New London, New Haven and Waterbury.</p> <p><b>Purpose and Benefits</b></p> <ul style="list-style-type: none"> <li>• Low barrier access for individuals at risk for overdose</li> <li>• Reduce unintentional overdose fatalities</li> <li>• Reduce disease transmission and provide wound care</li> <li>• Increase access to treatment and recovery support Providers</li> <li>• Distribute Naloxone and harm reduction supplies</li> </ul> <p><b>CT Core Report</b> – Created in 2016 by the Yale Addiction Medicine Team was intended to support this counsel. The teams was brought together again as the Opioid Settlement Advisory Committee was formed to update the literature and to provide the most up to date framework in terms of helping inform the decisions that are made through the ADPC and the OSAC. In addition, the role of this committee has expanded and evolved to be subject matter experts providing support to the OSAC. The harm reduction centers interact with the work and priorities of the Core Report which in many ways is a guiding document for a lot of the work that is being done.</p> <p><b>Data Across All Sites</b> (10/1/23 – 10/1/24)</p>	<p>Informational – the full PowerPoint presentation that includes data can be found on the DMHAS ADPC webpage.</p>

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	<p>Total Visits – 4284  Unique Individuals – 1395 (based on individuals using the centers more than once)  Naloxone Kits Distributed – 1039</p> <p><b>Connections to Care and Medical Support</b>  Withdrawal Management – 59  MOUD Inductions – 83  Testing (HIV-Hep C) – 128  Wound Care – 265  Mental Health – 63</p> <p>Ciara Beattie: Director of Prevention and Harm Reduction-APEX provided the following report</p> <p><b>Waterbury Harm Reduction Center</b></p> <ul style="list-style-type: none"> <li>• Located at 2154 East Main Street, Waterbury CT</li> <li>• Hours are 11:00am-7:00pm Monday through Friday</li> <li>• A low barrier drop-in center. ALL are welcome. No appointment necessary for services offered within the center.</li> </ul> <p><b>Services</b></p> <ul style="list-style-type: none"> <li>• Harm Reduction Supplies</li> <li>• Syringe Exchange</li> <li>• Safe place</li> <li>• Clothing Closet</li> <li>• Narcan supply and training</li> <li>• Sexual health needs</li> <li>• Recovery Support</li> <li>• Case Management</li> <li>• Linkage to Medicated Assisted Treatment</li> <li>• Community Outreach</li> <li>• Free Food</li> <li>• Referrals</li> <li>• Center events for the community</li> <li>• Rapid Housing</li> <li>• Free Testing</li> </ul> <p><b>The Team</b>  Staff brings a diverse range of knowledge, education, and personal lived experiences to our center, and are committed to a client-focused approach, ensuring that they consistently address each client's unique needs. They have a dedicated team of Community Outreach Workers, trained Peer Recovery Coaches, Harm Reduction Specialists, and Case Managers, all prepared to provide comprehensive support.</p> <p><b>Working with the Community</b>  At Apex they strive to work with all local agencies and organizations to give their clients the best wrap around care they deserve. Some local places they work with are Waterbury Hospital, CHD, Waterbury Health Department, barbershops, local liquor stores, YAS-DMHAS, Western CT Mental Health Network, inMOTION mobile van, Starbucks and more. They prominently display their information and regularly offer in-person training sessions during staff meetings to ensure everyone is well-informed and equipped to support their clients effectively.</p> <p>Community Events</p>	

Topic	Discussion	Action
	<p>Each month, they host a range of community events designed to foster connections and deepen awareness of available services. These gatherings are invaluable for engaging with the community and encouraging participation. Their team has organized significant events like Know Your Community Day, Sausage and Stigma, Reflection of Hope, Art and Crafts Night, Game Night, Suicide Prevention and Subs and many others. Each event serves as an opportunity to bring people together and promote a sense of belonging.</p> <p><b>What do their participants think?</b></p> <ul style="list-style-type: none"> <li>• “I love the peace and quiet this center provides. Staff is amazing”</li> <li>• “All the staff get me and what I am facing in the community. I appreciate the patience in understanding my current situation.”</li> <li>• “Everyone is kind, friendly and helpful. Apex makes it easy to get supplies. In use, Needle Exchange was helpful. In recovery, the support here is abundant. Each person has helped me and taken time to check in on me and my recovery”</li> </ul> <p>Carol Jones: Director of Harm Reduction- Alliance For Living (AFL) provided the following report Alliance For Living Harm Reduction Center</p> <p><b>Who They Are</b></p> <ul style="list-style-type: none"> <li>• Formed in 1998, Alliance for Living is a non-profit organization serving New London County.</li> <li>• They are at the forefront of implementing evidence-based, client centered care to address public health with a special focus on HIV, homelessness, and the overdose epidemic.</li> <li>• In 2016, They partnered with LedgeLight Health District to form New London County Cares, a program that provides a coordinated response to the overdose epidemic in our community through education, overdose prevention, harm reduction, peer navigation, and mobile treatment services.</li> <li>• In 2024, They opened their harm reduction center, with the goal of providing people at risk of overdose a safe space to experience belonging and community.</li> </ul> <p><b>What They Do</b> - Across their agency, they also provide the following services (and more):</p> <ul style="list-style-type: none"> <li>• medical &amp; housing case management</li> <li>• food pantry &amp; meal services</li> <li>• transportation &amp; financial assistance</li> <li>• drug user health &amp; syringe services programming</li> <li>• rapid HIV/HCV testing, care coordination, &amp; prevention services</li> <li>• HIV treatment adherence &amp; medical nutritional therapy</li> </ul> <p><b>Setup</b></p> <ul style="list-style-type: none"> <li>• They opened with the vision of a community center in mind, and set their space up with couches, an entertainment center, clothing and shoe racks full of donations for participants to choose from, access to charging stations and Wi-Fi, dining tables, and an ever-revolving supply of coffee, cold drinks, snacks, and hot meals.</li> <li>• Sharing a space with their Syringe Services Program (SSP), many existing SSP clients have sought out the additional services that the HRC has to offer.</li> </ul> <p><b>Services</b> - Participants in our HRC can access the following services (and more):</p> <ul style="list-style-type: none"> <li>• educational materials, local resources, &amp; community information</li> <li>• transportation to and from medical and social services appointments</li> <li>• emergency shelter services upon exit from the carceral setting</li> <li>• linkages to prevention services, dental care, medical care, and more</li> </ul> <p><b>Staff</b></p>	

Topic	Discussion	Action
	<ul style="list-style-type: none"> <li>• Harm reduction staff is multi-talented and diverse, all with different backgrounds, areas of expertise, and varying levels of lived experience. They are brought together by a unique passion for supporting and uplifting those at risk of overdose.</li> <li>• Staff is always available to talk, support, and listen to anyone who comes in our doors, free of judgment or stigma.</li> <li>• Additionally, staff nurse Eileen Holdridge has assisted many of their participants who do not feel comfortable accessing local emergency rooms with wound assessment, care, and treatment.</li> </ul> <p><b>Partnerships</b></p> <ul style="list-style-type: none"> <li>• Dr. George Walker is their on-site mental health clinician, who has lived experience and is in the harm reduction center twice a week.</li> <li>• Community Health Center (CHC) provides on-site medical care and addiction medicine at their agency every week, a service many of their participants have accessed and feel comfortable and safe using.</li> </ul> <p><b>Their Impact</b></p> <p>Stigma-Free Care:</p> <ul style="list-style-type: none"> <li>• When they are at the HRC, many participants have remarked that the center has allowed for them to finally experience safety and a sense of belonging, as well as to know that no one is judging them or their use.</li> <li>• One participant even stated “I wish my family was as accepting of me as all of you. I feel like I matter here.”</li> </ul> <p>Life-Saving Intervention:</p> <ul style="list-style-type: none"> <li>• They educate all participants about the signs of overdose, strategies to avoid it, and how to respond in the case that it does occur.</li> <li>• They ensure that all participants have access to a plentiful source of naloxone.</li> <li>• Staff nurse Eileen has even accompanied a participant who needed urgent medical attention to a local hospital, and stayed by her side, supporting and advocating for her until she received the care that she needed.</li> </ul> <p>Mark Jenkins: CEO and Founder CT-HRA provided the following report: Connecticut Harm Reduction Alliance (CTHRA) - New Haven Harm Reduction Resource Center</p> <p><b>Mission</b></p> <ul style="list-style-type: none"> <li>• Sex Workers and Allies Network (SWAN) programs – is dedicated to promoting the dignity and wellbeing of individuals and communities impacted by drug use, homelessness, and sex work. Through advocacy, training and service, CTHRA aims to ensure the availability, adequacy, accessibility, and acceptability of services and resources that remediate the adverse consequences of illicit substance use.</li> </ul> <p><b>Services</b></p> <ul style="list-style-type: none"> <li>• Shelter/housing referrals</li> <li>• Educate on substance use/abuse/Opioid Use Disorders</li> <li>• Provide treatment referrals/transportation</li> <li>• Syringe exchange</li> <li>• Condoms/safe sex kits/lubricants</li> <li>• Specialty condoms “Magnum”, Rough Ryder, Non-lubricated Flavors</li> <li>• Safe crack use kits/ supplies</li> <li>• Wound care Kits and safe injection techniques/supplies</li> <li>• HIV/HCV screenings</li> <li>• Narcan/Naloxone</li> <li>• Peer Support Groups</li> <li>• Overdose prevention training</li> </ul>	

Topic	Discussion	Action
	<ul style="list-style-type: none"> <li>Assistance obtaining Identification</li> <li>Syringe Outreach Response Team (SORT)</li> </ul> <p><b>How Does CTHRA Utilize Harm Reduction Practices in Public Engagement?</b>  Understanding the importance of direct outreach and engagement, CTHRA tailors it's harm reduction services to reach as many potential participants as possible. Their engagement strategy includes:</p> <ul style="list-style-type: none"> <li>Static Walk-In Locations: 555 Columbus Avenue, New Haven SWAN walk-in service location. This site which features Safe Syringe Programs is open from Mon thru Friday 8 am-8pm five days a week.</li> <li>Mobile Outreach: Our mobile outreach is one of our primary forms of engagement. Whether on foot or vehicle, our ambassadors when equipped with our "Mobile Rover" are able deliver services anywhere they are needed. This form of engagement now features our "Mobile 1" mobile engagement center.</li> <li>Tabling, Testing and Training: CTHRA Ambassadors frequent many community events to present information, provide health screenings and OEND trainings on location as well as within local workplaces, government agencies and institutions</li> </ul>	
<b>DCF Project Naloxone Update</b>	<p>Dr. Frank Gregory and Dr. Nicole Taylor provided the following report  DCF created a Fentanyl Advisor Council and have been meeting for the past two years.</p> <p><b>Project Goal</b></p> <ul style="list-style-type: none"> <li>Help prevent overdose deaths with all persons involved with or visiting the Department of Children and Families.</li> </ul> <p><b>Project Milestones &amp; Accomplishments</b></p> <ul style="list-style-type: none"> <li>2022: DCF Fentanyl Senior Advisory Group (FSAG) established</li> <li>November 2023: Project Naloxone approved by DCF Commissioner Dorantes</li> <li>February 2024: Project Naloxone Kick-Off</li> <li>July 2024: Policy 21-7-1 "Administration of Opioid Antagonists" promulgated</li> <li>September 2024: Statewide DCF training roll-out commences via training to Executive, Senior, Area Office, and Regional Resource Group leadership</li> </ul> <p><b>Project Scope Status</b></p> <ul style="list-style-type: none"> <li>Update policies and procedures regarding response to an opioid overdose with naloxone, informed by review and understanding of national and state sister agencies' efforts: <b>Complete</b></li> <li>Develop &amp; deliver training for staff on how to respond to an opioid overdose and use naloxone: <b>In Process</b></li> <li>Make naloxone available to DCF staff in 14 DCF Area Offices, Central Office &amp; Wilderness School: <b>In Process</b></li> <li>Make naloxone available to visitors in 14 DCF Area Offices, Central Office &amp; Wilderness School: <b>In Process</b></li> <li>Develop recommendations for naloxone to be available in DCF-licensed facilities: <b>Pending</b></li> <li>Develop recommendations for naloxone to be available in DCF-licensed foster homes: <b>In Process</b></li> </ul> <p><b>Future Planning Timeline</b></p> <ul style="list-style-type: none"> <li>Foster Care Recommendations Group established; Recommendations to be final on or about Dec 2024</li> <li>Statewide Naloxone training begins in Area Offices; Scheduled thru Dec 2024</li> <li>Naloxone Kits placed in Naloxone Boxes and signage installed in each DCF office &amp; Wilderness School where they are located in close proximity to AED machines.</li> </ul>	Information – The full PowerPoint presentation is located on the DMHAS ADPC webpage.
<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><b>APPROVED Recommendation:</b> "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." Will be working to convene the smaller workgroup to start the process. If anyone is interested in being a part of the workgroup, they are</li> </ul>	Informational

Topic	Discussion	Action
	<p>hoping to have it be interagency and interdisciplinary to get as many perspectives as possible.</p> <ul style="list-style-type: none"> <li>• At their last meeting they had a great presentation around the Be in the Know campaign, which is the state's media campaign for cannabis use. They were given a review of the first year of the project. The second year of the project will focus on education around the health risks, public use, impaired driving and the impact of it, and the expansion of the illegal market in the state. They will try to access some new media outlets that will include Tik Tok, gas state audios, and other things like dating apps. They will continue with the bus ads.</li> <li>• Co-chair Allison Fulton has reached the end of her term, she was thanked for her service and dedication over the last several years. The committee will be looking for a new co-chair.</li> <li>• Reviewed their OSAC recommendations and will have a new recommendation to put forward in the near future.</li> <li>• Had several committee members attend the virtual New England HIDTA summit October 3<sup>rd</sup>. Many of them will also attend the DMHAS Prevention summit.</li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Treatment</b></li> </ul>	<p>Dr. Craig Allen and Maria Coutant Skinner provided the following update:</p> <ul style="list-style-type: none"> <li>• Continue to spend a lot of time looking at recommendations/proposals for OSAC settlement dollars. They organize and prepare the proposals for discussion prior to their meetings so that they can have meaning discussions about them. They have successfully put forth 3 proposals that were approved. They are Contingency Management, the Bridge Program for emergency departments across the state, and the LiveLoud public awareness education campaign.</li> <li>• Met in August and September.</li> <li>• At the September meeting they focused on co-occurring disorders. This committee has had long conversations about this along with presentations from DMHAS. They have been working closely with DMHAS and DCF to do a self-assessment of CT's system. They invited Michael Orath, the Commissioner of Mental Health for West Chester County and the director of Encompass Health and looked at their models to assess their work to see if there is any additional training, evaluations, assessments that this committee can do to make recommendations.</li> </ul>	Informational
<ul style="list-style-type: none"> <li>• <b>Recovery and Health Management</b></li> </ul>	<p>Pamela Mulready provided the following update:</p> <ul style="list-style-type: none"> <li>• The Recovery committee met in September and received an update on the activities of OSAC. There was an update from CCAR about their recovery centers. A workgroup was formed to consider OSAC recommendations related to recovery community centers, harm reeducation and stabilization centers.</li> <li>• Talked about the dissemination of the previously approved language matters documents. Posters were created and are available on the ADPC website and the CT Clearinghouse.</li> <li>• The Recovery Friendly Campus and School workgroup shared an update about the Collegiate Recovery Friendly Campus Conference that was held on September 19<sup>th</sup>.</li> <li>• The housing workgroup viewed presentations of two models and reported working on another housing recommendation for OSAC.</li> <li>• They met again in October and received an update on the activities of OSAC. A presentation was provided by the DMHAS opioid services coordinator about harm reduction sites. A potential OSAC proposal was reviewed related to harm reduction sites, and is being finalized as a potential recommendation to OSAC.</li> <li>• The Recovery Friendly Campus and School workgroup shared a revised OSAC proposal regarding technical assistance for opioid education in collegiate setting, it is also being prepared to move forward to OSAC.</li> <li>• The recovery community harm reduction center workgroup met and discussed a potential OSAC proposal.</li> <li>• Will continue to review the remaining public comments that were submitted through the OSAC portal and pull-out themes that the community may want to develop into recommendations.</li> </ul>	
<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>• Brian DeLude, this committee new tri-chair was introduced.</li> <li>• This committee continues to have re-entry conversations as part of their OSAC recommendations. They went to York</li> </ul>	Informational

Topic	Discussion	Action
	<p>Correctional and Cybulski and will be going to Manson Youth and have had some active conversations with the deputy director of parole and community services around qualifying needs of those who are out on parole. They are actively having conversations on what their next recommendation will be. They also went to the Hartford Re-entry Welcome Center to gather more information around re-entry needs and what they may be recommending in the future.</p> <ul style="list-style-type: none"> <li>• They continue to review public comments in the OSAC portal, in order to make recommendations.</li> <li>• They had a presentation on assessing IOP for adults from CSSD.</li> <li>• The ten original correctional facilities that were slotted for MAT are currently offering all three FDA approved medications. They will be expanding to the final 3 facilities based on a recommendation through OSAC.</li> </ul>	
<b>Other Business</b>		

**NEXT MEETING** – Tuesday, December 17, 2024 – Virtual

**ADJOURNMENT** – October 15, 2024, meeting of the Alcohol and Drug Policy Council adjourned at 11:30am.