

ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, February 26, 2019
State Capitol, Meeting Room 310
Hartford, CT
10:00 a.m.

ATTENDANCE

Members/Designees: Craig Allen, Rushford; Charles Atkins, CMHA; Alex Beaudoin, Bd. of Regents; Jennifer Chadukiewicz, CCAR; Vanessa Doprantes, DCF; Miriam Delphin-Rittmon, DMHAS; Marcia DuFore NCRMHB; Katie Farrell, Public Defender's Office; David Guttchen, OPM; William Halsey, DSS; Shawn Lang, AIDS, CT; Barbara Lanza, Judicial; Hector Maldonado, Wheeler; Melissa McCaw, OPM; Loel Meckel, DMHAS; Amy Mirizzi, DPH; Nancy Navarretta, DMHAS; William Petit, General Assembly; Sandrine Pirard, Beacon; Surita Rao, UCONN Health; James Rovella, DESPP; Kristina Stevens, DCF; Judith Stonger, Wheeler Clinic;

Visitors/Presenters: Mary Painter, DCF; Ramona Anderson, DPH; Scott Szalkiewics, DCP Drug Control; Yanike Whittingham, DOC; Heather Clinton, DPH; Mark Jenkins, GHHC; Deorah Daniel, DPH; Roderick Marriott, DCP; Woodlyn Joachim, NRMB

Recorder: Karen Urciuoli

The February 26, 2019 meeting of the Alcohol & Drug Policy Council (ADPC) was called to order at 10:00 a.m. by Commissioner Delphin-Rittmon, DMHAS. The meeting was co-chaired by Commissioner Dorantes, 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 as written.	Noted
Status of Legislatively Mandated Report PA 18-166	<p>Commissioner Dorantes provided the following update.</p> <p>The statutory requirement of an Evaluation of the Methods of Combating the Opioid Epidemic in the State of CT has been completed by a workgroup appointed by the co-chairs of the ADPC. The Act itself is concerning the method and treatment of dependency and opioid overdoses in the state of CT. The report was submitted to the co-chairs of the ADPC and the joint standing committee of the general assembly having cognizance of matters related to public health. It was prepared by this workgroup, and we are excited to be able to share it with you in its completion. The summary of it is that the state has been successful in making Naloxone more widely available in a multi-agency effort. DMHAS providers have contributed to making Naloxone more widely available and 90% of our providers have emergency supplies of it. Naloxone access may be having an impact on the deaths related to opioids. A relatively small number of individuals engaged in treatment have died as a result of an overdose. Various projects are underway throughout the state which are designed to strengthen the states capacity for overdose surveillance and identification of hotspots, we've had presentations to this committee on that. A review of the literature suggests that there is an indication that physical therapy, acupuncture, massage, and chiropractic care should be part of the response to chronic pain. CT has a comprehensive methadone maintenance system and DMHAS has increased access to buprenorphine and naltrexone. Coverage for substance abuse disorders is already a Medicaid covered benefit in CT.</p> <p>The recommendations of this report include seeking funding to support innovative outreach and engagement models that focus on linking those that have survived an overdose and other high risk individuals; this might include expanding efforts in emergency department, continuing to increase access to those medically assisted treatments, continueing work with providers to provide and distribute naloxone to individuals and families and building on DPH's syndromic surveillance data collection. Also, it being suggested that physical therapy, acupuncture, massage therapy and chiropractic care should be part of the response to chronic pain starting with low back pain and neck pain.</p>	<p>Informational</p> <p>The full report in located on the DMHAS ADPC webpage.</p>

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	<p>Dr. Maurer reported that part of this legislation impacts DOC and there were two requirements in that legislation. One was to study the outcomes from their first two projects which was Bridgeport and New Haven's methadone program. That is underway and is being funded by DPH through CDC and is being done by a professor of the public health school at Yale. The other one is to establish a state-wide strategic plan, DMHAS has funded that project. The work is well underway and the scope of services are all moving forward.</p>	
SOR Update	<p>Commissioner Delphin-Rittmon provided the following update: A copy of the SOR grant funding projects was provided to committee members for review. There may be additional SOR funding available in the coming weeks. The Commissioner asked that when reviewing the SOR grant projects please note if there are any areas of additional work or other ideas that would help to advance or enhance some things already in place. If the funding does become available we would like to have suggestions already in place to be able to write up a proposal.</p>	
SMART Recovery	<p>Hector Maldonado, the DCF Statewide Youth Recovery Coordinator for the CT Recovery Oriented Support System (CROSS) provided the following report.</p> <p>CROSS Background</p> <ul style="list-style-type: none"> • Need for a statewide YOUTH substance use recovery support system identified • CROSS is funded by SAMHSA 2017 State Targeted Response to the Opioid Crisis grant (STR) through the CT Department of Mental Health and Addiction Services (DMHAS) • DMHAS contracted with the CT Department of Children and Families (DCF) to develop and implement a statewide substance use recovery support system specifically oriented to the needs of youth aged 16-24 years • DCF contracted with Wheeler to implement CROSS <p>CROSS Goals</p> <ul style="list-style-type: none"> • Involve youth, families, and persons in recovery in design and implementation of CROSS • Hire a statewide youth recovery support coordinator • Develop a CROSS steering committee • Launch a minimum of <ul style="list-style-type: none"> ▪ 10 SMART Recovery support groups for youth (ages 16-18 or 18-24) ▪ 10 SMART Recovery Family & Friends groups ▪ Alternative Peer Groups (APGs) <p>SMART Recovery</p> <ul style="list-style-type: none"> • SMART - Self-Management and Recovery Training • SMART is a set of tools and skills • The free SMART Recovery meetings are opportunities to learn, practice and refine these skills • Emphasis is on self-empowerment • www.smartrecovery.org <p>Four Point Program</p> <ul style="list-style-type: none"> • Motivation to Abstain - Enhancing and maintaining motivation to abstain from addictive behavior • Coping with Urges - Learning how to cope with urges and cravings • Problem Solving - Using rational ways to manage thoughts, feelings and behaviors • Lifestyle Balance - Balancing short-term and long-term pleasures and satisfactions in life <p>Alternative Peer Groups (APGs)</p> <ul style="list-style-type: none"> • Created in Houston, Texas about forty years ago • APGs address the emotional, psychological, spiritual and social needs of teens with substance use issues • Based on the assumption that peer relationships are necessary to facilitate recovery • The goal is to remove the youth from a negatively pressured environment and offer them a new group of friends: 	<p>Informational The full PowerPoint presentation with all its data and graphs is available on the DMHAS ADPC webpage.</p>

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	<ul style="list-style-type: none"> ▪ that exert positive peer pressure ▪ provide support for the necessary changes they need to make in order to recover <p>CROSS – Process</p> <ul style="list-style-type: none"> • Steering committee members guided the mini-grant Request for Application (RFA) language and processes • RFA requirements: <ul style="list-style-type: none"> ▪ Weekly SMART Recovery groups for youth (ages 16-18 and/or 18-24) ▪ Weekly SMART Recovery Friends & Family groups ▪ Alternative Peer Groups (APGs) ▪ Sustainability beyond funding period • CROSS RFAs issued, applications scored, and 19 awards made of \$10,000 each (in three cohorts) <p>Facilitator Trainings</p> <p>SMART Recovery facilitator trainings were scheduled for each of the three cohorts attended by:</p> <ul style="list-style-type: none"> • Awarded agency staff • DCF project staff • Wheeler project staff <p>SMART Recovery groups had quick start-ups after training was completed, with a total of 38 groups currently active.</p> <p>CROSS Network</p> <ul style="list-style-type: none"> • CROSS agencies participate in monthly networking meetings • CROSS agencies discuss and exchange ideas about the following: <ul style="list-style-type: none"> ~ Observations and experiences facilitating SMART Recovery groups for youth and families ~ Successes, suggestions and tips for facilitation ~ Alternative Peer Group plans and ideas ~ Marketing ideas and needs <p>CROSS Marketing</p> <ul style="list-style-type: none"> • CROSS logo designed and marketing materials developed • Statewide CROSS marketing initiative is in process <p>Next Steps</p> <ul style="list-style-type: none"> • DCF Wilderness School event for facilitators • Statewide events for CROSS youth • Possible technical assistance from BRSS TAC proposal • Expansion of CROSS network with SOR funding • Host an additional SMART Recovery Training of Trainer • Collect trend data and evaluate outcomes • Consider policy level recommendations • Ensure youth participation and input in the ADPC Recovery Subcommittee • Finalize sustainability plan <p>Summary</p> <ul style="list-style-type: none"> • CROSS has successfully established a growing recovery support network for youth in the state of Connecticut • SMART Recovery teaches youth and their families a set of tools to cope with substance use and to abstain from further use • Alternative Peer Groups allow youth to engage in pro-social activities with peers and create a new positive social network that is fun and safe 	

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Imani Breakthrough Initiative	<p>Reverend Robyn Andersen, Sylvia Cooper, and Akilah Barr provided the following report: The Imani Breakthrough project is a project that operates out of PRCH Center at Yale but also is a federal grant through DMHAS. They believe that we are in this together, that we are working together, that we are in a partnership together, that there are no I's, no you' s, that we are all in this together. This project has three mottos that are used:</p> <ul style="list-style-type: none"> • Creating a sense of unity – We are in this together • Creating a sense of collective responsibility • Through a participatory process <p>Black and Latino Churches Are Effective in Helping People Live Healthier Lives</p> <ul style="list-style-type: none"> • Religion and spirituality enable Black people to cope with psychological distress (mind stress) • In urban Black communities (cities) 65-80% of adults attend church regularly • Many studies highlight the importance of church in drug and alcohol use, where members seek help from clergy (pastors, deacons, deaconess) <p>Our Approach</p> <ul style="list-style-type: none"> • A team of people coming together to address the opioid crisis with faith-based communities (our organizing team) • Proposed process: <ol style="list-style-type: none"> 1. Learning through dialogue sessions: Conversations with communities and faith-based leaders and members. 2. Through conversations with organizing team, using suggestions from communities, to modify and develop the faith-based recovery program. Selected a model to combine the 5 Rs (Rowe, et al) and 8 Dimensions of Wellness (Swarbrick), with wrap-around coaches. 3. Education sessions for churches and communities <p>Overview of Imani Breakthrough Program Two components: Part 1:</p> <ul style="list-style-type: none"> • A group education component – 12 weeks of classes and activities focused on wellness enhancement: <ul style="list-style-type: none"> ~ 8 Dimensions of Wellness (Spiritual, Emotional, Physical, Financial, Environmental, Social, Intellectual, Occupational; and, ~ 5Rs of Citizenship enhancement (Roles, Responsibilities, Relationships, Resources, Rights) • Wrap around Support and Coaching – provided during the 12 weeks. Coaches provide weekly check-ins and are there to assist participants towards obtaining their recovery, hopes and dreams within the scope of the 8 Dimensions of Wellness and the 5Rs. <p>Part 2:</p> <ul style="list-style-type: none"> • Next Step group component – 10 weeks mutual support (post 12 week group). <p>Collaborating with Churches and Selection of Facilitators</p> <ul style="list-style-type: none"> • Mount Aery Baptist, 73 Frank St., Bridgeport: Wednesday 6pm-8pm • 224 EcoSpace/ Conference of Churches, 224 Farmington Ave., Hartford: (2 groups: Tuesdays 10-12pm and • Varick Memorial AME Zion, 242 Dixwell Ave., New Haven: Wednesday 5pm-7pm • Burning Bush Family Life Center, 117 Sharon Road Mallview, Waterbury: Wednesday 1pm-3pm <p>Number of participants that have come through the doors from April 2018 – December 1, 2018</p> <ul style="list-style-type: none"> • Bridgeport – 34 Participants • Hartford – 87 Participants • New Haven – 85 Participants • Waterbury – 49 Participants • TOTAL – 255 Participants 	

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	<p>Development of programming for Latinos/as/x</p> <ul style="list-style-type: none"> • Adaptation of Imani Breakthrough for Latinos/as/x • Project will take place at 2 sites to meet 25 people per site. • Similar process: <ul style="list-style-type: none"> ▪ Work with community ▪ Culturally responsive modifications/translation of materials ▪ Conversations and Collaborations with faith based leaders and communities 	
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"> • Continuing Medical Education - Buprenorphine waiver training (half live and half online) – March 19, 1:00-5:00, North Haven • Drugfreect.org - Being redesigned – launch March • National Prevention Week - May 13 – Educational Forum by Dr. Ruth Potee at New Britain Museum of American Art <ul style="list-style-type: none"> ▪ May 16 – Health and Wellness Fair – State Capitol ▪ Video PSA contest • Change the Script - New messages and materials being developed <ul style="list-style-type: none"> ▪ Campaign will be integrated with the “One Word, One Voice, One Live” statewide suicide prevention campaign • School Naloxone Survey - Survey sent to school nurses in November (352 responses) <ul style="list-style-type: none"> ▪ Data show that approximate 48% of schools have naloxone, mostly stored in the nurse’s office ▪ Those schools that did not have naloxone onsite – indicated that a “perceived lack of need” was the primary reason ▪ Several schools indicated a desire for training on naloxone - information being forwarded to Regional Behavioral Health Organizations (who are charged with conducting trainings and disseminating naloxone in the community) ▪ This survey data will serve as a baseline for continued efforts • Evidence-based opioid curricula - DMHAS contracted with SERC to work with students in grades K-12 • Several Upcoming Conferences <ul style="list-style-type: none"> ▪ Women and Opioids – April 11th (DMHAS/Women’s Consortium) ▪ DPH – May 2nd ▪ DMHAS - September 	Informational
<ul style="list-style-type: none"> • Treatment 	<p>Dr. Charles Atkins provided the following update:</p> <ul style="list-style-type: none"> • All DMHAS LMHA’s in the state now have the ability to provide one or more forms of MAT. • Continuing to look at barriers related to client’s with Medicare. • Seeing an increased number of MAT approved prescribers • Additional buprenorphine prescriber trainings are being planned • Educational supports including the ECHO Learning Initiative through Beacon Health Options are in place for buprenorphine prescribers. • Still seeing cost barriers, working with Gerard O’Sullivan from the Insurance Commission regarding access to certain treatments. • The DMHAS bed availability website has been expanding and now includes recovery houses and other levels of care. • Increased access to Narcan has been emerging, DMHAS has been able to provide all emergency departments with Narcan in order to get it out to people who need it and also provide them with some education about use and treatment. 	

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	<ul style="list-style-type: none"> • Looking at evolving MAT models of induction. • There will be Harm Reduction conference on September 12th, it will be held at the Hartford Convention Center. • The DPH conference will be at the Doubletree in Bristol, the conference will be about trauma and opioids. 	
<ul style="list-style-type: none"> • Recovery and Health Management 	<p>Jennifer Chadukiewicz provided the following update:</p> <ul style="list-style-type: none"> • The Recovery and Health Management Sub-Committee met in January and February 2019. • Our Committee unanimously voted to invite Hector Maldonado to be Co-chair of the Sub-Committee, welcome Hector! He is a welcome voice for the Youth in Recovery in the state. • Our committee is excited to be report our success with the Recovery Friendly Community Facilitation. • Members of the Sub-Committee have facilitated or are in progress with: <ul style="list-style-type: none"> • Danbury, New Canaan, Wilton, Stamford, New London, Southington, Bristol, Fairfield, Waterbury, New Haven, Vernon, Manchester, Branford/Guilford/Madison, Stafford Springs, Somers, Enfield, Meriden, • Committee members are in contact with several more towns. • Members have enthusiastically taken on the role of neutral facilitator for the groups who have asked for guidance with the rubric, and while this is an enormous task, I am grateful for the sub-committee members who offer their own time to facilitate these. • RFC Logo – The Sub-Committee has finalized our change requests to the DOC Incarcerated citizens working on this logo through Sandra Violette and Yanique Wittingham. We should have a final logo for presentation soon. • Youth recovery support, two populations: 18 and under and 18-24 – find ways to build on the CROSS initiative, support organization of youth in recovery, provide opportunities to convene that they are looking for, support larger Youth in recovery community. • CCAR 20th Celebration is March 7th, 4-6 pm in Cromwell at Red Lion Hotel. Tickets are still available. 	Informational
<ul style="list-style-type: none"> • Criminal Justice 	<p>Katie Farrell and Dr. Maurer provided the following update:</p> <ul style="list-style-type: none"> • Continues to use the sequential intercept model to inform what is being done. • Will continue to compile the criminal justice systems inventory. They have been looking at gaps and duplications. • Working on increasing the police assisted diversion and the police deflection programs statewide. • Continue to focus on MAT in DOC. MAT was started in 2012 in New Haven, since then 6 programs have been opened in prisons and prison/jail combinations as well. The facilities where there are programs are Hartford Correctional Center (approximately 20 people are served daily), Bridgeport Correctional Center (approximately 35 people daily are treated), New Haven Correctional Center (approximately 40 people are served daily). There are approximately 80 people in jails served daily. For the combination prison/jail systems there are approximately 7 people being served at Corrigan Radgowski; York Correctional Facility serves approximately 80 people daily with methadone and approximately 20 with Subutex; Osborne Prison serves approximately 30-40 daily. York Correctional Facility is a licensed opiate treatment program. Dispensing is currently a manual system but will become automated within the next few months. There is funding in the Governor's budget to expand MAT in corrections. 	Informational
Other Business	<p>Jennifer Chadukiewicz reported that The Emergency Department Recovery Coach Program went live at St. Mary's Hospital in Waterbury approximately 2 weeks ago. In addition, they have a signed contact with Stamford Hospital, but do not have a go live date yet.</p> <p>Dr. Surita Rao reported that UCONN Health Center is doing an ECHO project on pain and addictions along with CHCAT, Dr. Bruce Gould is heading it up. They have about 10 community health agencies involved. It's a virtual learning program.</p>	Informational

NEXT MEETING – Tuesday, April 16, 2019, 10:00 – 12:00, State Capitol, Old Judiciary Room

ADJOURNMENT – February 26, 2019 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.