

**ALCOHOL & DRUG POLICY COUNCIL (ADPC)**  
**Meeting of Tuesday, August 18, 2020**  
**Video Conference Call through Teams**  
**10:00 a.m.**

**ATTENDANCE**

**Members/Designees:** Craig Allen, Rushford; Charles Atkins; Jennifer Chadukiewicz, CCAR; Maria Coutant Skinner, McCall Center; Miriam Delphin-Rittmon, DMHAS; Vanessa Dorantes, DCF; Shayne Ember, Wheeler Clinic; Katie Farrell, Public Defenders Office; Ingrid Gillespie, CT Prevention Network; David Guttchen, OPM; Mark Jenkins, GHHC; Barbara Lanza, Judicial; Amy Mirizzi, DPH; Nancy Navarretta, DMHAS; Mary Painter, DCF; Sandrine Pirard, Beacon; Surita Rao, UCONN Health; Gary Roberge, Judicial; Judith Stonger, Wheeler Clinic; Phil Valentine, CCAR; Sandra Violette, DOC;

**Visitors/Presenters:** Ana Gopoian, TriCircle; Lauren Siembab, DMHAS; Susan Bouffard, DMHAS; Robert Heimer; Michael Askew; Ann Trimachi; Suzanne Doyon; Thomas Fulton; Margaret Lancaster; Michael Hines

**Recorder:** Karen Urciuoli

The August 18<sup>th</sup> meeting of 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 Vanessa Dorantes, DCF.

Topic	Discussion	Action
<b>Welcome and Introductions</b>	Commissioner Dorantes welcomed all in attendance.	Noted
<b>Review and Approval of Minutes</b>	Minutes were reviewed and approved with the following revision: The February 18 <sup>th</sup> meeting date noted on page 1 will be changed to June 16 <sup>th</sup> .	Noted
<b>Update: Treatment Pathways Program</b>	<p>Michael Hines, CSSD provided the following update:</p> <p><b>FIRST TTP PROGRAM BASICS</b></p> <p><b>First TPP Located in Bridgeport, Connecticut</b></p> <ul style="list-style-type: none"> <li>• Site chosen because of familiarity with commitment and quality of community provider and support of other stakeholders in justice community.</li> <li>• Community provider committed to ensuring same day admissions for clients.</li> </ul> <p><b>Underlying Objective</b></p> <ul style="list-style-type: none"> <li>• Eliminate the practice of incarcerating people because they are sick.</li> </ul> <p><b>TPP Objectives</b></p> <ul style="list-style-type: none"> <li>• Re-direct the population with low level non-violent and non-weapon-related crimes and who have substance use disorders (either arrested for these disorders or related crimes) toward treatment and away from incarceration.</li> <li>• Provide a meaningful care opportunity to patients who are ill with addiction and who may have little or no access to care in the community.</li> <li>• Reduce the population entering our Bridgeport jail in order to better manage capacity of our medication for addiction program in the jail.</li> <li>• Reduce the CT DOC population and reduce costs of incarceration to the state.</li> </ul> <p><b>Treatment Pathway Program Locations</b></p> <ul style="list-style-type: none"> <li>• Bridgeport Superior Court - June, 2015</li> <li>• New London Superior Court - October, 2017</li> <li>• Torrington Superior Court - October, 2017</li> <li>• Waterbury Superior Court - July, 2018</li> </ul> <p><b>TPP Screening Process</b></p> <ul style="list-style-type: none"> <li>• Defendants held on bond are eligible.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Bail staff screen for appropriateness</li> <li>• If appropriate Bail staff ask clinicians to assess.</li> <li>• Bail staff and clinician meet after assessment.</li> <li>• Decision made if defendant appropriate to recommend entry into TPP.</li> <li>• Bail recommendation made to Court for final approval.</li> </ul> <p><b>TPP Screenings and Admissions (2015 – 2020)</b></p> <ul style="list-style-type: none"> <li>• 1823 Screenings</li> <li>• 939 Admissions</li> </ul> <p><b>Demographics</b></p> <ul style="list-style-type: none"> <li>• Hispanic – 24%</li> <li>• White – 53%</li> <li>• African American – 23%</li> </ul> <p><b>Number of Admissions by Level of Care</b></p> <ul style="list-style-type: none"> <li>• Housing – 106 (6%)</li> <li>• IOP/OP – 868 (48%)</li> <li>• MAT – 213 (12%)</li> <li>• Residential – 346 (19%)</li> <li>• Detox – 274 – (15%)</li> </ul> <p><b>Disposed TPP Clients</b></p> <ul style="list-style-type: none"> <li>• Incarceration Sentence – 22%</li> <li>• Non Incarceration Sentence – 78%</li> </ul> <p><b>Failure to Appear</b></p> <ul style="list-style-type: none"> <li>• Incurred a Failure to Appear – 23%</li> <li>• Incurred no FTAs – 77%</li> </ul> <p><b>Rearrests</b></p> <ul style="list-style-type: none"> <li>• Rearrested – 30%</li> <li>• Not Rearrested – 70%</li> </ul> <p><b>Successful Completion Rate of Clients with a Primary Diagnosis of Opiate Dependence</b></p> <p><b>Medicated Assisted Treatment</b></p> <ul style="list-style-type: none"> <li>• Complete – 68%</li> <li>• Incomplete – 32%</li> </ul> <p><b>No Medicated Assisted Treatment</b></p> <ul style="list-style-type: none"> <li>• Complete – 37%</li> <li>• Incomplete – 63%</li> </ul> <p><b>JBCSSD Grant Award</b></p> <ul style="list-style-type: none"> <li>• Grant: United States Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, Adult Drug Court Discretionary Grant Program</li> <li>• Award Timeframe: October 1, 2019 thru September 30, 2023</li> <li>• Total Award: \$1,499,961</li> <li>• Key Difference: Incorporation of the Intensive Pretrial Supervision (IPS) Adult Probation Officer</li> <li>• Objectives: <ul style="list-style-type: none"> <li>1. Enhance the TPP with the inclusion of the IPS Officer (intensive judicial oversight)</li> </ul> </li> </ul>	

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	<ol style="list-style-type: none"> <li>2. Incorporate a comprehensive research component to support a data driven decision making</li> <li>3. Develop a sustainability and expansion plan to enable funding and model fidelity</li> </ol>	
<p><b>SMART within the DOC</b></p>	<p>Dr. Shayn Ember provided the following report on the CROSS Initiative Statewide Youth Recovery Support Network</p> <p><b>Background</b></p> <ul style="list-style-type: none"> <li>• Need identified for youth-specific recovery support in Connecticut</li> <li>• CROSS was originally funded in 2017 by SAMHSA State Targeted Response to the Opioid Crisis (STR) funds and then by State Opioid Response (SOR) funds through the CT Department of Mental Health and Addiction Services (DMHAS)</li> <li>• 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</li> <li>• DCF contracted with Wheeler to implement CROSS</li> </ul> <p><b>Goals and Process</b></p> <ul style="list-style-type: none"> <li>• Build a Statewide Youth Recovery Network of sites that facilitate: <ul style="list-style-type: none"> <li>- SMART Recovery meetings for Teens (ages 16-18) or Young Adults (ages 18-24)</li> <li>- SMART Family &amp; Friends meetings for caregivers or supportive peers</li> <li>- Alternative Peer Groups</li> </ul> </li> <li>• Maintain, support, and grow the network to serve a diverse population of young people affected by substance use throughout the state</li> <li>• Non-profits apply for \$10,000 mini-grants using a simple application</li> </ul> <p><b>SMART Recovery</b></p> <ul style="list-style-type: none"> <li>• Mutual self-help peer-support program based on evidence-based tools</li> <li>• Facilitated, free weekly SMART Recovery meetings</li> <li>• Emphasis is on self-empowerment and “doing what works while it is working”</li> <li>• SMART Recovery meetings are particularly appealing to youth: <ul style="list-style-type: none"> <li>- “Cross-talk” is encouraged</li> <li>- Involvement of spirituality is optional</li> <li>- Avoidance of unhelpful labels</li> <li>- MAT is explicitly supported</li> </ul> </li> </ul> <p><b>SMART Family &amp; Friends</b></p> <ul style="list-style-type: none"> <li>• Analogous to Al-Anon in 12-step programs</li> <li>• Based on CRAFT (Community Reinforcement and Family Training) evidence-based tools for families to support their loved ones who struggle with addictive behavior</li> <li>• Facilitated, free weekly meetings are similar to SMART Recovery meetings</li> <li>• Emphasis is on 1) self-care for caregivers, 2) maintaining positive communication, 3) setting and keeping healthy boundaries</li> </ul> <p><b>Alternative Peer Groups (APGs)</b></p> <ul style="list-style-type: none"> <li>• When teens and young adults decide to stop using substances, they often need to stop hanging out with friends who still use, but they may not be accepted or supported by peers who have never used.</li> <li>• Alternative peer groups facilitate the formation of a new friend group that is both supportive of sobriety and accepting of where youth have been.</li> <li>• Additional benefits: <ul style="list-style-type: none"> <li>- Can be “gateway” into SMART Recovery meetings</li> <li>- Learn how to have fun while sober</li> <li>- Develop social skills/conflict resolution</li> </ul> </li> </ul>	

Topic	Discussion	Action
	<p style="text-align: center;">- Learn new coping skills</p> <p><b>Network of Sites - 36 mini-grants awarded to 30 unique sites:</b></p> <ul style="list-style-type: none"> <li>• Youth services bureaus</li> <li>• High schools</li> <li>• Colleges/Universities</li> <li>• Non-profit mental health and substance use treatment centers</li> <li>• Community organizations</li> <li>• Department of Correction sites</li> <li>• RBHAOs</li> </ul> <p><b>Next Steps</b></p> <ul style="list-style-type: none"> <li>• Support sites and young people during Covid-19</li> <li>• Launch website for easy access to meetings and groups</li> <li>• Increase number and diversity of sites (locations, types of sites, provide more Spanish language meetings) to expand diversity of populations served</li> <li>• Continue to energize and engage network</li> </ul> <p>Sandra Violette and Anne Trimachi provided the following Smart Recovery report:</p> <p><b>Manson Youth Institution</b></p> <ul style="list-style-type: none"> <li>• The Connecticut Department of Correction Addiction Treatment Unit was awarded the CROSS grant to begin SMART Recovery groups at Manson Youth Institution for individuals ages 18-24 years old on 10/01/2018.</li> <li>• Next steps:</li> <li>• Three staff from Manson Youth attended training to implement the SMART curriculum.</li> <li>• We discussed and ordered the necessary manuals and incentives for all three components of the groups to be held.</li> <li>• We contracted with two outside vendors for yoga, mindfulness, meditation, and sound therapy.</li> <li>• We developed flyers for the Recovery group, Family and Friends group and began to offer the group to current and previous clients identified as having a SUD or exposure to substance use.</li> <li>• We engaged with the DCF liaison at the facility who hung flyers and referred clients to the group.</li> </ul> <p><b>Next Steps</b></p> <ul style="list-style-type: none"> <li>• The Addiction Treatment Unit worked closely with the Manson administration to develop a plan for the Family and Friends group that would accommodate visiting times. Groups were arranged around times that did not interfere with school schedules.</li> <li>• Groups were offered to potential participants in the pool of candidates from The Addiction Treatment Unit, choosing 10 offenders to start group and developed a wait list.</li> <li>• The Pro-social peer support group activities were developed and items were purchased to enhance participant engagement.</li> <li>• And away we went...</li> </ul> <p><b>SMART Recovery and Sustainability</b></p> <ul style="list-style-type: none"> <li>• The attendance policy was modeled much like the groups in the community. Clients were encouraged to attend weekly to benefit from the entire program. We believe this freedom of choice is related to the continued success of SMART.</li> <li>• Participants met once a week with our trained counselor and followed the sessions in the participant handbook (We recently changed the handbook to the Inside Out version, specifically designed to use with the incarcerated population).</li> <li>• The SMART Recovery group was maintained throughout the required grant time. The success of this group encouraged us to begin another SMART group for the youth ages 15-17 year olds. Both these groups continued until the State</li> </ul>	

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	<p>shutdown. Our last group was held on March 23rd.</p> <p><b>Pro-social Peer Support Group</b></p> <ul style="list-style-type: none"> <li>• Participants met in the same week with the trained Addiction Staff member for pro-social activities designed to create friendships and develop trust with each other.</li> <li>• Activities included picture exchange, games, movies, and basketball which happened on a revolving basis.</li> <li>• Special groups were held every third week involving the contracted providers, teaching mindfulness, chair yoga and stress reduction. In addition, sound therapy was offered several times over the duration of the grant and following its conclusion.</li> <li>• One of our most notable groups included the use of musical equipment purchased from the grant. This group evolved into a collaboration with the Music Therapist and Addiction Treatment staff. It became the most popular with all involved.</li> </ul> <p><b>Family and Friends Group</b></p> <ul style="list-style-type: none"> <li>• SMART participants offered names and contact information for family and friends they would like to be involved. Contact was made through email, phone and US mail.</li> <li>• Gift card incentives were offered and they were provided the Family and Friends handbook.</li> <li>• At inception this group was offered every week one hour prior to the facility visiting hours.</li> <li>• Since visits are offered on a first come first serve basis our participants arrived and signed up for their visit with the priority of being first in line.</li> <li>• Although, participation was limited, staff was able to offer and engage with several family members who reported positive experiences. In addition, we offered several groups with contracted providers.</li> <li>• Groups were reduced to every other week and all identified individuals were contacted regularly until the shutdown.</li> </ul> <p><b>Other Grantees</b></p> <ul style="list-style-type: none"> <li>• Since the sustainability of SMART Recovery in MYI we have sought to offer this program in other facilities and have been approved for three new grants. York Correctional Institution (YCI) for young female offenders, Cheshire Correctional Institution (CCI) TRUE unit serving ages 18-25years old and the Willard/Cybulski Re-entry unit.</li> <li>• Currently groups are limited, however we have maintained some small group programming and small pro-social activities. In addition, we have continued to connect with family and friends through phone calls with the trained staff members. Each family member who is involved is mailed a Family and Friends work book, and small incentives continue to be offered.</li> </ul> <p><b>Popularity</b></p> <ul style="list-style-type: none"> <li>• SMART recovery groups have quickly become popular among the offender population. Our level of engagement has been high with both the curriculum and the pro-social groups.</li> <li>• Additional pro-social activities around music are being explored, as this was one of the most popular groups.</li> <li>• In addition, the Addiction Treatment staff have found the SMART recovery program gives offenders the opportunity to engage and explore choices for a healthy lifestyle without substance use upon release.</li> </ul>	
<p><b>Sub-Committee Reports</b></p>		
<ul style="list-style-type: none"> <li>• <b>Prevention, Screening and Early Intervention</b></li> </ul>	<p>Judith Stonger presented the following subcommittee recommendation: Work with news media outlets, journalism schools, and other organizations statewide to educate public information officers, editors, reporters, on-air professionals, and students on substance use disorders, recovery, and the importance of the use of non-stigmatizing language.</p> <p>Ingrid Gillespie provided the following report</p>	<p>This recommendation was approved by Council members by way of the Chat function in TEAMS.</p>

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	<ul style="list-style-type: none"> <li>• The July committee meeting focused on people having the opportunity look at the impact of COVID in terms of the trends we are seeing in substance use. Available data was reviewed.</li> <li>• At the August meeting Scott Newgass from the Department of Education provided an updated on schools reopening and criteria that's needed to be included in any of the district plans. The Department is emphasizing that the social and emotion needs of the students and teachers is a priority. They are looking at bringing in some initiative around mental health and one will be ASBIRT.</li> <li>• The Recovery Tool Kit is complete, a web page is being developed and will be linked to the Drugfreeect.org website the webpage will have its own look and feel and users will have the ability to download the toolkit and relevant documents.</li> <li>• The SA Exposed Fetal Alcohol Spectrum Disorders work group is planning a half day virtual training for healthcare professionals, in addition, FASD Day is on September 9<sup>th</sup> and the group is looking at developing a social media awareness piece for that, they are also continuing to work with the DMHAS legislative liaison to schedule a presentation to the women's legislative caucus.</li> <li>• A vaping survey was sent to school superintendents; the preliminary results were shared. Have been discussing the different policies and the concern around being able to support kids who want to quit. There was a recent study from Stamford that showed kids who vape are 5-7 times more likely to be infected with COVID. This is a leverage point that can be used when doing campaigning around vaping.</li> <li>• Overdose awareness day initiatives were highlighted and will on the drugfreeect.org website; if anyone in this group has any initiatives please send them to Judith Stonger so they can be posted on the website.</li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Treatment</b></li> </ul>	<p>Dr. Craig Allen provided the following report.</p> <ul style="list-style-type: none"> <li>• This subcommittee last met in June and July, and have another scheduled for August</li> <li>• Met with Bill Halsey and discussed the 1115 SUD Demonstration Waiver project which allows the state to seek Medicaid reimbursement for LOCs that are not currently reimbursable under Medicaid, Institute of Mental Disease (IMDs) that are residential facilities with 16 beds or more. The requirements put in place pertain to ASAM 3rd Edition recommendation with things such as care coordination being mandatory as well as a number standardized practices which should enhance the overall access, care and support for people with substance use disorders. A number of organizations will be asked to put in place different functions that they may not currently have in place. There is a 24-month period to put things in place.</li> <li>• Spent time discussing telehealth and the benefits that have been seen. One issue that brought up was around the audio only component which currently is available because of the public health emergency that was declared, when it ends there is a problem at the DSS level in finding the right codes.</li> <li>• Reviewed a SAMHSA publication that came out in April 2020 entitled "The Opioid Crisis and the Black American Population". This gave an opportunity to look at the make-up of our organization, the information that we have around people with infectious diseases that may not be identified, and see if there are other avenues or supports that may not currently be represented.</li> <li>• The Medicated Assisted Treatment Data Waiver Training was held in July, there was a really good turnout.</li> </ul> <p>The following subcommittee recommendation was presented:  The Treatment Sub-Committee recommends that general hospitals start patients who are on their medical units and who have an opioid use disorder on a maintenance medication for their opioid use disorder and, when discharged from the hospital, have a discharge plan with a specialty provider for continuation of the medication.</p>	<p>Informational</p> <p>This recommendation was approved by Council members by way of the Chat function in TEAMS with a commitment to</p>

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<ul style="list-style-type: none"> <li><b>Recovery and Health Management</b></li> </ul>	<p>Dr. Shayn Ember provided the following report:</p> <ul style="list-style-type: none"> <li>The group met virtually in June, July and August</li> <li>Several new members have been welcomed. the majority of the subcommittee is made up of people in recovery lending lived experience in recovery as well as training and other expertise to decrease the stigma and increase supports for people others in recovery throughout the state.</li> <li>Working to continue to build-up and integrate the youth recovery supports throughout the state, part of that will be integrating the CROSS network with other new and existing resources for young people.</li> <li>A new workgroup is working to create a recovery friendly campus rubric; Sandy Valentine is leading the workgroup.</li> <li>Work continues on recovery friendly communities, a presentation to the ADPC by Mayor Stewart from New Britain as well as Mayor Zappo from Bristol is being planned for the October ADPC meeting. They will be sharing their recovery friendly community initiatives.</li> <li>Work continues on the recovery friendly employers, Charles Mitchell, the coordinator for the recovery employment program at the Middlesex Chamber of Commerce has joined this subcommittee.</li> <li>A major project that this subcommittee works on is reviewing different document, proposal and campaign language to make sure it is recovery friendly, free from stigma and positive about recovery. Currently working on the Language Matters document, which needs some updating. Have also worked with the Department of Labor with their recovery friendly employer's initiative to review their language.</li> <li>Met with Bill Halsey to get feedback to the 1115 SUD Initiative Waiver.</li> <li>Have helped with the language for the LiveLoud families site which is a DCF initiative as well as the DMHAS LiveLoud campaign.</li> </ul>	<p>ongoing discussion. Informational</p>
<ul style="list-style-type: none"> <li><b>Criminal Justice</b></li> </ul>	<p>Katie Farrell provided the following report:</p> <ul style="list-style-type: none"> <li>Have been meeting monthly, but currently in a phase where they are reevaluating their membership, many members now have conflicts and can't make the monthly meetings, they are trying to decide if they should move the meeting time or try and recruit new members. They will be looking at the projects that they have done a lot of work on and will decide if they will disseminate them, what is the best use of the inventory of services that were put together. If anyone has any thoughts, ideas or suggestions for new members please contact one of the tri-chairs.</li> </ul>	<p>Informational</p>
<p><b>Other Business</b></p>	<p>Phil Valentine provided a report on a new initiative: Ocean Recovery Community Alliance (ORCA) – is a way to bring recovery values to the community at large and a way to give back. They have been doing ocean cleanup along the beaches 3 cleanups have already been held, and they have picked up over 600 pounds of trash. They hope to draw in partners to help with this initiative.</p>	<p>Informational</p>

**NEXT MEETING** – Tuesday, October 20, 2020, Location TBD

**ADJOURNMENT** – The August 18, 2020 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.