

**ALCOHOL & DRUG POLICY COUNCIL (ADPC)**  
**Meeting of Tuesday, October 19, 2021**  
**Video Conference Call through Teams**  
**10:00 a.m.**

**ATTENDANCE**

Members/Designees: Craig Allen, Rushford; Jennifer Chadukiewicz, CCAR; Richard Colangelo, Criminal Justice; Maria Coutant Skinner, McCall Center; Vanessa Dorantes, DCF; John Doyle, Criminal Justice; Daniel Ebrahimi, DMHAS; Shayn Ember, Wheeler Clinic; ; Tammy Freeberg, Village for Families and Children; Allison Fulton, CT Coalition; Ingrid Gillespie, CT Prevention Network; Matthew Grossman, YNHH; David Guttchen, OPM; William Halsey; Mark Jenkins, GHRC; Barbara Lanza, Judicial; Susan Logan, DPH; Justin Mehl, DMHAS; Carol Meredith, DMHAS; Nancy Navarretta, DMHAS; Dr. William Petit; Sandrine Pirard, Beacon; Surita Rao, UCONN; Gary Roberge, Judicial; Kris Robles, DCF; Judith Stonger, Wheeler Clinic; Scott Szalkiewicz, DCP; Sandra Violette, DOC;

Visitors/Presenters: Allyson Nadeau; Abby Alter; Ramona Anderson; Andressa Granado; Luis Arroyo; Luiza Barnat; Bill Kinch; Cheri Bragg; Rick Brooks; Bruce Baxter; Christopher Burke; Heather Clinton; Deborah Daniel; David Borzellino; Deborah Lake; Dita Bhargava; Dorothy Cohen; Eddie Aledia; Francine Truglio; Gbariela Krainer; Gary Winfield; Julienne Giard; Ana Gopoian; Joshonda Guerrier; Nicole Hampton; Robert Heimer; Jane Ungemack; Jennifer Kolakowski; Joe Lindbeck; John Simoncelli; Kara Sepulveda; Kim Karanda; Colleen Kearney; Lisa Gray; Lyne Stokes; Michael Makowski; Mallory Deprey; Margaret Lancaster; Rodrick Marriott; Amy Mirizzi; Arthur Mongillo, Erin Mulhern; Patrick Neubert; Scott Newgass; Shelly Nolan; Erica Rogers; Stepynie Rubel; Melissa Sienna; Stephen Etter; Sunny Lu; Shobha Thangada; Sandy Valentine; Mark Vanacore; Colleen Violette; Faith Voswinkel; Kathy Walsh; Wende Cooper; Alison Wiser; Yashira Pepin

Recorder: Karen Urciuoli

The October 19<sup>th</sup> meeting of the Alcohol & Drug Policy Council (ADPC) was called to order at 10:00 a.m. by Acting Commissioner Navarretta, DMHAS. The meeting was co-chaired by Commissioner Vanessa Dorantes, DCF.

<b>Topic</b>	<b>Discussion</b>	<b>Action</b>
<b>Welcome and Introductions</b>	Acting Commissioner Navarretta welcomed all in attendance.	Noted
<b>Review and Approval of Minutes</b>	Minutes were reviewed and approved as written	Noted
<b>Opioid Rapid Response Program Overview</b>	<p>Patrick Neubert, Health Human Services Office of Inspector General and Stephanie Rubel, Centers for Disease Control and Prevention provided the following report:            The Opioid Rapid Response Program started in 2018 and started with the Appalachian Region Prescription Opioid Strike Force (ARPO) takedowns. ARPO began to combat the opioid overdose epidemic identifying, investigating, and effectively and efficiently prosecuting medical professionals involved in the illegal prescription and distribution of opioids in six states. In 2019, there were 24,000 patients affected during an opioid takedown. Currently they have moved beyond just the Appalachian regional areas and have begun working with other states to assist any patients that are impacted by a disruption from a law enforcement action.</p> <p><b>Impacted Patients</b></p> <ul style="list-style-type: none"> <li>• Patients being treated for pain management with opioids</li> <li>• Patients being treated for opioid use disorder</li> <li>• Patients diverting medication</li> <li>• People who use illegally obtained prescription opioids.</li> </ul> <p><b>Opioid Rapid Response Program Strategic Components</b> – All ORRP efforts align with one of four strategic components to help strengthen care continuity and overdose risk mitigation.</p> <ul style="list-style-type: none"> <li>• Coordinate – Notify state trusted contacts of anticipated actions and support state health response.</li> <li>• Prepare – Build state capabilities</li> <li>• Train – Increase workforce capacity</li> <li>• Monitor – Monitor actions, responses, and outcomes</li> </ul> <p><b>Common False Assumptions</b></p>	Informational

Topic	Discussion	Action
	<ul style="list-style-type: none"> <li>• Medical records available</li> <li>• State can query the PDMP and contact patients</li> <li>• All patients need substance use disorder treatment</li> <li>• All patients should be tapered off their medications immediately</li> <li>• All patients in the practice are not receiving proper medical care</li> <li>• Clinician has emergency access/referral plan</li> </ul> <p><b>Increased Risk for Patients</b> – Half of clinics unwilling to see new patients taking opioids.</p> <p><b>Law Enforcement Information Sharing</b></p> <ul style="list-style-type: none"> <li>• Date of action (anticipated or completed)</li> <li>• Type of action</li> <li>• Clinician name/NPI</li> <li>• General location(s) of clinic(s) – state region, county, city/town</li> <li>• Name and address of clinic(s)</li> <li>• General prescribing patterns (co-prescribing)</li> <li>• Estimated number of patients who may be affected</li> <li>• Average MME prescribed</li> <li>• Presence of other clinicians onsite</li> <li>• Types of insurance accepted/commonly used</li> <li>• Other contextual information shared by law enforcement that may be relevant to risk assessment or mitigation plans</li> </ul> <p><b>Layered Approach</b></p> <ul style="list-style-type: none"> <li>• Querying the PDMP database</li> <li>• Direct outreach to patients if possible</li> <li>• Having care coordinators on site when possible</li> <li>• Overdose education, preparing people with harm reduction resources</li> <li>• Informational flyers listing information for patients</li> <li>• Preparing health alert notices for local hospitals/emergency departments, first responders and harm reduction organizations</li> <li>• Public health alerts and press release language</li> </ul> <p><b>Coordination Can Help</b> - Through Care, Continuity and Risk Reduction</p> <ul style="list-style-type: none"> <li>• Linkage to care</li> <li>• Access to Medical records</li> <li>• Prevent Emergency Service Needs</li> <li>• Prevent illicit drug use</li> </ul> <p><b>Program Information</b></p> <ul style="list-style-type: none"> <li>• CDC ORRP Website: <a href="https://www.cdc.gov/opioids/opioid-rapid-response-program.html">https://www.cdc.gov/opioids/opioid-rapid-response-program.html</a></li> <li>• CDC Mailbox: <a href="mailto:ORRP@cdc.gov">ORRP@cdc.gov</a></li> </ul>	
<p><b>New Britain Recovers – An Integrated Community Approach</b></p>	<p>Abby Alter, MPA, Health Program Supervisor, Bruce Baxter, CEO, New Emergency Medical Services, Mallory Deprey, Community Services Department Manager, and William Kinch, Project Coordinator- New Britain Recovery Care Navigation Team provided the following report:  Through Community level interactions, New Britain Recovers connects individuals in a stigma-free manner to resources with care, concern, and compassion.  What are the NB Recovers Initiatives?</p>	<p>Informational – Full PowerPoint presentation that includes data can be found on the DMHAS ADPC webpage.</p>

Topic	Discussion	Action
	<ul style="list-style-type: none"> <li>• Opioid Task Force</li> <li>• Homelessness</li> <li>• Youth Prevention</li> </ul> <p>Overarching Goals:</p> <ol style="list-style-type: none"> <li>1. Increase strong leadership and collaboration</li> <li>2. Data driven decision making</li> <li>3. Secure funding streams</li> <li>4. Provide public education around behavioral health, substance abuse/ misuse, and prevention methods</li> <li>5. Align and promote integrated support systems</li> </ol> <p>Core Rapid Referral Network Partners</p> <ul style="list-style-type: none"> <li>• Hospital of Central Connecticut</li> <li>• Community Health Center</li> <li>• Community Mental Health Affiliates</li> <li>• Coram Deo</li> <li>• Gilead-Farrell Treatment Center</li> <li>• Root Center</li> <li>• Wheeler Clinic</li> </ul> <p>Allied Community Partners:</p> <ul style="list-style-type: none"> <li>• New Britain Police Department</li> <li>• New Britain Fire Department</li> <li>• Coram Deo</li> <li>• CCAR</li> <li>• Friendship Service Center</li> <li>• Salvation Army</li> <li>• New Life Ministries II</li> <li>• The Spott, LLC</li> <li>• Expanding</li> </ul> <p>Mobile Response Team</p> <ul style="list-style-type: none"> <li>• Recovery Care Navigators</li> <li>• 90% follow up with patients/families within 48 hours of an OUD 9-1-1 response. <ul style="list-style-type: none"> <li>▪ Authorization to participate with program release.</li> <li>▪ Provide education on treatment resources.</li> <li>▪ Provide training on use and administration of Narcan.</li> <li>▪ Provide managed referrals to network partners.</li> <li>▪ Provide referral to additional support resources.</li> <li>▪ Ongoing monitoring and follow up.</li> </ul> </li> <li>• Internal and External Referrals: <ul style="list-style-type: none"> <li>▪ Internal from 911 paramedics via HealthEMS Platform</li> <li>▪ External- community or rapid referral network partners</li> </ul> </li> </ul> <p>Mobile Response Team/Referral Network Data - Data Summary - 2/1-8/31/21</p> <ul style="list-style-type: none"> <li>• 313 Referrals (85% internal 15% external)</li> <li>• 286 Patients (91%)</li> <li>• 186 Individuals enrolled (65%)</li> </ul>	

Topic	Discussion	Action
	<ul style="list-style-type: none"> <li>• 96 Individuals engaged in treatment (52%)</li> </ul> <p>Conclusion</p> <ul style="list-style-type: none"> <li>• White male between 25 and 64 who uses alcohol</li> <li>• 37% of individuals enrolled have OUD. 90% are enrolled in some form of treatment</li> <li>• Referral Network is a successful model</li> <li>• Being flexible with RCN hours is a proven success</li> <li>• Nowhere near enough resources for OUD/SUD and Homeless</li> <li>• Hard to measure against other agencies, there is no central repository for data</li> <li>• Will continue to grow and learn</li> </ul> <p>Contact Information</p> <ul style="list-style-type: none"> <li>• Mallory Deprey: 860-826-3370- Mallory.deprey@newbritainct.gov</li> <li>• Bruce Baxter: 860-770-3407 – bruce.baxter@nbems.org</li> </ul>	
<b>Sub-Committee Reports</b>		
<ul style="list-style-type: none"> <li>• <b>Prevention, Screening and Early Intervention</b></li> </ul>	<p>Allison Fulton provided the following update:</p> <ul style="list-style-type: none"> <li>• Continue to get quarterly updates on several federal grants managed by DPH, DCF, and DMHAS.</li> <li>• In September they had a summary by Dr. Jane Ungemack and Bonnie McCray from UCONN Health Center on the evaluation they did.</li> <li>• In September has a group discussion about vaping prevention</li> <li>• In October had some member updates about two new counterfeit drug prevention campaigns that are being launched statewide by DPH and the RBHO's, mostly through social media and PSA's</li> <li>• The media and stigma workgroup continues to meet and will be holding another conference December 10<sup>th</sup>, "The Power of the Media in Addressing Substance Use", the sign-up will be coming out soon.</li> <li>• The Cannabis Workgroup, which is newly formed, has come up with a recommendation to be put to vote. The recommendation is as follows: <i>Section 65 of PA 21-1 - CT's Adult Use Cannabis legislation requires the ADPC to make recommendations to the governor and legislature on efforts to promote certain public health initiatives and collection of data for certain reviews. In addition, DMHAS has received funding to develop and launch a public information and education campaign that delivers prevention messages and strategies to various populations. Detail Recommendation for Council Members Vote: Use the established Cannabis Workgroup of the Prevention Subcommittee to advise the public education campaign and the policy and program recommendations to prevent usage by individuals under age 21, which will be due to the Governor and General Assembly in January 2023.</i></li> </ul>	<p>Informational</p> <p>Recommendation to be voted on by appointed council members.</p>
<ul style="list-style-type: none"> <li>• <b>Treatment</b></li> </ul>	<p>Maria Coutant-Skinner and Dr. Allen provided the following update regarding the recent harm reduction training:</p> <ul style="list-style-type: none"> <li>• Met in August and September.</li> <li>• This committees, along with Beacon Health, continues to work on a program for medications for alcohol use disorder focused on the medical community. Sandrine Pirard is in the process of arranging speakers for this event, the event is scheduled for December 8<sup>th</sup>.</li> <li>• Trauma Informed Care – looking at how best to work with our partners across the state insuring that they've infused these practices in their programs. Looking at having a presentation or conference. Trauma informed care materials and resources are still available through the Women's Consortium. Twenty agencies have gone through the training, would like to figure out a way to help support existing work that is being done.</li> <li>• A number of agencies were contacted by a pharmaceutical company offering free medication for opioid use disorder. Suboxone was the medication offered, this could potentially be an exciting opportunity, especially for people without insurance coverage.</li> </ul>	<p>Informational</p>

Topic	Discussion	Action
	<ul style="list-style-type: none"> <li>Continue to have conversations around Kloxxado, which is a 8mg nasal spray formulation of Naloxone. There is some strong opposition to the use of it as the 8mg strength is twice that of the nasal naloxone and 20 times greater in strength than the injectable. Looking for input from people/organization that use it.</li> <li>The Psilocybin Assisted Therapy work group is underway and will deliver a report by January 1<sup>st</sup>. Interested in getting information on how that workgroup is progressing.</li> <li>The Cannabis legislation workgroup is underway, interested on how that workgroup is progressing as it impacts high risk groups that come through our treatment programs all the time.</li> <li>Had a conversation about mobile methadone and the opportunity coming that will give the ability to treat more patients.</li> </ul>	
<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>In September Commissioner Amy Porter from the Department of Aging and Disability services joined their meeting, they discussed the needs of older people and people with disabilities who are affected by substance use or are in recovery. The next steps for this effort is to start making sure there are people at the table who are representing these groups, and to continue working with the department and any other key staff members or members of the community to make sure that we're really serving those populations. They plan to collaborate further with other commissioners and key staffing members of the community who identify as being special populations, that includes our veterans and others. Members of any of the special population groups are welcome to present to this subcommittee.</li> <li>Continuing with long term focus on young people in recovery, that includes the Youth Recovery CT project, the youth conference planning, and youth recovery friendly campus.</li> <li>The new language matters document has been updated and approved, and includes information about harm reduction language. The document will be reviewed at least once or twice a year for updating.</li> </ul>	Informational
<ul style="list-style-type: none"> <li><b>Criminal Justice</b></li> </ul>	<p>Barbara Lanza provided the following report:</p> <ul style="list-style-type: none"> <li>In October this group had two presentations that focused on re-entry as well as rapid re-housing. Re-entry and wrap-around services are critical to the success of justice involved people transitioning from institutions or while they are in the community. A representative from DOC presented on the work the re-entry councils are doing from within the institutions.</li> <li>Mike Aiello from the Judicial Branch Court Support Services presented on the expansion of one of our existing rapid rehousing models, and the expansion of it into Hartford.</li> <li>DOC has expanded MAT in Cybulski and Walker, they are dosing approximately 500 inmates daily.</li> <li>Families and inmates are continuing to receive Narcan kits as inmates leave.</li> <li>Will have a police subcommittee. Have received two grants and are hoping that within the next two weeks the programs will be implemented, which will have 24-hour access to a crisis clinician via phone or virtually.</li> </ul>	Informational
<b>Other Business</b>	A moment of silence was held in remembrance of Shawn Lang, a former member of the ADPC that passed away in October.	Informational

**NEXT MEETING** – Tuesday, December 21, 2021, Video Conference Call Through TEAMS

**ADJOURNMENT** – The, October 19, 2021 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.