ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, October 17, 2023
Legislative Office Building, Room 1D
10:00 a.m.

ATTENDANCE

Members/Designees: **Dr. Allen**, Treatment Committee Co-chair; Rebecca Allen, Recovery Committee Co-chair; **Luiza Barnat,** Treatment Committee Representative; **Maria Coutant-Skinner**, McCall Center; **Vanessa Dorantes**, Commissioner, DCF; Sarah Eagan, Office of the Child Advocate; **Danielle Ebrahimi**, Criminal Justice Representative; **Ines Eaton**, Criminal Justice Representative; **Katie Farrell**, Criminal Justice Chair; **Tammy Freeberg**, The Village for Families & Children; **Allison Fulton**, Prevention Subcommittee Co-chair; **Claudio Gualtieri**, OPM; **William Halsey**, DSS; **Mark Jenkins**, CT Harm Reduction Alliance; **Deborah Lake**, Prevention Committee Chair; **Cristin McCarthy Vahey**, State Rep; **Pamela Mulready**, Recovery Committee Chair; **Nancy Navarretta**, Commissioner, DMHAS; **Gerard O'Sullivan**, DOI; **Dr. Surita Rao**, UCONN Medical; **Gary Roberge**, Judicial Designee; **Chris Robles**, DCF Designee; **Sandra Violette**, Criminal Justice Chair; **Representative Toni Walker**

Visitors/Presenters: Robert Kanehl; Robert Lawlor; Alison Karimi; Keri Lloyd; Rodrick Marriott; Nicole Murowsky; Angela Duharme; John Lally; Elsa Ward; Kim Haugabesk; Michelene Longo; Renee Mateyov; Sabohat Khahloy; Kelly Sinko Steubar; Katie Ramos, David Kaplan

Recorder: Karen Urciuoli

The October 17, 2023 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 Dorantes, DCF.

Topic	Discussion	Action
Co-Chair Welcome and Introduction	Commissioner Navarretta welcomed all in attendance.	Noted
Review and Approval of Minutes	The August 15, 2023 minutes were accepted as written.	Noted

Opioid Settlement Advisory Committee (OSAC) Update	Katie Ramos, Administrator of Opioid Settlement Advisory Committee, provided the following report:
	Municipal Reporting Requirements
	• In order to comply with the settlement agreement and to be transparent to the public, last year the opioid settlement advisory committee was established to evaluate and implement programs and deploy the state's portion of the settlement funds. As the committee has been established and begun it's work, there has been a clear call for more information to and from the municipalities to ensure they can utilize these resources in the most efficient and productive manner. Consequently, this year new legislation was passed that requires municipalities to report on the use of settlement proceeds to the Opioid Settlement Advisory Committee. Pursuant to Public Act 23-92 Section 2, any municipality that receives monies directly from the settlement administrator pursuant to a judgement, consent decree or settlement related to opioid litigation must submit an annual report to the committee detailing its expenditures for the proceeding fiscal year on a form that was developed by the committee. Each municipality shall submit such report to the committee on or before October 1, 2023, and annually thereafter, until the total amount of such monies received by the municipalities has been expended. DMHAS did allow for an extension to allow those municipalities that hadn't submitted their report by October 1 a chance to do so. That extension has closed as of October 11th, and we will be working on finalizing the report. Once the report is finalized it will be posted to the website.
	Summary of the Municipal Reports
	• 106 Municipalities Submitted the Expenditure Report
	• Successes Reported:
	  • Collaboration between many towns and departments (police, fire, EMS, local health departments, human services and schools)
	  • Expansion of existing programs for continued success
	  • Identified short- and long-term projects that would have the most impact on their communities
		Informational – The full PowerPoint presentation can be found on the DMHAS ADPC webpage.

Topic	Discussion	Action
	• Provided Naloxone to First Responders • Training and Education The Connecticut Opioid REsponse (CORE) Report • Dr. Fiellin and the team at Yale reviewed the revised CORE report at the last OSAC meeting on September 12, 2023 • The report is a preliminary set of recommendations to provide timely guidance to the Connecticut Opioid Settlement Advisory Committee (OSAC) • The strategies and tactics highlighted in the report align with guidance from the Opioid Litigation Settlement (Exhibit E).The priorities aim to provide both general and specific guidance on potential funding initiatives • This early draft will allow for public and expert comment, and it is anticipated that a more detailed version of the report will be available in February 2024 • A 60-day public comment period is now open. The comment period will close on November 12, 2023 • The public comment link is available on the OSAC website https://portal.ct.gov/COSAC and here: https://yalesurvey.ca1.qualtrics.com/jfe/form/SV_d5SmccjWJAAAD7o Opioid Settlement Advisory Committee (OSAC) Public Input • To ensure robust public involvement, the OSAC is opening a link to receive input from diverse stakeholders regarding recommendations for funding of initiatives to combat the opioid crisis that are evidence-based or a promising practice • Governmental and nonprofit nongovernmental entities shall be eligible to receive moneys from the fund for programs, services, supports and resources for prevention, treatment, recovery and harm reduction • Any member of the public (e.g., subject matter experts, individuals with lived experience, preventionists, academics, service providers, municipalities, policy makers, researchers) may submit an idea on how these funds could be used to help those most impacted by the opioid crisis • The OSAC will follow the approved guidelines for processing recommendations • Submitting a recommendation does not guarantee funding • The Committee will review and make determinations on all recommendations Opioid Settlement Advisory Committee (OSAC) • For additional background, please refer to the webpage https://portal.ct.gov/COSAC • All documents related to the settlement dollars, the responsibility and scope of the OSAC, as well as permitted uses of the funding (i.e., Exhibit E) are posted Opioid Settlement Advisory Committee (OSAC) Public Input • The link to submit a funding recommendation “How to Make a Funding Request to OSAC” will be active for a 30-day period from October 17, 2023, through November 17, 2023 Opioid Settlement Advisory Committee (OSAC) • Next OSAC meeting November 14, 2023, 10 am- 12 pm via TEAMS • OSAC Subcommittees continue meeting monthly • Questions may be directed to Katherine.Ramos@ct.gov	
The DMHAS Regional Priority Setting Process: 2022-23 Results and Recommendations	Jennifer Sussman, DMHAS Center for Prevention Evaluation and Statistics (CPES), UCONN Health provided the following report: The DMHAS Regional Priority Report Process SAMHSA Substance Abuse Prevention and Treatment (SAPT) and Mental Health (MH) Block Grant funding requires that states annually: • Assess needs, strengths and critical gaps in their service delivery systems • Identify target populations, and priorities for those populations. As strategic community partners, Regional Behavioral Health Action Organizations (RBHAOs) assist with this charge by: • Assessing the needs for children, adolescents and adults across the regions and	Informational – The full PowerPoint presentation can be found on the DMHAS ADPC webpage.

Topic	Discussion	Action
	• Developing Regional Strategic Plans to include epidemiological profiles and priority recommendations for prevention, treatment, and recovery services. DMHAS Regional Behavioral Health Action Organizations (RBHAOs) • Region 1 – The HUB • Region 2 – Alliance for Prevention & Wellness • Region 3 – SERAC • Region 4 – Amplify, Inc. • Region 5 – Western CT Coalition The Regional Process - The process of needs assessment is roughly a 6–9 month process. 1. Identify regional behavioral health priority setting workgroup members 2. Review and update process and content for focus groups and surveys 3. Administer provider/stakeholder surveys and implement focus groups; 4. Review and analyze data 5. Prepare epidemiological profiles by priority problem 6. Identify strengths, services and resources, gaps, and needs 7. Understand and utilize criteria for selecting priorities 8. Convene Workgroup and select priorities 9. Prepare comprehensive report, utilizing specified report template 10. Submit and disseminate report A Data-Informed Process: Epidemiological Data State • CT School Health Survey (CT's YRBSS) • Behavioral Risk Factor Surveillance System Survey (BRFSS) • State Census/American Community Survey • Accidental Drug Related Deaths • CPMRS/prescription monitoring data • National Survey of Drug Use and Health (NSDUH) • 2-1-1 Calls • Drug seizure data – High Intensity Drug Trafficking Area (HIDTA) • State Unintentional Drug Overdose Reporting System (SUDORS) Regional/Town • Treatment admissions data • Community Readiness Survey (CRS) regional reports • Retail registrations/license for alcohol, tobacco/ENDS sales • Regional youth and community surveys • Treatment admissions data • DataHaven Community Wellbeing Survey and Town Equity Profiles • Hospital and ED/syndromic surveillance data • DUI motor vehicle crashes Overdose Local • EMS calls/Statewide Opioid Response (SWORD) and ODMap data • Drug seizure data • Local youth and community surveys	

Topic	Discussion	Action
	• Stakeholder surveys • Community Health Needs Assessments A Data-Informed Process: Local Qualitative Data Focus Groups with: • Catchment Area Councils (CACs); Regional Suicide Advisory Boards (RSABs) and Gambling Awareness Teams; Local Prevention Councils (LPCs); Community Care Teams, the recovery community, youth-serving providers, families, referral organizations, school representatives, and others Key Informant Interviews with: • Behavioral health consumers and providers; DMHAS Tobacco Enforcement and Problem Gambling Services, Public health analysts, faith leadership, family members, loss survivors, community members, partner agencies, community leaders, and others Group Discussions at: • LPC meetings, Subregional and coalition meetings Emerging Issues • Xylazine (increasing prevalence), across all regions, emerging population: youth and young adults • Zyn (oral nicotine pouches), in Regions 1 & 2, emerging population: youth and young adults • Cannabis, across all regions, emerging population: youth and young adults • ENDS/Vaping, across all regions, emerging population: youth and young adults • Counterfeit Pills, in Regions 1, 2 & 3, emerging population: college students • Alcohol, Region 5, emerging population: women, teen girls, Latinx Underserved Populations • LGBTQ+ • Veterans/Military • Young Adults • Older Adults • Undocumented Immigrants • This with cultural and language differences Resource Gaps and Needs • Funding, resources (human, staff, financial); • Resources to address language, cultural barriers, and stigma, and increase access to treatment for underserved populations. • Transportation, childcare, other basic tx/prevention supports. • Behavioral health treatment for youth, adolescents, and young adults. • Interdisciplinary approaches, including integration of prevention/treatment across substances, co-occurring issues. • Education and awareness resources (schools, community). • In-home and family-based treatment options. • Expanded crisis response services. • Recovery support services (RFW, housing, etc.). Prevention recommendations focused on: • Increases in funding support to specific prevention partners (e.g., Local Prevention Councils); • Education and awareness building (social marketing campaigns, educational resources for stakeholder groups, such as parents and youth);	

Topic	Discussion	Action

	• Enhanced focus on co-occurring disorders, underlying causes (e.g., risk factors) and contextual factors (e.g., social determinants of health, health disparities, and systems conditions).
	Treatment recommendations focused on:
	• Increases in specific treatment resources (e.g., harm reduction and crisis/sobering centers);
	• Increasing ease of access to needed services, through community connections, warm handoffs, and linkages from emergency services and emergency departments to treatment;
	• Expansion of culturally-informed and sensitive treatment through workforce development and community outreach.
	Recovery recommendations also focused on expansion of resources and improvement of access across populations.
	• Improvement of recovery support resources;
	• Non-faith-based, science driven support groups;
	• Increased cultural inclusivity in existing faith-based support groups;
	• Expansion of recovery centers;
	• Improvement of post-treatment follow up;
	• Increased use of recovery coaches and family recovery coaches;
	• Expansion of pro-social recovery activities in the community.
	State/Systems Recommendations
	Workforce Development
	• Review statewide CCB certification program requirements for mental health, addiction, and suicide prevention to expedite the process, expand the workforce;
	• Provide increased funding, systematic cultural competence training, and burnout prevention resources for behavioral health providers, especially in underserved areas;
	• Identify and implement innovative strategies that will grow and sustain a pipeline of prevention professionals to meet the future needs of the state;
	• Facilitate second language learning for providers to address client language barrier;
	• Provide incentives to build the clinical workforce from the ground up (HS job shadowing, tuition reimbursement, student debt forgiveness).
	Awareness/Education
	• Educate policy leaders and treatment providers on harm reduction models;
	• Develop a statewide education plan for youth, parents, and businesses (seller/servers) to address UAD and DUI;
	• Develop statewide awareness plans/campaigns:
	  • Nicotine use vs. ENDS as a delivery system;
	  • Educating primary care networks about RBHAO/vaping resources;
	  • Recovery Friendly Workplace initiative;
	• Increase training and education to providers on trauma/PTSD and its relation to other behavioral health issues.
	Cultural Competence/Inclusion
	• Increase state funding for culturally-specific behavioral health centers;
	• Address housing disparities and transportation barriers to improve access to/engagement with resources;
	• Increase participation of people with lived experience in local coalitions and state-level decision-making;
	  • include “persons affected” in recovery planning/ supports.
	• Increase cultural-competence training of behavioral health providers;
	• Build capacity and readiness among underserved populations of youth, young adults and older adults 65+;
	• Apply non-stigmatizing language to all public facing content.	

Topic	Discussion	Action
	Policy/Advocacy • Legislation/policies that restrict ads targeting youth; hold social media accountable for targeting youth; • Review policies and eligibility requirements for in-home treatment to facilitate access, especially for parents with substance use issues; • Develop policy to sustain coverage of telehealth long-term; • Advocate for comprehensive standardized field sobriety test for cannabis; • Promote/implement recommendations of the ADPC Prevention Subcommittee Cannabis Workgroup.	
Enhancing Safety Guidance for Families with Substance Use Concerns	Kris Robles, Clinical Behavioral Health Director and Keri Lloyd, Behavioral Health Program Manager provided the following report: Commissioner Dorantes was interviewed by NBC Nighly News, Lester Holt in February 2023 regarding Child Welfare Response to Accidental Poisonings, a portion of that interview was shown. Chris Robles reported the following: Overdoes deaths remain a leading cause of injury deaths in the United States, according to the CDC the majority of overdoes deaths involving synthetics opioids largely illicit made fentanyl and stimulants such as cocaine and methamphetamines. Having increased in recent years, in addition, overdose deaths accelerated during the COVID 19 pandemic. For every drug overdose that results in an overdose death, there are many non-fatal overdoses, each one with its own emotional and economic toll. This fast-moving epidemic does not distinguish among age, gender, religion, economic status or state or county lines. People who have had at least one overdose are more likely to have another according to the CDC. CT overdose deaths continued to rise in 2021, there were at least 1530 overdose deaths that impacted our state. Regarding Fentanyl, we've seen in CT where there's been 36.9% of illegal manufactured Fentanyl in 2021 resulting in overdose deaths. Overall, in 32 jurisdictions in the US, the five most frequently occurring opioids and stimulants, alone or in combination, accounted for 64.6% of overdose deaths. In CT, the five most frequently occurring opioids and stimulants, alone or in combination accounted for 78.2% of overdose deaths. In CT in 2021 the CDC noted that there are too few deaths of children under the age of 15 to be able to be disclosed. The national data in the US, according to the 32 reporting jurisdictions shows the rate to be 1-2 deaths per year of children under 15. This may be higher in CT as CT has a higher-than-average rate of opioid use. With there being 75.7% of drug overdose deaths having at least one potential opportunity for intervention. At DCF they want to continue work on establishing a baseline through statewide analysis, and multidisciplinary hyper-focused attention to this everchanging landscape. When risk factors for drug overdose are present, overdose deaths can be prevented by using the following strategies: • Enhancing linkage to care • Increasing access to risk reduction services • Increasing distribution of Naloxone • Reducing high risk drug use by improving prescribing practices preventing initiation of drug use DCF does not stand along in reducing the risk factors, they do this in partnership with all the other state partners, community providers, and those with lived experience. In working together and in tandem to keep children safe and be able to help their parents maintain and sustain the path of recovery as early as possible resulting in safer children. The CT Alliance of Drug Endangered Children was established in 2009 and was created to make a difference in the lives of children that could be impacted by parent, parental care givers, substance use and or exposed to substances in a variety of other environments. DCF's vision is 100% of healthy safe children and families, and communities free from the negative impact of substance use and activities. This is led by their coalition of professionals that have defined drug endangered children as children who are at risk of suffering physical and emotional harm because of legal and illegal use or possession of or distribution of substances. These professionals are committed to assisting local communities to effectively and efficiently identify and protect children at risk of impact.	Informational – the full PowerPoint presentation can be found on the DMHAS ADPC webpage.

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	Keri Lloyd reported the following: In August of 2023 DCF released a memorandum that went out to all department staff on the enhanced safety guidance. The memo was issued in response to the ongoing overdose concerns and particular parental overdose concerns and child safety. DCF continues to focus on early identification of substance use in the home and supporting individuals and accessing services quickly to assist in ensuring children safety. Screening parents and caregivers for substance use concerns helps with early identification of substance use concerns which can lead to a more expeditious engagement in initiation into treatment services and or other support services, it can also reduce the progression of a substance use disorder and any medical complications that may be exacerbated or initiated as a result of ongoing use. Early identification and engagement in services help with keeping families together, minimizing impact to the family system and ultimately saves lives. Effective October 2023 the memorandum outlined that the UNCOPE screening tool would be utilized by department staff at the time of intake during an initial home visit and as needed during the pendency of the case. The UNCOPE screening tool is a validated measure that helps with identifying probable substance use concerns, it is not intended to diagnose an individual with a substance use disorder and is not intended to make treatment recommendations but helps to give a window into the potential for a concern and the need for an additional assessment. The UNCOPE screening tool which is used by the staff with a parent or caregiver is used in conjunction with SDM (Structured Decision Making) tool that is already being utilized as part of the intake assessment and is informed by the ABCD Paradigm to help make decisions about next steps. The ABCD Paradigm is a safety and risk model that informs child safety by looking at adults' protective capacities, behaviors that are harmful, child vulnerabilities and dangerous conditions. It is emphasized that the tool should be administered in a sensitive manner using family centered engagement strategies. A video created by National center on Substance Abuse and Child Welfare, which depicts a child welfare worker administering the UNCOPE screening tool in a situation involving suspected substance use has been embedded by the DCF Academy in the new staff orientation to help enhance their understanding and confidence in administering the UNCOPE screening tool. Between September 12th and October 2nd DCF staff were busy with conducting 34 skills enhancement training sessions across the state. The training consisted of the following: • Understanding stigma and implicit bias and how these can impact the engagement and work DCF does with families, and included talks about Language Matters and utilizing the Language Matters resource developed by the ADPC and gave that as a resource for staff to continue to refer to in terms of the language that they use during interactions with families, with each other and their documentation. • Motivational interviewing with a focus on moving someone towards readiness to engage in change-oriented behavior. • Training on the UNCOPE screening tool to provide an opportunity for staff to roleplay the administration of the tool in small breakout groups and receive feedback from their group members around the activity. • An overview of the impact of substance of use concerns on children to further enforce the importance of screening parents and caregivers for these concerns. • Reviewed the implementation on case practice, reviewing the guidance outline in the memorandum. • Reviewed documentation expectations. • Talked about recognizing what family recover looks like and how to lift their strengths and validate and affirm individuals in their recovery process. What's next - there are a number of planned activities related to this work: • Development of an ad hock group to refine metrics. The metrics will help assess the impact of staff skills enhancement and the revised guidance on areas like child safety, connecting families to support services, and the outcomes associated with the families that DCF works with. The goals are early intervention, early engagement and mitigating any safety factors associate with substance use that impact children in their care. • Micro learning opportunities on substance use and maintaining engagement with families will occur in partnership with their academy staff to enhance staff skills.	

Topic	Discussion	Action
	• Family Care Plan training with the Academy on Family Care Plans. • Making Naloxone available, a project plan has been developed to make the Naloxone available within the area offices as well as accessible to DCF staff and will be brought forward to the Senior Advisory Group for consideration. • Working towards becoming Recovery Friendly Workplace and is working with the DMHAS on this initiative. • Continue tracking child welfare trends across the region and country.	
Sub-committee Reports		
• **Prevention, Screening and Early Intervention**	Allison Fulton provided the following update: • This committee was provided with a presentation from Jennifer Sussman and an OSAC presentation from Katie Ramos. • During September they had a quarterly grant update from Colleen Violette of DPH, regarding the 5th year enhancement to the CDC Overdose to Action Grant with additional funding to provide bio surveillance. They also are participating with UCONN to train clinicians on screening, diagnosis, and linkage to care, and will be working with CCAR to facilitate this process as well. • Stephanie Welch provided an update on Strategic Prevention Framework funding from SAMHSA for a total of 1.92 million, which runs through 2026. The funding is directed at reducing the non-medical use of prescription drugs and reduce overdoses. She also provided and update to the State Opioid Response Prevention Initiative, also from SAMHSA, which intends to provide education, Naloxone training, workforce development and outreach to populations of concern. Stephanie also informed the group the Fatherhood Initiative, which will be working with dads as they transition out of incarceration. She also reported on the grant progress of the PFS Initiative totaling 6.25 million, which also another SAMHSA opportunity. The purpose is to reduce underage drinking among 12 to 17 year-olds, will building community readiness and capacity, raise awareness among the general populations and reduce retain access to alcohol among this age group. • The Naloxone workgroup has completed their draft recommendations and will be presenting them to this council in December.	Informational
• **Recovery and Health Management**	Rebecca Allen provided the following update: • On September 14th they had a presentation from DOC Addiction Services staff on the recovery services offered at Manson Youth Institute, they discussed the Tier 1 and Tier 2 programs, SMART Recovery, alternative peer groups as well as increasing the family involvement both in SMART Recovery groups and care coordination. • Met on October 12th and had 2 presentations. One was from the Yale School of Law and Public Health on the workshop the held over the summer, Where is the Gender in Harm Reduction, and discussed their upcoming report on that workshop and if there are any opportunities to support their findings. The 2nd presentation was an overview on sober housing from DMHAS and ABH staff. They discussed the expansion of eligibility for sober housing vouchers through basic needs and the addition of case management services. • They welcomed Voluntown first selectman Tracy Hansen as the OSAC representative to this committee. They are updated regularly on OSAC progress and have reviewed the core report and highlighted areas where they can make potential recommendations. • Recovery Friendly Campus and School workgroup - members from this group attended the CT State University System JED campus convening on Tuesday, October 3rd. The 4 state colleges and community college system learned about the Recovery Friendly Community and Workplace Initiatives and were introduced to the work of the Recovery Friendly Campus and Education workgroup. The campuses were invited to participate in the process of enacting a recovery friendly campus, attending the workgroup, taking the recovery friendly campus survey when it is released through the CT Healthy Campus Initiative or contributing suggestions or resources to enhance the future tool kit. A draft of the recovery friendly campus survey will be distributed to a select number of campuses this month for final revisions and suggestions prior to statewide distribution.	Informational

Topic	Discussion	Action
	• Special Populations Workgroup – they are meeting every month and were in the process of drafting a recommendation for a special needs gap analysis but learned that partnering state agencies are in a similar process. To avoid being duplicative, they are pulling their recommendation back at this but, but remain willing to support the effort in any way they can. • This workgroup will work with Yale Law once the Where is the Gender in Harm Reduction is out and will see if there is anything this group can do to lift up to the full committee as a recommendation. • Recovery Housing Workgroup – currently meeting every 2 weeks. Discussed the challenges for individuals seeking or residing in sober or recovery housing and the lack of flexibility and choice in some of the HUD supported vouchers, and the funding not being adequate or long enough to set people up for success. Will continue to meet and look at way they can make recommendations as appropriate.	
• **Treatment**	Maria Coutant Skinner and Dr. Allen provided the following update: • Continue to focus on the best practice concepts so they can build a list of recommendations and are reviewing the Core report and looking forward to submitting comments. This has been the focus of a lot of their meetings. • Have brought on a new member to their committee, Tammy Freeberg, Vice President of Strategy and Planning with Village for Families and Children. • Continue to discuss high quality treatment for individuals who have co-occurring diagnoses. They did a deep dive into our current service system and had an excellent presentation by Julienne Giard around all of the efforts to date especially in the adult service system. Julienne highlighted the SAMHSA COSIG grant and work being done through that. That lead them to think about the workforce, policy and infrastructure changes and how they can continue to do this work especially with a lot of new and young individuals providing those services. • Dr. Allen notes that there is still an ongoing reluctance to utilize medication for opioid use disorder in the medical community, and the lifting of the data waiver, the requirement to complete 8 hours of training before you can prescribe a buprenorphine-based medication to treat opioid use disorder, was hopefully going to lead to more medical providers writing those prescriptions and treating patients really hasn't happened. What was put in place was a requirement for medical providers to get training in order to renew their DEA license, that was an upside and an opportunity. This committee is wondering what medical schools are doing, there are 3 in this state, and are they adequately providing education around substance use disorders and co-occurring disorders so that when they move on to their specialty areas of care, they will have that background and comfort level. • Greg Williams from the Alliance of Addiction Payment Reform, he discussed the financing of behavioral health compared to medical/physical conditions. He focused on a model of care which is a chronic disease management model that would be used for diabetes or chronic obstructive pulmonary disease or hypertension. He gave a number of examples of what that might look like. • The committee tried to put some of the information that they received into recommendations for OSAC. • The Nursing Home Pathways to Best Practice presentation will be held on October 27th, CME's are available. • Managing Pain for Patients with Opioid Use Disorder presentation will be held at Quinnipiac on October 28th. • Reimagining Empathy, A Decade of Hope and resilience presentation will be held on November 30th at the Warner Theatre in Torrington.	Informational
• **Criminal Justice**	Katie Farrell provided the following report: • Has a presentation at one of their meetings on Xylazine by the Opioid Response Network. • Mike Hines from the CSSD presented on the Treatment Pathways programs that has been in existence for a few years. • Spent time with Rudy Marconi from the OSAC and discussed recommendations. Katie Ramos also joined them at their last meeting. • Recovery Coaches workgroup is meeting, they invited the DMHAS Director of Recovery Community Affairs to work with	Informational

Topic	Discussion	Action
	them on mapping. They are specifically looking at access for individuals with criminal justice involvement to try to share resources and information. • Currently working on a recommendation for the December ADPC meeting for shared resources and periodic review of minimum training requirements, standards and training coordination for substance use trainings for the criminal justice professionals.	
Other Business		

NEXT MEETING – Tuesday, December 19, 2023 – Virtual

ADJOURNMENT – October 17, 2023 meeting of the Alcohol and Drug Policy Council adjourned at 11:30am.