

ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, February 20, 2024
Video Conference Call Through TEAMS
10:00 a.m.

ATTENDANCE

Members/Designees: **Dr. Craig Allen**, Rushford; **Rebecca Allen**, Recovery Co-Chair; **Saud Anwar**, Senator; **Paulo Correa**, Carelon Behavioral Health; **Maria Coutant-Skinner**, McCall Center; **Ines Eaton**, Criminal Justice Representative; **Sarah Eagan**, Child Advocate; **Katie Farrell**, Criminal Justice Chair; **Tammy Freeberg**, The Village for Families & Children; **Allison Fulton**, Prevention Subcommittee Co-chair; **Claudio Gualtieri**, OPM; **William Halsey**, DSS; **Jodie Hill-Lilly**, Acting Commissioner, DCF; **Barbara Lanza**, Criminal Justice Chair; **Lesley Mara**, Higher Education Designee; **Cristin McCarthy Vahey**, State Representative; **Pamela Mulready**, Recovery Committee Chair; **Nancy Navarretta**, Commissioner, DMHAS; **Gerard O’Sullivan**, DOI; **Surita Rao**, UCONN Health; **Gary Roberge**, Judicial Designee; **Kris Robles**, DCF Designee; **Judith Stronger**, Wheeler Clinic; **Scott Szalkiewicz**, DCP Designee; **Colleen Violette**, DPH Designee; **Sandra Violette**, Criminal Justice Chair; **Toni Walker**, State Representative

Visitors/Presenters: Samantha Allard; Ramona Anderson; Joshua Bernegger; Angela Duhaime; Christy Knowles; Anna Gasinski; Robert Lawlor; Julienne Giard; Francis Gregory; Robert Heimer; David Kaplan; Kim Karanda; Keri Lloyd; Karonesa Logan; Michelene Longo; Chris McClure; Justin Mehl; Deidre Methe; Sara Moriarty; Allyson Nadeau; Shelly Nolan; Sarju Shah; Diana Shaw; Melissa Sienna; Bredan Burke; Angela Corsino; Danielle Ebrahimi; Curtis Eller; Ruben Figueroa; Aisha Hamid; Katharine Hickcox; Jennifer Buckley; John Lally; Kennedy Mullen; Lauren Pristo; Abigail Lieberman; Liz Evans; Rodrick Marriott; Phil Valentine; Amber Sagan; Samantha Forbes; Shobha Thangada; Karen Urciuoli; James Walsh; Karolina Wytrykowska

Recorder: Karen Urciuoli

The February 20, 2024 meeting of the Alcohol & Drug Policy Council (ADPC) was called to order at 10:00 a.m. by Commissioner Navarretta, DMHAS. The meeting was co-chaired by Acting Commissioner Jodi Hill-Lilly.

Topic	Discussion	Action
Co-Chair Welcome and Introduction	Commissioner Navarretta welcomed all in attendance and introduced her new co-chair Acting Commissioner Jodi Hill-Lilly. Commissioner Hill-Lilly reported that she is looking forward to working all committee members on issues that are critical to children and families.	Noted
Review and Approval of Minutes	The December 19, 2023 minutes were accepted as written.	Noted
The Good Samaritan Law: Public Safety Refresher Initiative and Additional Updates	<p>Robert Lawlor from NE HIDTA provided the following report: Mr. Lawlor began his report by showing a video that was disseminated through the CT Police Chiefs Association the CT Law Enforcement LISTSERV, the video addresses the opioid overdose epidemic and CT’s Good Samaritan Law.</p> <p>GSL Law Enforcement Refresher</p> <ul style="list-style-type: none"> • Project Begin in 2021 • Put on pause when CT Chief State Attorney Colangelo announced retirement • In late 2022 project resumed with new CSA Griffin, finished in early fall of 2023 and disseminated through the CPCA and CTIC Law Enforcement listserv <p>GSL Next Phase</p> <ul style="list-style-type: none"> • Searching for funding and partners to do comprehensive public facing campaign to get the public and PWUD to call 9-1-1 when an overdose occurs <p>LE Diversion/Deflection Inventory</p> <ul style="list-style-type: none"> • Project began in Spring of 2023 • Worked with CDC Health Scientists on survey questions and analysis • 169 Municipalities • 92 Municipal police Departments 	Informational – the full PowerPoint presentation can be found on the DMHAS ADPC webpage.

Topic	Discussion	Action
	<ul style="list-style-type: none"> • Survey sent out early fall • Survey Sent out to Chiefs via the CT Police Chiefs Association • Survey closed late fall • 58 Respondents <p>LE Diversion/Deflection Highlights</p> <ul style="list-style-type: none"> • Diversion/Deflection Programs <ul style="list-style-type: none"> • 17 of the 58 respondents stated they had a DDP • Five Distinct Categories <ul style="list-style-type: none"> • Angel/Hope • CLEAR • Co-Responder/Social Worker • LEAD • Established Referrals <p>LE Diversion/Deflection Highlights</p> <p>Of the 58 respondents:</p> <ul style="list-style-type: none"> • 41 – Provided youth drug education • 40 – Involved with community coalition/prevention council • 40 – Report on Overdose stats to inform stakeholders • 51 – Officers carry naloxone • 50 – Naloxone carry is mandatory • 45 – Track naloxone administrations <p>LE Diversion/Deflection Phase II</p> <ul style="list-style-type: none"> • Key Informant Interviews of the 17 PD's that had a DDP • Key Informant Interviews of PDs with no DDP • Create final report • Mid-Summer 2024, is our anticipated dissemination of final report <p>CT-ORS Other Projects</p> <ul style="list-style-type: none"> • 'Silence on the Streets' Community Screenings <ul style="list-style-type: none"> • DoC Screenings beginning Feb 28th at Robinson CI • CT Clearinghouse March 5th • Rx Summit – April 2nd , Atlanta, GA • Reliance Health & Community Speaks Out April 13th Garde Arts, New London • CT-ORS Annual Report • Community Drug Testing <ul style="list-style-type: none"> • Transition Brandeis Sites to NEHIDTA • Transition confirmatory testing to CT-DPH Lab • Expansion to Torrington/Litchfield • CT DoC Trainings – Current Drug Trends, Fentanyl Exposure Myths & Facts, Language Matters <p>Drug Trend Update:</p> <p>There has been an increase in Broprazolam, an illicitly made benzodiazepine that is being pressed into Xanax bars. In 2022 they seized 19 items containing the Broprazolam and in 2023 it jumped to 538 items. DPH, looking at the fatal toxicology's, also noticed an increase in the benzo's in fatal toxicology's. This may be a new issue in the illicit drug market.</p>	

Topic	Discussion	Action
<p>Opioid Settlement Advisory Committee (OSAC) Update</p>	<p>Chris McClure, DMHAS Chief of Staff provided the follow OSAC update</p> <p>OSAC Updates</p> <ul style="list-style-type: none"> • We have added three new members to the Committee to fill vacancies. At present, 44 of 45 positions are appointed. • DMHAS Commissioner Nancy Navarretta and retired Waterbury Mayor Neil O'Leary continue to chair the Committee. • On February 1, 2024, Attorney General Tong announced a settlement with multinational marketing firm Publicis. • The total amount of the settlement is \$350 million nationwide, with Connecticut due to receive \$4.4 million. <p>OSAC Public Input Portal</p> <ul style="list-style-type: none"> • To ensure robust public involvement, OSAC opened 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 • In that time, we received 132 recommendations. The OSAC Referral Subcommittee has worked diligently to assess the appropriate recommendations to the relevant ADPC subcommittees. <p>OSAC Public Input Portal</p> <ul style="list-style-type: none"> • 35 public comments are recommended to be reviewed by the treatment subcommittee • 37 public comments are recommended to be reviewed by the recovery support subcommittee • 32 public comments are recommended to be reviewed by the prevention subcommittee • 3 public comments are recommended to be reviewed by the criminal justice subcommittee • 25 public comments were not recommended for further review (some were general statements about inclusivity, not related to opioid abatement strategies, are not strategies that are legal in CT, or would supplant current funding) <p>OSAC Public Input Portal</p> <ul style="list-style-type: none"> • One funding recommendation has been advanced by the ADPC and the OSAC Referral and Research & Data Subcommittees: Mobile Opioid Treatment Programs. <ul style="list-style-type: none"> • This proposal would fund four mobile units across the state, utilizing data to assess underserved locations in CT. These Mobile OTPs will be able to serve individuals in remote locations of the state as well as residential settings such as long-term facilities. • DMHAS will issue an RFP for the fair and equitable awarding of up to four contracts <p>OSAC Public Input Portal</p> <ul style="list-style-type: none"> • OSAC must follow the legal guidelines and process instructions for RFPs to ensure open bidding and a fair review. • We strongly encourage all qualified organizations to bid once the recommendation is approved and the RFP is issued. • However, in order to follow the necessary steps and make certain we have an unimpeachable process, it may take several months from the time a recommendation is approved by the Committee to the awarding of contracts and getting OTP vans into the communities. <p>OSAC Next Steps</p> <ul style="list-style-type: none"> • Next meeting is scheduled for Tuesday, March 12, 2024 via Microsoft Teams. <ul style="list-style-type: none"> • A review of the final CORE Report update is scheduled for that meeting. • The subcommittees are continuing to meet on an ad-hoc basis. • We are currently evaluating candidates to serve at the OSAC administrator and hope to fill that role soon. • Contact Chris McClure or Luiza Barnat with questions. 	<p>Informational – The full PowerPoint presentation can be found on the DMHAS ADPC webpage.</p>
<p>CLEAR in CT: A Law Enforcement and Behavioral Health Partnership</p>	<p>Lauren Pristo and Liz Evans presented the following report:</p> <p>Community and Law Enforcement for Addiction Recovery (CLEAR)</p> <ul style="list-style-type: none"> • Funded through statewide BJA COSSUP Grant for 3 years • Supported by DMHAS 	<p>Informational</p>

Topic	Discussion	Action
	<ul style="list-style-type: none"> • Six jurisdictions across two regions <ul style="list-style-type: none"> • Pilot sites were selected to represent a diverse set of communities • Fairfield County communities, lead by Liberation Programs <ul style="list-style-type: none"> • Greenwich • Norwalk • Stamford • Bridgeport** • Litchfield County communities, lead by McCall Behavioral Health Network <ul style="list-style-type: none"> • Winsted • Torrington • Watertown <p>There were approximately 1,398 suspected overdose deaths in Connecticut in 2023 according to the Department of Public Health with only 10% of them accessing treatment; 97.5% did not feel they needed treatment. There was a need to identify ways to provide services and resources to connect people and support hem and make sure they have the resources to stay safe and alive.</p> <p>Goals</p> <ul style="list-style-type: none"> • To Reduce overdose deaths through <ul style="list-style-type: none"> • Education, Engagement, and Awareness • Law Enforcement involved outreach and deflection efforts • Create and expand partnerships and collaborations to support high-risk individuals and their families • Expand the availability of and access to evidence-based and promising practices, including Harm Reduction, Medication-based Treatments (MAT), Outreach, and alternatives to policing • Increase referral sources to outreach teams and ensure equitable access to services. <p>Key Components of CLEAR</p> <ul style="list-style-type: none"> • Collaboration • Deflection, referral, and co-response • Community Engagement <ul style="list-style-type: none"> • Outreach • Community trainings • Harm Reduction • Mobile MAT • Family engagement, support • Ongoing Evaluation <p>Co-response Model</p> <ul style="list-style-type: none"> • Behavioral Health leads <ul style="list-style-type: none"> • McCall Behavioral Health Network & Liberation Programs • Police Trained in Deflection: 2-day Post accredited Deflection Academy • Police partners via MOU refer individuals through integrated data system • Co-response between a deflection trained officer and a CLEAR outreach specialist within 24-36 hours • Ongoing engagement based on participants identified goals • Data tracked via integrated system • Built in tools for evaluation component • May be joined by other community partners based on nature of response (i.e. Family Supports / Grief Supports / 	

Topic	Discussion	Action
	<p>Hospitals / Mobile Crisis).</p> <p>The Integrated System</p> <ul style="list-style-type: none"> • IPIS Platform – the police side • Cordata Platform – the case management side <p>On the IPIS side, they are documenting that overdose/at risk incident and then it is pushed to the Cordata platform, which alerts the outreach team that they have that referral and they are able to follow up with the individual and link them to services, and really engage them in ongoing support.</p> <p>Community Engagement</p> <ul style="list-style-type: none"> • Outreach that targets populations at risk of overdose • Narcan Training Distribution • Harm Reduction Supplies and Education • Drug Checking • Mobile MAT • Recovery Support Services and Case Management • Community Referrals • Community Education • Training for staff, police and community partners, the public. • Community partnerships <p>Liz Evans reported that their goal is to reach people at a critical moment right after they've had a non-fatal overdose and to try and make that contact by getting the introduction through the model that has been described. Currently about 40% of people who get admitted into inpatient programs leave in the 1st 90 days, which is why this program built in the community engagement piece. It's critical for their approach and is why they have attempted to incorporate a harm reduction philosophy throughout the program.</p> <p>In 2020, a study was done at Harvard that looked at six mutually exclusive treatment pathways and their effectiveness and included no treatment, inpatient detox or residential services, intensive behavioral health, buprenorphine or methadone, naltrexone, and non-invasive, non-intensive behavioral health programs. What they discovered is that only treatment with buprenorphine or methadone was associated with reduced risk of overdose with 3 and 12 month follow-ups.</p> <p>While they want to support many pathways to recovery, the problem of addiction and the public health crisis of overdose are two separate things. They made a priority of trying to focus on connecting people to buprenorphine and methadone to reduce overdose deaths as these have been considered to be the most effective public health tools available for those who are not interested or ready to do other forms of treatment.</p> <p>Harm reduction is an approach that is aimed at reducing the negative consequences associate with drug use. It accepts that individuals may choose to use substances and minimize harmful effects rather than condemning people who are actively using. It acknowledges that there are ways of using substances that are safer than others and calls for a nonjudgemental approach using a variety of public health approaches, while respecting the rights of people who use drugs, avoiding judgement, being pragmatic, examining our policies to make sure we remove punitive measures or discrimination against people who do use drugs, and by implementing programs such as the syringe exchange programs, etc.</p> <p>Program evaluation is another key component that shows effective interventions for the community. They complete a yearly Performance Management Adherence Tool (PMAT) to assess maturity in six domains of program implementation and inform strategic next steps. They do collaboration surveys, law enforcement partner surveys, Deflection Academy evaluations, equity assessments and a program research and evaluation component where they will review the outcomes and the impact of CLEAR</p>	

Topic	Discussion	Action
	<p>in their six jurisdictions. Chief Walsh, Norwalk Police Department Chief Bernegger from the Watertown Police Department reported that his relationship with the Litchfield County Opioid Task Force and McCall has been tremendous over the past five years. When the opportunity to participate in the CLEAR grant came along it was nothing short of a miracle in the shift of culture that has occurred within his department. To have another tool in their toolbelt and to be able to make a positive referral to an outreach specialist and to be part of that program is extremely rewarding for their officers. They have educated approximately 15 out of 42 officers in the department. The officers go out with the outreach team, and a warm handoff is done quite often. Officers are not only helping the individuals with substance use disorders but are saving lives and reducing crimes in their community.</p> <p>Liz Evans reported that the Norwalk Police Department is the most recent partner in the CLEAR project, they joined in July and by September were already making referrals. The ability to serve people in Norwalk has increased exponentially, as a result, it's a very productive partnership.</p>	
Sub-committee Reports		
<ul style="list-style-type: none"> Prevention, Screening and Early Intervention 	<p>Allison Fulton provided the following update:</p> <ul style="list-style-type: none"> The Naloxone recommendation put forth at the December ADPC meeting was approved. At their January meeting they had a presentation for Bob Kanehl from the Poison Control Center. Began evaluating some of the OSAC proposals that have to do with prevention, will spend the next month reviewing them before presenting their final recommendations. 	Informational
<ul style="list-style-type: none"> Recovery and Health Management 	<p>Rebecca Allen provided the following update:</p> <ul style="list-style-type: none"> This group met in January and had a presentation from the Advance Behavioral Health and DMHAS about the basic needs program for recovery housing. Met with their OSAC representative, Tracy Hanson, she provided an overview of recommendations submitted through the public portal and how they were distributed to the ADPC subcommittees. The subcommittee received 37 recommendations to review. They discussed how they are going to review the recommendations to find common themes and area of interest and will craft recommendations that encompass them. This group met in person in February and spend their time focusing on the recommendation for recovery housing based on ongoing discussion and presentations around supported recovery housing services in CT. Finalizing a recommendation that asks for an extension of the minimum stay to better align with best practices from 60 days to 120 days. Knowing that the stays will have an affect on access, the recommendation to OSAC will also include funding to increase the number of basic needs beds by 100 beds. Will continue working through the OSAC public portal submissions and come up with some other recommendations for OSAC. Recovery Friendly Campus and School Workgroup – meeting monthly and the survey of current recovery friendly practices at CT institutions of higher education launched a survey on February 15th through the CT Healthy Campus initiative. The survey will be used to help build the toolkit. Special Populations Workgroup – continues to meet monthly. Have been assessing the needs and benefits of building and hosting a comprehensive website of recovery resources and supports and what potential recommendations supporting this may look like. Recovery Housing Workgroup – continues to meet monthly. Had a presentation on the redemption house model at last meeting, continue to discuss the recovery housing landscape in CT and where there may be some opportunities to improve both access and quality of recovery housing. 	Informational
<ul style="list-style-type: none"> Treatment 	<p>Dr. Allen provided the following update:</p>	Informational

Topic	Discussion	Action
	<ul style="list-style-type: none"> This committee spent a good deal of time looking at the recommendations that were coming through for OSAC. Discussed how to identify what their priority will be, looked at public input and prioritized their strategies and approaches and assigned categories, MOUD, special populations, harm reduction, data, stigma and digital therapeutics as categories. They looked at exhibit E and layered in what would the impact be, what the urgency would be, what's the feasibility, and what is the need. Looked at the data and are leaving it up to the data and research of OSAC to look at evidence-based practices in regard to the different recommendations they are going to make. They scored a number of different recommendations and looked at what would have the quickest impact. They unanimously agreed that they would be intentional about addressing marginalized populations, people of color, women, children, pregnant parenting with the expectation that the recommended services are all co-occurring, trauma informed, culturally and linguistically appropriate, and that they are family based. Workforce shortages will be addressed as well. Their number one recommendation will be for mobile MAT. 	
<ul style="list-style-type: none"> Criminal Justice 	<p>Barbara Lanza provided the following report:</p> <ul style="list-style-type: none"> This committee met in February and spent a significant amount of time reviewing the OSAC comments and recommendations that came from the public portal and four that this subcommittee recommended. They were able to review those, and also talked about the six priorities of the CORE report in order to utilize that information. They were able to gain consensus in their meeting on making recommendations. Robert Lawlor provided a presentation at their February meeting about the Good Samaritan Law. 	Informational
Other Business		

NEXT MEETING – Tuesday, April 16, 2024 – Virtual

ADJOURNMENT – February 20, 2024, meeting of the Alcohol and Drug Policy Council adjourned at 11:15am.