

ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, August 17, 2021
Video Conference Call through Teams
10:00 a.m.

ATTENDANCE

Members/Designees: Craig Allen, Rushford; Luiza Barnat, DMHAS; Jennifer Chadukiewicz, CCAR; Richard Colangelo, Criminal Justice; Maria Coutant Skinner, McCall Center; Vanessa Dorantes, DCF; John Doyle, Criminal Justice; Marcia DuFore, Daniel Ebrahimi, DMHAS; Katie Farrell, DOC; Tammy Freeberg, Village for Families and Children; Ingrid Gillespie, CT Prevention Network; David Guttchen, OPM; William Halsey; Mark Jenkins, GHRC; Barbara Lanza, Judicial; Susan Logan, DPH; Justin Mehl, DMHAS; Carol Meredith, DMHAS; Nancy Navarretta, DMHAS; Gerard O’Sullivan, Dept. of Insurance; Sandrine Pirard, Beacon; Surita Rao, UCONN; Gary Roberge, Judicial; Kris Robles, DCF; Judith Stonger, Wheeler Clinic; Scott Szalkiewicz, DCP; Sandra Violette, DOC;

Visitors/Presenters: Julienne Giard; Rodrick Marriott; JoShonda Guerrier; Thomas Fulton; Vincent Russo; Sandy Valentine; Melissa Sienna; Faith Voswinkel; Shelly Nolan; Marissa Mocariski; Jane Ungemack; Dita Bhargave; Scott Newgass; Susan Major; Ana Gasinski; Colleen Violette; Gabriela Krainer; Lyne Stokes; Heather Clinton; Robert Heimer; David Borzellino; Kara Sepulveda; Katherine LaWall; Arthur Mongillo; Suzanne Doyon; Ece Tek; Ramona Anderson; Cheri Bragg, Charles Dike; Margaret Lancaster; Wende Cooper; Brian Foley; Nicole Hampton; Abby Alter; Anna Gasinski; Jeffrey Shaw; Shobha Thangado; Colleen Kearney; Yashira Pepin; Shauna Pagilinan; Ines Eaton; Lisa Gray; Erin Mulhern; Mary Mason; Allyson Nadeau; Jennifer Sussman; Rebecca Allen; Anuja Dhungana; Kim Karanda

Recorder: Karen Urciuoli

The August 17th meeting of the Alcohol & Drug Policy Council (ADPC) was called to order at 10:00 a.m. by Acting Commissioner Navarretta, DMHAS.

Topic	Discussion	Action
Welcome and Introductions	Acting Commissioner Navarretta welcomed all in attendance.	Noted
Review and Approval of Minutes	Minutes were reviewed and approved as written	Noted
DMHAS and DCF SUD/ODU Legislative Update (Focus on Adult Use Cannabis and Role of ADPC)	<p>Mary Kate Mason and Vinny Russo provide the following update on Public Act 12-1 of the June 2021 Special Session, An act Concerning Responsible and Equitable Regulation of Adult-use Cannabis</p> <ul style="list-style-type: none"> • Effective from passage (June 22, 2021), the act allows individuals age 21 or older to possess, use, or otherwise consume cannabis, up to a specified possession limit. • The amount of cannabis must not exceed 1.5 ounces of cannabis plant material and five ounces of such material in a locked container in the person’s residence or locked glove box or trunk in the person’s motor vehicle, an equivalent amount of cannabis products, or an equivalent combined amount of cannabis and cannabis products. • Sec. 65. (Effective from passage) Not later than January 1, 2023, the Alcohol and Drug Policy Council, jointly with the Departments of Public Health, Mental Health and Addiction Services and Children and Families, shall make recommendations to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to public health, the judiciary and finance, revenue and bonding regarding (1) efforts to promote public health, science-based harm reduction, mitigate misuse and the risk of addiction to cannabis and the effective treatment of addiction to cannabis with a particular focus on individuals under twenty-one years of age; (2) the collection and reporting of data to allow for epidemiological surveillance and review of cannabis consumption and the impacts thereof in the state; (3) impacts of cannabis legalization on the education, mental health and social and emotional health of individuals under twenty-one years of age; and (4) any further measures the state should take to prevent usage of cannabis by individuals under twenty-one years of age, including, but not limited to, product restrictions and prevention campaigns. • Sec. 94. (NEW) (Effective July 1, 2021) The presence of cannabinoid metabolites in the bodily fluids of a person: • (1) With respect to a patient, shall not constitute the use of an illicit substance resulting in denial of medical care, including organ transplantation, and a patient’s use of cannabis products may only be considered with respect to 	Informational

Topic	Discussion	Action
	<p>evidence-based clinical criteria; and</p> <ul style="list-style-type: none"> • (2) With respect to a parent or legal guardian of a child or newborn infant, or a pregnant woman, shall not form the sole or primary basis for any action or proceeding by the Department of Children and Families, or any successor agencies provided, nothing in this subdivision shall preclude any action or proceeding by such department based on harm or risk of harm to a child or the use of information on the presence of cannabinoid metabolites in the bodily fluids of any person in any action or proceeding. • Sec. 94. (NEW) (Effective July 1, 2021) The presence of cannabinoid metabolites in the bodily fluids of a person: • (1) With respect to a patient, shall not constitute the use of an illicit substance resulting in denial of medical care, including organ transplantation, and a patient's use of cannabis products may only be considered with respect to evidence-based clinical criteria; and • (2) With respect to a parent or legal guardian of a child or newborn infant, or a pregnant woman, shall not form the sole or primary basis for any action or proceeding by the Department of Children and Families, or any successor agencies provided, nothing in this subdivision shall preclude any action or proceeding by such department based on harm or risk of harm to a child or the use of information on the presence of cannabinoid metabolites in the bodily fluids of any person in any action or proceeding. 	
Safe Storage PSA	DCF shared their Safe Storage PSA, to view the PSA log onto https://youtu.be/sa3ifqpt2_c	Informational
Regional Behavioral Health Action Organizations (RBHAO): Priority Reports	<p>Carol Meredith and Jennifer Sussman provided the following report</p> <p>The Process</p> <ol style="list-style-type: none"> 1. Identify regional behavioral health priority setting workgroup (RBHPSW) 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 RBHPSW and select priorities; 9. Prepare comprehensive report, utilizing specified report template; 10. Submit and disseminate report. <p>State and Local Data Used in the Regional Priority Setting Process</p> <p>Data used across the process:</p> <ul style="list-style-type: none"> • YRBSS/CT School Health Survey (DPH) • Behavioral Risk Factor Survey (DPH) • Community level student, college, parent, and community survey data (local sources) • State Census Data/American Community Survey (CTData) • Overdose death data (OCME) • Treatment data (DMHAS, local sources) • Community Wellbeing Survey (DataHaven) • CPMRS data (DCP) • NSDUH (SAMHSA) • Community Readiness Survey (CPES/DMHAS) • Hospital and ED data (CHA, DPH) • Gambling Helpline calls (CCPG) • Gambling Treatment Data (DMHAS PGS) 	Informational – The full PowerPoint presentation can be found on the DMHAS ADPC webpage.

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	<p>Data recently used:</p> <ul style="list-style-type: none"> • Retail registrations- tobacco/vaping (DCP) • Calls to the CT Quitline (DPH) • Suicides (VDRS/DPH) • Alcohol-impaired driving fatalities (NHTSA) • Focus group data (PFS FG initiative and local FG) • 2-1-1 Calls data (United Way) • Crisis Text Line data (CrisisTextLine.org) • Mobile Crisis data (211, United Way, CHDI) • Young Adults Statewide Survey (CPES/DMHAS) • Suspected fatal overdoses (SWORD) • Drug seizure data (HIDTA, local law enforcement) • DMHAS Regional Behavioral Health Action Organizations (RBHAOs) <p>Emerging Issues: Substance Misuse</p> <p>Top Emerging Issues: Substance Use</p> <ul style="list-style-type: none"> • Marijuana - (legalization, declining perception of risk/harm, ED visits, vaping) • Vaping (Vaping CBD, THC) • Stimulants (cocaine, methamphetamine) New Haven • COVID-19 effects (alcohol use, substance use, telehealth barriers) <p>Emerging Issues: Mental Health, Suicide and Problem Gambling</p> <p>Top Emerging Issues: Mental Health and Gambling</p> <ul style="list-style-type: none"> • Suicide (teens, young adults, youth transitioning to college, elderly) • Mental health effects of COVID-19 (youth, access to tx, staff, funding) • Expansion of online gambling (youth, college students) • Gaming and gaming disorder (COVID-19 increase) • Lack of awareness of problem gambling, gaming disorder <p>Resource Gaps and Needs</p> <p>Main Themes:</p> <ul style="list-style-type: none"> • Funding, resources (human, staff, financial) • Resources to address stigma, cultural barriers • Education and awareness resources, in schools and community • Mental health screening for youth • Local data (behavioral health) <p>Underserved Populations</p> <p>Underserved Populations/Groups</p> <ul style="list-style-type: none"> • People of color, minority groups • Children/youth/young adults • LGBTQ(+) • Caregivers/providers/first responders • Veterans • Non-English speakers • Senior citizens/elderly • Undocumented immigrants <p>RECOMMENDATIONS</p> <p><i>Substance Misuse</i></p> <p>Prevention</p>	

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	<ul style="list-style-type: none"> • Adapt and share local campaigns (Let's #MentionPrevention), target vaping, counterfeit medication, cannabis • Target decreased perception of harm (cannabis), increase awareness about impact on youth • Continue to encourage use of drop boxes • Increase financial resources to support sustainable prevention funding • Expand behavioral health screening among providers <p>Treatment</p> <ul style="list-style-type: none"> • Increase number of providers for underserved populations (Bilingual, multilingual, LGBTQ+, BIPOC, women) • Increase access to treatment for teens including inpatient • Increase MAT – i.e. raise awareness, expand suboxone access, prescribe at discharge • Expand services and resources for crisis (24/7 behavioral health crisis center, mobile crisis lines) <p>Recovery</p> <ul style="list-style-type: none"> • Support Recovery Friendly Communities and Recovery Friendly Workplaces • Improve support after discharge- provide plans, tools, resources • Expand access to recovery coaches <p>Mental Health</p> <p>Mental Health Promotion/Suicide Prevention</p> <ul style="list-style-type: none"> • Coordinate and promote MHFA, QPR, etc., in community settings and for school personnel, youth grades 10-12 • Increase availability of trainings and other mental health promotion strategies in other languages • Problem Gambling <p>Mental Health Treatment</p> <ul style="list-style-type: none"> • Increase number of providers for underserved populations (Bilingual, multilingual, LGBTQ+, BIPOC, women) • Expand services and resources for crisis (24/7 behavioral health crisis center, mobile crisis lines) • Improve discharge planning and solidify community connections • Increase inpatient mental health services for youth and children <p>Problem Gambling</p> <p>Prevention</p> <ul style="list-style-type: none"> • Efforts need to be more inclusive of youth and young adults • Educate parents and youth on gaming, include gaming in trainings • Increase awareness of online gambling, increase age verification for online gambling • Support and expand trainings (including AAPI Ambassadors) • Improve outreach to high risk groups <p>Treatment</p> <ul style="list-style-type: none"> • Educate providers about gambling, gaming, and increase screening. • Expand treatment access to youth, including gaming disorders • Increase workforce capacity, i.e.. certified staff to treat gaming disorder, ensure providers have capacity to address subpopulations (veterans, teens) <p>Recovery</p> <ul style="list-style-type: none"> • Expand gambling support groups • Increase peer support, promote inclusion of problem gambling/gaming in recovery coach and RSS training • Increase recovery resources across the lifespan <p>System Recommendation: Increase awareness of problem gambling and gaming certificate training, as a means to increase workforce.</p>	

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<p>DMHAS/DCF Collaborations: Addressing the Needs of Women and Families Affected by Substance Use</p>	<p>Shelly Nolan, Director of Women’s Services, DMHAS and Kris Robles, Clinical Behavioral Health Manger, DCF</p> <p>A Collaborative Approach to Supporting Women & Families</p> <p>Objectives</p> <ul style="list-style-type: none"> • Provide an overview on Child Abuse Prevention and Treatment Act (CAPTA) & Plans of Safe Care • Explore the role of the Substance Exposed Infants / Fetal Alcohol Spectrum Disorder (SEI/FASD) strategic plan • Explore the benefit of family focused and recovery oriented services • Explore existing collaborative efforts between DCF & DMHAS <p>CAPTA / CARA</p> <p>The Child Abuse Prevention and Treatment Act</p> <ul style="list-style-type: none"> • Federal legislation addressing child abuse neglect across the United States • Originally enacted in 1974 and reauthorized in 2010 <p>The Comprehensive Addiction and Recovery Act (CARA)</p> <ul style="list-style-type: none"> • Increase the states’ compliance with CAPTA and amending legislation to include the needs of infants born with and identified as being affected by substance misuse <p>Specifically included in the CAPTA/CARA requirements are:</p> <ul style="list-style-type: none"> • States are to develop policies and procedures for the notification to child protective services of the birth of an infant affected by prenatal drug or alcohol exposure • Develop a process for referrals to screening and early intervention services • Healthcare providers involved in the delivery of care of an infant born substance exposed must notify child protective services • A plan of safe care is to be developed for these infants and their families <p>CAPTA July 2021</p> <ul style="list-style-type: none"> • Notices= Notifications - On average, DCF receives 166 submissions to the CAPTA portal each month. That rate has held steady throughout the first two years of implementation and does not seem to have been affected by the pandemic. The rates of mother’s race (52.5% white, 23.1% Black) and ethnicity (20.3% Hispanic) also have remained constant over time with no major changes in identification of SEI by racial or ethnic category. • Marijuana remains by far the most commonly identified infant substance exposure occurring in more than three-quarters (76.7%) of notifications. The overall pattern of the rate of detected drugs has held constant. • Most common needs - Safe Sleep education and resources are the most common single need identified for mother and baby. However, the rates for depression (33.2%) and parent mental health (22.6%) – a more general indicator of behavioral health problems and needs, suggest that many mothers and their infants would benefit from a referral to behavioral health treatment or counseling. Since more than half of mothers who are part of a CAPTA report are diverted from child welfare services, follow-up on mother’s mental health needs is an important consideration for community providers with whom mothers may be linked after discharge from hospital. <p>SUBSTANCE USE DATA FROM A DIFFERENT LENS AS OF JULY 2, 2021- 40 REPORTS</p> <ul style="list-style-type: none"> • 11 reports of ingestions • 4 reports of child use – no parental knowledge • 4 reports of child use – parental knowledge • 10 reports of mother being positive at birth (cannabis) • 6 reports of mother testing positive during pregnancy • 5 reports of other – parent smoking in a car with child present, parent selling 	

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	<p>Since the legalization of cannabis, the department has begun to collect data separate from CAPTA data. The data collection prior to legalization was not specific enough to answer some questions posed to the department. As we continue to monitor this information the department continues to advocate for safe storage. Prior to the legalization of cannabis we have promoted safe storage for any and all medication and now including marijuana. The department has invested in safe storage containers to provide to family members and social workers to support in keeping our children safe in any capacity.</p> <p>Plans of Safe Care & 211 United Way Collaboration</p> <ul style="list-style-type: none"> • Alongside CAPTA, the plan of safe care (POSC) provides the needed services and supports for infants with prenatal exposure, their mothers with substance use disorders and their families to ensure a comprehensive response to the effects of prenatal exposure • The Plan of Safe Care is a document that provides a roadmap of what supports a woman, and her family, may need as she transitions into motherhood • Mom is empowered to share her resources, strengths and needs and she chooses who to collaborate with and when to share her plan • Ideally, POSC can be shared with the medical team in advance of her delivery to coordinate services and minimize surprises at the time of delivery • 211 and United Way <ul style="list-style-type: none"> • Multimedia campaign • Online POSC resource screening tool <p>FASD/SEI Initiative</p> <p>5 Year Strategic Plan</p> <ul style="list-style-type: none"> • Initially completed in 2017 • Currently updating plan to revamp areas of priority to include <ul style="list-style-type: none"> • CAPTA & POSC • Screening and Referral • Marketing and Training • Treatment, Recovery, and Wellness Support <p>Work is advanced through</p> <ul style="list-style-type: none"> • Core Team • Executive Implementation team • Workgroups <p>Family Focused / Two Gen Work</p> <ul style="list-style-type: none"> • DMHAS awarded a SAMHSA grant for PROUD (Parents Recovering from Opioid Use Disorder) in September 2020. Services to be delivered via integrated care model for women & families in greater Hartford & New Britain communities. • DCF <ul style="list-style-type: none"> • Multidimensional Family Recovery • Recovery Management Checkup and Support • Family Navigation <p>Integration of the Recovery Perspective</p> <ul style="list-style-type: none"> • We operate from the perspective that women are the experts in their own lives and that their voice is crucial to the work that we do. Women in recovery act as consultants to review materials and documentation. • Women's REACH (Recovery, Engagement, Access, Coaching & Healing) is a statewide program that provides recovery coaching and case management services. All services delivered are provided by Women's Recovery Navigators who are persons with lived experience and use their story to inspire others. 	

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	<ul style="list-style-type: none"> • CCAR Recovery Coaches stationed in 22 Emergency Department • DCF <ul style="list-style-type: none"> • CROSS • Youth Advisory Board • Parents with Cognitive Limitations • FAVOR • Parents on Behavioral Health Oversight Committee <p>Availability of Treatment Services</p> <ul style="list-style-type: none"> • DMHAS & DCF offers a full continuum of services ranging from intensive residential to community based <ul style="list-style-type: none"> • DMHAS -8 pregnant & parenting programs statewide, gender responsive treatment including withdrawal management, residential, outpatient (including integration of MAT) • DCF – 3 youth residential treatment facilities in 2 psychiatric residential treatment facilities, 7 adolescent community base services, 5 adult caregiver services • The level of service is matched to the individual based on their identified needs and where they are in their recovery journey • Services are available to DCF involved families, and when appropriate, the agencies work together to support clinical needs and a safe transition into the community <p>How can we support each other?</p> <ul style="list-style-type: none"> • Stigma/ Discrimination continues to exist which directly impacts care • Collaboration & Ongoing training <ul style="list-style-type: none"> • Addressing Stigma • Harm Reduction • Reproductive Health • Screening and connection to services • This group is available to you for <ul style="list-style-type: none"> • Subject matter expertise • Support with locating and interpreting data • Bringing voices with lived experience to the table <p>Areas of Further Development</p> <ul style="list-style-type: none"> • Women's access to care • Coverage for access to care • Continue to expand on collaborative efforts between state and community partners • Data informed Service development and implementation 	
Sub-Committee Reports		
<ul style="list-style-type: none"> • Prevention, Screening and Early Intervention 	<p>Judith Stonger provided the following update:</p> <ul style="list-style-type: none"> • Cannabis and the cannabis legislation have been the focus of the last two subcommittee meetings. They had two presentations pertaining to cannabis at their last meeting. One was from a Fellow from the Office of the Governor, who has done some great research, collected data and talked about the implications of the cannabis legislation on public health. The second was by a consultant who has been working with the Department of Consumer Protection and other state agencies. She talked about public education and cannabis. Both presentations were extremely informative, data driven, well researched and included a number of take-aways, best practices, and lessons learned from other states. A new work-group is being formed and will work in collaboration with the consultant; other sub-committee members are welcome to join the new work-group. The group's first task will be to develop a recommendation for the ADPC's 	Informational

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	<p>consideration and full vote that will outline the tasks and charge of the workgroup.</p> <ul style="list-style-type: none"> • Stigma and media workgroup – another forum is being planned for December, it will again target media related to substance abuse and stigma. • August 31st is international overdose awareness day. There are a number of activities being planned at the State, regional and local level. Information about the events and be found at ctclearinghouse.org. 	
<ul style="list-style-type: none"> • Treatment 	<p>Maria Coutant-Skinner and Dr. Allen provided the following update regarding the recent harm reduction training:</p> <ul style="list-style-type: none"> • Luiza Barnat has replaced Lauren Siembab as the DMHAS liaison to this subcommittee. • The Opioid settlement will have an impact on the service system; some money will go to the state and some to municipalities. Payments will be made over 18 years. The AG's office suggested that an advisory would be created to help guide the direction of those dollars. This subcommittee is requesting their chairs make a request or recommendation to the AG's office that this body help guide that work. • Medication for Alcohol Use Disorders – Beacon is partnering with the CHA to host a forum in December to provide professional development to address the use of medications as an option to address alcohol use disorders. • OD Map – There was a concern brought to this subcommittee around the proper utilization and accuracy of OD map, which is an incredibly sophisticated and invaluable tool in tracking overdoses and developing community responses to that. One of the things that is being found is that now with the proliferation of fentanyl in all kinds of substances, first responders weren't necessarily interpreting the language correctly about what to report as an overdose. There was a request from a committee member to look at the language around that and maybe say that any overdose that responds to naloxone be included in the reporting to OD map. Will come back to this council with a recommendation around this. • Family Recovery Coaching – want to make sure there is conformity and uniformity in terms of job descriptions, language, roles so that there can be a broader definition under community health worker. There is a log of challenges defining those roles. • Harm Reduction – the Greater Hartford Harm Reduction Coalition will be rebranding to The CT Harm Reduction Alliance, and is seeking to establish a statewide collaborative and involving all sectors and stakeholders to develop common language, access to services, shared best practices, expand training and dispense resources. 	Informational
<ul style="list-style-type: none"> • Recovery and Health Management 	<p>Jennifer Chadukiewicz provided the following report:</p> <ul style="list-style-type: none"> • Back in June with the transition of Lauren Siembab out of their subcommittee, they took the opportunity to revisit their charter, at the same time they also evaluated what the other subcommittees were doing specifically looking at the charter directive that asks that they make sure special populations are considered, they identified a few. The subcommittee reached out to the commissioners of The Department of Aging and The Department of Veterans Affairs to make sure the voices of their constituents as it relates to recovery support services is represented in anything going forward. • Recovery Friendly Campus initiative is still moving forward, a large group of RA's in the dorms at UCONN have been trained. • Youth and Recovery is being supported by this subcommittee, and would be interested in holding a youth recovery resource conference. • Kris Robles presented to this subcommittee along with Mark Vanacore. 	Informational
<ul style="list-style-type: none"> • Criminal Justice 	<p>Katie Farrell provided the following report:</p> <ul style="list-style-type: none"> • CCAR presented at one of their meetings about their recovery coach program at DOC. As inmates are being discharged and needing services for addiction the recovery coaches are doing a warm handoff to community services. They have 6 coaches that have served almost 200 clients so far. • DMHAS presented to this subcommittee about Mobile Crisis Services and the Action Line that was launched through United Way, for families or adults in crisis. 	Informational

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	<ul style="list-style-type: none"> • The States Attorney updated them on the early screening initiative. As additional court cases are coming in that's also increasing their early screening work. They will be presenting to this subcommittee in the near future. • Families and inmates continue to receive Narcan and training kits from DOC. • Medicated assisted treatment in DOC is expanding. Cybulski is now offering MAT, Walker will begin in September. 	
Other Business	Susan Logan reported that DPH is looking into starting in an overdose fatality review panel and will be working with New England HIDTA to form this committee. Members from this council are invited to assist with getting this review panel off the ground. It would consist of looking at couple of cases a month, and developing recommendations. Will discuss further at future ADPC meetings. Contact Susan if interested in being involved in the panel.	Informational

NEXT MEETING – Tuesday, October 19th, 2021, Video Conference Call Through TEAMS

ADJOURNMENT – The, August 17, 2021 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.