

ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, August 16, 2022
Video Conference Call through Teams
10:00 a.m.

ATTENDANCE

Members/Designees: Dr. Craig Allen; Luiza Barnat, DMHAS; Maria Coutant Skinner, McCall Center; Ebrahimi, Danielle, DMHAS; Vanessa Dorantes, DCF; Tammy Freeberg, Village for Families and Children; Allison Fulton; Ingrid Gillespie; Jill Griffin, Inspire Recovery CT; JoShonda Guerrier, DCF Mark Jenkins, GHRC; Barbara Lanza, Judicial; Justin Mehl, DMHAS; Nancy Navarretta, DMHAS; Gerard O’Sullivan, DOI; Dr. William Petit; Sandrine Pirard, Beacon; Surita Rao, UCONN; Gary Roberge, Judicial; Kris Robles, DCF; Melissa Sienna, DCF; Sarju Shah, DMHAS; Scott Szalkiewicz, DCP; Judith Stonger, Wheeler; Sandra Violette, DOC; Senator Gary Winfield;

Visitors/Presenters: Adele Cyr; Aliaga, Bridget; Allard, Rebecca Allen; Samantha; Allie Hunter; Allyson Nadeau; Anderson, Ramona; Andressa Granado; Anna Gasinski; Robert Lawlor; Chlo-Anne Bobrowski; Brittany Dube; Rick Brooks; Carolina Grijalba-Rodriguez; David Borzellino; Deborah Lake; Anuja Dhungana; Diedrich Hohn; Sarah Egan; Ece Tek; Kelly Edwards; Julienne Giard; Giovanna Mozzo; Angela Graichen; Claudio Gualtieri; Gail Hardy; Robert Haswell; Jennifer Kolakowski; John Hamilton; Joseph Riter; Julia Einhorn, David Kaplan; Kasandra Rowe; Kim Karanda; Jack King; Christy Knowles; Kristen Breton; Lisa Gray; Keri Lloyd; Karonesa Logan; Lynn Stokes; Mollie Machado; Michael Makowski; Rodrick Marriott; Mike Meyer; Art Mongillo; Pamela Mulready; Nicole Hampton; Lucinda Orellano; Shauna Pangilinan; Rebecca Peterson; Robert Heimer; Vincent Russo; Scott Chandler; Stephney Springer; Colleen Violette; Wende Cooper; Karolina Wytrykowska; Yashira Pepin

Recorder: Karen Urcioli

The August 16th 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 Vanessa Dorantes, DCF

Topic	Discussion	Action
Welcome and Introductions	Commissioner Dorantes welcomed all in attendance.	Noted
Review and Approval of Minutes	The August 16, 2022 minutes were reviewed and approved with the following correction: Maria Coutant Skinner was listed as Rebecca Coutant Skinner.	Noted
Collaboration between Recovery Network of Programs (RNP) and Stamford Police	<p>Carolina Grijalba-Rodriguez, RNP and Captain Hohn, Stamford PD provided the following presentation: The Stamford Police Department along with the Recovery Network of Programs created an innovative behavioral health unit that combines the City of Stamford and Recovery Network of Programs to join forces to address mental health. Police are first responders and go out to a lot of calls and one of the things that they came to realize was a lot of calls have to do with mental health. This prompted them to hire a social worker and start this process. In 2021 the position was created and the department entered into a contract with the Recovery Network of Programs.</p> <p>STAMFORD PD Response to MH</p> <ul style="list-style-type: none"> • Patrol will stage nearby for non-violent calls <p>CIT Training</p> <ul style="list-style-type: none"> • 70% of Stamford PD <p>LCSW Embedded</p> <ul style="list-style-type: none"> • FTA LCSW <ul style="list-style-type: none"> • Referral • Crisis Intervention <p>911 Calls</p> <ul style="list-style-type: none"> • Low Risk Mental Health Call <ul style="list-style-type: none"> • Patrol will stage nearby • If further services are needed, EMS will transport the client to the local ED 	Informational, the full presentation can be found on the DMHAS ADPC webpage.

Topic	Discussion	Action
	<ul style="list-style-type: none"> • Weekly report will be forwarded to BHU for follow-up • High Rick Mental Health Call <ul style="list-style-type: none"> • Patrol will respond • EMS will stage nearby • If client needs further services, PD and EMS will transport the client to the local ED. PEER form will be completed • BHU will receive a copy of the PEER form and PD report <p>Areas of Service</p> <ul style="list-style-type: none"> • Mental Health • Elderly Services • Youth Mental Health • Substance Use Disorder • Basic Needs • Domestic Violence <p>BHU Case Flow</p> <ul style="list-style-type: none"> • BHU Referral Received • LCSW/PD will conduct case review • PD/LCSW will contact the client • Assessment conducted • Contract/Safety Plan • Referral Contact Provided • Establish Community Collaboration • Follow-up to assess measure outcomes <p>What We Do</p> <ul style="list-style-type: none"> • Referrals • Mental Health Assessment • Cross-System Collaborations <p>First Year Review</p> <ul style="list-style-type: none"> • Cross System Collaborations <ul style="list-style-type: none"> • G.A. 1 Judicial • Stamford Hospital • Community Providers • Public Schools • Social Services • Adult Protective Services • Department Of Children And Families • City Of Stamford • Fire Department • EMS • Services Provided <ul style="list-style-type: none"> • Conducted 50 Community Outreach Activities • 250 Cases (From 5-Year-Old To 99-Years-Old) 	

Topic	Discussion	Action
	<ul style="list-style-type: none"> • 700 Units Of Service Provided • Referrals Provided • Basic Needs Addressed • Mental Health • Substance Use Disorder • Domestic Violence • Sexual Abuse • Housing • Education 	
CT's Naloxone Saturation Plan	<p>Luiza Barnat, DMHAS, Director of Opioid Services provided the following presentation: CT DMHAS has prioritized opioid overdose education and the distribution of naloxone using SOR funding via partnerships with state agencies and a hub and spokes model. In this model, the DMHAS medical director has signed a standing order, and purchases have been made on behalf of the following entities within CT:</p> <ul style="list-style-type: none"> • Regional Behavioral Health Action Organizations (RBHAO) • Hospital Emergency Departments • Court Support Services Division (CSSD) of the Judicial Branch • Harm reduction community centers (including drop in centers, mobile MAT units, and syringe exchange programs (SSPs) • DMHAS operated and DMHAS funded treatment and recovery support providers • Police Departments • Opioid Overdose community taskforces and other community entities <p>The number of Narcan kits distributed by DMHAS to community based organizations by year:</p> <ul style="list-style-type: none"> • 2019: 11,581 • 2020: 13,162 • 2021: 14,986 • 2022 (1/1/2022 – 5/31/22): 12,110 <p>The projected amount to be distributed by DMHAS in 2022 is 29,064 naloxone kits Per Department of Consumer Protection (DCP): The Prescription Drug Monitoring Program (PDMP) began requiring naloxone data in 2021 and has documentation of 12,475 naloxone kits being distributed by pharmacies. In addition to DMHAS distributed naloxone, the Department of Corrections (DOC) has received SOR funding via a Memorandum of Understanding and has purchased the following number of kits for distribution to inmates leaving the DOC system:</p> <ul style="list-style-type: none"> • 2019: 930 • 2020: 2,703 • 2021: 1,499 • 2022 (1/1/2022 – 5/31/22): 1,500 <p>Targeted Distribution Plan</p> <ul style="list-style-type: none"> • September 30, 2022 - continue fulfilling requests as they come October 1, 2022 – identify five (5) zip codes with highest overdose death rates in the state • October 15, 2022 – identify harm reduction providers and schedule meetings within five (5) identified “hot spots” • November 1, 2022 – calculate the naloxone needed in those five hot spots using formula for the state • November 15, 2022 – send the amount of naloxone needed to these targeted area providers 	<p>Informational, the full presentation can be found on the DMHAS ADPC webpage.</p>

Topic	Discussion	Action
<p>SUD 11115 Waiver Implementation: Update</p>	<p>Carrie Lloyd, DSS, Robert Haswell, DMHAS provided the following presentation:</p> <p>State Agency Collaboration</p> <ul style="list-style-type: none"> • DSS, OPM, DMHAS, DOC, DCF, DPH, Judicial Branch <p>Background and Purpose of SUD Demo Waiver</p> <ul style="list-style-type: none"> • As part of the U.S. Department of Health and Human Services' effort to combat the ongoing opioid crisis, the Centers for Medicare & Medicaid Services (CMS) created an opportunity under the authority of section 1115(a) of the Social Security Act for states to demonstrate and test flexibilities to improve the substance use disorder (SUD) service system for beneficiaries. • The purpose of this waiver is to allow coverage of residential and inpatient SUD services under HUSKY Health that have previously been excluded due to longstanding federal policies. • DSS has been working in close consultation and collaboration with our state agency partners at DMHAS, DCF, DOC, Judicial Branch, DPH, and OPM in designing this Demonstration. Additional partners include Mercer, Advanced Behavioral Health (ABH) and Beacon Health Options. • Connecticut received CMS approval of the waiver on April 14, 2022 with a Demonstration approval period through March 2027. <p>State Objectives</p> <ul style="list-style-type: none"> • The intent of this Demonstration is to provide critical access to a full array of SUD treatment services for Connecticut HUSKY Health members and improve the delivery system for these services to provide more coordinated and comprehensive SUD treatment. • With first-time federal funding of these treatment services, the state is reinvesting in the services system by way of increased provider payment rates and provider standards to improve the quality of care all treatment recipients receive. • The goals and objectives for this Demonstration include: • Increased rates of identification, initiation and engagement in treatment for opioid use disorder (OUD) and other SUDs; • Increased adherence to and retention in treatment for OUD and other SUDs; • Reductions in overdose deaths, particularly those due to opioids; • Reduced utilization of emergency departments and inpatient hospital settings for OUD and other SUD treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services; • Fewer readmissions to the same or higher level of care where readmissions are preventable or medically inappropriate for OUD and other SUDs; and • Improved access to care for physical health conditions among beneficiaries with OUD and other SUDs. <p>Eligibility</p> <ul style="list-style-type: none"> • This Demonstration removed Medicaid payment barriers for SUD residential and inpatient treatment, ensuring critical access for all coverage groups: <ul style="list-style-type: none"> • HUSKY A—Medicaid for children, teens, parents, relative caregivers and pregnant women; • HUSKY B—Children's Health Insurance Program for children and teens up to age 19; • HUSKY C—Medicaid for adults 65 and older and adults with disabilities, including long-term services and supports and Medicaid for Employees with Disabilities; • HUSKY D—Medicaid for low-income adults without dependent children. <p>Key Milestones</p> <ol style="list-style-type: none"> 1. Access to critical levels of care for individuals with OUD and other SUDs 2. Widespread use of evidence-based, SUD-specific patient placement criteria 3. Use of nationally recognized, evidence-based, SUD program standards to set residential treatment provider qualifications 	<p>Informational, the full presentation can be found on the DMHAS ADPC webpage.</p>

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	<p>4. Sufficient provider capacity at each level of care, including MAT</p> <p>5. Implementation of comprehensive treatment and prevention strategies to address opioid misuse and OUD</p> <p>6. Improved care coordination and transitions between levels of care</p> <p>Impact to Members</p> <ul style="list-style-type: none"> • Improved access to SUD residential and outpatient services • Improved treatment services through higher clinical standards • Focus on key healthcare outcomes related to SUD: <ul style="list-style-type: none"> • Follow up after emergency room visits to make sure someone entered treatment • Follow up after hospitalization to make sure someone connects to the next level of care • Access to Medication for Addiction Treatment <p>Public Hearings</p> <ul style="list-style-type: none"> • DSS has fulfilled all notice and comment requirements under federal and state law, including: <ul style="list-style-type: none"> • A written comment period, from February 2 through March 4, 2022 • Two public hearings, which were held on February 10 and February 18, 2022 • Public comments and our agency response to these comments are available on our webpage. <p>Additional Collaboration</p> <ul style="list-style-type: none"> • Consumers • Advanced Behavioral Health • CMS • Advocacy Groups • SUD Demo • Beacon Health Options • Legislative Committees • Treatment Providers • Mercer <p>ASAM Certification Development and Monitoring</p> <ul style="list-style-type: none"> • DMHAS, DCF, ABH <p>ASAM Certification Process</p> <ul style="list-style-type: none"> • Adoption of ASAM Standards • Under the 1115 SUD Demonstration Waiver and corresponding Medicaid SPA, Connecticut will expand services to provide a complete array of services, including residential SUD services • Connecticut will utilize placement criteria and program standards consistent with the latest edition of the American Society of Addiction Medicine (ASAM) criteria. • Payment Structure • To qualify for the fee-for-service structure implemented under this waiver, participating providers must demonstrate that they are operating in compliance with the quality standards outlined by the ASAM criteria. • This compliance will be assessed utilizing provisional and full certification processes <p>Types of ASAM Certification</p> <p>Provisional Certification</p> <ul style="list-style-type: none"> • The State of Connecticut has elected to provide a 24-month provisional certification period for the adoption of the ASAM criteria. • This period commenced on 4/15/2022 for CVH and 6/1/2022 for community residential providers. <p>Full Certification</p>	

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	<ul style="list-style-type: none"> • Full Certification will occur once providers successfully demonstrate compliance with the ASAM criteria for each level of care and associated programs they operate. Full certification status will last for three years from the date of approval. <p>Why Provision Certification</p> <ul style="list-style-type: none"> • Different Adoption Stages - Recognizing that behavioral health providers participating in the Connecticut 11115 Residential SUD Waiver are in different ASAM criteria adoption process stages, we want to allow time for full adoption of the standards. • Provider Education - Recognizing that behavioral health providers participating in the Connecticut 11115 Residential SUD Waiver are in different ASAM criteria adoption process stages, we want to allow time for full adoption of the standards. • State Agency Support – Recognizing that behavioral health providers participating in the Connecticut 11115 Residential SUD Waiver are in different ASAM criteria adoption process stages, we want to allow time for full adoption of the standards. <p>Provision Certification Updates</p> <ul style="list-style-type: none"> • Provisional Certification Application Trainings were conducted in early March 2022. • Provisional Certification Application period was conducted from March 11, 2022- April 8, 2022. • 17 Agencies and 44 residential SUD Programs have been provisionally certified as of 6/1/2022. • Certification monitoring will commence in September 2022 	
Sub-Committee Reports		
<ul style="list-style-type: none"> • Criminal Justice 	<p>Sandra Violette provided the following update:</p> <ul style="list-style-type: none"> • Continue to review the committee’s charter, as well as surveying members to see where people are at, are they familiar with the relevance of this subcommittee, benefits of participation, willingness to participate, the relevance to their work and identifying new members. Numerous responses to the survey were received and will be reviewed at their next meeting. • Will have two presentations at their next meeting with one of them being about the CT River Valley Project. 	Informational
<ul style="list-style-type: none"> • Recovery and Health Management 	<p>Jill Griffin provided the following update:</p> <ul style="list-style-type: none"> • Had a Recovery Friendly Workplace presentation at their last meeting. • Conducted a survey with committee members regarding the direction of this committee, and committee membership, the results were reviewed at their last meeting. The committee has decided to refocus their direction on special populations, including young people in recovery, recovery friendly family and supports • Will be meeting in person in September to do some breakout groups, and refocus strategy and attendance. • Lisa Gray has been working with Simsbury to make them a Recovery Friendly Community, that was passed by the Board of Selectman and they will be issuing a resolution at their next meeting in September. They will be celebrating this at their next event, Simsbury Untapped, on September 25th. All are invited. 	Informational
<ul style="list-style-type: none"> • Treatment 	<p>Dr. Allen provide the following update:</p> <ul style="list-style-type: none"> • This committee met in June and July. They wanted to reemphasize the importance of MOUD in the hospital healthcare setting. DPH will be resending out an email around the legality and importance of getting these medications started at inpatient units and hospitals and also looking at the importance of having skilled nursing facilities be able to manage patients who are on MOUD in addition to reinvigorating the committee that was run through DPH and involved skilled nursing facilities helping to support this process. Also looking at OTPs in the community and changes that have been made in the last few years such as accepting a physical exam from an inpatient setting discussed safe consumption sites, had Bobby Lawlor speak to them about some of the barriers and looked at some of the challenges to putting safe consumption sites in place. 	Informational

Topic	Discussion	Action
<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"> Over the past couple of months there have been some leadership changes, Judith Stonger stepped down as co-chair. This committee will now have tri-chairs, Allison, Debra Lake and Tom Russo. There have been a lot of discussions around Naloxone, how to get it out there, how to reduce barriers, how to make it easier for pharmacist, do health practitioner laws need to be amended, etc. A small group has been formed to see what other states are doing and possibly having it become an over the counter product. Had presentations by Mike Makowski an epidemiologist from DPH who gave a very comprehensive report on the CT violent death reporting system data as it relates to SA deaths. Wes Antonucci an intern from St. Francis University provided a report on the dispensing of Naloxone across the state. Beacon Health Options provided an overview of their Changing Pathways programs. Had a presentation from the O'Donnell group, who are doing the statewide media campaign for cannabis. The workgroups also have reported and media and stigma is still working on the database of presenters. Cannabis workgroup, the selection process for the statewide campaign is nearing its finalization and they are getting closer to picking the campaign Have been going through Public Act 211 and looked at various aspects of it to make recommendations to this group. Fentanyl Awareness Day is August 21st, the toolkit for that can be found on the DEA website. International Overdose Awareness Day is August 31st. 	<p>Informational</p>
<p>Other Business</p>		

NEXT MEETING – Tuesday, October 19, 2022, Video Conference Call through TEAMS

ADJOURNMENT – The, August 16, 2022 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.