ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Treatment & Recovery Support Sub-Committee
Meeting of Thursday, March 31, 2016
CMHA 270 John Downey Drive, New Britain
Conference Call: 1-866-763-2652, Passcode: 2242306#
1:00 pm – 3:00 pm

PRESENT: Melissa Sienna & Marsha Murray (UConn), Joe Erardi (Superintendent Newtown PS), John Hamilton (RNP/CCAR Board Member), Julienne Giard (DMHAS), Charles Atkins (Medical Director, CMHA), Dan Rezende (Executive Director, CJR), Karen Zoarski, Dave Borzellino (Farrell), Craig Allen (Rushford), Allison (Young Person in Recovery), Quyen Truong

Topic	Discussion	Action
Governor's Charge		to be shared with all via SharePoint
Subcommittee Charter		Reviewed
Subcommittee Membership	Additional invitations will be extended	• CSSD (Dan Rezende to invite), • DOC: Dr. Maurer (Craig Allen to invite), • CT BHP: Bert Plant (Melissa to invite), • Steve C? (Blue Cross/Blue Shield, as a special guest?), • Minority Commission (Choose 1, plan to have a session on health disparities wrt access with more attendees from other commissions, Quyen Trong to invite), • Office of Health Care Advocate: Vicky Veltri, instead of a single insurance company (Julienne to invite)
Establish Priorities	Prescription drug abuse and opioids. Smaller number of targeted recommendations that are achievable.	
Data	What data is needed to inform prioritizing and decision-making? Challenges to rapid access to treatment (barriers- insurance criteria).	
Prescription Drug Abuse Summit	Increase limit on Buprenorphine from 100-200 effective Monday, April 4th, make Narcan more widely available, focus on pre-arraignment / jail intervention programs, advocating for widespread adoption of MAT.	
School perspective/evidence based or best practices	Blame-shifting is common, Dr. Erardi endorses focus on opiates, look at onset and make sure students and parents are aware/ develop skill set to prevent substance use.	
Challenges to Accessing Services and Supports		
Fragmentation/complexity	• Need better coordination between detox and treatment. Have to call around. "Bed czar." Transportation to get from detox to treatment is a barrier. • Complexity of trying to work the system. • State organization adds to complexity: bifurcation between child/adolescent and adult systems creates fragmented systems and creates complications to access.	
Experience with Walk-in centers and phone number.	• 1-800 #: same situation as if the number didn't exist. Gives list of other numbers if you can call. It's like calling 2-1-1, a resource person with a list but individual has to make the phone calls or drive to see if they can access care. • Limited to adults 18 & older. (No access for adolescents. Limited services overall for adolescents.) • Possible recommendation: Design system like domestic violence services--- utilization management/assertive linkage. Option: Nurse answers the phone (someone who can be helpful) who identifies treatment and recovery peer partner who assists with transportation.	

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MAT for adolescents:	• Very limited. • Rushford has used buprenorphine for adolescents but doesn't have large infrastructure to support it so it is not advertised. • APT treats adolescents with Buprenorphine and has larger infrastructure.	
State insurance and MAT –	• Reimbursement not adequate for physician within a large organization that provides comprehensive service (better rate for private provider) • Facilitate collaboration with primary care (medical/behavioral health homes). • Medical time for Suboxone is where the cost are.	
Support groups for people who have concerns about substance use	Possible recommendation: Build community supports to link with local social services.	
Schools:	• CT Assoc for Board of Education may help with accessing schools to provide education. Point of entry: middle school health or gym classes. • In-service training for educators: discretion of district whether or not alc/drug included. Secondary educators typically good at identifying pot/alcohol, but they are less informed about Rx drugs. • Newtown spent a lot of time on this with secondary school educators. • Stigma creates barriers to programming (not okay to talk about drugs). • Dr. Erardi (prior experience): implemented daily support group for students with opiate problems to support their recovery. • Recovery High School – legislation to explore (public) recovery high schools. • Possible Recommendation for Educators/Students: include risk reduction programming for AOD.	
Newton, NJ Community Law Enforcement Addiction Recovery program:	• 50 volunteers to do CCAR Recovery Coaching to provide support to local police department. • Article here: http://www.njherald.com/article/20160313/ARTICLE/303139959#	
Affordable Care Act:	• Parity, demanding parity to get more funding for peer support services. • Health insurance has created barriers. High deductibles prevent access to care.	