ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, February 18, 2025
Video Conference Call Through TEAMS
10:00 a.m.

ATTENDANCE

Members/Designees: **Luiza Barnat**, Treatment Representative (DMHAS); **Brendan Burke**, Child Advocate (Designee); **Paulo Correa**, Carelon Behavioral Health; **Brian DeLude**, Tri-chair, Criminal Justice; **Danielle Ebrahimi** , Criminal Justice Representative (DMHAS); **Katie Farrell**, Criminal Justice Co-chair; **Tammy Freeberg**, The Village for Families & Children; **Claudio Gualtieri**, OPM Designee; **Jodi Hill-Lilly**, Commissioner, DCF; **Ingrid Gillespie**, Liberations Program; **Mark Jenkins,** GHHRC; **Nicole Klarides-Ditria**, State Representative; **Deborah Lake**, Prevention Co-chair; **Abigail Lieberman**, Prevention Committee Co-chair; **Leslie Mara**, CT State Colleges & Universities (Designee); **Pamela Mulready**, Recovery Co-chair; **Nancy Navarretta**, Commissioner, DMHAS; **Tammy Nuccio**, State Representative; **Cathy Osten**, Senator; **Gerard O'Sullivan**, DOI; **Erica Previti**, DPH (Designee); **Dr. Surita Rao**, UCONN Health Designee; **Gary Roberge**, Judicial Designee; **Kris Robles**, DCF (Designee); **Cathy Sisco**, Wheeler Clinic; **Scott Szalkiewicz**, DCP Designee; **Sandra Violette**, Tri-chair, Criminal Justice; **Toni Walker**, State Representative

Visitors/Presenters: Allyson Nadeau; Edith Atwerebour; Michael Carone; Kristen Clyne-Hamitouche; Krystin DeLucia; Natalie DuMont; Emmalyn Walenda, Fiorigio Fetta; Gina Florenzano; Julienne Giard; Giovanna Mozzo; Jeanette Goyzueta; Francis Gregory; Christine Hauser; Jack Lu; Jeanne Milstein; Jennifer Kolakowski; John Lally; David Kaplan; Kimberly Karanda; Kasandra Rowe; Christy Knowles; Keri Lloyd; Susan Logan; Jennifer Lambardi; Michelene Longo; Chris McClure; Katherine Meslow; Sarah Messier-Smith; Melissa Morton; Nicole Hampton; Shelly Nolan; Shauna Pangilinan; Rebecca Allen; Melanie Richard; Dawn Rios; Amy Rodriguez; Sarju Shah; Nicole Taylor; Ece Tek; Colleen Violette; Jeremy Wampler; Elsa Ward; Stephanie Welch; Karolina Wytrykowska

Recorder: Karen Urciuoli

The February 18, 2025, 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 Hill-Lilly, DCF

Topic	Discussion	Action
Co-Chair Welcome and Introduction	Commissioner Navarretta welcomed everyone to the October meeting.	Noted
Review and Approval of Minutes	The December 17, 2024 minutes were approved as written.	Noted
A-SBIRT	Christine Hauser, LCSW, LADC, and Jack Lu, Ph.D., LCSW from the Child Health and Development Institute provided the following report: **Youth Substance Use** • Based on the national and CT landscape, overdose rates have decreased, but they continue to be high. National estimates show that there are approximately 15 non-fatal overdoses for each fatal overdose that takes place. These non-fatal overdoses can significantly impact the quality of life for individuals who experience them. The largest increase in overdose deaths by age happened during the transition form under age 25 to over age 25. **Youth Substance Use Prevalence** • Prevalence is high in youth 12 and older. On the national level, youth substance use, substance use disorders and co-occurring disorder are common and widely untreated. In CT, close to 10% of youth had a least one substance use disorder in the past year. CT rated as the sixth highest in the US for substance use disorder in youth. **Youth Substance Use Disparities** • LGB adolescents have higher rates of substance use than heterosexual peers. • Adolescent substance use rates are similar across races, but disparities exist in treatment access and long-term outcomes **Initiative Design Considerations** • Adolescents initiating SUD treatment were 20% more likely to engage in mental health services than SUD services in the first month.	Informational – The full PowerPoint presentation that includes data can be viewed on the DMHAS ADPC webpage.

Topic	Discussion	Action
	• Youth access to SUD treatment increases by approximately 60% when mental health treatment occurs in the prior year. • DCF-licensed Outpatient Psychiatric Clinics for Children (OPCC) that implement EBPs with Quality Assurance. **Youth SUD FOCUS Initiative** Goals • Early substance use identification and treatment engagement to reduce preventable or medically inappropriate utilization of higher levels of care • Improve access to the other continuum of care services Funding: DCF via CT SUD Section 1115(a) Demonstration Waiver Timeline: 1/1/23 - 6/30/27 Activities: • Evidence-based training and certification • Implementation support, data reporting, and consultation • Administration of performance-based incentives. **Evidence-Based Services** A-SBIRT • Detects substance use through brief validated screens • Brief intervention/treatment with Motivational Interviewing to engage in behavior change • Refers adolescents and families to additional services, if appropriate • Early engagement of adolescents with substance use promotes social justice, and reduces racial and ethnic disparities through timely access to services Service Coordination • Helps families identify and meet their needs through a Wraparound approach • Guides families through systems and facilitates referrals or warm handoffs between services and levels of care • Supports families in building a team of natural, informal, and formal supports • Culturally responsive to diverse communities • Strengths-based and prioritizes family voice and choice **Lessons Learned & Next Steps** Access • Enhance workforce training and engage more OPCC providers • Increase the proportion of youth screened using A-SBIRT to improve equitable access to services for all youth Outcomes • Transition data collection into the DCF's Provider Information Exchange (PIE) database to assess longitudinal outcomes Sustainability • Invest in youth co-occurring outpatient treatment models that align with national and early intervention efforts • Engage state partners in expanding Medicaid reimbursement for Screening and Brief Intervention (SBI) and service coordination.	
Opioid Settlement Advisory Committee	Luiza Barnat provided the following update: **Budget Update** • Connecticut is expected to receive over $600 million over 18 years (approx. $33 million per year). The $600 million is not an exact number as there are settling parties that may be going through changes. • As of 1/14/25, the State has received a total of $158,299,575, with funding recommendations having passed for $91,279,158 leaving a balance in the fund of $67,020,417.	Informational – The full PowerPoint presentation can be viewed on the DMHAS ADPC webpage.

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	• The estimated annual budget is $33,333,333 and the estimated approved recommendations amount is $28,738,203
	OSAC Approved Initiatives
	SafeSpot Overdose Hotline Expansion to Connecticut - Approved January 2025
	• SafeSpot is a 24 hour-7-day a week service
	• Operators offer real-time phone-monitored supervision of drug use
	• Emergency Response activated if the individual becomes unresponsive
	• Total funding amount (3 years): $1,513,085
	Supportive Housing - Approved January 2025
	• Housing Supports for individuals with Opioid Use Disorders or at risk for overdose who are:
	  • Experiencing homelessness
	  • Homeless prior to entry to substance use disorder (SUD) treatment, inclusive of Sober and Recovery Homes, who do not have a safe and/or viable housing discharge plan.
	• Includes:
	  • CT Department of Housing (DOH) Rental Assistance Program (RAP) Housing subsidies
	  • Client supports (security deposit, furniture, etc.)
	  • Trauma-informed case management services that would follow and support an individual from homelessness to being housed and maintaining housing stability.
	• Total funding amount (4 years): $58,600,000
	Harm Reduction Centers - Approved January 2025
	• Continuation and expansion of Harm Reduction Centers offering low-barrier, drop-in support for individuals who use substances, particularly those who are at high risk for opioid overdose
	  • Continue the operation of three existing Harm Reduction Centers (New Haven, New London, Hartford, and Waterbury)
	  • New Harm Reduction Center in Bridgeport
	  • Hartford Harm Reduction Center for program expansion.
	• Total funding amount (3 years): $6,975,000
	
	The full list of approved initiatives can be found on the ADPC webpage. The OSAC committee continues to accept recommendations that will be vetted through the referral subcommittees and subject matter experts.	

Opioid Treatment Programs - Where We Are in 2025	Gina Florenzano, Director of Regional Services, SOTA, DMHAS **OTP Federal Regulatory Changes 42 CFR Part 8 Final Rule** **Overview** • First "major" revision to the regulations surrounding the provision of methadone for withdrawal management and maintenance since 2001. • There was a goal to reframe the treatment experience, increase access, individualized care ("not one size fits all") • Focus is on a culture shift in care and service delivery • Themes include "shared decision making", flexibility, trust, attempts to decrease stigma (language) and practitioner • judgement • Substance Abuse and Mental Health Services Administration (SAMSHA) released with effective date of 4-2-24 • Awareness that State regulations may be more stringent, and States may need to explore components that will be adopted/implemented **Initial Dose** • **Old Language**: <u>For each new patient enrolled in a program, the initial dose shall not exceed 30 mg and the total for the</u>	Information – The full PowerPoint presentation can be viewed on the DMHAS ADPC webpage.

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	first day shall not exceed 40 mg (this typically required individual waiting for the second dose of 10 mg after a period of assessment). • **New Language**: For each new patient enrolled in an OTP, the initial dose of methadone shall be individually determined and shall include consideration of the type of opioid involved in the patients OUD, other medication or substances being taken, medical history, severity of withdrawal symptoms. The total dose for the first day shall not exceed 50 mg. **Admission Criteria** • **Old Language**: Maintenance treatment: An OTP shall maintain current procedures designed to ensure that patients are admitted…That a person is currently addicted to an opioid drug and that the person became addicted at least 1 year before admission to treatment. • **New Language**: Comprehensive treatment: An OTP shall maintain current procedures to ensure that patients are admitted to treatment. Meets the diagnostic criteria for moderate/severe Opioid Use Disorder (OUD) or is at high risk for overdose. No longer need 1-year verification. **Initial Medical Examination** • **New Language**: Initial medical examination: OTPs shall require each patient to undergo an initial medical examination. The initial medical examination is comprised of two parts: 1. screening exam to ensure individual meets medical necessity 2. a full history and physical. • **New Language**: Patient may commence treatment with MOUD after the screening examination has been completed. • **New Language**: "Where the examination is performed outside of the OTP, the screening examination must be completed 7 days prior to OTP admission." • **New Language**: "A full in-person physical examination… must be completed within 14 calendar days following a patient's admission to the OTP." **Initial Medical Exam Additional Considerations** • There is also language stating the "medical screening" can be performed via telehealth • Collaborating with DPH regarding medical screen vs H&P and the use of telehealth • Additional language mentions the need for periodic physical exam once per year conducted by an OTP practitioner **Unsupervised Dosing** • Formally known as take home bottles (THBs) • Historically, there was a perspective of "earning" THBs based on the 8-point criteria at set increments. • Shift in philosophy from earning to individualized perspective based upon "therapeutic" benefit vs risk. • Initial 14 days of treatment = up to 7 unsupervised doses can be dispensed • 14-30 days of treatment = up to 14 unsupervised doses can be dispensed at one time • After 30 days in treatment = up to 28 unsupervised doses can be dispensed • Specific language included: "it remains within the OTP practitioner's discretion to determine the number of • THBs…. but this determination must be based on the criteria (outlined in previous slide)." **Mid-Level Practitioners** • A health care professional who is appropriately licensed by a State to prescribe and/or dispense medications for OUD and as a result, is authorized to practice within an OTP" • Practitioners must continue to adhere to State requirements that may apply to the provision of methadone and scope of practice." • -Within mid-level scope of practice within CT. • Mid-level practitioners include Physician Assistant (PA), Advanced Practice Registered Nurse . • Mid-level exemption is no longer required for prescribing.	

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	• Mid-level exemption would be required for PA/APRN to assume role as medical director.
	Counseling Services
	• OTPs must provide adequate substance disorder counseling and psychoeducation as clinically necessary and mutually agreed upon
	• Promote a person-centered approach to care that does not make medication contingent upon involvement in counseling services but fosters shared decision making
	Withdrawal Management
	• The final rule removes the requirement that those seeking withdrawal management cannot initiate methadone treatment more than twice a year. Providers were required to submit a CSAT exception request to admit an individual with more than two withdrawal management protocols per year.
	• **New Language**: There is nothing stated in the Federal regulations or statutes that limits the number of times a person can initiate treatment with methadone or any other medication.
	Where We Are Today
	• Focus on the SAMHSA definition of recovery "*a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential*"
	• Working with OTPs to embrace the overarching themes of individualized care, shared decision making and harm reduction.
	• Embracing a model of treatment, services and the provision of medication that is devoid of punitive policies and procedures.
	Mobile OTPS
	Overview
	• Basically, an arm of the OTP that is "on wheels"
	• Any registered OTP can apply to operate a mobile OTP under the registration of a brick-and-mortar location
	• The mobile OTP must return to the "home" location daily
	• Mobile OTPs must operate within the borders of the State
	• The goal is to increase access to methadone as well as all formulations of medication for opioid use disorders (MOUD) for maintenance and withdrawal management
	• Outlines specifics regarding diversion control and contingency planning
	Where We Are Today
	• RFP released on 7-11-24 to fund 2 mobile OTPs in CT using Opioid settlement funds
	• Proposals were due 10-3-24
	• Targeted for 4 areas of the state (Central, Northeast, Northwest and Southeast)
	• Also, planning to focus on access for individual at long term care facilities and residential treatment
	• Goal was to expand access to medication for opioid use disorder in remote areas
	• Contracts issued to providers effective 1-1-25
	  • APT Foundation
	  • Community Health Resources (CHR)	

Sub-committee Reports		
• **Prevention, Screening and Early Intervention**	Abigail Lieberman provided the following update: • Last met in January and received updates from the OSAC committee, legislative updates, and a presentation on Adult Use Cannabis and changes in the state surrounding THC infused beverages. • Recently approved two prevention related recommendations with one focusing on expanding prevention based mobile outreach and the second expanding the role of prevention within eight fathering agencies across the state. Both will	

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	begin moving through the OSAC process. • A statewide suicide prevention conference will be held on May 8th. • National Prevention Week is May 11 – 17. Wheeler will be hosting a statewide event at the Danbury Fair Mall on Saturday May 17th to wrap up the week. • The 2nd annual Prevention Summit will be held on September 9, 2025.	
• **Treatment**	No report.	Noted
• **Recovery and Health Management**	Pamela Mulready provided the following update: • Committee met on January 9th and received an update on the activities of OSAC, including an update on the continuation and expansion of harm reduction centers and housing voucher proposals that were each approved by OSAC. Also received a presentation from Dr. Steven Murray from Safe Spot. Committee discussed revitalizing Basic Needs Program that expands access and eligibility to sober houses for people with all insurance types. This was followed by a presentation from DMHAS and ABH. • The housing workgroup has heard multiple presentations, and various models of expanding housing offerings, including respite models and heard a presentation from Redemption House in New Haven. • The Recovery Friendly Education Work Group met in January and discussed the road map of the needs assessment and toolkit in light of the initiative to standardize recovery friendly communities and recovery friendly workplaces. • Met again on February 13th and received an update on the activities of OSAC. • A presentation was provided by Dr. Sean Dorias from Iowa State University about recovery readiness, a discussion was held about how this could potentially apply to CT's recovery friendly initiatives. • The Recovery Friendly Education Work Group provided an update that they are working with the recovery friendly standards work group to align their products with efforts which will culminate in a recovery friendly website. • The housing work group continues to look at temporary or respite type housing options for individuals that are between levels of care or are waiting on permanent housing. The group is also discussing options to help provide sober homes that are in need of repairs or major updates with funding.	Informational
• **Criminal Justice**	Katie Farrell provided the following update: • This committee has been developing a plan for their subcommittee work over the next couple of months and plan to increase their involvement with substance use issues, specifically with the criminal justice involved juvenile populations. They want to identify barriers and gaps in services, which may lead to developing a work group as they want to identify the existing work that's being done so that they can support some ongoing efforts. They will continue to support drug trends within the juvenile and adult community and within DOC and will support the expansion of MAT in the remaining three DOC facilities. • Will continue their work through their OSAC recommendations and at this time are pausing their work on the re-entry recommendation until they are sure they are not duplicating the work of other recommendation that have been proposed. • They will prioritize their recommendation to continue jail diversion recovery coaches, whose funding is expiring later this year.	Informational
Other Business		

NEXT MEETING – Tuesday, April 15, 2025 – Virtual

ADJOURNMENT – February 18, 2025 meeting of the Alcohol and Drug Policy Council adjourned at 12:00pm.