

ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, April 16, 2024
Video Conference Call Through TEAMS
10:00 a.m.

ATTENDANCE

Members/Designees: **Rebecca Allen**, Recovery Co-Chair; **Luiza Barnat**, DMHAS; **Paulo Correa**, Carelon Behavioral Health; **Claudio Gualtieri**, OPM; **Ingrid Gillespie**, Liberations Program; **William Halsey**, DSS; **Ronnell Higgins**, DESPP; **Mark Jenkins**, GHRC; **Deborah Lake**, Tri-Chair Prevention Subcommittee; **Cristin McCarthy Vahey**, State Representative; **Nancy Navarretta**, Commissioner, DMHAS; **Cathy Osten**, Senator; **Surita Rao**, UCONN Health; **Gary Roberge**, Judicial Designee; **Kris Robles**, DCF Designee; **Scott Szalkiewicz**, DCP Designee; **Dr. Nicole Taylor**, DCF Co-chair; **Toni Walker**, State Representative

Visitors/Presenters: Samantha Allard; Ramona Anderson; Melissa Augeri; Emma Biegacki; Brendan Burke; Donald Cieslukowski; Kristen Clyne-Hamitouche; Charles Dike; Angela Duhaime; Danielle Ebrahimi; Fiorigio Fetta; David Fiellin; Nathalie Garcia; Anna Gasinski; Antonio Gueudinot; John Lally; Julienne Giard; Francis Gregory; Robert Heimer; David Kaplan; Kim Karanda; Christy Knowles; Jennifer Kolakowski; Keri Lloyd; Karonesa Logan; Michelene Longo; Roderick Mariott; Chris McClure; Justin Mehl; Deidre Methe; Melanie Richard; Diana Shaw; Melissa Sienna; Nicole Taylor; Ethan Werstler; Elsa Ward; Karolina Wytrykowska; Paulo Correa; Eileen Love O'Donnell; Sarah Messier-Smith; Sou Thammavong; Amber Sagan; Abigail Lieberman; Aisha Hamid; Shauna Pangilinan; Suzanne Doyon; Jennifer Lombardi;

Recorder: Karen Urcioli

The April 16, 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 Dr. Nicole Taylor, DCF Chief Administrator for Behavioral Health and Wellbeing.

Topic	Discussion	Action
Co-Chair Welcome and Introduction	Commissioner Navarretta welcomed everyone to the April meeting and introduced Dr. Nicole Taylor, Chief Administrator for Behavioral Health and Well Being at DCF, Dr. Taylor is sitting in for Commissioner Hill-Lilly.	Noted
Review and Approval of Minutes	The February 20, 2024 minutes were accepted as written.	Noted
Opioid Settlement Advisory Committee (OSAC) Update	<p>Chris McClure, DMHAS Chief of Staff and Luiza Barnat, DMHAS Opioid Services Director provided the follow OSAC update</p> <p>OSAC Updates- Funding Recommendation</p> <ul style="list-style-type: none"> • OSAC approved spending up to \$4 million over three years for enabling the state's first mobile opioid treatment program in Connecticut. • This proposal would fund two mobile units across the state, utilizing data to assess underserved locations in CT. • The recommendation has been approved by OPM and the Attorney General and we hope to post a RFP as soon as possible. • 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 Updates- Upcoming Recommendations</p> <p>Three additional recommendations are moving through the process and will be voted on in the next OSAC meeting:</p> <ul style="list-style-type: none"> • Department of Corrections expansion of Medication Assisted Treatment • Arrest Diversion via the Treatment Pathway Program • Prevention and Harm Reduction through Public Access to Naloxone • ~ \$6.5 million total <p>OSAC Updates - Funding Disbursements</p> <ul style="list-style-type: none"> • In April, the state received another \$46 million from a group of settlement agreements. This brings our current total to 	Informational – The full PowerPoint presentation can be found on the DMHAS ADPC webpage.

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	<p>approximately \$116 million.</p> <ul style="list-style-type: none"> • There are other settling parties in Connecticut, such as the municipalities and tribal governments. Those parties receive their proceeds directly from the settlement administrator and not the state. • The state does collect information on the municipal governments' receipt and expenditure of funds annually, with the reporting period due to open again in the Fall 2024. • Additionally, OSAC has published the projected settlement amounts to be received by municipalities on our website, but that information is limited to two settlement agreements. <p>OSAC Updates- CORE Report</p> <ul style="list-style-type: none"> • A team from Yale, led by Dr. David Fiellin, were contracted to update the CORE Report originally issued in 2016. • Over the last year, the team has worked to gather information to conduct a needs assessment and make recommendations to OSAC for funding opportunities that comport with the settlement agreements and the principles drafted by a group of experts. • A final copy of the report was delivered to OSAC in March, with seven funding priorities. <p>CORE Report Funding Priorities:</p> <ul style="list-style-type: none"> • Increase Access to the Most Effective Medications (Methadone and Buprenorphine) for Opioid Use Disorder Across Diverse Settings • Reduce Overdose Risk and Mortality, Especially Among Individuals at Highest Risk and Highest Need with Linkage to Treatment, Naloxone, and Harm Reduction • Improve the Collection, Analysis, Sharing, and Use of Data Across Agencies and Organizations Relevant to Addressing the Opioid Overdose Crisis • Invest in Training and Support to Increase the Size of the Addiction Workforce and Help Non-Specialists to Provide Services • Simultaneously Deploy and Evaluate Select Primary, Secondary, and Tertiary Prevention Strategies • Invest in Efforts to Reduce Community Stigma Against Opioid Use Disorder and Opioid Use Disorder Treatments • Address Social Determinants and Structural Needs of At-Risk and Impacted Populations <p>OSAC Next Steps</p> <ul style="list-style-type: none"> • Next meeting is scheduled for Tuesday, May 14, 2024 via Microsoft Teams. • The subcommittees are continuing to meet on an ad-hoc basis. • Contact Chris McClure or Luiza Barnat with questions. 	
<p>Live Loud Campaign: Updates & Future State</p>	<p>O'Donnell Company – Antonio Gueudinot, Melissa Augeri, Nathalie Garcia provided the following report: Live Loud Life with Opioid Use Disorder is a unique initiative from the Connecticut Department of Mental Health and Addiction Services developed to increase awareness around OUD, provide support and resources to individuals with OUD and their families, and increases access to overdose prevention and treatment. The live Loud website is Connecticut's hub for information about opioid use disorder. The annual Live Loud campaigns have led more people to treatment and recovery services and built an online community of support through social media channels.</p> <p>PHASE I: 2018-2020 – The Environment</p> <ul style="list-style-type: none"> • 2013-2019, synthetic opioid-involved death rate increased 1,040% • FDA endorses MAT as a useful tool for treating OUD • People living with OUD faced judgment and isolation • Dozens of organizations came together to address barriers to treatment and recovery in CT <p>PHASE I: 2018-2020 – The goals Coming Together as a Community</p> <ul style="list-style-type: none"> • Raise awareness about opioid addiction 	<p>Informational – the full PowerPoint presentation can be found on the DMHAS ADPC webpage.</p>

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	<ul style="list-style-type: none"> • Reduce stigma related to opioid addiction • Offer support and pathways to treatment • Build curiosity around mat as an option <p>Stigma Stigma is an automatic subconscious reaction to distance ourselves when we don't understand something. We have a conscious understanding and hope for change. Our brains can regulate stigma and approach situations with logic and empathy. There's a brain science informed of the Live Loud campaign strategy.</p> <p>The Foundation Live loud was developed as an inclusive Center for all organizations, individuals, and stakeholders to make a collective and coordinated stand against losing more loved ones to OUD. The campaign strategy, key messaging and creative were guided by a foundation of 6 core principles.</p> <ul style="list-style-type: none"> • Connection – You are not alone. The community is united in support of you. • Worth – You are a unique, precious and valuable person. • Protection – You can do things to protect yourself. Your loved ones can too. • Hope – There is hope. Recovery is possible, never give up. • Pathways – You have options, There are many pathways to recovery. • Inclusion – No judgement, break down barriers and support all. <p>These principles will continue to carry through all phases of the campaign, flexing to meet each environmental change in the dynamic opioid crisis.</p> <p>Ending Isolation What resulted was a breakthrough campaign taking a fresh approach to public health messaging while still being grounded in the latest research. Each campaign, message and visual was carefully vetted, ensuring highly inclusive, sensitive, creative that offered hope and reduce stigma and isolation. With this campaign DMHAS ensured every individual living with OUD in the state would encounter messaging that fostered a sense of support and connection. A social campaign and out of home advertising met people where they were. A website was designed to provide access to information and pathways to treatment and medication, and it worked. Engagement was 64 times above industry standards. Those with OUD, they clicked, they called and they asked for help.</p> <p>PHASE II: 2021-2022 - Fighting Fentanyl from Cautious To Curious</p> <p>The Environment</p> <ul style="list-style-type: none"> • Overdose deaths reached record high (in 2021, there were 1,531 overdose deaths in CT; 85.8% involved fentanyl) • From 2019-2021 the overdose death rate of Black, non-Hispanic CT citizens more than doubled • 2021 DEA issues warning on fake pills: 2 of every 5 contained lethal amounts of fentanyl • xylazine on the rise <p>The Goals</p> <ul style="list-style-type: none"> • Addressing disparity • Arm the community with information and awareness about fentanyl • Continue support, resources, treatment, and hope messaging • Harm reduction and safe environments • Naloxone awareness <p>Create Curiosity During this period, for individuals living with OUD, we needed to make sure audiences could stay open to new information as it was coming to us. We reached out to the recovery community and based on their input we understood the moment of insight and which one might ask for help or consider. Treatment was often fleeting. It was critical to build a trusted and reliable relationship</p>	

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	<p>with the audience is so they would feel comfortable asking for support. We needed to ignite the curiosity of those living with addiction as well as their loved ones.</p> <p>The Campaign</p> <ul style="list-style-type: none"> • Built on foundation of prior campaign -trust, community • Inclusion and hope are key • Introduce curiosity. <p>The Creative</p> <p>Messages were kept short to ignite curiosity. Visuals moved away from leveraging photographs to a bold, clean graphic approach that was designed for inclusivity. This phase, shows how a person who's struggling with addiction is so much more than just a person who is using drugs. Every minute, every day can be a struggle. So it's important to recognize their strengths, see their possibilities, and help them visualize a better tomorrow. This inclusive and hopeful approach garnered a strong positive response, with more than 585,000 actions that were taken that includes likes, comments, shares, saves or clicks and the overall engagement rate was just over 24 times higher than the industry average, which means that the messages were compelling and relatable to the target audience who chose to interact with the content frequently.</p> <p>PHASE III: 2023-2024 – Empowering Through Empathy</p> <p>The Environment</p> <p>From 2021 to 2023, Connecticut saw 15% decrease in deaths. We now have five years plus of Connecticut sword data. We know how, where and in whom overdoses are happening. These insights guide strategy and help save lives.</p> <ul style="list-style-type: none"> • Harm reduction and outreach are saving lives • CT's data collection efforts have guided strategy • Naloxone brings hope: now available over the counter <p>The Goals</p> <ul style="list-style-type: none"> • Empower every person in Connecticut to be part of the solution: • Keep naloxone on hand. • Know the signs. • Stay connected. <p>Activate Empathy</p> <p>Empathy is incredibly powerful. When we share the feelings of another, our brains processing center is inspired to problem solve and plan a response. With empathy, we can move from fear to planning, from worrying about the crisis to feeling empowered in our ability to make a difference in someone's life.</p> <p>The Campaign</p> <p>The Phase three campaign empowers people to action through empathy, understanding another's path without judgment, and provides practical information about the reality of overdose situations.</p> <p>The Creative</p> <p>O'Donnell worked closely with DMHAS to research and create a custom animated video series called Nobody chooses Addiction. Four videos were created covering the following topics and key messages.</p> <ul style="list-style-type: none"> • Video 1: Nobody Chooses Addiction This video invites curiosity, bringing audiences in to wonder and learn more. • Video 2: Love is Bigger Than Addiction This video has a harm reduction approach, with an empowering message about Naloxone. • Video 3: Don't Use Alone Explain harm reduction in simple, human terms. • Video 4: A New Chance Every Day A gentle, inspiring reminder that recovery is possible. <p>How Do We Measure Hope?</p> <p>In reviewing the past six years of Live Loud, the numbers are promising.</p>	

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	<p>211 Calls for Support To ask for help, individuals need to be able to identify the problem, know help exists, and where to find it, and most importantly, to not be afraid to ask for it. 211 calls for support have taken off and have steadily risen since 2018 since the launch of Live Loud. This shows that we're providing information and breaking through the stigma.</p> <p>Naloxone Dispensing Rate Naloxone messaging and availability is empowering people to action. The naloxone dispensing rate in Connecticut has risen steadily year over year.</p> <p>Overdose Deaths Receding What DMHAS and everyone here is doing, is working and this work must continue. The foundation of the Live Loud campaign has remained constant, with the ability to grow and meet the shifting priorities of the opioid crisis.</p> <p>Living Loud Live Loud isn't just a campaign, it's a movement.</p> <ul style="list-style-type: none"> • +44 million impressions • 1.2 million campaign engagements • 43.3k people clicked to learn more • 60k naloxone kits distributed strategically. • Dozens of statewide partner organizations. • Messaging in English, Spanish, Arabic, Mandarin Chinese, Hindi, & Urdu. <p>Where Do We Go from Here?</p> <p>The Future of LiveLOUD</p> <ul style="list-style-type: none"> • Expand MOUD messaging • Safe environments • Naloxone awareness of safety across all age groups • Promote toolkits across partner organizations <p>Liveloud.org Website DMHAS recently relaunched the website with new content and an improved user experience, making it easier to find resources for treatment and other support, to access life saving the lock zone and to download the Live Loud toolkit. The new site also features the original video series, Nobody Chooses Addiction, on its homepage.</p>	
<p>CT DCF: Project Naloxone</p>	<p>Kris Robles, Clinical Behavioral Health Manager, DCF provided the following presentation:</p> <p>Project Goal Help Prevent Overdose deaths with all persons involved or visiting the Department of Children and Families.</p> <p>Project History In the last two years, 75.7% of the overdose deaths in the state of Connecticut had at least one "potential opportunity for intervention," which include linkage to care or lifesaving action at the time of the overdose. The Centers for Disease Control (CDC) Dashboard Report (2021) indicates the potential opportunities for intervention are reported from:</p> <ul style="list-style-type: none"> • Current treatment for substance use disorder: 10.1% • Fatal drug use witnessed: 10.8% • Mental health diagnosis: 34.2% • Potential bystander present: 54.6% • Prior overdose: 11.8% • Recent release from an institutional setting: 8.7% • 2022 fentanyl senior advisory group was established. • In November 2023 with the support of the group, the commissioner approved the project scope for naloxone to be 	

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	<p>available for staff and distribute to families.</p> <p>Project Scope</p> <ul style="list-style-type: none"> • Update policies and procedures regarding response to an opioid overdose with naloxone, informed by review and understanding of national and state sister agencies' efforts • Develop & deliver training for staff on how to respond to an opioid overdose and use naloxone • Make naloxone available to DCF staff in 14 DCF Area Offices, Central Office & Wilderness School • Make naloxone available to visitors in 14 DCF Area Offices, Central Office & Wilderness School • Develop recommendations for naloxone to be available in DCF-licensed facilities • Develop recommendations for naloxone to be available in DCF-licensed foster homes <p>Timeline</p> <ul style="list-style-type: none"> • Approval Project Naloxone (November 2023) • Kick Off (February 28, 2024) • Naloxone Policy Group (March 18, 2024) • Naloxone Team Meeting (March 24, 2024) • Memo letter drafted to go out to staff (March 2024) • Training work group meeting scheduled (April 24, 2024) • Purchasing & Distribution group begins (May 2024) • Licensing & Foster care group anticipated start (July 2024) • Anticipated role out of training (September 2024) • All offices trained and distribution of Naloxone (December 2024) <p>Project Team Members</p> <p>All project team members have played and will continue to play a role in all of the decision makings in regards to this project. Each of the team members in the different work groups have played a role in either the review of the policy, drafting the naloxone from standalone and will be playing a role in regard to the training as well as the other subgroups mentioned today. Without the partnerships of these individuals, we couldn't continue to ensure that we're doing the work that is truly necessary to ensure that we're providing our workforce the necessary skills and training that is needed in information as well as ensuring that our families and children remain safe.</p>	
Sub-committee Reports		
<ul style="list-style-type: none"> • Criminal Justice 	<p>Danielle Ebrahimi provided the following report:</p> <ul style="list-style-type: none"> • In March this committee was provided a presentation from Aging and Disability Services entitled Enabling Justice: Bridging the Gap with Deaf, Deaf Blind and Hard of Hearing Services. The presentation was particularly interesting for the criminal justice partners to hear how important it is to utilize certified interpreters, rather than family members who may not always ensure the correct information is being relayed. Aging and Disability can be used as a resource, they have staff that are willing to consult and to help out. • At the April meeting, they had the Community and Law Enforcement Addiction Recovery Project (CLEAR Project) present. This program utilizes a deflection model aiming to increase connections to care and support for individuals with substance use disorders. There are pilot sites in Litchfield and Fairfield counties. The behavioral health agencies are the leads, and they're working with law enforcement through data sharing and formal agreements. The aim is to reduce overdose deaths through these partnerships, training, education, access to harm reduction and treatment. Clients will get a co-response outreach (the behavior health partner and the law enforcement) within 12 to 36 hours after a non-fatal overdose. Referrals are coming in from police and EMS and they're going out to provide some immediate follow up and outreach. They're engaging both the individual and they're also offering services to family members and providing that support. There is a study associated with this and 80% of the people who they did 	Informational

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	<p>outreach with were engaged in some kind of services or engaged with them. It's an excellent program and they're attempting to grow and expand as best they can through their pilot data.</p> <ul style="list-style-type: none"> • This committee is continuing to review and prioritize the OSAC recommendations, they submitted a couple of recommendations for review. • One of the updates that this group generally talks about is the continuing efforts of MAT at DOC facilities. This month New Haven Correction will be adding Suboxone. They Currently have methadone and other available medications, but Suboxone will be added. Garner and Corrigan are training staff this month and will be offering Suboxone in May. That continues to be an effort that DOC is continuing to work toward, getting access to all medications at DOC facilities. 	
<ul style="list-style-type: none"> • Treatment 	<p>John Lally provided the following update:</p> <ul style="list-style-type: none"> • This committee met twice since the last full ADPC committee. They in February 22nd and March 28th • At the February meeting, a lot of time was spent reviewing the OSAC procedures and how to process proposals, to be up to speed and understand the process. They also spent time discussing the proposal for the mobile MAT vans, which generally garnered a lot of support from this subcommittee. • At their March meeting, Doctor Craig Allen talked about his recent skilled nursing facility, MOUD work group. There was some discussion about a letter going out to SNFS, reminding them that they can legally provide MOUD. • They talked about starting to put together future proposals for the OSAC committee. They spent a lot of time talking about all the incoming proposals through the OSAC portal and compared them to their list of priorities. In the future, they will be shoring up barriers to adolescent substance abuse treatment, and looking at a long-term workforce development and developing expert system navigators that have a comprehensive knowledge of what's available throughout the state. They also want to look at contingency management program funding, which is something they want to put forth. 	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 subcommittee met in March and reviewed the proposed recommendation to OSAC that was had worked on the previous month. They finalized some language and discussed next steps. The recommendation is to extend basic needs coverage for recovery housing from 60 days to 120 days, as well as to increase the number of beds in the state by 100. This recommendation is making its way through the OSAC process. They continue to review the remaining proposals that were submitted through the public portal and pull-out themes the committee would like to develop recommendations on. • This subcommittee met again the last week of April, they spent time discussing the recovery friendly Community initiative and updated the Group on Newtown and West Hartford's progress. Newtown completed their self-assessment with the support of this subcommittee and using the rubrics, this committee approved Newtown to join the growing Connecticut movement as the newest recovery friendly community. West Hartford is currently in progress, and they're gaining momentum as well. • This subcommittee continues to review the remaining OSAC admissions to find common themes and will be exploring a recommendation in the future. They are reviewing various models for low barrier stabilization centers, places where individuals who may be waiting on a treatment bed or are experiencing other circumstances where they need that type of short-term support. • They are reviewing the language matters document and preparing for another round of potential updates and revisions. They understand that the language we use is fluid and ever evolving, so that's something that they want to keep up to date. • There is also additional discussion around ways to incorporate a more integrated lens that encompasses recovery as it relates to the whole person. They are reviewing that document and will be making updates. • The Recovery Friendly Campus work group met in March and reviewed the initial responses to a survey that they had 	Informational

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	<p>sent out. Most responders were from 4-year campuses and the responses were split between faculty and non-academic staff that support student services. There were roughly an equal number of people new to their positions, with less than five years and people that have been in their positions for five to 10 years. The survey will be sent out again in the next week or two. Unsure was the most popular response, which may mean that resources may be unknown or unavailable. For school staff that are attempting to support students or obtain support for themselves or coworkers that may be experiencing substance use disorders, the respondents did indicate that they're interested in receiving training. The most popular response was to do ½ day options. People seem to want to know simple things such as what are the top things I can do to help somebody, where can I access naloxone training, and who can I connect a student with, either for treatment or anonymous help? More work will be done around that.</p> <ul style="list-style-type: none"> • The special populations workgroup will now be meeting as needed, previously this this work group was meeting monthly. They will continue to bring the lens and focus on the underserved and underrepresented individuals and communities, including LGBTQ+, Cooccurring, bipack and communities of color, English as a second language, veterans, persons with disabilities, pregnant and parenting people, couples, and families. That is a lens that will use to look at different proposals and initiatives. • The Recovery Housing Work group did a lot of work on upcoming OSAC proposal. They continue to meet monthly and continue to discuss ways to improve recovery housing beyond the recommendation that will be submitted to OSAC. They are looking at things such as access to safe, stable recovery, housing affordability and funding, as well as some quality issues as well. 	
<ul style="list-style-type: none"> • Prevention, Screening and Early Intervention 	<p>Deborah Lake provided the following update:</p> <ul style="list-style-type: none"> • This subcommittee spent a lot of time looking at the OSAC recommendations submitted through the public portal. The March meeting was dedicated almost entirely to looking at the various proposals, identifying their top priority, which has been submitted to the OSAC Committee and working through some of the language. They discussed the OSAC proposals and the priority around naloxone. This subcommittee will continue to look at other recommendations to bring forward. • They had quarterly updates from DPH on the OD2A grant and DMHAS SPIFF RX, PDO and SOAR grants. They were provided additional updates regarding the Bio surveillance grant and the final numbers for 2023. The fatherhood initiative continues to be an innovative way that Connecticut is engaging new community members with primary prevention and reaching upwards of 250 fathers a month. • They heard from the Recovery Friendly Workplace group Eric Reynolds and Emma Hollis presented on how they developed recovery friendly workplaces in Connecticut and how the primary focus is on reducing stigma, Connecticut has a great road map for and organizations and communities to follow. • We also heard from Heather Klinger and the Recovery Friendly Campus group. It was helpful to hear about the background, the key initiatives and how the collaborative is really built and works and how they're focused on building their toolkit for campuses to support the institutions of higher education in this state. 	Informational
Other Business		

NEXT MEETING – Tuesday, June 18, 2024 – Virtual

ADJOURNMENT – April 16, 2024, meeting of the Alcohol and Drug Policy Council adjourned at 11:30am.