ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, June 18, 2024
Video Conference Call Through TEAMS
10:00 a.m.

ATTENDANCE

Members/Designees: **Dr. Craig Allen**,Rushford; **Rebecca Allen**, Recovery Co-chair; , DMHAS Representative; **Katie Farrell**, Criminal Justice Co-chair; **Tammy Freeberg,** The Village; **Allison Fulton**, Prevention Co-Chair; **Claudio Gualtieri**, OPM; **Ingrid Gillespie**, Liberations Program; **Ronnell Higgins**, DESPP; **Jodi Hill-Lilly**, Commissioner, DCF; **Mark Jenkins,** GHHRC; **Justin Mehl**, DMHAS Representative; **Nancy Navarretta**, Commissioner, DMHAS; **Cathy Osten**, Senator; **Surita Rao**, UCONN Health; **Gary Roberge**, Judicial Designee; K**ris Robles**, DCF Designee; **Melissa Sienna**, DCF Representative; **Catherine Sisco**, Wheeler Clinic; **Scott Szalkiewicz**, DCP Designee; **Colleen Violette**, DPH Designee; **Sandra Violette**, Criminal Justice Co-chair

Visitors/Presenters: Samantha Allard; Ramona Anderson, Angela Duhaime; Emma Biegacki; Brendan Burke; Heather Clinton, Kristen Clyne-Hamitouche; Nicholas Cortes; Curt Kuliga; Krystin DeLucia; Charles Dike; Erin Forrest; Gabriela Krainer; Julienne Giard; Giovanna Mozzo; Robert Heimer; Katharine Hickcox; Jennifer Kolakowski; Robert Kanehl; David Kaplan, Kimberly Karanda; Christy Knowles; Barbara Lanza; Keri Lloyd; Karonesa Logan; Susan Logan; Michelene Longo,; Lesley Mara; Rodrick Marriott; Lady Mendoza; Sarah Messier-Smith; Michael Monterosso; Sara Moriarty; Nita Asani; Shauna Pangilinan; Erica Previti; Dawn Rios; Robert Heimer; Melissa Roberts; Rudy Marconi; Kelly Sinko; Janessa Stawitz; Nicole Taylor,; Ece Tek; Nadine Tulloch, Mark Vanacore; Karolina Wytrykowska

Recorder: Karen Urciuoli

The June 18, 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 Commissioner Hill-Lilly, DCF

Topic	Discussion	Action
Co-Chair Welcome and Introduction	Commissioner Navarretta welcomed everyone to the June meeting.	Noted
Review and Approval of Minutes	The April 16, 2024 minutes were approved as written.	Noted
Opioid Settlement Advisory Committee	Luiza Barnat provided the follow OSAC update: Membership • Public Act 24-150 (H.B. 5511) passed both chambers of the Connecticut General Assembly unanimously and was signed by the Governor on June 6. • The legislation adds six new voting members to the OSAC; the Ranking Members of the Appropriations and Public Health committees and two municipal representatives. • This brings the total number of members of OSAC to 51, with 44 serving as voting members. Funding Disbursements • In April, the state received another round of disbursements from the settling parties. • To date, the state has received a total of $124,194,109, with a balance in the fund of $111,614,259 after deducting 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' receipts 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 and we anticipate having information to publish in the months ahead. Funding Recommendation Update • In November 2023, OSAC approved $500,000 to expand the state's SSP supplies at the Department of Public Health. • Those funds have been fully utilized serving an estimated 6,418 individuals • As a result, in May, the OSAC approved a three-year extension of the supplemental SSP funding at $500,000 per year.	Informational – The full PowerPoint presentation can be found on the DMHAS ADPC webpage.

Topic	Discussion	Action

	• In March, OSAC approved $4 million for a pilot mobile OTP program, which then received approval by OPM and the Attorney General. The RFP is being drafted and will post this summer.
	• At the May OSAC meeting, four funding recommendations passed unanimously:
	  • A three-year continuation of the Treatment Pathway Program in the Judicial Branch.
	  • Expansion of opioid treatment facilities at Department of Corrections facilities.
	  • One year of funding for the state's Naloxone Saturation Plan
	  • A three-year extension of the SSP supply funding.
	• OSAC must follow the legal guidelines and process instructions for RFPs to ensure open bidding and a fair review.
	• All qualified organizations are encouraged to bid once the recommendation is approved and the RFP is issued.
	• 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.
	
	Commissioner Navarretta reported that between DMHAS, pharmacies, and DPH over 90,000 kits have been dispersed which helps to decrease overdose deaths. DMHAS will continue with harm reduction messaging. If Naloxone is needed continue to reach out to DMHAS. In addition, municipalities are getting opioid settlement dollars and this would be a good use of their funds.	

SWORD Initiative Update	Katherine Hickcox from the Office of Emergency Medical Services at DPH provided the following report:
	SWORD stands for the Statewide Opioid reporting directive. The sword program was originally a partnership between DPH and the Connecticut Poison Control Center. For the last five years Poison Control has been manually uploading reports from OEMS into ODMAP, which is the overdose data mapping application program.
	IODMAP
	• ODMAP, created by Washington/Baltimore HIDTA (High Intensity Drug Trafficking Area) free Federal, web-based tool that provides near real-time surveillance of suspected overdose events, to support public safety and public health efforts to mobilize an immediate response to overdose events.
	• The State of Connecticut has been uploading data to ODMAP since June of 2019.
	Original SWORD Reporting Model
	• The original SWORD model involved EMS organizations responding to a suspected overdose
	• EMS will then placing a call to CT Poison Control
	• The CT Poison Control operator/technician then enters data manually into two separate databases
	  • toxiCALL – a legacy database for the reporting of all poisonings reported to poison control
	  • ODMAP – an overdose detection mapping application program
	Program SWORD Limitations
	• Does not include overdoses where 911 was not called.
	• Does not include overdoses where 911 was called and EMS failed to report overdose to Poison Control (EMS compliance is essential to full accounting).
	• Undercounts fatal overdoses
	• Many CPCC (Connecticut Poison Control Center) data points are not searchable within CPCC's legacy data system
	• Time constraints of 8 and 12 hour EMS shifts make it challenging to find 10-15 minutes to complete a call to CPCC
	• Considerable expense to maintain additional CPCC staff
	Benefits of Automation
	• ImageTrend is the original source for all pre-hospital patient encounters
	• The data feed facilitates an improvement in our ability to assess the overdose landscape, and to identify trends
	• Automated feed virtually eliminates the reporting compliance issue.
		Informational – the full PowerPoint presentation that includes some data points can be found on the DMHAS ADPC webpage.

Topic	Discussion	Action
	• Frees EMS staff from up to 15 minutes per call to CPCC. • Reduces long term overhead, as API was developed in house by DPH staff. The API, ImageTrend to ODMAP • EMS responds to a suspected overdose • Opioid data is recorded by EMT's or paramedics on the electronic patient care record (EPCR) • EPCR is uploaded to the ImageTrend database and transferred to the DPH • A select query runs every 20 minutes and extracts all opioid fields required for ODMAP • Report is posted to the ODMAP website for consumption and display • Data can be viewed by any user approved by the Washington/Baltimore HIDTA	
Re-entry and Personal Identification	Erin Forrest and Sandra Violette from the Department of Corrections provided the following report: Offender Reentry • The Offender Reentry Services Unit (ORSU) will assist offenders in their transition to the community by providing support and assistance Department of Correction Community Release Mechanisms • Based upon certain eligibility requirements, offenders will be reviewed for Community Release placements. Discharge to End of Sentence • Offenders who do not meet the criteria, have been denied or chose to waive any of DOC's discretionary release mechanisms, will serve their entire sentence until completion (EOS). These offenders will work with facility staff to ensure proper transition into the community. • Offenders generally housed in our county jails consist of an unsentenced population. Unfortunately, they are unable to predict the outcome of a pending case which may result in an offender not returning to our custody. Reentry Counselors • Currently have a full time Reentry Counselor at each facility • Each facility varies with offender needs so Reentry Counselors may be working on different groups/projects Identification Procurement • One of the Offender Reentry Services Unit's (ORSU) priorities is ID procurement. Without ID how does one prove who they are? IDs are needed for many things- cashing a check, picking up medications, MAT appointments, signing a lease, employment, applying for vouchers, etc. • Upon intake to a correctional facility, staff will review an offender's identification needs. The Reentry staff will attempt to procure State of CT driver licenses, non-driver identification cards, birth certificates, marriage certificates/divorce decrees, and social security cards before any offender's release. DOC & PCS work together to ensure that HWH staff are also trained on ID procurement. • HB 6875 "An act concerning the issuance of an identity card or motor vehicle operator's license to a person being discharged from a correctional facility" went into effect 4/1/24, which requires DOC to offer ID procurement to all offenders who are sentenced to over a year and will discharge within the next 2 years. • Note: ID procurement is optional. We do have a small percentage who refuse to obtain identification. If an offender does waive ID procurement, they will sign the CN 101501 Identification Waiver Form and it will be filed in section 6 of the master file. • If an offender leaves the facility and does not claim their identification, identification will be held at the facility for 30 days after their discharge. If still not claimed after 30 days, the identification will be transferred up to the DOC's Central Office (Wethersfield) and be held for 2 years after their discharge. They have 2 options to claim their identification- pick it up or DOC can mail it out certified to the address they provide. • Identification cannot be released to anyone other than whom the identification belongs. If someone else needs to claim	

Topic	Discussion	Action
	the identification, proper paperwork (ie. Power of Attorney) needs to be provided for this to be approved. DMV • DOC has collaborated with the Department of Motor Vehicle since 2015 allowing DMV access to one of our correctional facilities. DMV has its own office within Walker CI consisting of two secured work-stations/terminals where new issue CT DMV non-driver IDs can be procured. • The trip occurs monthly and is open to any sentenced offender who is within 2 years of release. This trip is open to any sentenced offender who is under any form of DOC supervision (Facility, HWH, or any other form of Parole Supervision) regardless of overall security level. There are 30 slots allotted each month. Reentry counselors will put all the paperwork together for the DMV to process. • DOC will pay to procure a DMV ID. • If an offender already has DMV identification, DOC can request duplicates and renewals for non-driver IDs and licenses through the mail. • DOC will pay to procure a DMV ID. • *Note* Driver's License renewals are not covered by the DOC, it would be the offender's responsibility to cover this cost. If they don't have the means to cover the cost, DOC can assist with downgrading to a non-driver ID and DOC will cover the cost. Social Security Administration • DOC has a MOU with SSA which allows DOC to assist the offender with procuring a replacement SS card 6 months prior to their release. • Can only obtain duplicates of what is on file. • There is no cost to request a duplicate SS card but SSA limits 10 duplicate cards in a lifetime. Birth Certificates • DOC can procure birth certificates 3 years prior to an offender's release. • Costs vary by state and if the offender has funds in their inmate account, that will be utilized to cover the cost. If the offender does not have the funds, DOC will cover the cost. ID Procurement Barriers • DOC is required to follow the Real ID Checklist to procure DMV identification. If names don't match exactly, DMV may not accept the documents. • Time frames to procure birth certificates- some states can take up to 10 months to process the application (NY) • DOC is unable to request birth certificates for offenders who live outside of the country. • DOC unable to exchange currency (only can request birth certificates for countries that accept the US dollar) • Puerto Rico requires a valid government ID to procure a birth certificate • SSA will not expand the time frame that DOC can request SS cards • If there is a typo made on the SS card, SSA will not correct it, they will require them to go in person once released. • DOC needs to use paper applications, paper checks, and send applications through the mail, then documents are mailed back to the facility. • DAS denied the use of P-Cards (purchasing credit cards) for reentry staff to purchase identification online. • Only 1 reentry counselor at each facility. HB 6875 tripled reentry staff's workloads with just ID procurement. Reentry counselors have other duties besides ID procurement. • Working with a population that doesn't know their personal information- where they were born, parents full names, etc. • Legislation and MOUs only mention sentenced offenders. DOC is unable to assist with the pre-trial (unsentenced) population. Housing	

Topic	Discussion	Action
	• Upon sentencing every offender is evaluated to see if they meet any of the community release (CR) mechanisms. If any offender is ineligible, denied, or refuses to participate in any of the CR mechanisms, facility staff will meet with the offender to see if they have any housing needs. • If all these options fail, we will utilize United Way 211 services. With assistance from DOH and United Way, DOC is now able to submit an electronic 211 referral 7 days before the offender's release. 211 will schedule an appointment with the CAN and provide DOC with information that we can print out to provide to the offender. CT is split into different CANs Coordinated Access Networks) across the state. Transportation • Facility staff will assist with coordinating transportation for all discharging offenders. Staff communicates with family, friends, Parole, and Probation for transportation options. If needed facility staff or DOC's centralized transportation unit will transport the offender to a confirmed location. • DOC partners with Reentry Welcome Centers around the state. DOC provides direct transport to these locations. • Bus passes are provided upon request. DOC has transit passes/tokens for the different transit companies around the state. • Reentry staff will communicate with the community providers to ensure a smooth transition. Community Involvement • The Department of Correction attends monthly community roundtable meetings throughout the state and meet with community providers regularly. • Reentry staff meet with community providers regularly to discuss referrals and assist with in-reach prior to discharge. Sandra Violette provided the following report: Medication Assisted Treatment (MAT) • The goal is to provide effective treatment of individuals who are currently incarcerated, pre and post release to reduce recidivism. MAT Discharge Documentation • Upon intake, the discharge process for those who are on medicated assisted treatment begins. They obtain an ROI upon intake regardless of sentencing. They ask the person where they would like to return to and ask for more than one option. MAT Discharge Notification • Once a discharge date is obtained, the process of making an appointment for their methadone or suboxone can begin. • The counselor will notify the OTP staff who will schedule follow-up appointment for the discharging offender. • As soon as the offender is scheduled for a follow-up appointment and OTP staff have generated a discharge plan, it will be printed by the counselor and discussed with the offender. • As a part of orientation, all offenders are trained on the use of Narcan as well as how to recognize an overdose, offender will be offered Narcan upon discharge from DOC custody. • Offender will be offered a referral for a CCAR Recovery Coach upon discharge. Recovery coaches can assist with further needs in the community as the offender reintegrates. Importance of IDs • Some program will allow clients to utilize "jail IDs", most facilities do not allow release with these IDs and thus most discharging offenders will not be able to dose upon reentry back into the community without proper forms of ID. Re-Entry Services Offered • TCM Services • Wheeler Arch, which is very specific to their residential substance abuse treatment program and their return offender	

Topic	Discussion	Action
	program. • Yale Studies • CCAR Recovery Coaching • SAMHSA Resettlement Program Some of these programs do offer housing associate with them.	
Sub-committee Reports		
• **Criminal Justice**	Katie Farrell provided the following update: • This committees last few meetings have been focused on reentry services, where the gaps are, and what the needs of individuals are once they've been out in the community for a while. They have been looking at housing and transportation, which are the most common needs once they are in the community, also trying to get some access to what our juvenile population is missing. Some people from juvenile services have been asked to join this committee so that the juvenile population is not missed. • The tri-chairs, and the DMHAS and DCF representatives went to Cybulski to speak with some inmates who are getting ready to return to the community or have been in the community and returned to DOC. They discussed what their experiences have been. A lot of what they talked about has been access to jobs, trying to get some more programs when they are in, that will bridge the gap, some training, allowing their families to be more involved, allowing for them to have some solid treatment for any of the trauma they've been through, having some vouchers to go from work once they get out to wherever they are staying, and housing, which is a big issue. They praised some of the training that they have in DOC that prepares them for the community, but they are wanting more, and they would like to be able to give back to the community to talk to some of the youth in the community about what their experiences have been so that they can hopefully learn from them and not go through he same experiences as them. The same group with be going to York in July to hear from women to see what their needs have been. • Will continue to identify needs such as IDs and access to technology and will brainstorm for future recommendations.	Informational
• **Treatment**	Dr. Allen provided the following update: • This subcommittee met twice since the last full ADPC meeting. A lot of time was spent talking about how to analyze and recommend things to OSAC. • This committee continues to make room on their agenda for other non-related OSAC items. They discussed materials shared with them by Jack Lou regarding youth substance use disorder opportunities, treatment and the limitations on existing data regarding prevalence and the importance of treating the youth population. • Recently reviewed the latest data that looks at deaths in people of color aged 60 and older and the importance that this be included in future discussions that focus on addressing substance use disorders across the lifespan. Maria Coutant Skinner reported the following: • This committee discussed some of the challenges facing providers. CT is one of the highest cost states but the lowest among Medicaid reimbursement, would like to keep a focus on this area so that providers are adequately paid to recruit and retain the brightest and the best needed to do this work • This group continues to talk about CCBHC's and how important it is for that comprehensive service line, recognizing that CT is applying for a planning grant that this subcommittee is in full support of. • Formed an ad-hoc committee to review the 34 submissions received through the portal that are treatment based. Also discussed how new submissions are coming in all the time and the need to cross walk them with the Core report and Exhibit E and looking at different criteria to find a way of thoughtfully evaluating them. Dr. Allen Noted that municipalities are receiving funds from OSAC, the RBHAOs have been trying to help those municipalities understand the process around them getting those funds and the focus of where the funding is supposed to go. This group feels the ADPC subcommittees could be a potential resource in conjunction with the RBHAOs in being able to offer some insight into	Informational

Topic	Discussion	Action
	programs and approaches that they have been vetting and recommending. This way the municipalities might be able to be more impactful when they are using their funding.	
• **Recovery and Health Management**	Pamela Mulready provided the following update: • This subcommittee met in May and June and received updates on the proposed recommendations to OSAC regarding potentially increasing the number of available recovery housing beds. This proposal remains in progress. • Began reviewing an OSAC recommendation for college campuses to potentially receiving technical assistance to improve access to recovery-based resources and information. • Continue to consider themes from the OSAC public comment portal, committee members, and the Core report that may be developed into future recommendations. • Received a presentation in May about stabilization centers which may benefit individuals who are waiting on a treatment bed or other circumstances where they need a short-term support. Discussed the potential value of these models in the context of being opioid specific while addressing systemic barriers to accessing treatment, recovery housing and other recovery supports. • Received in June, a high-level overview and update from the Prevention Subcommittee on Statewide Progress in the Recovery Friendly Workplace Movement. The Prevention subcommittee and the Recovery and Health Management subcommittee are exploring ways to collaborate to best support their combined efforts around recovery friendly workplaces, recovery friendly communities and recovery friendly campus initiatives. • In June, this subcommittee reviewed a revision of the updated language matters document, discussed edits that will increase both audience understanding, the nuances of stigma, reducing language, as well as increasing the amount of information delivered through the document. • Began to think about collaborating a website that people can be directed to for newly developed one-page documents that will allow for space for a deeper more nuanced dive into the integrated recovery language that includes mental health and overall Wellness within its scope. • The recovery housing work group continues to discuss ways to improve recovery housing beyond the recommendation that will be submitted to OSAC with a focus on access, affordability, funding and quality. • The Recovery Friendly Campus and School workgroup met in May and June and discussed the results of the state recovery friendly campus survey and how it can inform the resources being gathered for the recovery friendly campus toolkit. • This group prepared and reviewed proposed OSAC recommendation and had a guest speaker in June who provided information about national level technical assistance that can be provided to campuses to assist in their recovery friendly efforts.	Informational
• **Prevention, Screening and Early Intervention**	Allison Fulton provided the following update: • In response to the recommendation about municipal settlement dollars, it was suggested that this group reach out to the Training and Technical Assistance group that has been speaking to municipalities about how to get involved and utilize OSAC funds. • This group met twice since the last full ADPC meeting. • Received an OSAC update from Sarju Shah. • Justin Mehl reported on the progress of the Recovery Friendly Community Initiative, this inspired some committee members to reach out to existing RFCs and collaborate to promote ongoing awareness. • Jen Sussman reported on the recovery friendly workplace and the recovery friendly workplace toolkit and the outreach that was funded by the state opioid response funds grant. There was a recommendation made to partner with this subcommittee and see what other groups are doing around recovery friend and possibly creating a story. • Brent Heineman provided an overview of the burden the pandemic created on the public health workforce in conjunction	Informational

Topic	Discussion	Action
	with other kinds of hardships that they were already enduring. He used a CDC tool to measure the burden of the pandemic and other stresses such as a limited workforce and came up with some recommendations and introduced strategies that can be used in the workplace to gauge burnout. • Received an update from the DMHAS Prevention and Awareness Program regarding the cannabis and prevention and awareness program and the media campaign, Be In the Know, that goes along with it. • There will be a prevention summit on October 17th in West Hartford.	
Other Business		

NEXT MEETING – Tuesday, August 20, 2024 – Virtual

ADJOURNMENT – June 18, 2024, meeting of the Alcohol and Drug Policy Council adjourned at 12:00pm.