

ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, April 20, 2021
Video Conference Call through Teams
10:00 a.m.

ATTENDANCE

Members/Designees: Craig Allen, Rushford; Jennifer Chadukiewicz, CCAR; Maria Coutant Skinner, McCall Center; Miriam Delphin-Rittmon, DMHAS; Vanessa Dorantes, DCF; Marcia DuFore, Shayne Ember, Wheeler Clinic; Katie Farrell, DOC; Tammy Freeberg, Village for Families and Children; Ingrid Gillespie, CT Prevention Network; David Guttchen, OPM; William Halsey; Mark Jenkins, GHRC; Shawn Lang, AIDS-CT; Barbara Lanza, Judicial; Nancy Navarretta, DMHAS; Gerard O'Sullivan, Dept. of Insurance; Dr. William Petit; Sandrine Pirard, Beacon; Surita Rao, UCONN; Gary Roberge, Judicial; Kris Robles, DCF; Judith Stonger, Wheeler Clinic; Scott Szalkiewicz, DCP; Phil Valentine, CCAR; Sandra Violette, DOC;

Visitors/Presenters: Lauren Siembab; Maria Brereton; Joe Lindbeck; Erin Mulhern; Daniell Warren-Dias; Isabella Schroeder; Jack Doyle; Leila Connor; Danielle Ebrahimi; Melissa Sienna; Luiza Barnat; Kimberly Karanda; Sandy Valentine; Mary Mason; Janessa Stawitz; Arthur Mongillo; Sabina Wozniak; Nadine Repinecz; Lyne Stokes; Anne Trimachi; Jonathan Steinberg; Mark Vancore; TJ Aitken; Justin Mehl; Joanna Keyes; Cheri rag; Carmen James; Christopher Burke, Ramona Anderson; Deborah Daniel; Kevin Neary; Colleen Violette, Vincent Russo; Karin Haberin; Angela Graichen; Allison Fulton; Ines Eaton; Carol Bourdon; Ece Tek; Robert Heimer; Amy Carter; Nicole Batista; Margaret Lancaster; David Kaplan; Kara Sepulveda; Charles Mitchell; Mary Milam; Joshonda Guerrier; Jennifer DeWitt; Suzanne Doyon; Roderick Marriott; John Doyle

Recorder: Karen Urciuoli

The February 16th meeting of the Alcohol & Drug Policy Council (ADPC) was called to order at 10:00 a.m. by Commissioner Delphin-Rittmon, DMHAS.

Topic	Discussion	Action
Welcome and Introductions	Commissioner Delphin-Rittmon welcomed all in attendance.	Noted
Review and Approval of Minutes	Minutes were reviewed and approved as written.	Noted
Recommendation from February 2020	Recommendation (Treatment): The Alcohol and Drug Policy Council shall endorse a public health-oriented approach to the treatment of substance use disorder that is focused on harm reduction (as well as abstinence), and that the appropriate state agencies and their contractors implement such an approach."	Approved
DMHAS and DCF SUD/ODU Legislative Update	<p>Mary Mason and Vincent Ruzzo provided the following update</p> <ul style="list-style-type: none"> Senate Bill 888 (Cannabis Bill) – passed out of the Judiciary Committee and is pending action in the Senate, there have been a lot of changes from what was originally proposed. The ADPC is specifically named as policy body to make recommendations regarding substance use. They are asking the ADPC to make recommendations on mitigating the use and access by minors to cannabis, reducing the public health risks of cannabis, and suggesting data and surveillance mechanisms and to use the data and surveillance mechanisms to make recommendations. A portion of the excise tax from cannabis legalization will be used in prevention and recovery. DCF also has some involvement in this bill and will receive a portion of the excise tax. There was a bill that authorize police to take people who had overdosed into custody, that bill died in committee, however, it showed up as an amendment to Bill 5586 and states that the person will be taken into custody and transported for medical care. There are 3 telehealth bills that are being tracked, There are several bills addressing youth behavioral health. 	Informational
Changing Pathways MOUD Initiative	<p>Carrie Bourdon and Dr. Sandrine Pirard provided the following presentation:</p> <p>Changing Pathways: Background and Context</p> <ul style="list-style-type: none"> Opioid overdoses continue to increase Members admitting to inpatient settings are high risk MOUD is associated with best outcomes 	<p>Informational</p> <p>The full PowerPoint presentation, which shows the full breakdown of data can</p>

Topic	Discussion	Action
	<p>Overview of the Changing Pathways Pilot Three Essential Components:</p> <ol style="list-style-type: none"> 1. Frequent and thorough education of individuals with OUD on MOUD and how it can support them in their recovery 2. Offering individuals with OUD the option to be inducted on MOUD during their inpatient stay (instead of being detoxed to zero) 3. Providing clients inducted onto MOUD with comprehensive discharge and warm handoffs <p>Changing Pathways Providers</p> <ul style="list-style-type: none"> • InterCommunity Health Care (East Hartford) & Rushford (Middletown) Launched start of pilot October 2018 • SCADD (New London) (Southeastern Council on Alcoholism and Drug Dependence) While SCADD had already been adopting MOUD practice change, officially started pilot January 2020 • St. Francis Hospital (Hartford) Joined pilot March 2020 <p>Outcomes from Changing Pathways Pilot Average Induction Rates: 1st Half of Pilot vs 2nd Half</p> <ul style="list-style-type: none"> • InterCommunity: 15.9% to 34.6%, highest peak in October 2019 at 48.8% (61/125 discharges) • Rushford: 19.7% to 27.5%, highest peak in March 2020 at 34.5% (19/55 discharges) • SCADD: 36.3% to 39.9%, highest peak in July 2020 at 55.2% (32/58 discharges) • SFH: 39.4% to 22.9%, highest peak in June 2020 at 47.4% (9/16 discharges) <p>Increase in Connection to MOUD Post Discharge</p> <ul style="list-style-type: none"> • InterCommunity: 16.4% in 2017 to 40.4% in 2020 • Midwestern CT Council on Alcoholism: 13.6% in 2010 to 21.2% in 2020 • Recovery Network of Program Inc: 15/6% in 2017 to 30.7% in 2020 • Rushford Center Inc: 19.0% in 2017 – 40.1% in 2020 • Southeastern Council on Alcoholism: 15.3% in 2017 to 47.9% in 2020 • St. Francis Hospital & Medical Center: 14.2% in 2017 to 38.6% in 2020 • Stonington Behavioral Health: 21.4% in 2017 to 41.2% in 2020 • Statewide: 17.1% in 2017 to 37.4% in 2020 <p>2020 Rate of Connection to MOUD by Medication</p> <ul style="list-style-type: none"> • InterCommunity: Methadone: 29.00%, Buprenorphine: 65.80%, Methadone: 4.92% • Rushford: Methadone: 7.70%, Buprenorphine: 76.80%, Methadone: 15.5% • SFH: Methadone: 35.30%, Buprenorphine: 58.8%, Methadone: 5.90% • SCADD: Methadone: 18.00%, Buprenorphine: 72.20%, Methadone: 9.8% <p>Reduction in Readmissions and AMA Rates</p> <p>Discharge Volume</p> <ul style="list-style-type: none"> • Induction: 31.3% (872) • Detoxification: 68.7% (1,913) <p>Against Medical Advice (AMA) Rate</p> <ul style="list-style-type: none"> • Induction: 24.0% (209) • Detoxification: 36.7% (703) <p>7-Day Readmission Rates</p> <ul style="list-style-type: none"> • Induction: 5.6% (49) • Detoxification: 8/1% (154) <p>30-Day Readmission Rates</p> <ul style="list-style-type: none"> • Induction: 18.3% (160) 	<p>be viewed on the DMHAS ADPC webpage.</p>

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	<ul style="list-style-type: none"> • Detoxification: 26.2% (502) <p>Adherence Rates</p> <ul style="list-style-type: none"> • Induction was associated with better 90-day MOUD adherence rates <p>Reduction in Overdoses</p> <ul style="list-style-type: none"> • Individuals who engaged in Changing Pathways in 2020 and remained MOUD adherent for 90 days following discharge, experienced a 75% reduction in their rate of overdose, from 8.2% of members having an overdose in the 90 days before admission to 2.1% of members having an overdose during the 90 days following discharge. • Individuals who were non-adherent only saw a 16% reduction (from 7.7% to 6.5%, respectively). <p>Additional Findings</p> <p>Those members who meet the 80% MOUD adherence threshold are significantly less likely to have after discharging from withdrawal management care:</p> <ul style="list-style-type: none"> • BH ED episodes (52% reduction) • Repeat withdrawal management episodes (56% reduction) • Inpatient days (40% reduction) <p>Members who were non-adherent to MOUD saw a significant increase in after discharging from withdrawal management care:</p> <ul style="list-style-type: none"> • The number of inpatient days (27% increase) • The number of repeat withdrawal management episodes (9% increase) 	
Recovery and Transitioning Youth	<p>Chris Robles, DCF and Leila Conner, NAFI CT provided the following report:</p> <p>MST-EA in Connecticut</p> <ul style="list-style-type: none"> • NAFI current provider of 5 MST-EA Teams: 2 funded by DCF; 3 funded by CSSD • Participation in 2 Randomized Control Trials (RCT) called the "Young Adult Success Project" <ol style="list-style-type: none"> 1) National Institute of Mental Health (NIMH) study – 9.2016 to 1.2022 (recruitment ended 3.2021) 2) National Institute on Drug Abuse (NIDA) study – 8.2017 to 3.2023 (recruitment ends 11.1.2021, potentially sooner) • Funding for the MST-EA Teams in RCT provided by: DCF from 9.2016-6.2018 and CSSD from 7.2018-present <p>NIDA STUDY</p> <ul style="list-style-type: none"> • Examine the effectiveness of MST-EA for emerging adults with alcohol and other drug (AOD) use problems and justice involvement. • Outcomes being examined (thru 16 months' post-baseline): <ul style="list-style-type: none"> ▪ Reduced criminal activity ▪ Reduced AOD use ▪ Increased educational and employment success ▪ Housing stability ▪ Decreased antisocial peer involvement ▪ Decreased relationship conflict ▪ Improved self-regulation (self-efficacy, responsibility, goal directedness) • MST-EA is a direct adaptation of MST, a well-established, effective intervention for antisocial behavior in adolescents with decades of RCTs <p>Functional Abilities Increase with Psychosocial Development</p> <p>Typical Cognitive Development</p> <ul style="list-style-type: none"> • Cognitive abilities change even to age 30 • Anticipation of consequences 	<p>Informational</p> <p>The full PowerPoint presentation can be viewed on the DMHAS ADPC webpage.</p>

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	<ul style="list-style-type: none"> • Complex strategic planning • Behavior control towards emotional stimuli • Cognitive control over distracting stimuli <p>Treating Emerging Adults</p> <ul style="list-style-type: none"> • Complex set of targets • Complex family/social network arrangements • Address engagement and retention into treatment • Development considerations • Thus far, there are no evidence-based treatments specifically for emerging adults • For multi-problem youth, evidence-based treatment with the most support is Multisystemic Therapy (MST) • The only evidence-based treatment for adolescents adapted and specifically tested with multi-problem emerging adults is MST for Emerging Adults (MST-EA) <p>MST-EA Basics</p> <ul style="list-style-type: none"> • Adaptation of standard MST • Comprehensive treatment for high-risk multi-problem young adults • EAs can be living on their own, with family/friends, in foster care, in supportive housing, or in community-based group homes • Intensive, in-home treatment lasting 4-12 months • Clients may have significant trauma and may have substance abuse <p>MST-EA Team</p> <ul style="list-style-type: none"> • 3-4 Clinical Therapists • MST-EA Coaches (paraprofessionals) • On-Site Clinical Supervisor • Off-Site Clinical Trainer/Consultant • Coordinate with Psychiatrists/Nurse Practitioners for medication management • Full Team Caseload = 12-16 (up to 4 clients/therapist) <p>MST-EA Treatment Targets</p> <ul style="list-style-type: none"> • Safety • Social Network • Housing & Independent Living • Career Goals (Education/Vocation) • Mental Illness & Antisocial Behavior • Substance Use and Trauma Problems • Medical and Psychiatric Care • Relationship Skills, Conflict, & Prosocial Peers • As needed, deliver parenting curriculum <p>Foundational Elements of MST-EA</p> <ul style="list-style-type: none"> • Values Mapping • Social Network Mapping ("Family of Choice") • Motivational Interviewing • Cognitive Behavioral Therapy <p>Primary Goals of the MST-EA Coach</p>	

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	<ul style="list-style-type: none"> • Engagement with the EA • Role play & practice new skills with the EA • Coach new skills in vivo • Deliver reinforcers/incentives • Focus attention on positive aspects of the EA • Engage the social network in supporting the EA <p>MST-EA Open Trial and Program Evaluation</p> <ul style="list-style-type: none"> • Significant reductions in criminal charges <ul style="list-style-type: none"> ▪ 82% had no arrests during treatment ▪ Arrest rate dropped 17 points in the 6-mos post-treatment vs. 6-mos prior to treatment • Significant reductions in mental health symptoms <ul style="list-style-type: none"> ▪ Symptoms were measured via the Brief Symptom Inventory (BSI) ▪ Proportion in clinical range decreased: *61% at baseline ↓ 29% at post-treatment ▪ Median # of symptoms decreased: *20 at baseline ↓ 6 at post-treatment • Established safety: suicidality, homicidality, homelessness <ul style="list-style-type: none"> ▪ No suicides, homicides, or homelessness at discharge ▪ Few psychiatric hospitalizations (n=4 individuals; n=4 hospitalizations) <p>MST-EA Open Trial and Program Evaluation</p> <ul style="list-style-type: none"> • Significant reductions in deviant peer involvement <ul style="list-style-type: none"> • Reduced placement in out-of-home settings <ul style="list-style-type: none"> ▪ 90% living in the community at discharge ▪ % of participants in out-of-home placements cut by more than half • Improved rates of employment & schooling <ul style="list-style-type: none"> ▪ 73% in school and/or employed at discharge ▪ The % of participants working doubled • Reduced substance use <ul style="list-style-type: none"> ▪ 83% had substance use problems at intake and 62% of these demonstrated clear reduction • Improved social support & interpersonal conflict <ul style="list-style-type: none"> ▪ 74% improved communication skills <p>MST-EA Open Trial and Program Evaluation</p> <ul style="list-style-type: none"> • Significant reductions in deviant peer involvement • Reduced placement in out-of-home settings <ul style="list-style-type: none"> ▪ 90% living in the community at discharge • % of participants in out-of-home placements cut by more than half • Improved rates of employment & schooling <ul style="list-style-type: none"> ▪ 73% in school and/or employed at discharge ▪ The % of participants working doubled • Reduced substance use <ul style="list-style-type: none"> • 83% had substance use problems at intake and 62% of these demonstrated clear reduction • Improved social support & interpersonal conflict <ul style="list-style-type: none"> ▪ 74% improved communication skills <p>MST-EA Open Trial and Program Evaluation</p>	

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	<ul style="list-style-type: none"> • Most young adults drop out of mental health treatment in under 1 month • However, MST-EA had high recruitment and retention <ul style="list-style-type: none"> ▪ 100% approached consented to treatment (MST-EA was voluntary) ▪ The majority of MST-EA cases completed treatment successfully ▪ Median treatment duration for completers was 36.5 weeks ▪ Among treatment non-completers, median treatment duration was 21.6 weeks • High client satisfaction and treatment fidelity 	
Sub-Committee Reports		
<ul style="list-style-type: none"> • Prevention, Screening and Early Intervention 	<p>Alyson Fulton provided the following update:</p> <ul style="list-style-type: none"> • Will be relaunching the naloxone school survey, this time will try to extend the survey to parochial and private schools. Expect to get the survey out prior to the end of this school year. • Senate Bill 888 – members were encouraged to look at the role of this subcommittee with regard to the bill including reviewing data, looking into the process of how to put information out, campaigns that they can assist with launching, etc. • Fetal alcohol syndrome disorder – held a 5 hour virtual conference about women and substance use and the impact of trauma and stigma and available resources in CT on April 12th there were 350 registrants, it was targeted at healthcare professions, and offered CME's. • Media and stigma workgroup – reached out to colleges and university journalism programs to offer virtual training on media, stigma and substance use to students and faculty using the same curriculum that was used at the December 2020 forum. • National prevention week is May 9th through the 15th, there has been a tool kit developed and shared with libraries statewide. The Change the Script van will be in all 5 regions. 	Informational
<ul style="list-style-type: none"> • Treatment 	<p>Dr. Craig Allen provided the following report</p> <ul style="list-style-type: none"> • Met in February and March and have been very focused on the opioid overdose numbers and looking at expanding harm reduction interventions as a component of treatment, their 4 step approach includes Dr. Charles Atkins presentation that he gave back in February, and the recommendation that was approved by this council regarding a shift in treatment practice towards a harm reduction model. Their next step is to present an online presentation targeting treatment providers around expanding harm reduction policies, interventions and their programs. It is scheduled for May 20th. They made a recommendation that DMHAS utilize the SOR funds to conduct a statewide conference following up on the Fall 2019 conference that was focused on harm reduction in treatment settings. This is tentatively scheduled for some time in 2022 and will focus on adults and youth. This subcommittee has also been monitoring the implementation of the Medicaid 1115 Waiver, Bill Halsey provided updates and will be attending another meeting this upcoming Thursday. There are some concerns regarding the impact of Waivers requirements on the workforce and provider's ability to hire appropriately credentialed staff to comply with the Medicaid rules. With regard to the overdoses crisis, wants to acknowledge and expand some attention toward the alcohol use disorder deaths that total over 95,000 in the country and is an ongoing issue that increased during the pandemic. They are also focused on marijuana use and the impact that legalization will have on our population. 	Informational
<ul style="list-style-type: none"> • Recovery and Health Management 	<p>Dr. Shayne Ember provided the following report:</p> <ul style="list-style-type: none"> • Met virtually in March and April and welcomed some new members to the committee and are continuing to grow the majority of members that are in recovery from substance use disorder, they also have more young people on the committee also. • With the goal of destigmatizing substance use disorders, they are updating the 2017 Language Matters document that 	Informational

Topic	Discussion	Action
	<p>provides alternative words to stigmatizing words that have become common place. The updated document will be presented to this council over the next few months.</p> <ul style="list-style-type: none"> • This subcommittee continues to support the development of the recovery friendly campus checklist and are now calling it a self-assessment in response to campus rubrics' that were completed. • Exploring way to support the growing recovery movement for young people and are beginning to brainstorm new initiatives that may be helpful in supplementing what already exists for young people in recovery or seeking recovery. • Continues to make themselves available to towns interested in becoming recovery friendly communities. • Continues to monitor the Medicaid 1115 Waiver, Bill Halsey presented to this subcommittee for the 2nd time in March to provide updates, answer questions and allowed them to provide feedback from the perspective of people in recovery. • Exploring models for substance use stabilization centers, they would like to explore this topic further with their colleagues on the criminal justice subcommittee. 	
<ul style="list-style-type: none"> • Criminal Justice 	<p>Katie Farrell provided the following report:</p> <ul style="list-style-type: none"> • Had a presentation from the Litchfield county opioid taskforce, they presented information on their police assisted addiction response, which was set up to address a high rate of overdoses during a short period of time in their area. Their goals are to establish a trauma informed community and to work collaboration with other service agencies to increase access to behavioral health supports to the police. They implemented a harm reduction public health approach to improve access to care, to increase collaboration and data sharing, to decrease use, and to share resources, they also have a text message alert system that they are using. • In Torrington, there has also been an increase in police training around crisis intervention and mental health first aid. The police culture has shifted there to be more recovery oriented, and there has been an increase in communication with hospitals and other resources. Overdose spike alerts are sent out locally, in addition, police officers and local case managers follow-up on local overdoses. • Spoke with Erica Rogers from DOC regarding the use of Narcan because more than 50% of those that overdose in the community have a recent connection to criminal justice. Because inmates are at a higher risk of overdose, Narcan kits and training are provided to staff, inmates and facilities. Kits are also available at halfway houses and DOC is maintaining a database of the use of their Narcan. • The ATM has provided 4 informational sessions to criminal justice related agencies. • The early screening initiative is available in 6 locations. • MAT in DOC is now reaching over 400 inmates. Methadone is now provided at Hartford, Bridgeport and New Haven correctional, other facilities will have access to Methadone soon. Vivitrol will also be available to inmates in the near future. • A subgroup is working on police training and toolkits and they are looking to try to implement a grant to expand local access to mobile crisis. They are concentrating their efforts to look at what the content of substance use trainings at local police academies are. 	Informational
Other Business	<ul style="list-style-type: none"> • Lauren Siembab is retiring, she was thanked for all of her work over the years. • Save the date: May 21st 9 - 4 PM for a DMHAS - Women's Services SOR funded "Women and Opioids" virtual conference. National speakers include Dr. Mishka Terplan - consultant to SAMHSA, NIH, CDC, speaking on the intersect of addiction and gender ; Dr. Hendree Jones from UNC Chapel Hill addressing behavioral and pharmacologic treatments for pregnant women and Dr. LLOYD from UCONN on evaluation research conducted on CAPTA - additional details on registration through the CT Women's Consortium is forthcoming. 	Informational

NEXT MEETING – Tuesday, June 15, 2021, Video Conference Call Through TEAMS

ADJOURNMENT – The, April 20, 2021 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.