ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, June 19, 2018
Legislative Office Building, Meeting Room 1E
Hartford, CT
10:00 a.m.

ATTENDANCE

Members/Designees: Craig Allen, Rushford; Charles Atkins, CMHA; Maureen Dinnan, Representative for Rose Rebimbas; Marcia DuFore, NCRMHB; John Frassinelli, Dept. of Education: Ingrid Gillespie, CT Prevention Network; Matthew Grossman, YNHH; David Guttchen, OPM; Shawn Lang, AIDS CT; Susan Logan, DPH; Monika Nugent, DESPP; Gerard O'Sullivan, Dept. of Insurance; Mary Painter, DCF; Sandrine Pirard, Beacon; Julie Revaz, Judicial; Greg Shangold, Windham Hospital; Xaviel Soto, DCP; Kristina Stevens, DCF; Judith Stonger, Wheeler Clinic;

Visitors/Presenters: Loel Meckel, DMHAS; Jennifer Chadukiewicz, CCAR; Kim Jackson, United Way; Heather Clinton, DPH; Kim Karanda, DMHAS; Ramona Anderson, DPH; Kathleen Mauer, DOC; Suzanne Doyon, CT Poison Control; Diana Heyman, DMHAS; Hector Maldonado; Wheeler Clinic; Julienne Giard, DMHAS; Shelly Nolan, DMHAS; Rod Marriott, DCP; Melissa Sienna, UCONN

Recorder: Karen Urciuoli

The April 17, 2018 meeting of the Alcohol & Drug Policy Council (ADPC) was called to order at 10:00 a.m. by Deputy Commissioner Navarretta, DMHAS. The meeting was co-chaired by Commissioner Katz, DCF.

Topic	Discussion	Action
Welcome and Introductions	Members of the Council introduced themselves and Deputy Commissioner Navarretta welcomed all in attendance.	Noted
Review and Approval of Minutes	Minutes were reviewed and approved as written.	Noted
Section 4 of PA 18-166	A copy of Section 4, PA 18-166 An Act Concerning the Prevention and Treatment of Opioid Dependence in the State was provided to committee members. This act references the ADPC. Deputy Commissioner Navarretta reported that the co-chairs will be contacting individuals at DMHAS, DCF, DPH and DOI as there are tasks specific to those departments. The act asks that certain recommendations are made to the co-chairs for addressing the opioid crisis. More information to follow once the workgroup has met.	Informational
CAPTA Update	Kristina Stevens provided the following report: The Child Abuse Prevention and Treatment Act (CAPTA) is federal legislation addressing child abuse and neglect. It was enacted federally in 1974 and has seen multiple reauthorizations over the years including a provision relative to the Comprehensive Addiction and Recovery Act of 2016. The most recent authorizations speak to a number of difference facets of DCF's and the states work of behalf of children and families. Today's presentation will talk specifically about newborns that are identified as substance exposed. The Comprehensive Addiction and Recovery Act (CARA) aims to address the problem of opioid addiction in the United States. CARA requirements are: • The establishment of a Plan of Safe Care to address the needs of both the infant and parent(s), • Increasing States' compliance with CAPTA and amending the legislation to include the needs of infants born with and identified as being affected by substance misuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. CAPTA SEI by definition is "infants born affected by substance use or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder". The expectation relative to the legislation is that Healthcare providers involved in the delivery of care of an infant born substance exposed must notify child protective services. A plan of safe care is to be	Informational

Topic	Discussion	Action
	developed for these infants and their families. The requirements are intended to provide the needed services and supports for infants with prenatal exposure, their mothers with substance use disorders and their families to ensure a comprehensive response to the effects of prenatal exposure. Congress stated that these reports to CPS, on their own, are not grounds to substantiate child abuse or neglect. CAPTA provisions: • Healthcare providers involved in the delivery of care of an infant born substance exposed must notify child protective services. A plan of safe care is to be developed for these infants and their families. • The requirements are intended to provide the needed services and supports for infants with prenatal exposure, their mothers with substance use disorders and their families to ensure a comprehensive response to the effects of prenatal exposure. • Congress stated that these reports to CPS, on their own, are not grounds to substantiate child abuse or neglect. Flowchart Development: • Differentiate between child abuse and neglect and notification process • Integrate and promote strong linkages to supportive service provision through proactive plans of safe care • Develop approach that doesn't create unintended consequences including: ~ Chilling affect ~ Increased disparity and disproportionality CAPTA New Steps: • Comprehensive approach • Multi-agency and expert participants • Finalize notification process • Plan of Safe Care development • Communication plan • Feedback loop • Continuous quality improvement	
Transfer of Jurisdiction over the Juvenile Justice Population to CSSD	Julie Revaz provided the following report: Goals of Juvenile Justice System General Statutes § 46b-121h • Intent: provide individualized supervision, care, accountability, and treatment in a manner consistent with public safety. • (2) provision of secure and therapeutic confinement to those juveniles who present a danger to the community. • (11) Create and maintain programs for juveniles that are (a) developmentally appropriate, trauma informed, and gender responsive, and (b) incorporate restorative principles and practices. Juvenile Justice Services Continuum Programs • Diversionary Programs – Recently launched a new risk needs assessment instrument called the Predict, which helps to understand a youths likelihood of reoffending/recidivism • Community Based Programs – provides a vast amount of service needs for youth who are at moderate to high risk of recidivating • Child, Youth & Family Support Centers (CYFSCs) – LYNCs (Linking Youth to their Natural Communities) – trying to tap in to the ecology of the child's family and community for a more sustained change • HAMILTON - Boys Residential Detention Diversion & Stabilization Program • TRAC - Residential Program for Boys • Intermediate Residential (IR) Programs for Boys & Girls	Informational

Topic	Discussion	Action
	• REGIONS Staff-Secure Residential Programs for Boys • REGIONS Secure for Boys and Journey House for Girls Enhancing Community Services • Linking Youth to their Natural Communities (LYNC) • Educational Support Services (ESS) • Treatment Foster Care Oregon (TFCO) • Fostering Responsibility, Education and Employment (FREE) • MST TAY (MST for Transition Age Youth) • MST Family Integrated Treatment (MST FIT: community re-integration) Expanding Residential Services • HAMILTON (6 beds) – Available Now - A two (2) week clinically-driven assessment and brief intervention residential program for boys located in Bridgeport. Boys under probation supervision at risk of entering detention or violating probation. • REGIONS Staff-Secure Residential Treatment (26 beds) – Late Fall - A six (6) month treatment program for boys with cases disposed to 'probation supervision with residential placement.' Program designed to reduce delinquency risk factors and support a successful reintegration back into the community. • REGIONS Secure Residential Treatment (24 beds for boys & 12 beds for girls) – July 1 - Program will operate out of the juvenile detention centers effective July 1st. Length of stay approximately 3 months with the goal of preparing a boy to transition to a staff-secure REGIONS program. Girls will be treated at Journey House. • Per Diem Beds – July 1 Level of Care Determinations • Clinical Coordinator Consults to gain clarification, determine level of care, and level of security. • Case Review Teams for complex cases, multi-system involvement, risk of placement, or multi-disciplinary perspectives. • Residential treatment may be accessed while on Probation Supervision with or without a disposition for Residential Placement 1. Probation Supervision: HAMILTON, TRAC, Intermediate Residential, Per Diem Beds 2. Probation Supervision with Residential Placement: REGIONS staff-secure, REGIONS secure & Journey House, Per Diem Beds Probation Supervision with Residential Placement • Need at least 6 weeks post-adjudication for assessment process • Pre-Dispositional Study (PDS) required • PrediCT Risk Assessment administered by Juvenile Probation Officer to identify risk relevant factors and determine likelihood of reoffending ~ Residential services considered for Tiers 3 through 5 ~ Probation Supervision with Residential Placement considered for Tiers 4 & 5 ~ Diversionary and community programs considered for Tiers 1 & 2 • Probation Supervision with Residential Placement only if "such placement is indicated by the child's clinical and behavioral needs or the level of risk the child poses to public safety cannot be managed in a less restrictive setting." • Forensic Clinical Assessment (JD-JM-46b) ~ Clinical Coordinator assesses and prioritizes critical risk relevant factors in conjunction with PrediCT outcomes ~ SAVRY and GAIN-SS utilized as part of the assessment • Recommendations for secure or staff-secure setting, including specialized treatment beds ~ Address clinical and behavioral needs and relevant risk factors	

Topic	Discussion	Action
	~ Address concerns for public safety in least restrictive setting ~ Secure residential placement based on imminent violence, aggression risk, and AWOL history Absconders • Order to Detain may be issued upon finding of probable cause that a child has absconded, escaped or run away from a residential facility in which such child has been placed by court order. Authorized officers may return the child to juvenile detention pending a court hearing the next business day. • Do not need to determine if meet grounds for detention. ~ Probation seek TIC during business hours. ~ Police seek Order to Detain after hours Family and Community Reintegration • Length of stay dependent on treatment progress and attainment of goals - START-AV: Short-term Assessment of Risk and Treatability-Adolescent Version • Specific services to support re-integration to family and re-entry into community ~ MST FIT ~ Reintegration Mentors and Operation New Hope • Focus on building skills, changing thinking, education and vocational opportunities, as well as building positive community connections and relationships	
Sub-Committee Reports		
• Prevention, Screening and Early Intervention	Judith Stonger provided the following update: • Voluntary Non Opioid Directive - The form is active now on the DPH website. The question now is, do patients know about the directive form and also providers. The committee is soliciting input from people/providers to see if they have any information that would be helpful in determining this. DPH is developing guidance documents to better understand the directive. The committee has been brainstorming ideas of how to get information out to the general public. • Making available age appropriate and evidence based opioid education in schools K-12. - The committee has decided that it would be better to provide guidance to the schools. They are currently looking at a guidance document/toolkit from the New York State Education Department around opioids. • Encourage naloxone availability and education in schools – a draft survey for schools was developed and the committee continues to refine that. The goal is to have the survey sent to school nurses by early September. In addition, there is a school nurse education training that takes place in October and they are looking into the possibility of having a naloxone workshop as part of that education. • Expanding naloxone education and availability to high risk populations – through the STR funds the Regional Behavioral Health Action organizations have been conducting a significant number of trainings and disseminating naloxone and will continue to do so with additional funding in year two of STR. • HB 7052 – continue to discuss, review, and seek clarification of this bill with regard to disposal of medications after a patient's death. Will continue to work with DCP around some of the language around licensed registered nurses and whether they are able to take custody or not. • The Change the Script Campaign materials have now been translated into Spanish and are available CT Clearinghouse. • National Prevention Week Celebrations – The Governor proclaimed the week National Prevention Week. There was a health and wellness fair attended by over 200 people; DPH held a very successful opioid conference which was attended by over 250 people; there were many other training events and activities. The week was ended with Yard Goats game celebration. • The Drugfreect.org website continues at higher rates of use since the Change the Script campaign was initiated.	Informational

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	• The Clearinghouse has developed opioid kits for law enforcement which are being disseminated. • More Adolescent SBIRT trainings are being held around the state through a grant. • UCONN reported that they have an ECHO grant and that they are working with federally qualified health centers around education events with case studies.	
• Treatment	Dr. Charles Atkins provided the following update: • The overall focus for this subcommittee right now is access to care, which continues to be very challenging. They are going to start inviting in some care managers and recovery specialists. • Data has been received around what is happening with the SBIRT rollout. It is still unclear how much SBIRT is being used; they are looking at ways to expand people's ability to be reimbursed if they actually provide the screening. • Provider training will be held on July 13th at the Women's Consortium for those providers interested in prescribing buprenorphine. • There is an Opioid Use Disorder Prevention, Treatment and Recovery conference coming up on September 21st at the Doubletree in Bristol. Both training can be access through CT Women's Consortium.	Informational
• Recovery and Health Management	Jennifer Chadukiewicz brought forth the following recommendation. • The sub-committee will develop, pilot and finalize a set of guidelines that will be made available to communities that are interested in creating a recovery-friendly and supportive local government infrastructure and community environment. - Currently, one town has reviewed the guidelines and 2 other towns have agreed to perform the self-evaluation.	Committee members were asked to review the recommendation and hand in their vote by the end of the meeting.
• Criminal Justice	Dr. Kathleen Mauer provided the following update: • Public Law 18-166 was signed into law last week and has two very important components that impact the justice system directly. (1) Requires the chief court administrator and others in a team to assess the feasibility of establishing drug courts. (2) Focuses on the expansion of MAT across the correction system. The subcommittee had a presenter at one of their meetings that suggested CT follow the same MAT plan as Rhode Island. Within the next year they will be brining information about their progress to this committee. Recommendations about expanding MAT across corrections will be formatted around Public Law 18-166. • This sub-committee is meeting monthly and is working on their first set of recommendations, which will be brought forth within the next 1-2 ADPC meetings. Recommendations will include: ~ How to meet the requirements of the law with regard to MAT expansion across corrections. ~ Naloxone expansion to the criminal justice population. ~ The expansion of public safety based diversion programs. • Another initiative that this sub-committee has undertaken has to build out an inventory of the various types of justice based substance use disorder programs in the state. They are starting to look at the various types of justice related programs to see if there are ways to consolidate some of them	Informational
Open Discussion Legalization of Marijuana		Tabled
Other Business	Deputy Commissioner Navarretta reported that last Thursday an FOA for additional opioid resources called State Opioid Response or SOR was released and is due 8/13/18. It's 11 million dollars for each of two years. DMHAS/DCF will be in touch with other departments across the state as well as the governor's office to discuss priorities. Will continue to update.	Noted

NEXT MEETING – Tuesday, August 21, 2018, 10:00 – 12:00, Legislative Office Building, Meeting Room 1D

ADJOURNMENT - The June 19, 2018 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.