

ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, April 18, 2017
State Capitol, Old Judiciary Room
Hartford, CT
10:00 a.m.

ATTENDANCE

Members/Designees: Crain Allen, Rushford; Charles Atkins, CMHA; Miriam Delphin-Rittmon, DMHAS; Marcia DuFore, NCRMHB; Matthew Grossman, YNHH; Ingrid Gillespie, CT Prevention Network; Matthew Grossman, YNHH; David Guttchen, OPM; William Halsey, DSS; Joette Katz, DCF; Shawn Lang, AIDS CT; Susan Logan, DPH; Surita Rao, UCONN Health; Julie Revaz, Judicial; Betsy Ritter, Department of Aging; Gregory Shangold Windham Hospital; Sherrie Sharp, Beacon Health; Judith Stonger, Wheeler Clinic; Phil Valentine, CCAR

Visitors/Presenters: Nancy Navarretta, DMHAS; Julienne Giard, DMHAS; Mary Painter, DCF; Ece Tek, Cornell Sott Hill Health; Arielle Reich, DESPP; Diana Heymann, DMHAS; Rick Porth, UW 2-1-1; Sandra Violette, DOC; Yanike Whittingham

Recorder: Karen Urciuoli

The April 18, 2017 meeting of the Alcohol & Drug Policy Council (ADPC) was called to order at 10:00 a.m. by DMHAS Commissioner Miriam Delphin-Rittmon. The meeting was co-chaired by Commissioner Joette Katz, DCF.

Topic	Discussion	Action
Welcome and Introductions	Members of the Council introduced themselves and Commissioner Delphin-Rittmon welcomed all in attendance.	Noted
Review and Approval of Minutes	Minutes were reviewed and approved as written	Noted
Video Clip	DCF presented a video regarding their Pay for Success Social Impact Bond. The video can be viewed on the DMHAS ADPC webpage.	Informational
Sub-Committee Reports		
<ul style="list-style-type: none"> • Prevention, Screening and Early Intervention 	<p>Dr. Grossman provided the following update.</p> <p>Core Competencies for Continuing Education</p> <ul style="list-style-type: none"> • The practical guidelines from the American Society of Addiction Medicine were accepted. Approximately 6-7 half-day Scope of Pain trainings will be provided within the next 4-5 months. <p>Raising Awareness of and Providing Education on the Dangers of Opioids</p> <ul style="list-style-type: none"> • The Connecticut Health Investigative Team and Wheeler Clinic provided a community forum entitled "Working Women: The Face of Addiction, it was attending by approximately 160 people, with additional people streaming it online. It was a very successful event. • DMHAS is seeking approval to hire a consultant through the SPF Rx grant to develop a statewide opioid education strategy. • A successful summit for the CT CDC Prescription Drug Overdose Prevention grant was held earlier this month. • In progress in the DrugFreeCT.org website • The quilting project to raise awareness of those who have died from substance use disorders currently has 49 squares and the assembly is beginning. • Prevention week is the week of May 14th with a conference planned for May 15th that will include workshops, presentations and networking opportunities. The quilt will be displayed at that time. • Five Benzodiazepine trainings have been planned by the CT Prevention Network. • Work continues with ways to safely dispose of prescription medications <p>Supporting the integration of the Prescription Drug Monitory Program</p> <ul style="list-style-type: none"> • CT Children's Medical Center has now integrated their electronic medical record system with CPMRS; 4 other 	Informational

Topic	Discussion	Action
	<p>healthcare providers across the state are also working on integrating their electronic medical records with CPMRS. Insure that school administrators and/or nurses and college public safety personnel have naloxone available to them.</p> <ul style="list-style-type: none"> • There were 2 naloxone prescribing events to allow pharmacists to prescribe in a group setting. • Discussions continues with the Board of Regents. 	
<ul style="list-style-type: none"> • Treatment and Recovery Supports 	<p>Dr. Atkins provided the following update.</p> <ul style="list-style-type: none"> • LMHA and MAT Goal: Currently there are monthly meetings that Julienne Giard is overseeing. Julienne has mapped out where all the LMHA's are and their progress with providing MAT. In addition they have discussed bringing in a webinar based learning system called Echo, which will be used as an additional training resource. Additionally, there is a 3 day workshop coming up July 17-19, 2017, Day 1 of the training will be for prescribers only and will consist of the DATA 2000 8 hour waiver for providers and may be applied to the 24 hour training requirement for PA's and APRN's. Funding for this initiative was made possible by Providers' Clinical Support System for Medication Assisted Treatment. Dr. Atkins will be reaching out to DPH to gain access to a mailing list of all licensed providers in the State in order to invite them to the conference. • DOC & Re-Entry MAT Goal: Dr. Maurer is working on implementing a new program in Bridgeport with grant dollars for people coming out of prison and connecting them with MAT. The first month after prison release is a very vulnerable time when a lot of people end up using again and dying. Another goal is to start MAT while people are in prison and then transition them to continued MAT upon release; that will start with grant dollars as well in one site. Another area is focused on court houses and setting up a small licensed "clinic" with a licensed clinician who can work on assessments and connections to treatment right from there; because it's licensed it should be billable. This is currently in one location and looking to replicate in 2-3 more places, under CSSD. • Regulatory Workgroup Goal: Their next step will be to invite DCF licensing to attend a future meeting to discuss adolescents transitioning from a DCF system to an adult system. • Tox Screening Goal: Reviewed ASAM (100+ page) guidance on this topic, the goal is to create a smaller version of it for practitioners. • Adolescent SBIRT Goal: DCF is coordinating with DMHAS to develop an infrastructure and sustainability plan. DCF/DMHAS have purchased Kognito online/virtual licenses to get people started with A-SBIRT/SBIRT. If interested you may contact Ines Eaton at ines.eaton@ct.gov. 	Informational
<ul style="list-style-type: none"> • Recovery and Health Management 	<p>Phil Valentine provide the following update: This committee has begun to reform their recommendations, they continue to discuss barriers to access and are looking to development strategies to bring the recovery perspective to the medical community such as:</p> <ul style="list-style-type: none"> • Resources available to people in recovery • The multiple pathways of recovery • Language of recovery <p>They have begun to discuss ways to bring the recovery perspective to the medical community through:</p> <ul style="list-style-type: none"> • Symposiums • Social media • Technology • CEU's <p>In the future they would like to see these same strategies applied to law enforcement.</p>	Informational
CORE Update	<p>Dr. D'Onofrio provided the following update on the CORE Initiative. CORE Strategies:</p> <ul style="list-style-type: none"> • Increase access to treatment • Decrease risk of overdose 	Informational

Topic	Discussion	Action
	<ul style="list-style-type: none"> • Increase adherence to opioid prescribing guidelines • Increase access to Naloxone • Increase data sharing across agencies and organizations • Increase community understanding of OUD, treatment, and decrease stigma <p>Funding currently being pursued for two CORE strategies are:</p> <ul style="list-style-type: none"> • CORE Strategy #1 – Increase Access to Treatment – through the Arnold Foundation - to go towards implementing the Connecticut Opioid Response Initiative through Emergency Department and Jail/Prison-based medication • CORE Strategy #5 – Increase Data Sharing Across Relevant Agencies – through FDA Center for Excellence in Regulatory Science and Innovation (FDA CERSI) – to go towards linking data sources to elucidate non-fatal and fatal opioid-related overdose epidemiology and the role of FDA-regulated products <p>Current funding for CORE Strategies #1-6 - CDC Prevention for States Program – to be used to aligned with CORE strategies to:</p> <ul style="list-style-type: none"> • Increase utilization of Prescription Monitoring Program • Evaluation of the Good Samaritan Laws • Collaborate with 6 local health departments (Quinnipiac, New Haven, Ledge Light, Bridgeport, Hartford, Waterbury) to: <ul style="list-style-type: none"> ~ Promote & Facilitate Professional Awareness & Training ~ Support Public Awareness Strategies ~ Facilitate Linkages to Opioid Treatment Providers/Programs ~ Promote & Track Availability of Naloxone ~ Encourage Provider Registration & Use of CPMRS ~ Increase Data Sharing Across Agencies & Organizations <p>Current trainings being offered:</p> <ul style="list-style-type: none"> • Safe and Competent Opioid Prescribing Education (SCOPE) Course with Dr. Daniel Tobin <ul style="list-style-type: none"> ~ Target Audience: Physicians, nurse practitioners, registered nurses, physician assistants, dentists, pharmacists, and health professional students ~ Format: 3-4 hour live conferences, often including state-specific policy and resource panels, online courses also available ~ Objective: Designed to help providers safely and effectively manage patients with chronic pain including the safe use of opioid analgesics • Office-Based Treatment of Opioid Use Disorder – the Half and Half Course with Dr. Jeanette M. Tetrault <ul style="list-style-type: none"> ~ Five one hour online modules ~ Four in person modules with case presentations ~ Trainers are Addiction Medicine or Addiction Psychiatry board-certified with several years of clinical experience ~ After course completion, participants are provided with the information to file for their X- waiver to prescribe buprenorphine ~ PCSS also offers a mentor program to link new prescribers up with experts <p>Current Progress:</p> <p>Increase Access to Treatment, Consistent with National Guidelines, with Methadone & Buprenorphine</p> <ul style="list-style-type: none"> • <u>Tactics:</u> <ul style="list-style-type: none"> ~ Increase medication use among incarcerated ~ Increase access to buprenorphine 	

Topic	Discussion	Action
	<ul style="list-style-type: none"> • <u>Progress:</u> <ul style="list-style-type: none"> ~ Arnold Foundation application ~ DMHAS SAMHSA grant incorporated ED-initiated buprenorphine ~ DATA 2000 training events <ul style="list-style-type: none"> ▪ 10/6/16 for BPT Optimus (FQHC) and New London SMHA (LMHA) ▪ 3/15/17 Middletown ▪ 7/17/17 Connecticut Hospital Association ~ Targeting DATA 2000 trainings with 6 LHDs (Hartford, New Haven, Bridgeport, Waterbury, Quinnipiac Valley, Ledge Light) ~ In collaboration with Dr. Sharp of Beacon Health Options, AAAP to increase number of PCSS-MAT mentors from 5 to 10 in state <p>Reduce Overdose Risk, Especially Among Those Individuals at Highest Risk</p> <ul style="list-style-type: none"> • <u>Tactics:</u> <ul style="list-style-type: none"> ~ Accelerate opioid overdose survivors' entry into opioid agonist treatment • <u>Progress</u> <ul style="list-style-type: none"> ED-based interventions <ul style="list-style-type: none"> ~ YNHH ED has made arrangements with 5 local treatment providers/programs (OTPs, FQHCs and Primary Care) to receive patients with ED-initiated buprenorphine ~ Collaborating with CHA ED Medical Directors <p>Increase Adherence to Opioid Prescribing Guidelines, Especially Among Those Providing Prescriptions Associated with Increased Risk</p> <ul style="list-style-type: none"> • <u>Tactics:</u> <ul style="list-style-type: none"> ~ Target education and implementation efforts for practitioners who prescribe more than 90 MME or who co-prescribe opioids and benzodiazepines. • <u>Progress:</u> <ul style="list-style-type: none"> ~ Working with 6 LHDs (Hartford, New Haven, Bridgeport, Waterbury, Quinnipiac Valley, Ledge Light) and DCP to provide SCOPE of Pain Trainings according to FDA Blueprint <p>Increase Access To & Track Use of Naloxone</p> <ul style="list-style-type: none"> • <u>Tactics:</u> <ul style="list-style-type: none"> ~ Increase naloxone distribution to high-risk individuals ~ Monitor naloxone use in response to witnessed opioid overdose events ~ Ensure affordable access to naloxone • <u>Progress:</u> <ul style="list-style-type: none"> ~ Presentations to pharmacists at DPH symposium ~ Working with 6 LHDs regarding local naloxone data (Hartford, New Haven, Bridgeport, Waterbury, Quinnipiac Valley, Ledge Light) <p>Increase Data Sharing Across Relevant Agencies & Organizations</p> <ul style="list-style-type: none"> • <u>Tactic:</u> <ul style="list-style-type: none"> ~ Create memorandum of understandings across relevant agencies to allow for data sharing and protection • <u>Progress:</u> <ul style="list-style-type: none"> ~ DPH and DCP working on MOU regarding PDMP data ~ Working with 6 LHDs regarding local data (Hartford, New Haven, Bridgeport, Waterbury, Quinnipiac Valley, Ledge Light) 	

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	<p>~ Recent legislation proposed</p> <p>Section 1. Subsection (j) of section 21a-254 of the general statutes is amended by adding subdivision (11) as follows (Effective from passage): (NEW) (11) The (DCP) commissioner may provide controlled substance prescription information obtained in accordance with subdivisions (3) and (4) of this subsection to other state agencies, pursuant to an agreement between the commissioner and the head of such agency, provided the information is obtained for a study of disease prevention and control related to opioid abuse or the study of morbidity and mortality caused by overdoses of controlled substances. The provision of such information shall be in accordance with all applicable state and federal confidentiality requirements.</p> <p>Increase Community Understanding of Opioid Use Disorder, Treatment & Decrease Stigma</p> <ul style="list-style-type: none"> • <u>Tactic:</u> <ul style="list-style-type: none"> ~ Educational efforts with media, agencies, healthcare and public health personnel • <u>Progress:</u> <ul style="list-style-type: none"> ~ Pharmacy and public health presentations ~ Multiple media conversations ~ Yale media symposium in process - "Helping the media explain the opioid crisis and addiction to the public" <p>Overarching & Long-term Efforts</p> <ul style="list-style-type: none"> • <u>Strategies</u> <ul style="list-style-type: none"> ~ Diverting individuals from the legal system to the health care and treatment system. <ul style="list-style-type: none"> • Project LEAD discussions in New Haven with mayoral support to couple community policing with case managed referral of individuals with substance use disorders to treatment and other needed services ~ Creation of supervised or safe injection sites <ul style="list-style-type: none"> • Discussions in New Haven and Hartford are at the contemplative stage by local harm reduction and academic advocates 	
<p>CT State Department on Aging: Prescription Drug Use/Misuse Among Older Adults</p>	<p>Commissioner Ritter provided the following report:</p> <p>Prescription drug use is growing in CT</p> <ul style="list-style-type: none"> • 2009 – 1.3 million prescription written for Schedule II drugs • 2015 – 6.2 million controlled substances prescribed to 1.4 residents <p>Older Adults are at Risk</p> <ul style="list-style-type: none"> • They take more prescription medications than any other age group • Americans 65 years of age make up only 13% of the U.S. population, yet consume approximately 33% of all prescription drugs <p>Older Adults Are At Risk For Prescription Drug Dependency/Abuse</p> <ul style="list-style-type: none"> • Often take more than one prescription medication each day • Experience physical changes as they age • Have higher rates of comorbid illnesses & cognitive decline • May also drink alcohol • May rely on multiple prescribers & caregivers <p>Media Attention to Older Adults & Prescriptions is Growing (slowly!)</p> <ul style="list-style-type: none"> • <i>Seniors and Prescription Drug Addiction</i> by AgingCare (4/17/12) • <i>Elderly at Risk for Prescription Drug Abuse</i> by The Partnership at DrugFree.org (4/17/12) • <i>Drug Abuse and the Elderly</i> by Johns Hopkins Medicine Health Alerts (4/17/12) • <i>Silent Epidemic: Seniors and Addiction</i> (US News and World Report, 12/2/2015) • 'Astounding' number of Opioids Prescribed to Elderly, Report Finds (Associated Press, 6/22/2016) 	<p>Informational</p>

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	<ul style="list-style-type: none"> • Raising Awareness of Opioid Use in Older Adults and the Elderly, (SpineUniverse, 2/3/2017) • From Prescription to Addiction: Opioid Abuse in Seniors on the Rise (Addiction Now, 4/11/2017) <p>Living in the Community with Drug Dependency Becomes More Complicated</p> <ul style="list-style-type: none"> • Side effects may compromise daily life • Alcohol introduces greater risk • Driving may be impaired • Risk of falling may increase • Proper medication adherence becomes more difficult <p>The National Safety Council reports: Elderly adults taking opioid painkillers have 4 times as many bone fractures, are 68% more likely to be hospitalized and are 87% more likely to die as those taking over-the-counter pain medication</p> <p>Opioid Related Hospital Use by Age (by rate of inpatient stays in CT vs. Nation)</p> <table border="1" data-bbox="499 537 905 662"> <thead> <tr> <th>Age 45 – 64</th> <th>2005</th> <th>2014</th> </tr> </thead> <tbody> <tr> <td>Nation</td> <td>194</td> <td>317</td> </tr> <tr> <td>CT</td> <td>269</td> <td>516</td> </tr> <tr> <td>CT as % of nation</td> <td>139%</td> <td>163%</td> </tr> </tbody> </table> <table border="1" data-bbox="999 537 1396 662"> <thead> <tr> <th>Age 65+</th> <th>2005</th> <th>2014</th> </tr> </thead> <tbody> <tr> <td>Nation</td> <td>134</td> <td>248</td> </tr> <tr> <td>CT</td> <td>134</td> <td>248</td> </tr> <tr> <td>CT as % of nation</td> <td>114%</td> <td>120%</td> </tr> </tbody> </table> <p>CT Deaths Reported by Chief Medical Examiner (Heroin/Fentanyl as Chief Cause of Death)</p> <table border="1" data-bbox="499 727 932 917"> <thead> <tr> <th colspan="3">2015</th> </tr> <tr> <th>Age</th> <th>Number</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td>17-49</td> <td>479</td> <td>66%</td> </tr> <tr> <td>50-60</td> <td>192</td> <td>26%</td> </tr> <tr> <td>60+</td> <td>58</td> <td>8%</td> </tr> <tr> <td>Total</td> <td>729</td> <td></td> </tr> </tbody> </table> <table border="1" data-bbox="999 727 1432 917"> <thead> <tr> <th colspan="3">2016</th> </tr> <tr> <th></th> <th>Number</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td>Nation</td> <td>624</td> <td>68%</td> </tr> <tr> <td>CT</td> <td>228</td> <td>25%</td> </tr> <tr> <td>60+</td> <td>65</td> <td>7%</td> </tr> <tr> <td>Total</td> <td>917</td> <td></td> </tr> </tbody> </table> <p>How we can better help Older Adults</p> <ul style="list-style-type: none"> • Educate before prescribing • Strengthen our PDMP • Expand Disposal Options 	Age 45 – 64	2005	2014	Nation	194	317	CT	269	516	CT as % of nation	139%	163%	Age 65+	2005	2014	Nation	134	248	CT	134	248	CT as % of nation	114%	120%	2015			Age	Number	Percent	17-49	479	66%	50-60	192	26%	60+	58	8%	Total	729		2016				Number	Percent	Nation	624	68%	CT	228	25%	60+	65	7%	Total	917		
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<p>Judicial Branch Court Support Services Division: The Treatment Pathway Program</p>	<p>Mike Hines reported that in February 2015 Dr. Mauer approached the Judicial Branch asking if they would be interested in starting a diversionary program for individuals in Bridgeport corrections. The issue that was identified at the time was there was about 150 people locked up in DOC in Bridgeport that were serving small sentences and had major addiction problems. Dr. Mauer and John Hamilton were able to find grant funding through the Public Welfare Foundation, which was used to secure a full time social worker in the Bail Commissioner's Office; they have recently added a second full time staff member to follow-up with recovery and case management. Sustainability of this project is through referrals, and has been licensed since October to be able to bill Medicaid for all assessments that they do. The savings for corrections in the last year has been over \$700,000.</p> <p>Program Overview from 18 Months' Worth of Data:</p> <table border="1" data-bbox="499 1349 1745 1446"> <thead> <tr> <th>Total Screened</th> <th>Total Deemed Applicable by RNP</th> <th>Total Number of Applicable Clients Who Accepted</th> <th>Number of Clients Accepted by the Court</th> </tr> </thead> <tbody> <tr> <td>590</td> <td>406</td> <td>317</td> <td>176</td> </tr> </tbody> </table>	Total Screened	Total Deemed Applicable by RNP	Total Number of Applicable Clients Who Accepted	Number of Clients Accepted by the Court	590	406	317	176	<p>Informational</p>																																																				
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	<p>Initial Level of Care: Opiate Dependence (N=89)</p> <table border="1" data-bbox="499 188 1749 253"> <thead> <tr> <th>Residential</th> <th>IP/OP</th> <th>OST</th> <th>Detox</th> <th>IOP or OP/OST</th> </tr> </thead> <tbody> <tr> <td>5%</td> <td>17%</td> <td>2%</td> <td>31%</td> <td>45%</td> </tr> </tbody> </table> <p>Alcohol Dependence (N=81)</p> <table border="1" data-bbox="499 315 1749 380"> <thead> <tr> <th>Detox</th> <th>Residential</th> <th>IOP/OP</th> </tr> </thead> <tbody> <tr> <td>17%</td> <td>1%</td> <td>82%</td> </tr> </tbody> </table> <p>Accessibility to Treatment: Length of Tie Between Screening and Program Admission (N=176)</p> <table border="1" data-bbox="499 472 1749 537"> <thead> <tr> <th>Admitted Into Program Within 24 Hours</th> <th>Admitted Into Program After 24 Hours</th> </tr> </thead> <tbody> <tr> <td>77%</td> <td>23%</td> </tr> </tbody> </table> <p>Client with Primary Diagnosis of Opiate Dependence: No Medication Assisted Treatment (N=25)</p> <table border="1" data-bbox="499 630 1749 695"> <thead> <tr> <th>Unsuccessful Completion</th> <th>Successful Completion</th> </tr> </thead> <tbody> <tr> <td>60%</td> <td>40%</td> </tr> </tbody> </table> <p>Medication Assisted Treatment (N=48)</p> <table border="1" data-bbox="499 756 1749 821"> <thead> <tr> <th>Unsuccessful Completion</th> <th>Successful Completion</th> </tr> </thead> <tbody> <tr> <td>25%</td> <td>75%</td> </tr> </tbody> </table> <p>Legal Dispositions (N=176)</p> <table border="1" data-bbox="499 883 1749 948"> <thead> <tr> <th>Incarceration Sentence</th> <th>Non Incarceration Sentence</th> </tr> </thead> <tbody> <tr> <td>24%</td> <td>76%</td> </tr> </tbody> </table> <p>Demographics Race (N=176)</p> <table border="1" data-bbox="499 1040 1749 1105"> <thead> <tr> <th>Hispanic</th> <th>White</th> <th>Black</th> </tr> </thead> <tbody> <tr> <td>29%</td> <td>33%</td> <td>38%</td> </tr> </tbody> </table> <p>Sex (N=176)</p> <table border="1" data-bbox="499 1167 1749 1232"> <thead> <tr> <th>Female</th> <th>Male</th> </tr> </thead> <tbody> <tr> <td>26%</td> <td>74%</td> </tr> </tbody> </table> <p>Failure to Appear State of Connecticut (N=109)</p> <table border="1" data-bbox="499 1325 1749 1390"> <thead> <tr> <th>Incurred a Failure to Appear</th> <th>Incurred No Failure to Appear</th> </tr> </thead> <tbody> <tr> <td>13%</td> <td>87%</td> </tr> </tbody> </table>	Residential	IP/OP	OST	Detox	IOP or OP/OST	5%	17%	2%	31%	45%	Detox	Residential	IOP/OP	17%	1%	82%	Admitted Into Program Within 24 Hours	Admitted Into Program After 24 Hours	77%	23%	Unsuccessful Completion	Successful Completion	60%	40%	Unsuccessful Completion	Successful Completion	25%	75%	Incarceration Sentence	Non Incarceration Sentence	24%	76%	Hispanic	White	Black	29%	33%	38%	Female	Male	26%	74%	Incurred a Failure to Appear	Incurred No Failure to Appear	13%	87%	
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	<p data-bbox="499 131 800 159">Disposed TPP Clients (N=109)</p> <table border="1" data-bbox="499 159 1749 224"> <thead> <tr> <th data-bbox="499 159 1125 190">Incurred a Failure to Appear</th> <th data-bbox="1125 159 1749 190">Incurred No Failure to Appear</th> </tr> </thead> <tbody> <tr> <td data-bbox="499 190 1125 224">19%</td> <td data-bbox="1125 190 1749 224">81%</td> </tr> </tbody> </table> <p data-bbox="499 256 625 284">New Arrests</p> <p data-bbox="499 284 785 311">State of Connecticut (N=109)</p> <table border="1" data-bbox="499 311 1749 376"> <thead> <tr> <th data-bbox="499 311 1125 342">Rearrested</th> <th data-bbox="1125 311 1749 342">Not Rearrested</th> </tr> </thead> <tbody> <tr> <td data-bbox="499 342 1125 376">21%</td> <td data-bbox="1125 342 1749 376">79%</td> </tr> </tbody> </table> <p data-bbox="499 409 716 436">Disposed TPP Clients</p> <table border="1" data-bbox="499 436 1749 501"> <thead> <tr> <th data-bbox="499 436 1125 467">Rearrested</th> <th data-bbox="1125 436 1749 467">Not Rearrested</th> </tr> </thead> <tbody> <tr> <td data-bbox="499 467 1125 501">26%</td> <td data-bbox="1125 467 1749 501">74%</td> </tr> </tbody> </table>	Incurred a Failure to Appear	Incurred No Failure to Appear	19%	81%	Rearrested	Not Rearrested	21%	79%	Rearrested	Not Rearrested	26%	74%	
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NEXT MEETING – Tuesday, June 20, 2017, 10:00 – 12:00, Legislative Office Building, Meeting Room 1D
ADJOURNMENT - The April 18, 2017 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.