

MEETING MINUTES

Alcohol and Drug Policy Council: Treatment Subcommittee

Meeting Date: 1/25/18

Present: Charles Adkins, Dan Rezende, Julienne Giard, Melissa Sienna, Julie Revaz, Mary Painter, Gerard O’Sullivan, John Hamilton, Joy

TOPIC	DISCUSSION	ACTION
<p>JJ TRANSITION JULIE REVAZ, CSSD MARY PAINTER, DCF</p>	<ul style="list-style-type: none"> • Unclear if all existing 250 parole youth will be “inherited” from DCF by CSSD. • CSSD expects that about 50 youth in the future will need residential, on average annually. • CJTS admissions closed as of 1/1/18. Facility closure expected 7/1/18. Legislature allows for a 6-month grace period on CJTS closure after 7/1/18 as a “safety net.” • \$17M targeted for the transfer of these youth to CSSD. • MOA between DCF and CSSD, due by Feb 15th, some of the finances must be determined regarding the transition to communicate to vendors any changes that may have to happen. • Working with the National Center for JJ Reform to plan for services. A number of EBP models exist in the current continuum. CSSD is also “making the rounds” with a variety of organizations to gather information. • CSSD working on expanding service array with programming that replaces CJTS- geographically dispersed hardware- and staff -secure small home-like settings throughout the state. Question- the extent to which providers are interested in operating these facilities. An RFI has been issued regarding this question- invited agencies/facility owners to identify zoning/citing opportunities whether or not they wanted to provide service directly or through sub-let/sub-contract. 6 responses were received. (DCF received low response when it embarked on a similar endeavor in the past.) Providers more comfortable with staff-secure facilities, but consensus that there is some need for hardware-secure facilities as well. Concern: low response rate to RFI related to perception that CSSD doesn’t fund services to the level that covers costs, so providers didn’t take the time to complete the paperwork. RFP for these facilities is expected to be released within the next 3 weeks. Will hold a bidder’s conference. • CSSD visited Journey House, working toward a contract with this existing facility. Girls, ages 12-18. • CSSD also expanding array of community-based programs, which it hopes will be robust. • Not enough appropriation to create a comprehensive array by CSSD. Some DCF funding was re-allocated to CSSD for this transition, thus DCF has lost some funding for its services that aim to serve all CT youth. CSSD and DCF are collaborating on the transition plan. • CSSD Bid Website: www.jud.ct.gov, Opportunities, Bid Opportunities, register to receive alerts. • Concerns: Kids that get lost during transition period- highest need MH/SUD. Court-involved youth had access to DCF-funded SUD services, but what will that be an option going forward? DCF not changes accessibility to services, but there may be less access based on level of ongoing funding. • Encouraged advocacy through community and provider groups to ensure services are available for 	<p>Gaps in financing of in-home services: Alert the Insurance Commission when commercial insurers are not providing coverage for in-home services, so that the Insurance Commission can look into it. There are in-network/out-of-network issues, and self-funded plan issues that may arise, but be solvable.</p> <p>Screening recommendation: More accurate substance use screening throughout the CSSD system.</p> <p>RFP Target: Community hospitals are a potential partner in the system development.</p>

	<p>youth who need them most.</p> <ul style="list-style-type: none"> • Operating costs-savings for closure of CJTS: Savings to General Fund, those dollars saved are not part of the transfer funding. • Providers struggling with managing stabilization/treatment when there is high uncertainty among youth and family about what is going to happen to/with them during and after the transition. • Billing codes for some youth in-home services are not available for youth over age 18. • Some commercial insurers will provide some level of reimbursement for in-home services, but state still paying for these services to address the funding gap. Gerard wants to be alerted to those situations (self-funded plans in particular), so that the Insurance Commission can look into it. • CSSD identifying about 10% of youth as primary SUD—under-identification of SUD is an issue. Instead community MH/JJ providers to which youth are referred may discover deeper SUD problems and suggest other services that may be more appropriate. • There may be an impact on Emergency Departments if the funding doesn't support the needed service array. Community hospitals are potential facilities, RFP respondents. • Young adult recovery coaching should be considered part of the system. 															
<p>SMART RECOVERY ALISON KERNAN</p>	<p>STR (DMHAS, DCF as partner) SAMHSA grant funding to Wheeler Clinic, locally known as the CROSS project, to implement SMART Recovery (throughout the state). Multiple age groups for youth/young adult recovery (see chart below). SMART Recovery provides training and tools to guide facilitating groups that help youth initiate/sustain recovery. Based on several evidence-based approaches. Some groups operate within programs. Some are community-based. Smart Recovery Website: https://www.smartrecovery.org/</p> <table border="1" data-bbox="537 891 1661 1286"> <tr> <td>DCF Region 1</td> <td>Southwest Regional Mental Health Board (ages 16-18)</td> </tr> <tr> <td rowspan="2">DCF Region 2</td> <td>The Children's Center of Hamden (ages 16-18)</td> </tr> <tr> <td>Bridges Health Care (ages 16-18)</td> </tr> <tr> <td rowspan="3">DCF Region 4</td> <td>Trinity College Health Center (ages 18-24)</td> </tr> <tr> <td>AHM Youth and Family Services (ages 16-18)</td> </tr> <tr> <td>Rushford Center (ages 16-18 and 18-24)</td> </tr> <tr> <td rowspan="2">DCF Region 5</td> <td>Western Connecticut State University (ages 18-24)</td> </tr> <tr> <td>McCall Center for Behavioral Health (two awards ages 16-18 and 18-24)</td> </tr> <tr> <td>DCF Region 6</td> <td>Rushford Center (ages 16-18 and 18-24)</td> </tr> </table>	DCF Region 1	Southwest Regional Mental Health Board (ages 16-18)	DCF Region 2	The Children's Center of Hamden (ages 16-18)	Bridges Health Care (ages 16-18)	DCF Region 4	Trinity College Health Center (ages 18-24)	AHM Youth and Family Services (ages 16-18)	Rushford Center (ages 16-18 and 18-24)	DCF Region 5	Western Connecticut State University (ages 18-24)	McCall Center for Behavioral Health (two awards ages 16-18 and 18-24)	DCF Region 6	Rushford Center (ages 16-18 and 18-24)	
DCF Region 1	Southwest Regional Mental Health Board (ages 16-18)															
DCF Region 2	The Children's Center of Hamden (ages 16-18)															
	Bridges Health Care (ages 16-18)															
DCF Region 4	Trinity College Health Center (ages 18-24)															
	AHM Youth and Family Services (ages 16-18)															
	Rushford Center (ages 16-18 and 18-24)															
DCF Region 5	Western Connecticut State University (ages 18-24)															
	McCall Center for Behavioral Health (two awards ages 16-18 and 18-24)															
DCF Region 6	Rushford Center (ages 16-18 and 18-24)															
<p>SU BED WEBSITE</p>	<p>Phase 2 enhancements to website:</p> <ul style="list-style-type: none"> • Track availability over time 															

JULIENNE GIARD, DMHAS	<ul style="list-style-type: none"> Spanish translation <p>Requests from non-DMHAS providers to be included. DMHAS is moving in that direction, probably another header at the top. DCF is supportive of adding the adolescent providers as well. Must be commitment by programs/providers to keep the information updated daily.</p>	
4 GOALS	<p><u>Toxicology Screening:</u> Adolescent guidelines to be drafted.</p> <p><u>Screening, SBIRT/ASBIRT:</u></p> <p><i>DCF's ASSERT grant:</i> Adolescent SBIRT (A-SBIRT): UConn Health SBIRT Institute finalizing training plan, web resources, plan to provide training to "Super Trainers," work with SDE/SERC to provide training to school (Level 1 Districts) particularly those with SBHCs. DCF working on a contract to execute the plan.</p> <p><i>Screening:</i> Issue of pregnant opioid-dependent women should be a focus of this group. CAPTA, federal reporting requirements to child protective services by mandated providers when children are born substance-exposed. Middlesex Hospital piloting a perinatal health collaborative, majority is maternity staff, ob/gyns, dcf, dss, Rushford, etc., case conference model to problem-solve before birth event to promote positive healthy outcomes (risks related to SUD, DV/IPV, MH, etc).</p> <p><u>DMHAS LMHAs and MAT:</u> Broaden goal to increasing access to substance use services/ treatment. Date of initial recommendation: 2/20/18. Long term Goal. See Julienne's handout for details. Subcommittee discussed the draft goal and made adjustments to action steps/outcomes.</p> <p><u>Regulatory Barriers</u></p>	<p>Charles: Adolescent Tox Screen Guidelines drafted by February Meeting.</p> <p>Invite Kristina Stevens and Kim Karanda to discuss the pregnant opioid dependent women's response under CAPTA- <i>invite extended on 1/25/18.</i></p>
OTHER	<ul style="list-style-type: none"> Opioid Conference (I missed a lot of this conversation): 2-day conference, DMHAS/DCF partners. Focus area: service system integration—access (new technology, expand the bed access website, providers that struggle with how to change their approach to address current realities/need). 	
NEW GOALS	N/A	
UPCOMING MEETINGS	Treatment Subcommittee: February 22 nd , 1-3pm @ CMHA	