ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Treatment & Recovery Support Sub-Committee
Meeting of Thursday, April 28, 2016
CMHA 270 John Downey Drive, New Britain
Conference Call: 1-866-763-2652, Passcode: 2242306#
1:00 pm – 3:00 pm

PRESENT: Co-Chairs: Charles Atkins (CMHA), Dan Rezende (CJR), Phil Valentine (CCAR); Members: , John Hamilton (RNP/CCAR Board Member), Karen Zaorski (Family), Dave Borzellino (Farrell), Allison (Young Person in Recovery), Marcia Dufore (NCRMHB), Sherrie Sharp (Beacon), Kathy Maurer (DOC) Staff: Julienne Giard (DMHAS), Marsha Murray (DCF/UConn)

Topic	Discussion	Action
Subcommittee Membership	Additional invitations will be extended	• CSSD (Dan Rezende to invite) • Update: DOC: Dr. Maurer (as of 4/28/16 added and present for subcommittee meeting) • CT BHP: Sherrie Sharp added since last meeting • Steve C? (Blue Cross/Blue Shield, as a special guest?) • Minority Commission (Choose 1, plan to have a session on health disparities with access for more attendees from other commissions, Quyen Trong to invite) • Office of Health Care Advocate: Demian Fontanella added since the last meeting
Establish Priorities	Subcommittee recommendations for the ADPC	
Data	Research on Substance Use systems that include peer to peer in access during treatment and recovery. What data is needed to inform prioritizing and decision-making? Challenges to rapid access to treatment (barriers- insurance criteria).	
MAT and Narcan	Increase limit on Buprenorphine from 100-200. Make Narcan more widely available, focus on pre-arraignment / jail intervention programs, advocating for widespread adoption of MAT.	Update: The increased limit of Buprenorphine from 100-200 is still pending. It still requires an act of congress for approval.

Treatment availability	• Coordination of the current system to share treatment availability in real time based on insurance coverage
	• Invite someone from 211 to a meeting to share their process of helping a person in search of treatment
	• A lot of issues with access to treatment maybe about relationships within the system (depends on who you know to receive certain types of treatment).
	• An app to convey the information efficiently and quickly to those in need (geographical treatment options)
	• Turning Point website: created by young people for young people; recently included mapping of where to go for treatment/services; this may already have an app or be good to inform a development of an app
	• The criteria to get into treatment
	  ○ A person may have to use again to be eligible for treatment
	  ○ Especially individuals leaving DOC	

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	• Bridgeport will open/start a re-entry center as of July 1st (a transitions program) to address the fragmented system
	  ○ Dedicating a building for community and re-entry providers (one stop shop idea)
	  ▪ (CCAR, Parole, Mental Health & Addiction Services, Primary Care, Family re-entry, etc.)
	  ○ To assist people that are released from DOC, to provide a soft landing with access to all services
	  ○ This would be a nice recommendation for replication in other communities across the state
	  ▪ A hub of services
	  ▪ Serving DOC as well with the transition period	

Recovery Network/Therapeutic Alliance	• Establishing a recovery network: building a connection with another young person/ peer to peer navigation • A recovery network would be qualitatively different from 211 • Recovery community can ensure a warm hand off between levels of care Massachusetts has adopted a peer to peer model of support system (A link to one of Massachusetts' programs: http://recoverproject.org/about/	
Corrections access to care	• Research indicates high percentage of individuals that experience overdosing have spent some time in the corrections system • How an individual leaves jail/prison affects access to treatment (example: supervised .vs. unsupervised parole/probation may determine if a person uses again). • Health information sharing (EHR) to community providers about the treatment a person received while incarcerated. • Programs going into to prisons are not able to bill for providing services	
Overall subcommittee summary recommendations to the ADPC	• All topics discussed during today's meeting can form our recommendations to the ADPC • We would need to organize and provide more detail of why we recommend the items listed.	

Other	• Including the kind of treatment/intervention that works depending on the stage of a person's life (the idea of: what works best for whom?) "Do no harm" approach
	• HHS new policy regarding re-entry & access to treatment
	• Staff evaluations from clients
	• The criteria to get into treatment
	  ○ A person may have to use to be eligible for treatment
	  ○ Especially individuals leaving DOC
	• The aspect of misconceptions about addiction is another barrier
	• A suggested goal is a completely joint process
	• Pre-arrest diversion; treatment instead of jail, this will require some level of monitoring
	• Looking to the number of beds in Connecticut - which take insurance and adolescents?
	
	Questions:
	1. "Can Medicaid pay for the last 6 to 8 weeks of treatment prior to release once an inmate is scheduled for release? This will help with induction into treatment for those who need it.	

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	(Beacon will find out if this could be done) 2. To evaluate the pathways into treatment we may need to know: Out of the number of people who have died from overdose do we have a breakdown of what were their payers? Specifically, how many are Medicaid, Medicare, or no insurance? (DCF/UConn will follow up on this question)	