

ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, February 18, 2020
State Capitol, Room 310
Hartford, CT
10:00 a.m.

ATTENDANCE

Members/Designees: Craig Allen, Rushford; Charles Atkins, CMHA; Jennifer Chadukiewicz, CCAR; Renee Coleman-Mitchell, DPH; Maria Coutant Skinner, McCall Center; Miriam Delphin-Rittmon, DMHAS; Katie Farrell, Public Defender; David Fiellin, Yale; Brian Foley, DESPP; John Frassinelli, DOE; Ingrid Gillespie, CT Prevention Network; David Guttchen, OPM; William Halsey, DSS; Mark Jenkins, GHRC; Shawn Lang AIDS, CT; Barbara Lanza, Judicial; Frank Maletz, Representing Senator Formica; Kathleen Maurer, DOC; Amy Mirizzi, DPH; Nancy Navarretta, DMHAS; William Petit, CGA; Sandrine Pirard, Beacon; Surita Rao, UCONN Health; Jonathan Steinberg, CGA; Judith Stonger, Wheeler Clinic; Scott Szalkiewicz, DCP; Phil Valentine, CCAR;

Visitors/Presenters: Julienne Giard, DMHAS; Mary Painter, DCF; Lyn Stokes, HHC; Ece Tek, Cornell; Sandy Valentine, UCONN; Tyler Anderson, R&C; Rebecca Allen, CCAR; Jennifer Reed, CCAR; Melissa Sienna, UCONN Health; Robert Lawlor, HIDTA; Sara Ali, HIDTA; John Lalh, Today Matter; Jahaira Rosario, Clean Slate; Ramona Anderson, DPH; Cheri Bragg, DMHAS; Tom Fulton, Wheeler; David Kaplan, BHPOS/MAPOC; Angela Aguilar, OCPD; Ana Gopoian, TriCircle; Sheila Owen, Peach Tree Counseling

Recorder: Karen Urcioli

The February 18th meeting of the Alcohol & Drug Policy Council (ADPC) was called to order at 10:00 a.m. by Commissioner Delphin-Rittmon, DMHAS. The meeting was co-chaired by Commissioner Vanessa Dorantes, 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
Recommendations Approved by Council (October Meeting)	The recommendation put forth by the Prevention Sub-committee that works with established groups and initiatives to educate legislatures, policy makers, medical and other professionals, families and community members on SEI/FASD, plans of safe care, and best practices for universal prenatal screening: and develops legislative and policy recommendations that support women was approved.	Noted
Update on Yale Research Awards Addressing Opioid Use and Treatment	<p>Dr. David Fiellin provided the following update: The National Institutes of Health (NIH) Helping to End Addiction Long-term Initiative (HEAL) program is a national effort funding a variety of research projects that tackle the opioid addiction and overdose crisis.</p> <p>HEAL prioritizes five funding areas</p> <ul style="list-style-type: none"> • Research to Practice for the Treatment of Opioid Addiction • New Strategies to Prevent and Treat Opioid Addiction • Enhanced Outcomes for Infants and Children Exposed to Opioids • Novel Medication Options for Opioid Use Disorder and Overdose • Preclinical and Translational Research in Pain Management <p>\$945 million awarded in FY 2019 75 projects spanning 41 states 8 Yale faculty-led projects (below)</p> <ul style="list-style-type: none"> • Preclinical and clinical evaluation of the NMDA modulator NYX-783 for opioid use disorder - conduct preclinical and clinical assessments of the NMDA modulator NYX-783 as a treatment for substance use disorder. • Guanfacine target engagement and validation to improve substance use outcomes in women - This study will assess clinical efficacy of Guanfacine (GUA) as a treatment for substance use disorders. • Pain Management Collaboratory Coordinating Center - The Center will provide national leadership, technical 	Informational – The full PowerPoint presentation can be found on the DMHAS ADPC webpage.

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	<p>assistance, tools, and resources for high-impact projects supporting clinical trials on non-pharmacological approaches for pain management and other comorbid conditions in veteran and military healthcare systems.</p> <ul style="list-style-type: none"> • A digital intervention to prevent the initiation of opioid misuse in adolescents in school-based health centers - This study merges a videogame intervention with effective components of substance use prevention programs to develop an evidence-informed intervention to prevent the initiation of opioid misuse in high risk adolescents. • Transitions Clinic Network: Post-incarceration addiction treatment, healthcare, and social support study - This study will assess whether the Transitions Clinic Network (TCN) program, which provides enhanced primary care and OUD treatment for people recently released from incarceration, improves measures in the opioid treatment cascade. • Long-acting buprenorphine vs. long-acting naltrexone opioid treatments in CJS- involved adults - A 5-site RCT of long-acting buprenorphine (XR-B) vs. extended-release naltrexone (XR-NTX) in US prisons and jails. 666 soon-to-be-released individuals with OUD will be randomized 1:1 to XR-B or XR-NTX in corrections followed by 24-weeks of post-release community treatment, and final long-term follow-up at 12-months. An additional 334 OUD individuals otherwise eligible but not interested in the RCT will be recruited into a quasi-experimental treatment-as-usual 3rd study arm. • The Emergency Department-Initiated Buprenorphine Validation Network Trial - This study will train and provide resources to 30 ED sites throughout the U.S. using implementation facilitation strategies and provide ED-initiated buprenorphine with standard sublingual buprenorphine (SL-BUP) and a novel extended release formulation of buprenorphine (XR-BUP). • Video-telecare collaborative pain management to improve function and reduce opioid risk in patients with end-stage renal disease receiving hemodialysis - This study will test a combined behavioral/medication management approach to long-term opioid therapy tapering for patient's end-stage renal disease receiving hemodialysis. • The Collaboration Linking Opioid Use Disorder and Sleep (CLOUDS) Study - his study will investigate patients receiving medications for opioid use disorder to elucidate potential causal mechanisms between sleep deficiency and opioid use disorder. • Coordinated medical treatment of opioid use disorder and infectious disease - This study seeks to test model of care (ID/LAB) in which OUD is managed by infectious disease (ID) specialists and hospitalists concurrent with management of the OUD-related infections, using long-acting injectable buprenorphine (LAB), followed by referral as soon as possible after hospital discharge to community resources for long term treatment of OUD. Adults admitted to hospital for infections related to OUD (N = 200) will be identified at hospital admission, randomly assigned 1:1 to ID/LAB or treatment as usual (TAU) and referral to community-based treatment for OUD in parallel with treatment of the infectious disease. • Comparative Effectiveness of Two Formulations of Buprenorphine for Treating Opioid Use Disorder in Veterans (VA-BRAVE) - The primary objective of this trial is to evaluate the effectiveness over 52 weeks of a newly available long-acting 28-day injectable formulation of buprenorphine, (Sublocade® 300 mg), in improving retention in opioid agonist treatment and in reducing opioid use among 900 Veterans with OUD as compared to the current standard of care - daily sublingual buprenorphine (16-24 mg). • Support Models for Addiction Related Treatment (SMART) Trial of Opioid Use Disorder in Pregnant Women - To compare the effectiveness of two models of support for reproductive health clinicians to provide care for 480 pregnant and postpartum women with OUD: <ol style="list-style-type: none"> 1. A collaborative care (CC) approach based on the Massachusetts Office-Based-Opioid-Treatment (OBOT) model and 2. A tele support approach modeled on the Project Extension for Community Healthcare Outcomes (ECHO). 	

Topic	Discussion	Action
SUD Planning Grant	<p>William Halsey provided the following report:</p> <p>CMS SUD Planning Grant</p> <ul style="list-style-type: none"> • On October 24, 2018, the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act: Section 1003 was enacted to increase treatment or recovery capacity • CT BHP developed and submitted an application to the Center for Medicare & Medicaid Services (CMS) to secure funding related to a Substance Use Disorder (SUD) Planning Grant • On September 30, 2019, Connecticut was one of 15 states and the District of Columbia to be awarded the SUD Planning Grant <p>Planning Grant Background</p> <ul style="list-style-type: none"> • The SUD Planning Grant does not contain funding for services • Timeframe of grant: Oct 1, 2019 – March 31, 2021 (18 months) • The purpose of the grant is to ensure access to effective substance use disorder treatment or recovery by: <ul style="list-style-type: none"> ○ Conducting comprehensive unmet needs assessment ○ Engaging all key stakeholders ○ Identifying and analyzing key measures and data modeling for possible behavioral health infrastructure redesign <p>Participation in the Planning Grant</p> <ul style="list-style-type: none"> • This work includes formal and informal entities participating in the planning effort, including, but not limited to the following: <ul style="list-style-type: none"> ○ CT Behavioral Health Partnership Oversight Council ○ Alcohol and Drug Policy Council ○ Children’s Behavioral Health Advisory Council ○ Consumer and Family Advisory Council <p>Role of Beacon Health Options</p> <ul style="list-style-type: none"> • Beacon Health Options, as the Medicaid behavioral health Administrative Services Organization (ASO) will play a critical role in the assessment, data collection, and reporting requirement of the grant • Beacon is in the process of hiring staff in order to fulfill the requirements of the grant <p>Special Populations</p> <ul style="list-style-type: none"> • The Planning Grant will do a comprehensive review of the Medicaid populations, but there are specific sub-populations that will receive additional analysis: <ul style="list-style-type: none"> ○ Pregnant/postpartum women ○ Substance exposed infants ○ Adolescents ○ American Indians/Alaska Natives ○ People living in rural areas ○ Medicare-Medicaid dually eligible ○ Older adults who are over the age of 65 ○ Persons diagnosed with HIV ○ High need, high cost cohort <p>Planning Grant Activities</p> <ul style="list-style-type: none"> • Planning Grant Activities include, but are not limited to the following: <ol style="list-style-type: none"> 1. National prevalence data for SUD compared to Connecticut 2. Convene multiple and regional focus groups with members, providers and stakeholders to assess needs 3. Develop a provider capacity map, identifying providers that can treat specific populations 4. Analyze the Medication Assisted Treatment (MAT) provider network 	Informational

Topic	Discussion	Action
	<ol style="list-style-type: none"> 5. Conduct an analysis of current access patterns 6. Develop an inventory of current Medicaid payment methodologies and rates 7. Assess coordination between primary care, mental health, and SUD treatment and recovery providers 8. Propose activities to support new infrastructure, including to recruit prospective providers and provide training and technical assistance to providers who deliver SUD treatment or recovery services <p>Concurrent SUD Activities</p> <ul style="list-style-type: none"> • There is a multi-state agency workgroup reviewing a Medicaid waiver in order to improve and expand SUD services • The 1115 SUD Demonstration Waiver may prove to be an excellent opportunity for the state • Twenty-seven states have already been approved to implement an SUD Demo Waiver • Beacon will be reviewing several SUD Demo Waiver approved applications as part of their activities under the SUD Planning Grant <p>Planning Grant Outcomes</p> <ul style="list-style-type: none"> • The overarching goal of the Planning Grant is to better understand the treatment and recovery needs of individuals with substance use disorders, the capacity of the treatment system to meet those needs and to develop an action plan on how to enhance services or introduce new services that result in improved outcomes for our members. <p>Effort of Activities Now through April 14, 2020</p> <ul style="list-style-type: none"> • Holding focus groups with members having SUD, including all special populations • Performing Key Informant Interviews with providers and subject matter experts in the field of BH • Data analysis on the prevalence of SUD in the Medicaid population and the service utilization patterns of the overall Medicaid population with SUD as well as special sub-populations 	
<p>Update on DOC SUD Initiatives</p>	<p>Dr. Kathleen Maurer provided the following report: CT DOC System</p> <ul style="list-style-type: none"> • A Unified System (jails and prisons are under the same unified umbrella) • Average daily population – 12,000 • 14 facilities • MOUD Model, Internal OTP, Vendor-based • 6 MOUD treatment programs • Treating 300 patients daily with Methadone/Buprenorphine <p>Program Beginnings</p> <ul style="list-style-type: none"> • New Haven Correctional Center <ul style="list-style-type: none"> • Team Members <ul style="list-style-type: none"> • Warden Jose Feliciano & Staff • DPH • DMHAS • APT Foundation • Published RFP • Signed contract & started treatment late 2013 • Bridgeport Correctional Center <ul style="list-style-type: none"> • Signed contract & started treatment 2014 • Recovery Network of Programs <p>Medication for Opioid Use Disorder Treatment in 2020</p> <ul style="list-style-type: none"> • Treat ~ 320 patient's daily • Largely methadone 	<p>Informational – The full PowerPoint presentation can be found on the DMHAS ADPC webpage.</p>

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	<ul style="list-style-type: none"> • Mainly maintenance • Limited buprenorphine • 6 Facility-based programs <ul style="list-style-type: none"> • 1-Internal OTP • 5-vendor-based OTPs <p>Early NHCC Outcome Data</p> <ul style="list-style-type: none"> • Significant improvement in re-engagement with community providers • Significant improvement in time to re-engagement with community providers • Evidence of less disruptive behavior in the jail <p>Outcomes</p> <p>Disciplinary Tickets</p> <ul style="list-style-type: none"> • MMT Group had significantly fewer disciplinary tickets during incarceration Odds Ratio = 0.32, p<.05 <p>Post-release Re-engagement in Community Based MMT</p> <ul style="list-style-type: none"> • MMT Group was more likely to re-engage in community-based MMT within 1 and 30 days post-release - 1 day Odds Ratio = 32.04, p<.001; 30 day Odds Ratio = 6.08, p<.001 <p>Recidivism among APT Subsample Who Re-engaged vs. Did Not Re-engage in MMT</p> <ul style="list-style-type: none"> • APT subsample participants had lower rates of arrest, new charges, and reincarceration <p>Next Steps</p> <ul style="list-style-type: none"> • Increase the number of facilities with programs—4 RFPs pending (CRCI, W-C, WRC, MYI) • Enhance the medication delivery system—automated methadone delivery • Offer all three FDA approved medications for MOUD 	
<p>Sub-Committee Reports</p> <ul style="list-style-type: none"> • Prevention, Screening and Early Intervention 	<p>Judith Longer provided the following update:</p> <ul style="list-style-type: none"> • Resetting pain expectations – have been diligently working on developing a flyer/poster that will remind patients about the fact that their pain is unique and therefore their pain management plan should be unique and that they should speak to their provider. A personal pain assessment and management tool has been developed and they are in the process of identifying various locations to pilot it; health centers and other primary care provider locations have agreed to pilot it, a survey has been developed to get feedback on the tools effectiveness and how useful they are finding it to be. • Workplace policies – A vendor has been selected, work is underway to develop a recovery friendly workplace toolkit that will contain sample policies for employers HR department on how to best support people who are actively using, people in recovery, family members and their employees. The toolkit will be drafted by the end of the month and will be reviewed by various committees. There is a focus group that’s planned at a Labor Department upcoming education event as well. • Substance exposed infants and fetal alcohol spectrum disorder workgroup – have had interest from a legislator and will meet with her next week to talk about possible legislation and policies moving forward. • Academic detailing work on opioids has been continuing with 4 health district, a 5th is soon to be added. • The Change the Script campaign continues to expand, there is new materials and new messaging, all are available on Drugfreect.org. • Working on a mass mailing which will most likely be a magnet that will contain the Access # for opioid and other substance abuse treatment to go to every household in the State of CT. There will be new bill boarding and signage put up. A resource van was recently purchased to go around the state and provide materials on opioids and other substance use prevention and health promotion. • The New England HIDTA reported that the New Haven Harm Reduction Initiative has been launched. They’ve held 	<p>Informational</p>

Topic	Discussion	Action
	<p>trainings on substance use with police, they are developing short role call videos, and will hopefully work with POST.</p> <ul style="list-style-type: none"> Shawn Lang reported that harm reduction trainings and naloxone trainings are being held at shelters throughout the state. <p>Ingrid Gillespie provided the following update:</p> <ul style="list-style-type: none"> HB1520 – Looking at vaping and focusing on the supports for schools. Looked at what educational resources are available, what free smoking cessation resources are available, and the types of policies that schools are administering with respect to this. Will be sending out a short survey to see what schools are doing in order to find out their best practices and how we can support them. 	
<ul style="list-style-type: none"> Treatment 	<p>Dr. Charles Atkins provided the following report. This committee continues look at and work on the following:</p> <ul style="list-style-type: none"> how people are increasing falling through the cracks access across the spectrum capacity of medication assisted treatment waived providers, do we have enough and where they are located the variability between LMHA's and access induction and statewide access. Will be meeting with Beacon Looking at inpatient psych units and missed opportunities, how to better assess and address opioid use disorders Access to Narcan Through the regional health action organization, there will be a regional harm reduction symposium Access to longer term housing options regulatory issues 	
<ul style="list-style-type: none"> Recovery and Health Management 	<p>Jennifer Chadukawiecz provided the following report:</p> <ul style="list-style-type: none"> There have been several new members that joined this group, several specifically represent youth in recovery. Youth Recovery Supports – had the recovery team from the Children's Center in Hamden provide a presentation to the ADPC, will be supporting the expansion of their model. Will be supporting the Help is Here conference, acted in an advisory capacity. It is a free conference and will be held in May. Recovery Friendly Campus Initiative – excited to have a couple of members from recovery campus organizations and recovery communities on campuses join this group, will be looking at what a rubric for a recovery friendly campus could look like. The Recovery Friendly Initiative continues, in March, Mayor Stewart in New Britain wrote a resolution that was passed declaring New Britain and recovery friendly community. Next month, Mayor Stewart and Mayor Zoppo-Sassu from Bristol will provide a presentation on their path to becoming a recovery friendly community. Made a few changes based on feedback from towns to the recovery friendly rubric. Making revisions to the language matters document. Working on a recovery friendly state rubric Recovery friendly employers initiative - thanked everyone for their support with this initiative 	Informational
<ul style="list-style-type: none"> Criminal Justice 	<p>Barbara Lanza provided the following report:</p> <ul style="list-style-type: none"> Continue to meeting on a month basis Had additional members join the group, including Judge Alexander who is a criminal administrative judge. Had a presentation by the O'Donnell group, in the process of have LiveLoud posters being posted in all probation 	Informational

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	<p>offices, bail commission offices, and the public defender's office.</p> <ul style="list-style-type: none"> • Have New England HIDTA members on this sub-committee, they have been very helpful in the development of a police tool kit, talking to police departments across the state and getting feedback from them with regard to police officers who are interfacing with people who have substance use disorders, in addition they had the harm reduction initiative in New Haven in conjunction with the New Haven Police Department. 	
Other Business		

NEXT MEETING – Tuesday, April 21, 2020, 10:00 – 12:00, State Capitol, Room 310

ADJOURNMENT – The February 18, 2020 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.