

ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, June 20, 2017
Legislative Office Building, Meeting Room 1D
Hartford, CT
10:00 a.m.

ATTENDANCE

Members/Designees: Craig Allen, Rushford; Charles Atkins, CMHA; Michele Bissell, APT Foundation; Sean Bradbury, Board of Regents; Theresa Conroy, Representative for Terry Gerratana; Miriam Delphin-Rittmon, DMHAS; Marcia DuFore, NCRMHB; John Frassinelli, DOE; Ingrid Gillespie, CT Prevention Network; William Halsey, DSS; Susan Logan, DPH; Gerard O'Sullivan, Dept. of Insurance; Surita Rao, UCONN Health; Julie Revaz, Judicial; Betsy Ritter, Dept. on Aging; Gary Roberge, Judicial; Jerry Schwab, High Watch Recovery Center; Gregory Shangold, Windham Community Hospital; Kelly Sinko, OPM; Kristina Stevens, DCF; Xaviel Soto, DCP; Jonathan Steinberg, CT General Assembly; Judith Stonger, Wheeler Clinic; Hope Auerbach, CCAR

Visitors/Presenters: Nancy Navarretta, DMHAS; Julienne Giard, DMHAS; Charles Dike, DMHAS; Mary Painter, DCF; Sandra Violette, DOC; Yanike Whittingham, DOC; Bert Plant, Beacon; Sean Bradberry, CSCU; Joe Ritter, RSL; Diana Heymann, DMHAS; A. Harris, GHRC; Mark Jenkins, GHRC; Marsha Murray, DCF/UCONN Health; Richard Porth, United Way

Recorder: Karen Urcioli

The June 20, 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 Kristina Stevens, 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
Legislative Update	<p>Commissioner Delphin-Rittmon provided an overview of the most recent legislation regarding Opioids and Substance Use Disorders. The Bill was passed into law unanimously; the commissioner thanked all those who were helpful in moving the bill forward. The Bill which makes various changes to prevent and treat opioid drug abuse, including:</p> <ul style="list-style-type: none"> • Allows the commissioner of DCP to share specific prescription related information with other State agencies as long as an MOU exists and is in accordance with HIPPA guidelines. • Focuses on helping to reduce access to controlled substances and disposal of them. • Allows for a process by which a patient can work with their prescriber to request non-opioid treatment for pain management. • The Bill will also help to reduce the numbers of days that opioid drugs can be prescribed to minors. It will be reduced from 7 days to 5 days. • Requires the development of a 1 page fact sheet on opioid drugs. • Requires examining the feasibility of developing a marketing campaign/monthly public service announcements. • Requires examining the feasibility of developing an electronic portal that provides real time data on the availability of detox and SA rehab beds. • Requires the convening of a work group to advise on any legislative or policy changes to enable first responder or health care providers to safely dispose of a person's opioid drugs upon their death. • Requires drug and alcohol treatment facilities to use ASAM criteria. 	Informational
Drug Free CT Demo	<p>Judith Stonger reports that one of the recommendations for the Prevention, screening and Early Intervention subcommittee was the redesign of the drugfreect.org website.</p> <p>History of the drugfreect.org Website:</p> <ul style="list-style-type: none"> • Developed in 2015 through DMHAS/DPH led Prescription Drug Overdose Prevention Workgroup 	Informational

Topic	Discussion	Action
	<ul style="list-style-type: none"> • Effort led by Aaron Frankel from Governor Malloy's office • drugfreect.org developed as a page on the ct.gov website • Released in conjunction with "Mind Your Meds" PSA and billboards <p>2016 Analytics for drugfreect.org:</p> <ul style="list-style-type: none"> • Average views per day – 9.7 • Average time on page – 4.5 minutes • Bounce rate – 53% (percentage of people who visited the site but did not interact with it) • Highest utilization – March 2016 (billboards up) • Small survey indicated that 17 of 29 (59%) visitors indicated that the website was helpful <p>Redesign Goals and Parameters</p> <ul style="list-style-type: none"> • Redesign must conform with the new ct.gov web page templates • Target audience is the general public • Ease of access to information is paramount • Graphics used for easy identification of primary information resources • New design will be informed by the statewide awareness campaign • Analytics will be monitored and analyzed 	
Sub-Committee Reports		
<ul style="list-style-type: none"> • Prevention, Screening and Early Intervention 	<p>Ingrid Gillespie provided an update on the Prevention Sub-committee Goals:</p> <p>Identifying Core Competencies for Continuing Medical Education</p> <ul style="list-style-type: none"> • A list of core competencies was developed by Dr. Daniel Tobin, Assistant Prof. of Medicine, Yale Univ. School of Medicine and Medical Director of the Adult Primary Care Center at Yale New Haven Hospital. These competencies are the objectives of the lectures he delivers to both prescribers and non-prescribing medical staff and is suggested for use in measuring current pain management programs for medical trainees and providers. • In collaboration with the CORE Team, Dr. Tobin is planning (6-7) Scope of Pain trainings statewide over the next 4-5 months and work with the CT State Medical Society to advertise. • An op-ed was published in the Cleveland Clinic Journal of Medicine to raise awareness of PD misuse. <p>Create a Statewide Prevention and Education Communication Strategy <i>Raise awareness of and provide education on the dangers of opioids and reduces stigma and other barriers for individuals and family members seeking help.</i></p> <ul style="list-style-type: none"> • The DPH held a conference on October 27th for health and human service professionals across the state to reveal the CT Opioid Response (CORE) plan and its implication for prevention, treatment and recovery. • The DPH awarded 7 health districts across the state to implement community health system interventions aimed at building capacity necessary to prevent prescription drug overdose and abuse. • The drugfreect.org website is being updated to improve user interface and increase ease of access to information • National Prevention Week is May 14th through the 20th, with a conference planned for May 15th. That day will include workshops, networking and panel presentations. • The quilting project to raise awareness of those who have died from substance use disorders is moving ahead. Quilt square making events are scheduled across the state. A display is planned for the Prevention Week Conference on May 15th. • 5 Benzodiazepine trainings have been planned by the CT prevention Network throughout CT for National Prevention Week. • The Connecticut Health Investigative Team (C-HIT) and Wheeler Clinic hosted a community forum entitled "Working Women: The New Face of Addiction" on April 6 at the New Britain Museum of American Art. Nearly 160 people 	Informational

Topic	Discussion	Action
	<p>attended and another 400 viewed the live Facebook stream.</p> <ul style="list-style-type: none"> A summit for the CT CDC-Prescription Drug Overdose Prevention grant for states was held in April and attended by the health districts, the Yale evaluation team and representatives of state and other healthcare agencies across the state. <p><i>Provide education and resources regarding dispensing, safe storage and disposal of prescription medications</i></p> <ul style="list-style-type: none"> The DCP has: created a new "How to dispose of your medications" for Youtube; licensed additional law enforcement drop boxes; drafted language for drop boxes in pharmacies; provided brochures for distribution including "Secure Your Meds" and "Safe Storage and Disposal of Prescription Medication." <p><i>Inform prescribers by developing and adopting Fact Sheets; support the dissemination process of such Fact Sheets to prescribers.</i></p> <ul style="list-style-type: none"> The Subcommittee plans to review a series of CDC-produced factsheets, posters, and quick reference guides directed at multiple audiences, and select the most appropriate ones for replication and distribution. <p><i>Promote ADPC adoption of one or more of the Public Service Announcements that have been developed by DMHAS and other currently available educational materials for distribution. Assist with the identification of necessary resources to do so.</i></p> <ul style="list-style-type: none"> The vendor DrinkCaffeine has been procured to: 1) create an integrated, statewide communications plan for messaging and tactics that will address all audiences about opioid use, misuse and overdose; 2) develop a targeted campaign for prescribers to increase their utilization of the CPMRS; and 3) develop and distribute an educational campaign that decreases stigma, promotes treatment uptake and increases awareness among general public. <p>Support the integration of the Prescription Drug Monitoring Program (PDMP) with Electronic Medical Records (EMRs)</p> <ul style="list-style-type: none"> The DCP is working on developing and disseminate a print campaign to address: CT Prescription Drug Monitoring Reporting System (CPMRS) purpose, key features and benefits for improving clinical practices, and, detecting patient abuse. The CT Children's Medical Center and 4 other healthcare providers across the state are working with the DCP to integrate their EHR systems with the CPMRS. <p>Insure that school administrators and/or nurses and college public safety personnel have naloxone available to them</p> <ul style="list-style-type: none"> Discussions with school-based health centers, the School Nurses Association, the Association of Boards of Education and the Boards of Regents are ongoing. There were 2 naloxone prescribing events on March 28th in Hartford and April 8th in New Britain to allow pharmacists to prescribe in a group setting. 	
<ul style="list-style-type: none"> Treatment 	<p>Dr. Charles Atkins provided an update on the Treatment Sub-committee Goals:</p> <p>Promote screening, brief intervention and referral to treatment for opioid misuse (e.g. SBIRT) across the lifespan:</p> <ul style="list-style-type: none"> <i>Implement Adolescent Screening, Brief Intervention and Referral to Treatment (A-SBIRT) protocols according to national standards and/or as established by DCF, DMHAS and/or the UConn Health SBIRT Training Institute.</i> <i>Expand professional trainings available on adult and adolescent Screening, Brief Intervention and Referral to Treatment (SBIRT) to increase the frequency and number of individual screenings for opioid misuse, brief interventions, and referrals to treatment.</i> <ul style="list-style-type: none"> Trainers, Kognito licenses and UCONN training institute available-ongoing SAMHSA State Youth Treatment Implementation (SYT-I) proposal includes A-SBIRT trainings for various sectors. DMHAS STR and DCF ASSERT Awards include resources for SBIRT implementation and expansion. SBIRT training offered at July 2017 opioid conference. <p>Enhance early identification of substance use problems by requiring children's Enhanced Care Clinics.</p> <ul style="list-style-type: none"> <i>Conduct urine toxicology screening for common substances of abuse/misuse including opioids. Screening protocols should be trauma-informed and follow best practice standards of care for the populations served.</i> 	Informational

Topic	Discussion	Action
	<ul style="list-style-type: none"> ○ Urine toxicology guidelines to be drafted by subcommittee for distribution to ECCs (can also be used beyond ECCs) ○ The original recommendation to “require” ECCs to use urine toxicology screening upon all admissions was explored by the committee and ultimately decided against because of the possible misuse of it and resulting alienation from treatment that could happen. <p>Require the 13 DMHAS operated/funded Local Mental Health Authorities (LMHA) to provide Buprenorphine treatment on-site, including psychosocial and recovery support services.</p> <ul style="list-style-type: none"> ● 12/16- One time DMHAS funding for LMHAS ● 12/16-DMHAS Learning Collaborative begun including sharing of policies ● Related-9/16 SAMHSA MATX funding expansion at 4 sites (2 LMHAS) ● DMHAS Prevention-Treatment-Recovery Conference 7/17- 8 hrs FREE DATA training offered ● Note: DCF ASSERT grant award includes expansion of MAT to youth aged 16-21 <p>Reduce disparities in access to medical treatment by expanding the availability and clinical use of MAT</p> <ul style="list-style-type: none"> ● MAT in Bridgeport and New Haven jails-ongoing ● Expand to MAT in Hartford Correctional Center-2017 ● Expand to York-2017 ● Expand to Somers in 2017 with STR funding ● Replicate and Expand Living Free program in New Britain with STR funding 2017 <p>Establish a workgroup to identify and address regulatory barriers that limit access to care.</p> <ul style="list-style-type: none"> ● Have explored multiple topics and invited speakers regarding the following topics: <ul style="list-style-type: none"> ○ children’s behavioral health program licensing; ○ integrated mental health/substance abuse program license; and ○ scope of practice for LADCs. 	
<ul style="list-style-type: none"> ● Recovery and Health Management 	<p>Hope Auerbach provided an update on the Recovery Sub-committee Goals: The ADPC will adopt the “Recovery Language” document developed by the Recovery and Health Management Committee to ensure that all members of the Council and members of the sub-committee are familiar with some alternatives to traditional terminology and can promote the use of such terminology.</p> <ul style="list-style-type: none"> ● Created and Adopted ● Posted to DMHAS and DCF websites. ● Pending confirmation on other suggested agencies such as: Governor’s website, DOC, CSSD, CCAR, AIDS-CT ● Document is utilized internally within workgroup, ● Distributed at New England Symposium on Women and Opioids 	Informational
<p>Federal Funding Updates</p>	<p>DMHAS - Commissioner Delphin-Rittmon provided the DMHAS federal funding update</p> <ul style="list-style-type: none"> ● Strategic Prevention Framework Grant is for 1.3 million and will fund a range of prevention activities ● MATx Grant was awarded last year and will allow for the expansion of Medication Assisted Treatment in four high need communities that were identified based on a data analysis. They are Willimantic, New Britain, Bristol/Plainville, and Torrington. The grant will also fund a clinician and recovery coach in addition to MAT. ● STR Grant which is an opioid grant through SAMHSA for 5.5 million a year for two years. Six RFPs related to the grant were recently released. A majority of the funds will be dispensed at the community level and will be used for: <ul style="list-style-type: none"> ▪ Increasing recovery coaches and the hospital induction of MAT ▪ Recovery coaches in methadone clinics ▪ Welcome MAT, which is a residential program where MAT is available ▪ Opioid Education and family support groups 	Will continue to update

Topic	Discussion	Action
	<ul style="list-style-type: none"> ▪ MAT clinics and enhanced MAT clinics and ▪ Provider trainings, faith based level activities and initiatives, and expanding access to transportation <p>DCF – Kristina Stevens provided the DCF federal funding update Purpose: ASSERT is a four-year SAMHSA-funded implementation grant that serves as the follow-up to CT’s IMPACCT planning grant. ASSERT will provide funding for CT to implement the IMPACCT comprehensive statewide strategic plan for substance use. This program will fund improvements in treatment for adolescents and transitional aged youth (age 12-21 years) with substance use disorders (SUD) and/or co-occurring substance use and mental disorders by assuring youth state-wide access to evidence-based assessments, treatment models, and recovery services supported by the strengthening of the existing infrastructure system. This funding combines infrastructure improvement and direct treatment service delivery and brings together stakeholders across systems to strengthen an existing coordinated network that will enhance/expand treatment services, develop policies, expand workforce capacity, disseminate evidence-based practices (EBPs), and implement financial mechanisms and other reforms to improve the integration and efficiency of SUD treatment, and recovery support system. Project Period: TBA, anticipated 9/30/2017 – 9/29/2021 Funding Amount: \$800,000 annually Approach & Expectations</p> <ul style="list-style-type: none"> • Involve families and youth to inform policy, programs, and effective practice • Increase screening for substance use problems in diverse settings • Expand the qualified workforce to implement evidence-based practices • Implement Multi-dimensional Family Therapy, Medication Assisted Treatment (MDFT-MAT) • Implement finance strategies supportive of evidence-based practices • Improve interagency collaboration to facilitate access to substance use services • Implement a culturally and linguistically competent social marketing and strategic communications plan for substance use services • Conduct an evaluation to document the steps taken to implement the strategic plan, and assess the outcomes of novel interventions. <p>Opportunities Presented by the Grant ASSERT has the capacity to:</p> <ul style="list-style-type: none"> • Increase access to substance use screening • Reduce stigma associated with screening and increase awareness of available services • Increase collaboration and coordination among state agencies around substance use generally, and prescription drug/opioid misuse specifically • Implement finance structures that sustain and grow evidence-based practices • Increase the capacity of adolescent substance use providers to intervene with prescription drug/opioid misuse. <p>For More Information: Mary.Painter@ct.gov; 860-560-5035</p>	<p>Will continue to update</p>
<p>Department of Consumer Protection New Data Analysis</p>	<p>Xaviel Soto provided a high level overview of CT’s prescribing data.</p> <ul style="list-style-type: none"> • For the last four years, prescription data shows that the number of controlled substance prescribed has been increasing. Hartford and New Haven counties are where most of the controlled substances are being dispensed, followed by Fairfield and New London. • In 2014, and 2015 approximately 2.6 million opioid prescriptions were written, thanks to this group and many other people across the State that number dropped to 2.5 million in 2016. New Haven County is where most of the opioid prescriptions are being dispensed followed by Hartford, Fairfield, and New London. • In 2014 approximately 1.7 million prescriptions for Benzodiazepine prescriptions were dispensed, in 2015 and 2016 that number dropped to approximately 1.6 million. Hartford, New Haven and New London are where most of the 	<p>Informational</p>

Topic	Discussion	Action
	<p>prescriptions were dispensed.</p> <ul style="list-style-type: none"> • The most prescribed controlled substance in CT in 2016 are Alprazolam followed by Oxycodone/Acetaminophen, Clonazepam, Lorazepam and Zolpidem Tartrate. • In 2016 there were approximately 29,000 prescribers in CT, of that 29,000 approximately 19,000 wrote one prescription for a controlled substance. <p>The following data is about the CT Prescription Monitoring and Reporting System (CPMRS)</p> <ul style="list-style-type: none"> • In 2014 there were approximately 250,000 look-ups by prescribers and approximately 315,000 look-ups by pharmacists. In 2015 and 2016 the look-ups increased. • There continues to be an increase in prescribers registered in CPMRS. In 2014 29% of CT prescribers were registered, in 2015 that went up to 50 % and in 2016 it went up to 97%. • The percentage of prescribers utilizing CPMRS in 2014 was 8% and in 2015 was 25%. At that time use of the system was not mandatory. In 2016 it went up to 40%. • Currently there are approximately 713 in state licensed pharmacies reporting to the CPMRS, and approximately 300 out of state licensed pharmacies reporting. • There are roughly 6000 pharmacists in CT; in 2015 approximately 37% were registered in CPMRS, in 2016 that went up to approximately 38%. • CT is currently sharing data with 26 states. <p>Next Steps: State/Federal Grants</p> <p>State Grants</p> <ul style="list-style-type: none"> • IT Investment Capital Fund <ul style="list-style-type: none"> ○ Clinical Notification ○ Excessive lookup Alert ○ Registration Auto Approve ○ Delegate Support ○ Case Management ○ Mobile Device App • U.S. Department of Justice (DOJ) – PMP Enhancement Grant (DCP) <ul style="list-style-type: none"> ○ Prescriber Reports <ul style="list-style-type: none"> ▪ Compares prescribing behavior to risk indicators: <ul style="list-style-type: none"> • High dose therapy • Combo therapy • Treatment duration • U.S. Substance Abuse & Mental Health Services Administration (SAMSHA) – SPF Rx Grant (DMHAS/DCP) • U.S. Center for Disease Control & Prevention (CDC) – State Prevention Grant (DPH/DCP) <p>Federal Grants</p> <ul style="list-style-type: none"> • Advanced Data Analytics - Software <ul style="list-style-type: none"> ○ Prescription metrics ○ Morphine milligram equivalent (MME) ○ Risk factors (such as combo therapy, prescription overlap, and treatment duration) • Awareness Campaigns: <ul style="list-style-type: none"> ○ Prescribers ○ Pharmacists ○ Law Enforcement Agencies 	

Topic	Discussion	Action
	<ul style="list-style-type: none"> • U.S. Center for Disease Control & Prevention (CDC): <ul style="list-style-type: none"> ○ Awareness campaigns <ul style="list-style-type: none"> ▪ Media Campaign – General Public/Prescribers • U.S. Substance Abuse & Mental Health Services Administration (SAMHSA): <ul style="list-style-type: none"> ○ Strategic Plan 	
CAPTA Legislation	<p>Kristina Stevens provided an overview of CAPTA</p> <p>CAPTA - Child Abuse Prevention and Treatment (CAPTA) is federal legislation addressing child abuse and neglect, originally enacted in 1974 and reauthorized in 2010. Among the elements of CAPTA, are that states develop policies and procedures for the notification to child protective services of the birth of an infant affected by prenatal drug or alcohol exposure, ensure the development of a Plan of Safe Care (POSC) for infants who are prenatally exposed, and ensure a referral for those infants to screening and early intervention services.</p> <p>CARA - The Comprehensive Addiction and Treatment Act (CARA) of 2016 aims to address the problem of opioid addiction in the United States. Included in the CARA requirements are; the establishment of a POSC 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 abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.</p> <p>CT Implementation Expectations - DCF is federally charged with developing policies and procedures that comply with the CAPTA/CARA expectations. While these procedures will include a requirement that health care providers involved in the delivery or care of such infants notify DCF, the legislation specifies that this notification shall not be considered a report of child abuse or neglect.</p> <p>Plan of Safe Care - Plans of Safe Care should include the provision of services and supports that address the infant's and mother's physical, social-emotional health and safety needs and is developed in an interdisciplinary and family focused manner. It is based on the results of a comprehensive, multidisciplinary assessment that is coordinated across disciplines addressing the treatment needs of the infant and family or caregiver.</p> <p>Elements of a Plan of Safe Care</p> <ul style="list-style-type: none"> • Health • Substance Use and Mental Health • Parenting and Family Support • Infant Health and Development 	Informational
Beacon ECHO Project	<p>Dr. Robert Plant provided an overview of Beacon Health Options Project ECHO.</p> <p>This project was designed to help with the Opioid crisis and will be offered free to practitioners in CT. Project ECHO is a way to support the availability of medication assisted treatment with a particular focus on buprenorphine for opioid use disorders along with other types of medication assisted treatment. The program is designed to help those prescribers who have gotten the waiver and will provide them with consultations and support so they are more likely to use the prescribing capabilities that they have. This will be accomplished through the use of videoconferencing.</p> <p>The ECHO Model – 4 Primary Components</p> <ul style="list-style-type: none"> • Use Videoconferencing Technology (Zoom) to leverage scarce resources • Sharing “best practices” to reduce disparities in treating complex conditions • Case-based learning paired with didactic lectures • Web-based database to monitor outcomes <p>The ECHO Model Look and Feel</p> <ul style="list-style-type: none"> • Utilizes the ‘hub and spoke’ model to connect specialists with physicians/healthcare workers in rural or underserved areas 	Informational

Topic	Discussion	Action
	<ul style="list-style-type: none"> ▪ The hub is made up of multi-disciplinary specialists experienced in treating the focus condition ▪ The spokes are practitioners located in underserved communities • Through regular (biweekly) teleECHO clinics, moves knowledge across platforms to jointly manage patients • Leaves the treatment of the patients in the hands of the physician in the local area • Improves participation and morale of the treating physicians and keeps practitioners up-to-date with current knowledge <p>Nest Steps</p> <ul style="list-style-type: none"> • Beacon Issued an RFQ for ECHO on June 5, 2017 • Responses were due June 16, 2017 • Plan is to select 10 providers for the first wave • Other providers will be added from the existing list of approved providers • Orientation and Training will begin in July • ECHO Clinic beginning in August or thereabouts 	
Other Business	Commissioner Delphin-Rittmon announced that on display for this committee was the first in a series of remembrance quilts. This quilt is currently available to be displayed at meetings or events. In addition, August is overdose awareness month; DMHAS will be displaying 3 remembrance quilts in the corridor between the LOB and Capitol.	Informational

NEXT MEETING – Tuesday, August 15, 2017, 10:00 – 12:00, Legislative Office Building, Meeting Room 1D
ADJOURNMENT - The June 20, 2017 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.