



Readiness

Response

Report

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Commissioner

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## THE OPIOID CRISIS AND ITS IMPACT ON CONNECTICUT EMPLOYERS:

### A white paper

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An estimated 21.7 million adults sought substance abuse treatment in 2015, according to the National Survey on Drug Use and Health. Many of those adults were workers struggling to maintain their employment status and livelihoods as a functional part of the workforce. Data from the National Safety Council reveal that, while 70% of employers report being impacted by prescription drug misuse, and just as many feel strongly about helping their employees return to work after substance abuse treatment, approximately 80% of employers lack a comprehensive drug-free workplace policy, and a similar percentage lack training on identifying substance abuse in their workplaces.

Substance use/abuse in the workplace costs Connecticut employers millions of dollars per year in lost productivity and days away from work, increased healthcare costs, human resources activities, and other resource expenditures. In addition, helping an employee or coworker maintain their work status in the face of substance abuse can increase workplace stress and severely impact morale. In March 2017, the Connecticut Department of Public Health convened a symposium designed to educate employers about the development of opioid and other substance abuse issues, the current state of the opioid crisis in Connecticut, and treatment options and strategies for workers struggling with addiction. A second symposium, intended to build on the topics discussed at the previous meeting, was held in October 2017. This discussion focused on the roles of employers, employees, insurers, and healthcare providers in the recognition, treatment, and recovery of workers suffering from addiction. More specifically, the Connecticut Department of Public Health sought to assist symposium attendees with developing a new set of best-practices for identifying workers engaged in, or at risk for substance abuse, encouraging workers who need counseling or treatment to seek it, and providing the resources and support necessary to help employees overcome their illness and return to the vital role they play in the workplace.

With the assistance of several key subject-matter experts in our state, Connecticut Department of Public Health staff consolidated the overarching themes, strategies, and lessons-learned that were discussed during the two symposia into a white paper titled *The Opioid Crisis and Connecticut's Workforce*. ***Continued on page 2***

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This document represents the culmination of over a year's worth of work by a group of professionals representing public and private employers, worker unions and their constituents, physical and mental healthcare providers, legal services, insurers, academic researchers, and state agencies. Though their professional credentials and scope of daily work is highly diverse, these dedicated professionals have a common interest in saving the lives and livelihoods of the workers and families in our state who are impacted by the tragedy of opioids and substance abuse. As a guidance document for employers and their workers, our hope is that this white paper will encourage employers to replace existing substance use/abuse policies and practices, and/or introduce new ones, that will better represent the current scientific understanding of substance abuse, effective treatment, and sustained recovery, and subsequently help to end the growing opioid crisis in our state and the nation.

**[To access the paper on DPH's website](#)**

### ***ACKNOWLEDGEMENTS***

The State of Connecticut Department of Public Health Occupational Health Program would like to extend their deepest gratitude and appreciation to all the authors and subject-matter experts listed in this document for their extensive work in making this project a success, to all the symposium speakers (special thanks to Governor Dannel Malloy, Department of Public Health Commissioner Raul Pino, MD, MPH, US Senator Chris Murphy and State Representative Sean Scanlon) for taking the time to share their knowledge and experience in contribution to this cause, to Travelers Insurance Company and Middlesex Community College for their support in providing meeting space and support, our medical residents and student interns, facility coordinators, and other stakeholders who partnered in the culmination of this guidance to help employers address the opioid crisis with evidence-based best practices to be shared with employers in our state and nationwide. It is our sincere hope that by putting forth in this document the information and guidance we compiled, we can have a significant impact on curbing the opioid crisis in our state and beyond and continue to protect and promote the health and safety of workers and their families.

### ***RADIATION PROFESSIONAL VOLUNTEER PROGRAM (RPVP)***

*Corinne Rueb, Health Program Assistant II,  
Office of Public Health Preparedness and Response*

The [Radiation Professional Volunteer Program](#) (RPVP) supports CT's Radiological Emergency Preparedness (REP) Program. RPVP volunteers are trained to perform personal monitoring and dosimetry issue in Community Reception Centers (CRC) that serve the public evacuating from Emergency Planning Zones (EPZ) within a specified radius of the Millstone Power Station. On November 3 and November 17, seven RPVP volunteers put their training to the test in a full-scale, FEMA-evaluated exercise at the Norwich CRC (Norwich Technical School). Volunteers were instrumental with several facets of operations including supporting dosimetry issue to first responders. The next full-scale CRC exercise is being planned for June 2019 in Storrs, CT. The RPVP is recruiting for volunteers to train and participate in this and future exercises. If you are interested in being part of the Radiation Professional Volunteer Program, contact Corinne Rueb at (860) 509-7112 or email, [Corinne.rueb@ct.gov](mailto:Corinne.rueb@ct.gov)

## SEASONAL INFLUENZA

*Alan Siniscalchi, Surveillance Coordinator for Influenza, Bioterrorism & Public Health Preparedness, Infectious Diseases Section, Epidemiology & Emerging Infections Program*

The 2018-19 influenza season is well underway with rapidly increasing influenza activity being reported throughout Connecticut. The predominant circulating influenza virus is type A, although sporadic influenza B viruses are being identified. Most of the type A isolates that were subtyped since December 2018 have been identified as influenza A (2009 H1N1) viruses, in contrast with the 2017-18 influenza season when influenza A (H3N2) viruses were the predominant isolates in Connecticut. Last season's predominant influenza A (H3N2) viruses had a severe impact on populations throughout the country. The U.S. Centers for Disease Control and Prevention (CDC) stated that the 2017-18 season was the first influenza season to be classified as high severity across all age groups. In Connecticut alone, greater than 14,000 laboratory-confirmed cases, over 3,800 flu-associated hospitalizations and greater than 180 flu-associated deaths were reported during the 2017-18 flu season. Influenza activity during the 2017-18 season peaked in February, followed by a second predominately flu B wave, which peaked in April. It is too early to know when the 2018-19 flu season will peak and how severely flu activity will impact Connecticut populations. Fortunately, information from the CDC suggest that the Northern Hemisphere influenza vaccines are a good match with most globally circulating viruses identified, to date. Therefore, the DPH is still actively promoting use of the flu vaccine, as high levels of flu activity are expected to persist into the spring of 2019. DPH's [weekly Flu update](#) can be found on [DPH's main webpage](#)

## Statewide Influenza Vaccination Campaign

*Stephanie McGuire, Health Program Assistant,  
Office of Public Health Preparedness and Response*

The Connecticut Department of Public Health (DPH) and Centers for Disease Control and Prevention (CDC) promoted National Vaccination Week from December 2<sup>nd</sup> through the 8<sup>th</sup> 2018. According to the CDC, influenza vaccination coverage estimates from past seasons have shown that few people get vaccinated against influenza after the end of November.

To protect the public's health and reduce the spread of influenza, DPH collaborated with local health departments (LHD) throughout CT to offer influenza vaccination clinics on December 1<sup>st</sup> and 8<sup>th</sup>. The Saturday clinics were held to help reduce the barriers of cost and accessibility for low-income, uninsured, and underinsured populations. DPH Commissioner Raul Pino requested the campaign, which was coordinated by the DPH's OPHPR. In addition to making flu vaccine available to vulnerable populations, the Saturday flu clinics presented an opportunity for LHD to practice elements of their preparedness plans. DPH's OPHPR supported local health departments by providing Incident Command coordination and offering financial reimbursement for all vaccine administered or purchased for the two specific Saturday clinics. DPH's Office of Communications used social media, influenza flyers and a press release to promote the clinics along with regularly scheduled LHD clinics.

More than 20 local health departments participated in the two-day clinics. Though LHD experienced a lower turnout than seen in previous influenza response level campaigns, over 600 shots were given over the two Saturdays. LHD expressed that the Saturday clinics worked great for families, and were happy with the exposure provided by the extensive media coverage. A hot wash will follow in the near future. Kudos to local health for a great campaign and all their efforts to prevent the flu throughout the season.

## **CT-DBHRN Training and Exercise Update**

*Kathryn S. Dean, MSSW, Coordinator, CT-DBHRN, Psychiatry at UConn Health*

Team members of Connecticut's Disaster Behavioral Health Response Network (DBHRN), the state asset for behavioral health response following disasters sponsored by the CT Department of Mental Health and Addiction Services and the CT Department of Children and Families, participated alongside a diverse cross section of preparedness partners in the 2018 Norwich Host Community/Reception Center Rehearsal on November 3<sup>rd</sup> and the 2018 Norwich Host Community/Reception Center FEMA-Evaluated Exercise on November 17<sup>th</sup>. These events were the culmination of many months of planning led by staff of the Connecticut Radiological Emergency Program, Division of Emergency Management and Homeland Security, CT Department of Emergency Services and Public Protection in collaboration with the City of Norwich, Millstone Power Station, and other state/local and public/private organizations including the CT Department of Public Health and local public health as well as DBHRN. Planning for the 2019 UCONN/Mansfield Host Community Reception Center Evaluated Exercise kicked off on January 8<sup>th</sup>.

On November 30<sup>th</sup> a statewide training for DBHRN team members was held at Central CT State University in New Britain. Ann Masten, Ph.D., Regents Professor at the University of Minnesota, author and nationally recognized expert on resilience following disaster, was the guest presenter. Dr. Masten presented on "Resilience in Disaster: Protecting Children, Families and Communities" in the morning and a scenario-informed tabletop/roundtable discussion based on her presentation followed in the afternoon. William Turley, DEMHS Region 3 Coordinator, also attended the morning presentation. During the morning break, Bill administered the loyalty oath to the 140+ team members present at that time. The training was very well received by team members with all of them finding the training "useful and applicable to their role as a disaster behavioral health responder" on the formal evaluations. As is always the case when DBHRN team members gather, each attendee reviewed and, if required, updated their contact information.

The final training update is in regards to disaster behavioral health response and Family Assistance Centers. In late 2002/early 2003, DBHRN command staff planned and oversaw a "full scale exercise" for each of the five regional teams in which team members, as a part of exercise play, deployed to a family assistance center. These exercises were the first over the years in which training and/or exercising has focused on preparing DBHRN team members to respond capably and compassionately with persons confronting traumatic experiences/loss. Because DBHRN is always recruiting new team members, ensuring preparedness of these new team members requires returning to this content from time to time. Kathy Dean presented the training "An Introduction to Family Assistance Centers and the Behavioral Health Role" at the Region 2 DBHRN Team Fall meeting and will be taking the training to the other regional teams going forward.

Finally, Kathy is currently scheduled to do PFA training for the East Shore District Health Department's Medical Reserve Corps, the Milford CERT team and the staff of the Naugatuck Valley Health District. If you have questions for her regarding training for your group, feel free to contact her at [kdean@uchc.edu](mailto:kdean@uchc.edu).

### **COALITION SURGE TEST (CST)**

*Michael Mozzer, Training and Exercises*

*Office of Public Health Preparedness and Response*

The Coalition Surge Test (CST) for the BP1 Supplemental project period will be conducted during the month of April 2019. Each healthcare coalition (HCC) has identified a trusted insider to coordinate planning efforts at the regional level; some regions have convened working groups to plan the CST. HCCs are asked to notify the Connecticut Department of Public Health (CT DPH) Office of Public Health Preparedness and Response (OPHPR) by February 15, 2019 of the specific date of the CST in April. OPHPR will ensure that state partners, such as other CT DPH departments (e.g., FLIS, OEMS) and the Connecticut Division of Emergency Management and Homeland Security (DEMHS) are available to participate. CST objectives will be provided to the HCCs by OPHPR by the end of January.

### **REGIONAL EBOLA TABLETOP EXERCISE (TTC)**

*Michael Mozzer, Training and Exercises*

*Office of Public Health Preparedness and Response*

On November 28, 2018, the Massachusetts Department of Public Health and Massachusetts General Hospital (MGH) hosted a regional Ebola tabletop exercise (TTX) at the Shepens Eye Research Institute at the Massachusetts Eye and Ear Infirmary in Boston. The TTX brought together players from the six New England states which comprise U.S. Department of Health and Human Services Region 1. The exercise was to test the regional *Ebola and Other Special Pathogens Regional Coordination and Response Plan* which was drafted in 2017. The plan addresses how the Region 1 states would manage and transport a confirmed Ebola patient from a frontline, assessment or treatment hospital to the Regional Ebola and Special Pathogens Treatment Center (RESPTC) at MGH. Connecticut was well represented by a multi-disciplinary team of players from state public health, state emergency management, state police, emergency medical services, acute care hospitals and community health centers. The scenario involved a foreign national becoming symptomatic with Ebola while visiting the region. Discussion addressed the interstate management and treatment of a person under investigation (PUI) for Ebola, and the transportation of the patient to MGH once the disease was confirmed. The Connecticut participants debriefed following the TTX and discussed the need to revisit and update the state's Ebola and special pathogens plan, last revised in 2016. The Connecticut Department of Public Health (CT DPH) will initiate the process of updating the plan in 2019. Corinne Rueb and Michael Mozzer from the CT DPH Office of Public Health Preparedness and Response were members of the exercise planning team and served as evaluators for the TTX.

## **HPP EBOLA EXPENDITURES**

*Corinne Rueb, Health Program Assistant II,  
Office of Public Health Preparedness and Response*

In response to the 2014 Ebola outbreak, Congress appropriated emergency funding with the purpose of ensuring that the nation's health care system is ready to safely and successfully identify, isolate, assess, transport, and treat patients with Ebola or patients under investigation for Ebola, and that it is well prepared for a future Ebola outbreak. Acute care hospitals throughout the state have used the funding in a variety of ways and report that the funding has positively impacted readiness levels. Yale Hospital is the designated Ebola treatment hospital in CT and has found that conducting unannounced "mystery patient drills" (MDPs) is an effective method to promote best practices in screening, isolation and infection control in the acute care setting. Additional information regarding this strategy can be found on the [NY City Department of Health and Mental Hygiene website](#)

Healthcare Coalitions (HCCs) have used this funding to develop a regional High Impact Pathogens Concept of Operations that serve as the basis for regional exercises and planning. Capacity for frontline, treatment, and assessment hospitals has increased also. Expenditures include air handling and mechanical renovations, decontamination rooms, patient isolation and monitoring equipment, PPE and PPE maintenance and storage, communication equipment, and specialty infection control floor coverings.

The HPP Ebola and EID grant ends in May 2020. The threat of Ebola and emerging disease has remained a formidable presence. The OPHPR strongly encourages that hospitals with remaining Ebola/EID funds work closely with their respective hospital associated infection departments to use these funds to address gaps in their planning and readiness. If you have questions regarding the Ebola and EID program, contact Corinne Rueb at (860) 509-7112 or email [corinne.rueb@ct.gov](mailto:corinne.rueb@ct.gov)

## **OFFICE OF COMMUNICATIONS STAFF CHANGE**

Maura Downes, DPH's Director of Communications has moved on to other career opportunities. Maura brought great dedication, skill, and knowledge to her role. She will be missed by the DPH staff. Elizabeth Conklin will be the Interim Director till a new Director is appointed. She can be reached at [Elizabeth.conklin@ct.gov](mailto:Elizabeth.conklin@ct.gov) or 860. 509.7599

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