ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, October 16, 2018
Legislative Office Building, Meeting Room 1D
Hartford, CT
10:00 a.m.

ATTENDANCE

Members/Designees: Craig Allen, Rushford; Charles Atkins, CMHA; Cheryl Cepelak, DOC; Miriam Delphin-Rittmon, DMHAS; Maureen Dinnan, Representing Rose Rebimbas; Marcia DuFore, Representing John Kissel; John Frassinelli, DOE; Ingrid Gillespie, CT Prevention Network; David Guttchen, OPM; William Halsey, DSS; Joette Katz, DCF; Shawn Lang, AIDS, CT; Barbara Lanza, Judicial; Kathleen Mauer, DOC; Nancy Navarretta, DMHAS; Monika Nugent, DESPP; Sandrine Pirard, Beacon; Surita Rao, UCONN Health; Gary Roberge, Judicial; Jerry Schwab, Representing Prasad Srinivasin; Greg Shangold, Windham Hospital; Xaviel Soto, DCP; Kristina Stevens, DCF; Judith Stonger, Wheeler Clinic;

Visitors/Presenters: Loel Meckel, DMHAS; Jennifer Chadukiewicz, CCAR;Mary Painter, DCF; Ramona Anderson, DPH; Suzanne Doyon, CT Poison Control; Bob Freeman, APT Foundation; Scott Szalkiewics, DCP Drug Control; Diana Heymann, DMHAS; Sandra Violette, DOC; Ece Tek, Cornell Scott Hill Health; Hector Maldonado, Wheeler; Julienne Giard, DMHAS; Kim Jackson, CT 211/United Way

Recorder: Karen Urciuoli

The October 16, 2018 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 Katz, 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
Tracking Opioid Overdoses	Suzanne Doyon, CT Poison Control Center and Peter Canning, UCONN Health Department of Emergency Medicine provided the following report. The CT Poison Control Center started the Hartford Opioid Project in collaboration with: • UConn Health John Dempsey Hospital • American Medical Response • Saint Francis Medical Center • Connecticut Department of Public Health - Connecticut Office of Emergency Medical Systems (OEMS) • New England High Intensity Drug Trafficking Area (HIDTA) The point of the project is to use a 24 hour, 7 days a week telephone services of the poison center which covers the whole state (the pilot project is in Hartford). They will use the poison centers data gathering services, and their reporting capabilities to help track opioid overdoses occurring within the state. They intend to and have started to share the data as a pilot project. They have a lot of community partners involved including the Hartford Public Health Department, the Greater Hartford Harm Reduction Coalition, AIDS CT and more being added. This is an EMS based system and the geography for the pilot project is the northern two-thirds of Hartford. They are seeking participation from Aetna Ambulance, which covers the southern part of Hartford. The way the project works is EMS goes to a call, they treat the overdose patient, bring them to the hospital, and then calls poison control to give them some of the information. Poison control will then follow-up with the hospital to check on the status of the patient. Poison Control is HIPAA protected; patient information can safely be shared.	Informational – The full PowerPoint presentation with all its data is available on the DMHAS ADPC webpage.

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	The project officially started in May. From May to September there were 211 reports of overdoses, of which, 147 received Naloxone. Naloxone is only given if the patient's respirations are impaired. Key Findings: • 98% of overdoses involved heroin/fentanyl • 31% of overdoses did not require naloxone. • 69% Hartford overdoses occurred in public areas. • 44% of all overdoses were men between the ages of 35-49. • 50% of the time first responders or lay people administered naloxone before the arrival of the ambulance. • 89% of overdoses were transported to hospital. • Only 7% of overdoses are admitted to hospital. Future Directions: • Continue to develop a Rapid Notification Mechanism • Improve Tracking • Analyze outcome data • Maintain EMS Compliance • Expand and reach other municipalities • Funding from state to expand program statewide • Software upgrades to allow automated computer notifications • Synch data with HIDTA OD Map	
DPH Opioid Overdose and Naloxone Education App	Amy Mirizzi, DPH provided the following report. The vision for this application was to create an interactive education tool available at CT citizens' fingertips to advance the use of naloxone, curb the epidemic of opioid overdose deaths, and save lives in our state. • Target Audience: ▪ Resource for the public ▪ Teaching tool for community and healthcare providers • Progressive web application - - accessed through a URL • Access to mobile phone features, including shortcut on desktop, navigation functions, and push notifications • Website advantages, such as Google translate + ease of updating • Development Process: ✓ 2 week long sprints ▪ July 2018 ▪ August 2018 – Staging environment ✓ Invited internal and external partners to review ✓ Remaining items: ▪ Final image and content decisions, ▪ Technical components, and ▪ Community focus groups ▪ Name app DPH would like to invite organizations to run a focus group so that they to take a look at the content of the app and provide feedback on what they may have missed. If interested, please contact Ramona Anderson at DPH.	Informational - The full PowerPoint presentation with an overview of the app is available on the DMHAS ADPC webpage.

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CT Hospitals: Response to the Opioid Crisis	Carl Schiessl and Mary Reich Cooper from the Connecticut Hospital Association provided the following report "How Hospitals are Combatting the Opioid Epidemic". About CHA: Founded in 1919, the Connecticut Hospital Association (CHA) represents hospitals and health-related organizations. Their mission is to advance the health of individuals and communities by leading, representing, and serving hospitals and healthcare providers across the continuum of care that are accountable to the community and committed to health improvement. In January 2015, Connecticut ED prescribers adopted voluntary opioid prescribing guidelines • Limit the quantity of drug given with ED opioid prescriptions • Prescribe only in the context of substance use history • Generally not prescribe long-acting opioids • Promote coordination of prescribed opioids New Connecticut Laws • Prescribers must check the Prescription Drug Monitoring Program (PDMP) if prescribing opioids for more than a 72-hour supply • For adults, maximum of 7-day prescription; for minors, maximum of 5-day prescription (with exceptions) • Must discuss and document risks of addiction and overdose; voluntary non-opioid directives • Hospitals and EMS are reporting overdoses to Department of Public Health through EpiCenter • Electronic prescribing required as of January 1, 2018 • One hour of continuing medical education for certain prescribers • Naloxone: Prescription from a treating practitioner no longer needed (e.g., expansion of access through pharmacists, standing orders) 2018 Revised Opioid Prescribing Guidelines • Lower the amount of opioids prescribed to a patient in the ED (e.g., maximum 3-day supply, which is more restrictive than state law) • Recommend that alternative, non-opioid therapies be administered or prescribed whenever possible for ED patients • Align with new state laws that: ~ Recommend that ED personnel request and review their patients' voluntary non-opioid directive form ~ Specify that opioids be prescribed electronically ~ Underscore the requirement for providers to offer patients information on the risk and signs of addiction • Remind providers to review a patient's records in the PDMP before prescribing opioids Other Important Tactics • Prescriber training and continuing education • Recovery coaches in Emergency Departments • Evening intensive outpatient programs for patients recovering from drug addiction • Supplying naloxone kits to first responders, and to patients and their loved ones • Serving on opioid task forces, response teams, and working groups • Incorporating opioid awareness into clinical integrated care programs • Community awareness and education programs • Screening and enrollment in buprenorphine/naloxone treatment for opioid dependence Recovery Coaches in Emergency Departments • Launched in spring 2017 with four EDs (Lawrence + Memorial Hospital, Manchester Memorial Hospital, The William W. Backus Hospital, and Windham Hospital)	Informational

Topic	Discussion	Action
	~ In 2017, recovery coaches engaged and connected more than 700 individuals to treatment and services • Expanded in 2017 & 2018, with 6 more EDs: Bridgeport Hospital, Danbury Hospital, Day Kimball Hospital, The Charlotte Hungerford Hospital, Mid State Medical Center, and Saint Francis Hospital and Medical Center. Additional expansion (2 more) expected with new federal grant ~ Recovery coaches go to EDs, connect individuals with substance use disorders to services ~ Peer staff have personal experience that helps in a unique way with engagement and linkage to treatment and recovery supports Supplying Naloxone Kits to Patients and First Responders – Connecticut Hospital are: • Facilitating donation of naloxone nasal spray to police departments • Providing one-year of funding to supply communities with naloxone • Prescribing naloxone inhalers to patients who overdose • Hosting free naloxone and opioids training sessions • Providing naloxone to those who attend community training sessions Prescribing Training and Continuing Education • Since 2014, CHA held more than 20 programs for prescribers, targeted at such issues as: ~ Federal prescribing requirements ~ Medication safety, management, and reconciliation ~ Opioid safety –reducing adverse drug events ~ Patient access rights and release of information ~ Responding to the opioid epidemic • Includes programs focused on Neonatal Abstinence Syndrome (NAS) sponsored by Connecticut Healthcare Research and Education Foundation and the Connecticut Perinatal Quality Collaborative CHREF: Connecticut Healthcare Research and Education Foundation, Inc. • Purpose ~ Identify opportunities to improve healthcare outcomes related to quality, safety and disparities of care ~ Provide education about possible solutions ~ Create collaboratives to address opportunities to improve Connecticut's healthcare system • Current programs and services ~ Focus on clinical and operational excellence among healthcare facilities ~ Advancement of population health strategies and health equity • CHREF is focused on patient-centered care • In the past two years, CHREF has facilitated statewide collaboratives for practice improvement in the areas of: ~ Infection reduction ~ Radiation dose management ~ Perinatal care ~ Surgical care ~ Social determinants of health ~ Opioid addiction prevention Perinatal Quality Collaborative • The Connecticut Perinatal Quality Collaborative joined CHREF in 2017 ~ Promotes high quality maternal and newborn care across the continuum ~ Facilitates cooperation among hospitals and health care providers	

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	~ Supports evidence-based newborn care practices ~ Shares educational and training resources Neonatal Abstinence Syndrome (NAS) • What is NAS? - Withdrawal from opioids observed in infants born to mothers with substance use disorder. Almost 400 infants over the past three years were diagnosed with neonatal abstinence syndrome (ChimeData, 2017). • Activities to address NAS include: ~ Statewide collaborative to treat infants with a Yale-developed model (Matt Grossman, MD) called *Eat, Sleep, Console* ~ Discussions about treatment for the moms, including a proposed study to evaluate the efficacy of different models of treatment ~ Collaboration with DCF about CAPTA legislation ~ NASCENT, a statewide collaborative NASCENT: Neonatal Abstinence Syndrome Comprehensive Education and Needs Training • Focuses upstream ~ Training providers and nurses who interact with women who are or may become pregnant ~ Reviewing their knowledge and educating them about current best practice • Going to the places they work ~ Online training in the hospitals ~ Interprofessional education in office practices and FQHCs • More than 2,500 providers trained in the past 18 months • Vast majority reported improvement in knowledge and likelihood of changing practice Next Steps • Keep aligned and engaged with existing public and private initiatives ~ Alcohol and Drug Policy Council ~ Connecticut Opioid Response (CORE) Initiative ~ DMHAS Change the Script Initiative ~ Federal grants (e.g., SAMHSA) • Continue training, educating, and refreshing prescribers • Leverage opportunities to work with continuum of care partners to combat this epidemic • Continue spreading NASCENT across the state	
Sub-Committee Reports		
• Prevention, Screening and Early Intervention	Judith Stonger provided the following update. • Continuing Medical Education – Last week there was successful "Scope of Pain" training with more than 100 participants, an additional training is being planned for November 29th. • Integration of the Prescription Drug Monitoring Program with EHRs – There are a total of 13 new users signed up to integrate. Walmart has become the first retail pharmacy to integrate the CPMRS with 34 stores. The DCP continues to provide campaign materials and has resulted in a number of new users of the PDMP. • There is currently proposed legislation that will require Narcan to be available in college resident halls in order to increase Naloxone availability on college campuses. • Education of Grades K – 12 in opioid curricula – the state department of education is revising their healthy and balanced living curriculum framework in the fall of 2019 to include opioid education standards and educators. A letter	Informational

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	was sent to all school superintendents in September regarding awareness of the opioid crisis and other substances, legislative requirements for instruction, maintaining naloxone, and the pending naloxone survey. School nurses were also informed of the survey in a training workshop in September. In addition, through the federal SOR grant DMHAS is contracting with SERC to bring awareness of the dangers of opioid use directly into the classroom for students in grades K-12. • The Regional Behavioral Health Action Organizations are determining priority populations in each region. They will work with some health districts in Naloxone education and dissemination. Additional opportunities to expand naloxone availability will be sought through the SOR federal grant. A total of 12,000 Narcan kits will be available for distribution in FY 2019 through DMHAS, DOC, DPH, and the RBHAOs. • Tasks from HB7052 – A recommendation is being put forth for a vote. The recommendation states, "A registered nurse employed by a home health care agency will be educated consistent with the information provided by the DCP website on approved disposal methods for all controlled substances. The home health care agency will retain documentation verifying that the registered nurse has received such education. Upon a patient's death, the RN will work proactively with the decedent's designated representative or responsible family member to destroy or remove all controlled substances belonging to the decedent from the dwelling." • The subcommittee met yesterday, Alan Hackney from the CT Office of Health Strategy provided a presentation on the States progress on the health information exchange. He was also very open about offering participation by the ADPC and making sure the ADPC's needs are met. And also talked about a possible behavioral health/substance abuse/opioid use disorder subcommittee of his project. It was suggested that he present to the full ADPC committee. • This committee serves as the advisory group for 5 SAMHSA grants and 1 CDC grant regarding opioid prevention and awareness, an update on all the grants was provided at yesterday's meeting. • It was recently learned that the Office of the Chief Medical Examiner is now sending out letters to prescribers after the death of one of their patients. This subcommittee is working with them on that process to better understand what they are doing. • This subcommittee has had discussions about K2 and has asked the New England HIDA to provide a presentation on K2. They are also looking at legislation to be sure that the legislation that currently exists is adequate. • Over the past several months they have been assembling a list of questions concerning insurance and are connecting with the insurance commission and asking them to speak with them about the concerns they have. • The subcommittee also discussed the need possibly for media partners to be trained in recovery matters; language and ways they can reduce stigma and not perpetuate it.	
• Treatment	Dr. Charles Atkins provided the following update: • The subcommittee continues to look at screening. Touched base with DPH regarding changes to accessing fentanyl screens and point of service fentanyl strips, which are currently being used in the harm reduction community. • The SBIRT/A-SBIRT screening initiatives continue to move forward. • This group continues to look at access. Gerard O'Sullivan from the insurance commission has been joining the group to discuss accessing services. • Continues to look at ways to get Narcan distributed into the hands of people who are most likely going to use it. • On November 2nd Haven is sponsoring an event entitled "Meeting the Challenges of Professional Health Prescribing in Changing Times." The event will take place at the Aqua Turf. • DCF will be conducting a series of trainings to providers to educate them about DCF and how they are involved with families where substance use is an issue.	Informational
• Recovery and Health Management	Jennifer Chadukiewicz provided the following update: • Significant work in communities continues. There are approximately 15 towns that have reached out to this	Informational

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	subcommittee for information regarding to recovery friendly communities. • The Recovery Friendly Community Guidelines will hopefully be presented for endorsement at the next ADPC meeting. • The Town of Danbury created a video regarding their recovery friendly community; the video was presented to committee members. The video can be found at https://www.danbury-ct.gov/recovery/ .	
• Criminal Justice	Dr. Kathleen Mauer put forth the following recommendation for this committee's approval. • Develop a plan for Police Preventative Deflection and Police Assisted Diversion for persons with problem substance use that can be quickly implemented when funding becomes available. Action Steps: ▪ Convene a state level planning group of stakeholders as a workgroup of the ADPC CJ subcommittee. ▪ Apply for federal grant funding to be used by local initiatives ▪ Develop five brief program model outlines per PTAC Pathways outline (attached) that can be adapted to fit local conditions ▪ Create and distribute a solicitation for proposals from police departments to implement one or more program models in each selected locations ▪ Review and rate proposals to identify those that should be funded	Committee members to vote on recommendation.
Other Business	Commissioner Katz provided an overview of the multiple training sessions that DCF will be conducting. The trainings are designed to help providers better understand the child welfare system. Commissioner Katz strongly encouraged members to talk about this these training opportunities to providers.	Informational

NEXT MEETING – Tuesday, December 18, 2018, 10:00 – 12:00, Legislative Office Building, Meeting Room 1D

ADJOURNMENT - The October 16, 2018 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.