ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, September 13, 2016
Legislative Office Building
Hartford, CT
10:00 a.m.

ATTENDANCE

Members/Designees: Charles Atkins, CMHA; Craig Allen, Rushford; Miriam Delphin-Rittmon, DMHAS; Marcia DuFore, NCRMHB; Ingrid Gillespie, CT Prevention Network; Stephen Grant, Judicial Department; Matthew Grossman, Yale NHH; William Halsey, DSS; Deborah Henault, DOC; Joette Katz, DCF; Chinedu Okeke, DPH; Mary Painter, DCF; Mark Prete, Charlotte Hungerford Hospital; Betsy Ritter, Department on Aging; Sue Saucier, Southington Youth Services; Sherrie Sharp, Beacon Health Options; Xaviel Soto, DCP; Judith Stonger, Wheeler Clinic; Gerard O'Sullivan, Department of Insurance; Melissa Ziobron, CT General Assembly

Visitors/Presenters: Joseph Riter, RSL; Kelly Sinko, OPM; Julienne Giard, DMHAS; Ece Tek, Cornell Scott Hill Health; Scott Newgrass, SJE; Mark Jenkins, Greater Hartford Harm Reduction

Recorder: Karen Urciuoli

The September 13, 2016 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 DCF Commissioner Joette Katz.

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
DMHAS Video Clip	DMHAS continues to develop PSA's thanks to people in recovery and family members who generously share their stories about recovery.	Informational
Update on Strategic Planning Process	Commissioner Delphin-Rittmon reported that public comments have been received and are being reviewed and implemented into the plan. The plan will be released in approximately one month. David Fiellin reported that he appreciates all the input and help from the State agencies and stakeholders throughout this entire process, and noted that work is only just beginning, we have three years to implement the plan and he looks forward to working with everybody.	Informational
State Department Grant Awards	Commissioner Delphin-Rittmon reported the DMHAS received two SAMHSA grants.	Informational
• Expansion of Medication Assisted Treatment for Prescription Drug and Other Opioid Addiction	Purpose: Provide FDA approved medication and concurrent evidence-based recovery support services to individuals with opioid use disorders by expanding and strengthening existing clinic-based outpatient resources and the statewide medication assisted treatment infrastructure. Project Period: September 1, 2016 to August 31, 2019 Federal Funding Amount: $1,000,000 annually Approach and Expectations: • Three geographic areas were identified as especially "high risk" as a result of an analysis of treatment admission and overdose death data. These areas are: 1. Willimantic; 2. New Britain, Berlin, Plainville, Bristol; and 3. Torrington. • The four medication assisted treatment providers are: 1. Community Health Resources (Willimantic); 2. Community Mental Health Affiliates (New Britain, Berlin); 3. Wheeler Clinic (Plainville and Bristol); and	Informational

Topic	Discussion	Action
	4. McCall Foundation (Torrington). • Buprenorphine and/or naltrexone will be the medications offered as well as naloxone for overdose reversal • Grant funding will support the following in each of the four clinics: 1. Non-billable physician time for policy and procedure development; training; staff training; technical assistance 2. Medical assistant or LPN time 3. Full time recovery coach 4. Flexible funds for individualized recovery supports 5. Ongoing clinical staff training and technical assistance in evidence-based practices Opportunities Presented by the Grant: • Increase the # of outpatient clinics that have medication assisted opioid treatment available • Provide emergency departments and detox programs additional resources for connecting clients to ongoing treatment • Create venues for prescribers, clinicians and recovery coaches to share information and lessons learned about this evolving method of treatment via Learning Collaborative meetings and statewide conferences • Continue to strengthen clinicians and coaches expertise in Cognitive-Behavioral Therapy, Motivational Interviewing and 12 Step Facilitation For More Information: Lauren. Siembab@ct.gov; 860-418-6897	
• CT Strategic Prevention Framework for Prescription Drugs Initiative	Purpose: Reduce non-medical use of prescription drugs and prevent opioid overdoses by developing and implementing a comprehensive prevention strategy that raises awareness about the dangers of sharing medications for individuals age 12 and over, and work with the pharmaceutical and medical communities on the risks of overprescribing to young adults. Project Period: September 1, 2016 to August 31, 2021 Funding Amount: $371,615 annually Approach & Expectations • The initiative will be led by the DMHAS in partnership with the Departments of Consumer Protection and Public Health. It will: • Use statewide epidemiological and CT Prescription Monitoring Reporting System (CPMRS) data to identify high need areas where prescription drug misuse is prevalent • Fund community providers to implement education strategies developed at the state level and promote the use of the CPMRS in their communities • Hire staff to assist with social marketing, CPMRS data collection and reporting, and general grant oversight • Conduct a process and outcome evaluation to determine increases in the use of the CPMRS and decreases in overdose deaths across the state but specifically in high need areas selected for funding • Utilize the ADPC's Prevention, Screening and Early Intervention Subcommittee to provide leadership and management of the project Opportunities Presented by the Grant • The implementation of recommendations B, C, L and M from the ADPC Subcommittees • Increase the number of prescribers accessing the CPMRS • Increase collaboration and coordination among state agencies around prescription drug/opioid misuse • Develop and disseminate reports from the CPMRS to include prescriber report cards, up-to-date dashboards and utilization reports for law enforcement • Build on the CDC grants which fund the CPMRS and enables infrastructure development. The SPF RX will facilitate the development and implementation of prevention strategies at the state and local levels, and • Achieve measureable reductions in overdose deaths	Informational

Topic	Discussion	Action
	For More Information: Carol.Meredith@ct.gov; 860-418-6826	
• CONNECTICUT DEPARTMENT OF PUBLIC HEALTH: Grant Awards Related to Opioid Health Crisis	STRENGTHENING PRESCRIPTION DRUG OVERDOSE PREVENTION EFFORTS IN CT (PDOpfs Grant) CDC Grant Project Period: 03/01/2016 - 08/31/2019 Budget Period: 1,340,996.00 (03/01/2016 - 08/31/2017) CDC Mandatory Strategy #1: Enhance and Maximize Connecticut's PDMP Outcomes for Priority Strategy: • Decreased interval for data collection • Increased use of combined PDMP and Medical Examiners' reports for surveillance • Increased number (and percent) of practitioners signed up to use the PDMP • Decreased incidences of doctor shopping #2: Implement Community Health System Interventions Outcomes for Priority Strategy: • Improved LHDs capacity for acquiring and disseminating drug overdose data • Increased by-standers' intervention to prevent prescription drugs and opioids overdose deaths • Increased outreach and education to providers on proper use and interpretation of prescription data • Decreased prescription drug and heroin overdose deaths • Reduced teen experimentation with prescription drugs #3: Evaluation on Public Act 14-61 Outcomes for Priority Strategy: • Analyze the impact of Public Act 14-61 on 1) ED visits and inpatient hospitalizations for drug misuse and overdose, 2) behavioral change of by-standers, and 3) overdose deaths "AN ACT PROVIDING IMMUNITY TO A PERSON WHO ADMINISTERS AN OPIOID ANTAGONIST TO ANOTHER PERSON EXPERIENCING AN OPIOID-RELATED DRUG OVERDOSE." Selection factors: 1. County rate of heroin and prescription drug overdose deaths 2. County rate of prescription drug overdose hospitalization 3. Availability of treatment facilities e.g. Methadone and Suboxone clinics 4. Availability of pharmacies that carry Narcan medication 5. Availability of medication drop boxes in the county Selected Local Health Districts/Departments: 1. Bridgeport LHD – 147,612 2. New Haven LHD – 130,282 3. Hartford LHD – 124, 705 4. Ledge Light Health District – 121,229 5. Waterbury LHD – 109,307 6. Quinnipiac Valley Health District – 99,787 Total Population affected by interventions: 732,922 Each of the six Local Health Districts/Departments will receive $30,000/year from this CDC grant for the implementation of recommended evidence based strategies identified by the Connecticut Opioid Response (CORE) Initiative and are expected to submit mid and annual reports documenting in details progress, successes and challenges.	Informational
• IMPROVING ACCESS,	PROJECT SUMMARY The Connecticut Department of Children and Families (DCF) will develop a three-year comprehensive statewide strategic	Informational

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CONTINUING CARE AND TREATMENT (IMPACCT)	treatment and communications plan to improve treatment for adolescents (age 12-18) with substance use disorders with or without co-occurring mental health disorders. This project is funded by SAMHSA/CSAT and is known locally as IMProving Access, Continuing Care and Treatment (IMPACCT). DCF is partnering specifically with the Judicial Branch Court Support Services (CSSD), which funds services to youth involved with juvenile justice, to lead the development of a plan to improve and align policies, practices and funding in support of evidence-based practices (EBPs) for youth. IMPACCT's overall goal is to develop a comprehensive 3-year strategic plan for system improvements that enhance statewide coordination of the multiple treatment and continuing care systems for youth in support of better access to and retention in high quality care. IMPACCT FOCUSES ON PLANNING IMPROVEMENTS TO THE ADOLESCENT SUBSTANCE USE TREATMENT SYSTEM The target population for IMPACCT is adolescents 12-18 years with problems related to substance use with or without co-occurring disorders. IMPACCT WILL USE A COLLABORATIVE APPROACH TO ACHIEVE A BIG IMPACT Multiple perspectives will inform the planning for changes in policy, programming and to expand or enhance effective practice. IMPACCT will utilize input from the Alcohol and Drug Policy Council, existing community surveys, providers, other key stakeholders, and local and national data to inform the development of a statewide strategic implementation plan. This plan will identify important gaps in Connecticut's systems and address issues of access to the multiple treatment systems including: disparate access to services (related to unequal distribution of services, and access policies including linking services to systems involvement), quality and accessibility of data in existing MIS systems; lack of knowledge in communities about the existence of treatment services; sustainability of existing EBPs in an increasingly challenging fiscal environment; and the lack of recovery support and continuing care services for youth and their families. COMPREHENSIVE PLANNING IS VITAL TO A MEANINGFUL STRATEGIC PLAN IMPACCT's plan will include activities that fall into the following major categories: • Workforce Development: Identifying strategies to expand the skills and competencies of the workforce; • Finance: Using financial mapping to identify current finance practices, and developing pragmatic funding and payment strategies for sustaining and growing EBPs; • Quality Improvement: Reducing health disparities in access to services; expanding co-occurring treatments; • Improving Access: De-linking service access to systems involvement, increasing awareness of services, reducing stigma around substance use problems; • Early Identification: Increasing screening for youth in diverse settings, promoting early access to care; • Data-driven Decision-making: Enhancing existing data infrastructure to improve access to and use of administrative data, and increasing the quality of administrative data. IMPACCT FURTHERS EXISTING QUALITY IMPROVEMENT EFFORTS IMPACCT will further efforts by DCF toward developing and sustaining an evidence-based substance treatment system at all levels of care. These efforts include implementation by DCF of evidence-based treatment models for outpatient, intensive in-home services and residential care; and the use of a standardized, valid and reliable assessment tool, the Global Appraisal of Individual Needs (GAIN), system-wide. IMPACCT Project Contacts: Principal Investigator: Mary.painter@ct.gov ; Project Coordinator: melissa.sienna@ct.gov	
Review and Discussion of Co-Chairs Response to Sub-Committee Recommendations	Excerpted from the "Process for Sub-Committee Recommendations to the ADPC": Co-Chairs will formally respond in one of the following ways: (a)* Approve the recommendation and assign an implementation leader; (b) Approve the recommendation and take time to explore who will be the implementation leader and what human or fiscal resources are needed for implementation as well as the availability of such resources; (c) Take the recommendation under consideration; or (d) Not approve the recommendation;	

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	* (a,b,c,d) will be recorded as a response in the last column in the table below The Co-Chairs advise the Sub-Committees to proceed with implementation plans which will incorporate the following: • Re-visit all proposed Measures of Success (MOS) to ensure they inform the ADPC of successful (or not) amelioration of the opioid health crisis. Measures may refer to individuals or systems of care; • Issues related to health disparities should be incorporated into all implementation plans/MOS; • Detail implementation as it relates to both youth and adult populations (lifespan) as appropriate; • Balance Prevention, Treatment and Recovery components of recommendations; • Resource neutral implementation.	

Recommendations	Rank	Co-Chair's' Response (*refer to a, b, c, d detailed above)
A. Identify core competencies for Continuing Medical Education around Safe Opioid Prescribing and Pain Management (for both prescribers and non-prescribing medical staff).	12	(b) The Prevention Sub-committee will research and report back to the Council: - Is there a duplication of this effort in the physician/prescriber community? - Explore the roles of UCHC, CT Medical Association and/or other physician/prescriber groups. - Review what other states have done - Revisit recommendation(s) for CT to the ADPC
B. Develop and implement a communication strategy that raises awareness of and provides education on the dangers of opioids and reduces stigma and other barriers for individuals and family members seeking help.	3	(a) The Prevention Sub- committee will: Collapse several related recommendations to create a larger, coordinated statewide prevention and education communication strategy/response Collapse Recommendations B, C, L, and M
C. Provide education and resources regarding dispensing, safe storage and disposal of prescription medications.	8	(a) The Prevention Sub- committee will: Collapse Recommendations B, C, L, and M
D. 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.	4	(a) The Treatment Sub-committee will: Collapse Recommendations D (accepted as submitted) and F (requesting more detail on scope and scale as well as resources needed) working within existing resources
E. Support the integration of the Prescription Drug Monitoring Program (PDMP) with Electronic Medical Records (EMRs) to improve access to patient data and reduce prescription drug misuse and overdose.	11	(a) The Prevention Sub-committee will: Support the work of DCP as the lead (Rod Marriott as a contact person) on their pilot in this area

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	F. Enhance early identification of substance use problems by requiring children's Enhanced Care Clinics (ECC), for youth age 12-17 inclusive, at intake to services to: 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. ii. 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.	9	(b) The Treatment Sub-committee will: Collapse Recommendations D and F Utilize and incorporate content experts at DSS, DMHAS and DCF related to SBIRT and ECCs Detail scope and scale of recommendation, revisit need for additional resources	
	G. Establish Rapid Access Centers in each area of the state to engage and facilitate adult and adolescent entry into opioid addiction treatment and recovery support services. The centers would include a core staff comprised of professionals and peers: *1) professional call center staff* who a. identify a caller's eligibility for services (e.g., insurance, entitlements, special population status, etc.); b. confirm the real-time availability of services; c. make initial "warm" connections to a local provider and a peer support staff member, and d. ask permission to conduct a follow-up call within one week, 5 business days, to callers to ensure a connection to care and/or supports occurred; *2) peer support staff* who a. provide recovery coaching/support to callers (person-to-person) by building recovery capital and helping remove barriers to accessing care (sharing community resources to facilitate recovery, advocating for the individual and family, providing transportation, identifying child care, etc.,) b. helping callers navigate multiple service systems, c. Enrolling recoverees in enhanced Telephone Recovery Support) weekly follow-up phone calls to discuss the individual's recovery process.	3	(c) The Treatment Sub-committee, should they pursue re-consideration, will: - Operationalize a project plan with feasible first steps or component parts incorporating adult and youth systems (differences and similarities) - Detail fiscal impact as this recommendation is not cost-neutral as written - If funded, one DMHAS grant submission speaks to expansion of the 1-800 line (which was implemented with no additional dollars). Explore relevance to this recommendation; incorporate action steps	
	H. Require the 13 DMHAS operated/funded Local Mental Health Authorities (LMHA) to provide Buprenorphine treatment on-site, including psychosocial and recovery support services. Psychosocial services require a comprehensive assessment to determine an individual's recovery plan, including which medication(s), level of care and recovery supports would be most appropriate. The assessment should include the individual's stage of readiness and receptivity to the recommendations.	1	(a) The Treatment Sub-committee will: Work with DMHAS as a lead on implementation plan	
	I. Reduce disparities in access to medical treatment by expanding the availability and clinical use of MAT to a broader group of incarcerated offenders and offenders re-entering communities using community-based standards of care. This recommendation expands DOC's implementation of MAT in two facilities to the	5	(a) The Treatment Sub-committee will: Work with DOC as the lead and within available funding. This effort may be limited to a pilot (grant funded)	

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	entire corrections system. In doing so, equitable opportunity to access MAT is offered to inmates regardless of facility.			
	J. Establish a workgroup to identify and address regulatory barriers that limit access to care. Some examples include: LADC scope of practice; lack of integrated MH/SA program license; limits on which practitioner licenses can be used in outpatient hospital clinics; hiring regulations and practices regarding persons in recovery; and Medicaid eligibility interruptions given incarceration/ hospitalization.	7	(b) The Treatment Sub-committee will: - Involve DPH in definition of limitations of existing regulation - Explore activities/workgroups in existence to limit duplication of efforts - Provide examples that are specific to ADPC and governor's charge - Involve DSS in discussion of Medicaid rules related to incarcerated individuals; clarify any mis-information regarding benefits	
	K. The ADPC 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.	10	(a) The Recovery Sub-committee will: Proceed with a communication/dissemination plan. Refine/define MOS	
	L. The ADPC develop and adopt Fact Sheets for prescribers and supports the dissemination process of such Fact Sheets.	2	(a) The Prevention Sub- committee will: Collapse several related recommendations to create a larger, coordinated statewide prevention and education communication strategy/response Collapse Recommendations B, C, L, and M	
	M. The ADPC adopt one or more of the Public Service Announcements that have been developed by DMHAS and other currently available educational materials for distribution and assists with the identification of necessary resources to do so.	6	(a) The Prevention Sub- committee will: Collapse several related recommendations to create a larger, coordinated statewide prevention and education communication strategy/response Collapse Recommendations B, C, L, and M	
	N. Insure that school administrators and/or nurses and college public safety personnel have naloxone available to them and that the ADPC assists with obtaining funds, if necessary.	9	(a) The Recovery Sub-committee will: Work in collaboration with SDE and DCP (Stephanie Knudson/John Frasenelli) on implementation plan	
	O. The appropriate State agencies re-visit the possibility of utilizing the standing order model in CT	13	(d) 8/4/16 ADPC Presentation by DCP addressed CT's approach to prescription of Naloxone.	
Discussion	Theresa Spencer speaking on behalf of Representative Conroy noted the following: Data Collection - The Prevention Committee at one point had asked about a lead entity or person to coordinate policy development and advocacy research and data development and having a single point of access for specific data. Representative Conroy feels that a single point of access for specific data would be helpful and that this is something this council should look at going forward. Stigma – Regarding the Prevention Committee and their work addressing stigma, she indicated that empathy training is evidence based and feels that this needs to be incorporated into this group moving forward. Recovery High Schools – Ms. Spencer indicated a trip has been planned for September 26th to visit a recovery high school in Boston, following that trip; a meeting has been scheduled for October 11th at 2:00 p.m. to discuss the findings of the visit.			Noted

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	Representative Ziobron requested that Sub-committee meetings be posted on the DMHAS ADPC webpage. Ingrid Gillespie indicated the there was a lengthy list of recommendations and not all of them were approved, she feels it's important to be able to track the progress of all recommendations including those not approved. Commissioner Delphin-Rittmon indicated that many of the recommendations ere collapsed into the overarching ones, but that it would be possible to go back to see if there was any content that did not make it into the final documents.	
Sub-Committee Reports		
• Prevention, Screening and Early Intervention	The sub-committee has begun to discuss the finalized recommendations. The next meeting is scheduled for Monday, September 19th from 1:00 – 3:00.	Informational
• Treatment and Recovery Supports	Julienne Giard arranged to have Dr. Kevin Severrino talk with this sub-committee about work he is doing under a SAMHSA grant around getting out information and providing 8 Hour Data 2000 Waiver Training, which doctors need to take in order to provide Buprenorphine. They are also working with DPH to get more prescribers up and running with the waiver, which will facilitate implementation of Recommendation 1A.	Informational
• Recovery and Health Management	Almost all of this committee's recommendations were collapsed into the Prevention committee's recommendations with the exception of work around language of recovery; the sub-committee will begin working on a plan for implementation. In addition, the sub-committee going forward will begin to look at: • Community reentry for prisoners coming out of Corrections • Reentry roundtables • Expansion of the use of recovery coaches, detox centers, EDs, etc. • Expansion of recovery centers • Connecting harm reduction to SBIRT • Data collection with regard to Naloxone Their next meeting will be Monday, September 26th rom 2:00-3:30 at the AIDS, CT.	Informational
Other Business	Gerard O'Sullivan reported that the Insurance Department is hosting a forum on October 14th from 10:00 -12:00 in Room 2A at the LOB. Insurance companies will be there to talk about their programs put together to battle the Opioid crisis.	Informational

NEXT MEETING – Monday, October 17, 2016 – 10:00 a.m. to 12:00 p.m.

ADJOURNMENT - The September 13, 2016 meeting of the Alcohol and Drug Policy Council adjourned at 11:10 p.m.