

ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, June 18, 2019
Legislative Office Building, Meeting Room 1D
Hartford, CT
10:00 a.m.

ATTENDANCE

Members/Designees: Heather Aaron, DPH; Craig Allen, Rushford; Jennifer Chadukiewicz, CCAR; Miriam Delphin-Rittmon, DMHAS; Katie Farrell, Office of Chief Public Defender; Ingrid Gillespie, CT Prevention Network; David Guttchen, OPM; Mark Jenkins, GHRC; Kevin Kane, Criminal Justice; Barbara Lanza, Judicial; Hector Maldonado, Wheeler; Loel Meckel, DMHAS; Nancy Navarretta, DMHAS; Gerard O'Sullivan, DOI; Sandrine Pirard, Beacon; Greg Shangold, Windham Hospital; Kristina Stevens, DCF; Judith Stonger, Wheeler Clinic; Scott Szakliewics, DCP

Visitors/Presenters: Ramona Anderson, DPH; Heather Clinton, DPH; Suzanne Doyon, CT Poison Center; Robin Tousey Ayers, DPH; Ana Gopojan, Tri Circle; Kim Karanda, DMHAS; Janice Anderson, YASAP; Jake Kochin, DPH/CCMC; Donna Kopf, ADPC; Carol Cruz, Cornell Scott; Melissa Sienna, DCF; Mary Kate Mason, DMHAS; Lauren Siembab, DMHAS; Yvonne Addo, DMHAS; Vincent Ruzzo, DCF

Recorder: Karen Urcioli

The April 16, 2019 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 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
The Division of Criminal Justice's Early Screening and Intervention Program	<p>Kevin Kane, Chief States Attorney provided the following report: The Chief States Attorney's office are the prosecutors for the State of CT, they represent the public and are the only ones in the court system that decides whether or not to charge a person with a crime. The process that has been in place since the 1960's has been that police make an arrest, the paperwork goes to the court clerk's office, the court clerk prepares the file along with the charging document and shortly before a defendant has to appear in court the prosecutors get a chance to look at the file and make the decision of whether or not to charge a person with a crime. The result of that is the prosecutors look and decide if there is probable cause and can it be proven, if so, they charge the person. This process overlooks one of the key components of the charging decision, and has been overlooked until recently when a grant was received to focus on it. Part of the decision is not just can they prove a crime but should they, and what's in the best interest of the public. What they haven't had, until now is the ability to have somebody who is familiar with the services in the area where the crimes are committed who can tell the prosecutor there are resources who can help this person by getting at the underlying problem that's driving the criminal behavior. The Singer Foundation provided a grant which helped to enabled them to have a dedicated prosecutor in specific locations where the pilot was run, and also enabled them to contract with local service providers to provide a resource counselor. The resource counselor was a social worker who had the ability to speak to a defendant or get the history from the file and say there is a program around that can help this person. This process has enabled people to quickly get to service providers that fit that individual defendant upfront and to get these cases removed from the system with sometimes one court appearance, and in some case without a court appearance at all. With the current budget, they will be able to hire enough prosecutors to cover the specified locations; however, they will need support in retaining resource counselors.</p> <p>Loel Meckel thanked Chief States Attorney Kane for his support of the Jail Diversion Program, and reported that there is a recommendation from the Criminal Justice subcommittee to support this initiative with the additional round of federal opioid grant funding that DMHAS has received.</p>	Informational – The full report can be found on the ADPC webpage.

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<p>DCF CAPTA Update</p>	<p>Kristina Stevens provided the following update: The Child Abuse Prevention and Treatment Act (CAPTA) was enacted in 1974 and was federal legislation specific to issues having to do with investigations, case management, and reviews associated with maltreatment cases. It is particularly relevant today because the Comprehensive Addiction Recovery Act (CARA), which was passed in 2016, amended pieces of the CAPTA legislation. The amendments called for a heightened process by which there would be a notification made to the child protection agency in every state in the country when an infant was born substance exposed. The legislation goes on to say that these reports are not to be construed as a mandated report. Generally calls come in to the department if there are issues of suspected abuse and neglect, not by way of a notification only; therefore the agency had to create a pathway associated with notification. Secondary to the amendment was also the establishment of a plan of safe care. A steering committee comprised of many stakeholders was convened to develop a secondary pathway and an automated process was created that requires all hospitals at the point of delivery go through a portal when they have an infant that has been substance exposed, and they are required to answer a series of questions that help guide the decision as to whether or not it is truly a notification of suspected abuse and neglect. The notification online portal was rolled out in March 2019, below is up to date data that has been collected so far.</p> <p>Numbers:</p> <ul style="list-style-type: none"> • Average age of mother: 27.2 years old • Total of 399 on-line submissions <ul style="list-style-type: none"> ~ 217 (54.4%) portal submissions were a notification ~ 182 (45.6%) portal submissions were a CPS Report • 22 Notifications were updated with information and re-submitted through the portal, 14 of which were then eligible for a CPS Report • 298 of 399 (74.6%) notifications included Marijuana exposure • 11 of 399 (2.7%) notifications identified alcohol as the only exposure • 61 of 399 (15.3%) notifications were absent an illegal substance (exposure was due to prescribed medications-excluding marijuana) 	<p>Information – The full report with additional data/graphs can be found on the ADPC webpage.</p>
<p>Legislative Update</p>	<p>Mary Kate Mason, DMHAS and Vinny Russo, DCF provide the following legislative updates: Ms. Mason reported on two major pieces of legislation that passed this session: An Act Addressing Opioid Use</p> <ul style="list-style-type: none"> • Requires pharmacists to offer consultations to patients when dispensing a prescription, not just a prescription filled by a Medicaid recipient which is the current law • Allows pharmacists to designate a trained pharmacy tech to access the PDMP on the pharmacist's behalf • Requires drug manufacturers and wholesalers to report to DCP if they terminate or refuse an order from a pharmacy or prescribing practitioner for a scheduled 2-5 controlled substance • Prohibits life insurance and annuity policies from excluding coverage solely based on whether an individual has received a prescription for Naloxone • Requires practitioners to establish a treatment agreement for people who are getting more than the 12 week supply of an opioid drug • Required institution of higher education to develop a policy related to storage of Narcan on campus • DMHAS was charged with two particular studies, one is to look at literature on the efficacy of providing home based treatment and recovery services for those with opioid use disorders who are also receiving Medicaid, and two, asks DMHAS to study and report on a protocol for police detention of someone suspected of overdosing on an opioid drug, and to look at the implications of involuntarily transporting such person to the emergency department 	<p>Informational</p>

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	<ul style="list-style-type: none"> • Requires hospitals to administer a mental health screening or assessment for patients who are seen for a non-fatal opioid drug overdose • Requires EMS personnel to take the mental health first aid class • Requires DMHAS operated or approved treatment programs to educate patients with opioid use disorders and their relatives or significant others on Narcan <p>House Bill 7200</p> <ul style="list-style-type: none"> • The legal age to purchase tobacco products and e-cigarettes raised from 18 to 21 • Requires the signature of an adult is someone is getting e-cigarettes through the mail • Increases various dealer fees and penalties for sales to minors for both cigarettes and e-cigarettes • Charges DMHAS with doing compliance checks for electronic nicotine delivery (END) products, and DRS and DCP will handle the enforcement of those sales <p>Vinny Russo provided the following report: DCF received just under 30 million dollars to treat children and families who suffer from substance use issues.</p> <ul style="list-style-type: none"> • 8.6 million will be used for substance use treatment • 3.2 million will be used for board and care for children, short term and residential • 14.8 million will be used for the Community Kid Care program • 3 million will be used for family based recovery <p>A new item in the budget is the transfer of youth service bureaus from the State Department of Education to DCF. This is a great opportunity to work with those community based services and reach out to those kids that are in need earlier on, in addition it ties into the family first legislation, because these are preventative services they will become eligible for reimbursement from the federal government.</p>	
Sub-Committee Reports		
<ul style="list-style-type: none"> • Prevention, Screening and Early Intervention 	<p>Ingrid Gillespie and Judith Stonger provided the following update:</p> <ul style="list-style-type: none"> • This subcommittee has approximately 6 different federal grants that they are an advisory group to which keeps them abreast of many different opportunities and strategies that are being used to address the opioid crisis. Currently every grant is right on target. • Statewide prevention education campaign – there are a number of new materials with new messaging, fresh looks and specialized materials with messaging for youth, realtors, people working in the trades, and for older adults. All materials are available on the drugfreect.org website. • Work continues with the CT Realtors Association to disseminate information and Change the Script materials on safe medication storage and disposal, and promoting Change the Script through social media. • Recently presented to the CT Funeral Directors Association, they are interested in partnering with this subcommittee, they are interested in having Naloxone on site for funerals and wakes, they are interested in the safe disposal medication bags, and will be disseminating Change the Script materials. • Additional PSA's are being shown in movie theatres around the State. • The drugfreect.org website was redesigned and re-released on May 1st. It's easier to navigate and has much more information for the community. Utilization has increased since the new site was released. • The NORA app from DPH is doing extremely well there have been more than 1000 downloads to phones. The have a goal of making sure that everyone who leaves corrections has the app downloaded. The app is currently on the CT.gov website. • National Prevention Week 2019 was very successful. • Work continues on developing a K-12 curriculum on opioid and substance abuse use. DMHS is contracted with SERC 	Informational

Topic	Discussion	Action
	<p>to develop that curriculum. It's being piloted in two districts in the State and they are scheduled to be trained in the fall. This subcommittee has been working on the following new recommendations:</p> <ul style="list-style-type: none"> • Resetting pain expectations, that is in partnership with The CT State Medical Society, and at their suggestion. At this time, the recommendation is going to be retracted so more work can be done on it. • Working more closely with employers to support their employees who have substance use disorders through the development of best practices, model policies, providing them with some education and resources and reducing stigma. • Future recommendations will be put forth regarding CAPTA and CARA. 	
<ul style="list-style-type: none"> • Treatment 	<p>Dr. Allen provide the following update regarding issues they have been looking at and discussing:</p> <ul style="list-style-type: none"> • This subcommittee has been talking about populations that are having difficulty getting access to treatment, and the DOC un-sentenced and pretrial clients may not have access to a DSS discharge worker onsite. • They've been talking about the undocumented and under-insured populations and where they might be able to get access through FQHC's or Access Health. The Medicare population has been a challenge because Medicare does not pay for buprenorphine. That will change in January 2020, but there may still be some difficulties with a bundled rate because of the expense of buprenorphine which may continue to cause problems with access. • They've been talking about families with adolescents that they are trying to get engaged with treatment and the adolescents do not want to be in treatment, the ASSERT treatment model program which is designed to address that, the CRAFT program will be a part of the harm reduction conference in September, it is a program that is used by Families and Children's Aid and also Rushford. • They've been discussing some other opportunities to improve access to treatment. There is a proposal that has been discussed that has pharmacies in a collaborative drug therapy management agreement where pharmacies would be able to provide MAT working with a prescriber, which is a regulation that currently exists in the State and would not need any new legislation. • Discussed the mobile MAT from Bridges and the wish to have harm reduction materials added to that. • Discussed the GHHRC rover as an opportunity to have the harm reduction tool connected with it • Beacon is expanding their MAT pilot from residential and withdrawal management services where people are offered the opportunity to get inducted onto buprenorphine they are expanding that now to be piloted on a psychiatric unit at St. Francis. • Talked about regulatory barriers particularly for people in acute care settings and being able to get methadone. One of the challenges has been setting up an appointment with the Dispensary on discharge. They require a physical exam even when someone is being discharged from an acute care facility, they don't have to use that physical exam, in many cases there is not a pathway for them to access that. They've discussed the physical waiver form that is used when transferring from one OTP to another, and being able to use that when someone is on methadone in the hospital whether they're inducted or they need to be transferred. And opportunities to standardize that form and standardize the process across the state, educating the CT Hospital Association as well as the OTP's about this opportunity and a process to make that happen. • On July 25th there is a MAT training, and data waiver training for buprenorphine prescribing, it's an 8 hour training at the Women's Consortium. • On July 1st there will be training for urine drug screens that DMHAS supported and SAMHSA funded. • The Harm Reduction Conference will be held on September 12th. • The CT State Medical Society special edition, Hope and the Fight Against the Opioid Crisis came out a few weeks ago, the digital version is available on line if you go to the CT State Medical Society website. Many people associated with this committee were involved in writing articles for it. 	

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<ul style="list-style-type: none"> Recovery and Health Management 	<p>Hector Maldonado provided the following update:</p> <ul style="list-style-type: none"> There are currently 11 recovery friendly communities within the state. DCF has contracted with the O'Donnell group to expand the Live Loud Campaign and work with youth and families. This sub-committee will be taking on part of that, they will be going to youth recovery and family supports. The CT Recovery Oriented Support System is currently receiving a federal technical assistance from SAMHSA, the project is to begin a youth recovery support network, currently an advisory board is being put together. This subcommittee is currently looking for a youth in recovery to be a part of their subcommittee. 	Informational
<ul style="list-style-type: none"> Criminal Justice 	<p>Loel Meckel provided the following update:</p> <ul style="list-style-type: none"> Chief Tim Shaw from the Easton Police Department is a part of this subcommittee, he recommended that a police tool kit be put together so that officers have a readily available list of resources where recovery supports/treatment are available for people who would like to be in recovery, are in recovery, or their family or friends are in recovery. Sarah Ali from HIDTA and Chief Shaw have been meeting with the criminal justice group which is a subgroup of the CT Bar Association and the Quinnipiac University group that has had a summit two years in a row. They also want to focus on a tool kit. This subcommittee will be working with them to develop a tool kit and will take the lead. Federal funding is allowing us to buy Narcan to make available. Chief Shaw in conjunction with the CT Chiefs of Police Association will survey police departments across the state to see which police departments would be interested in getting a supply of Narcan for their officers to use and to offer to the public. 	Informational
Other Business	<p>Commissioner Delphin-Rittmon noted that there are recommendations to be voted on and reminder committee members that the first Prevention Committee recommendation regarding pain management is being put on hold. An update regarding the outcome of voting will be shared at the next ADPC meeting scheduled for August.</p>	Noted

NEXT MEETING – Tuesday, August 20, 2019, 10:00 – 12:00, Legislative Office Building, Meeting Room 1D

ADJOURNMENT – June 18, 2019 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.