

MEETING MINUTES

5/27/2021

Members Present:

| | | | | | | | | | |
|---|----------------|---|----------------------|---|-------------------------|---|------------------------|---|-----------------------|
| | Craig Allen | | Brynna Blackson | x | John Hamilton | x | Gabriela Krainer | x | Sandrine Pirard |
| x | Charles Atkins | | Barbara Cass | x | Kim Hougabook | | Chad McDonald | | Hilary Felton-Reid |
| | Robyn Anderson | x | Marcia DuFore | x | Mark Jenkins | x | Kathleen O'Connor | x | Maria Coutant-Skinner |
| | Maria Brereton | x | Deborah Daniel | x | Heidi Kapral | x | Gerard O'Sullivan | x | Julienne Girard |
| x | Carl Schiessl | x | Danielle Warren-Dias | | Paige Fanolis | x | John Simoncelli | x | Melissa Sienna |
| | Tara Kerner | x | David Borzellino | x | <i>Liz McOsker</i> | x | <i>Rushnee Vereen</i> | | Dan Rezende |
| x | Luiza Barnat | x | <i>Cameron Breen</i> | x | <i>Colette Anderson</i> | x | <i>Jennifer DeWitt</i> | x | <i>Michael Stokes</i> |

Guests are indicated by italics.

| TOPIC | DISCUSSION | ACTION ITEMS |
|---------------------------------------|--|---|
| Welcome | | |
| Review of minutes | | Approved |
| HARM REDUCTION | Dr. Pirard presented results of post-workshop survey. The majority of responses were very positive, likely to use the information and very likely to join future workshops. There was a definite shift toward increased knowledge of harm reduction. Participants commented on the enthusiasm and expertise of presenters, the need to do more work in this area (particularly CJ/JJ), and asked for ongoing HR training – including intermediate and advanced workshops with increased interaction. Presenters felt that participants were energized by speakers that emphasized working with people with dignity and respect, and linking practice to stages of change. Colette Anderson is also working with DMHAS on upcoming events and is listening in to learn how well this event was received by participants, their feedback, etc. | See attached PPT. Plan next event(s) Dr. Pirard is open to presenting results to the full council, with approval of state partners. |
| BEACON PROVIDER SURVEY RESULTS | Kim Haugabook and Liz McOsker discussed results from Beacon's provider survey of the behavioral health network. The first of many reports that describe the results of comprehensive surveys of the state's health care network. <u>Background:</u> In 2019 the CT BHP state partners were awarded by CMS a SUPPORT Act planning grant a result of the opioid epidemic to evaluate CTs SUD system of care and recommend improvements to enhance care and outcomes such as increasing provider tx capacity and building a sustainable network. Planning grant was 18 months with a 6 month COVID extension – a total of 24 months. Survey goals – determine provider competencies to treat SUD, availability of recovery support services, attitudes and beliefs around MAT, as well as to continue stakeholder engagement in the project. | See attached PPT. |

9 Core Competencies were rated using national and state standards, best practices. Assessment was the strongest competency area across BH system, while Care Coordination was the lowest. Outpatient private practices scored lower than other BH providers on screening (likely due to less use of validated screening tools), and individualized treatment planning. EBPs showed mixed results with higher level of care SUD providers scoring higher on EBP use than outpatient providers.

There was higher need among other core competencies:

MAT – outpatient private providers scored lowest, high level SUD care the highest

Data Reporting – Less competency here across all levels. Outpatient private practice do very little reporting, even the outpatient agencies and higher level SUD providers have less competency here than other areas

Workforce Development – across all provider types this area was “orange” with all types describing high turnover/burnout

Cultural Competency – focused on language translation services, and collecting race/ethnicity data, and CLAS plans. Largest providers and high level of care providers rated highest in this area, while private outpatient providers rated lowest.

Training and education, increases in reimbursement, and partnerships/staff were identified across all provider types as a way to increase these core competencies.

Attitudes and beliefs of non-pharm and MAT practices:

Non-pharm practices: Private practitioners more likely to respond “don’t know.” Very few said any of these were ineffective. Most practices were rated as effective.

MAT (MOUD and AUD): Overall the higher levels of care recognize the effectiveness of all of the MATs listed. A couple thought methadone was ineffective. OP agencies – no one thought anything ineffective, a few more neutral/don’t know. AUD medications show more mixed results. Private practitioners 40-50% + said they don’t know whether these are effective for treating SUDs.

Key Takeaways: Training/incentives needed to increase competencies related to data reporting, CLAS and health equity, MAT effectiveness for non-prescribers, care coordination, and peer recovery supports.

Two most common points of entry to BH are Emergency Dept and a Physician.

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| | Private practices don't have the resource to implement many of these practices based on the business model, or to get educated in them. Conversations at The Partnership to engage private practitioners via a forum to discuss the results and opportunities. | |
| WATERBURY OPIOID TASK FORCE | <p>Presentation by: Rushnee Vereen, Jennifer DeWitt, Cameron Breen, Lt. Stokes. "The Warm Handoff Program" a pilot program focused on real-time overdose response. Funding expires August 2022. Staff: CCAR-trained recovery coaches with lived experience who also are trained in engagement, rapport-building, assessing level of readiness and coaching individual to get the care they need. Support of Mayor's office. Large team of prevention/outreach staff, and overdose response team. 2 FTE overdose response technicians, dually supervised by health dept and police dept – get clinical supervision and supervision regarding safety and rules/guidelines from law enforcement partners. Staff work in "buddy system" whenever possible while doing field work. Staff have police radios, get dispatched by communications center to the overdose event/Narcan administration, and are assigned on to the scene to work with that person for 30 days after the overdose event. Also may be requested to assist after overdose event, may be called on-scene to do on-scene outreach to connect to care. Also connect with people by following up on police reports involving overdose. Police partner identifies reports for program staff to follow-up. "Knock and talk" to outreach to transient population. Proactive patrols/targeted outreach – plan outings with homeless outreach workers among known persons with drug involvement.</p> | See PPT attached. |
| NEW BUSINESS | None. | |
| UPCOMING MEETINGS | <p>ADPC Full Council: June 15, 2021 Treatment Subcommittee: June 24, 2021</p> | |