MEETING NOTES

ADPC Treatment and Recovery Support Subcommittee
3/23/17 1:00-3:00
CMHA, New Britain

Attendees: *Charles Atkins, Dan Rezende, Julienne Giard, Alison Kearney, Angela Harris, Mary Winar, Mark Jenkins, Craig Allen, Gabriella Kainer, Melissa Sienna*

Re-alignment of ADPC Subcommittees (handout)

- Review of Subcommittee changes:
  - Overdose Prevention/Narcan has moved to the Prevention, Screening, & Early Intervention Subcommittee
  - Recovery Supports has moved out of this Subcommittee to the Recovery & Health Management Subcommittee. Phil has become co-chair of that committee, and is welcome to continue as a member of this subcommittee.
- Even though recovery is not part of the work of this committee now, the voice of recovery should remain embedded in the subcommittee.
- **Next steps:** Review Charter for revisions via email and at next meeting.

Tx Subcommittee Goals: (handout)

- Tox Screening Goal: Reviewed ASAM (100+ page) guidance on this topic. Our recommendation is in alignment with ASAM. Providers will want a concise set of practical guidelines that allow for clinical discretion. Challenges remain in how to coach providers to use positive urine/tox results in a therapeutic/engaging way versus punitive (abstinence-based) way, and how to reframe the result as data that informs ongoing treatment (how well is treatment working if someone continues to test positive? What changes does that positive result indicate with respect to treatment?). Goal is to meet people where they are at, and to use the results in the context of Stages of Change/ motivational model. In some settings, there are adverse consequences associated with positive results. Dangers of urine tox screens is that other medications may get withheld/ delayed if unskilled staff at managed care organizations are making decisions based on results they do not fully understand (a recent example was given at the meeting). Training on this topic might be helpful. DMHAS has training money available in a new grant that might be used for workforce development in this area and delivered through the Women's Consortium. Corrections: abstinence-based system. Need to use both harm reduction and abstinence depending on where the client is at. Recovery support is available in some DOC facilities. Goal is to make Naloxone more accessible for inmates upon release, and training on how to use it. See GHHRC.org for a digital image of the Lil' Dope Fiend booklet: http://ghhrc.org/lil-dope-fiend-overdose-prevent-guide-is-now-digital/. CT lacks harm reduction efforts related to substance use. Harm Reduction 101 could be embedded in Naloxone education. GHHRC beginning to explore a "user union" in Hartford. Possible presentation at ADPC meeting.
- Adolescent SBIRT Goal: DCF is coordinating with DMHAS to develop an infrastructure and sustainability plan. Ideas included: embedding A-SBIRT in tx provider contracts, integrate into a college curriculum, deliver training at upcoming Medical Assistant Conference, collaborate with pediatric practices (build off of CT AAP demo project). DCF/DMHAS have purchased several thousand Kognito online/virtual training licenses to get people started with A-SBIRT/SBIRT.

Contact ines.eaton@ct.gov if you're interested in obtaining a Kognito license. We should put info in the 3-day MAT conference swag bag on how to access Kognito.

- LMHA and MAT Goal: Meeting monthly. Sharing policy, lessons learned, trainers. New leadership in some places. Julienne to develop a grid for review. Middletown CHC, Weitzman Institute, Echo distance learning on Buprenorphine (and other health problems). Cost: $4000/agency/year. Provider Clinical Support System (PCSS) Buprenorphine training also available as a resource. Charles received training through PCSS.
- DOC & Re-Entry MAT Goal: Working to expand MAT in New Britain area. Grant dollars are waning. Starting in prisons with warm hand-off to treatment. There are some licensed clinicians working in the courts (sustainable/billable), intake into treatment before the person has gone before the judge. Can present treatment plan to judge as an alternative to other sanctions. Separate from jail diversion, but establishes a clinical presence. Currently in Bridgeport, and expanding to Litchfield and New London. Led by Mike Hines at CSSD. Key factor is getting judge on board. Law Enforcement Assisted Diversion (LEAD) program was discussed (New Haven). Involves police and outreach, similar to Crisis Intervention Teams (CIT) in 4 cities in CT. CIT model: SW embedded with police, do diversion to an emergency room.
- Regulatory Workgroup Goal: Raising the age limit on Child Guidance Clinics from 18-21 years. Providers already have some ability to treat above 18 years per DCF licensing.
    - **Next steps**: Invite DCF licensing to attend a future meeting.

Benzodiazepines

- Integrate Benzodiazepines in all materials about opiates.

Other items:

- 3-day MAT Conference: Patrick Kennedy will be Keynote on 7/19. 7/17: MAT providers only, 7/18: A-SBIRT and other sessions. 7/19: Recovery Panel and other sessions. Forward to Julienne any information you want considered for inclusion into the swag bag. 6 CEU's/day will be available. Cost: $20/day. Prescriber day is FREE (day 1) with food included.

Upcoming Meetings

- **ADPC Meeting**: 4/18/17 at 10:00-12:00, State Capitol, Old Judiciary Room
- **Treatment subcommittee**: 4/27/17 at 1:00-3:00 at CMHA