ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Thursday, August 4, 2016
Legislative Office Building
Hartford, CT
2:00 p.m.

ATTENDANCE

Members/Designees: Charles Atkins, CMHA; Theresa Conroy, CT General Assembly; Miriam Delphin-Rittmon, DMHAS; Marcia DuFore, NCRMHB; Katie Farrell, Public Defender; John Frassinelli, DOE; Stephen Grant, Judicial Department; William Halsey, DSS; Deborah Henault, DOC; Shawn Lang, AIDS CT; Chinedu Okeke, DPH; Mary Painter, DCF; Mark Prete, Charlotte Hungerford Hospital; Betsy Ritter, Department on Aging; Arielle Reich, DESSPP; Gregory Shangold, Windham Hospital; Sherrie Sharp, Beacon Health Options; Judith Stonger, Wheeler Clinic; Tim Curry, Department of Insurance;

Visitors/Presenters: Michael Michaud, DMHAS; Nancy Navarretta, DMHAS; Mark Jenkins Greater Hartford Harm Reduction Coalition; Kelly Sinko, OPM; Diana Heymann, DMHAS; Kelsey Opozda, CTIC (DESPP; Carol Cruz, ROP; Brian LeBlanc, CT LAP; Kyle Zimmer, CT LAP AFL-CIO

Recorder: Karen Urciuoli

The August 4, 2016 meeting of the Alcohol & Drug Policy Council (ADPC) meeting was called to order at 2:00 p.m. by DMHAS Commissioner Miriam Delphin-Rittmon. The meeting was co-chaired by DCF Representative Mary Painter.

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 has been developing PSA's as an outcome of recent forums regarding Opioid Abuse. Parents wanted to be able to share their stories. All PSA's have been placed on the DMHAS Facebook page and have been shared and viewed numerous times.	Informational
Update on Strategic Planning Process	David Fiellin and the Yale Team continue to participate in many of the workgroups and forums and also continue to meet with State agencies. Once the sub-committees recommendations are approved they will be included in the Strategic Plan. The Plan will be submitted to this council and the public for review and comment and will be finalized by early September.	Informational
Naloxone – Interactive Map Demonstration	The Department of Consumer Protection (DCP) provided an overview of Naloxone prescribing by pharmacists in CT. There are multiple prescribers of Naloxone, Physicians (MD, DO), Advanced Practice Registered Nurses, Physician Assistants, and Pharmacists. DCP's program is an important piece of the larger puzzle; it integrates Naloxone prescription into holistic prevention and treatment strategies. Everyone seeking a Naloxone prescription knows someone suffering from substance use disorder. The program recognizes that the time of dispensing creates a new opportunity to educate on treatment options so overdose can be prevented, not simply reversed. Training allows pharmacists to be a part of the largee solution. There are multiple pharmacist training opportunities available, all approved by DCP. As of September 22, 2016, 321 pharmacies and 981 pharmacists can now prescribe Naloxone, and almost 1000 additional members of the health care community have been trained to educate the public on substance abuse prevention and treatment. The DCP website has real-time information on prescribing pharmacies: • www.ct.gov/dcp/naloxone has dedicated resources for pharmacists and the public. • http://www.ct.gov/dcp/cwp/view.asp?a=1620&q=581898 Map will be linked on the page above	Informational

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Expanded Sub-committee Reports and Recommendations	Below are all recommendations submitted for approval:	
• Prevention, Screening and Early Interventions	A. Identify core competencies for Continuing Medical Education around Safe Opioid Prescribing and Pain Management (for both prescribers and non-prescribing medical staff). 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. C. Provide education and resources regarding dispensing, safe storage and disposal of prescription medications. 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. 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.	
• Treatment and Recovery Supports	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. 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. 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	

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	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. 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 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.	
• Recovery and Health Management	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. L. The ADPC develop and adopt Fact Sheets for prescribers and supports the dissemination process of such Fact Sheets. 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. 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. O. The appropriate State agencies re-visit the possibility of utilizing the standing order model in CT	
Discussion	Recommendation A – It was suggested that this recommendation go back to the committee for further research to identify existing competencies and gaps. Recommendation B – The DCP website already posts information that may be very helpful with this recommendation. Recommendation C – Regarding the adolescent SBIRT, DCF had limited funds for one year is currently working on ways to sustain this initiative without additional funds. Recommendation G – It was clarified that this is an expansion of services that already exists. Recommendation I – DOC did receive a grant to fund this. Recommendation N – DCP will be sending out a letter to schools on how they can obtain Naloxone.	
Council Vote	Council members were given time to review all recommendations and apply their rankings.	Noted
Other Business	Mark Jenkins from the Greater Hartford Harm Reduction Coalition inquired as to what provisions are being made to include a diverse voice in the efforts to assure the policies at this table also address health disparities in communities of color. Commissioner Delphin-Rittmon indicated that the disparities piece will be front and center with all of the data pieces collected and also in each outcome area. She also noted that DMHAS has conducted numerous focus groups all over the State and has talked about this process and invited people to come to this meeting along with the work groups which are all an open process. Mr. Jenkins also asked what research or methods were used that would ensure that the rapid response would provide outcomes that address health equity not only throughout the State but particularly in communities of color and in urban centers. Commissioner Delphin-Rittmon indicated that the Rapid Access Centers will be an evolving process and will be connected to DMHAS LMHA's. In addition,	Noted

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	DMHAS has an Office of Multicultural Healthcare Equality; they provide training and competencies throughout the LMHA's and are currently in the process of completing an organizational cultural competency assessment. They have also developed a measure that coincides with the National Cultural Linguistic Competence Standards Office. They also run a PACT program (Program for Addiction Cultural Competence Training).	

NEXT MEETING – September 13, 2016 – 10:00 a.m. to 12:00 p.m.

ADJOURNMENT - The August 4, 2016 meeting of the Alcohol and Drug Policy Council adjourned at 3:35 p.m.