ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, February 21, 2017
State Capitol, Room 310
Hartford, CT
10:00 a.m.

ATTENDANCE

Members/Designees: Charles Atkins, CMHA; Crain Allen, Rushford; Miriam Delphin-Rittmon, DMHAS; Marcia DuFore, NCRMHB; John Frassinelli, DOE; Ingrid Gillespie, CT Prevention Network; Stephen Grant, Judicial; David Guttchen, OPM; William Halsey, DSS; Deborah Henault, DOC; Joette Katz, DCF; Shawn Lang, AIDS CT; Susan Logan, DPH; Gerard O'Sullivan, Dept. of Insurance; Mark Ojakian, Board of Regents; Surita Rao, UCONN Health; Judith Stonger, Wheeler Clinic; Phil Valentine, CCAR

Visitors/Presenters: Nancy Navarretta, DMHAS; Julienne Giard, DMHAS; Charles Dike, DMHAS; Mary Painter, DCF; Kiana McDonald, Steps Coalition; Scott Newgass, SDE; A. Harris, GHHRC; Kelsey Opozda, NEHIDTA; Yanike Whittingham, CT DOC; Kyle Zimmer, Local 478/AFL-CIO; Brian LeBlanc, CWA LAP; Ece Tek, Cornell Sott Hill Health

Recorder: Karen Urciuoli

The February 21, 2017 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 Mary Painter, DCF.

Topic	Discussion	Action
Welcome and Introductions	Members of the Council introduced themselves and Commissioner Delphin-Rittmon welcomed all in attendance.	Noted
Governor's Address	Governor Malloy thanked everyone for the work that they have been doing on behalf of this council, which was given a specific charge last year and has been able to accomplish some amazing things. He reported that CT has made some dramatic changes in their approach to addressing the opioid epidemic. Every town and city within the State has been touched by opioid addiction. The State spends 65 million dollars a year in drug treatment, the Governor feels that every dollar we spend trying to prevent that from happening is money well spent and lives well saved, and allows us to get to the root cause that much sooner. In October the State was proud to announce a Strategic Plan for the State of CT that builds on all of the work that has been accomplished together and charts a clear future course on an action based pathway forward as we continue to combat addiction in CT. The Plan was made possible by the hard work done by this group; bringing State agencies together to coordinate a State response and finding federal sources to insure that work continues despite our current fiscal state. The Strategic Plan builds on successive years of bipartisan legislation to strengthen our toolbox. We have worked together to curb over prescribing through enhanced monitoring and continuing education partnerships with medical professionals and their associations. We have greatly increased access to life saving Narcan both for individual citizens and first responders and we are changing the way we talk about addiction in order to systemically eliminate the stigma that goes along with this illness. Last week legislation was submitted that includes even more ways to help combat the crisis. The legislation could not have been made possible without the Strategic Plan developed by this council. First we should mandate electronic prescribing of all controlled substances, we know that electronic prescribing reduces fraud and makes it easier to track data giving us a better picture of who's going down the path of addiction, where to intervene and where, perhaps, some doctors are making mistakes. Next we want to help facilitate the destruction of unused medication so it's not sitting in medicine cabinets where other individuals would have access to it. The proposal would provide a process where home health care agency registered nurses can oversee the destruction of unused medications. We also want to allow patients the ability to include a non-opioid directive in the medication clause, which will allow people to take charge of their own lives. In addition, currently, prescribers are only required to provide information about the risk of addiction when prescribing to minors; we are now proposing that all patients be informed about the risk of addiction each and every time opioids are prescribed. And finally, we must also improve data sharing among our State agencies to better track trends and to determine the effectiveness of how we are allocating our resources.	Informational

Topic	Discussion	Action
Review and Approval of Minutes	Minutes were reviewed and approved as written	Noted
Discussion Expansion of ADPC CY 2017 Charge	Commissioner Delphin-Rittmon reported that with regard to the work of the sub-groups, one thing that has come up is questions around the charge, and are we at a place now where it makes sense to expand the charge and discussions regarding the work of this group. Since the sub-committees are well into implementation, any other other areas of interest you feel the sub-committees should look at can be brought to the full council for discussion. Although this council's main charge at this time is opioids other areas can be looked at.	
Video Clip	DMHAS shared another PSA produced by Tom Gugliotti. Commissioner Delphin-Rittmon thanked all family members and people in recovery who have shared their stories. All PSA's are on the DMHAS website to be viewed and shared.	Informational
State Agency Grant Applications:		
• SAMHSA Grant to Address Opioid Crisis	Federal funding received for this grant will address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorders. Project Period: 2 years Federal Funding Amount: $5,500,157 annually Federal Funder Expectations: A data-based needs assessment; A strategic plan based upon data; Evidence-based primary and secondary prevention activities; Evidence-based treatment especially medication-assisted treatment; Assistance with treatment costs; Assistance to individuals transitioning from incarceration or other rehabilitation settings; Peer and other recovery supports for access and long-term recovery.	Informational
• SAMHSA ASSERT Grant	ASSERT is a four-year SAMHSA-funded implementation grant that serves as the follow-up to CT's IMPACCT planning grant. ASSERT will provide funding for CT to implement the IMPACCT comprehensive statewide strategic plan for substance use. This program will fund improvements in treatment for adolescents and transitional aged youth (age 12-21 years) with substance use disorders (SUD) and/or co-occurring substance use and mental disorders by assuring youth state-wide access to evidence-based assessments, treatment models, and recovery services supported by the strengthening of the existing infrastructure system. This funding combines infrastructure improvement and direct treatment service delivery and brings together stakeholders across systems to strengthen an existing coordinated network that will enhance/expand treatment services, develop policies, expand workforce capacity, disseminate evidence-based practices (EBPs), and implement financial mechanisms and other reforms to improve the integration and efficiency of SUD treatment, and recovery support system. Project Period: TBA, anticipated 9/30/2017 – 9/29/2021 Funding Amount: $800,000 annually Opportunities Presented by the Grant ASSERT has the capacity to: • Increase access to substance use screening • Reduce stigma associated with screening and increase awareness of available services • Increase collaboration and coordination among state agencies around substance use generally, and prescription drug/opioid misuse specifically • Implement finance structures that sustain and grow evidence-based practices • Increase the capacity of adolescent substance use providers to intervene with prescription drug/opioid misuse.	Will continue to update.
• SAMHSA IMPACCT Grant	IMPACCT is a two-year SAMHSA-funded planning grant aimed at helping state's develop comprehensive statewide strategic plans for adolescent (12-17 y.o.) substance use. These plans are required to increase access to evidence-based practices, treatment models and recovery services by strengthening the state's existing infrastructure. Project Period: September 30, 2015 to September 29, 2017 Funding Amount: $250,000 annually Opportunities Presented by the Grant Implementation of the IMPACCT plan has the capacity to:	Informational

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	• Increase access to substance use screening • Reduce stigma associated with screening and increase awareness of available services • Increase collaboration and coordination among state agencies around substance use generally, and prescription drug/opioid misuse specifically • Develop finance structures that sustain and grow evidence-based practices • Increase the capacity of adolescent substance use providers to intervene with prescription drug/opioid misuse.	
• A-SBI through Kognito Simulations	The Department of Children and Families (DCF), in collaboration with the Department of Mental Health and Addiction Services (DMHAS) through a Center for Substance Abuse Treatment Services (CSAT) grant, is able to offer access to free virtual learning on Adolescent – Screening and Brief Intervention (A-SBI) through Kognito Simulations. Kognito uses role play simulations using virtual people in order to prepare individuals to have real life conversations with adolescents and their parents on substance use or misuse. The 3 courses available are Screening and Brief Intervention with Adolescents, Screening and Brief Intervention Skills Assessment, and At-Risk in Primary Care. These courses support the Adolescent – Screening, Brief Intervention, and Referral to Treatment (A-SBIRT) initiative. There will be 7,000 free slots available through August 2018. Continuing education credits are also available. Those interested in obtaining access to the free virtual learning, can fill out an online request found in the DCF internet A-SBIRT page (http://www.ct.gov/dcf/cwp/view.asp?a=4792&Q=573712). You will be provided with instructions and an access key. For any additional questions, please don't hesitate to contact Inés Eaton at ines.eaton@ct.gov or at mary.painter@ct.gov .	Informational
Sub-Committee Reports		
• Prevention, Screening and Early Intervention	Judith Stonger provided the following update: • The CT Children's Medical Center (CCMC) is the first healthcare organization in the State that has successfully integrated their electronic health record with the State Prescription Drug Monitoring Program (PDMP), which will allow providers at CCMHC to access PDMP as part of the normal workflow, it will improve efficiency for them, will improve patient safety, and prevents prescription drug misuse and abuse. Slots are available for other entities to be able to integrate their EMR with the PDMP. There is a cost associated with it. • The Committee has been working on redesigning the Drugfreect.org website. Utilization data is available and shows that the webpage is visited about ten times per day. The committee believes it would be more profitable with a more clear understanding of how to navigate the website. They will be proposing that there be three primary brackets at the top of the webpage which will be, "Where to Access Narcan/Naloxone", "How to Access Treatment and Recovery", and "How to Safely Dispose of Prescription Medications". • The committee continues to work through DMHAS, and is in the process of contracting with an agency/organization to implement a statewide awareness campaign regarding prescription drugs through the SAMHSA Strategic Prevention Prescription Drug Framework grant, more information will be coming out on that. • This group will be expanding; Shaun Lang, who has been doing great work on harm reduction and opioid overdose prevention, will be joining this subcommittee. • A sub-group has been looking at education in terms of core competencies for providers and others. In terms of prescription drugs, a sub-group has been working well under the leadership of Dr. Kathryn Wender from the CT State Medical Society, they have identified that there are a number of competencies that already exist that may not be as well utilized or understood as possible. They are looking at various trainings including some that will be given some time in the spring. • A Statewide opioid conference will be held July 17th – 19th; this committee has been part of that planning group.	Informational

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	• The Gone but Not Forgotten Remembrance Quilt is being spearheaded and lead by Commissioner Delphin-Rittmon. A very moving and meaningful event was held at Toivo in Hartford and 3 additional events have been scheduled with several others being planned. The next events will be held on February 25th, from 10:00 – noon at the CT Clearinghouse in Plainville; March 4th at 2:00 p.m. at McCall Center for Behavioral Health in Torrington; and March 11th at 10:00 a.m. at Middlesex Community Substance Abuse Action Council in Middletown. Additional information about this project can be found on the DMHAS website.	
• Treatment and Recovery Supports	Dr. Charles Atkins provided the following update: • The 13 LMHAs have formed a MAT Learning Collaborative led by DMHAS. They are all working to more fully implement MAT for people with OUDs. These agencies are each at different stages of implementation. They share lessons learned and helpful strategies with each other at their monthly meetings. • There is an Opioid conference being planned by DMHAS and others for July 17-19 at the CHA in Wallingford. Day one will be for prescribers only. It is the 8 hour waiver training. These 8 hours can count towards the 24 hours of training that APRNs and PAs need to get their buprenorphine waiver. On day 2 Dr. Marc Fishman will be the keynote speaker on the topic of adolescents and MAT. There will be a SBIRT training and several other workshops available. In addition, all the documents a clinic would need to start a MAT practice will be available on a USB drive for conference participants. • The committee is also focusing on the DOC population and linking them with MAT upon re-entry. This is a very vulnerable population and there is a need to bridge them to MAT in the community. There are some projects on this topic in the federal STR grant application that DMHAS is submitting on 2/17/17. That grant is $5.5 M over two years for a total of $11M. • SBIRT trainings are happening across the state as requested and there will be one at the conference described above. • Urine toxicology is an important part of addiction treatment. It is not supposed to be used as a punitive measure, but as data for the prescriber to ensure accurate prescribing and for the counselors. ASAM recently released a new comprehensive document on this topic that the committee is reviewing. • The committee continues to review possible regulatory barriers, including in the areas of licensing (e.g., integrated mental health and addiction treatment licenses; increasing age of child programs to 21 years).	Informational
• Recovery and Health Management	Deb Henault provided the following update: There is a lot of work being done across all three sub-committees and a lot of overlap in all three, and a lot of this committees recommendations were absorbed by the other committees, this caused the group to look at what they really needed to be doing, what voices were not being heard and what information was not being presented. It became clear that recovery community families and people in recovery were not being heard in the way that they needed to be. Deb reported that she will be retiring as of April 1st, and this committee will be recommending to the Council that this committee have 2 new co-chairs that are people in recovery, and that at least 50% of their representation is recovery families or people in recovery. In order to make those changes the charter will have to be changed, they are recommending that the overdose prevention piece, which already exists in the Prevention sub-committee charter, be removed, and also that the Council remove the recovery support focus from the treatment sub-committee and have that be the focus of this committee. If their recommendations are accepted, they will present this council with two new co-chair recommendations.	Informational
Department of Education: Overview of Prevention and SA Treatment in the School System	John Frassinelli provided the following report: Current issues contributing to the opioid crisis • Ready access to prescription opioids • Inexpensive, high quality heroin • Abundance of Fentanyl used in adulterating heroin • Limited, coordinated activities addressing youth population CSDE Supports to Address the Opioid Crisis	Informational

Topic	Discussion	Action
	• Professional development: school nurses, school psychologists, school counselors and school social workers • Consultation and technical assistance to districts and school personnel • Targeted curricula in Health & Safety classes • Referring and facilitating connections to resources: "inside and outside the schoolhouse" • Connecting schools with community-based health and social services organizations CSDE Prevention Efforts • Safe Schools-Healthy Students (implemented in Bridgeport, Middletown and New Britain) • School-Based Diversion Initiative (currently being implemented in 18 schools in 6 districts) • Primary Project (early intervention program intended to increase pro-social behavior) • Financial and administrative support to Youth Service Bureaus, Family Resource Centers, Neighborhood Youth Centers, Boys and Girls Clubs • Emergency Mobile Psychiatric Services (EMPS) CSDE Collaborations and Partnerships • Department of Mental Health and Addiction Services (DMHAS) ▪ Safe School-Healthy Students ▪ CT Suicide Advisory Board ▪ CT STRONG State Level Transition Team • Department of Children and Families (DCF) ▪ Children's Behavioral Health Advisory Committee ▪ Evidence Based Prevention Workgroup ▪ IMPACCT Core Team • Department of Public Health (DPH) ▪ Healthy CT 2020 (SHIP) Mental Health, Alcohol and Substance Abuse • Action Team ▪ Connecticut School Health Survey ▪ SHAPE Grant efforts • Court Support Services Division (CSSD) ▪ School-based Diversion Initiative JJPOC Goal: Increase Diversion by 20% by July 2018 • <u>Recommendation 1</u>: Implementation of the Community-Based Diversion System Plan ▪ Phased-in Implementation: July 2017 – Phase 1/ July 2018 – Phase 2 JJPOC Goal: Increase Diversion by 20% by July 2018 • <u>Recommendation 2</u>: Collaborate with the Behavioral Health Plan Implementation Advisory Board: ▪ Ensure connection and collaboration for collective impact and efficient use of resources. ▪ Identify the most appropriate behavioral health, mental health and substance use needs of children and youth diverted from juvenile justice system involvement. ▪ Identify the elements and the inherent costs of a behavioral health service array. JJPOC Goal: Increase Diversion by 20% by July 2018 • Timeline 2017 ▪ July 2017: Increase capacity of system coordinating hubs. ▪ August 2017: Truancy and defiant of school rules removed from Juvenile Court jurisdiction. ▪ October 2017: The Children's Behavioral Health Plan Implementation Advisory Board completes the financial mapping and resource analysis of the behavioral health service array available to diverted youth.	

Topic	Discussion	Action

Use of Benzodiazepines in the Behavioral Health Clinic Setting	Dr. Charles Atkins and Dr. J. Craig Allen co-facilitated the following presentation:
	What are Benzodiazepines
	• Benzodiazepines are medications which are sometimes used to treat anxiety and insomnia. They include:
	  • Ativan (lorazepam)
	  • Klonopin (clonazepam)
	  • Valium (diazepam)
	  • Xanax (alprazolam)
	• While these medications can be effective for short term use, they can have serious side effects and health risks when used for longer periods. They have been shown to increase the risk of death by accidental overdose, as well as falls, memory impairment, and confusion.
	Issues with Benzodiazepines Even Before We Get to the Opioids
	• Frequently prescribed for long periods of time.
	  • FDA indications are mostly for short-term use.
	• Elderly population
	  • Increased risks for falls and fractures
	  • Increased drug-to-drug interactions
	  • Worsens memory and cognition
	• Youth and adolescents
	  • Impaired learning
	  • Risk for addiction and dependence
	• Tolerance
	• Overdose
	• Addiction, physiologic dependence, potentially life-threatening withdrawals.
	• Withdrawal states can mimic anxiety and panic attacks.
	• People like them for their quick onset.
	Add in the Opioids (contributing factors)
	• High rates of co-occurring anxiety and mood disorders, including PTSD, with individuals who have opioid use disorders (greater than 50%).
	• High rates of co-administration, both prescribed and illicit.
	  • Opioid users on maintenance therapy describe how benzodiazepines can give them a “high” that methadone or buprenorphine does not.
	• Increased risk of fatal overdose when benzodiazepines are combined with opioids
	• No clear statement or guidelines from professional organizations, such as ASAM, ABAM, CDC.
	Within the Opioid Replacement Treatment Community there is No Consensus
	• There are a range of approaches to co-administration.
	  • “No-benzodiazepine” rules, where positive drug screens, are tied to contingency plans, including the possibility of administrative taper and discharge.
	  • Some MAT programs will not co-prescribe, but allow clients to receive benzodiazepines from an outside provider.
	  • Some programs prescribe both.
	Recommendations
	• Carefully screen patients prior to the prescribing of benzodiazepines.
		Informational

Topic	Discussion	Action

	• To include
	  • Query the Prescription Monitoring Program
	  • Screen for substance use problems
	  • Screen individuals with a psychiatric history positive for anxiety and depression
	  • Urine Toxicologies
	• Educate health-care professionals about pros and cons of benzodiazepines (not just prescribers).
	• Educate/warn patients and the general public.
	  • Signage in clinic settings.
	  • Public service messaging
	• Enhance understanding of, and access to, pharmacologic and non-pharmacologic evidence-based treatments for anxiety and depression
	• Access to treatment for those who have developed serious co-dependencies with benzodiazepines and opioids.
	  • Need to address under, and unaddressed underlying psychiatric disorders
	  • Need to address the addictive disorders.
	  • Co-occurring treatment options are crucial.
	  • For individuals on opioid replacement therapies, while it is desirable that they not be on benzodiazepines, on a case-by-case determination this may not be possible. These individuals will require:
	  • Greater vigilance with monitoring (frequency of visits, size of prescriptions, dosage)
	  • Treatment contingencies that if the client cannot manage their medications a higher level of care and/or monitoring may be necessary.
	  • While naloxone (Narcan) will not reverse a benzodiazepine OD it will reverse the opioid component of a multi-drug OD.	

Other Business		

NEXT MEETING – Tuesday, April 18, 2017, 10:00 – 12:00, State Capitol, Old Judiciary Room
ADJOURNMENT - The February 21, 2017 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.