MEETING NOTES

ADPC Treatment Subcommittee
4/27/17 1:00-3:00
CMHA, New Britain

Attendees: Melissa Sienna, Charles Atkins, Julienne Giard, Allison Kernan, J. Craig Allen, John Hamilton, Mary Winar, Angela Harris, Kathy Maurer, Mark Jenkins, Jim McPherson, Bert Plant, Paul Gandossy, Yashira Pepin

DCF Licensing

Jim McPherson, DCF Licensing (Handouts provided)

Outpatient psychiatric clinics for children designed to create formal standards for state child guidance clinics which are legislatively required to have this license. All other entities are licensed voluntarily, or as required by DCF contract. Clarification on ages served: DCF can allow outpatient clinics to serve youth up to 19th birthday. License covers main location, satellite offices and home-based services. Does not supersede DPH substance use license, which allows treatment of substance use disorders, and does not have an age restriction. Some entities have both licenses.

In the past, residential facilities that wanted to serve adolescents with SUD had to have both DPH and DCF licenses (dual licensure) and there were some regulatory conflicts, but Jim is not aware of conflicts between DPH and DCF licensing at outpatient level of care. The dual licensure requirement has since changed (handout, 19a-491 amended) if the entity is licensed by DCF as child-caring facility does not also have to have the DPH license. DCF license covers SUD for adolescents in residential (up to age 18, or 21st birthday) but the program cannot ONLY serve adults- children/adolescents MUST be served by the residential facility. Residential facilities can admit an over 18 year-old but they cannot stay past 21st birthday.

Barriers to integrated MH and SU treatment and recovery: Licensing not integrated for MH and SUD treatment- perpetuates a bifurcated system. In terms of recovery, CCAR addressing substance use without MH.

Action item(s): breakdown these barriers through integrated MH/SU license, and through integrated recovery behavioral health coaching requirements (base knowledge of MH, MAT, and access to informational materials about co-occurring problems and treatment options to share with clients).

MAT Adverse Events

Hospitals not prepared to initiate/administer MAT. Patient not given Vivitrol post-surgery as needed because hospital did not have it on formulary. In attendance: Yashira Pepin, Policy and Government Relations from Alkermes (pharmaceutical company) for this region, free product available for clinics, physicians, hospitals. http://www.alkermes.com/ or yashira.pepin@alkermes.com

Standardize MAT informational materials for distribution statewide on the available MAT medications, and to support warm hand-off to community providers.

Fentanyl-laced products are "blowing through" buprenorphine. Some concern also that the proportion of fentanyl/heroin may be shifting toward fentanyl.

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New Hampshire Carfentanil deaths article:
http://www.concordmonitor.com/nh-state-lab-confirms-first-carfentanil-deaths-9499258

Beacon Project Echo *Bert Plant, Beacon Health Options (Presentation on SharePoint)*

- Project ECHO® is a community-based public healthcare initiative that facilitates treatment of common yet complex diseases in under-served and rural areas.
- The goals of Project ECHO are two-fold:
    - Develop capacity to safely and effectively treat complex diseases in rural and underserved locations
    - Monitor outcomes centrally to assess effectiveness of the program

Echo National Structure

BEACON'S HUB TEAM

- Beacon has formed a "virtual hub", led by 3 psychiatrists with vast experience treating addictions:
    - Dr. Steven Bentsen
    - Dr. Elisabeth Hager
    - Dr. Enrique Olivares
- Hub coordinator/liaison duties will be managed by:
    - Heather Lober, Director Strategic Initiatives
    - Madeline Wharton, Manager Corp. Strategy
- Other disciplines that will be represented on the hub include: Pharmacist, Case Manager, Manager of Provider Partnerships

LOGISTICS

- Beacon's OUD ECHO will be **bi-weekly**, **60-minute** teleECHO clinics
- Clinics traditionally run **during the lunch hour**, but we will tailor to the preferences of participants (via survey)
- Target **2 case presentations per week**, paired with a **10-minute didactic lecture** on topics relevant to OUD treatment
    - Case template will be provided, with request to submit 48 hours before teleECHO clinic
- **Written discussion summaries** will be provided following the presentation at clinic

Opportunity to implement Echo for free through a regional limited (3-5 site) pilot program (contingent upon Beacon staffing) with other New England states. If national resources are used, there likely will be a fee.

Review Goals & Objectives

Consider proposing fully integrated co-occurring treatment recommendations. Discussed the location of available co-occurring MH/SUD programs at Blue Hills, RNP (23 beds, 30-45 days, women's specialty programs /step-down to recovery house).

Concern about lack of support/voice for harm reduction for those individuals who are not interested in treatment, but don't want to die. Confusion about new organization of subcommittees and where harm reduction (and possibly other topics) is seated. Consensus among subcommittee is that harm reduction should not be discounted as an important public health strategy, both in terms of human lives lost, and the costs to society of not supporting this approach. Discussed Safe Injection Sites as a mechanism to reduce/eradicate Hepatitis C.

Action Item(s): Angela to share Open Access CT (syringe services program) contact information with Charles.

Treatment Recovery Subcommittee SharePoint Site:

Sharepoint Site: https://itsharepoint.uchc.edu/teamsites/commed/adpctx

Username: (assigned individually, contact marsha.murray@ct.gov with questions)

Pwd: Adpctx!1