

CT Alcohol and Drug Policy Council Recommendations Tracking Document

Prevention Subcommittee Goals	Progress to date	Status
<p>Identify core competencies for Continuing Medical Education around Safe Opioid Prescribing and Pain Management (for both prescribers and non-prescribing medical staff).</p> <p><u>Measures:</u></p> <ul style="list-style-type: none"> • Number of individuals attending the Scope of Pain trainings • Decrease in the number of opioids prescribed 	<ul style="list-style-type: none"> • A list of core competencies was developed by Dr. Daniel Tobin, Assistant Prof. of Medicine, Yale Univ. School of Medicine and Medical Director of the Adult Primary Care Center at Yale New Haven Hospital. These competencies are the objectives of the lectures he delivers to both prescribers and non-prescribing medical staff and is suggested for use in measuring current pain management programs for medical trainees and providers. • To date, six Scope of Pain trainings have been delivered to prescribers and non-prescribers across the state including the most recent on November 29th in Hartford. Additional trainings are being planned throughout the state. 	<p>Original goal Completed. Trainings are ongoing with 527 individuals trained to date.</p>
<p>Create a Statewide Prevention and Education Communication Strategy which will:</p> <ul style="list-style-type: none"> • Raise awareness of and provide education on the dangers of opioids and reduces stigma and other barriers for individuals and family members seeking help. • Provide education and resources regarding dispensing, safe storage and disposal of prescription medications. • Inform prescribers by developing and adopting Fact Sheets; support the dissemination process of such Fact Sheets to prescribers 	<ul style="list-style-type: none"> • The 6 health districts awarded a PDO grant are receiving quarterly report cards with data on age, gender, race ethnicity, residence and where overdose deaths have occurred in order to target their interventions. • The drugfreet.org website continues to be utilized approximately 1,800 times/day, and is in the process of being redesigned. • National Prevention Week is scheduled for May 12-18, 2019. The planning committee is coordinating an educational forum at the New Britain Museum of American Art, a Health & Wellness Fair at the State Capitol, a prevention video conference and numerous local community events. • There are a total of four completed Remembrance Quilts that are available for display. Additional quilt square making events are being planned. • 4 health districts from across the state have been trained to implement comprehensive prescriber, school and community social marketing education campaigns which will include medication storage and disposal information. • The Subcommittee reviewed a series of CDC-produced factsheets and posters directed at patients and families. Identified materials were mailed to more than 1,000 healthcare agencies. 	<p>Goal is Completed and activities are ongoing</p> <p>Goal is Completed, activities are ongoing</p> <p>Completed</p>

<ul style="list-style-type: none"> Promote ADPC adoption of one or more of the Public Service Announcements that have been developed by DMHAS and other currently available educational materials for distribution. Assist with the identification of necessary resources to do so. <p><u>Measures:</u></p> <ul style="list-style-type: none"> # of website hits Increase in calls to the toll free number Increased number of individuals being trained Increase in the volume of unused prescription medication collected <p>Number of quilting events</p>	<ul style="list-style-type: none"> On November 21, 2017 a press release was issued jointly by the DCP and DMHAS encouraging the public to check their medicine cabinets and dispose of and/or secure medications for the safety of their guests. The DCP has: created a new “How to dispose of your medications” for Youtube; licensed additional law enforcement drop boxes; drafted language for drop boxes in pharmacies; provided brochures for distribution including “Secure Your Meds” and “Safe Storage and Disposal of Prescription Medication.” Brochures, posters, print ads, online ads, radio scripts, handbills, social media and on-line ads have been developed for the Change the Script campaign. A targeted campaign is being finalized for prescribers to increase their utilization of the CPMRS. Plans are for a statewide kickoff of the campaign in February 2018. The “Change the Script” campaign materials continue to be broadly disseminated and evaluated statewide. New messaging for a variety of target audiences is being developed. The campaign will also be integrated with the statewide “One Word, One Voice, One Life” suicide prevention campaign since they share common risk factors. 	<p>Completed</p>
<p>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.</p> <p><u>Measures:</u></p> <ul style="list-style-type: none"> Number of institutions participating in integration Number and types of campaign materials distributed Increase in the number of CPMRS users 	<p>A total of Thirteen (13) new CPMRS users have signed up, they consist of: Griffin Hospital; 1 inter-tribal organization (United South and Eastern Tribes); 9 provider groups (Paradigm Medical Care, LLC/The Eye Care Group/Recovery and Health Source LLC/Dental Health Associates/Norwich Smiles and Family Dentistry/Physicians Alliance of CT, LLC/ Lester S. Kritzer, MD/Paul H Deutsch/Branford Pediatrics); Southwest Community Health Center and Community Mental Health Affiliates.</p> <p>The following large healthcare systems have already integrated the CPMRS into their EHR systems: CT Children’s Medical Center and Yale New Haven Health network. The DrFirst software has integrated the CPMRS and is being used by Stamford Hospital and Bristol Hospital. The following provider groups are also connected via DrFirst: Vanja Kondev MD, Paul Hanna DMD PC, Pathways Center, and Interventional Spine and Sports. Walmart became the first retail pharmacy to integrate the CPMRS with 34 stores.</p> <p>There are currently 2,800 campaign materials that have been distributed throughout the state of Connecticut. The material distribution efforts have been ongoing through fairs and presentations.</p>	<p>Partial Completion</p>

	<p>The campaign efforts have yielded an additional 2,994 CPMRS users; these include Prescribers, Pharmacists and Delegates, from February 2018 through September 2018. The campaign efforts also include compliance letters which have been going out in waves since December 2017.</p>	
<p>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</p> <p><u>Measures</u></p> <ul style="list-style-type: none"> Increase in the number of school personnel who carry naloxone 	<p>Data has been gathered from CSUs, community colleges and private colleges and universities.</p>	<p>Not Completed</p>
<p>2/20/18</p> <ul style="list-style-type: none"> Make available age-appropriate, evidence-based opioid curricula in public schools K-12 	<p>The committee researched how some other states have addressed the opioid use disorder in their health curricula.</p> <p>Using examples from other states, the SDE will revise their Healthy and Balanced Living Curriculum Framework in fall 2019 to include opioid education standards and indicators.</p> <p>A letter was sent to all school superintendents on September 25th regarding awareness of the opioid crisis and other substances, legislative requirements for instruction, maintaining naloxone, and the pending naloxone survey. School nurse supervisors were also informed of the survey in a training workshop on September 28th 2018</p> <p>Through the federal SOR grant DMHAS is contracting with SERC to bring awareness of the dangers of opioid use directly into the classroom for students in grades K-12.</p>	<p>Partial Completion</p>
<p>2/20/18</p> <ul style="list-style-type: none"> Provide guidance and encourage the stocking of naloxone and reporting of naloxone use in schools. 	<p>A naloxone survey to assess: whether districts stock naloxone in formulary; if not why; who can administer naloxone and any product training received was distributed on November 30, 2018 to school nurses statewide. Results will be compiled and shared with the PSEI subcommittee meeting for consideration of further action.</p> <p>A letter was sent from the SDE to school superintendents in September 2018 advising them to partner with community agencies to develop response plans for cases of toxic drug use. The letter further requested that they consider maintaining naloxone and ensuring proper training on its use. The letter also included a list and description of substance use resources.</p>	<p>Completed</p>
<p>2/20/18</p> <ul style="list-style-type: none"> Expand naloxone education and availability for high risk populations 	<p>The RBHAOs have determined priority populations in each region and are working with some health districts to provide naloxone education and distribution.</p> <p>Additional opportunities to expand naloxone</p>	<p>Completed</p>

	availability to the public have been met through the SOR federal grant. A total of 12,000 Narcan kits will be available for distribution in FY 2019 through the following: DMHAS, DOC, DPH, CT Hospital Association and the RBHAOs.	
<p>Tasks from HB7052</p> <ul style="list-style-type: none"> One page fact sheet- Opioids :risks, symptoms, services and strategy for dissemination Feasibility of Marketing campaign and monthly PSAs-Opioids: risks, symptoms, services (including opioid antagonists) Advise council of any recommendations for statutory or policy changes that would enable first responders or healthcare providers to safely dispose of a person’s opioids upon death. Led by DPH with DCP and DMHAS- develop a voluntary non-opioid directive form and post on DPH website 	<ul style="list-style-type: none"> A one-page fact sheet on the risks of OUD and resources available to address it is being finalized and reviewed for posting on the DMHAS website by October 1st. A statewide media campaign called <i>Change The Script</i> targeting users, their families and friends, prescribers and the general public is being developed for deployment this fall. It is being designed for customization by local agencies to build on the growing awareness of the opioid misuse problem and move individuals and communities toward taking appropriate action. <p>HB-7052 Recommendation for Safe Disposal <i>A registered nurse employed by a home health care agency will be educated consistent with the information provided by the Department of Consumer Protection’s website on approved disposal methods for all controlled substances. The home health care agency will retain documentation verifying that the registered nurse has received such education. Upon a patient’s death, the RN will work proactively with the decedent’s designated representative or responsible family member to destroy or remove all controlled substances belonging to the decedent from the dwelling.</i></p> <ul style="list-style-type: none"> The VNOD form was developed by DPH and reviewed and approved by the DCP and DMHAS. It is currently being reviewed by their legal department in preparation for posting on the DPH website on October 1 2017 	<p>Deliverable on or before October 1, 2017- Completed</p> <p>Completed. Deliverable on or before January 1, 2019 – Campaign development is completed. Soft launch in communities and across the state occurred January 2019. Official launch planned for the end of February 2018.</p> <p>Deliverable on or before February 1, 2018</p> <p>Completed</p> <p>Completed</p>
Treatment Subcommittee Goals	Progress to date	Status
<p>Promote screening, brief intervention and referral to treatment for opioid misuse (e.g. SBIRT) across the lifespan:</p> <ul style="list-style-type: none"> 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. Expand professional trainings available on adult and adolescent Screening, Brief Intervention and Referral to Treatment 	<ul style="list-style-type: none"> Trainers, Kognito licenses and UCONN training institute available-ongoing SAMHSA State Youth Treatment Implementation (SYT-I) proposal includes A-SBIRT trainings for various sectors. DMHAS STR and DCF ASSERT Awards include resources for SBIRT implementation and expansion. Dollars going to Beacon Health Options and UConn. 	<p>Completed. Maintain/Expand through DMHAS STR grant (A-SBIRT data infrastructure improvements and trainings) and DCF ASSERT grant (A-SBIRT training for a wide range of audiences)</p>

<p>(SBIRT) to increase the frequency and number of individual screenings for opioid misuse, brief interventions, and referrals to treatment.</p>	<ul style="list-style-type: none"> • SBIRT training offered at July 2017 opioid conference. 	
<p>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:</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Urine toxicology guidelines to be drafted by subcommittee for distribution to ECCs (can also be used beyond ECCs); please see October 2017 meeting packet for draft. • The original recommendation to “require” ECCs to use urine toxicology screening upon all admissions was explored by the committee and ultimately decided against because of the possible misuse of it and resulting alienation from treatment that could happen. 	<p>Partial Completion Guideline document created and dissemination started.</p>
<p>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 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.</p>	<ul style="list-style-type: none"> • 12/16- One time DMHAS funding for LMHAs • 12/16-DMHAS Learning Collaborative begun including sharing of policies • Related-9/16 SAMHSA MATX funding expansion at 4 sites (2 LMHAs) • DMHAS Prevention-Treatment-Recovery Conference 7/17- 8 hrs FREE DATA training offered • Note: DCF ASSERT grant award includes expansion of MAT to youth aged 16-21 • Sept 2017 DMHAS Prescriber MAT Learning Collaborative expanded to include all LMHA prescribers. <ul style="list-style-type: none"> ▪ DMHAS expands MAT Learning Collaborative to include 7 STR funded sites 	<p>Completed. Maintain/Expand through involvement with Project ECHO opportunities and PCSS-MAT and NP/PA MAT</p> <p>MAT Learning Collaborative with 13 LMHAs and 7 STR sites is fully operational.</p>

<p>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.</p> <p>Note: <u>The Treatment Sub-committee will:</u> -Involve DPH in definition of limitations of existing regulation -Explore activities/workgroups in existence to limit duplication of efforts -Provide examples that are <u>specific to ADPC and governor’s charge</u> -Involve DSS in discussion of Medicaid rules related to incarcerated individuals; clarify any mis-information regarding benefits</p>	<ul style="list-style-type: none"> • Have explored multiple topics and invited speakers regarding the following topics: <ul style="list-style-type: none"> ○ children’s behavioral health program licensing; ○ integrated mental health/substance abuse program license; ○ scope of practice for LADCs. ○ Mobile MAT ○ Increasing co-occurring capability of programs (e.g., licensing, funding, IMD rules) 	<p>Not completed</p>
<p>2/20/18 Increase access to substance use services (i.e. increasing access to lifespan MAT and co-occurring programming)</p>	<p>DCF has implemented a youth/young adult OUD treatment program through a SAMHSA Federal Grant (ATM program). The program combines MAT, family co-occurring treatment, and recovery checkups.</p> <p>Ongoing Waiver trainings to increase the number of MAT prescribers</p>	<p>Partial Completion</p>
<p>Task from HB7052 Feasibility of establishing a publicly accessible electronic information portal-bed availability for detox, rehabilitation, outpatient MAT</p>		<p>Deliverable on or before January 1, 2019 Completed for detox, rehabilitation and certified/credentialed sober homes. Launched 11/20/17</p>
<p>Recovery and Health Management Subcommittee Goals</p>	<p>Progress to date</p>	<p>Status</p>
<p>The ADPC will 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.</p> <p>Revision (update)being drafted</p>	<p>A “Recovery Language” document was developed by the original sub-committee and adopted by the full Council</p>	<p>Completed</p> <p>Completed A revision to the original document was adopted.</p>

<p>NEW 6/2018 The ADPC will adopt the “<i>Recovery Friendly Community Guidelines</i>” that have been promulgated and piloted in a minimum of two locations by the sub-committee.</p>	<p>Draft guidelines complete. Pilot communities in process of being identified.</p> <p>Approved by Council 6/19/18</p>	<p><u>Not Completed</u></p>
<p>Criminal Justice Subcommittee Goals 9/18/17 new</p>	<p>Progress to date</p>	<p>Status</p>
<p>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.</p>	<ul style="list-style-type: none"> • MAT in Bridgeport (2014)and New Haven jails(2013)-ongoing 65 pts treated daily • MAT Hartford Correctional Center- started 2018- 20 pts • MAT expansion (initially pregnant women on methadone)in York CI. Expansion to other pts 2018 25-30 pts daily • MAT in Osborn CI in 2017 with STR funding. Started treating pts 2018. Phase I- treat transferred pts from the 3 jails. (13 pts) Phase II will be induction • Living Free program in New Britain with STR funding 2017- 73 clients • Build a statewide re-entry MAT Network 	<p><u>Completed- ongoing</u></p> <p><u>Completed-ongoing</u></p> <p><u>Completed-ongoing</u></p> <p><u>Completed- ongoing</u></p> <p><u>Not Completed</u></p> <p><u>Completed ongoing</u></p> <p><u>Partially Completed</u></p>
<p>NEW 10/2018 Develop a plan for Police Preventative Deflection and Police Assisted Diversion for persons with problem substance use that can be quickly implemented when funding becomes available.</p>		<p><u>Not Completed</u></p>
<p>Tasks from HB7052 Study SA tx referral programs that have been established by municipal police departments to</p>	<ul style="list-style-type: none"> • Workgroup met 9/28/17; will begin gathering information on programs in CT and elsewhere • Met 10/19/17 and 11/13/17, next meeting 	<p>Deliverable due on or before February 1, 2018.</p> <p><u>Completed</u></p>

refer individuals to SA treatment facilities for opioid dependence. Identify barriers and determine feasibility.	11/27/17 <ul style="list-style-type: none">• Preliminary ideas presented at ADPC December meeting	
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