ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Monday, May 9, 2016
Legislative Office Building
Hartford, CT
10:00 a.m.

ATTENDANCE

Members/Designees: Craig Allen, Rushford; Theresa Conroy, CT General Assembly; Miriam Delphin-Rittmon, DMHAS; Marcia DuFore, NCRMHB; Ingrid Gillespie, CT Prevention Network; David Guttchen, OPM; Deborah Henault, DOC; Robert Kane, CT General Assembly; Joette Katz, DCF; Shawn Lang, AIDS CT; Chinedu Okeke, DPH; Raul Pino, DPH; Mark Prete, Charlotte Hungerford Hospital; Betsy Ritter, Department on Aging; Gregory Shangold, Windham Hospital; Sherrie Sharp, Beacon Health; Judith Stonger, Wheeler Clinic; Phil Valentine, CCAR; Katherine Wade, Department of Insurance; Melissa Ziobron, CT General Assembly

Visitors/Presenters: Alyse Chin, DMHAS; Michael Michaud, DMHAS; Nancy Navarretta, DMHAS; Arielle Reich, DESPP; Ece Tek, Cornell Scott Hill Health Center; Rob Lawlor, NE HIDTA; Kelsey Opozda, NE HIDTA/CTIC; Doreen Chiccarello; Jean Walden; Robert Zaroski; Maura Carly, Hartford Courant; Mario Diurno; Brian LeBlanc, CT LAP; Jeanne Milstein; Diana Heyman, DMHAS; Anthony Toucassani, Yale' Jim Siemianowski; DMHAS

Recorder: Karen Urciuoli

The May 9, 2016 meeting of the Alcohol & Drug Policy Council (ADPC) meeting was called to order at 10:00 a.m. by DMHAS Commissioner Miriam Delphin-Rittmon. The meeting was co-chaired by DCF Commissioner Joette Katz.

Topic	Discussion	Action
Welcome and Introductions	Members of the Council introduced themselves and Commissioner Delphin-Rittmon welcomed all in attendance.	Noted
Stakeholder Input Regarding Connecticut's Coordinated Response to Opioid Use and Overdose Prevention	Commissioner Delphin-Rittmon introduced Dr. David Fiellin, a primary care physician with specialty training in addiction medicine from Yale. Dr. Fiellin provided an overview of Yale's response to developing a statewide coordinated plan to address use, addiction and overdose, with the goal of developing an effective strategic plan to support the efforts of this council along with DMHAS, DCF, DCP, DPH, CT Prevention Network, CT treatment providers and others and to combat opioid addiction and overdose in CT. Much of this work is informed by an effort that started a year ago in Rhode Island, a brief overview of Rhode Island's plan was provided; this plan will be taken into consideration when developing CT's plan. The timeframe for the development of the plan will be 90 days. During that timeframe they will consult with local and national experts, meet with key stakeholders in CT, develop a succinct, prioritized 3 year strategy for the State, and take public comments on a draft report. The timeline will be as follows: • May - Gather and analyze data; meet with representatives, stakeholders; review existing literature; consult with national experts • June - Gather and analyze data; meet with representatives, stakeholders; consult with national experts • July – Analysis and writing; public comment on draft plan component From days 91 through to years 2 and 3, the Yale team will be available to support the implementation of the strategy and assist in monitoring key metrics.	Will continue to update.

Topic	Discussion	Action
	Potential Core Targets will include: • Treatment – Strategic expansion of opioid treatment programs, long and short term; increase DATA waivers and support services for office-based treatment; increase linkage from ED, hospital, criminal justice, syringe exchange programs; and increase recovery support services. • Education – Providers (monthly DATA 2000 and REMS trainings); Public (education regarding treatments including opioid agonist treatment). • Risk Reduction – Overdose education and naloxone distribution in primary care, pain clinics, treatment programs; increased guideline adherence (dose reduction in medical settings and opioid/benzodiazepine co-prescribing). • Prevention • Outreach – Rapid response to overdone events; peer driven interventions. • Identify Barriers – Prior authorizations; co-pays. Potential CORE Methods and Metrics: • Mapping – Overdose and Treatment Sites – Opioid treatment programs, buprenorphine providers, other treatments • Overdose - % among patients receiving opioids/benzos in PDMP; % among patients receiving buprenorphine in PDMP; % among patients receiving addiction treatment. Potential CORE Metrics: • Treatment – Number receiving MAT (Methadone, buprenorphine, naltrexone); number of providers prescribing buprenorphine or naltrexone (30, 100, 200) • Education – Number of providers trained (DATA 2000, REMS) • Risk Reduction – Number of naloxone prescribers, naloxone prescriptions, patients receiving high dose opioids, patients receiving opioids and benzodiazepine prescriptions, patients in addiction treatment receiving benzodiazepine prescriptions, and retention in medication assisted treatment. Following the presentation, Dr. Fiellin allowed committee members to comment. The following suggestions were made: • A level of attention should be paid to the point of prescribing from physician education to working with patients to offer them alternatives. • There should be public involvement prior to the report • Identify what data set will be looked at. • Identify prevention efforts in reducing access • Do not create a policy that limits the physicians ability to provide the most appropriate level of pain management for that particular patient (education is extremely important) • Relapse/recovery support should be included in the plan, along with having involvement from people in recovery. • Consider DOC and their efforts. • Include access to treatment.	

NEXT MEETING - June 28, 2016 – 10:30 a.m. to 12:30 p.m.

ADJOURNMENT - The March 1, 2016 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.