Alcohol and Drug Policy Council Prevention, Screening and Early Intervention Subcommittee

Meeting Summary

Meeting Date/Location:	Monday, February 27, 2017, 1-3PM- @ CT Valley Hospital, Page Hall, Room 217		
Participants in Attendance	Present: J. Stonger, C. Meredith, R. Allen, N. Turner, A. Chin, K. Granatek, I. Gillespie, M. Grossman, S. Rao, S. Lang, S. Wolfe Present by phone: M. Painter, K. Opozda, S. Logan, B. Brex, N. Rickles, A. Tomassoni		
TOPIC	DISCUSSION	ACTIONS / DECISIONS	
Welcome, Introductions & Recap:	 Introductions: Welcome new members: Shawn Lang, Surita Rao, Susan Wolf Restructure of the 3 ADPC sub-committees ADPC Full Committee recap: State agency grant updates (DCF, DMHAS 1 page descriptions on ADPC website) 3 day training to increase MAT prescribers 2 presentations: opportunities for recommendations from this committee Department of Education: discussed Narcan access in schools, higher education setting Benzodiazepine Use Risk: discussed that there are many alternative treatment options; this group could make recommendations regarding strategies to provide prevention messaging on risks and other treatment options. 	Add formal recommendation of elevating knowledge of/access to alternative treatment options. Judith Stonger to bring the topic of education about/awareness of other treatment options back to Integrative Health Committee. Carol Meredith to extend invitation to Scott Newgass to join sub-committee	
Review Charter Change Expanding Subcommittee Focus	 The revised charter was reviewed and approved by the subcommittee. Expansion of charge to include additional substances. Discussion: Adding additional substances does not decrease efforts towards opioid use prevention, it is to be inclusive of other substances Many federal grants require interagency oversight committees, would like this sub-committee to be the advisory group for various grants, which include other substances For prevention, alcohol is the most commonly used substances and marijuana is among the top 2 cited for primary admission to treatment Significant number of persons with opioid use disorders also use other substances 2016 data: 917 overdoses, 828 (90%) involved opioids. 	Potential Next Steps: add to this year's legislation to offer co-prescription of Narcan with opioid prescriptions.	

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Update on Recommendations Other Updates	Status of Recommendations: 1. Core competencies for health care providers working group: there are established guidelines on this. Therefore determined that CT did not need to create guidelines, as they already exist. Trainings are occurring in CT. Recommended that providers increase use of PMP. 2. Use of PMP: how measure competencies, use of PMP by providers. Although required to check PMP if prescribe for over 72 hours, not sure if this is being done. PMP registration is high, utilization is low. Integration of PMP with EHRs: CT Children's hospital is first. DMHAS has funding for 10 additional sites, covering the initial cost. However, hospitals need to maintain the \$50 per user fee annually. Letter expected to go out to providers, there is a high demand for access to these start-up funds. DPH is conducting an awareness campaign, Yale will be studying impact. 3. DrugFreeCT.org website: there are not a lot of "hits" on the website, comments suggest not helpful. Within ct.gov parameters, updating the format and information. Examples include how to get Narcan, dispose of medication and access to treatment. 4. Public Awareness Campaign: DMHAS prevention resources are being created, working with an advertising firm. Other/updates: • CCAR Recovery Coaches are starting in the EDs. • A-SBIRT trainings are available, Kognito free license training is available-go to DCF website to access	1. Use of PMP to be discussed with methadone providers at methadone provider meeting/Lauren Siembab at DMHAS. 2. Assess feasibility of conducting survey with health care providers. This committee should always build in evaluation component to recommendations to determine if activity is helping. This sub-committee will be surveyed as a part of this initiative.
	 UCONN Health putting a small grant proposal in to do a simulation of SBIRT at UCONN Health CPN: 5 Benzodiazepine trainings throughout CT Remembrance Quilt -several events occurring now, when have enough squares will make 1st quilt OD Prevention statewide committee is expanding its membership. Uniform Data collection is needed. Worker Injury Symposium conference next week 3/29 Community forum at Killingly High School on opioid use 	Ingrid to send out the dates of CPN trainings Bob to send information on Community Forum in Killingly Carol will provide grants update next agenda
Wrap-up & Next Steps	Summary: New members, revised charter and will include harm reduction strategies, invite Scott Newgass will be invited to join, need to outreach to CHA. Strategically need to build in evaluation and monitoring to determine efficacy of recommendations. Bring forward increased information on other pain management strategies. The meeting was adjourned at 3:03PM. The next subcommittee meeting is scheduled for March 20 th from 1-3PM at the CT Valley Hospital, Page Hall, Room 217. The next full ADPC meeting is scheduled for April 18 th 2017 from 10:00AM-12PM at the State Capitol, Old Judiciary Room	Invite member from CHA to April meeting.