MEETING MINUTES

Alcohol and Drug Policy Council: Treatment Subcommittee

Meeting Date: 2/22/18

Present: Charles Adkins, Dan Rezende, Julienne Giard, Melissa Sienna, Kim Karanda, Kristina Stevens, Alison Kiernan, Marcia Dufore, John Hamilton, Gabriella Krainer, Kathy Maurer

TOPIC	DISCUSSION	ACTION
CAPTA KRISTINA STEVENS, DCF KIM KARANDA, DMHAS	• Child Abuse Prevention Treatment Act. Initial legislation enacted in 1970's, reauthorized multiple times since. CARA legislation- provides link between substance use disorder and child abuse. • When hospital identifies at birth an infant is substance exposed they are expected to notify CPS in their state. Does not matter if legal or illegal substance, not to be construed as a mandated report. CPS should not treat as abuse/neglect report, but rather as a "notification." Challenge: any child identified as such will have a Plan of Safe Care for newborn, caregiver and affected family members. Sometimes a higher level of risk with children with caregivers with substance use problems. Acknowledges earlier recognition and intervention. Notification to child protection is required, but this is new for CPS which usually only deals with mandated abuse/neglect reports. Each state can develop own model to address CAPTA. Gives states a lot of latitude to develop their approach. • DCF received TA for substance exposed newborns to identify national models, participated in a policy summit, participated in Office of Women's Health Women and Opioids forum, and established a workgroup including: OB, neonatology, AAP, ACOG, state agencies, providers, to guide the work. DMHAS engaged CCAR to facilitate community conversations to hear from mothers about their experiences, react to the proposed CAPTA approach, how to message the program, evaluate it and make it do-able. • Plan: Establish a "blind" notification process by the birthing hospital to DCF. A specific one-page form will provide non-identifying demographic information to DCF: race, ethnicity, zip code, DOB, list of services and supports relevant to moms/newborns that are in place. (Identifiers will be sent to pediatrician only). Create a "medical passport" style document that outlines the Plan of Safe Care so that pregnant female can share with OB, and hospital prior to and/or at the birth event. • The Plan of Safe Care component is being piloted by Hartford Dispensary, and attaching resources to the plan, as well as examining re-dosing practices and implications during/after pregnancy. • Plan was submitted to legislature and revised. The plan is still under development so that it will be accepted by the Federal oversight agency. Final plan due by June 1st, 2018. After implementation, evaluation and community conversations allow for feedback on how the model is working. • Numbers: in 2015 300 infants were born/reported to DPH with neo-natal abstinence syndrome. It is unclear if this is a reliable estimate of infants affected. Large discrepancies about how the testing and reporting are occurring at hospitals across the state. • Education related to stigma (Nascent initiative) is important to improve understanding of SUD, SEI,	

	reproductive health (March of Dimes), etc. CT Hospital Association will be providing education to medical community regarding opioid Rx practices, women and opiates, etc. Alison's story highlights need to educate physicians re: options for pregnant women, education about SUD/treatments, etc. • Challenge: if not done well, this could have a "chilling effect" on pregnant women's willingness to seek treatment. Don't want it to feel like a "bait and switch" especially under circumstances where a mandated report may be required subsequent to a notification to DCF (communication becomes important). Federal government requiring notice to CPS. CT is trying to create a (public health approach) system that is fair, equitable, accessible, with early identification and supports.	
SU BED WEBSITE JULIENNE GIARD, DMHAS	Feedback: Generally very positive, well-used, accurate. Phase 2 enhancements being finished, and then non-DMHAS and children's programs will be added.	Add disclaimer re: limits, insurers, etc.
4 GOALS	Toxicology Screening: • Adolescent guidelines were drafted by Charles and submitted to the committee via email and hardcopy at the meeting for review and feedback. Please provide feedback to Charles within two weeks: 3/8/18. • AAP: No consensus on urine toxicology screening among pediatricians. Screening, SBIRT/ASBIRT: • **Adolescent-SBIRT**: DCF has available free access to online SBIRT training through Kognito. Please contact ines.eaton@ct.gov to request access to this free training resource. • **SBIRT Application**: DMHAS submitted SBIRT application on 2/21/18 targeting hospitals in CT. It will start in October and run for 5 years when funded. • Rep. Esty wants to know more about who is using SBIRT/A-SBIRT. Jodi Trestman is her contact. Access to SUD treatment (new goal): • New goal approved by ADPC full council. Julienne is awaiting comments from Council members, but they appear to be minor and will not have a large impact on the committees direction. • Funding challenges: effective prevention programs, and programs for girls are closing due to shrinking resources. Funding moving toward programs for aggressive boys. • CSSD RFPs not yet released, but are expected soon. • Program expansion: Intercommunity recovery house in Hartford/E.Hartford on Coventry Street in Hartford, about 50 beds, co-ed, multiple sources of funding from DMHAS, ABH, Pay to Stay. Regulatory Barriers • **Med management group**: No direction yet. Suboxone groups run by prescriber are known to be effective, but there is no billing mechanism for this type of service (no CPT code specifically). The current group CPT code doesn't fully cover the costs of such groups. • **Integrated MH/SUD license**: Followup needed.	Feedback on Tox Screening Guidelines due to Charles by 3/8/18. Dan: to check on Juvenile Justice regs on sharing info, etc. Contact for Rep. Esty will be shared for followup. Charles to followup with Bill Halsey and/or Hector Massari re: group med management CPT code. Charles to email DPH Commissioner re: the status of the combined license
OTHER	• UConn-DOC transition re: Correctional Managed Health Care. Transition of services and staff to	

	DOC by 7/1, and then looking at changes to services after 7/1. • 4/3, Torrington, Scope of Pain meeting. Details will be distributed to the committee. • 3/6, CMHA New Britain, Narcan distribution event. • Sports injuries and pain meds, meeting with coaches and ADs in CT to deliver statewide training to athletes and parents. Target: Central CT Health District.	
NEW GOALS	N/A	
UPCOMING MEETINGS	Treatment Subcommittee: March 22, 1-3pm @ CMHA ADPC Meeting: April 17, 10am, Legislative Office Building	