

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

Meeting Summary

Meeting Date/Location:	Monday, January 30 , 1-3PM- @ CT Valley Hospital, Page Hall, Room 217	
Participants in Attendance	Present: J. Stonger, M. Painter, C. Meredith; R. Allen; N. Turner; A. Chin; K. Opozda, K. Granatek Present by phone: D. Tobin; I. Gillespie, R. Marriott; M. Grossman; S. Logan; M. Buchelli., C. Wagner	
TOPIC	DISCUSSION	ACTIONS / DECISIONS
Welcome & Introductions:	The meeting was called to order by Judith Stonger and began with introductions of attendees in person and on the conference line. No changes were made to the minutes from the last meeting.	
Review and Update on Recommendations	<p><b>PDMP Integration Pilot:</b> First formal integration of PDMP with CT Children’s Medical Center. Hope to get more funds to help other entities do this. Process is to have the vendor test with PDMP and determine that it works, then can go live. \$50K is being made available through DMHAS SPF Rx grant to support set –up costs for 10 entities in doing the PDMP Integration Pilot. It typically costs \$7500 per vendor. Additional cost of \$50 annual fee per user to be covered by each PDMP. ADPC Treatment Sub-Committee shared issue of various EHR platforms that entities are working with; and whether priority could be given to Methadone providers. Question came up about whether methadone providers are exempt from PDMP. APPRIS letter will go out through CT Hospital Association. And CT Non-Profit Alliance. (Health care institutions can also do this integration using their own funding.)</p> <p>It was noted that VA hospitals were not included in either of these groups and that they will probably not be included in the outreach at this time. DCP and DMHAS will gauge the response that is received by the letter and then will see if there are additional funds that can be pursued.</p>	<ul style="list-style-type: none"> <li>• R. Marriott will send out press release.</li> <li>• I. Gillespie to email Xaviel Soto at DCP re Methadone provider rules and PDMP and share back with group.</li> <li>• C. Wagner will announce this through CSMS E-news.</li> </ul>
	<p><b>CME Sub-group:</b> C. Wagner walked through document distributed at meeting, has 5 recommendations. CORE implementation team is working with DCP to identify specific prescribers who will be invited to targeted trainings. Align this effort with CORE report strategies. Targeting specific groups, such as Primary Care, for trainings. Training is planned for Spring, this training can be repeated and replicated. Sub-committee recommendations will be presented at the full ADPC Council following the one in February. [Include explaining the 1 CME requirement for “risk management”, but this does not specify content. CORE is also working on this.]</p>	<ul style="list-style-type: none"> <li>• Determine what CT’s 3 medical schools are teaching and enhance Rec. #5.</li> <li>• D. Tobin to make recommendations of what specific content should be.</li> <li>• Mary/Carol to find out process for how to re-examine the recommendations for the Council.</li> </ul>

	<p><b>Website Enhancement Subgroup:</b> CT website is <a href="http://DrugfreeCT.org">DrugfreeCT.org</a></p> <p>Website metric were presented: 3,500 annual reviews; average per day 9; average time spent on site 4 is minutes. Bounceback rate is 53%, meaning that users leave the site without interacting with it in any way. Could be because they got what needed (i.e. such as 1-800 number) or not finding it useful. Site survey question asks if page is helpful. Out of the 29 responses, 17 said yes, 12 said no. The 2 comments: does not include non-controlled medicine disposal; wish they had used substance abuse not misuse. Because Page on ct.gov, must follow guidelines on format. Decisions were made on the format for the site, including the graphics, topic areas and links.</p>	<ul style="list-style-type: none"> <li>• DPH to survey consumer group and send results to subcommittee.</li> <li>• Sub-committee is working on revising the website, will share update based on feedback at next meeting.</li> <li>• DPH doing some Pandora messaging, will add the website.</li> </ul>
<p><b>Other Updates</b></p>	<ul style="list-style-type: none"> <li>• Statewide Opioid Conference planned for July 17-19. Hold the dates.</li> <li>• SAMHSA Grant: DMHAS applying for Opioid specific grant. \$5.5 million (approximately) minimum in total for both years. DMHAS submitting grant due 2/17/17. 2 SAMHSA Adolescent Grants (planning and treatment). 3 1-page handouts will be given at Large ADPC Council on these 3 grants. DMHAS SPF Rx grant will procure contractor for public awareness effort through the DCP.</li> </ul>	
<p><b>Other</b></p>	<p>Over 100 opioid related bills. One has to do with standing order, proposed by Sen. Kennedy to get Narcan without a prescription. Others related to prescriber/client information, such as requiring to inform patients of safe storage. Opioids packaged in blister packs. SBIRT proposed bill to set up a task force to examine feasibility of implementing SBIRT.</p> <p>A. Chin to send the link on this legislation.</p> <p>This prevention committee may begin to work with the Overdose Prevention efforts, instead of current sub-committee structure. More information to follow.</p>	
<p><b>Wrap-up &amp; Next Steps</b></p>	<p>The meeting was adjourned at 3:06PM.</p> <p>The next subcommittee meeting is scheduled for February 27<sup>th</sup> from 1-3PM at the CT Valley Hospital, Page Hall, Room 217.</p> <p>The next full ADPC meeting is scheduled for February 21, 2017 from 10:00AM-12PM at the Capitol Room 310</p> <p>Legislative Office Building, Room 1C.</p>	