



## **Behavioral Health Partnership Oversight Council**

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[www.cga.ct.gov/ph/BHPOC](http://www.cga.ct.gov/ph/BHPOC)

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Co-Chairs: *Rep. Mike Demicco, Hal Gibber & Sharon Langer*  
Meeting Summary: May 11, 2016  
1E LOB

Next meeting: **June 8, 2016 @ 2 PM in 2B LOB**

*Attendees: Representative Mike Demicco (Co-Chair), Sharon Langer (Co-Chair), Karen Andersson (DCF), David Borzellino, Dr. Elliot Brenner, Rick Calvert, Terri DiPietro, Judith Dowd (OPM), Dr. Andrew Feller, Heather Gates, Dr. Steven Girelli, William Halsey (DSS), Colleen Harrington (DMHAS), Dr. Charles Herrick, Mickey Kramer (OCA), Dr. Sabooh Mubbashar, Ann Phelan (Beacon), Kelly Phenix, Pat Rehmer, Galo, Rodriguez, Dr. Javier Salabarria, Dr. Sherrie Sharp (Beacon), Janine, Sullivan-Wiley, Meryl Tom (DPH), Jeff Vanderploeg, Susan Walkama, Jeff Walter, Beresford Wilson, and Valerie Wyzykowski (OHA)*

### ***BHP OC Administration***

Co-Chair Sharon Langer convened the meeting at 2:02 PM, and informed the Council that her Co-Chair, Representative Mike Demicco would be joining the meeting later and that Co-Chair Hal Gibber was still on a leave of absence due to family matters. She reminded members to check the sign-in sheet and then members introduced themselves. Sharon welcomed new Council member, Dave Borzellino, appointee of Senator Joe Markley. She then asked for a motion to accept the April meeting summary. Rick Calvert made the motion and it was seconded by Terri DiPietro. There was no discussion. All members voted to approve the summary as written, no one opposed nor were there any abstentions.

### ***Action Items***

None

### ***Connecticut Behavioral Health Partnership Agency Reports:*** **Department of Mental Health and Addiction Services –Colleen Harrington (DMHAS)**

Opioid Crisis: state-wide efforts underway to address the crisis

Colleen Harrington gave the report for the state agencies:

## What is DMHAS doing around the Opioid crisis?

Link to the DMHAS website regarding the opioid crisis

<http://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=560348>

### DMHAS Leadership:

- Developed Commissioner's Policy Statement describing the Department's role in addressing this health crisis
- Created 1-800 number for referrals to walk-in assessment centers (1-800-563-4086)
- SMHA Mobile Crisis and Backus ED have partnered to work with people presenting at the ED for OD
- promoted drop-boxes for unused medications (mostly in lobbies of local Police Departments)
- Commissioner or her designee have been participating in multiple local forums across the state where residents and legislators talk about the health crisis and their local strategies
- Encouraging DMHAS outpatient clinics to incorporate medication assisted treatment for opioid dependence into their menu of services, if possible, by making Suboxone and/or Vivitrol available
- DMHAS-funded Regional Action Councils and their community coalitions have been organizing community events and providing community education

### DMHAS WEBSITE

- Created a unique "button" labeled **Prescription drug/Heroin Prevention and Treatment** on the DMHAS website which lists the following topic areas, each of which contains relevant links:
  - Prevention and Intervention (including videos, public service announcements and posters)
  - Professional Resources
  - Overdose information
  - Treatment directories
  - Research and Statistics
  - General
  - Opioids and Chronic Pain

- Related sites

#### **ALCOHOL and DRUG PREVENTION COUNCIL (ADPC)**

- The Connecticut Alcohol and Drug Policy Council (ADPC) is a legislatively mandated body comprised of representatives from all three branches of State government, consumer and advocacy groups, private service providers, individuals in recovery from addictions, and other stakeholders in a coordinated statewide response to alcohol, tobacco and other drug (ATOD) use and abuse in Connecticut. The Council, co-chaired by the Department of Mental Health and Addiction Services (DMHAS) and the Department of Children and Families (DCF), is charged with developing recommendations to address substance-use related priorities from all State agencies on behalf of Connecticut's citizens -- across the lifespan and from all regions of the state. The Governor has requested that the ADPC focus on the opioid crisis. The 3 sub-committees are:
  - "Prevention, Screening and Early Intervention";
  - "Treatment and Recovery Support"; and
  - "Recovery and Health Management"

#### **NARCAN:**

- Providing training and distributing DPH Narcan kits to all DMHAS facilities, substance abuse residential treatment providers and many groups upon request. So far over 1500 individuals trained by Dr. Susan Wolfe.
- Developed and distributed Narcan video
- Participating in the State Police Narcan Advisory Board
- Assisted in the development of the online Narcan training for pharmacists
- Provided training to Chief Probation Officers, Bail Commissioners and Parole Officers on opioid abuse and Medication Assisted Treatment

#### **Federal money for Opioids:**

- DMHAS is applying to the following recently released Federal grants related to opioids (all applications are due 5/31/16):

TI-16-014	SAMHSA Targeted Capacity Expansion: Medication Assisted Treatment (TCE-MAT_ - Prescription and Opioid Addiction (MAT-PDOA)	\$1M/year x 3 years	The purpose of this program is to provide funding to states to enhance/expand their treatment service systems to increase capacity and provide accessible, effective, comprehensive, coordinated/integrated, and
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			evidence-based medication assisted treatment (MAT) and other recovery support services to individuals with opioid use disorders seeking or receiving MAT.
BJA-2016-8988	Bureau of Justice Assistance BJA/SAMHSA Joint Adult Drug Court to Enhance Services, Coordination, and Treatment	\$325K/year x 3 years \$400K (BJA)	The purpose of this program is to provide funding to enhance drug court services, coordination, and substance abuse treatment and recovery support services.
SP-16-005	SAMHSA Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO)	\$1M/year x 5 years	The purpose of this program is to reduce the number of prescription drug/opioid overdose-related deaths and adverse events among individuals 18 years of age and older by training first responders and other key community sectors on the prevention of prescription drug/opioid overdose-related deaths and implementing secondary prevention strategies, including the purchase and distribution of naloxone to first responders.
SP-16-006	SAMHSA Strategic Prevention Framework for Prescription Drugs (SPF Rx)	\$371,616/year x 5 years	The program is designed to raise awareness about the dangers of sharing medications and work with pharmaceutical and medical communities on the risks of overprescribing to young adults. SPF Rx will also raise community awareness and bring prescription drug abuse prevention activities and education to schools, communities, parents, prescribers, and their patients. In addition, SAMHSA will track reductions in opioid overdoses and the incorporation of Prescription Drug Monitoring Program (PDMP) data into needs assessments and strategic plans as indicators of the program's success.

### **Recent legislation related to opioid health crisis:**

- a seven-day cap on initial opioid prescriptions used to treat acute pain
- Require towns and cities to have a policy in place to ensure that first responders have access to naloxone, an opioid overdose-reversing drug, and were able to use it.
- Clarifies language as it relates to licensed health care providers using naloxone, saying they are not liable nor are they violation the professional standard of care.
- The alcohol and drug policy council, which was reformed in past opioid legislation, was required to have in their plan a goal of reducing opioid overdose deaths in Connecticut. Alcohol and drug counseling, seen as integral to effective recovery, was also further defined in scope
- Makes changes to a prescription monitoring program aimed at helping prescribers identify patients who could be misusing drugs
- Charges the state's Alcohol and Drug Policy Council with developing a plan to reduce the number of opioid-induced deaths in the state.

Stemming from the discussion, see Public Act No. 16-43:

**AN ACT CONCERNING OPIOIDS AND ACCESS TO OVERDOSE REVERSAL DRUGS.**

To implement the Governor's budget recommendations.

[https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which\\_year=2016&bill\\_num=5053](https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which_year=2016&bill_num=5053)

Colleen was asked a number of questions by Council Members and if she did not have an answer for them, she will have answers ready for next month's Council meeting.

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### **Department of Social Services-Bill Halsey (DSS)**

DSS is a participant on the Alcohol and Drug Policy Council and a policy transmittal was issued a couple months ago related to all the medications that are available through Medicaid assistance treatment including with what is required for prior-authorization for all long acting opiates for all medications. DSS is working with methadone maintenance providers to update rates with CMS approval. This may help open new methadone clinics around the state and would help improve access. Jeff Walter said that the National Council of Behavior Health is sponsoring a three-part series webinar on May 26, 2016 on Alternative Therapies for Opioid and Chronic Pain Treatment for People with Substance Abuse Disorders.

### **Department of Children and Families – Karen Andersson (DCF)**

DCF is a Co-Chair of the ADPC. The Department's primary concern focuses on substance use in caregivers and the impact of substance use on the family unit. The CT KID Project (Keeping Infants Drug-free) is a partnership with DMHAS and focuses on neo-natal and pre-natal issues

and promotes drug abstinence with mothers. The Department is receiving Federal In-Depth Technical Assistance from National Center for Substance Abuse and Child Welfare and has used this initiative to hire CT's first statewide coordinator to address issues related to Substance Exposed Infants and Fetal Alcohol Syndrome. DCF has also expanded screening in its enhanced Recovery Case Management Program, (a resource for caregivers impacted by substances) to include trauma and domestic violence screens. The Department is also in the midst of a two year adolescent planning grant to develop a work plan for CT that includes financial mapping of existing services, workforce development, identification of treatment gaps, health disparities and social marketing ; all aimed at diminishing adolescent substance use. There are variety of intensive in-home substance abuse programs and out-patient services for adolescents who are facing substance abuse addiction. Beacon Health Options can give more information on these programs.

### **Status of FY 17 Budget**

Judy Dowd (OPM) said the agencies are still deciphering the bottom line for their budgets and are preparing for passage of the final budget by the Legislature later in the week. It may be a while before they know what resources will be provided to the agencies. There will be more to come later. Since the state budget has not been passed yet by the Legislature, the agency department liaisons declined to comment or give a summary on the FY 17 Budget changes at this time. Pat Rehmer said it may be time for providers to come together to determine how services are distributed so they are not competing with one another and so that wholesale elimination of services does not occur.

### **Committee Reports:**

**Coordination of Care:** - *Janine Sullivan-Wiley, Co-Chair, Brenetta Henry, Co-Chair*  
Co-Chair Janine Wiley Sullivan reported that the next meeting will be on May 25, 2016 at 1:00 PM in 1E LOB. There will be a report from DSS and Logisticare on Non-Medical Emergency Transportation (NEMT) and a discussion of RFP legislation (H.B. 5437) which recently passed the General Assembly.

**Child/Adolescent Quality, Access & Policy:** – *Steve Girelli, Hal Gibber, and Jeff Vanderploeg, Co-Chairs*

The committee met last month and had a presentation on Certified Community Behavioral Health Clinics by Dr. Lois Berkowitz (DCF). She described the background of the clinic model and the planning year and that there are six agencies participating in the planning process. The state is applying in October for the grant to be a part of the two year demonstration grant. Only two of the six agencies will receive grant funding if Connecticut is a successful applicant for the CMS grant. The grant award requires that the participating agencies must be life-span agencies and Connecticut is one of the few states that have a separate state agency that addresses children's behavioral health and that makes us different from the rest of the states applying for the grant. The second presentation was on the Office of Healthcare Advocate Forum that was held last January that addressed some of the challenges of emergency department utilization and some possible means of addressing these challenges. The role of schools is critical in referring kids to the ED. Often there are times when alternatives would be better for kids, less costly, and

less burdensome on the ED system. There was discussion on how to work with schools to help get the number of these referrals down. Both of these reports and the meeting summary are posted on-line at the BHPOC Website. The next meeting will be on May 18, 2016 at 2:00 PM at Beacon (formerly Value Options), third floor, Hartford Conference Room, 500 Enterprise Drive, in Rocky Hill, Connecticut.

**Adult Quality, Access & Policy:** -*Heather Gates, and Alicia Woodsby, Co-Chairs*  
Co-Chair Heather Gates reported that the committee did not meet in April but will convene on Friday, May 20, 2016 at 2:00 PM at the Connecticut Community Non-profit Alliance (CCNA) office, formerly Connecticut Community Provider Association- CCPA: Suite 522, 35 Cold Springs Road, Rocky Hill, CT. Agenda items include a presentation by Beacon Health Options on Adult Intensive Outpatient Program and a follow-up from DMHAS on the response to the opiate crisis and access to services.

**Operations:** – *Susan Walkama and Terri DiPietro, Co-Chairs*  
Co-Chair Susan Walkama reported that at the May committee meeting there was a discussion on the APC Implementation for hospitals. This new payment structure will go into effect on July 1, 2016. Some hospitals are concerned that this payment methodology will decrease their overall revenue in behavioral health and force staffing and capacity reductions. According to DSS and Mercer, this should be cost-neutral to the hospitals, in aggregate across all hospitals. Bill Halsey did clarify that there was a net increase in aggregate funding for BH services of 2% under this new methodology. The discussion resulted in a concern that there may be a reduction in reimbursement related to group counseling, but DSS committed to reviewing the group counseling rate. Also, there was an update on Enhanced Care Clinic (ECC) expansion pending approval by July 1, 2016. Last, there was a presentation by Beacon on the Autism Network development with expansion on July 1, 2016. The report included assessment and evaluation-in-home intervention in the southeastern part of CT. The next meeting will be on June 3, 2016 at 2:30 PM in the Hartford Conference Room (third floor) at Beacon Health Options in Rocky Hill, CT.

## ***Discussion: Health Equity: Follow-up to Behavioral Health Partnership presentation at April Council meeting***

In terms of reducing health disparities and increasing health equity, Sharon asked if any of the Council Members who are providers could come next month and present to the Council what their agencies are doing for their clients. Susan Walkama (Wheeler) said that she would be happy to provide a summary to the Council for the June meeting. Pat Rehmer said that CT Health Foundation has a small grant that puts BH specialists into primary care practices and then looking at medical outcomes and whether they improve and focusing on health disparities but it is too soon to share the data, there are no metrics yet. Beresford Wilson said that by the end of June, FAVOR has to come up with an equity housing draft but that will not be ready to share until at least the July meeting date. He also, once again offered his help in having more diverse representation on the Council. The Council welcomes such assistance.

### **New Business/Meeting Announcement/Adjournment**

Co-Chair Sharon Langer thanked the agencies and members for their participation. She then asked for further comments, questions, and/or other business. Hearing nothing else, she reminded members the next Council meeting will be June 8, 2016 at 2:00 PM in 1E LOB. She asked for a motion to adjourn. Beresford Wilson made the motion, seconded by Steve Girelli and the meeting was adjourned at 3:39 PM.

**Next Meeting: Wednesday, June 8, 2016 @ 2:00 PM 1E LOB**