

**State Epidemiological Outcomes Workgroup (SEOW)
December 20, 2017, CT Data Collaborative Offices, Rocky Hill, CT
MEETING MINUTES**

Co-Chairs: Jane Ungemack, UCONN Health, *David Gregorio (UCONN Health) (absent)*

Participants: Susan Bouffard, DMHAS; Robin Cox, DMHAS; Dawn Grodzki, DMHAS; Eugene Interlandi, DOT; Celeste Jorge, DPH; Mary Lansing, DOC; Christine Miskell, SERAC; Fawatih Mohamed-Abouh, UCONN Health; Stephanie Moran, DMHAS; David Rentler, Board of Pardons and Parole; Michelle Riordan-Nold, CT Data Collaborative; Eleni Rodis, DMHAS; Bonnie Smith, UCONN Health; Jennifer Sussman, UCONN Health; Jane Ungemack, UCONN Health; Sandra Violette, DOC.

Via phone: Mary Lyon, CHA; Eleni Rodis, DMHAS; Valerie Maignan, DCP Drug Control Division.

| | Agenda Item | Discussion | Outcome/Action |
|-----|---|--|--|
| I. | Welcome and Introductions (Jane Ungemack) | <p>In-person attendees and phone participants introduced themselves and were welcomed and the goals of the meeting were discussed. A sign in sheet was circulated for in-person participants.</p> <p>Jane Ungemack advised the group that Co-Chair David Gregorio (UCONN Health) will be stepping down. The Co-Chair structure will be maintained, and a new Co-Chair will be identified from within the SEOW membership, process to be determined. Anyone interested in Co-Chairing the SEOW was advised to be in touch with Jane Ungemack or Jennifer Sussman.</p> | <ul style="list-style-type: none"> • A sign in sheet will be available at each meeting to track attendance, and a call-in number will be provided for those who need it. • Goals and objectives will be formulated and revisited over time. • A new Co-Chair will be identified for the 2018 year. |
| II. | CPES Update (Jennifer Sussman, Jane Ungemack) | <p>Jennifer Sussman and Jane Ungemack provided brief description of the Center for Prevention Evaluation and Statistics (CPES), its role, goals and objectives, and needs assessment and strategic planning process, as well as its relationship with the SEOW, and the SEOW's central role in the CPES. The CPES convenes and staffs the SEOW, which functions as its Advisory Board and data prioritization and acquisition advisory body for the SEOW Data Portal, to launch in January 2018. Jennifer Sussman provided an update on CPES activities, and on the kickoff meeting of the Local Evaluator Workgroup (LEW), convened, December 5, and comprised of local/community-level evaluators from three of CT's key coalition-based prevention initiatives: PFS 2015, CSC, and DFC.</p> | <ul style="list-style-type: none"> • CPES updates will be provided to the SEOW on a quarterly basis • SEOW members will be linked to the the SEOW Data Portal once it is ready for launch, and feedback and guidance for next steps will be solicited from the group. • The SEOW will continue to provide input on data priorities, as well as facilitate access to data. |

| | | | |
|------|---|---|---|
| | | For details on the CPES and the LEW, please refer to the powerpoint presentation included with these minutes. | |
| III. | SEOW Prioritization Results and Discussion | <p>Jane Ungemack presented the results of the 2017 SEOW prioritization process. Prioritization was undertaken to support DMHAS prevention planning. Members participated in an online survey, based on substance data presented by UCHC CPES, and epidemiological profiles distributed to respondents. Prioritization was based on magnitude, impact, and changeability, and was done for age groups 12-17, 18-25, 26-65, and 66+. 12 members completed the survey. According to SEOW respondents, alcohol was the highest priority across age groups, followed by NMUPS for 12-17, 26-65, and 66+ year olds. Heroin ranked second for 18-25 year olds, followed by NMUPD. Respondents considered a variety of factors and information from a number of sources in making their decisions. In response to the presented results (see attached powerpoint presentation for details), the group was asked to consider the following:</p> <ul style="list-style-type: none"> • Do these results ring true to you? • What are the gaps in information? • How do these priorities mesh with those of your organization, or the work you do within it? • What initiatives and efforts are you aware of in your organizations to address these priorities? • How about outside your organizations? <p>It was brought up that one issue relevant to the changeability of NMUPD was lack of regular access to the prescription drug monitoring system data. It was noted that CT is one of the few states in which the PDMP isn't held or managed by the Department of Public Health, which could limit the potential consequences for violations in prescribing practices (fines, etc.). The question was raised as to what and how much leverage Department of Consumer Protection (DCP) has to address prescribing practices. DCP representative responded that licensing is tied to registration in the PDMP system. Further investigation into this question, and the potential to link DPH and DCP around Rx compliance, is needed going forward.</p> <p>Discussion moved to contextual factors, such as the legalization of marijuana in neighboring states, which could affect both access to and changeability of marijuana in</p> | <ul style="list-style-type: none"> • The Prioritization Results presentation will be disseminated to the group with these minutes, and members who were not at the 12/20 meeting will be encouraged to weigh in on the results. • Data on risk factors and populations at-risk will be compiled by CPES for the highest ranked substances. • Results will be distilled into a SEOW Prioritization document, to accompany the CT state epidemiological profile, which will be published on the SEOW Data Portal. • CPES will continue to look into neighboring states' prioritization efforts and product to determine what other dissemination options and products are possible, and how CT may align/compare. • Plans will be made to feed this information to the ADPC. • DMHAS will utilize SEOW prioritization results for statewide prevention planning. • Further information will be sought on the mechanisms in place in CT to leverage PDMP compliance and responsible prescribing practices. • CPES will follow up with Gene Interlandi, DOT, on highway safety data by drug for 2016 • CPES will follow up with Sandra Violette on potential access to DOC data for monitoring trends. |

| | | | |
|-----|---------------------|--|--|
| | | <p>CT. In CT prevention, perception of risk/harm is an important risk factor, and contextual factors such as legalization have served to lower perception of risk/harm.</p> <p>JU asked the question of whether any entities around the table were addressing Heroin use.</p> <ul style="list-style-type: none"> • DOT representative disclosed that police who do traffic stops are regularly trained to detect specific drug use (drug recognition training), and that the Department of Motor Vehicles has programs for those identified as using or under the influence of drugs, as identified through traffic stops. • DOT collects data by alcohol/drug as part of Hwy Safety grant (limited to those funded), which shows Heroin involved events. DOT rep noted that this data can be shared with CPES to give a sense of the scope of Heroin/drug use. • DOC representative noted that there is Medication Assisted Treatment (MAT) available for offenders in DOC facilities, as well as addiction medication provision and case management upon release (high risk of overdose in those returning to the community). Many detox cases at intake involve Heroin/opioids (more Heroin), but remands (returns) often involve other substances. Parole MAT continues, but there are limited long-term resources. • DOC also collects data on substances involved in entry and re-entry into the system. How this data is compiled and how available it is will need to be explored. | |
| IV. | Participant Updates | <p>Dawn Grodzki of DMHAS presented a comprehensive update on the CT efforts of the SAMHSA State Targeted Response to the Opioid Epidemic (STR) grant: http://www.ct.gov/dmhas/cwp/view.asp?a=2901&q=589798. The initiative aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids as well as illicit drugs such as heroin). CT's response combines the efforts of DMHAS with the Department of Correction, Judicial Branch, Department of Children & Families, Department of Consumer Protection, Department of Public Health, UCONN School of Social Work, and Yale Program for Recovery & Community Health. The October 2017 implementation update for the STR grant can be found here: http://www.ct.gov/dmhas/lib/dmhas/publications/CT-STR-OpioidCrisis.pdf and is attached to these minutes.</p> | <ul style="list-style-type: none"> • SEOW members were directed to the STR webpage for further information. • Other SOEW members will be encouraged to share information on their initiatives at upcoming SEOW meetings. |

| | | | |
|-----|-----------------|---|--|
| VI. | SEOW Next Steps | SEOW members will convene again March 21, 2018, and a Co-chair will be identified, as well as an assessment of next steps for 2018. | <ul style="list-style-type: none"> DMHAS will brief the group on plans for the 2018 federal Block Grant Site Visit and the SEOW's potential role. |
|-----|-----------------|---|--|

Meeting Accomplishments

- The online SEOW prioritization process was completed and the results discussed and vetted by the SEOW membership;
- Data gaps, information needs, and action steps in the prioritization process were identified;
- Next steps were discussed in development of a SEOW epidemiological product that includes the prioritization results;
- Plans were made for a shift in SEOW leadership (Co-Chair), which will infuse the group with new energy and potential contacts and linkages.

Next Meetings

- Wednesday, March 21, 2018
- Wednesday, June 20, 2018
- Wednesday, September 19, 2018
- Wednesday, December 19, 2018