State Epidemiological Outcomes Workgroup (SEOW)
Wednesday September 19, 2018, 10 am - noon
CERC Offices, 805 Brook St., Building 4, Rocky Hill, CT 06067
MEETING MINUTES

Chair: Jane Ungemack, UConn Health

Participants: Luis Arroyo, Department of Consumer Protection (DCP); Susan Bouffard, Department of Mental Health and Addiction Services (DMHAS); Robin Cox, DMHAS; Andrea Duarte, DMHAS; Dawn Grodzki, DMHAS; Eugene Interlandi, Department of Transportation (DOT); Debora Jones, DCP; Shawn Lang, AIDS CT; Mary Lansing, Department of Corrections (DOC)**;** Valerie Maignan, DCP; Carol Meredith, DMHAS; Christine Miskell, SERAC; Fawatih Mohamed-Abouh, UConn Health; Stephanie Moran, DMHAS; David Rentler, Board of Pardons and Parole; Eleni Rodis, DMHAS; Bonnie Smith, UConn Health; Jennifer Sussman, UConn Health; Jane Ungemack, UConn Health; Janice Vendetti, UConn Health; Sandra Violette, DOC; Jenifer Wogen, UConn Health.

Via phone: Sara Wakai, UConn Health, Anthony Dias, Connecticut Hospital Association (CHA)

	Agenda Item	Discussion	Outcome/Action
I.	Welcome and Introductions (Jane Ungemack)	In-person attendees and phone participants introduced themselves and were welcomed by Jane Ungemack. Overall, there were 24 participants in attendance: 22 in person attendees and 2 via phone. A sign in sheet was circulated for in-person participants. Meeting participants and DMHAS were encouraged to give updates on their agencies' data-related work, addressing data availability, use, and needs.	• Agency and DMHAS updates are encouraged; • 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; • Meeting minutes will be disseminated to the group.
II.	Participant and DMHAS Updates (multiple members)	• ***DMHAS:*** SB mentioned use of CDC data and described the data quality as greatly improved. Also, NSDUH and OCME data were of use in her work, but OCME data required cleaning in order to be fully useful. ER described work in progress to acquire data. DMHAS has multiple data sharing agreements in place to facilitate data sharing with other agencies (DCP, DOC, CSSD, etc.) The Behavioral Health Partnership agreement w DSS is limited, which makes Medicaid data access more difficult.	• UConn Health and DMHAS will explore addition of Community Health Center (CHC) to the SEOW, and representation from local health departments. • CPES data acquisition team will follow up with Peter

		• ***DCP:*** VM advised that recent data from the CPMRS (PDMP) is posted on their agency website. The PDMP compiles data from participating Connecticut pharmacies. Next steps for DCP is to perform further analysis of the data, exploring variables such as age of Rx recipients by substance category, and differences based on the specialties of prescribers. There have been more staff hired to increase the overall capacity of this unit. • ***UConn Health/CPES:*** FMA, JV, and JW presented CPES data updates. Recent focus has been on data acquisition, (acquired YRBS raw data for analysis), aggregation of town-level data to DMHAS regions, calculation of rates based on population and subpopulation (census) data. UCONN Crash Repository data has been accessed, and further analysis of OCME overdose death data is underway. JW is focused on recent increases in Fentanyl deaths, and unpacking the issue. Next steps will be to examine predictors of Fentanyl use, and differences by region and community type. ER and inpatient hospital data are difficult to access, and EMS data is incomplete. FMA stated that the SEOW data portal is now being used by UConn MPH students after demonstration at one of the Health Administration classes. • ***SERAC:*** CM described involvement in the needs assessment for the RBHAOs and the preparation for the strategic planning process. Also mentioned analysis of 10 years of trend data collected through the Drug Free Community Initiative, in addition to ongoing survey data collection with youth and young adults and coalition. SERAC is working with a selectman from Norwich to delve more deeply into the characteristics of those who died from overdose, via personal interviews. • ***DOT:*** EI presented that his unit, which manages enforcement grants, both collects and utilizes data, with the most utilized resource in his work being the Crash Data Repository, used for problem identification in the state. The NHTSA Fatality Analysis Reporting System (FARS) feeds data on DUI related crashes, injuries, and fatalities, as well as roadway data into the repository. Additionally, EI described the Drug Recognition Expert training program that has just been brought to CT. The program trains law enforcement officers to recognize evidence and effects of specific drugs during traffic stops. One of the group members recommended that EMS staff also be involved in the training. • *DOC:* ML is using data for JJ strategic planning. Also, PCH data workgroup (<18 population in PCH housing). The DOC data system is undergoing a full upgrade after 50 years, so the focus is on establishing measures, data entry, and related tasks. The state's first Re-entry Welcome Center was recently opened in Hartford City Hall (funded by the Hartford Foundation for Public Giving) to provide a one-stop-shop where formerly incarcerated individuals can get connected to services and supports as they work to successfully reintegrate into their communities. DOC is also piloting the T.R.U.E. unit at Manson Youth Correctional Institution for 18-25 year olds (mentoring by older inmates, evaluation measures to be developed). A mentoring and	Canning, EMS Coordinator, UConn

		support program for young women 18-25 re-entering society has also been established at York Correctional Facility • ***Board of Pardons and Parole:*** DR noted that their role is pre-release and his office collects very little specific substance data. Misconduct reports document behavioral issues and violations, data is limited to remands for drug-related activities, referral to services, etc. Anything more specific may at time appear in case notes, difficult to aggregate or analyze. In cases where specific information is needed, a request can be made to DOC for toxicology or other data. ***AIDS CT:*** SL discussed her work with DPH and the CT Opioid Overdose Prevention Workgroup to tackle the issue of uniform data collection through recommendation of a set of variables essential for tracking Naloxone administration. SL also described a pilot initiative to enhance EMS data collection (contact Peter Canning, EMS Coordinator, UConn). The project, launched May 1, has emergency medical service (EMS) personnel in Hartford report overdose cases, including Naloxone administration, to the state's Poison Control Center immediately after the incident. The Center's specialists in Poison Information ask the emergency responders a series of brief questions and record the data. The test program is a collaboration by UConn Health's Poison Control Center with American Medical Response (AMR) ambulances which provide coverage to two-thirds of Hartford's communities, and nearby Saint Francis Hospital and Medical Center's Emergency Department. This is a start, but SL noted that the only way to have systematic EMS data collection in CT is to pass legislation to require it. • ***CHA (AD):*** CHA collects initiate hospital and ED claims data as part of CHIME and submits data to DPH. Also working with ED and Medicaid data (CHN on behalf of DSS). • ***UConn Health:*** SW escribed that in her work she is utilizing the All Payer Claims Database (APCD) to look at diabetes, and utilizing YRBS and BRFSS to look at suicide behaviors and deaths. Additionally, she is utilizing overdose death data from OCME.	
III.	DMHAS Update (Carol Meredith, DMHAS)	***SOR:*** The State Opioid Response grant is a two year grant that extends the work of the STR grant. CT will be awarded 11 million dollars to address many aspects of the Opioid problem in the realms of treatment (such as expansion of MAT), recovery efforts, such as Recovery Coaches in Emergency Departments, and prevention (i.e. Opioid awareness campaign). ***The SEOW and the ADPC:*** CM discussed the integral role of the SEOW in the prevention framework, providing data that informs and is used to leverage funding. She described the ongoing linkage between the SEOW and the ADPC, as SEOW data regularly informs the ADPC, via data presentations and updates. ***RBHAOs:*** DMHAS is working with the RBHAOs to expand the priority setting process. JS discussed CPES development of a guidance document to support the priority setting and report development	

		process. Regional data will be added to the SEOW Prevention Data Portal in various forms to support the RBHAO development of epidemiological profiles and data compilation for use in priority setting. CPES will conduct training with the RBHAOs at the end of October. RBHAOs are encouraged to utilize the data portal as a resource of data to feed their regional priority setting process.	
IV.	Statewide Young Adult Survey Efforts (Bonnie Smith, UConn Health)	BS of UConn Health is the Evaluation Coordinator for DMHAS' Partnership for Success (PFS-2015) initiative, which is mandated by CSAP to report data on young adults (18-15). PFS-2015 funded communities, like grantees in other states across the US, have struggled with the challenges of collecting data from this diverse and hard-to-reach population. Based on these challenges, UConn Health (CPES, PFS-2015 Evaluation Team) is preparing for launch of a statewide young adult behavioral health survey utilizing social media as recruitment and data collection platform. The actual approach will most likely be a hybrid, employing social media based processes and focus groups of subpopulations of young adults. The prospective model will be loosely based on the work of other states such as New Hampshire, Vermont. SEOW members were asked for their input and experiences collecting data on the young adult population. • SL recommended accessing young adults through congregative events such as the True Colors conference, a well-attended LGBT conference held each Spring at the University of CT (contact True Colors Executive Director Robin McHaelen). Behavioral health data on the LGBT young adult population is almost non-existent, and has not been compiled for CT in any systematic way. • Access to other subpopulations of YA, such as young adults at-risk or in treatment has been particularly difficult. ER (DMHAS) suggested accessing transitional youth through DMHAS initiatives. Connecticut's CT Strong (Seamless Transition and Recovery Opportunities through Network Growth) grant targets these young adults in several communities. • Turning Point CT was also suggested as an access point, as were faith-based groups and drop in centers. • Employer outreach was suggested as a way of accessing employed YA. Suggested CT's largest employers of YA. • JU described New Hampshire's survey, which has focus groups as complementary to the survey. • CM highlighted the need to provide incentives for participation. • DR suggested utilizing DMV driver's license data to conduct a mail survey effort. • Faith groups and local community organizations were also suggested as access points for YA data collection.	• UConn Health/CPES/PFS 2015 Evaluation Coordinator will contact True Colors Executive Director Robin McHaelen

IV.	CPMRS (PMP) Presentation (Valerie Maignan, DCP)	• Valerie Maignan, DCP, presented data from the CPMRS (PMP). The Prescription Monitoring Program (PMP) requires pharmacies to report data on all controlled substance prescriptions dispensed to CT residents, in or out of state. Data represent numbers of prescriptions, not recipients, so recipients of multiple prescriptions are not accounted for in the data. Methadone is also not included among those controlled substances that require reporting. Two out of the top five controlled substances are opioids and the other three are benzodiazepines. Data available by age and gender. The system alerts prescribers if there is a combination of Opioids and Benzodiazepines prescribed to the same recipient. JS suggested tracking filled benzodiazepine prescriptions as a mental health indicator (off-label prescribing might confound this). • Pharmacies have been mandated to report since 2013. Rx rates have been calculated based on patient's residence town and by county. Age-adjusted rates have not yet been calculated. The data show that opioid prescription numbers have decreased in general, despite an apparent increase in Litchfield County. • As of January 2018, all prescribers are required to submit controlled substance prescriptions electronically, unless a waiver is obtained. All prescribers of controlled substances are required to register in the CPMRS program. Enforcement of this requirement is in process, but limited staffing at DCP makes systematic enforcement difficult, and currently there are no licensure consequences as there are in other states. In cases of non-compliance there is a fine of $1000. • Question came about whether prescribers been subjected to trainings on how to deal with cases of mental health, therapeutic Rx. Carol also suggested to providing trainings on the use of alternative pain medications.	• CPES will connect with VM to discuss ways in which CPES and the CPMRS team can benefit future analyses of the data.
V.	SEOW Next Steps	SEOW members will convene again December 19th, 2018, 10 am to noon, at the CERC offices in Rocky Hill. Next meeting will involve discussion of the schedule and venues for the 2019 quarterly meetings.	• Meeting minutes, DCP presentation, and information on the December meeting will be sent out to the group in the following weeks.

Meeting Accomplishments

- Potential data sources and linkages were identified, and next steps in exploring access were established;
- New member organizations and data contacts were identified for inclusion in the SEOW;
- A deeper understanding of the CPMRS PDMP was gained by meeting participants, and additional analyses, data connections, and uses were suggested for the PDMP data.

Next Meetings

- Wednesday, December 19, 2018