

ADPC Treatment Subcommittee
MEETING MINUTES
5/26/2022

Members Present:

x	Craig Allen		Barbara Cass	x	Kim Hougabook		Kathleen O'Connor	x	Maria Coutant-Skinner
	Robyn Anderson	x	Wende Cooper	x	Mark Jenkins	x	Gerard O'Sullivan		John Simoncelli
x	Luiza Barnat		Deborah Daniel	x	Heide Kapral	x	Sandrine Pirard	x	Danielle Warren-Dias
	Herb Boyd		Hilary Felton-Reid		Tara Kerner		Dan Rezende		Guests:
	Maria Brereton		Julienne Girard		Gabriela Krainer	x	Carl Schiessl	x	<i>Christy Knowles</i>
	David Borzellino	x	John Hamilton		Chad McDonald		Kristie Scott		<i>Rob Haswell</i>
	Bryonna Blackson	x	Ally Kernan	x	Allyson Nadeau		Melissa Sienna		<i>Yashira Pepin</i>
								x	<i>Alison Wiser (DCF)</i>
									<i>Mary Mason</i>
									<i>Ken Mysogland</i>

TOPIC	DISCUSSION	ACTION ITEMS
Welcome	Introductions of Guests: Christy Knowles, Behavioral health clinical manager for clinical services at DHMAS Alison Wiser from DCF in place of Melissa Sienna who couldn't make it today	
Review of minutes	None.	Approved as presented
Discussion:	Membership: What has the member's experience of the subcommittee been? Are we on the right track, are there topics we are not taking on but should, are we seeing things all the way through to policy recommendations to bring before the full council? <ul style="list-style-type: none"> Suggestion to start with the goal tracking document at each meeting to keep the group accountable and working toward goals Review of goal tracking document: Not completed: offering all forms of MOUD in hospitals. A step in making sure this happens would be offering TA Group Discussion: <ul style="list-style-type: none"> Would like to revisit informed consent for MAT in hospitals. In line with harm reduction principles and practice, no wrong door experience for individuals with OUD. (Gerard O'Sullivan) 	

	<ul style="list-style-type: none"> Years ago, DPH did a push saying OK to start MOUD in hospitals, documents were created and sent out and some education was done. Across the board, some places have adopted this and there is an understanding that it is something that can be done, other places have doubt, and folks in pharmacy are particularly hesitant. (Sandrine) This practice is not happening in a consistent standardized way, agree that this is something this group should revisit. (Craig) With COVID-19, things got re-prioritized; there has been lots of staff turnover so individuals that were doing this may now be gone. It is a good time to revisit, should take the approach of directing focus again, giving a chance to do the right thing rather than chastising for not doing it already. Getting the power of DPH behind it to amplify the message. Adding policy to the reason why this is best practice is good without sounding accusatory. (Carl) Messaging idea, innovative opportunity to save more lives, with stats on fentanyl overdoses. (John H) Carl Schiessl agreed to engage DPH. there is a new commissioner and a large amount of departures from the department, as positions are filled and new people hired it may be a good opportunity to get traction on this initiative. Beacon and DHMAS have done a great job collaborating with community providers and bringing them together with hospitals to share where to discharge to, resources in the community to refer to. Would like to find out who is coming into Barbara Cass's (DPH) position or taking over some of her projects/duties, around methadone in nursing homes and try to get them involved in this. <p>Danielle Warren-Dias – What is happening with prescribing Suboxone through online/telehealth type services?</p> <ul style="list-style-type: none"> Craig - Can induct someone without a face-to-face, which began during COVID period. Requires a plan to follow up. <p>Only in early stages but Beacon is starting to plan a workgroup for buprenorphine induction in the ED, more to come. (Sandrine)</p>	
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	<p>To think about making sure insurance is covering these medications, we can look at what is happening in the federal arena. Requirements in the state for what has to be covered is stricter than at the federal level. (Gerard)</p> <p>Can we invite someone at the federal level to a full meeting and present recommendations on this? (Maria)</p> <ul style="list-style-type: none"> • Would need real case examples of people denied by insurance and to gather more information before bringing it to them. (Craig) • Carl will reach out to find examples or cases we can look at. Report what we are considering and ask where that stands federally. • Public act 22-47. Sec. 58., provision calls for two studies from the office of health strategy, reimbursement rates and payment parity study. OHS has a tight timetable to conduct these studies addressing the issues of reimbursement and service parity. <p>Christy updated the goal-tracking document to reflect this conversation and goals going forward.</p>	
Announcements	<p>The Harm Reduction Conference was on Friday – very well received, 180 virtual and 160 in person attendees. Impactful and valuable. Harm reduction services can allow people to be met where they are at and open the route to recovery when they are ready.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • A presenter at the conference shared their experience as a current user. Can this model be used to help increase health equity? Can and should we bring individuals, like this presenter, to the table? Would this change how we look at “successes?” • The perspective of these individuals can lay an important foundation to policy and add a view that may not be seen currently. • Should we have someone like this on this committee? <ul style="list-style-type: none"> ◦ If we decide to ask a member of the community to join there should be consideration for what is in it for them, a stipend or something given for their time. ◦ Concern about people feeling as though they are being used for their experiences, it would be most beneficial to offer continued engagement from beginning to end. • Need stronger representation from the Latinx community, large population in the state and should be represented on these committees as well (Danielle). 	

	<ul style="list-style-type: none"> • Need to find those in underrepresented communities (i.e Black, Brown, Asian...) and invite them to join in the conversation (Heide). <p>John Hamilton did a talk last night for families; Tricircle as well does great work with families.</p> <ul style="list-style-type: none"> • Families as part of treatment is something this group should continue to consider. As well as making sure, all communities have access to resources for grief and loss. (Maria) • Looking at harm reduction through a health equity lens and increasing the inclusion of family and loved ones is important. 	
Keep on future radar	<p>Guidance on directing the opioid settlement:</p> <ul style="list-style-type: none"> • The group has not been formed yet, still in planning phase. • More information to come on who needs to be a part of this group and what their roles need to be. • Establish guidelines to manage potential conflict of interest • Needs to have all voices represented, including the provider community so that decisions made can be based on the whole picture of what is happening. • We can learn from the experience in the HIV arena with Ryan White part A, the planning body to plan out how funding is allocated has to adhere to reflectiveness chart, must be 33% consumers and people who will receive services. A chart/model/formula could be created for this to ensure the right people will be voting and representing (Danielle) <p>Today Mark provided oral testimony on an appeal for funding from CDC for syringe services programs at a house of appropriations subcommittee that included Congresswoman DeLauro out of New Haven.</p> <p>Danielle – CCMC will be starting youth recovery groups one in the North end of Hartford & one other. Serving ages 16-24, and rolling out a family and friends group as well. A flyer will be sent to this group with more information on these groups.</p> <p>TurningPointCT.org will also be providing a free Recovery Coach Academy for anyone in CT 29 and younger, will forward that flyer as well. (Ally K)</p>	
UPCOMING MEETINGS	Treatment Subcommittee: June 23, 2022 1:00-2:30p ADPC Full Council: June 21, 2022 10am – 12pm	

