

**ADPC Treatment Subcommittee**  
**MEETING MINUTES**  
**3/23/2023**

**Members Present:**

x	Craig Allen		Brynna Blackson	x	Kim Hougabook		Kathleen O'Connor	x	Kris Robles
x	Maria Coutant-Skinner		Barbara Cass	x	Mark Jenkins		Gerard O'Sullivan		Cynthia Petronio-Vasquez
	Luiza Barnat		Wende Cooper	x	Heide Kapral		Dan Rezende	x	Kevin Shuler
x	Melissa Sienna		Deborah Daniel		Tara Kerner		Carl Schiessl	x	Christy Knowles
	Robyn Anderson		Hilary Felton-Reid		Gabriela Krainer		Kristie Scott	x	Joseph McKeon
x	Herb Boyd		Julienne Girard	x	Chad McDonald		John Simoncelli		
	Maria Brereton	x	John Hamilton		Daniel Millstein		Danielle Warren-Dias		
x	David Borzellino		Ally Kernan	x	Allyson Nadeau	x	John Lally		

TOPIC	DISCUSSION	ACTION ITEMS
Welcome & Intro of New Members/ Guests	None.	
Review of minutes	February 2023 minutes reviewed and accepted.	Approved
Adolescent SUD Services	<p>Kris Robles, DCF Director of SUD services, presented on <a href="#">publicly-funded SUD services for youth</a>. Hyperlinks to informational Fact Sheets on each specific service and how to access them are embedded in the presentation. Presentation update: HYPE Recovery, a service targeting youth up to age 21 years with opioid use, is available statewide.</p> <p><a href="#">AIM (Assisted Intervention Matching)</a> tool – focuses on helping connect youth and families to in-home services. AIM guides community members/families through a series of questions (decision-tree) to match them to the best fit service(s) and provides them with information about how to contact providers of the service(s). The wording, content and sequence of decision-tree questions was designed in consultation with families, evidence-based model developers, data and evidence on program effectiveness, and local treatment providers.</p> <p>Suggestion was made to present the AIM tool to consumer groups like CFAC. The dissemination process has begun with various audiences including families and advocates, and will continue.</p>	<p>Presentation and resources will be shared.</p> <p>Share additional feedback on youth services with <a href="mailto:kris.robles@ct.gov">kris.robles@ct.gov</a></p> <p>For an AIM presentation contact: <a href="mailto:ecannata@wheelerclinic.org">ecannata@wheelerclinic.org</a></p>
<u>Opioid Settlement Advisory Committee</u>	<p>March 14<sup>th</sup> – first committee meeting was held and it was largely administrative (introductions, established meeting cadence, processes, and committee structure). Future meetings will be held bi-monthly with the next meeting occurring on May 9th. Agendas, meeting minutes and committee information is available on a dedicated website. Non-profits will be eligible to receive funds through DMHAS or the municipalities. The Committee will be looking to avoid duplication with other funding mechanisms.</p>	

<b>Treating Co-occurring disorders follow-up from Feb meeting</b>	<p>The committee discussed the need for more education for SUD providers to address co-occurring MH and more acute psychiatric disorders. The patients are increasingly complex, there may be a gap because inpatient psychiatric units are frequently full, or don't meet criteria for inpatient or PHP but have an SUD. The group also discussed evidence that there should be some exclusionary criteria at residential level of care for the most complex needs (e.g., active schizophrenia) due to the likelihood that clients will decompensate in the wrong treatment setting. The 1115 SUD Waiver has placed a heavy regulatory burden on providers. There is concern about additional burden on providers related to new recommendations for additional staff education given ongoing workforce shortages. Also, these patients take a tremendous amount of resource potentially taking away resources from other patients. Concern that providers can't treat certain populations safely.</p>	<p>Ask DSS 1115 team to come to future meeting to discuss provider feedback. Kim Haugabook to follow-up.</p>
<b>New Business</b>	<p>John Lally suggested, and others agreed, this committee should discuss and make recommendations for establishing a standard of care on how to better integrate families into care.</p> <p>Naloxone – is expensive for many people. Can DMHAS bulk-buy it and make it available as part of their saturation plan?</p>	<p>Put on April agenda</p>
<b>MEMBER ANNOUNCEMENTS</b>	<p>DMHAS Shatterproof webinar for families/communities: recording will be uploaded to DMHAS website.</p>	
<b>FUTURE RADAR</b>	<p>There is some confusion about what should or needs to be on this list, and how to move them forward</p> <ul style="list-style-type: none"> <li>• Peer Recovery Support – keep on list because the committee has just started to meet</li> <li>• Trauma-informed treatment – Need a sponsor for Gabor Mate to come, keep on the radar</li> <li>• Add Xylazine presentation/discussion as a future agenda item - potential impact on WM programs, education on differences in reviving someone, possible update to NORA app,</li> <li>• Harm reduction centers – if move away from safe consumption there may be more support</li> </ul>	<p>DCF/DMHAS: Identify who is the lead on the NORA application and invite them to discuss the app, and a possible update related to Xylazine</p>
<b>UPCOMING MEETINGS</b>	<p>Treatment Subcommittee: April 27, 1pm ADPC Full Council: April 18, 10am</p>	