



Alcohol and Drug Policy Council
Prevention Subcommittee

Meeting Summary

Meeting Date / Location:		January 22, 2024 Teams Meeting			
	Alison Karimi (DCF Agency Support)		Giovanna Mozzo	X	Robert Kanehl
X	Allison Fulton	X	Ingrid Gillespie		Robert Lawlor
X	Andrew Lyon	X	Jennifer Sussman	X	Sarju Shah (DMHAS Agency Support)
	Anna Gasinski	X	Judith Stonger		Scott Szalkiewicz
X	Carleen Zambetti	X	Keri Lloyd (DCF Staff Support)	X	Shobha Thangada
X	Colleen Violette	X	Kristi Olds	X	Surita Rao
	Daniel Tobin		Nancy Kingwood		Tom Fulton
	Dawn Niles (OSAC Representative)		Nathaniel Rickles		Tom Russo
X	Deborah Lake		Rebecca Allen		
	Don Maletto		Rodrick Marriott		
Supporting Leadership & Other Participants					
	Aisha Hamid (Clearinghouse)		Kaitlin Comet (The Hub)	X	Ramona Anderson (DCP)
	Allie Hunter	X	Karonesa Logan (DCP)		Robin-Tousey Ayers (DPH)
	Allison Sullivan (DPH)	X	Kayla Champagne	X	Samantha Allard (DCP)
X	Allyson Nadeau	X	Kelley Edwards (DMHAS)		Sara Moriarty (DPH)
	Angela Duhaime		Kelly Leppard (DMHAS)		Seth Baker (DPH)
X	Cynthia Petronia-Vazquez		Kendra Epps (GPP)	X	Sharon Greaves
	Denique Weidema-Lewis		Kim Karanda (DMHAS)	X	Stephanie Welch (DMHAS)
X	Diana Shaw (DCP)		Kris Robles (DCF)	X	Steven Wolf (DCP)
	Erica Previti (DPH)		Mya Singh-Johal (GPP)		Susan Sarmiento (GPP)
X	Jessica Parmelee	X	Nadine Tulloch	X	Vanessa St.Clair (DPH)
	Jessica White (GPP)		Pam Mautte	X	Wendy Mill (GPP)
	Joshua Freeman (GPP)				

TOPIC	DISCUSSION	ACTIONS / DECISIONS
Welcome Review of Minutes	The meeting began at 1:30p.m. December meeting minutes motion to approve made by Robert Kanehl and seconded by Judith Stonger.	Minutes Approved
Poison Control Trends	<p>Presentation by Robert Kanehl - see attached presentation. →</p> <ul style="list-style-type: none"> • Four primary functions: Answer emergency phone calls; Collect data and share this information nationally; Conduct research based up the collected data; Provide education • A case is not just one phone call, it's a phone call and all the follow-ups that they do. • Informational calls are about 10% of the cases - come from the general public, police departments, school nurses, etc. • Only RNs, doctors and pharmacists answer the phone calls at the Poison Centers across the nation and they go through 2 years of training prior to being on the call line. • CT has one Poison Control Center • Cannabis concerns for the younger children are typically associated with caregiver(s) who have cannabis products accessible to the child(ren) resulting in accidental ingestion. 	 01.22.2024_Poison Control Presentation

	<ul style="list-style-type: none"> • Outcome data related to Cannabis issues (e.g. sought medical treatment) not available in this presentation. • People new to utilizing edible products may not be aware of delayed onset of effects and potency and therefore may take more and end up calling Poison Control. 	
OSAC Prevention Recommendations	<p>OSAC portal was open to the public to submit a recommendation about the use of the Opioid Settlement Funds. This group will be reviewing those connected to Prevention, see attached document. →</p> <p>PDF has information on who submitted the recommendation, the funding amount request, etc.</p> <p>It's important to note that funding is supposed to be for an 18-year period. CT currently doesn't have the full funding, so need to be critical in prioritization of recommendations. This group will determine whether there are specific recommendations or themes that this group recommends moving forward.</p> <p>About 30 recommendations for this committee to review. Separated into different categories: Navigators; Capacity building; Target population(s); Youth prevention; Naloxone supplies and safe storage/disposal; TA data analytics and infrastructure.</p> <p>Established a process for review. In March, will prioritize. Summary of meeting participants' comments below.</p> <p>Navigators:</p> <ul style="list-style-type: none"> • Glastonbury PD – embedding a SW in the PD. <ul style="list-style-type: none"> ○ Good practice, decreases stigma. ○ If any entity is adding staff, there should be a plan for sustainability once the funding runs out. ○ Consider what do we already have in place (e.g. mobile crisis across lifespan). <p>Capacity Building</p> <ul style="list-style-type: none"> • Academic Detailing for MAT <ul style="list-style-type: none"> ○ DMHAS has an Academic Detailing on Opioid Safety (ADOPS) program in collaboration with UConn School of Pharmacy and DCP that is being implemented through local health departments. We can talk about opening it to other agencies or adding modules on other topics. There are current modules developed and being implemented on MAT / MOUD, Naloxone, CPMRS utilization, Having difficult conversations, and Resetting pain expectations. CME and CE's are offered to prescribers and pharmacists who complete the program. ○ Prescribing of Naloxone is work being done with DCP as well. • CT Statewide Anti-Stigma Assessment <ul style="list-style-type: none"> ○ Could be to support municipalities in how they spend funds. ○ The group favors work that addresses stigma ○ Federal grant where something similar has been implemented ○ There is a survey already developed that is under consideration to be used. ○ TTASC work – may be an opportunity to collaborate • Paraphernalia Project Communities of CT Educational Resource <ul style="list-style-type: none"> ○ Great that it's a statewide initiative ○ Similar to Hidden in Plain Sight 	 <p>Prevention Recommendations.r</p> <p>Sarju will explore if able to share excel document organizing recommendations by topic with this group.</p>

- This was showcased in the Silence in the Streets movie; they are an organized effort at present and use products found to educate their towns.
- Maybe an initial program in some of the larger communities before taking it to the streets of smaller towns.
- Investing in CT's Prevention Workforce
 - DMHAS Prevention does do some of these activities; are there things that we can leverage to increase capacity or does it make sense to have separate activities such as this?
 - Would we want to do an RFP for this or work with CADCA directly?
 - CADCA has an 18-month training program for certification; automatic membership to CADCA as well as funds for people to attend.
- Technical Assistance Support
 - How are we going to evaluate that these programs work and ensure they are successful?

Target Populations

- Bridging Region 2 Communities Against Opioid Disparities
 - May be something we want to think about for the whole state not just Region 2.
- Building Neighborhood Capacity
 - Focused on health disparities
 - Faith leaders want to be able to help their own within their neighborhoods so want to be able to provide them with the support and training to build this infrastructure.
 - Recommend this recommendation also be reviewed by the Recovery Subcommittee.
- Union Assistance Overdose Prevention
 - Interesting concept; unsure if union members are statistically at greater risk.
 - Construction, hospitality, building trades might be worth including.
 - Opioid Use Disorder following a work-related injury and opioid prescription in the manual labor trades - Construction workers have opioid overdose death rates 6x rate of other workers. Downtime in the off-season, reduction in income can also contribute to possible substance use.
 - Question on if the submitting organization is a union, might be more of an EAP type organization.
 - Another example of looking at whether or not something like this is in place, does it need replicating and/or does the organization need help connecting to existing resources.
- Building Trades MAP
 - Similar to prior recommendation

- This feels more like a Treatment Committee recommendation and access to Treatment
- Courage to Speak – Courageous Parenting 101
 - Currently funded by DMHAS and this appears to be a recommendation for expansion.
 - Currently offered in different languages? Mostly in English; will have Spanish speakers there for interpretation. Don't believe there are other languages being offered.
 - Support for youth education and parent education. Evaluation would be needed for outcomes.
- Integrated Healing Facilitator Overview Training
 - Looks good, one of the few recommendations that explicitly mentions communities of color.
 - Might be more of a recommendation for treatment subcommittee
 - May be worth considering an RFP
 - Recent DPH data presented to this committee supports the focus on health equity.
- Secondary Prevention
 - Works with Drug Endangered Children and stopping the cycle.
 - As long as this is training for the clinicians and not treatment; integrate into the communities. Decent pilot size.
 - Like that they are working with existing partners, stakeholders, initiatives.
 - Like that it's Eastern CT
- Youth Prevention through Family Engagement
 - Use the cafes as part of the prevention toolbox – a way for groups, often parents, who aren't used to talking about things to come together as a group and decide what are some of the more pressing issues; community leader to help guide how to access resources, etc.
 - This work will include the CT Fatherhood Initiative (CFI) which is a multi-agency effort to empower fathers.
 - Love empowering community members as leaders.

Youth Prevention

- Project to reduce youth (grades 7-12) substance use and to reduce behavioral health disparities for LGBTQ+ and Hispanic Populations within Clinton CT
 - Drug Free Communities (DFC) grants and Partnerships for Success (PFS) grants are outside of the funding that DMHAS provides. DFC is CDC, PFS is SAMHSA.
 - Decision point - do we want to provide funding to DFCs and/or PFS that are aging out? Pros and cons. There is a sustainability plan built into it. We need to decide how to approach those types of requests.
- PHACTT

	<ul style="list-style-type: none"> ○ In favor of programs that support youth in becoming peers – might be a nice pilot. ○ Interested to know what they would be measuring. ○ GPP also has a similar program – E3 ○ Interested in what their curriculum foundations are. 	
Other/Member Updates	Deborah Lake presented at Full Council with this subcommittee’s recommendation. Well received but plan for data collection was the biggest area of question.	
Meeting Adjournment	Meeting adjourned at 3:30 pm	
	<p><u>Next Prevention Subcommittee Meeting:</u></p> <p>No February Meeting</p> <p>Monday, March 18, 2024, 1:30 – 3:30pm</p> <p><u>Next Full ADPC Meeting:</u></p> <p>Tuesday, February 20, 2024, 10:00 am – 12:00 pm</p>	