

MEETING MINUTES
9/23/2021

Members Present:

x	Craig Allen		Bryna Blackson	x	John Hamilton	x	Gabriela Krainer	x	Sandrine Pirard
	Charles Atkins		Barbara Cass	x	Kim Hougabook	x	Chad McDonald		Hilary Felton-Reid
x	Robyn Anderson	x	Wende Cooper	x	Mark Jenkins		Kathleen O'Connor		Maria Coutant-Skinner
	Maria Brereton	x	Deborah Daniel	x	Heide Kapral	x	Gerard O'Sullivan		Julienne Girard
x	Carl Schiessl		Danielle Warren-Dias		Paige Fanolis	x	John Simoncelli	x	Melissa Sienna
	Tara Kerner		David Borzellino	x	Kristie Scott	x	Herb Boyd		Dan Rezende
x	Luiza Barnat		Ali Kernan						

Guests are indicated by italics.

TOPIC	DISCUSSION	ACTION ITEMS
Welcome	New member: Wende Cooper(RBHAO, R4, Amplify in place of Marcia Dufore)	
Review of minutes	None	Approved
Announcements	<ul style="list-style-type: none"> Greater Hartford Harm Reduction has incorporated SWAN, New Haven, and has a new name: CT Harm Reduction Alliance. Now serving 22 communities. Expanding SWAN along I-91 corridor. In process of licensing Albany Ave site and van. Will be offering topic discussion groups for folks on MAT in various communities as alternative to groups offered at prescribing facilities. Psyllocybin workgroup started this week. Craig is part of this committee. By Jan 1 committee will draft recommendations for therapeutic use. Psyllocybin and MDMA show promise for treatment of a variety of BH conditions. SUPPORT Act planning grant Phase 1 is wrapping up. In Phase 1, several areas of opportunities within the SUD treatment system were identified for improvement in Phase 2. CTs Phase 2 SUPPORT Act application recently was funded (1 of 5 funded programs in US). Cannabis Legislation Workgroup is forming out of the Prevention Subcommittee. Craig is a member of that workgroup and will keep us posted. Recovery celebration on 9/29 at Sacred Heart Community theatre in Fairfield. DOC is treating over 550 patients daily with MOUD (19 Subutex, 2 Sublocaid, rest=Methadone). Double the number from this time last year. Vivitrol is available, usually 2 injections prior to release as part of a re-entry protocol. 9th program opened up at Walker CC last week. Will be expanding to full OTP at Garner (MH facility). Suboxone is available in all programs now. First suboxone patient treated at Hartford, and suboxone is in use at York. Niantic women's program is most expansive (e.g., inductions are available). Group member 	Chad, John, Craig and Mark (and others?) to meet about how to access Suboxone being offered by pharmaceutical company for free. Group will notify DCF, community orgs, others about where free MOUD is available for those who do not have the ability to pay.

	<p>advocated for MOUD access for pre-sentence inmates, not just sentenced inmates.</p> <ul style="list-style-type: none"> • Bridgeport area: NIDA clinical trials network study (CTN100) of Buprenorphine, free services. Contact John Hamilton • Mark Jenkins – has a pharmaceutical contact who wants to donate a large amount of Suboxone for uninsured. 	
Mapping Opioid ODs	Discussion tabled until next month	
MOUD: Kloxxado discussion continued	<p>Kloxxado is an 8mg nasal spray formulation of Naloxone – higher dose than Narcan which is 4mg and comes as a 2-pack. Rationale: Many overdoses require two 4mg administrations (or more) of Narcan. Kloxxado would come in a 2-pack of 8mg each (total 16 mg). It will be same price as Narcan. Kloxxado likely would have same effect as Narcan, you would just get to the 8mg effect faster. <u>Concern</u>: a stronger formulation bring about a stronger withdrawal response that would not be well tolerated –“cruel and unusual punishment.” The 0.4mg Hospira intramuscular dose is sufficient to reverse an overdose. Kloxxado is 20x more potent. Group member questioned the rationale between the much higher dosing of Kloxxado based on side effects experienced by recipients. Many national groups have decided against using Kloxxado. Narcan nasal formulation easier to explain and distribute to patients than intramuscular formulation. For people “syringe naïve” intranasal formulas are better received, easier to administer/train. Patients/families are more “open” to administering intranasal narcan than IM formulas. Committee response initially was overall positive for this new formulation. DMHAS medical director has endorsed it and approved moving forward with purchasing Kloxxado.</p>	Requested input by EMS (Peter Canning), and various stakeholders to weigh in on use of this product. Asked for a summary of stakeholder feedback.
Medication for Alcohol Use Disorder Education Seminar	No update. Continuing to plan.	Hold: Wed., December 8 th – TBD in PM.
Peer Support Services in Treatment Settings	On hold. This topic also will be discussed in the recovery subcommittee – need to coordinate our recommendations with their subcommittee’s recommendations. There is also a lot of working being done by AU and DMHAS to provide resources, supports, and guidance.	
Trauma Responsive System	<ul style="list-style-type: none"> • John Hamilton is making contact with potential speakers (Lynn Evans). Will have an update next month. • Trauma and Gender (TAG) initiative materials and resources are still available through CT Women’s Consortium (Stephanie Covington, Roger Fallon). Twenty agencies went through the training. Not sure if any new cohorts are going 	<ul style="list-style-type: none"> • See if the 20 agencies that completed TAG would be interested in mentoring other agencies. • Trauma newsletter could get disseminated to this group.

	through the training in the future. There continues to be a learning collaborative that may be available as a resource.	
Mobile Services for Narcotic Treatment	<ul style="list-style-type: none"> • Mobil Methadone –If an org has an outpatient licensed location already, need to identify licensed location where you can park the van and you can license from that location. (Bridges was the first program to explore and implement this approach with Buprenorphine.) The van cannot “roam around” randomly – services can only be provided at licensed sites. Vans can travel between licensed sites and provide services at licensed locations. Vans do not carry medications currently. Several group members were excited about how this could help increase access. 	
NEW BUSINESS		
UPCOMING MEETINGS	<p>Treatment Subcommittee: October 28th 1:00 - 2:30pm</p> <p>ADPC Full Council: October 19, 10a-12p</p> <p>Hold: December 8th – PM education session on Medication for Alcohol Use Disorder</p>	