## ADPC Treatment Subcommittee MEETING MINUTES 03/24/2022

## Members Present:

	Craig Allen		Barbara Cass		Kim Hougabook		Kathleen O'Connor	х	Maria Coutant-Skinner
	Robyn Anderson		Wende Cooper	Х	Mark Jenkins		Gerard O'Sullivan		John Simoncelli
х	Luiza Barnat		Deborah Daniel	Х	Heide Kapral		Sandrine Pirard	х	Danielle Warren-Dias
х	Herb Boyd		Hilary Felton-Reid		Tara Kerner		Dan Rezende		Guests:
	Maria Brereton		Julienne Girard	x	Gabriela Krainer		Carl Schiessl	х	Travis Lupick
	David Borzellino		John Hamilton		Chad McDonald		Kristie Scott	х	Rob Haswell
	Brynna Blackson	х	Ally Kernan		Allyson Nadeau	х	Melissa Sienna	x	Yashira Pepin

DISCUSSION	ACTION ITEMS
Introduction of Guests: Travis Lupick	
None.	Approved as presented
Originated in Vancouver, BC – area with highest rate of overdose in Canada.	Contact Info:
	Travis Lupick
automated call to 911. Designed for people who use alone. 44 confirmed	Consultant, Lifeguard
resuscitations in 18 months. User information stored only on native phone,	805.940.6882
not shared with Lifeguard. Overview: Application uses a "timer" system to	travis.lupick@gmail.com
prevent overdose. A person who is about to use drugs starts the Lifeguard	www.lifeguarddh.com
timer before using. If the Lifeguard timer is not shut off by the user, the app	
triggers a 9-1-1 call and dispatches an ambulance. Only application with a	Lifeguard video link:
direct plug-in to jurisdiction's 9-1-1 system – technology and financial	https://www.youtube.com/watch?v=0bxPYRINyzQ&t=32s
implications of this system. Can easily connect to rapid SOS system. Has	
complimentary features – can direct people to Naloxone, treatment	
providers, etc.	
• <u>Data collection</u> : anonymized data depends on local jurisdictions -	
local partner owns the data so localities get to decide what to collect	
- customization.	
• Buy-in from end-users: development of app was done with persons	
	<ul> <li>Introduction of Guests: Travis Lupick</li> <li>None.</li> <li>Originated in Vancouver, BC – area with highest rate of overdose in Canada.</li> <li>Lifeguard is an overdose prevention application that can trigger a direct automated call to 911. Designed for people who use alone. 44 confirmed resuscitations in 18 months. User information stored only on native phone, not shared with Lifeguard. <u>Overview</u>: Application uses a "timer" system to prevent overdose. A person who is about to use drugs starts the Lifeguard timer before using. If the Lifeguard timer is not shut off by the user, the app triggers a 9-1-1 call and dispatches an ambulance. Only application with a direct plug-in to jurisdiction's 9-1-1 system – technology and financial implications of this system. Can easily connect to rapid SOS system. Has complimentary features – can direct people to Naloxone, treatment providers, etc.</li> <li><u>Data collection</u>: anonymized data depends on local jurisdictions - local partner owns the data so localities get to decide what to collect</li> </ul>

	<ul> <li>support (especially in first 3 months) - all is included in the implementation fee.</li> <li><u>US Locations</u>: Lifeguard being considered in some California counties, Denver and Boston.</li> <li><u>Cost</u>: depends on jurisdiction. Travis estimated costs to install in Hartford: \$8,900. Monthly fee: \$7500.</li> </ul>	
Legislative Update	<ul> <li>Update by DCF/DMHAS legislative liaisons postponed.</li> <li><u>Group discussion</u>: <u>HB-5001</u>: Discussion postponed</li> <li><u>HB-5191</u>: An Act Concerning Emergency Intervention by Police Officers</li> <li>Is "custody" referring to medical custody?</li> <li>Need to have interventions that are informed by best practices, supportive, effective and will have desired outcome rather than punitive. What are the implications of HB-5191 on the system, on harm reduction? People still are discharged from hospitals, without Naloxone, and connections to care.</li> <li><u>Other policy issues:</u> Frustration among group that some parts of the state have run out of overdose prevention supplies.</li> </ul>	Request DCF and DMHAS legislative liaisons follow-up with group via email with an update related to these bills.
Announcements	<ul> <li>Virtual Presentation: April 13<sup>th</sup>, 1-3p: Cannabis in Connecticut</li> <li>Harm Reduction Conference, May 20<sup>th</sup>, \$35 registration, 6 CECs Virtual and in-person (Bristol). Flyer coming via email.</li> <li>Harm Reduction Action Group – first meeting, April 12th</li> </ul>	Cannabis in Connecticut registration flyer shared via email.
OPIOID SETTLEMENT	<ul> <li><u>News report of new opioid settlement</u>: \$95M to CT was reported publicly but DMHAS does not have any confirmation or details yet from AGs Office.</li> <li><u>J&amp;J</u>: Still progressing as planned. Municipalities did sign off. CT will begin receiving funding in July. Advisory council still being formed.</li> <li><u>Purdue settlement</u>: victims and survivors fund will be established. Details are under development.</li> </ul>	
MAUD		Discuss follow-up from MAUD conference at April meeting
GAMBLING		Follow-up on scheduling presentation at Full Council in June

PEER SUPPORT		Obtain an update at April meeting
Services		
1115 WAIVER	Waiting on waiver application approval from CMS.	
	DMHAS moving forward with provisional certification process.	
	Launch date for non-profits determined by date of receipt and comments	
	from CMS.	
"KEEP ON THE	CT resourcing of grief support	
Radar"	• Patients with complex medical needs on Methadone not being	
	accepted into nursing homes, and not being able to adequately	
	serve them in residential programs.	
	• Emergency departments not inducting on MAT – involve CHA in	
	discussion about what barriers are preventing adoption,	
	recommendations for addressing them.	
NEW BUSINESS	"Safe Streets Connecticut" - Grassroots advocacy campaign launched in	Propose making a statement at next ADPC Full Council
	response to rise in juvenile crime / car thefts in Glastonbury and surrounding	about policy needing to be informed by research and best
	towns. Advocates for punitive measures to resolve issues.	practices, and to promote effective pathways to addressing
		these issues.
UPCOMING MEETINGS	Treatment Subcommittee: April 28th, 1:00-2:30p	
	ADPC Full Council: April 19, 10am – 12pm	