

ADPC Treatment Subcommittee  
MEETING MINUTES  
7/28/2022

Members Present:

x	Craig Allen		Brynna Blackson		Kim Hougabook		Kathleen O'Connor		<i>Guests:</i>
x	Maria Coutant-Skinner		Barbara Cass	x	Mark Jenkins	x	Gerard O'Sullivan		Kevin Shuler
x	Luiza Barnat		Wende Cooper		Heide Kapral	x	Sandrine Pirard		Bobby Lawlor
x	Melissa Sienna		Deborah Daniel		Tara Kerner		Dan Rezende		Anna Gasinski
	Robyn Anderson		Hilary Felton-Reid	x	Gabriela Krainer	x	Carl Schiessl		Adele Cyr
x	Herb Boyd		Julienne Girard		Chad McDonald		Kristie Scott		
	Maria Brereton	x	John Hamilton	x	Daniel Millstein		John Simoncelli		
x	David Borzellino	x	Ally Kernan	x	Allyson Nadeau	x	Danielle Warren-Dias		

TOPIC	DISCUSSION	ACTION ITEMS
<b>Welcome</b>	Visitors: Bobby Lawlor & Anna Gasinski, Kevin Shuler (CCAR), Adele Cyr (Amplify)	
<b>Review of minutes</b>	No discussion.	Approved.
<b>Safe Use Sites/OD Prevention Centers Presentation</b>	<p>Bobby Lawlor &amp; Anna Gasinski from New England HIDTA presented to the subcommittee on legal and other barriers for these sites. Sites are illegal under federal law 21 USC 856(a)(2) also known as the “crack house statute.” The “crack house” federal statute does not have an equivalent in CT state law. Other states are piloting these sites: Rhode Island, via 2021 legislation, trying to stand up two sites. New York opened up two sites (Washington Heights, East Harlem) authorized by the Mayor and NYC Health Department, not by law. California law to authorize Safe Consumption Sites is in process and waiting to be voted on in California Assembly. Two states authorized via legislation, one without. DOJ has not blocked sites in these three states, so far. In Philadelphia – their site was launched by a non-profit without state involvement and is possibly why DOJ got involved, prior administration also may have been a factor. Efforts to strengthen states rights are growing and recent Supreme Court decisions provide important context for this issue. Forecasting: states rights are popular and may signal that DOJ will not interfere with sites that open with state/local authorization. Bobby discussed potential options for CT to move forward with Overdose Prevention Centers including an Executive Order from the Governor, state legislation, and/or local authorization. City of Bridgeport is supportive of launching a site. Some members expressed a lack of constituency against the sites as a positive sign. As a potential challenge, the federal government has limited state’s rights related to other issues like gun control and environmental issues.</p> <p>Next steps: Member asked if the subcommittee should make a recommendation to Full Council that they support a process to move Overdose Prevention Sites forward. Suggestion to link this to last year’s harm reduction recommendation, and find a way to work it out so that organizations that are ready can move forward with risks mitigated. One member suggested that the recommendation include a campaign to educate the public, and to</p>	<p>Presentation will be requested in hardcopy.</p> <p><b>John Hamilton</b> will draft a recommendation for the ADPC treatment subcommittee to review. <b>Dan Millstein</b> offered to assist. The draft will be circulated to the entire committee for <b>review by Bobby, Anna and subcommittee members prior to the August meeting.</b></p> <p><b>Invite Bobby &amp; Anna</b> to August meeting.</p>

	build/enhance public support. One idea – recommend a pilot program in selected areas/cities, sites to be selected based on an assessment of need and should be accompanied by a study of the results. Bobby Lawlor cautioned not to repeat the mistakes of Rhode Island which makes it difficult to launch services in areas of need depending on the language of the recommendation/legislation, etc.	
<b>Goal Tracking</b>	The goal tracking discussion will be continued at the next meeting. The version of the document shared at last month’s meeting was incomplete.	Put topic on August agenda.
<b>Gambling implications for OUD providers</b>	Did not discuss	Put topic on August agenda.
<b>LiveLOUD next phase</b>	Luiza presented proposed social media campaign on campaign scheduled to launch. <b>Instagram Feedback</b> first pair: Members commented that the chairs are empty on the “don’t use alone” graphic when they should be filled, and that the phone number is to a treatment line, not a harm reduction line. Members also didn’t quickly get the meaning of the house graphic on the second image. Adding data on place of OD related to being in-home would have the image make more sense. The images are “sterile” and could use some warming up. Feedback second pair: Naloxone image was well received. Question about the specificity of the image (nasal, 4mg, etc), and if it should be more generic or better represent the various types of naloxone, suggestion that different images of naloxone could be used on different ads. Image 2 – looks like a condom ad. Feedback: “Do it for you” – no feedback. Superheroes – not gender neutral (left), and largely did not get positive feedback. Mishmash of harm reduction, treatment, recovery – the message isn’t clear/focused. <b>Digital Billboards:</b> #1 – generally well received, some questions about “what it means.” #2: could possibly be seen as shaming, not part of in crowd, can lead to separation, polarizing. #3: positively received. <b>General feedback:</b> have LiveLOUD.org larger – get rid of the sentence, enlarge the website. On IG – resources be in larger font.	
<b>Announcements</b>	None	
<b>New Business</b>	<ul style="list-style-type: none"> <li>• Consider having an in-person meeting routinely, with advance notice to create space in schedules</li> <li>• Mark offered to have folks from Never Use Alone join Aug meeting to discuss their platform</li> <li>• Guidance on directing the opioid settlement - providers will be part of the workgroup</li> <li>• Trauma informed care across the state</li> <li>• MAT for alcohol use disorder: forum</li> <li>• Implementing peer support services in treatment settings under new Medicaid rules; define roles, family peer support recommendations, supervision issues, integration into treatment setting.</li> </ul>	
<b>UPCOMING MEETINGS</b>	Treatment Subcommittee: August 25 <sup>th</sup> 1:00-2:30p ADPC Full Council: August 16 <sup>th</sup> 10am – 12pm	