

ADPC Treatment Subcommittee
MEETING MINUTES
9/22/2022

Members Present:

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

TOPIC	DISCUSSION	ACTION ITEMS
Welcome		
Review of minutes	No discussion.	Approved.
Goal Tracking	Process of making formal recommendations to ADPC was reviewed, and how goals relate to those recommendations.	Review goal tracking document, ensure it reflects current/future goals and completed goals are resolved.
Gambling implications for OUD providers	Follow-up discussion to Jeremy Wampler's presentation previously. Gambling resources are reflected in the January meeting minutes. One outstanding item was to suggest the gambling presentation to full council, which already has occurred.	Ensure gambling is part of ongoing discussions.
Safe Consumption Sites	<p>Low barrier care, stabilization and engagement centers are the DMHAS focus areas due to volatility/sensitivity of this approach, and the desire to implement harm reduction strategies well and that will be well-received.</p> <p>Liz Evans summarized the history and efficacy/impacts of safe consumption sites. Implementation in Vancouver's health care system used the 4 Pillars Strategy. Harm reduction was written into Vancouver's policy, and was an important early step toward safe consumption sites. Sites are established with the understanding that the CJ system will not prosecute persons who use the sites. Have been in existence for 23 years. No deaths at SCS to-date. Key indicators: have a positive impact on the spread of HIV, engagement in withdrawal management, attract persons most at-risk for overdose (under-house, marginally housed), no "honeypot" effect. Sites in the US: some "under the radar" sites connected to syringe exchange programs, for example. San Francisco, New York (Washington Heights), Rhode Island passed legislation, and other communities attempting to launch SCS – Baltimore, Ithaca, Seattle. Implementation of SCS in US showed lack of education/knowledge around safe injection</p>	<p>Liz Evans to share bathroom monitoring policies used by safe consumption site, and publications on the efficacy of SCS.</p> <p>Luiza to identify harm reduction resources available from Brown's Technical Assistance center</p>

	<p>practices among persons who are using these sites. Specific guidelines for bathroom monitoring have been developed. Research – Insite program in Vancouver, outcome study of safer injecting practices, 10-year cohort. Public support for SCS is often low before such programs are launched (~30%) and rise after they are implemented (~60-70%) and the community experiences first-hand their impacts.</p> <p>Ideas about where to go next/considerations for the future:</p> <ul style="list-style-type: none"> • Expand on DMHAS commitment to stabilization unit and low barrier care (more than engagement center) • Use the engagement center space as an educational opportunity for SCS – invite media and others to learn about how the space operates, learn about the research/outcomes/positive community impacts • Provide Technical Assistance for safe use education practices in EDs and other health care settings • Obtain baseline data about public perception of SCS in CT 	
Never Use Alone	Mark will invite Van Asher to present to this group.	Add to October agenda
Announcements	<ul style="list-style-type: none"> • 9/22 – 10/13: Our Stories Have Power: Recovery Messaging trainings hosted by DCF and delivered by Faces and Voices of Recovery in 4 2-hour sessions on consecutive Thursdays. Register at: https://facesandvoicesofrecovery.org/training-registration/?training=a0o3s00000pjkYd&CEU=1 • 9/24/22, Saturday: 10-2 CCAR Recovery Walk • 9/27/22: Hartford Healthcare and Meriden Opioid Referral for Recovery – Celebration of Success • Date(s)?: DMHAS is sponsoring Shatterproof to conduct surveys/webinars – anti-stigma, safe consumption 	<p>See event flyers attached to email with agenda sent on 9/22.</p> <p>Some events require pre-registration</p>
New Business	<p>Fentanyl testing – MA and OH obtained state guidance in the form of a waiver to the CLIA waived tests that includes a disclaimer that non-CLIA waived tests are not used for medical/clinical determinations, but it is okay to use for other purposes – without fear of repercussions of losing license for using these tests. Currently DPH is not allowing providers to use non-CLIA-waived tests. SAMHSA in 2020 allowed for federal funds to purchase tests that test for the presence of fentanyl in the drug supply.</p> <p>Buprenorphine – providers on the call report that patient numbers receiving buprenorphine are going down.</p>	<p>Luiza to follow-up with SOR GPO related to fentanyl testing</p> <p>Luiza to ask if existing reports from Beacon re: BUP providers, type or specialty, and # claims over time are available</p>
UPCOMING MEETINGS	<p>Treatment Subcommittee: October 27th 1:00-2:30p</p> <p>ADPC Full Council: October 18th 10am – 12pm</p>	